

**ACCORD Project & Service  
Improvement Model  
Royal Victoria Infirmary  
Newcastle, UK**

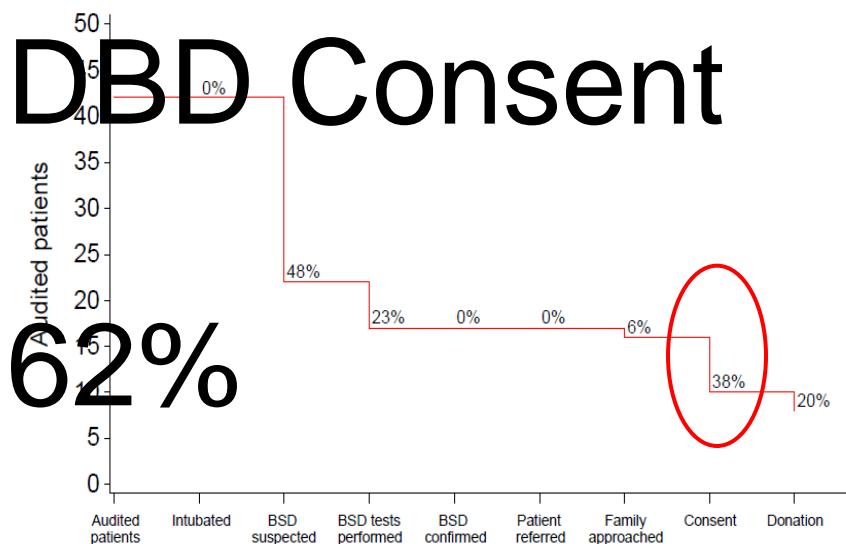
Dr Angus Vincent

Consultant in Neurotrauma Critical Care &  
Anaesthesia

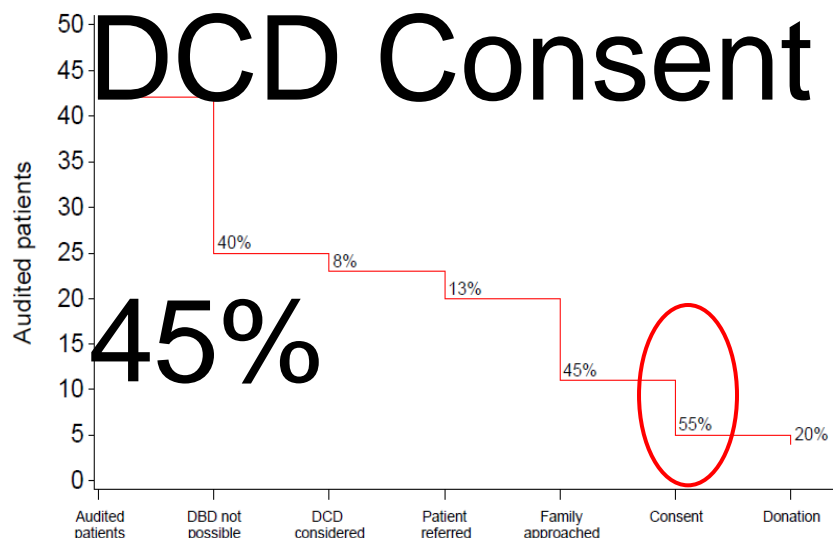
A decorative graphic at the bottom of the slide consisting of two overlapping blue wavy shapes that create a sense of movement and depth.

# Phase 1 – Identifying the Problem

DBD pathway



DCD pathway



## Phase 1 – Identification of the Problem

Significant drop in consent rates March – August 2013

Combined DBD/DCD	55%	
Consent With SNOD	72%	Without SNOD 20%
SNOD Used	54%	

Despite a fully trained consultant body

Concerns from our nursing staff regarding the SNOD role were identified

# Model for Improvement



*Blood and Transplant*

What were we trying to achieve? Increased consent rates by increasing SN-OD involvement

How would we know the change was an improvement?  
Measure consent rates and SN-OD involvement rates in Phase 2 data collection of ACCORD, alongside UK PDA

# How to achieve?

1. **Target nursing staff** - specific training intervention on the consent process – value added by SNOD

2. **Peer Review Consultant Performance** – ‘public’ feedback on their consent practice at monthly M+M

3. **Clarify our Unit Expectation and Practice** – explicit step by step consent practice outlined in our unit donation documentation

# Mandatory Training

## *Blood and Transplant*

<b>Time</b>	<b>Subject</b>	<b>Speaker</b>
09:00-09:15	Introduction, NICE guidelines, Organ Donation as part of good end of life care.	<i>Kate Dreyer (Specialist Nurse – Organ Donation)</i>
09:15-09:45	Donation after Circulatory Death (DCD)	<i>Linda Wilson (Specialist Nurse – Organ Donation)</i>
09:45-10:15	Donation after Brain Stem Death (DBD)	<i>Dr Phil Laws/Sue Lee (SN-OD)</i>
10:15-10:30	Donor family experience of organ donation	<i>Lesley Kremer (Donor Family Member)</i>
<b>10:30-11:00</b>	<b>TEA/COFFEE &amp; CAKES</b>	
11:00-11:30	Planning a collaborative approach & the role of the SNOD in the donation process.	<i>Specialist Nurses – Organ Donation</i>
11:30-12:30	Role play – approaching families about organ & tissue donation.	<i>All</i>
12:30-13:00	Discussion & debriefing – chance for the staff to discuss any issues, questions, previous experiences.	<i>All</i>

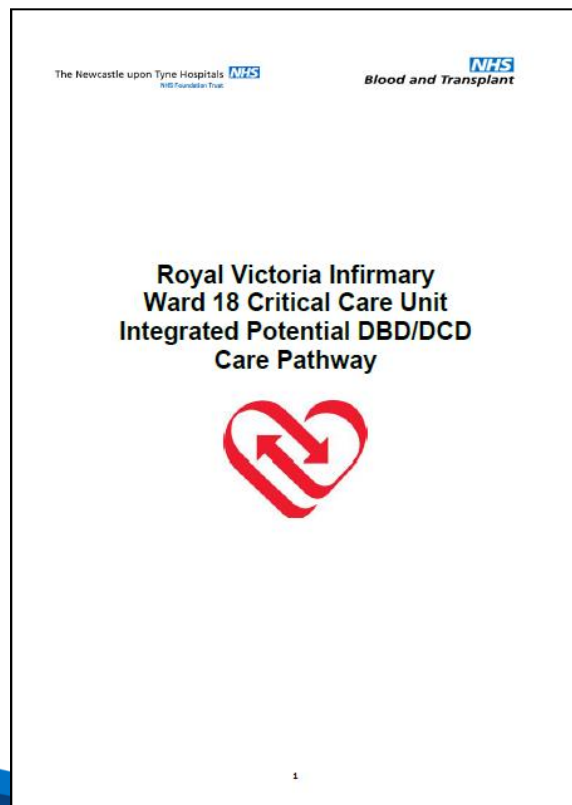
# M&M Reporting

## Blood and Transplant

Total Deaths	Uncontrolled Deaths	BSD/WLST with contraindications to donation	No. of Potential Donors	Referral Rate	No Families approached	SNOD involvement rate	Consent Rate
8	2	1	5	100%	4	75%	50%

Initials	Age	Gender	Diagnosis	BSD/WLST	On ODR?	SNOD used in approach	Consent ?	Organs donated/Reason for refusal
JI	43	M	TBI	BSD	Y	Referred but coroner refused permission for donation due to circumstances surrounding death.		
XS	48	F	HBI following OOHCA	BSD	N	Y	N	Husband was not accepting of death, organ donation was brought up with SNOD present, husband didn't really answer the question but due to circumstances was not reapproached.
SB	17	F	TBI	BSD	Y	Y	Y	DBD donor – donated heart, liver to be split, kidneys, pancreas & small bowel. Lungs unsuitable due to consolidation.
KG	30	F	ICH	WLST	Y	Y	Y	DCD donor – donated liver, kidneys & pancreas. Lungs placed but unsuitable at retrieval. Family brought up donation when SNOD was present.
DH	70	F	CVA	WLST	N	N	N	Kidneys suitable for donation. Referred, on call SNOD was at Freeman & offered to come but consultant approached alone due to time pressures.

# Organ Donation Pathway



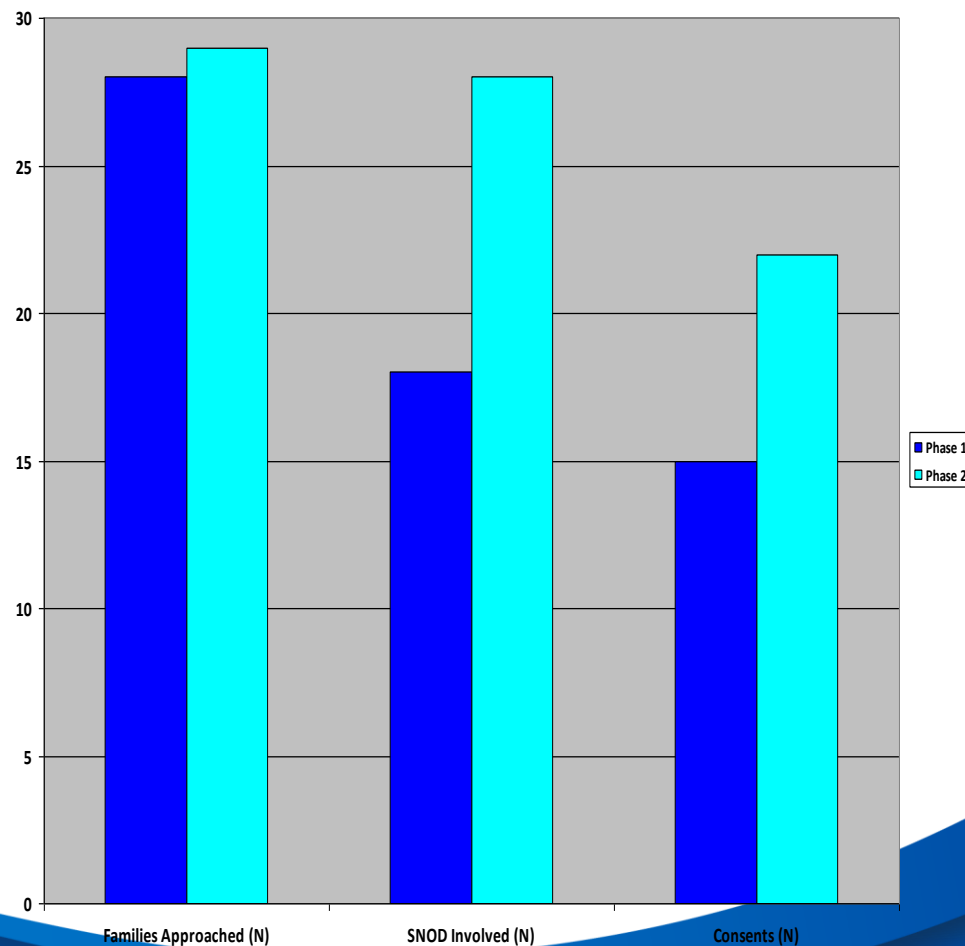


# Organ Donation Pathway

	<p><b>DBD 7</b></p>	<p><b>Plan the Family Approach</b>          The approach should be planned collaboratively between the Consultant, bedside nurse &amp; SNOD.</p> <p><b>Prior to family discussion</b></p> <ul style="list-style-type: none"> <li>• The SN-OD will check the Organ Donation Register and advise on the patient's status, if not done so already.</li> <li>• Identify key family members by name</li> <li>• Establish family's needs for additional support from other family members, any support from a faith representative, or have any other cultural needs and contact relevant personnel.</li> <li>• The Consultant/SNOD will clarify any coronial / legal or safeguarding issues.</li> <li>• The team will clarify their roles in the upcoming conversation</li> </ul>	<input data-bbox="1619 449 1734 506" type="checkbox"/>   <input data-bbox="1619 725 1734 782" type="checkbox"/> <input data-bbox="1619 811 1734 868" type="checkbox"/>  <input data-bbox="1619 982 1734 1039" type="checkbox"/>
--	---------------------	--	---

# Phase 2 – Improvement *Blood and Transplant*

- Phase 2 (Dec 13 – May 14)
- Overall consent rate - 76%
- Use of SNOD – 96% (27/28)



## Sustainability – subsequent 12 month data (April 14 – March 15)

DBD	Families approached	27	
	SNOD used	27	= 100%
	Consent	17/27	= 63%

DCD	Families approached	25	
	SNOD used	24	= 96%
	Consent	20/25	= 80%



# Summary

## ACCORD

Provided a framework to identify and address a specific problem within our unit.

However, was in the context of overall donor practice quality improvement projects underway in the UK.