NHSBT Board
July 27 2017

Length of the Donation Pathway

1. Status – Public

2. Executive Summary

2.1 There has been a 75% increase in deceased organ donation in the UK since the publication of Organ Donation Taskforce report in January 2008. In the financial year to 31 March 2017, compared with the previous year there was a 4% increase in the number of deceased donors to 1,413, the highest number ever in the UK.[1]

2.2 Unfortunately, over the last 5 years, the length of the organ donation pathway from patient referral to transplant has increased considerably with a range of negative effects. This paper sets out the actions taken and those underway to reduce the length of the clinical pathway. ODT is committed to improving and saving lives and ensuring practice is safe, effective and timely with the key focus being on patient safety.

3. Action Requested

The Board is asked to:

- Note the clinical pathway for donation and transplantation
- Note the actions underway to reduce the length of the pathway

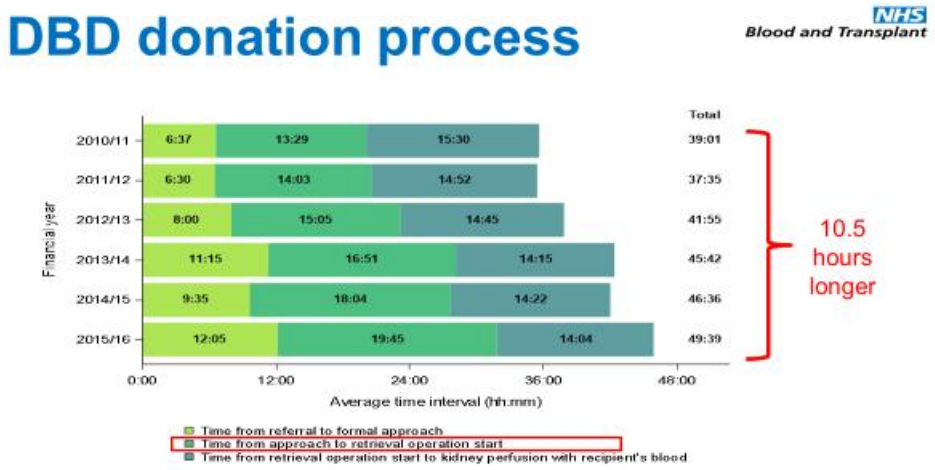
4. Background

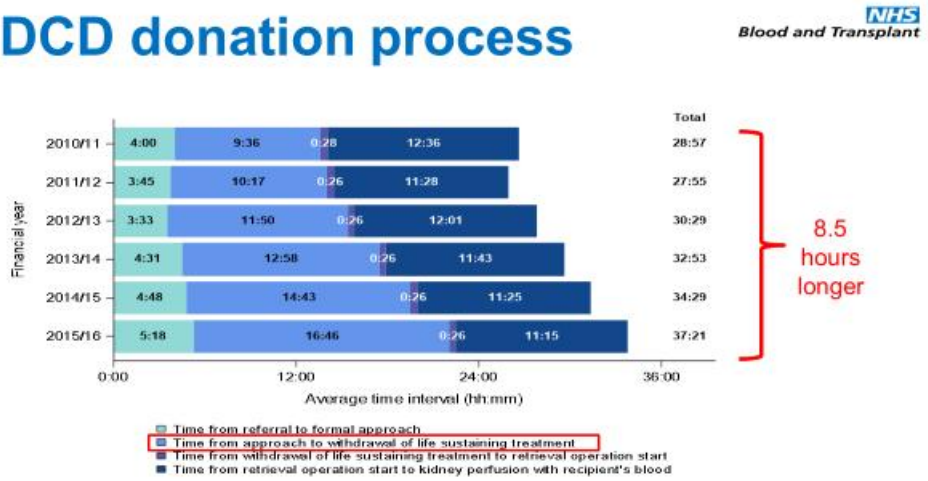
4.1. NHS Blood and Transplant (NHSBT) continuously audit the potential for organ donation from patients who die in circumstances where donation is a possibility. The audit comprises a dataset that covers the entire donation pathway and records the reasons the potential for donation was lost. In the financial year to 31 March 2017, audit data reveals that 144 (12.3%), of families declined donation because they felt it would take too long for donation to happen. Other families change their minds having initially consented due to the length of the pathway.

4.2. There has been a 75% increase in deceased organ donation in the UK since the publication of Organ Donation Taskforce report in January 2008. Whilst this is excellent news for those whose lives have been saved or improved as a result, the length of the organ donation pathway from patient referral to transplant has increased considerably in the last 5

[1] Source NHSBT Transplant Activity Report 2017

years. This increasing timeframe for both donation after brainstem death (DBD) and donation after circulatory death (DCD) is having a significant impact on all stakeholders. The graphs below show the timeframes for both DBD and DCD donors;





4.3. NHSBT's Organ Donation and Transplantation Directorate (ODT), is responsible for directly managing some elements of the overall clinical pathway: it commissions but does not manage the National Organ Retrieval services and influences but is not responsible for the transplant service, other than monitoring outcomes. The pathway is a complex system involving many organisations throughout the UK and is reliant on the commitment of many to shorten the pathway.

4.4. The reason for the increased time frame is multifactorial: increasing age of organ donors, with an increased referral of more marginal donors requiring a detailed and thorough patient assessment which can take longer. The impact of this is that some centres are taking more time to consider organ offers and this in itself places unnecessary strain on the system.

4.5. To address this, a Rapid Improvement Event (RIE) was held during 2015/2016 involving internal and external stakeholders to look specifically at areas in the pathway that contributed to delays. Some 'quick wins 'were highlighted and implemented from this event however it was clear we needed to do further work to have greater impact.

4.6 In January 2017, a workshop was held and attended by circa 150 delegates representing each element of the pathway. It was clear that everyone involved in the pathway is committed to making changes to reduce the time it takes to facilitate donation. A range of actions were agreed at the workshop, which are currently being progressed.

4.7 There are many stakeholders involved in the complex organ donation, retrieval and transplant pathway, with each having a role to play in shortening the duration of the pathway to reduce the burden placed upon grieving families. Appendix 1 reflects all of the actions discussed at the workshop and an update on progress to date. Elements that are judged to have the greatest impact are presented below;

4.8 <u>Donation Referral and Characterisation</u>

Early referral to the Specialist Nurse Organ Donation (SNOD) is always advocated as the pathway can commence and the donor be facilitated within a timely manner. A few initiatives will be taken forward so early referral can be emphasised as an important element to shortening the pathway. Other key areas of focus include:

- Rationalising of blood despatch to support donation (bloods for microbiology and bloods for tissue typing)
- Encourage Intensive Care Clinicians to perform brain stem death testing early in the day
- Design a checklist for Intensive Care Units and Emergency Departments so the staff can assist the SNOD and begin the process of collating information to expedite the process if the SNOD is not present on the unit at the time of referral.

4.9 <u>Organ Allocation and Offering</u>

Changes to this part of the pathway will have the greatest impact on shortening the pathway timings. Appendix 1 provides a detailed outline of all the actions discussed at the workshop and an update on progress. Key areas of focus include:

- Introducing a standard method for contacting recipient centres with organ offers;
- Strict adherence to the 45-minute organ offering time;
- Immediate fast track for donors with positive microbiology;
- Enhanced retrieval pilot within one Organ Donation Services Team (ODST).

4.10 Organ Retrieval and NORS Mobilisation

Changes to this element of the pathway will mainly be introduced with the ODT HUB. However, it was agreed at the workshop that an enhanced organ retrieval pilot within one of Organ Donation Services Team (ODST) would be implemented. This pilot will commence in the Northern ODSTs in October 2017 and will test the impact of proceeding to retrieval of organs from 'ideal' donors ahead of any organs being accepted for transplantation.

Other actions discussed at the workshop are reflected in Appendix 1

5. Summary

5.1 The processes and actions outlined provide a high level summary of the work underway to address the length of the donation pathway. Plans are in place within each component of the service to reduce the length of time each transaction takes. It is important we do this so that we can support increasing numbers of donors and transplants in the UK.

5.2 It is expected that changes to organ offering and allocation will have the greatest impact. We will continue to engage with stakeholders and keep them abreast of changes underway to redress the balance. Key measures of success will be to have;

1. Early referral of potential donors to the SNOD teams which will enable donor characterisation to take place in a timely manner
2. Organ retrieval to take place overnight
3. Transplant operations to take place early in the morning

Author
Olive McGowan
Assistant Director, Education & Governance

Responsible Director
Sally Johnson
Director of Organ Donation and Transplantation

Appendix 1.

Donor Referral and Characterisation						
No.	**Action (Quick wins)**	**Detail**			**Timeframe**	**Progress**
1a	Early referral	Reminder to refer early/ Strategy to develop and deliver (Spring Collaboratives)			July 2017	On track
1b	Early referral	Introduce the NICE Clinical Triggers for referral in two regions and review the impact for earlier referral Review impact of daily telephone calls to hospitals within 2 regions.			September 2017	Planning to commence with regional teams.
1c	Early referral	Request that referring Hospitals contact the GP to ascertain medical history as early as possible			30 July 2017	The SNODs / TM taking the referral may request the referring unit to print off the spine summary record.
2	Preparation in donor Hospitals	Crib sheet for ICUs & EDs Introduce a checklist/ crib sheet			1 September 2017	After meeting with PM & LA- Check list drafted by LA and under review with PM.
3	Medical Notes	Write to Units to request old notes are accessible/ retrieved from other Hospitals/storage			30 July 2017	As per action 2 above and to be built into the check list

4	Rationalising process of blood dispatch	Provide clarity in the process of blood sampling/dispatch and testing			31 July 2017	Progressing
5	Request BSD tests done between 0800 – 10.00	Write to all to request BSD tests completed early with a commitment to organ retrieval commenced asap			31 July 2017	Reviewing the stats to assess BSD testing times (2nd set). National Clinical lead to write to all CLODs
6	Mobilise patient to theatre ready for arrival of NORS	Once NORS with 30 mins of Hospital, mobilise patient to theatre			31 July 2017	Write to all SNODs to request for DBDs this happens routinely. Need to review literature and process map transfer of patient to theatre and arrival of NORs teams. Recommendations to be made based on findings.
7	Withdraw treatment in theatre	RCLODs/CLODs/SNODs to encourage where possible			31 July 2017	Discussed at NOCC and action will not reduce the length of process but messaging to be included in correspondence with hospitals as per 6.
No.	**Action (Short / Medium term)**	**Detail**			**Timeframe**	**Progress**
1	80 (PDA) vs. 85 (clinical) years (inconsistent)	Ensure message is consistent			N/A	Discussed internally and no plans to extend the PDA up to 85 years, the volume of work this would generate is disproportionate to the outputs gained
2a	Donor Contra-indications; update MPD	Ensure contra-indications document is updated			1 September 2017	Discussed within NHSBT and agreement not to share widely as local information can become obsolete quickly and it becomes cumbersome to ensure information is kept up-to-date
2b	Identify patients who will not become donors and cease mobilisation to assess	Share with ICUs & EDs			N/A	

3	Patient Assessment Form (PA1)	Split /separate assessment form for tissues/organs				Needs further discussion Not for splitting currently. Revision underway due to ne SaBTO guidance
4	SNOD handover times	Review SNOD handover times Is the early morning relief shift (times) a help or a hindrance?			Sept 2017	Removal of the early morning relief may reduce length of the donation process but will likely increase 24 hours working. NB there has been a lot of engagement with teams over the past 12 months to make changes to rotas to reduce 24 hour working.
Organ Allocation and Offering						
No.	**Action (Quick wins)**	**Detail**			**Timeframe**	**Progress**
1	Impose 45-minute response time for all centres	Work with the DO management team to operationalise			18 September 2017	Needs endorsement at the Chairs of the Advisory Groups - Now agreed. Awaiting hotfix for the visual management system so that the timeframes can be monitored – fast track is 45 mins for all organs, visual management changes/ fix required.
2a	Impose provisional offering all organs/all centres	Work with the DO/SNODs/Stats to operationalise				Needs endorsement at the Chairs of the Advisory Groups - Not at present as new CT offering implemented 22 June 2017 Needs endorsement at the Chairs of the Advisory Groups this can be done as part of the review of each organ group – most centre do not accept provisional offers – Group offering removes the need for provisional for centre offers. Needs endorsement at the Chairs of the Advisory Groups, this can be implemented as
2b	Change name “provisional” to priority 2	Cease using “provisional “- change to priority 2				
2c	Centres are requested to consider for urgent/super urgent and elective patients	Centres are asked to consider for all patients at the first offer (S urgent/urgent/ elective)				

						part of the offering for CT/Liver in September – I believe the SNODs should be doing this anyway
3	Standard method of contacting RcPOCs	Offer to all centres via1 /2 methods Cease offering via Hospital switch boards- Numeric pager/ What's App			5 June 2017	Communicate at Chairs of Advisory Groups Start page one system 1 August 2017
No.	**Action (Short / Medium term)**	**Detail**			**Timeframe**	**Progress**
4a	Review and standardise fast track system (all organs)	Review the fast track system for all organs to ensure a standard approach (same time to respond/information given etc.)			4 September 2017	Stats team and the Duty Office to review fast track system Changes to be reviewed with Advisory Groups Stats team and the Duty Office to review fast track system – criteria for fast tracks are being picked up as part of the Hub development, each offering process is being reviewed Changes to be reviewed with Advisory Groups
4b	Fast track system needs more information for decision making	Review the information/ standardise it and change if required			4 September 2017	
5	Fast track system actioned for; Hep B surface antigen positive donors / HIV pos donors	Agree with Advisory Group Chairs to fast track organs with positive microbiology			September 2017	Needs endorsement at the Chairs of the Advisory Groups - Now agreed with the AG chairs Go live date 4 September 2017
6	Monitor DCD withdrawal times	Collect data to inform time of day this happens			N/A	Data already collected within NHSBT; DCD Form
7	Fast track CT organs after 2/3 centre	Present and agreed at CTAG			4 September 2017	Action Completed New CT offering agreed for heart and lung

	declines					offers. This will go live on 22 June 2017. Anticipated this will significantly reduce the time taken to offer CT organs
8	State upper donor age for Paediatric CT organs	Stipulate and age range with CTAG based on historic data			4 September 2017	For discussion at next CTAG
9	Telephone numbers	Ensure up to date telephone numbers are on EOS			September 2017	Action Completed
10	EOS- transcribing of information onto recipient centres view	Ensure Transplant centres can view the information on the referral section/ re-introduce the clinical history box Flag the information that gets "pulled across " onto EOS			31 March 2017	Action completed Wider working group to be established looking at Donor Path 2
11	Screening tool for CT similar to other organs (renal)	Introduce a similar screening tool in collaboration with CTAG			5 September 2017	For discussion at next CTAG. New CT offering for heart and lungs agreed – go live 22 June 2017
12	Allow patient specific organ offers Allow centre specific organ offers	Discuss with Advisory group chairs Discuss risks of re-introducing this			For ODT Hub	Discussed internally in NHSBT, whilst we endorse centre and organ specific organ offering and allocation, this can only be incorporated as part of ODT HUB. To do this now would mean more manual processes for the Duty Office staff
Organ Retrieval and NORS mobilisation						
No.	**Action (Short / Medium term)**	**Detail**			**Timeframe**	**Progress**
1a	KTS times for the donor operation to be	Review start times for donor operation;				Considered in collaboration with Advisory Group chairs- not for implementation

	pre-determined (up until 0400 start time)	Aim for a KTS any time until 0400 am				presently.
1b	Cease mobilising NORS teams for a start times between 0600- 0900	Cease mobilising teams for a start time between 0600- 0900 am (unless exceptional circumstances)			5 September 2017	For discussion at Chair of Advisory Groups Not for implementation presently
2	Mobilise CT teams earlier to reflect longer transfer time/ patient assessment	Review the timings for CT mobilisation to allow for adequate travel times and time for patient assessment on arrival			31 May 2017	Investigate and consider whether this needs to be addressed Look at timings and delays since the NORS changes. To be discussed at July NRG
3	CT delays	Set time limit on delays – once chance to discuss a possible delay Consider setting cross clamp time				For discussion at next CTAG
4	Local team makes a decision on organ suitability	Local team decides on whether organs are suitable and organ suitability their call decision			4 September 2017	Discussion internally and agreement that we should standardise the fast track process as this ensures that we minimise times taken to offer across all organs
No.	**Action (Long term - ALL)**	**Detail**			**Timeframe**	**Comments**
1	Donor Path	Phase 2 with the ability for; I. Transplant centres to view all information II. Facility to attach documents/files so the accepting				Working group established to review improvements and enhancements to Donor Path

		teams can view III. Attach HTA A forms IV. Pictures/videos on EOS				
2	Electronic acceptance of offers	Ability to accept organ electronically – SMS/Email via Hub				This will be facilitated Via the ODT HUB
3	Named individual offers for all organ offers	Move to a system that all organs are offered to a named patient only (HUB)				This will be facilitated Via the ODT HUB
4	Live tracking of all donors	Move to a system for live tracking of all; Donors Organ offers Waiting lists (HUB)				This will be facilitated Via the ODT HUB
5	Central offering with clinical oversight	Move to a system where all organs are offered via the Duty Office BUT with clinical oversight and expertise			September 2017	Commence in summer 2017
6	Scouting	Implement nationally Attach to abdominal teams			N/A	Will be taken forward as part of NORS workforce transformation
7	Data Collection	Review the data we collect across the pathway Ensure it measures what we need it to measure Engage stakeholders Share across the pathway			On-going	Will be taken forward as part of the ODT HUB