

TRUST BOARD

Date of Meeting: 10/05/2011		Enclosure: 10
		Agenda Item No: 10.1
Title of Report: Organ Donation Activity Report		
Aims: To provide overview of organ donation activity in North Cumbria University Hospitals NHS Trust.		
Summary: Since the publication of the Organ Donation Taskforce Report in 2008, North Cumbria University Hospitals has been working to meet the recommendations of this report endorsed by the Government. With the formation of the Organ/Tissue Donation Committee North Cumbria University Hospitals has seen a growth in organ donation and continues to promote 100% referral of all potential organ donors in the critical care setting. It is recognised as good practice for the Trust Board to be updated annually on organ donation activity. The Trust Organ Donation Committee formally reports to the Clinical Standards Sub Committee.		
Specific implications for consideration (Financial/Workforce/Risk/Legal/Race Equality etc):		
Financial	No specific implications.	
Workforce	No specific implications.	
Other	Ensures the Trust complies with guidance on organ donation, including recommendations set out in the Organ Donation Taskforce Report in 2008.	
Recommendations: The Trust Board is asked to: a) Regard consideration of organ/tissue donation as the norm for all end of life patients in the critical care setting. b) Support the development of a Trust wide policy and protocols to enhance already developed referral pathways for organ donation.		
Document previously approved by: Mr M Walker, Medical Director.		

Prepared by:

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Clinical Lead in Organ Donation

Trisha Rose
Specialist Nurse in Organ Donation

Presented by:

Mr M Walker
Medical Director

**TRUST BOARD
ORGAN DONATION ACTIVITY
REPORT
MAY 2011**

1. INTRODUCTION

This is the first report prepared for the Trust Board detailing the activity of the Donation Committee.

2. BACKGROUND

The Department of Health commissioned a group to look at ways of increasing the numbers of solid organ donation (i.e. heart, lung, liver, pancreas, kidneys) that can be offered to patients in need of a transplant. It is well recognised that the number of patients in need of transplants is growing and yet the number of deceased donors has remained fairly static in the 10 year period 1998-2008 (approximately 900). The UK has one of the lowest rates of deceased donors of the world's developed countries.

This group published the Organ Donor Taskforce (ODTF) report (link detailed below) in January 2008, in which there were 14 recommendations made. These are mainly modelled around the successes achieved in Spain.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082122

Subsequent to this report, NHS Blood and Transplant have been tasked with coordinating the implementation of the recommendations, and in particular for each acute hospital Trust, the establishment of a donation committee, a clinical lead to champion the agenda and embedded donor coordinators.

The target of the ODTF report is to increase the number of donors by 50% by 2013.

3. DEVELOPMENTS AT NORTH CUMBRIA UNIVERSITY HOSPITALS (NCUHT) WITH RESPECT TO ODTF REPORT::

- Specialist Nurse – Organ Donation (SNOD) Trisha Rose employed by NHS Blood Transplant (NHSBT) and fully embedded in November 2009
- Clinical Lead for Organ Donation (CLOD) Dr Colin Rodgers, Consultant Anaesthetist CIC, appointed by Medical Director in July 2010
- Lay Chair of Donation Committee Mr Geoff Sonley, agreed to chair the committee

- Donation Committee formed and first met October 2010 and subsequently in January 2011

4. **EMBEDDED DONOR CARE COORDINATOR (RECENTLY RENAMED SPECIALIST NURSE ORGAN DONATION (SNOD))**

NCUHT has a dedicated on site SNOD, covering both Cumberland Infirmary (CIC) and West Cumberland Hospital (WCH) sites within office hours, but with on call responsibilities as part of the Northern team, which also provides off duty cover for us. Our embedded SNOD is Trisha Rose, who is based in CIC ITU, but who also visits WCH frequently.

5. **DONATION COMMITTEE**

- Broad representation:
 - CLOD
 - SNOD
 - Critical Care Consultants from both ITUs, Senior Nurse from both ITUs
 - Emergency Department Consultant representing both EDs, Senior ED Nurse
 - End-of-life Care Consultant
 - Renal Medicine Consultant
 - Lay Chair
 - Patient Advocate
 - Ophthalmology Senior Nurses from both sites
 - Chaplaincy (to be appointed)
 - Link to Trust Board – Judith Cooke –yet to meet CLOD/Chair
 - Theatre Manager
- Meets quarterly – two since formation
- Adopted NHSBT's recommended terms of reference
- Changed name from Organ Donation Committee to Organ and Tissue Donation Committee

OBJECTIVES (= "making donation usual, not unusual"):

- To ensure that donation is considered in all appropriate situations
- To ensure that the option of donation is part of all end of life care
- To maximise donation through better support for families
- To oversee the development and maintenance of local policies relating to donation
- To monitor donation activity and report through normal governance channels
- To ensure the delivery of educational programmes to meet recognised training needs
- Identify issues and barriers regarding organ donation in NCUHT and provide solutions

6. **CLINICAL LEAD ORGAN DONATION (CLOD)**

This is an appointment funded by NHSBT, with an allocated one programmed activity of Consultant time. Appraisal is via the normal channels.

Activities:

- Donation Committee
- Attending regional and national network and professional development meetings
- Scrutinising the potential audit data, with SNOD, to identify local issues as to why potential donors are missed. Developing mechanisms to feedback lessons
- Identifying areas for local Trust guideline development
- Educational work, to raise awareness
- Preparation of reports
- Considering how national reports, recommendations and developments will have an effect locally
- Presentation at Trust public meeting

7. **REIMBURSEMENT**

The Critical Care Areas and Theatres receive a set price (divided between them) for each donor that is facilitated. This should off-set *some* of the costs involved in the areas where the resources are used. Currently critical care areas receive two thirds and theatres the remaining third.

The Trust receives some additional funds from NHSBT for the purposes of Donation Committee expenses, in particular those of Lay Chair and CLOD.

8. **DONATION FIGURES**

Nationally, deceased donations are up 19% in 2009/10, with 2010 seeing the national 1000 donations per annum barrier broken for the first time. Locally we are seeing a rise in referrals, reflected in the donation figures here.

- NCUH performance:

NCUHT's Chief Executive and CLOD are sent performance figures 6 monthly. The terms Heart Beating and Non Heart Beating donations have been superseded by the terms Donation after Brain Death (DBD) for the former and Donation after Circulatory Death (DCD) for the latter. All patient deaths in critical care and the up to age 75 yrs in the emergency department are audited, and potential suitability as donors calculated.

Local data will differ from NHSBT reports which do not reflect critical care deaths over age 75yrs. The below data has had further refinement of the number of potential donors with all medical and relative

contraindications taken into account. The below figures also reflect that in some situations the clinical decision to withdraw treatment is made because the patient is rapidly deteriorating and dying. These circumstances mean they could not be facilitated as donors.

There is some mention that NHSBT will change their data for the audit reporting in the future and there is a currently a working group addressing these issues.

From these reports and local SNOD's data:

ED Deaths: 1st April 2010 – 31st March 2011

Audit commenced April 2010
75yrs and under deaths only

CIC A&E

58 deaths audited
0 potential DBD
3 withdrawals
2 non potential DCD – 1 malignancy / 1 Medical history

1 missed potential DCD – 72yrs

WCH A&E

26 deaths audited
0 potential DBD
0 potential DCD

Intensive Care Unit 1st April 2008 – 31st March 2009

75yrs and under deaths only
Local criteria used for potential DCD
Still local service at this time – not nationally governed by NHSBT

CIC ITU/HDU

64 deaths
1 potential DBD – 1 actual donor
0 potential DCD

WCH ITU/HDU

35 deaths audited
0 potential DCD
1 potential DBD – actual donor

Intensive Care Units 1st April 2009 – 31st March 2010

From October 2009 – all deaths audited in ITU

CIC ITU

58 deaths audited

2 potential DBD – 1 arrested prior to BSDT
1 family had already refused donation in A&E prior to ITU admission

5 potential DCD - 1 family refusal
1 clinical decision made to withdraw but patient died prior to withdrawal
1 facilitated DCD – but cancer found on retrieval
2 actual DCD

WCH ITU

45 deaths audited

2 potential DBD – 2 Actual donors

1 potential DCD – unstable – unable to get teams/facilitate in time

Intensive Care Units

1st April 2010 – 31st March 2011

CIC ITU

104 deaths audited

1 potential DBD – Referred – Actual Donor

7 potential DCD - 1 actual donor
1 family refused
1 pt arrested
1 family issues regarding withdrawal of treatment
1 explored with local transplant centres but all declined on co-morbidities

2 potential missed DCD donors: 72yrs, 74yrs

WCH ITU

50 deaths audited

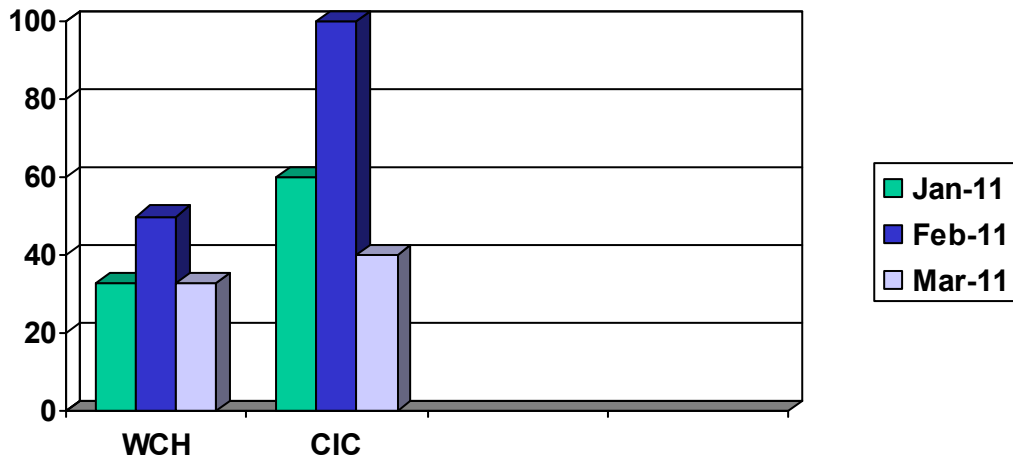
1 potential DBD – 1 actual donor

0 potential DCD

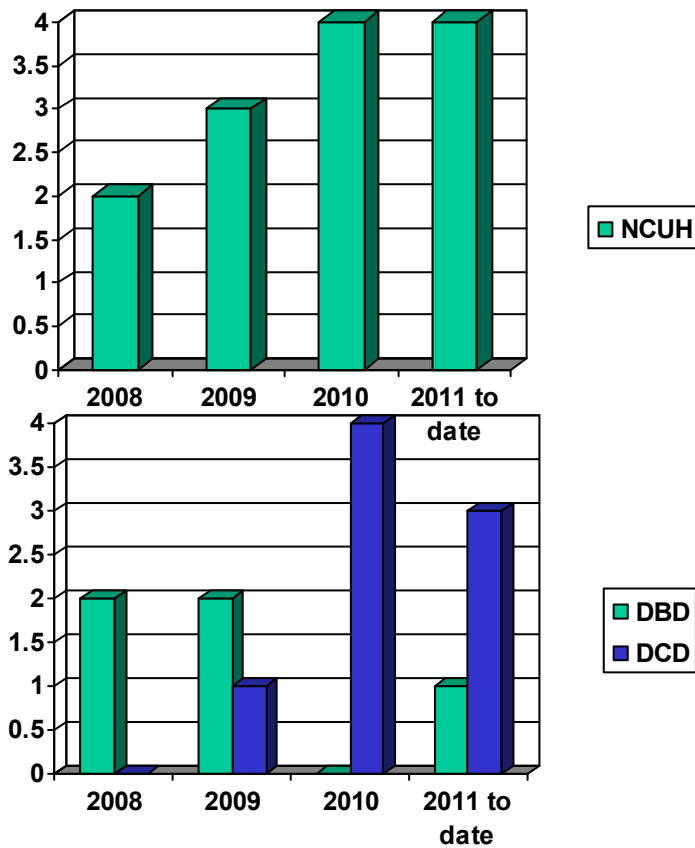
Referral Rates:

In conjunction with National guidelines critical care areas should be referring all patients that fit Brain Stem Death criteria and patients where a clinical decision has been made to withdraw treatment regardless of any medical contraindications and co morbidities.

Percentage referral rates for Intensive Care Units for 2011 stand as:



NCUH Solid Organ Donors:



9. LOCAL PLANNED DEVELOPMENTS

- Donation pathway guidelines (now approved). A ‘Trigger’ Referral Policy will assist in achieving 100% identification and referral of potential Organ Donors to the SN-OD and ensure a ‘best practice’ approach is utilised in the approach to families pertaining to Organ Donation as an end of life option.
- End of life pathway – to include the consideration of organ and tissue donation.

- Staff awareness/education sessions ongoing by all members of the Donation Committee, but particularly by SNOD and CLOD.
- Coordinating with the mortuary regarding tissue donations.
- Approach to the Trust Board with the aim of getting any measures necessary to increase organ donation fast tracked through the necessary committee and division approval.

The SNOD and CLOD have both been active in the local media since their appointments with appearances in the press and on local news programmes in radio and television. In August 2010 Cumberland Newspapers ran an Organ Donation Awareness campaign with the aim of getting more Cumbrians to register as organ donors

10. RECOMMENDATION

The Trust Board is asked to:

- a) Regard consideration of organ/tissue donation as the norm for all end of life patients in the critical care setting.
- b) Support the development of a Trust wide policy and protocols to enhance already developed referral pathways for organ donation.

Michael Walker
MEDICAL DIRECTOR