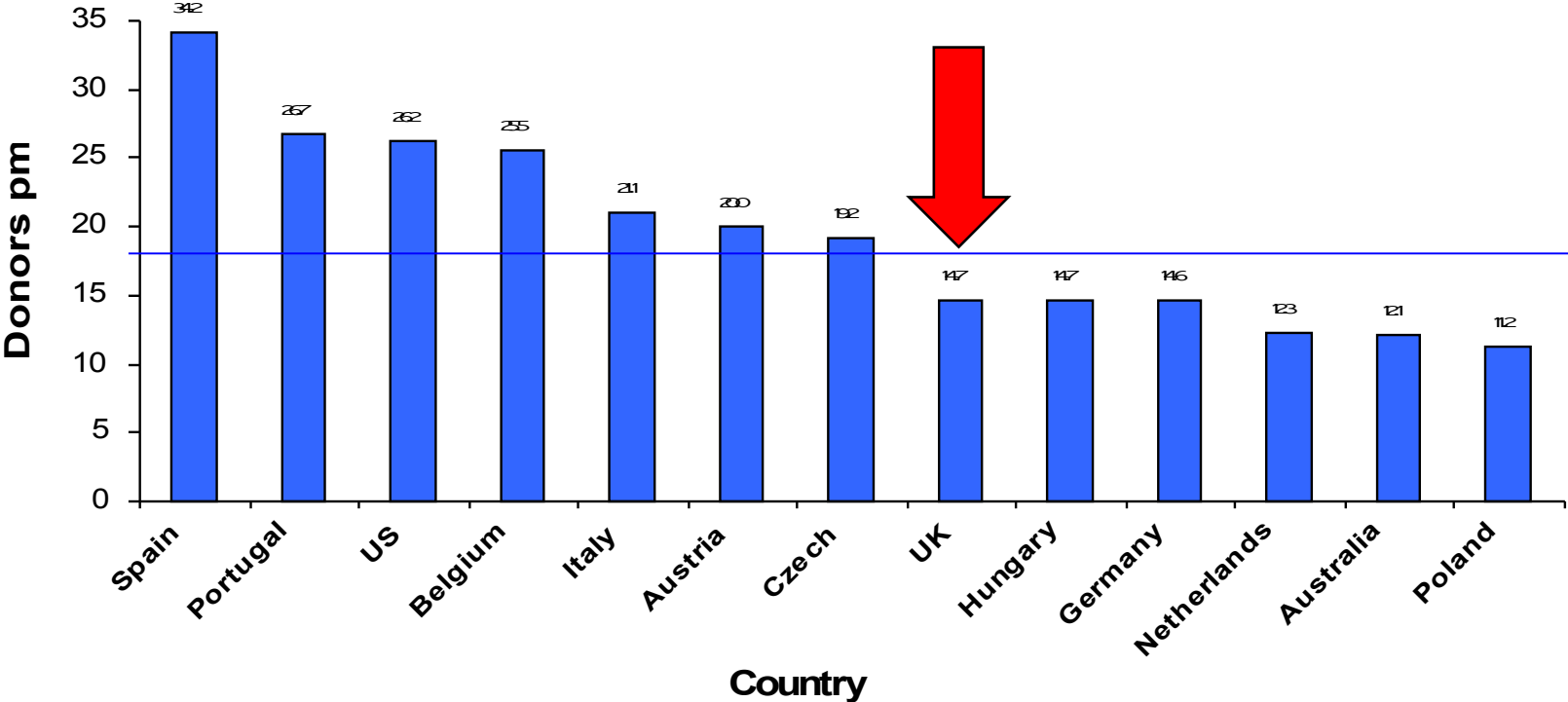


# Organ Donation Taskforce Report

How will it affect Critical Care  
Areas?

# How do we compare?

Deceased organ donor pmp rates for Europe (>100 donors),  
US and Australia, 2008



# Background

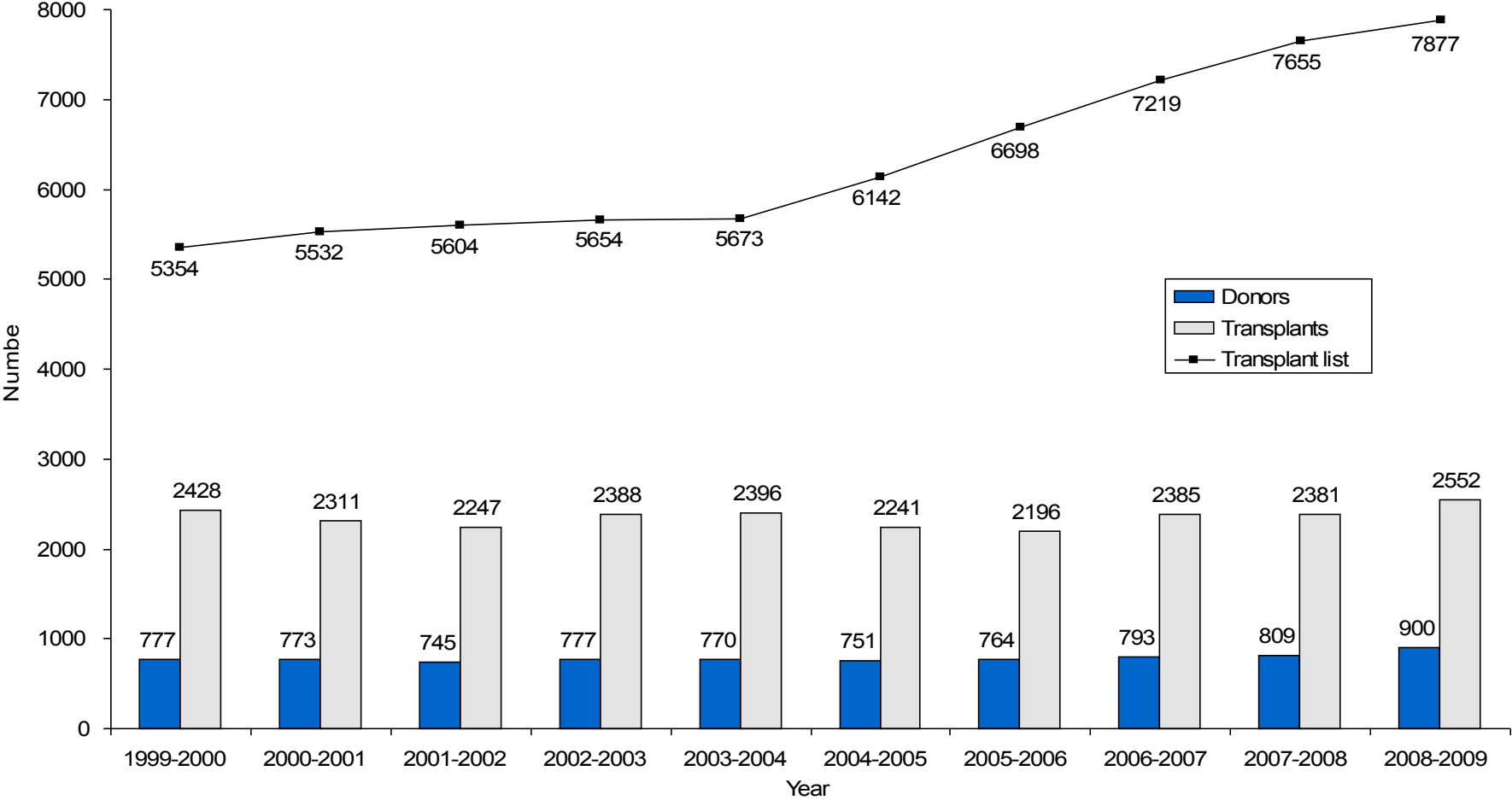
- Taskforce began work in 2006 to identify obstacles to donation.
- Suggest solutions to increase the number of transplants.
- Published report in January 2008.
- 14 government approved recommendations.
- Implications for NHS wide cultural shift towards making donation the norm & culturally accepted in every acute NHS trust.

# Background

- Aim to increase organ donation by 50% in the next 5 years = 1200 transplants per year.
- Loosely based on Spanish model.

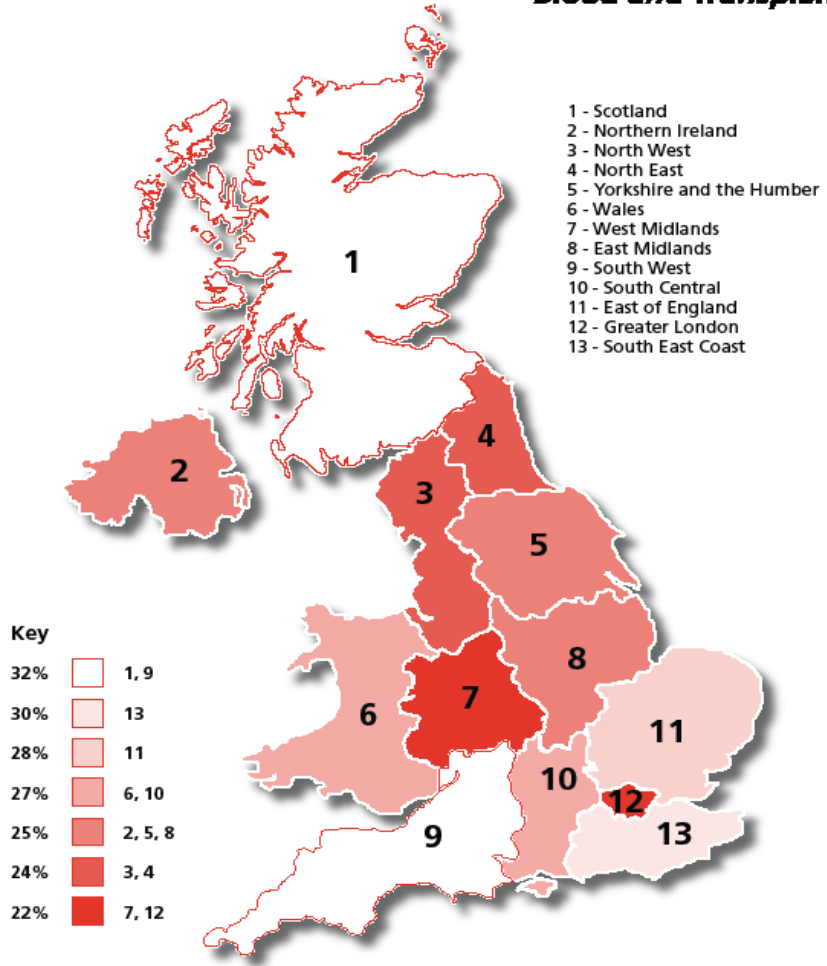
# The Current Situation

# Blood and Transplant



# NHS Blood & Transplant

- Local DTC teams merging to form 12 national teams.
- Oxford & Portsmouth team merged to form South Central Team on 1<sup>st</sup> July 2009.
- Aim to provide a robust service of donor coordination 24 hours per day 365 days per year.



Proportion of population registered on the NHS Organ Donor Register by 31 March 2009, by Strategic Health Authority area, Scotland, Northern Ireland and Wales

# Donor Co-ordinators

- DTC's employed centrally.
- DTC numbers doubled.
- Each trust to have an embedded DTC.
- Level 1 hospital > 10 HBD per annum.
- Level 2 <9 HBD >5 HBD per annum.
- Level 3 < 4 HBD per annum.

# Embedded Donor Coordinators

- Units to have daily access to a Donor Coordinator.
- Family & staff have immediate access to coordinator.
- Establish long contact model with families.
- Aim to offer family Support and information throughout the bereavement process even if donation is not the ultimate outcome.
- Informed choice – not persuasion.

# Embedded Donor Coordinator

- Process can start immediately therefore reducing the time for families.
- Making donation usual, not unusual in end of life care.
- NHSBT have allocated DTC's to some trusts, envisaged that all hospitals will have a DTC allocated to them by 2010.

# Clinical Lead for Organ Donation

- To provide clinical leadership on Organ Donation within the trust/hospital.
- To raise the profile of organ donation: to maximise the local organ retrieval.
- Will work collaboratively with the Embedded Coordinator to ensure educational opportunities are maximised trust wide.

# Clinical Lead for Organ Donation

- Will be a source of knowledge regarding the ethical and legal aspects of organ donation and provide advice as required.
- Will be a representative for both the trust and NHSBT in response to local media enquiries.

# Electronic Offering System (EOS)

- Electronic offering system Currently being rolled out U.K. wide to all DTC teams and some recipient teams.
- when all recipient centres are on board this will significantly speed up the process of offering organs.
- DTC's input information on to laptop Computers.

# Electronic Offering System

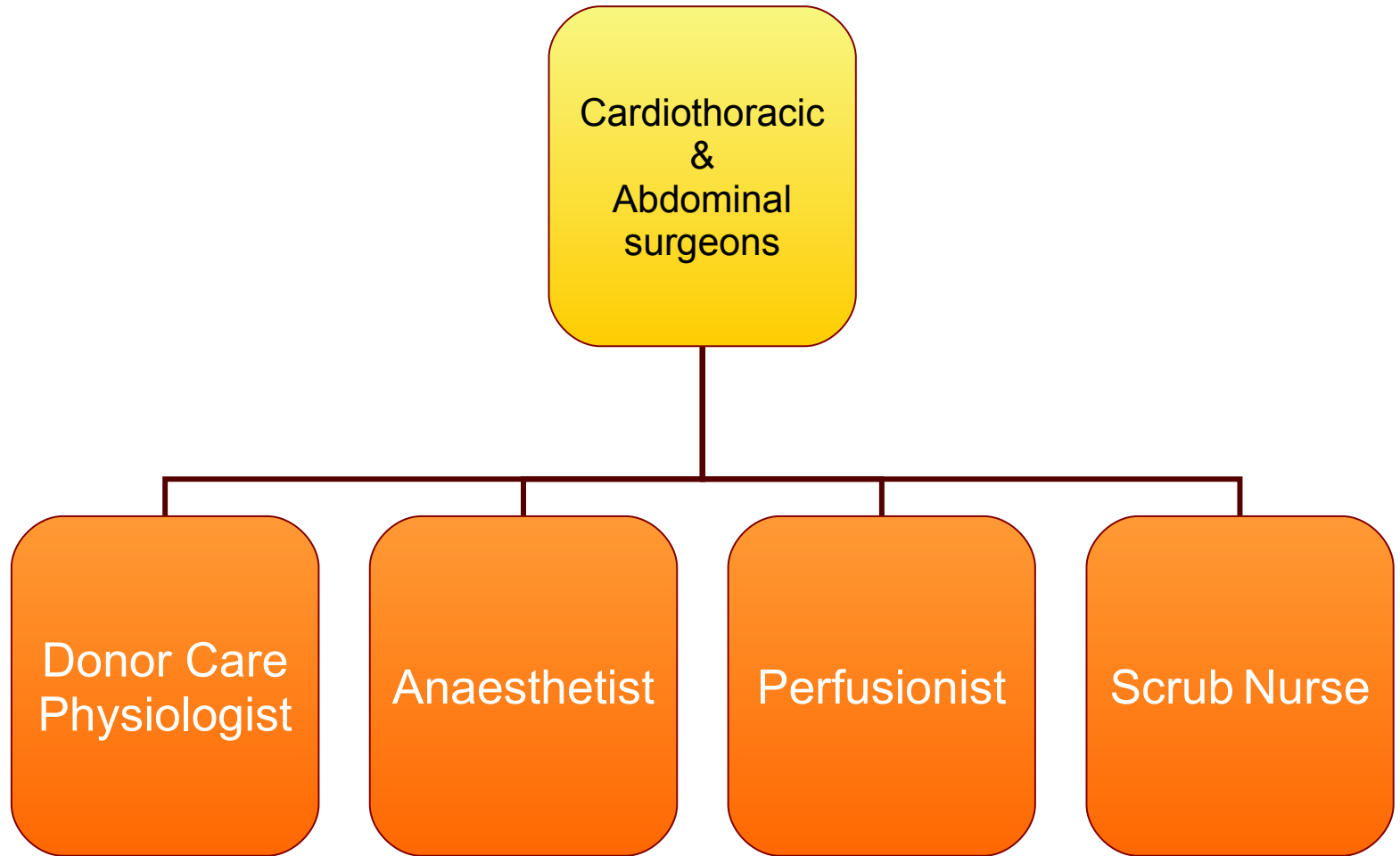
- Recipient centres will see simultaneous real time offers.
- This will cut down the length of stay of a patient on ICU.
- Will maximise the number and quality of organs available for transplantation.

# Organ Retrieval Teams

- Abdominal retrieval team replacing separate Liver and Renal teams.
- Cardiothoracic retrieval team replacing separate Heart and Lung teams.
- Retrieval teams will arrive on site within 3 hours of notification on 90% of occasions.

# Organ Retrieval Teams

- Will Improve number and quality of organs retrieved.
- Teams are to be self sufficient reducing the need for local theatre staff.
- Donor care physiologist.
- Anaesthetist.
- Perfusionist.
- Scrub nurse.



# Thank You for Listening

## Questions?