

Taking Organ Transplantation to 2020

Abertawe Bro Morgannwg University Local Health Board Action Plan

Foreword

In 2008 the Department of Health (DH), with the support from the Welsh Assembly Government, published the document “Organs for Transplant – A report from the organ donation taskforce.” The 14 recommendations within this report were aimed at increasing organ donation by 50% within 5 years, and this target has broadly been achieved.

This document has now been succeeded by “Taking Organ Transplantation to 2020 – a UK strategy,” published by the DH in 2013 and again this is supported by Welsh Government; it focuses on improving 4 broad outcomes that will further increase the number of successful transplants. In January 2014 the Welsh Government published “Taking Organ Transplantation to 2020 – Wales Action Plan” which is more specific in detailing the actions within each of the 4 outcomes that have been highlighted as necessary to improve donation further by 2020, and the timescales involved.

The responsibility of the ABMU LHB Organ Donation Committee is to ensure that organ donation within this health board achieves its potential, to examine aspects of the processes which may be hindering that aim and implement changes to improve organ donation rates. The Wales Transplantation Advisory Group provides national leadership and will monitor progress made within the LHB with compliance in implementing UK and Welsh strategies, and deliverance on actions required from the Wales Action Plan.

Organ Donation Wales

The Human Transplantation Wales Act received Royal Assent on 10 September 2013.

On 1 December 2015, Wales will be the first UK country to introduce a soft opt-out system for organ and tissue donation.

The new law will make it easier for people in Wales to become organ donors. If by 1 December 2015 you have not registered a decision to opt-out of organ donation, it will be as if you have no objection to being an organ donor. This is called deemed consent. Like the current system, you will be able to register a decision to donate all organs and tissues or to select specific organs or tissues.

Until 1 December 2015, the current opt-in system continues and the deemed consent will not apply. You will not be able to register an opt-out decision until 2015. You will be sent plenty of information over the next two years, so if you want to register a decision, you will know what to do. The change in law will affect everyone who lives and dies in Wales.

The aim of the Act is to increase the number of organs and tissues available for transplant. This will benefit the people of Wales by reducing the number of people dying whilst waiting for a suitable organ to become available and improving the lives of others.

Taking Organ Transplantation to 2020 – Wales Action Plan

In 2013 NHS Blood and Transplant (NHSBT) published 'Taking Organ Transplantation to 2020', a strategy to improve organ transplantation rates.

The Wales Action Plan published in January 2014 sets out what needs to happen in Wales to deliver this strategy. We need simultaneously over the next few years to drive continuous improvement on all aspects of organ donation and transplantation and this plan seeks to do just that. It sets out actions right across the pathway, from ensuring that everybody has the opportunity to make their decision known, whatever that may be, to ensuring that those who receive transplants have the appropriate after-care and follow-up. The Plan commits health boards to deliver certain outcomes by 2020.

Our Approach to Organ Transplantation in ABM University Local Health Board

Morriston Hospital is a large teaching hospital with many regional services. It has a very busy emergency department (ED), and has critical care facilities that can provide tertiary intensive care except for surgical neurology and paediatrics. This high level of work means that the hospital is one of 32 hospitals within the UK that is expected to provide most of the organ donations. However this high demand on resources and high intensity workload also means that organ donation is often not seen as a priority by staff as judged against other demands. In contrast The Princess of Wales Hospital is less busy with consequently fewer absolute numbers of patients eligible for donation but has achieved a high percentage level of achievement in many aspects of the donation process.

This has been recognised by the LHB and approaches to improve organ donation rates are broadly based on the following strategies:

- To maximise the efficiency of existing working patterns and pathways.
- To put into place new practices to ensure improved donation rates.
- To comply with UK and Welsh strategies, being involved in their development and implementation, and publishing local data and action plans.

ABMU LHB wants to ensure that action by our staff will mean that our hospitals routinely provide excellent care in support of organ donation and every effort is made to ensure that each donor can give as many organs as possible.

- Increase the number of people who are able to donate following brain death.
- Increase the number of people who are able to donate following circulatory death.
- Provide hospital staff with the support, training, resources and information they need to provide an excellent organ donation service.

- Ensure every donor's care, prior to retrieval, boosts organ quality.

We want to make sure that action by NHS hospitals and staff will mean that more organs are usable and surgeons are better supported to transplant organs safely into the most appropriate recipient.

- Increase the number of organs that are retrieved from both DBD and DCD donors.
- Increase the number of organs that can be transplanted safely, providing surgeons with the information and guidance to make decisions about organ suitability.
- Improve transplant recipient survival by improving understanding of the donor organ/ recipient compatibility.

We will work with NHSBT and Commissioners to ensure that better support systems and processes will be in place to enable more donations and transplant operations to happen.

- Support Regional Collaboratives to lead local improvement in organ donation, retrieval and transplant practice and promote organ donation.
- Review and improve the workforce, IT, systems and processes which operate throughout the donation and transplant pathway.
- Build a sustainable training and development programme to support organ donation and retrieval.

What progress has been made at ABM University Local Health Board?

The membership of the Organ Donation Committee has been altered to have membership from nearly all interest groups involved in many aspects of the donation process:

- Now includes the lead nurses from Morriston and POW intensive care units, the lead nurse from the ED, the charge nurse from main theatre recovery as well as the chaplain, an ethics advisor, a financial advisor, the communications manager, a patient representative, the clinical leads for organ donation (CLODs) and specialist nurses for organ donation (SNODs), representatives from the medical director's department and a transplant surgeon (from Cardiff).
- A request has been made for a non-executive director to join the committee to be a link with the Health Board.
- There are now action plans decided at each meeting with a specific deadline by which they must be completed.

A limiting factor to donation from patients that could potentially be admitted from ED purely for the purpose of donation is the lack of critical care beds – Wales has the lowest number of beds per head of population in Europe. In the financial climate it is

unlikely there will be a significant expansion in the number of critical care beds and so plans to optimise their use need to be in place. To that end the Welsh Government published in 2013 “Together for Health – A Delivery Plan for the Critically Ill. A Delivery Plan up to 2016 for NHS.”

Fewer patients are being admitted to ICU solely for post-operative epidural care or non-invasive ventilation in accordance with that report in order to free up critical care beds.

A pathway for identification and management of potential organ donation patients seen in the ED has been developed, detailing roles for ED staff, referrals to SNODs and when to discuss with intensive care. It has been agreed that theatre recovery can be used for donation if there are no ICU beds although staffing issues may still limit organ donation.

Good relations with the intensivists are vital to a successful transplantation program locally – they decide who are admitted, when to limit or withdraw life-sustaining treatment, and when or if to refer to the SNODs for consideration of organ donation. It has been a process of evolution in introducing new changes, with a variable degree of acceptance from different individuals. Recently there has been significant progress:

- An agreement to refer all patients (and to do so at an early opportunity) for whom there are plans to withdraw life-sustaining treatment.
- To discuss donation activity on a monthly basis at the critical care clinical governance meetings, which will include a review of the data and a closer look at cases where donation could potentially have occurred but didn't. This will allow issues that are hindering donation to be identified and addressed.
- A greater interest at attending regional or national meetings where organ donation is the focus of discussion. This will help individuals to keep up-to-date and accept that some of the practices being introduced or encouraged are already standard practice elsewhere with positive outcomes.

Education is and will continue to be an integral part of maximising organ donation within the LHB. This includes both staff and public. While public education will largely be undertaken by the Welsh Assembly Government there will also be a responsibility for LHB to assist with this role. Staff education will largely be done by the CLODs and SNODs with delegation within different clinical areas. The 3 main areas to be addressed are:

- Current practices with clarification of legal and ethical principles.
- Changes that will come into effect on 1st December 2015 following enactment of the Human Transplantation (Wales) Act 2013.
- Objectives of the “Taking Organ Transplantation to 2020 – Wales Action Plan” and how staff can help achieve them.

To this end teaching is, and will continue to be, concentrated on staff from ICU, ED, theatres since they are more likely to be involved in some aspect of the donation process. Teaching will be given as part of a rolling programme of education, aimed at medical, nursing and allied health professional staff, and will be backed up via LHB intranet publicity. It is planned to introduce teaching sessions specifically on

organ donation to the Swansea Medical School undergraduates (year 3 – verbal agreement from the Programme Director).

Money from NHSBT given for previous donation activity has been allocated to:

- Provide teaching equipment (including computer equipment) for medical and nursing staff involved in helping to promote organ donation.
- Refurbishment of patients' and relatives' areas where there will be an appropriate acknowledgement and reference to organ donation to maintain public awareness.

Key staff members integral to organ donation within the LHB continue to keep up-to-date with latest guidance and education. To that end:

- The SNODs and CLODs attended the 2-day NHSBT National Congress in Warwick in September 2013. This meeting consisted of lectures on best practice, latest data, future plans and targets and an opportunity to share ideas and learn from UK colleagues.
- The SNODs and CLODs attended the Wales Organ Donation Transplantation Conference in Cardiff in November 2013 which was a day of lectures and seminars.

We continue to support and to be involved with local and national developments:

- AMBU LHB was invited to, and has agreed to take part in the NHSBT funded Quality in Organ Donation (QUOD) project. QUOD is a project to establish a biobank, based within Oxford University, of biological samples from organ donors taken at various points through out the donation process. This bio-resource is intended to support the development of future transplant related research studies aimed at improving the number and quality of transplantable organs.
- ABMU LHB has commented on provisional new guidance from the UK Donation Ethics Committee (UKDEC) regarding potential changes in practice involving donation after cardiac death (DCD).

Recommended by: Mr Hamish Laing
Medical Director

Responsible Officer: Dr Peter C Matthews
Clinical Lead for Organ Donation – Morriston Hospital

Action Plan for 2014/15

Objectives for the next year	Actions required to deliver objective	Measurable outcome/KPIs	Person responsible for leading action	Review date	Evaluation
Further improve identification and referral of all potential DCD donors.	<p>Education of nursing and medical staff via strategy</p> <p>Individual feedback to consultants regarding missed potentials</p> <p>Embed and refine existing minimum notification criteria with consultants i.e try to introduce daily hand over sheet therefore identifying any potential DCD donors.</p> <p>Feedback audit figures, organ donation outcomes and missed potential to clinical stakeholders on a monthly basis.</p> <p>Await adoption of Health Board organ donation policy and promote awareness when available.</p>	Measurable improvement on the PDA data	CLODs and SNODs	October	

<p>Aim for BSDT to be carried out in all patients where this is a likely diagnosis as per NICE and National guidance</p>	<p>Continue to promote this policy through education of HCPs within ICU and ED</p> <p>Through education continue to promote AoMRC (2008) Code of Practice for the Diagnosis and Confirmation of Death.</p> <p>Continue to ensure availability of “Form for diagnosis of death using neurological criteria” with consultant body.</p> <p>Publish link on Critical Care Share Point and COIN for abbreviated and full guidance versions.</p> <p>Finalise Update to “Existing Customs” document at PoW.</p>	<p>As above</p>	<p>CLODs and SNODs</p>	<p>October</p>	
<p>To continue to improve approach to families of potential donors maintain momentum with rising consent rates</p>	<p>Promote “NHSBT Approaching the Families of Potential Organ Donors – Best Practice Guidelines”.</p> <p>Provide education for HCPs in ED and ICU based upon this publication training package (DVD)</p> <p>Ensure it’s availability on the intranet.</p> <p>Explore possibility of holding “Advanced Communication workshop” for HB staff. Negotiate use of funds from Organ Donation Committee.</p>	<p>Improvement in consent rates in PDA</p>	<p>SNODs CLODs</p>	<p>October</p>	

Health Board education strategy	<p>Book education sessions with nursing and medical staff in all areas of ITU, ED and theatres.</p> <p>Use all opportunities and invitations to educate staff.</p> <p>Educate all staff regarding the NHSBT 2020 strategy</p>	Improved understanding of organ and tissue donation in all critical care areas	SNODs CLOD	October	
Improve referrals and facilitation of donation from ED	<p>Continued meetings between ITU and ED staff regarding improved identification and referral of potential donors.</p> <p>Maintain dialogue and contact with Andrea Bradley Lead Nurse ED</p> <p>Refine, disseminate pathway engaging all stakeholders involved.</p>	Improved referral rates from ED	CLODs SNODs	October	
To maximise the number and quality of organs from DBD donors	<p>Continue to promote use of “NHSBT Donor Optimisation Guideline for Management of the Brain Stem Dead Donor” with HCPs on ICU and ED .</p> <p>Provide education sessions for HCPs in ICU,ED and Theatre recovery unit based on these guidelines.</p> <p>Ensure availability of guideline on Hospital intranet.</p>	Improved numbers of organs transplanted on PDA	CLODs SNODS	October	

