

First Edition Spring 2022

# Welcome to the first newsletter from the Chapter of Nurses and Allied Health Professionals Committee.

Jen and Katie have been through the questionnaire responses that took place at the end of the summer. Combined with our aspirations for the Committee we have decided upon four words that best summarise what people have stated they would like from a newsletter and the Committee, along with the goals which we would like to achieve.

The format of the newsletter will therefore compromise of four sections:

Develop  Include  Inspire  Connect 

We plan to...

- **Develop** collaborative working between differing professionals.
- Be **inclusive** of all Nurses and Allied Health Professionals.
- **Inspire** one another.
- Help members of BTS to feel more **connected**.



Hopefully, this first newsletter will give you an idea of what to expect from each newsletter. If you wish to share a case study, project or a new development then please email Jen [jennifer.baxter@nhs.net](mailto:jennifer.baxter@nhs.net) or Katie [katiemorley@nhs.net](mailto:katiemorley@nhs.net) and hopefully you will be featured in one of the upcoming issues.

# Develop



Thank you to everyone who took the time to complete the questionnaire that was distributed. We received 72 responses and below is a summary of the results:

Top three occupations to respond:

1. Recipient Transplant Co-ordinators
2. Live donor co-ordinators
3. Other

Patient group represented (biggest three):

1. Kidney
2. Organ donors
3. Liver

Top three regions to respond:

1. Eastern
2. London
3. Scotland

- 47% of respondents are members of BTS 43% are non-members
- 53% felt the main benefit of being a BTS member was the access to reduced fees for BTS Congress.
- The top two barriers to being a member of BTS were funding and that it is too expensive.
- Most people did not attend the BTS Congress 2021 due to it being a virtual meeting
- Most people had their place at Congress paid for by their organisation of work
- Most people would prefer future Congresses to be face to face.

When asked about availability of education, top three responses were:

1. Topics specific to role
2. Topics specific to transplant
3. Education at Congress

When asked about support to study, top three responses were:

1. Time to support attending educational opportunities
2. Money to fund educational opportunities
3. Online access to education

When asked about facilitated networking, top three responses were:

1. Introductions to people in similar roles
2. Lunchtime facilitated networking
3. Accessible biographies of people at Congress

When asked about mentoring to write abstracts, the responses were ranked as follows:

1. Assistance to start a project
2. Guidance to submit an abstract
3. How to create a poster presentation
4. Mentoring with oral presentation

When asked about updates on innovative projects, the responses were ranked as follows:

1. Innovations to increase number of donors
2. Studies looking at longevity of organs post-transplant
3. Projects to aid the retrieval of organs
4. Studies looking at longevity of organs post-transplant

When questioned about attendance at previous BTS organised events the responses were:

- 51% have attended BTS Congress before
- 17% have attended the living donor Congress
- 6% have attended other BTS events
- 1% have attended the Ethics Symposium
- 25% have not previously attended any BTS events.

Title of newsletter, many agreed with idea of changing the title. We have opted to rename the Transplant Natters to.... **Bringing Together Specialities (BTS)**

The most popular suggestions for features in the newsletter included:

- Case studies
- Current projects
- Job profiles
- Educational information.

69% would like the newsletter to be circulated every 3 months



## What's next?

The questionnaire results have been shared with Lisa Burnapp, BTS President and we are discussing ways in which your suggestions can be incorporated into the next BTS Congress to be held in Belfast September 2022.

Your suggestions have also been shared with the CON & AHP Committee and we are planning on how we can action your suggestions.



# Include



We would like to take this opportunity to thank those Committee members who have decided to step down.

- ▶ **Wendy Littlejohn**, Transplant Services Manager, Kings, who has opted to step down.
- ▶ **Sandra Dix**, Living Kidney Donor Team Lead, Oxford, who has since retired.
- ▶ **Diane Evans**, Transplant Co-ordinator, Bristol, who has taken a secondment outside of transplant services so has decided to remove herself from the Committee.

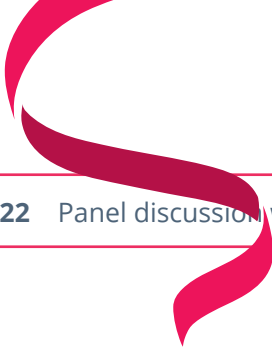
The CON & AHP Committee usually consists of 8 people, therefore, there are three places to be filled. We are looking for people to apply and are keen to appoint Allied Health Professionals from a broad spectrum of specialist areas. If you are a Physiotherapist, Transplant Co-ordinator, SNOD or Theatre Practitioner for example, we would be interested to hear from you.

All we ask for is a maximum of 300 words as to why you would like to be part of the Committee, what you can contribute and what you hope to gain from the experience. To apply you need to be a BTS member. If you need assistance with applying to be a BTS member, please contact a CoN member who will be able to assist you. If we do not receive sufficient responses we will co-opt into the Committee to ensure that a broad spectrum of roles are represented.

Below are the details for the current committee members. If you would like more details about the committee please see: <https://bts.org.uk/chapters-committees/chapter-of-nurses/>

Name	Current role
Mark Roberts	Senior Commissioning Manager, NHSBT
Jen Lumsdaine	Living Donor Transplant Co-ordinator, Edinburgh
Julie Glen	Living Kidney Donor Co-ordinator, Glasgow
Eve Watson	Clinical Nurse Educator, Freeman, Newcastle
Sally Holmes	Professional Development Specialist, NHSBT

Please email your supporting statement along with your name and institution to either Katie [katiemorley@nhs.net](mailto:katiemorley@nhs.net) or Jen [jennifer.baxter@nhs.net](mailto:jennifer.baxter@nhs.net)



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Closing date **08.04.22** Panel discussion w/c **18.04.22** Candidates informed of decision w/c **25.04.22**

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Donor care physiologists, known as DCPs, are integral members of the organ retrieval service in Royal Papworth Hospital. With backgrounds in intensive care and anaesthesia, our team of specialist practitioners have received extensive training in donor management. We use our breadth of skills and knowledge in a multifaceted approach to increase the utilisation of available cardiothoracic donor organs.

As DCPs, we adopt a donor management role during the retrieval process, undertaking a range of invasive investigations and procedures such as transoesophageal echocardiography, floatation of Swan Ganz catheters, and bronchoscopy to assess organ function. We use our findings to manipulate the donors' respiratory and cardiac physiology in the hope of optimising organ function for successful retrieval. DCPs care for the donor throughout the entirety of the retrieval process, ensuring that optimum haemodynamic and ventilatory stability is achieved and maintained.

Where appropriate, a member of our team may also attend a donors' bedside to complete the aforementioned investigations prior to the departure of the retrieval team. This is undertaken in the hope of optimising the viability of organ donation, and to provide additional diagnostic information on which medical personnel may base decisions of organ acceptance or decline. In instances where a scout is not available to attend due to logistical constraints, we endeavour to be at hand to offer telephone advice to local teams managing donor care.

A retrospective, observational pilot study looking at the effectiveness of scouting was undertaken by our team in 2020, winning the Nursing and Allied Health Award 2021 at the British Transplant Society Symposium. This study indicates that scouting practice may have the ability to increase the quantity and quality of cardiothoracic organs retrieved.

DCP led scouting also increases education and support for the wider staff group, and encourages efficient utilisation of resources. In instances where the scouting DCP finds the cardiothoracic organs unsuitable for transplant, it saves an entire cardiothoracic retrieval team from travelling to the donor site unnecessarily, and allows them to remain available for another possible retrieval instead.

All DCPs in Royal Papworth Hospital are also competent Organ Care System (OCS) operators. The OCS allows for the reanimation and reperfusion of hearts from donors after circulatory death. The monitored, beating heart is transported on the OCS, by road or flight, to the recipient centre for implantation. This system has greatly increased the number of cardiac organs which have been transplanted over the past number of years, saving countless lives.

The DCP team are deeply committed to supporting the retrieval and transplantation process. Whilst the recent pandemic has undoubtedly affected retrieval rates, the team remains productive. Since the beginning of 2021, we have been directly involved with over 100 retrievals, 55 of these from DCD donors and 42 from DBD donors. The remainder of our involvement was linked to the scouting service.

Our team are keen to share our experience with colleagues across the country. We regularly speak at conferences, and have contributed to many successfully published research papers.

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If you have any questions about the DCP team at Royal Papworth Hospital, please feel free to contact us for more information: [Lorraine.figgleton@nhs.net](mailto:Lorraine.figgleton@nhs.net)



# Connect

## Rare transplant of a DCD heart from an adult donor to a paediatric recipient.

I qualified as a nurse in 2007 and spent most of my career working within Critical Care. However, after becoming a Specialist Nurse in Organ Donation (SN-OD) in 2016 I haven't undertaken any academic work due to time constraints and simply getting out of the habit.

During a national paediatric team meeting the lead paediatric SN-OD asked if there was anything that anyone would like to submit to the British Transplant Society (BTS) Congress as a poster to highlight good practice or innovation. This made me contemplate a case I had been involved with some months before regarding the first DCD paediatric heart transplant recipient, this case was even more interesting as the heart had actually come from an adult donor. At first I didn't think this would interest anyone as from my point of view it was simply a story of the night of donation and how we came to offer the heart to a paediatric patient. However, after discussing with the lead paediatric nurse and my team manager they reassured me that case studies had just as much merit as original research and audit based papers and posters. Although still apprehensive I wrote the poster abstract entitled 'Rare transplant of a DCD heart from an adult donor to a paediatric recipient'. I actually found that I enjoyed writing the abstract despite my reservations about not doing anything academic for such a long time, it was nice to recall the stages of the process and enabled me to reflect on the significance of this case.

It wasn't too challenging or demanding time wise and any information I needed I had to hand on the IT platforms we use for donor cases.

To my pleasant surprise the abstract was picked by the Committee to be shown at the Congress. Putting the full poster together was again not too difficult using the template provided by the BTS.

I found that putting the poster together and presenting it in video form has enabled me to reflect on this cases significance. It was only due to the recommendation of the transplant co-ordinator who turned this heart down due to size that we offered this heart to a paediatric centre as this was not normal practice at the time, her innovative thinking was literally lifesaving. Her insight enabled the heart to be placed with a paediatric patient who would have continued to wait otherwise and it was only through writing this poster that I could truly appreciate the magnitude of that conversation and the effect it has had on the recipient and her family. I have since emailed her to thank her for encouraging us to do this. The team work between different organisations that night allowed for the first heart from a DCD donor to be transplanted and following this success others have since occurred. This pivotal first transplant has now become common practice and it is part of our standard procedure to offer DCD hearts to paediatric centres.

I have had lots of positive feedback since congress from other professionals who enjoyed hearing the account of this donor and recipient and so I would encourage any other allied health professionals to write a case study should the opportunity ever arise.

**Clare Croxall**, Specialist Nurse in Organ Donation