

Scout Project – Phase II

All CT Retrieval teams are invited to participate in the second phase of the Scout project.

Participants can join at any stage of the project, or cease participation at any stage.

Participants **MUST** adhere to the protocols as set out below and data collection requirements.

1. Aims

- To determine whether a Scout service can be established and adhere to attendance requirements.
- To test the main hypothesis that scout attendance leads to a higher proportion of donated hearts retrieved and transplanted, in comparison to cardiac donors who are managed without direct CT input.
- To identify how the presence of a scout impacts on number of hearts retrieved and transplanted.
- To evaluate if Scout attendance affects retrieval and transplantability of lungs and abdominal organs.
- To provide an evidence base for who is best placed to undertake cardiac donor optimisation.

2. Role

- The scout's job is to optimise all potential cardiac donors through a minimum of undertaking (or ensuring that others have undertaken):
 - Implementation of the full donor care bundle
 - introduce pulmonary artery catheter for haemodynamic monitoring
 - perform bronchoscopy
- Ensure that a echo-cardiogram had been requested and done
- In cases of potential heart donation, provide data to allow the assessment of appropriateness for using donor heart.
- Scouts will work collaboratively and sensitively with the ICU staff and SN-OD, sharing the common aim of providing the potential donor with optimal care.
- Scouts will be expected to seek advice from appropriate members of the local ICU team, the organ retrieval/ recipient team and other stakeholders as and when necessary.
- They will bring all necessary specialist equipment and drugs required for donor assessment and optimisation.
- The responsibility for offering organs lies with the SN-OD, in line with agreed NHSBT protocols, criteria and procedures.
- In addition, if they so wish, scouts can also attend lung-only donors. (These will be analysed separately from cardiac donors)

3. Competencies

The scout function(s) could potentially be performed by a number of health care professionals. In the current situation it can be expected that it is most likely that the Scout will be a Transplant Fellow/ Specialist Registrar. In the

future and including appropriate training, it is envisaged that other health care professionals could take on the scout tasks as well.

To qualify as a Scout, an individual must be signed-off by a NORS Lead and meet, as a minimum, the national or international standards for the following competencies:

- Insert arterial line
- Insert peripheral venous line
- Insert central venous line
- Insert pulmonary artery catheter
- Manage ventilator settings
- Manage vaso-active drugs
- Manage intra-vascular volume
- A thorough understanding of the national Cardiothoracic Retrieval Protocol and the ability to conduct donor management according to the Extended Care Bundle.
- Ability to liaise with donor hospital staff and demonstrate a professional, empathic and efficient approach to donor family, colleagues at base hospital and other stakeholders.

Code of Conduct

The Scouts should adhere to the Code of Conduct.

4. Scout attendance criteria

Scouts are required to attend all DBD donors who meet the following criteria:

- Age between 16 years and <65 years
- Consent for heart donation given
- No absolute contraindications for cardiac donation
- No previous history of MI or IHD
- Attendance would not require air travel (Unless the NORS team and Scout travel together).
- The NORS team is not already out on a different retrieval.
- The donor is within the NORS team's zone.

Organs do not have to be offered or accepted in advance of Scout attendance.

There are no thresholds or restrictions on road travel distance/time.

5. Timescales for attendance

Scouts should depart within 1 hour of notification by the SN-OD.

6. Stand-down criteria

The Scout should remain with the donor until:

- A relief Scout arrives
- the cardiothoracic retrieval team arrives
- the heart has been turned down by all centres after optimisation and re-offering.

The Scout should also stand down if:

- consent for cardiac donation has been withdrawn (by next of kin or Coroner)
- An absolute contraindication to cardiac donation is identified

If a Scout attendance would mean a breach of EU Working Time Directive, a relief Scout should attend so that the Scout service can continue seamlessly.

7. Measure of success

Primary measure: Donation rate.

The proportion of donors who met the criteria in paragraph 4 that went on to become heart donors will be compared between the scouted group and the non-scouted group.

Secondary measures:

- 30-day post-transplant survival
- Survival from listing

8. Financial support

Cost of travel and consumables only.