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Achieving Comprehensive
Coordination in Organ Donation

Hospital experiences with the Service Improvement Model in organ donation

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Introduction

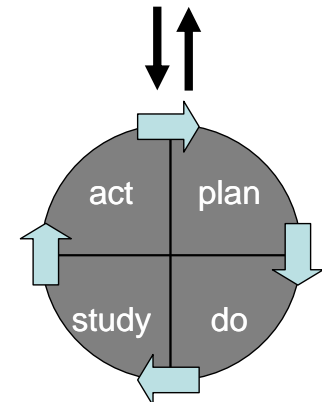
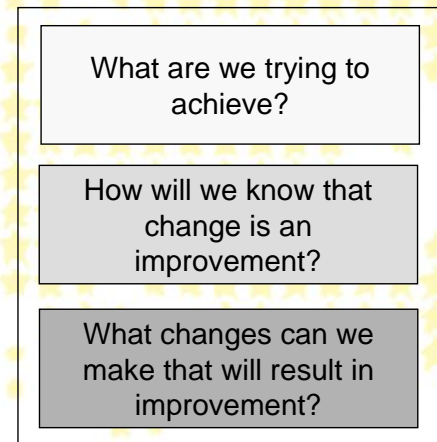
Aim 2 of WP5:

To develop and prove by implementation an acceptable and effective *rapid improvement toolkit* that supports modifications in end-of-life management that promote donation, adapted to each identified end-of-life care model.



Approach

- Training in service improvement methodologies
 - PDSA
 - 66 participants from 15 Member States
- Application of service improvement methodologies to identified obstacle(s) in donation pathway
 - Six month study period
 - Formal reporting to NHSBT





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Outcome

- 51 teams from across 14 participating Member States submitted reports on their 'PDSA' plans.
- 69% of the teams reported that the service improvement methodology approach was successful.
- Toolkit developed and provided as part of the WP5 report.



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A look into the future

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Introduction

- o WP5 has cost:
 - o €573,556 (includes €10,080 via each participating country).
 - o Significant time, effort and commitment from Project Leads, CRG members and participating hospitals
- o Potential for increasing collaboration and the benefits of the PDSA methodology proven.
- o Need to realise the long-term benefits.
- o Action required at local, regional and national levels



Recommendation 2: Undertake detailed analysis of their own data to identify significant factors relevant to donation that may be amenable to change.

Action required

Project leads:

- oSupport member states to take action on any national issues

CRG Members:

- oProvide recommendations to relevant professional organisations on action to address any national issues

Competent Authorities:

- oBuilding on work from Recommendation 1, make recommendations to Government regarding any issues that need to be addressed at a national level



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Recommendation 3: Long-term quality improvement schemes, based on continuing data collection, should be part of all national organ donation improvement programmes

Action required

Project leads/ Competent Authorities:

- oExplore how continued data collection could support ongoing service improvement, utilising the toolkit where appropriate.



Recommendation 4: The toolkit should be used as a basis for rapid improvement

Action required

Project leads:

- o Liaise with CRG member and other stakeholders to undertake any necessary adaptations to the toolkit, to support its use in your own country.
- o Encourage participating hospitals to support the promotion and roll-out

CRG Members:

- o Encourage relevant national professional organisations to endorse the toolkit.
- o Promote uptake of the toolkit amongst peers.

Competent Authorities:

- o Develop and implement a plan for national dissemination and roll-out of the toolkit.



Recommendation 5: Where the data collection has identified areas for improvement which are not within the abilities of a single hospital to implement, consider national support to achieve such change.

Action required

Project leads:

- o Work with CRG members and participating hospitals to identify common themes and feed back to Competent Authorities and/ or other donation organisations.

Competent Authorities:

- o Work with Project Leads, CRG members, participating hospitals and other stakeholders to review the data, identify any common themes regarding barriers to donation or significant variation in practice, and how these can be addressed on a national level.



Recommendation 6: Where PDSA plans have been successful, CAs should assess whether similar changes in more hospitals could/ should be implemented.

Action required

Project leads:

- o Liaise with participating hospitals to discuss PDSA plans, implementation and data to identify any approaches which may be applicable to other hospitals and make recommendations to CAs.
- o Encourage participating hospitals to act as 'Champions' for service improvement methodology and share learning amongst peers.

Competent Authorities:

- o Liaise with Project Leads and participating hospitals to consider wider roll-out of any successful approaches and sharing of lessons learned.



Recommendation 7: The unresolved issues identified during the PDSA plans should be addressed by the hospitals or regional/national CAs

Unresolved issues

A number of PDSA plan reports commented on issues that remain unresolved:

- Resistance to change from some or all of ICU/ stroke/ neuro consultants
- Lack of ICU beds and resources – particularly nurses
- Staff turnover, slow recruitment and the need for constant training programmes
- The workload involved in training
- The lack of National or Local health policies



Recommendation 7: The unresolved issues identified during the PDSA plans should be addressed by the hospitals or regional/national CAs

Action required

Project leads:

- o Liaise with participating hospitals to ensure that there are plans to address any local issues identified through WP5.
- o Liaise with participating hospitals to identify any issues which need national or regional action and make recommendations to CAs and others as appropriate.

CRG Members:

- o Liaise with project leads and stakeholder organisations to support any recommendations regarding national issues.

Competent Authorities:

- o Liaise with Project Leads to develop and implement plans to address any national issues identified as a result of WP5.



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Dissemination

- o 4 training events being held in service improvement methodology
 - o16 September – London
 - o18 September – Mainland Europe
 - o21 September – London
 - o5 October - Mainland Europe
- o All hospitals across the EU are eligible to attend, initially maximum of 3 places per Member State, then first-come basis if not all spaces are filled.
- o1-day events.
- o Free to attend.
- o Funding from the UK ACCORD budget to support delegate travel and accommodation costs (anticipate up to €200)



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Thank you!

- o 15 Participating MS
- o 15 Project Leads
- o 15 CRG members
- o 67 Hospitals
- o Data from over 1670 patients
- o 52 PDSA plans submitted and delivered