Minutes

Pancreas Database Meeting

Friday 2nd September 2016

10:00 am

Attendees: Carl Marshall (CM); Ally Bradley (AB); Shruti Mittal (SM), Shirley Lockhart (SL), Robert Crookston (RC)

Background:

There are currently three main Excel spreadsheets used by the Transplant Coordinators (TC). These contain information collected from various sources (including paper forms, EPR). All this data needs to be collated into one automated tool for a more efficient system of data collection, storage and retrieval. The three spreadsheets hold different information (although there is some duplication of data across the three files):

1. Transplant database – this holds basic information about the donor (e.g. age, type of donor, gender) and recipient (e.g. NHS number, date of transplant, date of discharge)
2. Kidney pancreas database – this holds more detailed information of recipient and donor profiles
3. Pancreas recipient database – this holds follow up data for recipients after they have been discharged.

Pancreas patients are first referred to OUH and the date of referral is recorded (currently in an Excel spreadsheet). The date of referral ‘triggers’ a clock that spans a period of 18 weeks during which time the patient needs to be seen in clinic (within 6 weeks of referral) and have all the necessary medical examinations, blood tests etc and then be registered on the list of patients awaiting an organ. When a suitable donor is found and the organ is allocated to OUH, NHSBT will call the TC at OUH. Basic information including donor ID will be recorded at this stage by the TC. Occasionally NHSBT will already have identified a recipient at OUH but otherwise a series of criteria are reviewed including age, BMI, time on the waiting list etc to determine who the organ will be allocated to. Information about the donor and recipient are then given to the consultant (by telephone) and they will decide whether to accept or reject the organ.

If the organ is accepted, tissue typing is carried out to determine if the patient is immunologically suitable. If this is the case then the patient will be contacted by telephone and invited to the hospital for the transplant operation.

Recipient data from the Excel spreadsheets is collated and reported to the clinical commissioning group for financial purposes. Information regarding non-transplanted organs is reported via paper forms and for rejected organs no further information is collected. Reports are sent to NHSBT immediately post-transplant and then every three months. Other reports include discard rates and one-off requests from clinicians for specific data.

Users of the Transplant database include the ward clerk, the pharmacist, TCs (currently 12 in the team) and Paul Swann (service delivery manager OUH).

The Kidney Pancreas database is a tracking system for recipients and includes information about referrals, blood results and cardio as well as the date of referral which starts the ‘clock’ for the 18 week window. Each patient has a row of data within the spreadsheet and there is a colour coding system to quickly be able to see if a patient is near to their ‘breach date (i.e. close to the date 6 weeks from referral). Certain criteria have to be met and medical information received during the ‘work up’ period from referral to submission to NHSBT for inclusion in the organ waiting register. Sometimes requests are received from other hospitals asking for information about where their patient is in the ‘work up’ process e.g. to follow up/chase up blood results or cardio information. In its current format this information is time consuming and cumbersome to navigate to obtain this type of detail. Patients are sometimes ‘suspended’ in the work up process due to holidays or illness/infection. When an organ is allocated the TC needs to refer to the spreadsheet for this information so that patients aren’t contacted about an organ when they are currently not available or suitable for the transplant operation.

The pancreas database would combine all the necessary information in one place and make regular reporting easier and could be adapted to enable csv files to be downloaded for one off queries. An additional useful tool would be an online system allowing patients to update their own details such as change of address, name and holiday dates.

A third Excel spreadsheet contains follow up information after a patient is discharged. Follow up data is stored on paper so this has to be collected by reviewing patient notes and then entered into the spreadsheet. A paper form is completed and the information then forms the basis of the word document generated by the Kidney Pancreas database.

CM asked if the process from referral to discharge had ever been mapped out in a flow diagram. SM said that a document does exist detailing the process and that she would try and obtain a copy. If this document cannot be located then SL and RC would be able to create a process map for CM.

ACTION

SM to locate process map document and provide CM with a copy

Date of Next Meeting:

To be scheduled for the end of October 2016

ACTION

AB to send some suggested dates

Summary of next steps:

Create list of variables from the three pancreas Excel spreadsheets

Create database tables/structure

Develop interface in collaboration with the end users