

## Trust Board Report

**Meeting Date:**

22 April 2013

**Title:**

Organ Donation

**Executive Summary:**

The Midlands Organ Donation Services Team has just released information indicating that they have achieved an increase of 50% or more in the number of deceased donors after circulatory death (DCD). In 2012/13, the Midlands Organ Donation Services Team facilitated a total of 150 donors (85 DBD and 65 DCD), which represents an 87.5% increase in total donors since 2007/08.

However, despite an increase in the number of potential organ donors identified at RWT, there has been a noticeable reduction in the number of potential donors referred to the Senior Nurse-Organ Donation (SN-OD), which has resulted in a lower conversion rate of potential to actual donors.

For the period 1/4/12 -30/9/12:-

1. 6 potential brainstem donors (DBD) were identified, of which 2 became actual donors; the referral rate was 83.3%; the approach rate to the family was 100%, but the consent rate was 40%
2. 18 potential donors after circulatory death (DCD) were identified, of which 1 became actual donors; the referral rate was 66.7%; the approach rate to the family was 41.7% and the consent rate 60%

(These figures relate to the general ICU; patients over 76 y and those who died in a cardiothoracic ITU are not audited nationally and are excluded from the report)

Figures relating to the Emergency Department (ED) are much lower. Only 2 potential donors were identified (1 DBD and 1 DCD), neither of whom became actual donors.

In order to increase the number of actual donors, we need to:-

1. Improve the identification and referral of potential donors
2. Make organ donation an integral part of end of life care
3. Develop a communication strategy to raise the profile of organ donation within RWT
4. Improve the educational resources to support clinical staff
5. Review of the current Trust policy for organ / tissue donation to reflect updated national guidelines

<b>Action Requested:</b>	For discussion.
<b>Report of:</b>	Clinical Lead for Organ Donation
<b>Author: Contact Details:</b>	Dr. Sue Smith. Ext. 5127
<b>Resource Implications:</b>	<ol style="list-style-type: none"> <li>1. Availability of a staffed general ICU bed to facilitate transfer of potential donors identified in the Emergency Department (ED)</li> <li>2. NHSBT resources i.e. Senior Nurse-Organ Donation (SNOD) and Retrieval team</li> </ol>
<b>Public or Private:</b>	Public
<b>References: (eg from/to other committees)</b>	RWT Organ Donation Committee Quality and Safety Committee
<b>Appendices/ References/ Background Reading</b>	<p>The Royal Wolverhampton Hospitals NHS Trust Audit of Potential Organ Donors; 1<sup>st</sup> April 2012 – 30<sup>th</sup> Sept. 2012. (Issued Jan. 2013 based on data reported at 10<sup>th</sup> Jan 2013) Press release 11<sup>th</sup> April 2013: 'NHS achieves ground breaking 50% increase in deceased organ donors'</p>
<b>NHS Constitution: (How it impacts on any decision-making)</b>	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> <li>✚ Equality of treatment and access to services</li> <li>✚ High standards of excellence and professionalism</li> <li>✚ Service user preferences</li> <li>✚ Cross community working</li> <li>✚ Best Value</li> <li>✚ Accountability through local influence and scrutiny</li> </ul>

### Organ Donation

The latest audit of potential organ donors at RWT shows an increase in the number of potential donors identified, but a reduction in referral rates to the Specialist Nurse-Organ Donation (SN-OD). This has meant we have achieved lower family consent rates for donation and therefore fewer conversions of potential to actual donors. Current best evidence indicates the collaborative requesting for organ donation results in higher family consent rates and higher numbers of actual donors.

The reasons for the fall in referrals to SN-OD are multifactorial, but one of our SN-OD has been covering staff vacancies within NHSBT for the past year. This situation is likely to continue for the foreseeable future. It is noticeable that the regular

presence of a SN-OD has led to a lower profile for organ donation amongst clinical staff.

NHSBT have recently implemented changes to the working patterns for the SN-OD. It remains to be seen whether this will have a further adverse impact on the availability of the SN-OD to support clinical staff on a daily basis.

The past 12-18 months have also seen changes among the consultant intensivists, with new consultants being appointed. It is possible this may have affected referral rates with new staff being less comfortable or familiar with the process of organ donation and current practice on the ICU.

Donation after circulatory death (DCD), is technically more difficult to achieve because of the inherent unpredictability of the dying process and may result in potential donors being lost.

It is apparent from the most recent audit that changes are required and an initial action plan (attached) has been devised to address these issues. There are two key clinical areas, the general Critical Care unit (ICU) and the Emergency Department (ED), where we should concentrate our efforts.

The key points are as follows:-

1. Improve the identification and referral of potential donors

- we will change the daily ICU documentation (medical and nursing), to specifically ask about potential donors and whether a referral to SN-OD has been made (daily team safety brief)
- the SN-OD will have an increased presence on the unit on a daily basis and improved contact with clinical staff
- the specific referral criteria will be made more visible and more widely available to ICU staff
- ICU nurses will be identified as 'champions' to help not only with identification of potential donors, but who can provide knowledge and support for more junior members of staff

2. End of life care

- we need to educate and support all clinical staff to understand that the possibility of organ donation should be an option as part of normal end of life care
- all patients and families should have the opportunity to discuss potential organ donation with SN-OD at an appropriate time

### 3. Raise the profile of organ donation within RWT

- we need to educate all clinical staff about organ donation; we have purchased a teaching package on organ and tissue donation which will be available on the Kite site as e-learning
- the Grand Round will be used in July during National Transplant week to highlight a topic related to organ donation
- a communication strategy will be developed to raise awareness within RWT amongst both staff and the public
- we need to make explicit that RWT regards organ / tissue donation as a normal part of the healthcare services it offers to all patients and their families

### Emergency Department

It should be possible to increase the number of potential donors identified and referred through ED. It will require significant input from the SN-OD to educate and support ED staff that may have little experience of organ / tissue donation. A consultant lead, (Dr. Faheem Khan), has been identified to develop the process within ED.

One issue which needs to be resolved is the capacity to provide a suitable environment and sufficient nursing staff to care for a potential donor whilst the process of identification and referral takes place. Ideally the patient would be cared for in the Critical Care unit until donation occurs, however this has resource implications for ICU in terms of both beds and nurses.

## Action Plan 1 - Improving Potential Donor Referral Rates

<b>Aim</b>	To improve referral to the SNOD of potential donors	
<b>Measurable Outcomes / KPIs</b>	Reduce the number of non-referrals of potential organ donors	
<b>Timescale</b>	<b>Start Date – 01 March 2013</b>	<b>Finish Date – 31 May 2013</b>
<b>Actions Planned (practical solutions)</b>	<ol style="list-style-type: none"> <li>1. Establish baseline data for the number of potential donors that have not been referred to the SNOD</li> <li>2. SNOD and CLOD to present data and recommendations to nursing and medical staff</li> <li>3. Ensure that the Organ Donor Register (ODR) is checked for all potential organ donors</li> <li>4. Design SBAR tool for use by clinical staff</li> <li>5. Ensure that hospital policy reflects NICE recommendations to approaching families for consent</li> <li>6. SNOD to have regular presence on ICCU</li> <li>7. Implement prompts onto the nursing and medical ward round documentation in line with NHSBT Identification and Referral Guidelines</li> <li>8. Implement a non-identified proforma from SNOD to CLOD</li> <li>9. Internal incident reporting of any non-referred potential donors</li> <li>10. Non-identified patients to be discussed with relevant staff by CLOD</li> <li>11. Education and support to be provided by SNOD and CLOD</li> </ol>	
<b>Outcomes Anticipated</b>	<ul style="list-style-type: none"> <li>• Decreased number of non-referred potential donors</li> </ul>	
<b>Key Personnel</b>	<ul style="list-style-type: none"> <li>• Specialist Nurse(s) – Organ Donation</li> <li>• Clinical Lead(s) - Organ Donation</li> <li>• Organ Donation Committee</li> </ul>	
<b>Milestones</b>	<ol style="list-style-type: none"> <li>1. Establish a baseline audit</li> <li>2. Met with key anaesthetic and nursing personal</li> <li>3. Monitor PDA monthly initially – adjust action plan accordingly</li> </ol>	
<b>Evaluation (minimum monthly)</b>		



### Action Plan 2 – Commencement of an Organ Donation Programme from the Emergency Department (ED)

<b>Aim</b>	<ul style="list-style-type: none"> <li>To establish an Organ Donation Programme within the ED</li> </ul>	
<b>Measurable Outcomes / KPIs</b>	<ol style="list-style-type: none"> <li>Increase the number of organ donors in ED</li> <li>Improve the process for patient referrals in the ED</li> <li>Early involvement of the Specialist Nurse</li> </ol>	
<b>Timescale</b>	<b>Start Date</b> - 01 March 2013	<b>Finish Date</b> - 31 March 2014
<b>Actions Planned (practical solutions)</b>	<ol style="list-style-type: none"> <li>Carry out PDA in ED</li> <li>Representation from ED on the Donation Committee</li> <li>ED a regular agenda item in the Donation Committee Agenda</li> <li>To arrange a meeting with the ED lead and CLOD to discuss and develop a referral pathway that is suitable and specific to the ED.</li> <li>CLOD and SNOD's to support ED in delivering education to Medical and Nursing staff</li> <li>ED to have access to Trust policies and guidelines on Organ Donation</li> <li>ED aware of information on Map of Medicine Website</li> <li>CLOD to attend ED audit meeting yearly to present Trust PDA data</li> <li>CLOD and SNOD to act as a resource to ED team</li> </ol>	
<b>Outcomes Anticipated</b>	<ol style="list-style-type: none"> <li>Effective Partnership Working in Emergency Medicine</li> </ol>	
<b>Key Personnel</b>	<ul style="list-style-type: none"> <li>Specialist Nurse's in Organ Donation</li> <li>Clinical Lead for Organ Donation</li> <li>Dr Morgan/Dr Khan – ED/ICCU Consultant</li> <li>Organ Donation Committee</li> </ul>	
<b>Milestones</b>	<ol style="list-style-type: none"> <li>To gain attendance on the Donation Committee from an ED Consultant</li> <li>To devise a referral criteria that meets the needs of the patient admitted to the ED</li> <li>To have a plan in place for care of the potential organ donor if ICCU is full</li> </ol>	

	4) Education for all levels of ED staff 5) First potential donor referred from the ED
<b>Evaluation (minimum quarterly)</b>	