



Southern Health
and Social Care Trust

Quality Care - for you, with you

Organ Donation in SHSCT: moving forward to 2020

Dr C Shevlin

September 2019

NI & the organ donor registry

- Approximately 140 people in NI are awaiting transplant, 9 died last year while waiting for suitable organs.
- More than 787,000 people in NI are on the NHS Organ Donor Registry (43%).
- Soft 'opt out' still under discussion pending resumption of local government

Terminology

- DBD: donation after death diagnosed via neurological criteria (previously 'brainstem' death or 'heart-beating' donor). A patient who has had a catastrophic brain injury and has been confirmed as dead via neurological criteria whose family have consented to organ donation.
- DCD: donation after circulatory death (previously cardiac death or 'non-heartbeating' donor). A patient who has been identified as likely to die very soon after (<4 hrs) withdrawal of futile invasive therapies and whose family have consented to organ donation

What's the process?



The most complicated process in the



Steps in process

Identification of patient (usually in ICU)

Early notification to SNOD on unit or on call *prelim screening*

Family discussions re ICU management and prognosis. Only when further medical management has been deemed futile should organ donation be offered. *Collaborative approach with SNOD*

Process explained (DBD v DCD) and consent obtained from family (& coroner if necessary)

Screening for suitability for organ donation (past medical history, age, etc.)

Offering out of organs to various centres

Mobilization of teams and communication with emergency theatres



Blood and Transplant

Detailed Report

Actual and Potential Deceased Organ Donation

1 April 2018 - 31 March 2019

Southern Health and Social Care Trust

Actual donation data

April 2018-March 2019

Between 1 April 2018 and 31 March 2019, Southern Health and Social Care Trust had one deceased solid organ donor, resulting in 3 patients receiving a transplant. Additional information is shown in Tables 1.1 and 1.2, along with comparison data for 2017/18. Figure 1.1 shows the number of donors and patients transplanted for the previous ten periods for comparison.

**Table 1.1 Donors, patients transplanted and organs per donor,
1 April 2018 - 31 March 2019 (1 April 2017 - 31 March 2018 for comparison)**

Donor type	Number of donors		Number of patients transplanted		Average number of organs donated per donor			
					Trust		UK	
DBD	1	(3)	3	(11)	4.0	(5.0)	3.5	(3.7)
DCD	0	(2)	0	(5)	-	(2.5)	2.7	(2.7)
DBD and DCD	1	(5)	3	(16)	4.0	(4.0)	3.2	(3.3)

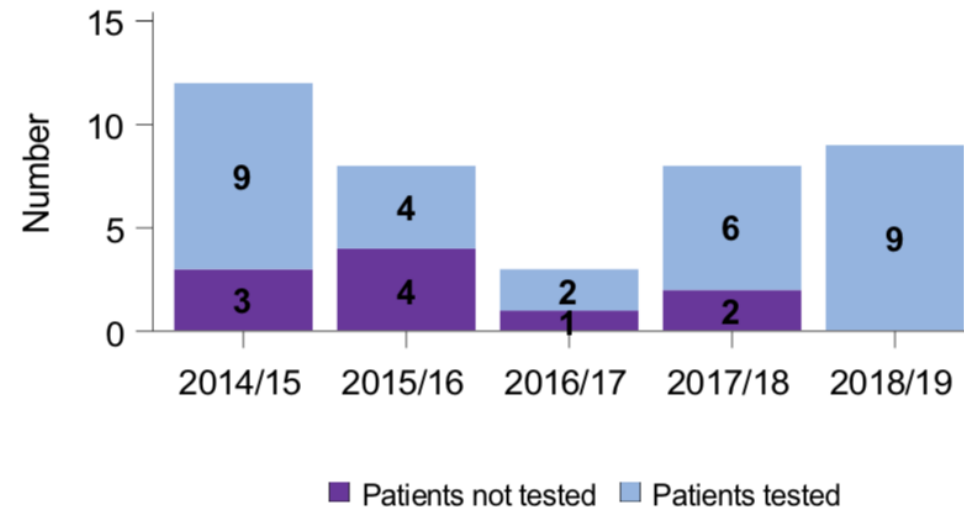
In addition to the one proceeding donor there were 2 additional consented donors that did not proceed, one where DBD organ donation was being facilitated and one where DCD organ donation was being facilitated.

Key indicators looking at quality of care April 2018-March 2019

3.1 Neurological death testing

Goal: neurological death tests are performed wherever possible.

Figure 3.1 Number of patients with suspected neurological death, 1 April 2014 - 31 March 2019



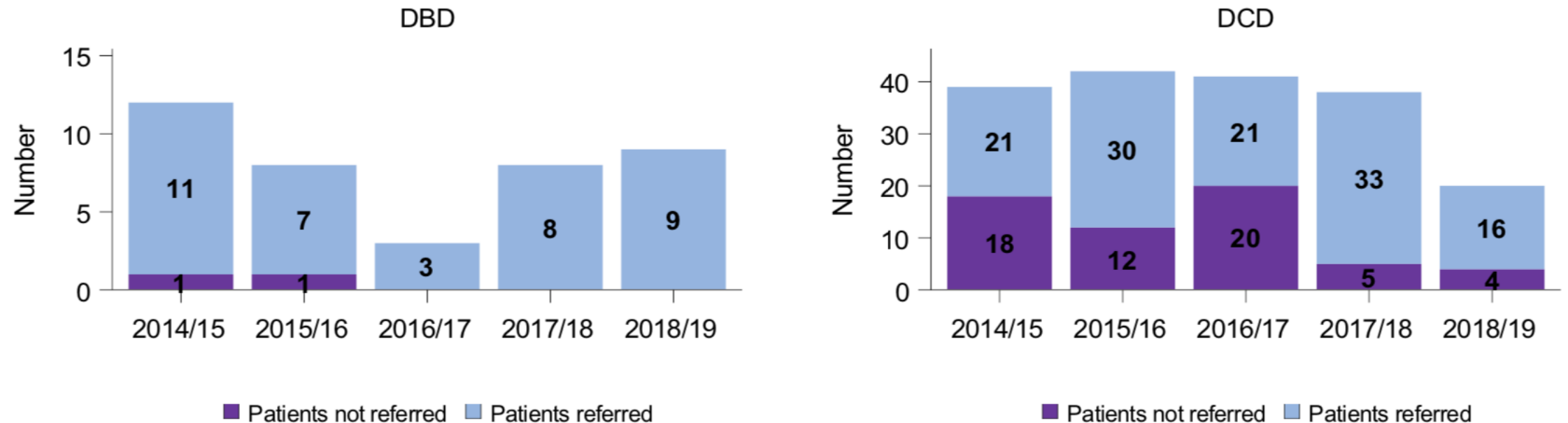
3.2 Referral to Organ Donation Service

Goal: Every patient who meets the referral criteria should be identified and referred to the Organ Donation Service, as per NICE CG135¹ and NHS Blood and Transplant (NHSBT) Best Practice Guidance on timely identification and referral of potential organ donors².

Aim: There should be no purple on the following charts.

Note that patients who met the referral criteria for both DBD and DCD donation will appear in both bar charts and both columns of the reasons table.

Figure 3.2 Number of patients meeting referral criteria, 1 April 2014 - 31 March 2019



ICU-specific measures to improve referral rates

- CLOD-SNOD contact at least fortnightly re recent activity
- Mandatory daily unit contact with on-call SNOD – set contact qs
- Changing culture...
 - Frequent email updates to consultant/senior nursing body
 - Emphasis of role of SNOD
 - Review of activity at every ward meeting/M&M
 - Presentation of missed opportunities at M&M as clinical vignettes
 - Induction of new consultants
- Nurse empowerment to refer to SNOD
- Update of trust guidelines.

Trust-wide / Regional considerations - referral and donation rates

- Information stands OD day – STH, DHH & CAH
- Education/awareness sessions
 - CAH and DHH ED
 - DHH ATICS
 - Hospital wide teaching through MEC
- Engagement with coroner
- New sim centre planned late 2020 at QUB/plans for NI sim course 2021
- Ongoing discussions with ministers wrt opt-out legislation
- Public engagement – involving recipient stories, storyboards

Challenges

- Small donor pool – need to maximise opportunities
- Normalisation of organ donation as an end of life consideration
 - Requires incorporation into culture of critical care and wider hospital
 - Requires raising and maintenance of awareness
- Consent
 - Approach to NOK at right time by right person
 - Process
 - Acknowledgement of patient's own wishes
 - First step is awareness of ODR in community and the need to discuss wishes with family.
 - Ongoing conversations with government re legislation

Words save lives

Save someone like Sam by telling your family you want to be an organ donor.





Thank you