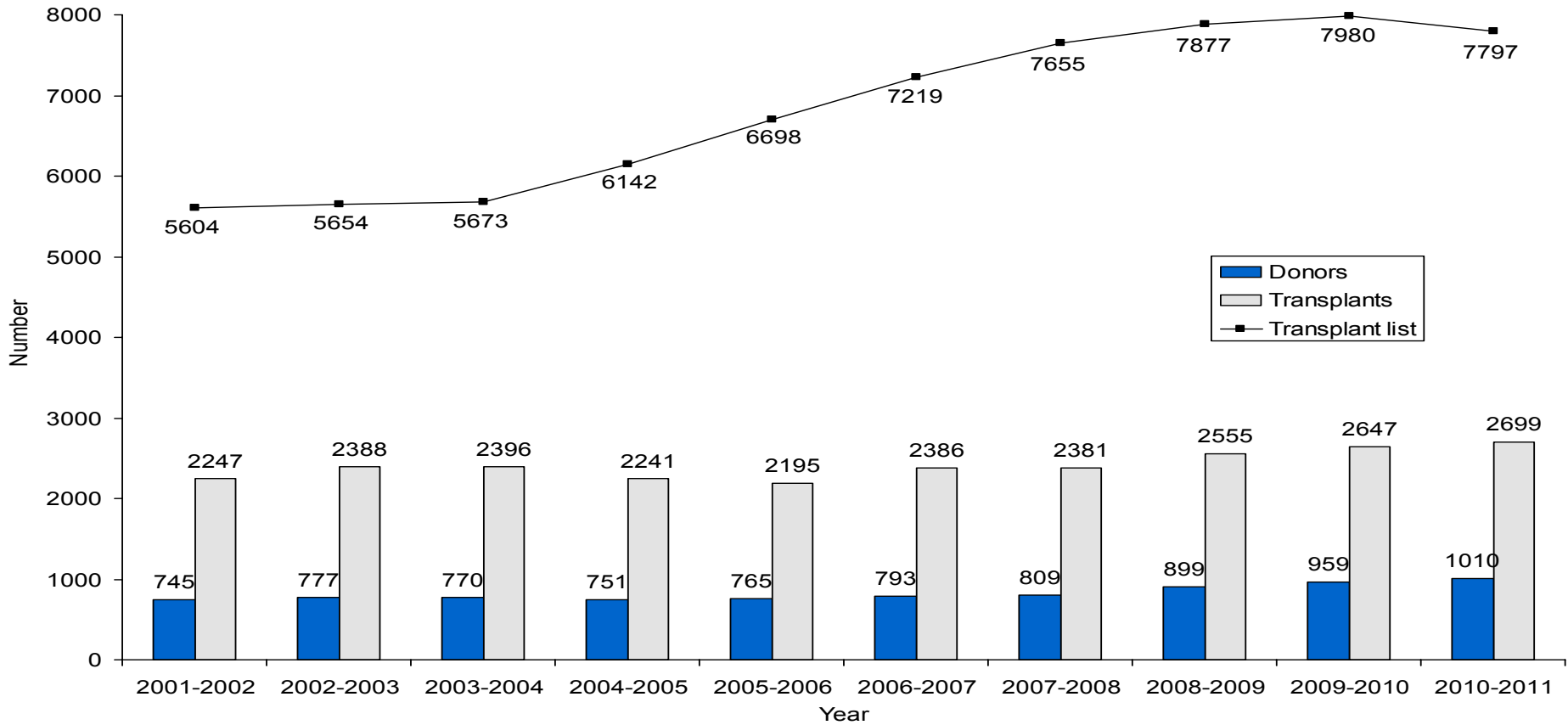


Root Cause Analysis to Identify Delays in the Organ Donation Process

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Number of deceased donors and transplants in the UK, 1 April 2001 - 31 March 2011, and patients on the active transplant lists at 31 March



Background



- Acceptance of the taskforce recommendations
- 50% increase in donor numbers in South Wales.

Organs for Transplants

A report from the Organ Donation Taskforce



Working in partnership with



Aims of the Audit

- Reduce the family's waiting time.
- Reduce the length of the donation process.
- Increase the success/conversion rates of transplantable organs.

Donation after Brain Stem Death Case Study

- 34 year old male admitted to the ED following complaints of a severe headache and then collapsed at home.
- CT scan showed a massive ICH with evidence of coning
- Arrived on ICU at 1900

Visual Timeline

1900-1900

1900: Admitted to ICU
0800: Coning noted on
Obs chart
0920: Initial referral:
Resident SNOD attended.
1600: BSDT 1
2nd referral to on call
SNOD
1718: BSDT 2
1900: On call SNOD
arrived

1950-2400

1950: Consent completed
20:00 – 2145: Donor
Management and EOS
2145: Start offering
2250: Finish offering
2200: 1st request for
retrieval team.
2345: 3rd team agree to
mobilise.

0430-1200

04:30: Retrieval teams
arrive
0440: Into Theatre
0610: KTS
0856: Cross clamp
0900: Cardio organs
declined
0920 -10:00 Abdominal
Organs retrieved.
1200: Last Offices

Why have we done this Audit?

- Address concerns from the Critical Care Staff that the process takes too long.
- Anecdotal evidence from families that the length of the process is prolonged.

Analysis

- Root cause analysis
 - Process map
 - The breakdown of the entire donation process from initial referral through to the last offices.
 - Identify points in the process where delays occur.
- Fishbone analysis
 - Used to deepen our understanding of this problem
 - Drill down further
 - Why?
 - Why?
 - Why?
 - Why?
 - Why?

Data Collection

Retrospective review of 53 proceeding donors over a 1 year period. (2010-2011)

Gathered actual data from the donor files to highlight the delays in the process.

DBD Findings

Time on ICU from Referral to Theatre = 16hrs 18mins

Referral to 2nd
set BSDT

5hrs 44 mins

Organ Offerring
Time

3hrs 7mins

NORS Response
Time

4hrs 10mins

Miscellaneous Time Delays 3hrs 16mins

DCD Findings

Time on ICU from Referral to Theatre = 11hrs 35mins

Referral to
Consent

5hrs 51 mins

Organ Offerring
Time

2hrs 34mins

NORS Response
Time

3hrs

The donation process is littered with delays

The biggest delays come from the ICU.

- Waiting for BSD confirmation.
- Futility conversation.

What can be done to reduce these delays?

Recommendations

Early referral to the SNOD.

Minimum notification Criteria

*DBD – notify SNOD of all potential
BSDT being performed*

Prioritise the donor and perform BSDT as soon as possible after coning (including middle of the night).

Commence donor management.

Recommendations

Early referral to the SNOD.

Minimum notification Criteria

DCD – a clinical decision has been made that continuing treatment is futile AND there is a formal plan to withdrawn treatment.

Once an active decision has been made to withdraw treatment, discuss the patient with the SNOD

Conclusion

- Reducing the length of the donation process has multiple benefits.
 - Reduces waiting time and distress for the family.
 - Increases the success of transplanted organs.
 - Frees up Critical Care resources.

Organ outcomes

- Left Kidney and Pancreas were transplanted together into a 47yr old male
- Right Kidney was transplanted into an 18yr old female
- Liver was reduced and transplanted into a 7yr old girl on super urgent waiting list.