Organ Offering Protocol

Summary of Significant Changes
Organ offering responsibilities to be updated to reflect cardiothoracic offering falling into the remit of the Hub Operations. Offering times updated in line with allocation policies

Policy
The implementation of a formal protocol is designed to improve patient safety by simplifying the process and reducing the length of time taken for the end-to-end offering process to complete. The length of the process is regularly reported as a reason for the withdrawal of consent by donor families. As a consequence, donors are being lost and transplantable organs not recovered for transplantation.

Purpose
To formalise the manner in which the Hub Operation - ODT will make offers of organs for transplantation to transplant centres in the United Kingdom

Responsibilities
Hub Operations Staff – to allocate organs as per national allocation schemes and to contact centres via their identified preference
Specialist Nurse Organ Donation - to allocate organs as per national allocation schemes

Transplant Centres – to ensure Hub Operations is provided with up to date contact details for organ offers

Definitions
NHSBT – NHS Blood & Transplant
ODT – Organ Donation & Transplantation Directorate
NTxD – National Transplant Database

EOS – Electronic Offering System
SN-OD – Specialist Nurse Organ Donation
HOHO – Head of Hub Operations
Donor Path – Electronic Data set

Applicable Documents
MPD1086 - Minimum Operating Standards – Patient Identifiable Data
The Quality and Safety of Organs Intended for Transplantation Regulations 2012
Human Tissue Authority – The Quality and Safety of Organs Intended for Transplantation Documentary Framework
NHS Blood and Transplant (Gwaed a Thrawsblaniadau’r GIG) (England) Directions 2011
CONTENTS

1 Background and Purpose

1.1 Why a Protocol is needed
1.2 How the Protocol has been developed
1.3 Continuous Improvement and Review

A General

A-1 Offering Principles
A-2 Offering Sequence
A-3 Use of the Electronic Offering System (EOS)
A-4 Core Donor Data Set

B Methods of Offering

B-1 Supported Offering Methods
B-2 Selection of Primary and Secondary Offering Methods
B-3 Maintaining Accurate Contact Details
B-4 Fast track/Group/Simultaneous Offering

Annex A: Organ Offer Response Timings

Approved by the NHSBT Advisory Group Chairs

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1 Background and Purpose

1.1 Why a protocol is needed

The NHSBT Organ Offering Protocol has been developed to formalise the manner in which the NHSBT Hub Operations will make offers of organs for transplantation to transplant centres in the United Kingdom and Europe. Until now, while there are clear agreements as to the offering sequences and allocation schemes for particular organs, and specific offering methods have been agreed in relation to fast track offering, there is no agreed format for the way in which organ offers will be made. In practice, the method of offering has varied from organ to organ and between different transplant centres for the same organ. This introduces additional risk into the process as the Hub Operations staff on duty have to ensure that they identify the correct offering method each time and the length of time elapsed during the offering process is extended.

The implementation of a formal protocol is designed to improve patient safety by simplifying the process and reducing the length of time taken for the end-to-end offering process to complete. The length of the process is regularly reported as a reason for the withdrawal of consent by donor families. As a consequence, donors are being lost and transplantable organs not recovered for transplantation.

Furthermore, there have been a small number of reports of clinical incidents and errors due to the incorrect transcription of donor data. This has been addressed in part by the release of Donor Path & EOS Mobile which provides quick access to critical donor data to all those at the transplant centres who require it. However, until the offering process is standardised and the use of EOS formalised, there will remain instances where EOS is not used and donor data is transcribed, with the risk of error.

1.2 How the protocol has been developed

This protocol has been developed by NHSBT – Hub Operations in consultation with the transplant community. A Clinical Support Group has been formed, to which transplant coordinators representing each of the main types of transplant group (Renal, Liver, Pancreas, Cardiothoracic) have been invited and the protocol has been developed in response to their concerns about how offering may be standardised. The principles behind the protocol, including the offering methods proposed, have been presented to the solid organ advisory groups and a wider group of recipient coordinators assembled by NHSBT’s Lead Nurse for Recipient Coordination. A number of the offering methods, including the use of SMS, have been trialled successfully in existing schemes, such as the Pancreas, Kidney, Liver, Cardiac fast track offering scheme.

1.3 Continuous improvement and review

In order to reduce risk, the protocol will be made operational in phases. Any issues arising out of the protocol should be reported in the NHSBT Clinical Governance System. It is intended that the operation of the protocol shall be reviewed six months after initial implementation, and periodically thereafter.

https://www.organdonation.nhs.uk/IncidentSubmission/Pages/IncidentSubmissionForm.aspx
A GENERAL

The Organ Offering Protocol sets out the principles and methods by which organs from deceased donors for transplant will be offered to transplant centres in the United Kingdom from the NHS Blood & Transplant (NHSBT) Hub Operations only (see below). It has been approved by the ODT Senior Management Team following consultation with the Solid Organ Advisory Group Chairs representing each organ specific advisory group and the Electronic Offering System (EOS) Clinical Support Group representing recipient point of contacts receiving offers.

A.1 OFFERING PRINCIPLES

1.1 Organ Offering Responsibilities

Primary responsibility for offering of organs is currently as follows:

<table>
<thead>
<tr>
<th>Organ Offering by:</th>
<th>DBD Donor</th>
<th>DCD Donor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidney</td>
<td>Hub Operations - ODT</td>
<td>Hub Operations - ODT</td>
</tr>
<tr>
<td>Pancreas</td>
<td>Hub Operations - ODT</td>
<td>Hub Operations - ODT</td>
</tr>
<tr>
<td>Liver</td>
<td>SN-OD/Hub Operations - ODT</td>
<td>SN-OD/Hub Operations - ODT</td>
</tr>
<tr>
<td>Small Bowel</td>
<td>Hub Operations - ODT</td>
<td>N/A</td>
</tr>
<tr>
<td>Heart</td>
<td>SN-OD/Hub Operations - ODT</td>
<td>SN-OD/Hub Operations - ODT</td>
</tr>
<tr>
<td>Lung</td>
<td>SN-OD/Hub Operations - ODT</td>
<td>SN-OD/Hub Operations - ODT</td>
</tr>
</tbody>
</table>

It is recognised that any agreement is subject to fluctuations in donor activity which may require negotiation between the SN-OD and Hub Operations to ensure timely offering.

Where activity levels are low, there is potential for the Hub Operations to undertake all offering to allow the SN-OD to concentrate on the facilitation of the donor.

Offers facilitated by the SN-OD will be made via pager / telephone and the donor number will be provided verbally; the transplant centre considering the offer will still be required to access the donor information via EOS / EOS Mobile.

1.2 Organ offers must be made from the NHSBT Hub Operations to the recipient centres once:
- Consent/authorisation for donation has been given and
- It has been established there are no absolute contraindications to donation and
- Sufficient clinical information is available as set out in Appendix A of the Human Tissue Authority ‘The Quality and Safety of Organs Intended for Transplantation documentary framework’.

1.3 Organ offering shall follow a documented process subject to NHSBT’s Quality Management System.

1.4 Organ offers shall be made to transplant centres by the methods identified in Section B of this document and shall require a single contact from the Hub Operations to communicate the availability of the offer/s.
1.5 Offer acceptance or decline shall be made in a timely manner (see Appendix for current timelines). The time for a decision starts when the delivery of the notification is confirmed to NHSBT – Hub Operations.

1.6 Offer acceptance shall be made by telephone call to the Hub Operations in order to confirm that the correct donor details have been viewed and that the organ is being accepted.

1.7 At present, offers must be declined by telephone. Declined offers must be accompanied by a primary reason for decline as a minimum. A secondary and tertiary reason for decline may also be provided.

A.2 OFFERING SEQUENCE

2.1 Organs shall be offered according to the approved sharing schemes for each organ type.

http://www.odt.nhs.uk/transplantation/guidance-policies/

A.3 USE OF THE ELECTRONIC OFFERING SYSTEM (EOS)

3.1 Consistent with the requirements of The Quality and Safety of Organs Intended for Transplantation Regulations 2012 for organ offers to be reviewed before acceptance, the use of the Electronic Offering System (EOS) is mandatory when reviewing organ offers.

3.2 Should the Electronic Offering System (EOS) be unavailable offer recipients should call the NHSBT Hub Operations who will provide offer details by CDDF, email, fax or telephone as a last resort. These details must be cross-checked against a written record at the earliest possible opportunity.

3.3 Failure or refusal to view offer details using the Electronic Offering System (EOS) when it is available and accessible will be recorded as a clinical governance incident because of the risk of transcription errors in the relaying of donor data verbally.

3.4 Persistent failure to view offer details using the Electronic Offering System will be escalated by the Associate Medical Director, NHSBT, to the Medical Director of the transplant centre trust.

A.4 CORE DONOR DATA SET

4.1 The Core Donor Data set as implemented in the Electronic Offering System via Donor Path & NTxD represents the minimum data required as a regulatory requirement to be obtained for all donors and to be provided with all offers in PDF format irrespective of the manner in which the offer is made.

4.2 Alternative presentations of the data from the Core Donor Data set may be made available in the Electronic Offering System to assist the decision-making process. These presentations are subordinate to the full Core Donor Data set which represents the complete data on which offer acceptance decisions should be made.
B METHODS OF OFFERING

B.1 SUPPORTED OFFERING METHODS

1.1 The NHSBT Hub Operations supports the following methods of communicating organ offers to transplant centres:

1.1.1 SMS (Text Message);
1.1.2 E-mail (this must be a secure email);
1.1.3 SMS, Alphanumeric Pager (Text Message);
1.1.4 Single telephone call to hospital switchboard/unit telephone.
1.1.5 Fax (this is being phased out nationally, email to replace this function)

1.2 When using Fax (1.1.5) or E-mail (1.1.2 & 1.1.3) to receive offers, it is the responsibility of the Head of the Transplant Unit (or Chief Executive) to ensure there are robust measures in place to receive and respond to offers in a timely manner.

1.3 When using SMS to receive offers (1.1.3), the Hub Operations will hold a single list of approved recipient telephone numbers to receive SMS messages per centre. The entire list (which may be a single number) will be sent the message each time an offer is made.

1.4 When using Alphanumeric pagers to receive offers (1.1.3), the Hub Operations will hold a single list of approved recipient pager numbers to receive messages per centre. The entire list (which may be a single number) will be sent the message each time an offer is made.

1.5 When using alphanumeric pagers to receive offers (1.1.3), only wide area network pagers are supported and confirmation must be sought from the Head of Operations - ODT that the pagers held are supportable (since pager providers vary significantly in the technology they support).

1.6 When using email (1.1.2), SMS (1.1.3) and alphanumeric pager (1.1.3) to receive offers, the message will consist of the following data as a minimum to ensure identification of the correct donor on EOS:

1.6.1 Donor/Case ID
1.6.2 Donor Hospital
1.6.3 Donor Age
1.6.4 Donor Type (DBD/DCD)
1.6.4 Organs or consideration (Left Kidney, Right Kidney, Pancreas, CT, SB etc.)
1.6.6 for urgent patients, kidney, pancreas and small bowel patients only:

- Name of patient for whom offer is being made
- Age
- Match grade (where applicable)
- Sensitisation
- Long Waiting Patient

We will also send updates for the following:

- KTS
- Registration Notification
- Anatomy
- Ad Hoc information
1.7 When using the single telephone call method to receive offers (1.1.4), the Hub Operations will hold a single approved telephone number to call per centre. The offer will consist of basic offer information as outlined in B.1.6 and it will be the responsibility of the Head of the Transplant Unit (or Chief Executive) to ensure there are robust measures in place to ensure that the offer details are relayed to the appropriate person on call for review on EOS.

Calls made to a single telephone can include the following formats:

- Call to switchboard to page the on call recipient point of contact who will then phone the Hub Operations to receive the basic offer information as outlined in B.1.6
- Call to switchboard which is then put through to on call recipient point of contact In order for Hub Operations to give the basic offer information the basic offer information as outlined in B.1.6

B.2 SELECTION OF PRIMARY AND SECONDARY OFFERING METHODS

2.1 Recipient centres must select a primary and secondary offering method from those outlined in B.1.1 to receive organ offers.

2.2 The NHSBT Hub Operations will maintain a list of primary and secondary offering methods chosen per centre and will offer according to the selected methods at all times with the exception of fast track offers (see B-4).

2.3 In the event that either or both primary and secondary offering methods fail the NHSBT Hub Operations will make all reasonable effort to contact the centre by other means.

B.3 MAINTAINING ACCURATE CONTACT DETAILS

3.1 The NHSBT Hub Operations shall maintain a list of approved contacts and appropriate telephone numbers and email addresses for each recipient centre.

3.2 It is the responsibility of each recipient centre to ensure that the list maintained by the Hub Operations is kept up to date by informing NHSBT of any changes required on a regular basis.

3.3 The following minimum standards of information must be provided for each offering method selected:

3.3.1 Fax
At least one fax number of a fax machine in an area staffed 24/7.

3.3.2 E-mail
At least one email address of an email account that will be monitored 24/7.

3.3.2 SMS (Text Message)
At least one mobile telephone number to receive SMS alerts at any time. If multiple telephone numbers are provided, recipient points of contact should be advised to switch off their telephone when not on call if they do not wish to be disturbed. Similarly, those on call overnight or likely to be asleep should set their SMS alert ringtone to a high-volume or multiple alert setting.
3.3.4 **Alphanumeric Pager (Text Message)**
At least one alphanumeric number to receive alerts at any time. If multiple pager numbers are provided, recipient points of contact should be advised to switch off their pager when not on call if they do not wish to be disturbed. Similarly, those on call overnight or likely to be asleep are advised to set their pager alert tone to a high-volume or multiple alert setting.

3.3.5 **Single telephone call to hospital switchboard/unit telephone.**
A single telephone number which will be manned 24/7 by one or more persons able to record and relay the basic offer notification information as detailed in 1.6 above to an appropriate person for acceptance or decline.

**B.4 FAST TRACK/GROUP/SIMULTANEous OFFERING**

4.1 Offers of organs meeting the fast track/group or simultaneous offer scheme criteria will be made only to centres registered in the organ-specific scheme(s).

4.2 Offers will be made by the NHSBT Hub Operations by simultaneous SMS, email, fax of donor information.

4.3 In all cases, centres must respond by telephone to all offers within 45 minutes of the offer whether they wish to accept or decline the offer.

4.4 Organ offer allocation among accepting centres shall be as per the organ specific organ sharing scheme fast track allocation rotas.
ANNEX A

ORGAN OFFER RESPONSE TIMINGS

Cardiothoracic organs within 45 minutes from notification of offer for a full offer and within 30 minutes from notification of offer for a provisional offer that becomes a full offer or for urgent offers following receipt of HLA.

Liver within 45 minutes from notification of offer for a full offer and within 45 minutes from notification of offer for a provisional offer that becomes a full offer.

Small bowel within 45 minutes from notification of offer.

Kidney within 45 minutes from notification of offer and within 30 minutes from notification of anatomy.

Pancreas within 45 minutes from notification of offer.

Small bowel within 45 minutes from notification of offer.

Group/Fast track offers

Cardiothoracic organs within 45 minutes from notification of offer (CT Block 60 mins).

Liver within 45 minutes from notification of offer.

Kidney within 45 minutes from notification of offer.

Pancreas within 45 minutes from notification of offer.