



Travel Grant Report Form

Name and origin of applicants

Christina Andréasson, Ewa Björklund, Karin Lindh and Nadine Weidenberg.

Transplant Coordinators, OFO Central Sweden, Uppsala University Hospital

Purpose granted

The purpose with the study travel was to visit Eurotransplant in Leiden to learn about how they allocate organ donors within Eurotransplant, and to study their computer systems within the field of organ donation.

Visit to Groningen, Netherlands to study their work with DCD donors, it might include other cities in Netherlands where they do have DCD activities

Amount granted

25 000 Dkr

Time and place of visit

The study tour was realized in February 2013.

We visited the University Medical Center Groningen (UMCG) and both Eurotransplant (ET) office and NTS (Nederlandse transplantatie stichting) office.

Report

NTS in the Netherlands have made a “Masterplan” for organ donation during 2010-2014. The main goal is to increase the number of organ and tissue donors. As a part of this Masterplan they have started an on-call independent transplant procurement team. There are a total of five procurement teams and they bring all equipment and all the staff needed for the donor operation. The local hospital only needs to provide them with an empty operating theatre.

The transplant coordinators divide the donation process in two parts. This is a newly started project with the goal to decrease the coordinators working hours during a donation process. The coordinators are allowed to work a maximum of twelve hours coherently.

The first coordinator goes, after consent to donation, to the donor hospital. The first Coordinator meets the donor family, get donor characterization and contacts Eurotransplant. The second coordinator goes together with the procurement team to the OR.

ET office is an organization with about 100 employees. 40 of them are allocation officers and about half of those are medical students. They work for ~3 years and they get 4- 5 months training before they start. At ET there is a 24/7 MD on-call. All deviations from allocation standards must be confirmed by the MD. All the information to ET is transferred online by the coordinator. Another programme sorts out the best matched recipients based on ET allocation rules. The ET officer contacts the transplant coordinator of the recipient center to find out if they will accept the organ offered. The coordinator E-mails the offer to the responsible transplant surgeon.

About half of the organ donors in The Netherlands are from DCD donors. During our visit they had one possible DCD donor but it was never realized because the time limit for the cardiac arrest was exceeded.

Evaluation

Three of us realized the study tour, Christina Andréasson, Ewa Björklund and Karin Lindh. Nadine Weidenberg who was one of the applicants was not able to participate.

We are very impressed of the organization they have built and the resources that the Dutch government invests for improving donation and transplantation within the country. In spite of these efforts they do not have more organ donors PMP than we have in Sweden even though they have DCD and we don't. Have they converted DBD to DCD? Is that a risk when starting DCD?

They have massive campaigns towards general public. For example a letter with information about donation and how to register to every new citizen in the country, and also to everyone that reaches the age of 18. They have managed to get about 40 % of their population to register in the Donor registry; in Sweden we have about 15 %.

The allocation system of Eurotransplant is impressive and necessary in such a big area with a population of 135 million inhabitants and approximately 2000 donors / year in 8 different countries. According to our colleagues in Holland the computer system is good but still has some problems with instability which take time to adjust. We believe our work within Scandiatransplant could be more effective and reliable if we had a web based system for comprehensive donor characterization. That should supplement and assure quality of the donor information between centers. In addition to this it would be time sparing.

During the last years we have been trying to get a better and healthier way of working as transplant coordinators during our very long on-call shifts when we have an actual donor. Those shifts are frequently over 24 hours of hard work. The way Netherlands have tried to solve that problem seems like a good idea. We are thinking of something similar at our hospital.

We thank Scandiatransplant for getting this opportunity and our hosts at UMCG, ET and NTS for a substantial and very interesting programme!

This study tour to Netherlands was very inspiring and gave us lots of ideas for the future.

Christina Andréasson, Ewa Björklund and Karin Lindh