

Quality Requirements (surgical standards)

The Quality Requirements are in development and will be implemented from 1 April 2017. When the requirements have been agreed by the relevant Solid Organ Advisory Groups, NORS Centres will be notified.

	Kidney	Heart	Lung	Liver LAG Proposed	Pancreas PAG Proposed
Domain 1: Organ damage / organs not used due to damage	Use the current approach, i.e. collect moderate and severe damage and present in funnel pots	New coding required. Suggested TNM-type coding for different fields (For example; V0 – vessels NAD V1 – repair needed V2 – Prosthesis needed V3 – not salvageable	New coding required. Suggested TNM-type coding for different fields (For example; V0 – vessels NAD V1 – repair needed V2 – Prosthesis needed V3 – not salvageable	• use moderate / severe funnel plots for the present	• number (%) of pancreases retrieved / discarded from proceeding DBD and DCD donors
		John Asher to take this forward with the new HTA-B form	John Asher to take this forward with the new HTA-B form	• in future, wants further work done on damage classification with John Asher	• number (%) of pancreases damaged, using current criteria (transplantable with no repair; repair required; untransplantable)
Domain 2: Communication between retrieval and implanting teams	Should occur if there is concern about kidney usability or any other significant issue(e.g. perfusion, damage, anatomy, mass)	No need if heart is fine, but a call is needed if; <ul style="list-style-type: none"> • there are any injuries • or concerns (anatomy/perfusion/ damage /mass etc) • or delays • or a specific requests have been made by the implanting team 	No need if lungs are fine, but a call is needed if <ul style="list-style-type: none"> • there are any injuries • or concerns (anatomy/perfusion/ damage /mass etc) • or delays • or a specific requests have been made by the implanting team 	• mandatory for all retrievals • needs work on how this will be assessed (John Asher)	• only if concern (vascular abnormalities, perfusion issues, damage, parenchymal issues)
Domain 3: Graft outcome	KAG met and considered a NORS KPI for kidney outcomes. The decision was that there would not be a NORS KPI for kidney outcomes, as there was	No clear consensus, but there was a preference for PNF for heart (defined as requiring a mechanical assist device post-transplant –	No clear consensus, but there was a preference for PNF for lungs (defined as requiring a mechanical assist device post-transplant –	• early graft dysfunction (to be defined by J O'Grady, LAG Chair, in the future)	• pancreas PNF (NB: concerns about mis-coding and low frequency

	no evidence that DGF / PNF / one-year eGFR and one-year death-censored graft survival was influenced by NORS team.	VAD or ECMO) <ul style="list-style-type: none"> • and a 30- day heart survival. 	VAD or ECMO) <ul style="list-style-type: none"> • and a 90 –day lung graft survival. 		<ul style="list-style-type: none"> • pancreas early thrombosis rate (NB: likely to be technical in origin)
					<ul style="list-style-type: none"> • presence of iliac vessel damage. Data not currently collected.
					<ul style="list-style-type: none"> • pancreas 90-day graft survival
Domain 4: Timeliness of retrieval (i.e duration between key timings in retrieval surgery (These data may change when the shared scrub nurse is introduced)	<ul style="list-style-type: none"> • Time from knife- to- skin perfusion (DCD donors)= 90% by 4 minutes 	Excluding those organs put in an OCS device <ul style="list-style-type: none"> • Time from cross-clamp to organ in box – 90% by 30 minutes • Time from organ in box to organ out-of-theatre. Time of organ out-of-theatre not currently collected. 	Excluding those organs put in an OCS device <ul style="list-style-type: none"> • Time from cross-clamp to organ in box – 90% by 50 minutes “last lung in box” • Time from organ in box to organ out-of-theatre. Time of organ out-of-theatre not currently collected. 	<ul style="list-style-type: none"> • time from KTS to cold perfusion (DCDs) – 90% by 4 minutes 	<ul style="list-style-type: none"> • time from start of cold perfusion to pancreas on bench. Time on bench not currently collected.
	<ul style="list-style-type: none"> • Time from perfusion to nephrectomy (right & left, and taking into whether the donor is DBD/DCD/NRP, presence of cardiac retrieval team, other organs retrieved, etc) Time of nephrectomy not currently collected. 			<ul style="list-style-type: none"> • time from start of cold perfusion to hepatectomy DBD – 90% at 45 minutes DCD – 90% at 55 minutes	<ul style="list-style-type: none"> • time from pancreas on bench to pancreas in box. Time on bench not currently collected.
	<ul style="list-style-type: none"> • Time from nephrectomy to kidney in box (right and left, and taking into account the issues above) Time of nephrectomy not currently collected. 			<ul style="list-style-type: none"> • time from hepatectomy to liver in box - 90% at 50 minutes for both DBD and DCD 	<ul style="list-style-type: none"> • time from pancreas in box to leaving operating theatre. Time of organ out-of-theatre not currently collected.
				<ul style="list-style-type: none"> • time from liver in box to liver out of theatre. Time of organ out-of-theatre not currently collected 	<ul style="list-style-type: none"> • time from pancreas in box to leaving operating theatre. Time of organ out-of-theatre not currently collected.