

Report to:	TRUST BOARD – 1 NOVEMBER 2012
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Title	ORGAN DONATION COMMITTEE REPORT 2012
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Purpose	Provides a short summary of the progress being made nationally and locally towards increasing the number of successful organ transplants.

Executive Summary	
<p>The Report provides a short summary of the progress being made nationally and locally towards increasing the number of successful organ transplants. It also provides the Board with a summary of the local data related to organ donation, progress made in the last year and the objectives of the Organ Donation Committee for 2013.</p>	

Related SATH Objectives	SATH Sub-Objectives
B- Patients, GPs and Commissioners C- Quality D- Learning and Growth	PGC1, PGC2, QS2, QS3, QS4, QS5, QS6, LG7.

Risk and Assurance Issues (including resilience risks)	
Equality and Diversity Issues	
Legal and Regulatory Issues	

Action required by the Trust Board	
<p>The Board is asked to NOTE the contents of the report.</p>	

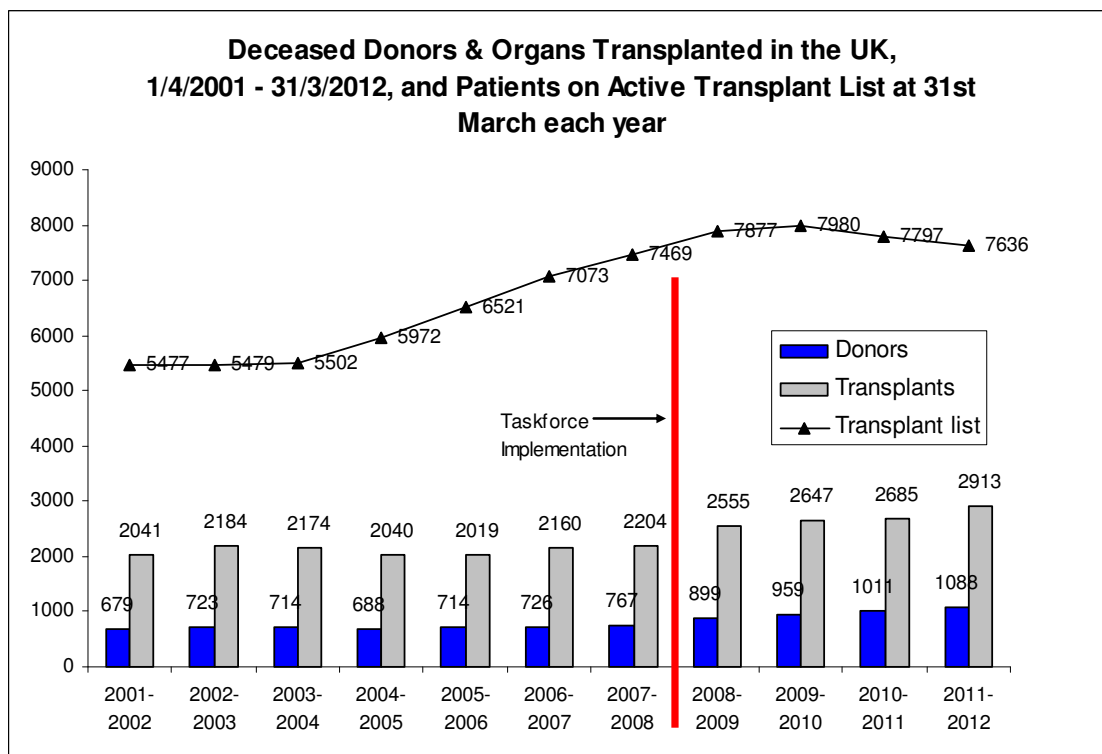
Organ Donation Committee Report to Trust Board for 2012

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

This report will 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 national picture is one of increased deceased organ donation rates, particularly DCD donors. The organ donation community is on-track to deliver the 50% increase in organ donations which was the target set by the Organ Donation Taskforce and discussions are underway to decide on the strategy post-2013.



Local situation:

The last year has seen fewer successful organ donations than in 2010/11. This was partly due to the normal variation in case-mix that one would expect for a non-neurosurgical centre and possibly also the effect of the new arrangements for trauma. There were also a number of donors that did not proceed for valid reasons, either coronial concerns or factors related to the physiology of the dying process. We accepted the challenge of the Organ Donation CQUIN and delivered on all the targets ensuring that the Trust retained this income.

Dr Adrian Marsh, an ED Consultant, joined the Organ Donation Committee this year and his presence will help us to work with the Emergency Department to ensure that opportunities for organ donation are not missed in the Emergency Departments. The Organ Donation Committee used funds to pay for a day of teaching at the Nottingham Simulation Centre. A large group of nursing and medical staff attended the day which involved clinical scenarios, role play and feedback and utilised the high fidelity simulator and professional actors. Further in-house teaching on communication and consent is now planned. Teaching days were also organised for both ED and ITU staff. The Trust guidelines on organ donation have recently been revised and updated to include changes that were necessary following the recent NICE Guidelines and the first publication of the Organ Donation Ethics Committee.

SaTH's embedded Specialist Nurse for Organ Donation (SN-OD), Ben Cole, has been seconded to the regional organ donation office in Birmingham for a year to take up the position of Team Manager. In order to continue providing SN-OD cover at SATH, the two embedded SN-OD's from UHNS have agreed to provide cover.

Local achievements/progress:

1. Fully adopted Taskforce recommendations that are applicable to acute trusts
2. Organ Donation Committee (ODC) under the chairmanship of Mr Martin Beardwell continues to meet bi-annually.
3. SaTH met all Organ Donation CQUIN targets and achieved 100% of the CQUIN reimbursement.
4. Ongoing Education programme for doctors and nurses likely to be involved in organ donation, including in-house study days funded by organ donation funds.
5. Organ Donation Simulation Day at Queens Medical Centre, Nottingham.
6. Reviewed and updated all guidelines for the management of DCD and DBD donors. Integrated care pathway for DBD and DCD utilized at RSH and PRH.
7. Donor re-imburement money now ring fenced for Organ Donation and yearly spending plan agreed by ODC. Money used to pay for nursing shifts when no ITU bed available and also available for nurse education and clinical equipment.
8. Tissue Donation SOP in place and for mortuary staff at both RSH & PRH.
9. Organ donation site established on intranet and news letter appeared in Staff News emphasizing the fact that SaTH supports organ donation.
10. All 'missed opportunities' followed up with clinicians concerned by Clinical Lead for Organ Donation.

Shrewsbury and Telford NHS Trust Organ Donation Data 2011-2012.

Donation after brain death (DBD)

Apr 2011 to March 2012 (2010/2011 figs in brackets)	SaTH DBD data	
Patients with suspected neurological death	8	(11)
Referred	7	(8)
BSDT performed	5	(7)
Confirmed BSD and medically suitable	5	(7)
Family approached	4	(7)
Consent given	2	(7)
Approach with SN-OD	1 - 25%	(4 - 57%)
Donation proceeded	1	(7)
DBD organs retrieved	4	(27)
Neurological death testing (NDT) %	63%	(64%)
Referral rate %	88%	(73%)
Approach rate %	80%	(100%)
Consent rate %	50%	(100%)
Conversion rate %	20%	(100%)

- 1 suspected neurological death that was not referred – PRH ICU overdose patient had cardiac arrest.
- 3 suspected neurological deaths that were not tested – 1) RSH ED patient with ICH suggestive of neurological death but pinpoint pupils so unable to test response and not suitable as DCD; 2) PRH ICU overdose patient extremely unstable and unable to maintain for brainstem death tests despite support (had cardiac arrest); 3) RSH ICU hypoxic brain injury patient initially thought to have brainstem death but return of response so did not fulfill criteria, considered as DCD.
- 1 family not approached for organ donation – RSH ED Coroner refusal for donation as Murder/Homicide case.
- 2 consents for organ donation but only 1 proceeded – RSH ICU Family consented to organ donation but coroner refusal as prisoner who died in custody.
- 1 proceeded DBD from PRH ICU and heart, 1 Lung and 2 kidneys donated.

DBD Approach analysis data

Apr 2011 to March 2012 (2010/2011 figs in brackets)	SaTH DBD data	
Families approached	4	(7)
Consent obtained	2	(7)
Family approaches with SN-OD present	1	(4)
Consent with SN-OD present	1	(4)
Hospital staff only approaches	3	(3)
Consent with hospital staff only approach	1	(3)

Donation after Circulatory Death (DCD)

SaTH DCD referral criteria

“Patients with a catastrophic neurological injury who are undergoing mechanical ventilation, where the decision has been made to withdraw active treatment.”

Apr 2011 to March 2012 (2010/2011 figs in brackets)	SaTH DCD data	
No. patients for whom imminent death was anticipated	39	(35)
Referred	18	(10)
No. patients fitting SATH DCD referral criteria	17	(13)
Patients fitting criteria that were referred	15	(10)
No. potential DCD donors	16	(18)
Family approached	11	(6)
Consent given	5	(4)
Approach with SN-OD	3 – 27%	(5 – 83%)
Donation proceeded	1	(3)
DCD organs retrieved	3	(7)
Imm Death Referral rate %	46%	(29%)
SATH criteria Referral rate %	88%	(77%)
Approach rate %	69%	(33%)
Consent rate %	45%	(67%)
Conversion rate %	6%	(17%)

- 2 patients fitting SATH DCD referral criteria but not referred – 1) RSH ED Not referred but family had been approached and family declined; 2) PRH ED Not referred but family had been approached and family declined.
- 5 families not approached – 1) RSH ICU Potential DCD referred but no NOK; 2) RSH ICU Potential DCD late referral after withdrawal but not medically suitable; 3) RSH ICU Potential DCD referred but died before could approach; 4) RSH ICU Potential DCD referred but family unaccepting of death so not approached; 5) RSH ICU Potential DCD referred but died before could approach.
- 4 consenting DCD that did not proceed – 2 x prolonged time to asystole both from RSH ICU; 2 not medically suitable after consent one from RSH ICU & one from PRH ICU.
- 1 proceeding DCD from RSH ICU and Liver and 2 Kidneys donated.

DCD Approach analysis data

Apr 2011 to March 2012 (2010/2011 figs in brackets)	SATH	
	DCD data	
Families approached	11	(6)
Consent obtained	5	(4)
Family approaches with SN-OD present	3	(5)
Consent with SN-OD present	3	(4)
Hospital staff only approaches	8	(1)
Consent with hospital staff only approach	2	(0)

Objectives:

1. Use of SaTH Integrated Care Pathway to ensure for all cases to ensure identification and referral of all potential organ donors to the SN-OD.
2. Use of donor optimisation guidelines for all cases to ensure that the transplanted organs are in the best condition possible.
3. To promote the involvement of the SN-OD in the approach for organ donation. To ensure that all families are given the right information at the right time.
4. Continue programme of education for doctors and nurses, particularly concentrating on the ED by organising a Communication/Approach Workshop for ED staff.
5. Investigate implications of the Welsh Organ Donation Bill for SaTH.