



## Travel Grant Report Form

### Name and origin of applicants

Öystein Jynge, Karolinska University Hospital, Huddinge, Stockholm, Sweden

### Purpose granted

Study visits to NHS BT, Bristol, United Kingdom (UK) to take a closer look into the organization for organ donation in the UK. I was particularly interested in looking at the function Special Nurse-Organ Donation ("SN-OD") and Clinical Leader-Organ Donation ("CL-OD"), the registration of deaths in ICU with their follow-up, and finally a little about the DCD program in the UK.

### Amount granted

7 000 DKK

### Time and place of visit

May 10-11, 2011. NHS-BT Headquarter, Bristol, UK

### Report

Following the National Task Force, published in 2009, UK decided to concentrate the responsibility for organ and tissue (and blood) donation to a national organization located under the NHS. This was done as a result partly in light of the audit of the registration of all deaths in ICU, in part to the fact that the UK had low donation figures in comparison with other European countries.

In order to get a more efficient and economic structure of the donation process NHS-BT chose to employ ICU-nurses. They were placed out in all hospitals in the United Kingdom (SN-OD). Overall, it is employed 240 SN-OD so far.

SN-OD's are included in an on-call schedule. When a potential donor occurs in their hospital/region the SN-OD participate as an extra resource to the ordinary staff in the ICU. Their main tasks are:

- identification of potential donors
- take part in the family interview for consent to donation
- take part of the medical care of an donor
- report clinical data to the Duty Officer for the allocation of organs

SN-OD registers all utilized donors and all deaths in intensive care in a national registry that NHS BT is responsible. They are also starting up a registration procedure of patients with early withdrawal in the emergency room.

All activity in each region is reported by the SN-ODs to NHS-BT on a regular basis. It includes a series of objectives, such as the number of organ/tissue donations, family veto, number of retrieved organs, educational activities, etc. SN-OD receives a monthly report from the NHS BT Headquarters with the results of their performance (Scorecard). This Scorecard also provides suggestions for the improvement of the various parts of the process

About DCD - the bring home message was: "Go for number three!"

---

## Evaluation

I was very impressed with the UKs efforts to create a national organization for organ- and tissue donation. Although there are still regional differences in the number of donors in the United Kingdom, they now have better tools to identify why these differences exist. I think it is important to have a solid and comparable data collection over what happens to those patients who are eligible to become a donor, and to identify why they are not becoming a donor in the end. This we have today in Sweden and the registration is in many aspects based on the UKs registration. The part missing though is a scheduled routine and a continuous follow-up of the data collected. Now, this is done basically once a year by Donationsrådet.

I was also attracted to the way that NHS BT set objective goals for their activities, with a continuous evaluation, monitoring and feed-back. It is easy for each SN-OD or region to see how their performance reaches the set goals. It also makes it easier to focus on the right actions for improvement.

To have specially trained staff in the ICU who work with organ donation has been shown in many countries to be successful. However, I am a little hesitant to see that the SN-OD is working 100% only with this. I can see a risk that their ICU skills might deteriorate over time.

Overall, I am glad I got the opportunity to visit the NHS-BT to see how they work.

If I shall summarize the visit with some "bring home messages" to consider it would be:

- To register all deaths in ICU, and analyze the data regularly.
- To set up clear and measurable targets for the activities in the field of organ donation, and evaluate/report the results regularly.
- To harmonize the work with organ donation at a national level.
- allocate resources to educate and train personnel in the identification and care of potential organ donors, with focus in ICU
- seek for a culture inside the ICU so that organ donation becomes a natural part of the end of life care
- introduction of DCD should be managed by ICU in collaboration with the transplant, and probably DCD Maastricht group 3 to start with

Many thanks to Scandi transplant for giving me this opportunity for this visit.

Öystein Jynge