

Trust Board – 29 September 2011  
Agenda item: 3.1

# Title Organ and tissue donation at SASH

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Authors: **Dr Desikan and Miss Emma Little – Specialist Nurse Organ Donation**

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Background

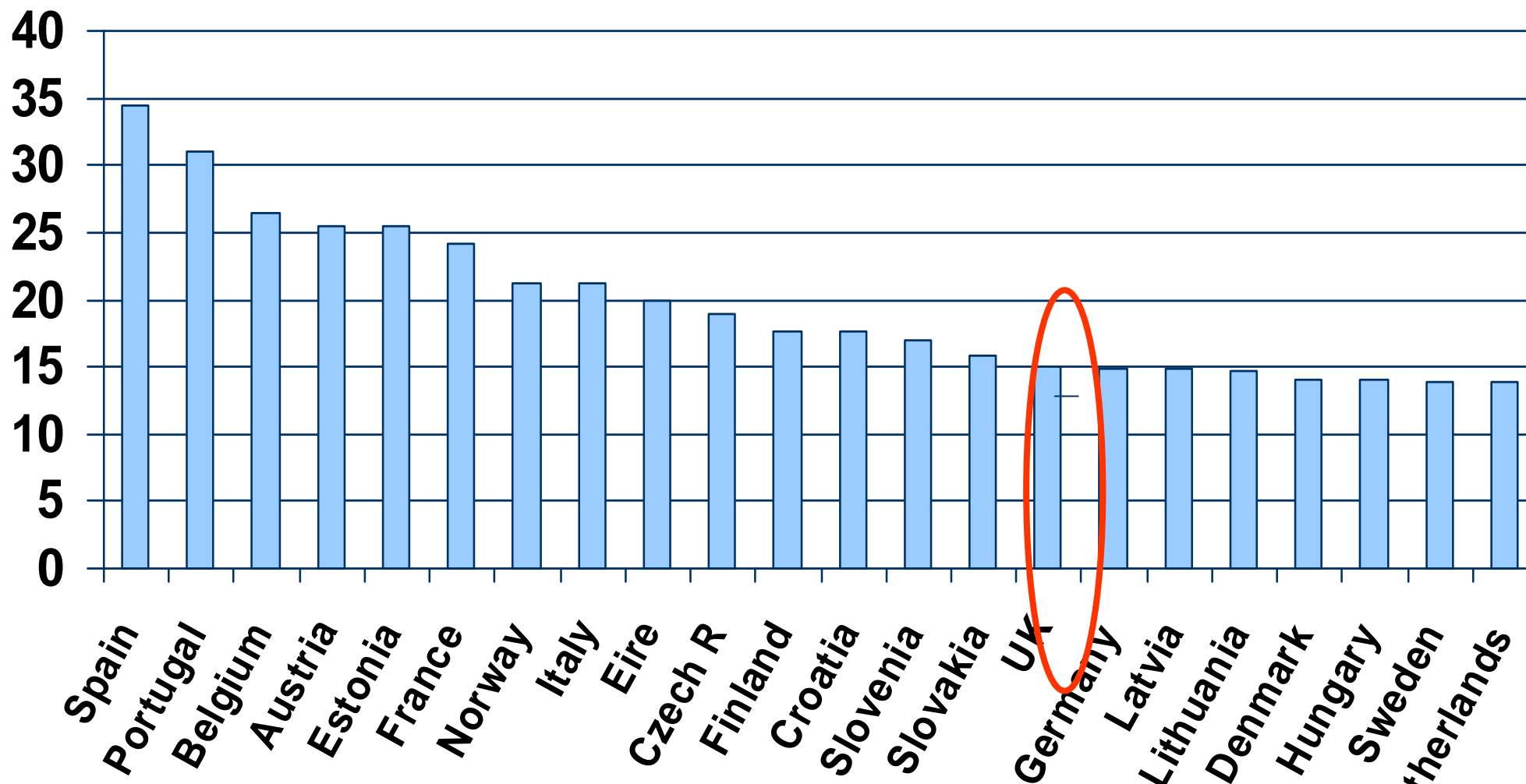
Organ Donation Task Force (ODTF)

SASH Organ Donation Committee (ODC)

Activity in last 3 years

Future

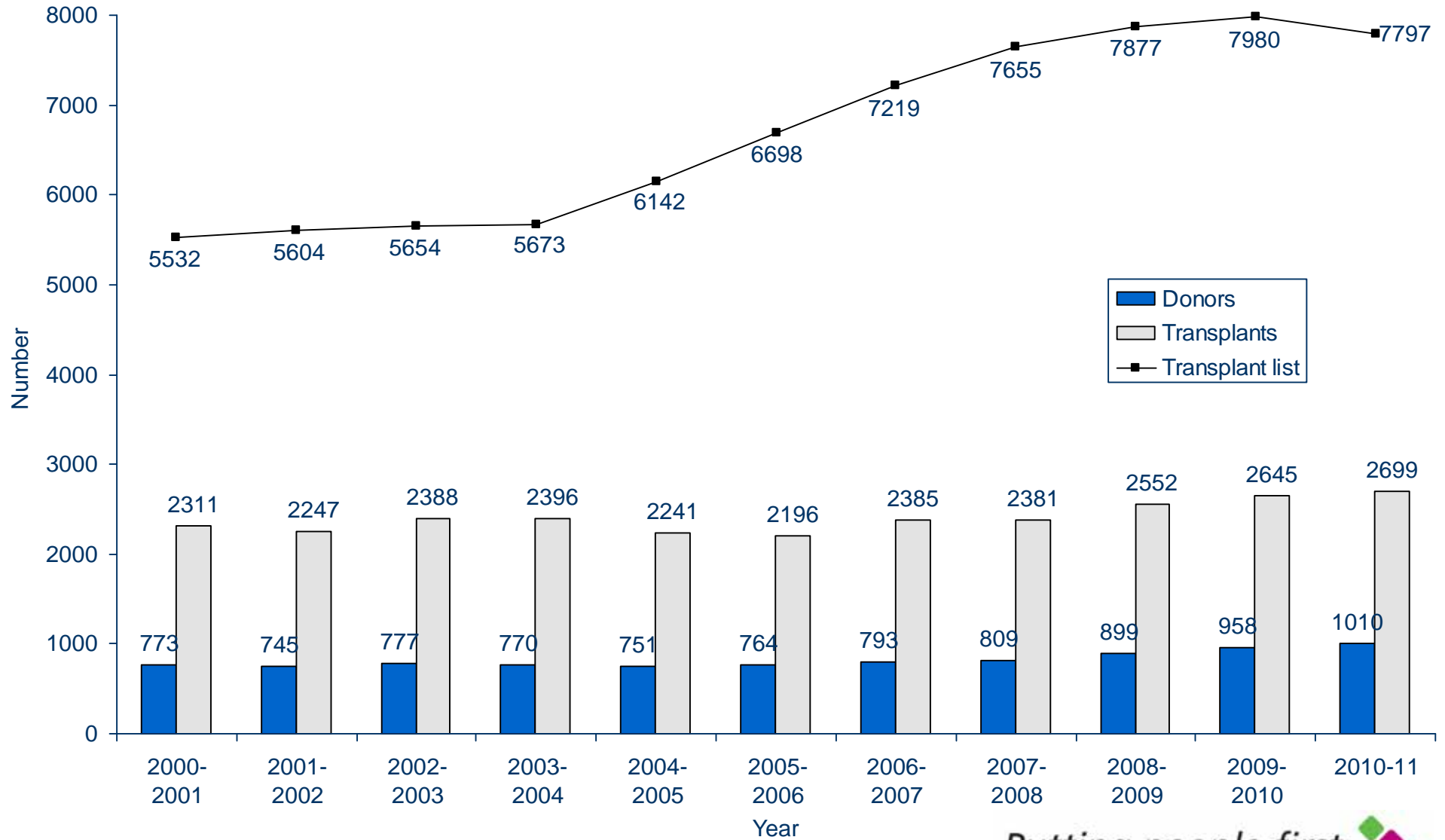
## Deceased Donors pmp 2009



# Background

- Organ donation rate historically low in UK
- 7800 patients waiting for organ donation
- 3 deaths daily – > 1000 deaths / annum waiting for transplant
- Barriers to donation
  - Uncommon event, but can occur 24/7
  - Identification + Referral from donor hospitals
  - Education and Training
  - Disincentive to donor hospitals

**Figure 2.1** Number of deceased donors and transplants in the UK, 1 April 2000 - 31 March 2010, and patients on the active transplant lists at 31 March



## Organ Donation Task Force ( ODTF)

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- Set up in 2006, DOH published ODTF report in 2008
- Recommended sweeping changes to improve UK donor rates
- 1. Identification and Referral
- 2. Donor co-ordination
- 3. Organ retrieval
  
- Aim
  - Increase organ donation by 50% in 5 years
  - Implementation 14 key recommendations

## A UK Model for Donation

### NHSBT

National ODO  
Effective co-ordination and retrieval  
Education, training and audit  
Public engagement

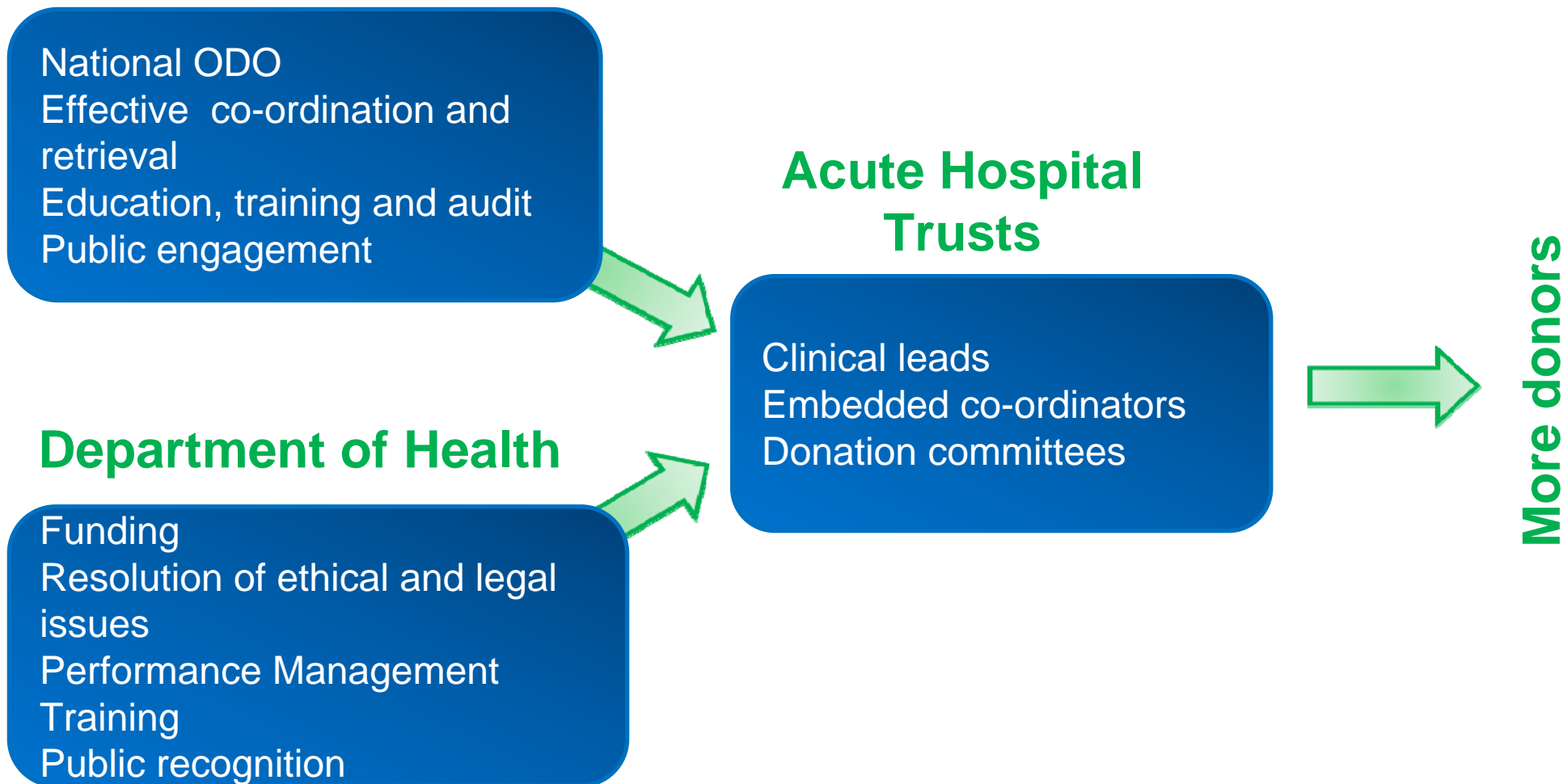
### Department of Health

Funding  
Resolution of ethical and legal issues  
Performance Management  
Training  
Public recognition

### Acute Hospital Trusts

Clinical leads  
Embedded co-ordinators  
Donation committees

More donors



## When is it possible?

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### Organ donation - Hospital of our size

Potential D.B.D 2 - 5 p.a

Potential D.C.D – 8 p.a (

Any time of day/night, easy to miss – identification

Pt's on breathing machine's

Most likely in ICU / ED – rarely in theatre / recovery

Overall majority pt have a catastrophic brain injury



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## SASH Organ Donation Committee (ODC)

- Set up in September 2009
- Chaired by Trust NED : Mrs Norma Christson
- Clinical Lead (CLOD) : Dr Somi.Desikan
- Specialist Nurse (SNOD) : Miss Emma Little
- Reps from Outreach, Emergency Medicine, Palliative care, Theatres, Chaplain and PALS

## O.D.C Achievements to date

- Onsite Resident SN-OD provided by NHS Blood and Transplant
- SASH Organ Donation Policy
- Identifying Local Barriers
- Organs per Donor have increased – through donor optimisation
- Local Organ Donation Strategy written
- Annual study day for all staff – Excellent feedback
- SASH Represented - Regional Collaborative Programme
- CLOD - completed National Donation Development Programme 2009/10
- Organ donation and transplant awareness- Road shows
- Links with Harefield Hospital to improve Donor Optimisation
- Potential Donor Audit in all Critical Care areas
- CCDG / Morbidity and Mortality – standing items
- E.D Consultant– represented SASH at DOH Donation Scoping event 2010
- Donor Memorial - in progress

## Surrey and Sussex Healthcare NHS trust Organ Donation Committee focus 2011.12

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- **Increase Diagnosis of Diagnosis of Brain Stem death (DBD), including vigilance of potential cases outside of the usual ICU environment, e.g. Emergency Department / Theatre Recovery.**
- **Increase DBD and increase Donation after Cardiac Death (DCD) referrals according to National Minimum Notification Criteria**
- **Increase Donation after Cardiac death**
- **Increase donation from Emergency Departments**
- **Increase donation consent rates – by optimising the donation pathway**
- **Increase the quality and quantity of donated organs for transplant – optimise donor management strategy**

## In Numbers

Year	Number of patients donated organs	Number of transplants ( lives saved)	Other Tissue Donations ( E.G Cornea, Heart Valves, Skin)
April 2008 to March 2009	2 (1 DCD / 1 DBD)	5 (Includes kidneys and liver)	6 Corneal Donors – 11 recipients
April 2009 to March 2010	5 – D.B.D	15 Includes lung, liver, kidneys and pancreas)	15 Corneal Donors – 29 Recipients 7 Multi tissue Donors
April 2010 to March 2011	2 - DBD	7 (Includes lung, liver, kidneys and pancreas)	15 Corneal Donors – 30 recipients 1 multi tissue Donor

## Financial – Donor Reimbursements made from NHSBT to SASH

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### Reimbursements received by SASH for organ donations

2008 to 2009	£ 6000.00
2009 to 2010	£ 10275.00
2010 to 2011	£ 10368.00

## Trust Executives and Board

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Doesn't it cause some  
problems for critical  
care capacity?

Not really on  
our agenda

Aware of the benefits, but  
not a priority target for  
us?

## Why it should be a priority for SASH board

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### Postcodes RH1-6, and CR3-5 surrounding SASH

- 149,040 individuals have actively expressed their choice to donate via O.D.R – our local population are telling us they want to donate, and we need to respond appropriately by optimising the donation pathway internally

### 65 patients waiting for transplant locally (NHSBT data)

- Kidney 57
- Kidney / Pancreas 2
- Heart 1
- Lungs 2
- Liver 3
- These patients use our local services, as well as tertiary transplant centres
- Complex cases when cared for locally
- Nationally 3/patients die everyday on the transplant list.

Satellite Renal Dialysis Unit (Crawley hospital) – Social / Financial/ Environmental impact –Satellite Dialysis for 1 patient / annum costs £22,152, produces 4.3 ton CO2, consumes 62,400 L water /annum.

Compared to Renal Transplant, £17,000 (yr 1), reduces to £5000 / p.a for medication only - transplant is cost saving, importantly patient outcomes improve physically / socially. Reduction environmental impact

Tissue Donation – Ophthalmology Service locally is an end user of corneal grafts

## What O.D.C need from SASH Board

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1. Endorsement and Continue Supporting O.D.C
2. Include Organ + Tissue Donation into Trust Strategy
3. Assist O.D.C recovering Donor Reimbursements
4. Make Donation - part of Mandatory Training – (recent complaint from patient family)
5. Assist recovering O.D Committee funding – unable to access 3 yrs
6. Make – Donation a usual not an unusual event



