

## Retrieval Governance October 2015

Organ Retrieval is a core activity of ODT, through NORS. In some senses it is more central than the non-commissioned transplant activities. There are both contractual and clinical quality elements.

An additional importance stems from the almost unique manner with which organ retrieval is organized in the UK. In no other actively transplanting country is there so much trust, and reliance on the qualities of others. The maintenance of this trust underlines the importance of appropriate monitoring and mechanisms for “Quality Assurance”

Governance for retrieval encompasses a number of features:

- **Incident reporting.** This is ad-hoc, with no quantifiable denominator. It has previously been noted that a large number of Incidents are within Retrieval. But the system works well, with an established process and in general, rapid resolution. The subsequent feedback of specific issues and trends is still piecemeal
- **Damage reporting.** Currently done with data from the HTA “B” form. Poor quality of this data is recognized. There is a marked contrast with this data, and that collected for transplant outcomes, yet both are ostensibly dealt with along the same lines – see attached POL 201/4. This data is available to NRG, but the suggestion within POL 201/4 is that problems are fed into the AG’s, which may not be representative of retrieval teams.
  - Eg KAG, where only a proportion of centres are represented
  - The lung part of CTAG has few surgeons present, yet lung retrieval issues are routinely aired
- **Other outcome data is collected, and similarly available to NRG.** Examples include outcome of transplants by retrieval team. Whilst clearly affected by other variables, it must be regarded as important
- **Contractual KPI’s within the individual team NORS contract, of which at present, the one hour mobilisation time is central.** This is appropriate: It identifies the instances when a team is not available, and is useful within Trusts to ensure there are appropriate resources committed to retrieval.

It is suggested that the new NORS contracts contain a much higher level of monitoring. *Draft proposals include:*

- Organ damage/organs not used due to damage (electronic reporting is essential to support management of this KPI).
- Quality of communication (retrieval surgeon must liaise with transplant surgeon for every cardiothoracic organ; for all organs, any damage/perfusion issue that may effect transplant or outcome for recipient must be verbally communicated)
- One hour mobilisation time/failure to mobilise (retain current financial penalties and review process for management of breaches).
- Graft outcomes – 90 day mortality for cardiothoracic organs and livers, to be presented as a funnel plot.

- **Timeliness of retrieval – standards for key timings proposed as time from cross-clamp to organ removed, time from organ removed to organ in box. Times to be agreed by CTAG and LAG.**
- **Management of clinical incidents within agreed timeframe - to include quality of response (eg action plans provided)**

**There is discussion about which of these are given the sanctity of KPI's; if given this status, what is the censure? There must be a very limited role for "fines". It is probably more efficient to rely on professional pride in the first instance, but to have a robust monitoring system in place. For instance, it is proposed, 4<sup>th</sup> bullet point above, to monitor 90 day transplant survival by retrieval team. We clearly have a duty to detect and assist any poorly performing team, but given the other variables which are not related to retrieval, it is difficult to put into a funnel plot and apply statistical cut-off's**

#### **For discussion**

- 1) Incident reporting will obviously continue. The new NORS contract should include a stated need for timely response.**
- 2) Feedback of retrieval Incidents to go to NRG, the Retrieval Forum, and where appropriate Cautionary Tales, appearing bimonthly on the ODT website - [http://odt.nhs.uk/pdf/odt\\_cautionary\\_tales\\_report.pdf](http://odt.nhs.uk/pdf/odt_cautionary_tales_report.pdf)**
- 3) A proper means of following retrieval quality, offered by the electronic HTA A and B forms, is regarded as essential. This would encompass damage reporting in a realistic and verifiable form, and other key aspects of good retrieval, such as quality of communication and perfusion timings.**
- 4) Completion of this data should be a part of the NORS contract, as well as depending on the HTA requirements – the latter actually only extend to destination of retrieved organs**
- 5) NRG to be responsible for monitoring the data generated, with feed back of the overall picture to the Retrieval Forum and through the contracting process with individual teams**
- 6) Contractual KPI's to be limited to muster timings, completion of data and response to Incidents.**