Organ Donation Committee Report to Trust Board – 280711

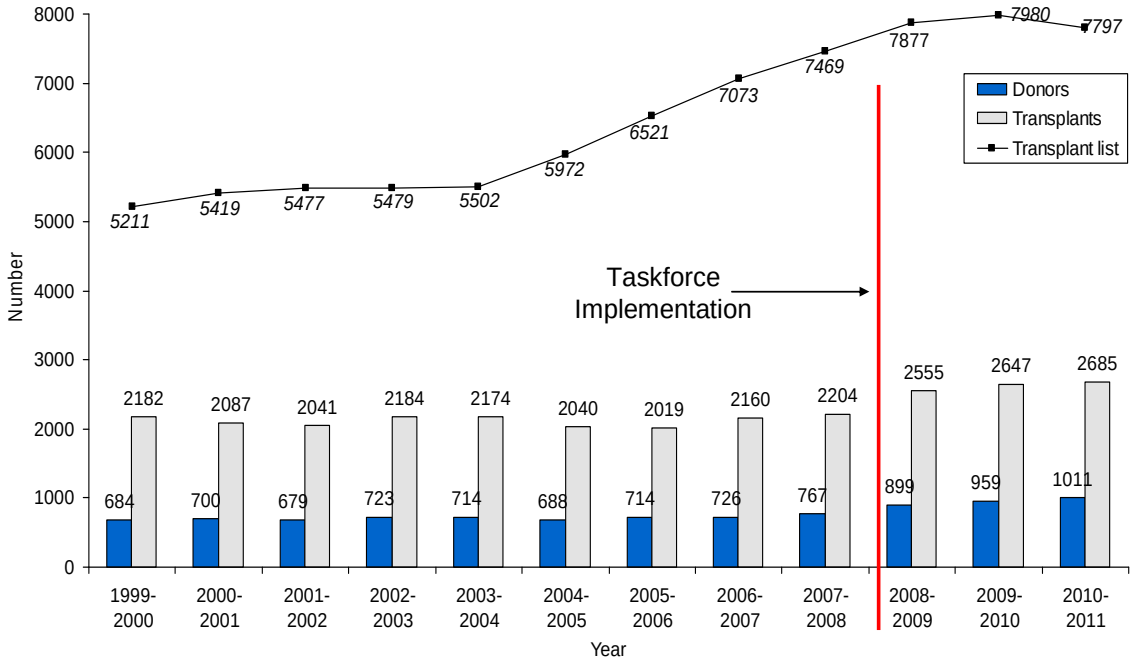
Dr Rob Law (Clinical Lead for Organ Donation)
on behalf of the Organ Donation Committee

This report will briefly update the Board on the progress made nationally towards increasing rates of solid organ donation in the U.K. and describe recent local achievements, local performance data and the Organ Donation Committee's objectives for the next year.

National context:

The Organ Donation Taskforce (2008) set itself the aim of increasing organ donation rates by 50% by 2013. Their report contained 14 recommendations. Almost all acute trusts now have a Clinical Lead for Organ Donation, embedded Specialist Nurse for Organ Donation (SNOD) and an Organ Donation Committee. This is having a noticeable effect and for the first time the number of patients awaiting a transplant has actually fallen and the number of deceased organ donors continues to increase. The number of deceased donors in 2010/11 was 25% higher than in 2007/8.

Numbers of deceased donors and transplants in the UK, 1 April 1999 - 31 March 2011, and patients on the active transplant list at 31 March each year



Local achievements/progress:

1. Fully adopted Taskforce recommendations that are applicable to acute trusts
2. Fully operational Organ Donation Committee under the chairmanship of Mr Martin Beardwell
3. Education programme for doctors and nurses likely to be involved in organ donation. This has included the Anaesthetic departments at PRH and RSH, the physicians at RSH and PRH and the Emergency Departments at RSH and PRH. Ben Cole (SNOD) is involved in an ongoing programme of teaching with the nursing staff in the ITUs and Emergency Departments.
4. We have developed a number of guidelines for the management of DCD and DBD donors and have recently integrated these guidelines with policies for the diagnosis of death and the management of DCD lung donors into 2 Integrated Care Pathways. This work was presented at the NHS Blood and Transplant Midlands Regional Collaborative Meeting in June where it was well received. There was a lot of interest in developing a similar pathway template for use region-wide.
5. Donor re-imbursement money is used to pay for nursing shifts when no ITU bed available and also for nurse education. £2000 has been given to each ITU to fund courses and study days with relevance to organ donation. A similar amount has been made available for the Emergency Departments.
6. Instituted SOP to enable bereavement clerks to broach organ donation with families of patients who are on the organ donor register where this has not been done by clinical staff. We hope that this will help to increase tissue donation rates from young donors that would otherwise be missed.
7. Organ Donation Site established on Intranet and statement in staff News Letter emphasizing the fact that SaTH supports organ donation.
8. All 'missed opportunities' followed up with clinicians concerned by Clinical Lead for Organ Donation.

SaTH data April 2010-March 2011 (considering local triggers for referral):

Shrewsbury & Telford NHS Trust

	2007-08	2008-09	2009-10	2010-11
DBD Donors*	6	4	3	7
DCD Donors**	2	0	1	3
Organs Tx	36 (4.5)	14 (3.5)	8 (2)	38 (3.8)
Referrals	14	10	12	30

***DBD – Donation after Brain Death **DCD – Donation after Cardiac Death**

In terms of total consented DBD and DCD donors, SaTH is currently the leading trust in the Midlands that is not a neurosurgical centre. This is a significant achievement.

Combined (DBD/DCD) data for 2010/11.

National (%)		Trust (%)
Brain Stem Death testing	72%	70%
Referral	85%	81%
Consent	65%	85%
Conversion	54%	91%

SaTH data April 2010-March 2011 (Potential Donor Audit):

A discrepancy exists between the Trust data and the data in the Potential Donor Audit which is collected nationally because the national data is not collected according to what the locally agreed triggers for referral are. Our DCD trigger for referral includes only patients with a severe and irreversible neurological injury whereas the national trigger includes other diagnostic categories. Our triggers have been agreed with NHSBT but the audit tool they use cannot collect our data accurately. This makes our performance relating to the referral of DCD donors look poor. Our approach is supported by a recent regional audit that showed that only 1 DCD donor in the region for 2009/10 came from a diagnostic category that was not neurological.

(Appendix 1- Funnel charts of National PDA data)

Objectives:

1. Continue programme of education for doctors and nurses. We plan to concentrate this particularly on the Emergency Departments where organ donation presents particular challenges.
2. Meet CQUIN Targets –'Increasing availability of organs for transplant'.
   5 Sub-indicators:
   N1 - Neurological testing rate (Target 80%)
   N2 - Referral to SNOD prior to performing BSD tests (Target 90%)
   N3 - Referral to SNOD when decision made to withdraw treatment in cases suitable for DCD donation (Target 50%)
   N4 - Clinician and SNOD to make joint approach to family in appropriate DCD and DBD cases (Target 65%)
   N5 – 6 monthly report to trust board

(Appendix 2 – Quarter 1 report to WMSCT)