NHS Blood and Transplant

Sheffield Teaching Hospitals NHS Foundation Trust

Annual Organ Donation Plan 2012-2013

Contents

1. Executive Summary

The purpose of this document is to set out the annual plan for organ donation at Sheffield Teaching Hospitals Foundation Trust for the financial year 2012/2013. The plan addresses the following areas:

- implementation of NICE guidance for identification and referral
- increasing the level of SN:OD involvement in the approach for consent
- increasing donation from the Emergency Department

Achievements during the year have included:

- a memorial service held at Sheffield Cathedral to remember and celebrate the gift of donation made possible by the generosity of donors and their families
- agreement that consented potential donors in the emergency department are admitted to the General Intensive Care unit to facilitate donation and the care of their families.
- extensive internal and external communications activity in print, local radio and regional television.

Overall, lower numbers of deaths within the Trust, as evidenced by a low standardised hospital mortality rate, has reduced the potential donor pool. In particular less brainstem death has reduced cardiothoracic donation, as is seen nationally.

2. Report from the Organ Donation Committee (ODC)

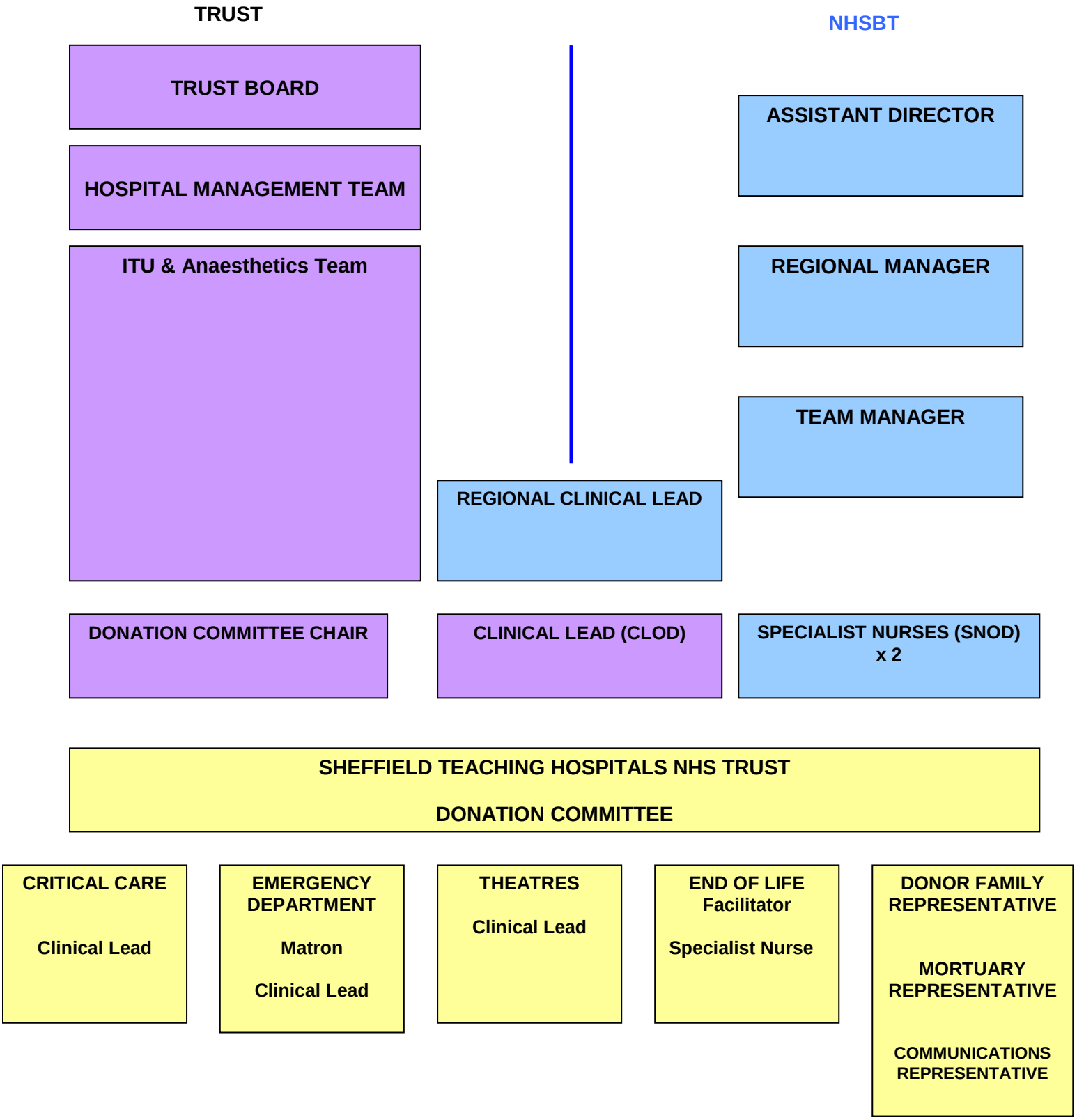
Sheffield Teaching Hospitals NHS Foundation Trust supports organ and tissue donation and transplantation. We are committed to enhancing and saving the lives of those in need and ensuring a quality service to patients who wish to donate in the event of their death. During the year 2011-2012 we have continued to work to fulfil this mission by putting in place practical and sustainable processes. As a result we have held fewer formal Organ Donation Committee meetings but conducted business out with the meetings.

We have reviewed PDA data to identify missed potential donation activity and concentrated of these areas. Crucially NICE and Intensive Care Society guidance has facilitated the General Intensive Care units agreeing to accept consented potential donors identified and approached in the Emergency Department (ED). This success is to be strengthened by further engagement from within the ED and appointment of a second CLOD post specifically on the Northern General Hospital site, ideally from within the General Intensive Care Unit Consultant Staff.

Committee membership, attendance and administration have been less successful this year and are a key aim for resolution by the CLOD. A Trust organ donation policy incorporating NICE guidance has been written and is being consulted upon. Compliance with NICE guidance will resolve many issues. Donor family recognition by means of a memorial service, rose gardens and memorial book has been extremely successful.

Identification of the financial pathways for donor expense reimbursement has been difficult but contacts to ensure there are correct mechanisms are now in place.

3. Hospital Organ Donation Team Structure



4. Organ Donation Rates / PDA Benchmarking 2011/12

Donation after Brain Death

2011/12 **(2010/11 figs in brackets)**	DBD Critical Care	DBD Emergency Dept.
Patients with Suspected Neurological Death	(30) **13**	(0) **1**
Referred	(21) **11**	(0) **1**
BSDT Performed	(23) **7**	(0) **0**
Confirmed BSD and Medically Suitable	(23) **7**	(0) **0**
Confirmed BSD, Medically Suitable and Referred	(21) **6**	(0) **0**
Family Approached	(20) **6**	(0) **1**
Consent Given	(11) **4**	(0) **0**
Donation Proceeded	(11) **4**	(0) **0**
Organs Retrieved	(42) **11**	(0) **0**
Neurological Death Testing (NDT) %	(77) **54**	(0) **0**
Referral Rate of Patients Confirmed %	(91) **86**	(0) **0**
Approach Rate %	(87) **100**	(0) **0**
Consent Rate %	(55) **67**	(0) **0**
Conversion Rate %	(48) **57**	(0) **0**

National figures: Neurological Death Testing (NDT) **73.8%**, Referral Rate of Patients Confirmed **90.4%**, Approach Rate **93.4%**, Consent Rate **63.9%** and Conversion Rate **54.7%**.

Regional Figures: Neurological Death Testing (NDT) **75%**, Referral Rate of Patients Confirmed **95%**, Approach Rate **91%**, Consent Rate **67%** and Conversion Rate **57%**.

PDA Benchmarking Rates (DBD)

The Organ Donation Taskforce recommends that "Brain stem death testing should be carried out in all patients where brain stem death is a likely diagnosis, even if organ donation is an unlikely outcome" (DOH Organs for Transplant, 2008, recommendation 7).

BSD Testing: STHFT has had **13** patients this financial year where BSD was a likely diagnosis (***suspected neurological death****; a patient who meets all of the following criteria: apnoea, coma from known aetiology and unresponsive, ventilated, fixed pupils, NHSBT PDA definitions, 2009, version 7*). Of those **13** only **7** were tested giving a testing rate of **54%**. The testing rate has decreased from the previous year (2010-2011) which was **77%**. Regionally, the BSD testing rate is **75%** and nationally **74%**. One of the reasons that BSDT rates have been affected may be due to the preference for ancillary testing to confirm cessation of cerebral blood flow. 3 patients within the last year had Head CTA and treatment withdrawn as a consequence but were not formally tested and diagnosed BSD.

Referral: **7** patients were confirmed brain stem dead this year and **6** patients were referred to the SN: OD. However, all 7 patients were considered for organ donation (coroner refused organ donation for 1 patient, therefore family not approached). This equates to **86 %** referral rate of patients confirmed BSD which is down from last years Trust figure of **91%.** This is also below the regional referral rate of **95%** and the national rate of **90%**.

Approach: The NOK of **6** patients confirmed BSD were approached regarding organ donation giving an approach rate of **100 %** which is **13%** higher than the last financial year. Regionally the figure is **91%** and nationally **93%**.

Consent: The consent rate for this financial year is **67%** which is higher than last year **55%**. This is in keeping with the regional consent rate and above the national rate of **64%**.

Donation after Circulatory Death

2011/12 **(2010/11 figs in brackets)**	DCD Critical Care	DCD Emergency Dept.
No. Patients for whom Imminent Death was Anticipated	(38) **52**	(6) **11**
Referred to the SNOD	(25) **28**	(1) **6**
No. Where Treatment was Withdrawn	(38) **51**	(6) **11**
No. Potential DCD Donors	(38) **49**	(6) **9**
Family Approached	(18) **20**	(1) **3**
Consent to Donation	(11) **7**	(0) **2**
Donation Proceeded	(7) **3**	(0) **0**
Organs Retrieved	(14) **9**	(0) **0**
Referral Rate %	(23) **54**	(17) **55**
Approach Rate %	(47) **41**	(17) **33**
Consent Rate %	(61) **35**	(0) **67**
Conversion Rate %	(64) **43**	(0) **0**

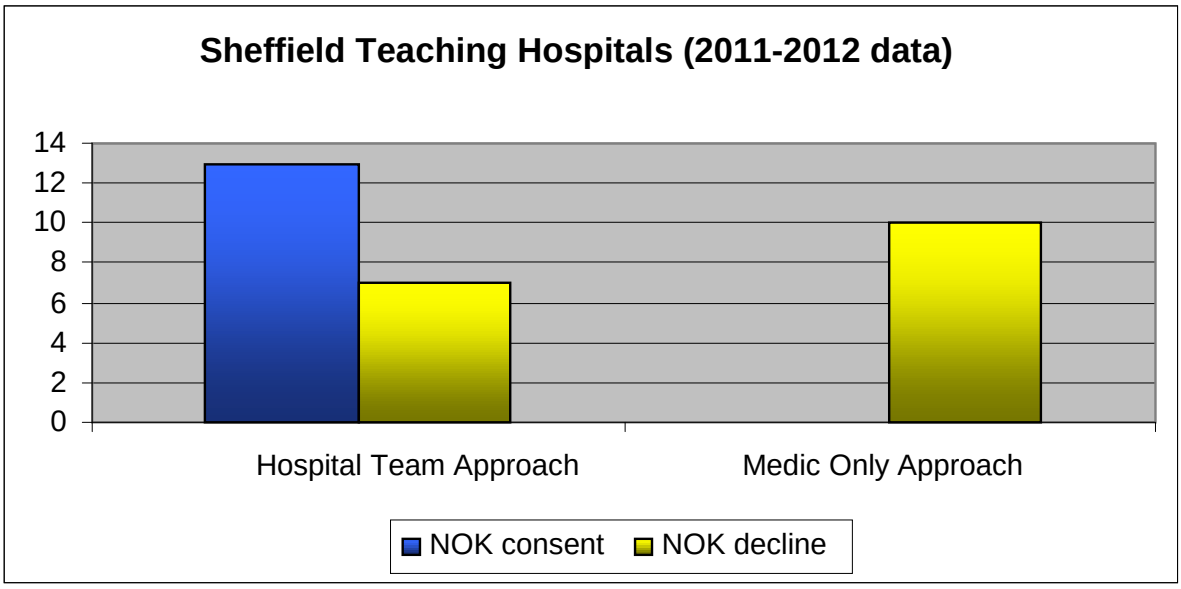
National Figures: Referral Rate of Patients **52.4%**, Approach Rate **54.2%**, Consent Rate **49.8%** and Conversion Rate **13.3%**. **Regional Figures:** Referral Rate of Patients **51%**, Approach Rate **50%**, Consent Rate **48%** and Conversion Rate **10%**.

PDA Benchmarking Rates (DCD)

Referral: **58** patients fulfilled the criteria for DCD, only **34** of these were referred to the SN:OD giving a referral rate of **59%**. This has greatly improved from the period of 2010 - 2011 when the referral rate was **23%**. However, there were **27** missed potential DCD patients in total throughout the whole financial year (**5** patients from ED, **17** from NGH ITU, **4** patients from RHH NITU and **1** from RHH ITU).

Approach: **23** patients' NOK were approached in total, giving an approach rate of **40%**. This is below the national figure of **54.2%** and last years figure of **44%**. Of those **23** patients' NOK **5** had a hospital team approach between Consultant and SN:OD, which resulted in them declining the option of organ donation. The NOK for **9** of those patients was not referred to the SN:OD but formally approached for organ donation by the ITU consultant, which resulted in a **100%** decline. **1** NOK consented to organ donation but the coroner declined. **8** NOK's gave their consent for donation.

Consent: The consent rate for this financial year is **35%** which is lower than the national figure of **50%** and last years figure of **61%**. This may be attributed to the increase in Consultant only approaches towards potential organ donors NOK (see slide below). Overall **14** families declined the option of DCD organ donation. **3** patients donated solid organs and tissues and **5** stood down after a prolonged time to asystole.



5. Performance against 2011/12 Objectives

Objectives for 2011/12	Actions Required to Deliver Objective	Measurable Outcome / Milestones	Delivery Lead	Completion Date	Outcome
Development of a missed potential donor analysis form.	Devise a form that is user friendly and agreed for use by the Trust and the Critical Care anaesthetists.	Formalise the process of addressing the patients who may have been suitable for donation and were not identified.	Sally Snowden and Clare Jones	October 2011	Form devised but after a trial of 3 months was not useable. Very repetitive and time consuming. More effective informal arrangements now in place to review missed potential
Organ donation resource boxes for each clinical area.	Obtain boxes and fill with appropriate resource material.	Boxes visible in each clinical area that can facilitate donation.	Sally Snowden and Clare Jones	August 2011	Boxes in each clinical area but on inspection staff not fully aware of these and their contents despite communication sent to senior members of staff and clinical educators. Information became outdated quickly. Useful as a resource for SN:OD attending potential OD however
Updated standardised presentations.	Re-write presentations.	Delivery of presentations.	Sally Snowden and Clare Jones	December 2011	Feedback from the delivery of the presentations has been positive. Many groups targeted both internally and externally to STH
Out of hours form for the collection of human tissue (eyes) from the mortuary departments at STHFT.	Standard form devised with a chain of custody for the collection of human tissue	Appropriate use of the form without any problems encountered.	Sally Snowden and Clare Jones	December 2011	Forms used correctly out of hours. No negative feedback or problems encountered.

6. Strategic Response to Issues to be addressed

For 2012/13 NHSBT has three key strategies that need to be considered;

1. **Donor Identification and referral in line with NICE guidance**
2. **Consent/Authorisation in line with NICE guidance**
3. **Donation from the Emergency Department**

1. Donor Identification and referral in line with NICE guidance:

NICE (2011) states that Organ Donation should be considered as a usual part of 'end-of-life care' planning, and states that all patients who are potentially suitable donors are identified as early as possible, through a systematic approach. It is evident within our Trust that not all patients who fulfil this criteria have been identified, referred and their families given the option of organ donation. We have met with Dr Catherine Bywaters (NICE Implementation Manager for STH) to discuss how to action these Guidelines. It is currently being discussed at Trust Board Level. The NICE guidelines have been reviewed and accepted by the Organ Donation Committee. Non referral of potential donors who were registered on the Organ Donor Register has occurred and been reported as a critical incident through to the General Intensive Care unit clinical governance team.

2. Consent/Authorisation in line with NICE guidance:

NICE (2011) recommends that a multidisciplinary team should be responsible for planning the approach and discussing organ donation with those close to the patient. The team should include, medical and nursing staff involved in the care of the patient, led throughout the process by an identifiable consultant, but also involving a specialist nurse for organ donation.

There is a disparity between the critical care areas about involving the SN:OD in the approach for organ donation. There have also been inconsistencies regarding the timing of referrals to the SN:OD. These are on-going issues that are currently being addressed with individual clinicians and units, and have been discussed in different forums i.e. Organ Donation Committee, Mortality and Morbidity meetings.

3. Donation from the Emergency Department (ED):

The ED at STH is now a major trauma centre, which we anticipate will result in an increase in potential Organ Donors being identified. We have increased the profile of donation within ED through regular teachings to both medical and nursing staff and they are supportive of organ and tissue donation. Despite the appointment of a new matron for ED we are still

lacking medical representation for the Organ Donation Committee. This is being discussed with the Clinical Lead for ED.

We have recently had a successful meeting with the Clinical Director for Anaesthesia and the Clinical Lead for Critical Care to discuss utilising the resources within the hospital in order to facilitate donation from ED more efficiently. They will discuss with the Anaesthetic Board and inform us of the outcome.

7. Objectives for 2012/13 and Monitoring Arrangements

Objectives for 2012/13	Actions Required to Deliver Objective	Measurable Outcome / Milestones	Monitoring Method	Delivery Lead	Delivery Date
Implement NICE guidance into the Critical Care areas.	Meet with STH NICE Implementation Manager for advice.	Increased referrals and donors.	PDA (referrals) will increase.	Dr. Andrew Davidson.	August 2012
Formalise the roles and responsibilities of Anaesthetic and Critical Care Clinicians when facilitating potential donors from ED.	Devise an action plan with Medical Director and Clinical Director for Operating Services, Critical Care and Anaesthesia Directorate to clarify roles and responsibilities.	Donation from ED is efficient and effective.	No formal way to monitor this. The aim is for donation from ED to be less complicated and time consuming.	Dr. Andrew Davidson, Guy Veal (Clinical Director for Critical Care), Nick Barron (Clinical Lead for Critical Care).	September 2012
Appoint another CLOD for STH based at NGH.	Current CLOD to liaise with NHSBT and STH to advertise, recruit and select appropriate candidate.	Appointment of CLOD.		Dr. Andrew Davidson.	October 2012
Implement organ donation related publications and information via the medium of IT within STH (internet, intranet, Metavision, Maps of Medicine)	Agreement by Critical Care Clinical Lead and Support from Trust I.T and Communication Department.	Easy and immediate access to up-to-date information for all staff.	Questionnaire evaluation regarding knowledge base about organ donation.	Clare Jones and Sally Snowden.	March 2013
Increase hospital team approaches between SN:OD and Consultant when discussing organ donation with families within Critical Care.	Agreement by Consultant body to actively engage with the SN:OD before talking to a family about the option of organ donation.	Increased consent and donation rates, which will ultimately increase organs for transplant from STH.	PDA referrals and consent rates will increase.	Dr. Andrew Davidson, Clare Jones and Sally Snowden.	March 2013

8. Risks to Delivery of Objectives and Mitigating Actions

Objectives for 2012/13	Risk to Delivery	Action to be Taken to Minimise Risk	Delivery Lead
Implement NICE guidance into the Critical Care areas.	Resistance from Anaesthetic Clinicians to implement in working practice.	STH agree to implement the NICE guidance. Compliance will be evident through the annual NHSBT Organ Donation Report.	Dr. Andrew Davidson.
Formalise the roles and responsibilities of Anaesthetic and Critical Care Clinicians when facilitating potential donors from ED.	Non-compliance and resistance to objective.	Formally agreed contractual obligation of employee.	Dr. Andrew Davidson.
Appoint another CLOD for STH based at NGH.	No suitable candidate applies or is selected.	Appropriate job description to advertise post. Robust interview process	Dr. Andrew Davidson.
Implement organ donation related publications and information via the medium of IT within STH (internet, intranet, metavision, Maps of Medicine)	IT constraints that prevent the implementation of the proposed organ donation publications.	IT engagement with SN:OD's in order to understand the importance of implementing organ donation publications to a wider audience.	Clare Jones and Sally Snowden.
Increase '*collaborative*' and '*planned approaches*' when discussing organ donation with families within Critical Care.	Refusal by medical practioner to engage with SN:OD.	Promote benefits and advantages of '*planned*' and '*collaborative approaches*' using national data.	Dr. Andrew Davidson, Clare Jones and Sally Snowden.

9. Any Other Information

During 2011-2012 the Organ Donation Team was busy promoting solid organ and tissue donation throughout STH and South Yorkshire.

In July 2011 it was National Transplant Week. We organised a Balloon Release for our donor families and recipients in Sheffield to remember and give thanks to those who had given the 'Gift of Life' to others. The balloons were released simultaneously with four other regions in our Team. Also as part of National Transplant Week the Donor Committee donated 'Giving for Living' Roses to the Northern General and Royal Hallamshire Hospitals. At the Northern General these roses are situated outside the Peter Moorhead Dialysis Unit and in the garden area of the Critical Care Unit. At the Royal Hallamshire they are in the main garden at the front of the hospital.

We have also participated in live radio interviews, local paper and hospital magazine publications as well as conducting Trust based awareness days to increase knowledge and understanding of STH staff and the wider general public with regards to organ and tissue donation.

In October 2011 we hosted a service of 'Recognition, Reflection and Remembrance' at Sheffield Cathedral for donor families from 20000 – 2010 from all over the North Trent Region. As well as donor families we invited recipients of transplantation and health care professionals involved in donation and transplantation to attend the service. Over 400 people joined us for the afternoon. Our speakers were a retired transplant surgeon who spoke about organ donation, a donor family who talked about their experience after losing their son, a heart transplant recipient who gave thanks to his donor and finally the Father of a young girl who had two liver transplants before the age of 5. He paid tribute to his daughters' donor and expressed his gratitude for her life saving transplant by singing a beautiful and very emotional acoustic version of James Taylor's song 'You Can Close Your Eyes'. It was a very successful event and from the feedback we had from families, a very welcome opportunity to recognise their loved one's generous gift of life.

In collaboration with STH Chaplaincy Dept we have purchased a Memorial Book and viewing cabinet. This will allow donor families to have their loved ones name and short message inscribed in the book, which they can view at either site within the Trust whenever they wish.

On-going educational commitments have been maintained for the neuro course for nurses; Sheffield University medical students; Sheffield Hallam University nursing and ODP

students; Organise Society and local secondary schools. Promotional events we have been involved with such as National Kidney day, ‘Fresher’s Week’ at both the city’s Universities and awareness days within the Trust have been well received.