



Testing A Minimum Notification Criteria To Increase Potential Donor Referral In An Emergency Department: An Italian Hospital Experience In ACCORD Joint Action

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The Joint Action



EU Organ Directive 2010/53/EU



ACCORD: *Achieving Comprehensive Coordination in ORgan Donation in EU*

WORKPLAN

HORIZONTAL WORK PACKAGES

- | | | |
|------------------|--------------------------------------------------------------------------------------|------|
| 1. Coordination |  | |
| 2. Dissemination |  | 42 m |
| 3. Evaluation |  | |

CORE WORK PACKAGES

- | | | |
|-----------------------------------------------|---------------------------------------------------------------------------------------|------|
| 4. Living donor registries |  | |
| 5. ICU and DTC collaboration |  | 36 m |
| 6. Twinning on organ donation Transplantation |  | |



Italian Hospitals and ACCORD



San Camillo – Forlanini Hospital - Rome



San Camillo Organ Donation Team



San Camillo – Forlanini Hospital - Rome

Members Organ Donation Team:

Clinical Leads : 2

Dedicated Nurse: 1

Collaborating Nurses: 10

	ICU* Beds	Nr of actual DBD Donors (2013)	Nr of Corneal Tissue Donors (2013)	Nr of actual DCD Donors
San Camillo Hospital	34	13	40	-----

* Shock & Trauma ICU, Cardiac Surgery ICU and Neuro Surgical ICU



Forstering Intensive Care and Transplant Coordinators Collaboration



WP5 Methods :

1. Study on the Variations in End of Life Care Pathways for patients with devastating brain injury in Europe
2. Improvement Methodology Training and implementation: PDSA Cycle



Results EOL Study: General Information

28 Audited Patients

Age		
	N	%
18-34	3	10,7
35-49	2	7,1
50-59	1	3,6
60-69	5	17,9
70 +	17	60,7
Total	28	100,0

Main general cause of death		
	N	%
Cerebral Neoplasm	1	3,6
Cerebrovascular Accidents	17	60,7
Trauma	10	35,7
Total	28	100,0



Patterns of Care

28 Audited Patients

Statement best describing the care of the patient during his/her final illness

	N	(%)
Full active treatment on ICU until diagnosis of BD	16	(57,1%)
Full active treatment until unexpected cardiac arrest from which the patient could not be resuscitated	- -	
Admitted to ICU to incorporate organ donation into end-of-life care	- -	
Full active treatment on ICU until the decision of withdrawal or limiting life sustaining therapy was made	2	(7,1%)
Not admitted or admitted to ICU but subsequently discharged	10	(35,7%)



Results EOL Study: General Information

28 Audited Patients

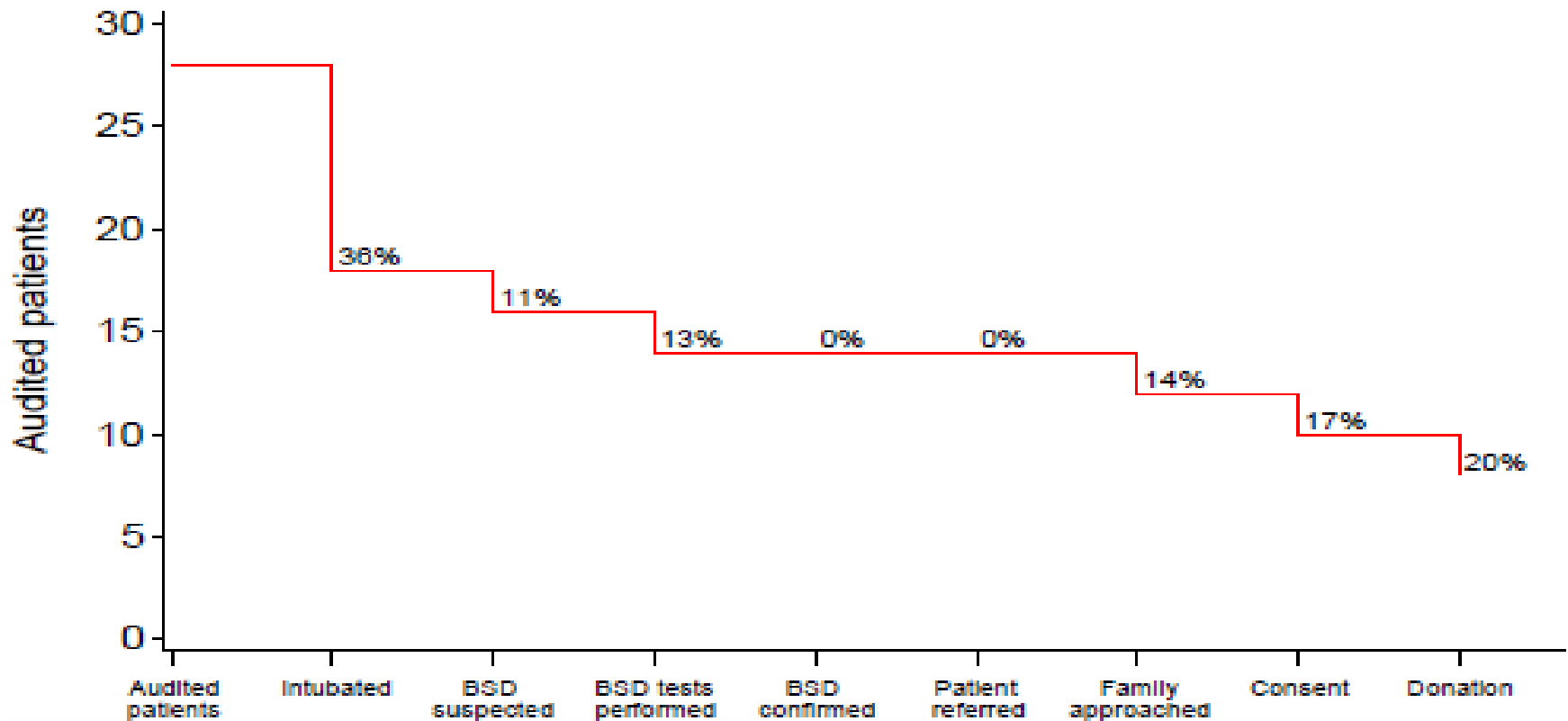
Unit where death was confirmed		
	N	%
Adult Intensive Care	13	46,4
Specialised Neurosurgical Intensive Care	4	14,3
Emergency Department	5	17,9
Medical Ward	4	14,3
Stroke Unit	1	3,6
Other	1	3,6
Total	28	100,0



Where are Potential Donors lost ?

28 Audited Patients

DBD pathway



Note: annotated percentages represent the percentage of remaining patients that are lost at each stage, not from all audited patients.

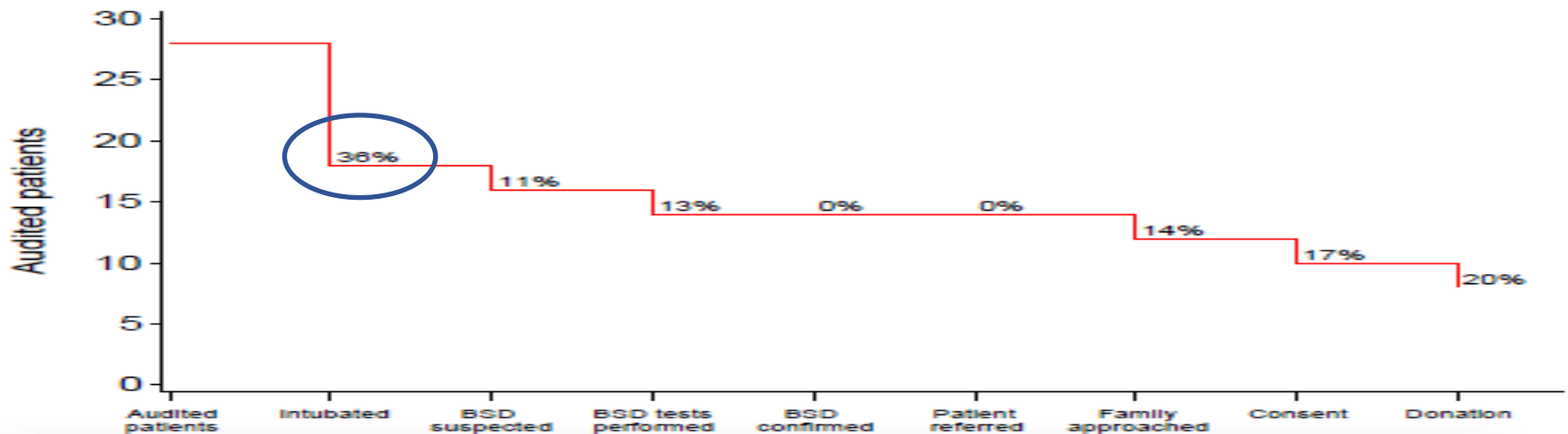


Intubation & Ventilation

Was the patient intubated and receiving mechanical ventilation via an endotracheal or tracheostomy tube at the time of death or at the time of the decision to withdraw or limit life sustaining treatment

	N	(%)
No	10	(35,7%)
Yes	18	(64,3%)
Total	28	(100%)

DBD pathway



Note: annotated percentages represent the percentage of remaining patients that are lost at each stage, not from all audited patients.

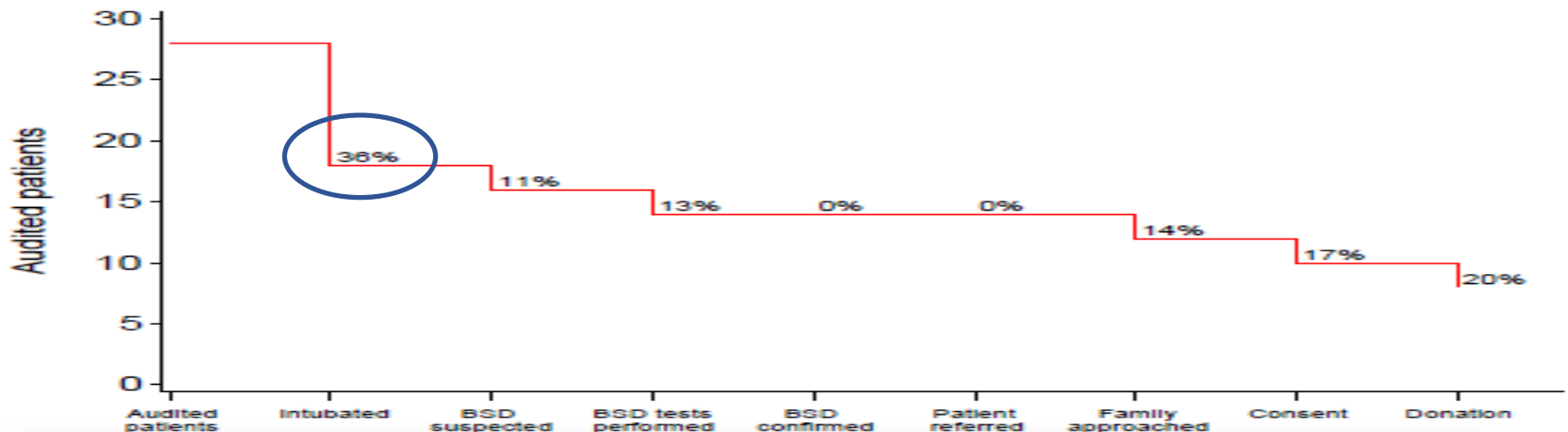


Intubation & Ventilation

What was the reason for the patient not being intubated and receiving mechanical ventilation at that moment

	N	(%)
Not appropriate	4	(40%)
Not needed	1	(10%)
Not of overall benefit to the patient due to severity of the acute event	5	(50%)

DBD pathway



Note: annotated percentages represent the percentage of remaining patients that are lost at each stage, not from all audited patients.



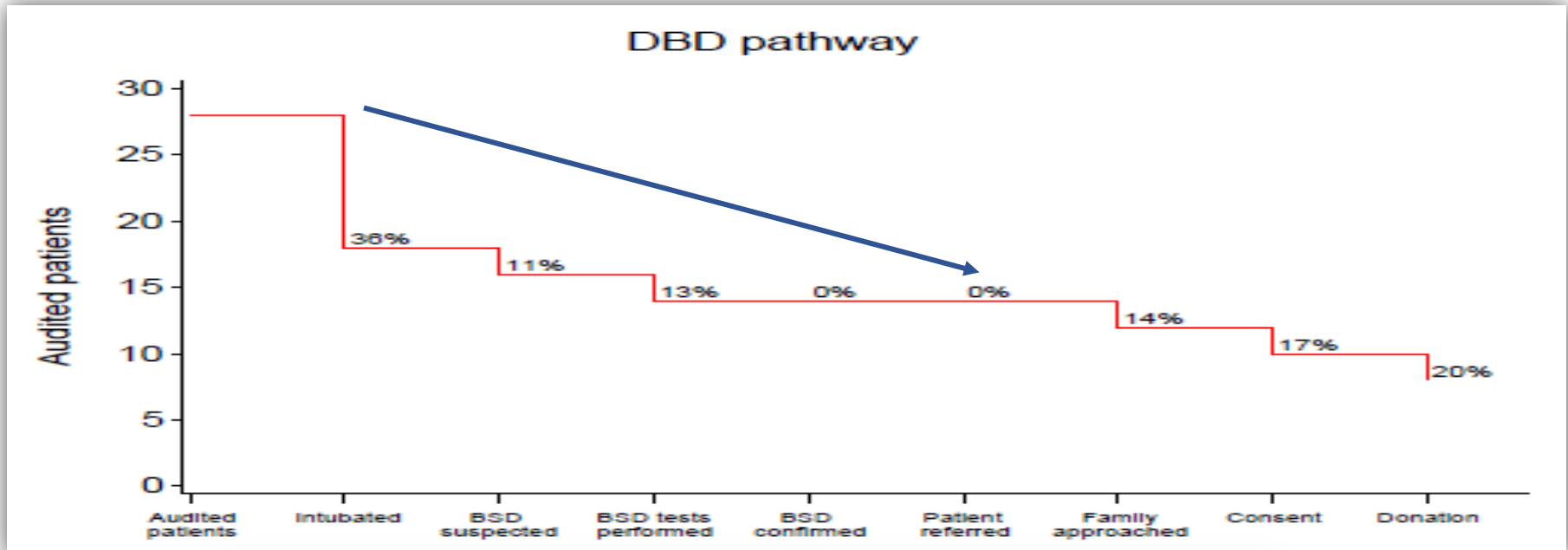
Identification and Referral

Was the patient intubated and receiving mechanical ventilation via an endotracheal or tracheostomy tube at the time of death or at the time of the decision to withdraw or limit life sustaining treatment

	N	(%)
No	10	(35,7%)
Yes	18	(64,3%)
Total	28	(100%)

Was the patient referred to a Key donation Person

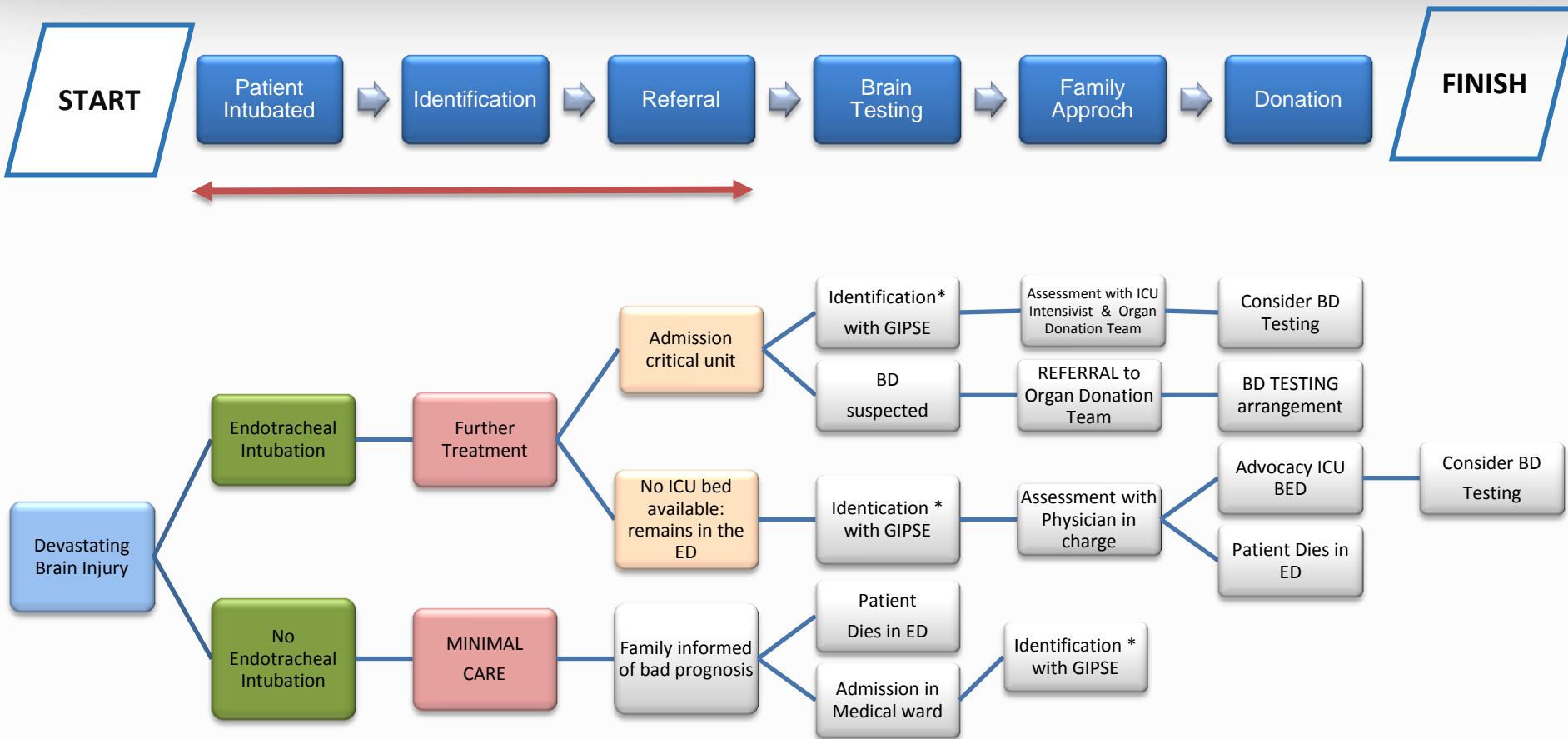
	N	(%)
No	3	(16,7%)
Yes	15	(83,3%)
Total	18	(100%)



Note: annotated percentages represent the percentage of remaining patients that are lost at each stage, not from all audited patients.



Mapping Current Hospital Donation Process:

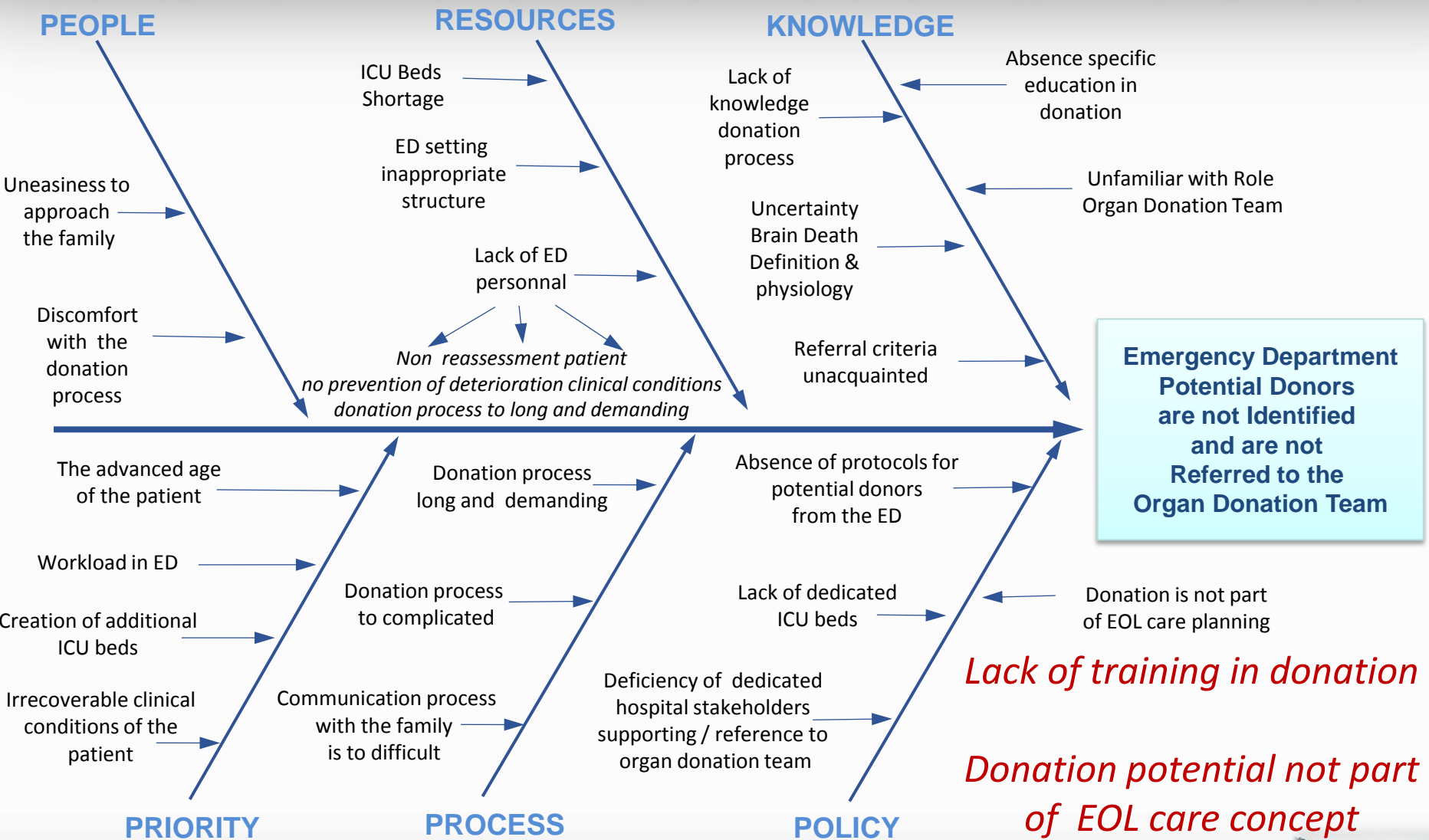


Non systematic and timely referral

*The Potential Donor is identified by Organ Donation Team the day after admission in the hospital with the ED patient database (GIPSE).

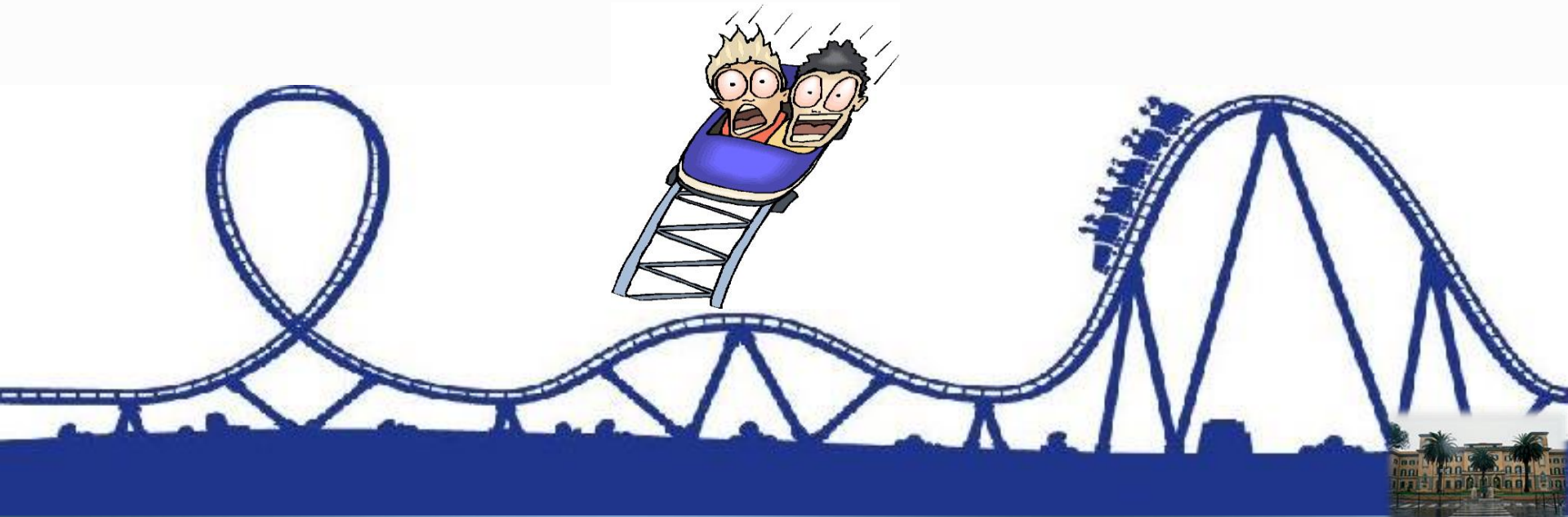


Root Cause Diagram



Barrier in donation to address:

The lack of an identification and referral system of the person with devastating brain injury to the donor transplantation coordinator



Study Aim :

To test the introduction of a minimum notification criteria (G.I.V.E.) in the Emergency Department (ED)

Hypothesis:

The use of clinical triggers will result in a 100% referral rate from the ED.



Methods

Plan Do Study Act Cycle



The Model for Improvement

A MODEL FOR LEARNING & CHANGE

1. What are you trying to Accomplish?



2. How will we know that a Change is an Improvement?



3. What change can we make that will Result in Improvement?



Lessons Learned
recognize mistakes
observe what works
document them
share them

The "Thinking Part" :

The "Doing Part":



Setting

San Camillo-Rome :

- Level One Trauma Center
- 870 beds
- ED admissions: 78.701*



Emergency Department

Participants : ED Clinical Staff

PDSA Cycle Testing : Feb-April 2014



Seeking Stakeholders



Minimum Notification Criteria

• Benchmarking & References



Good Practice Guidelines

in the process of Organ Donation



NHS
Blood and Transplant

Timely Identification and Referral of Potential Organ Donors

A Strategy for Implementation

NHS
National Institute for Health and Clinical Excellence

Issue date: December 2011

Organ donation for transplantation

Improving donor identification and consent rates for deceased organ donation

Cover Article

Organ Donation Breakthrough Collaborative

Increasing Organ Donation Through System Redesign

Teresa J. Shafer, RN, MSN, CPTC
Dennis Wagner, MPA
John Chessare, MD, MPH
Francis A. Zampello, MD
Virginia McBride, RN, MPH, CPTC
Jade Perdue, MPA

Manifesta la tua volontà sulla Donazione degli Organi e dei Tessuti

IO HO DETTO SÌ E TU?

Per ulteriori informazioni puoi rivolgerti a:
Centro Regionale Trapianto Lazio
Osp. S. Camillo - Padiglione Marchisiani
Via S. Camillo, 10 - 00138 Roma
Tel. +39 06 67092111 - Fax +39 06 67092299
www.itras centro.rz.it

ORGAN DONATION COLLABORATION

IMPROVEMENT THROUGH COLLABORATION

A Reference Guide For Teams in Organ And Tissue Donation

Clinical Trigger Training tool

Australian Government
Organ and Tissue Authority

Policy Directive

Deceased Organ and Tissue Donation - Consent and Other Procedural Requirements

Document Number: PD2013_001
Publication date: 18-Jan-2013

Functional Sub group: Corporate Administration - Governance
Clinical/ Patient Services - Human Tissue
Clinical/ Patient Services - Governance and Service Delivery

Summary: This policy directive outlines the requirements of the Human Tissue Act 1983 for consent for deceased organ and tissue donation and incorporates procedures for health facilities to follow in relation to the process of coordination and retrieval of organs and tissue from deceased donors in NSW.

This policy will replace Chapter 5 of PD2005_341 Human Tissues, Use/Retention Including Organ Donation, Post Mortem Examination and Coronial Matters.

Author Branch: Office of the Chief Health Officer
Branch contact: Malynida Flaney 9391 9524

Applies to: Local Health Districts, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, Public Health System Support Division, Private Hospitals and Day Procedure Centres, Public Health Units, Public Hospitals

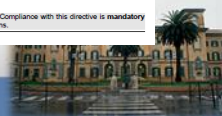
Audience: LHD Executive, All staff, Designated Officers, Designated Specialists.

Distributed to: Public Health System, Divisions of General Practice, Ministry of Health, Private Hospitals and Day Procedure Centres, Tertiary Education Institutes

Review date: 18-Jan-2018
Policy Manual: Patient Matters
File No.: H1275445
Status: Active

Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for NSW health and is a condition of subsidy for public health organisations.



Minimum Notification Criteria

- Benchmarking & References
- Establish clinical and time triggers:
 - Glasgow Coma Score < 8
 - Intubation & Ventilation / End Of Life
 - Referral < 3 Hours from ED Arrival
- GIVE POSTER

Organ Donation Collaborative Guide : Improvement Through Collaboration (CCDT) , 2007

Good Practice Guidelines in the process of Organ ONT, Mantesanz et al ,2012

Timely Identification and Referral of Potential Organ Donors, NHS, 2012

NICE clinical guideline 135, 2011

Shafer et al, 2006

Erle 2006

Neate S et al, 2012

THE ANZICS - 2013

Clinical Training Tool - http://educationresource.bhs.org.au/library/file/10/Clinical_trigger.pdf Deceased

Organ and Tissue Donation - http://www0.health.nsw.gov.au/policies/pd/2013/pdf/PD2013_001.pdf

Procedural Identification Criteria for the monitoring of brain injury in the Lazio Region – 2009

Organ Donation Campagne Poster 2013 - <http://www.crtlazio.org/>



GIVE POSTER

Have you given your patient the opportunity to G.I.V.E.?

G
GCS < 8
Not explained
by Sedation



In which you are assessing :

I **V** **OR** **E**
Intubation Ventilation End of Life Care

Every patient with
a devastating and
irrecoverable
brain injury :



Traumatic Brain Injury
Cerebral Haemorrhage
Anoxia / Hypoxic Brain injury
Ischemic Brain Injury



Regardless
of the age
of the
person



Call the Local Donation Procurement Service within **3 hours** after the patient's arrival in the ED :

Internal : 3426 Mobile: 346 2355951 Mon- Fri : h 8.00- h 20.00 Sat : h 8.00- h 14.00

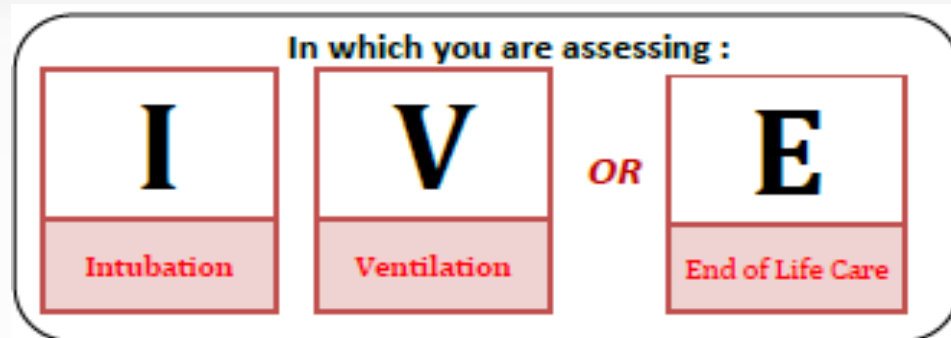
Night and Pre/Festivities : Contact the coordinator on call as illustrated below



GIVE POSTER

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Data Collection

- PDSA measurement sheet*
- Improvement measures :
 - Referral Rate
 - Clinical Triggers Compliance
 - Timely Referral
- Biweekly audit PDSA Cycle results

THE PDSA MEASUREMENT SHEET FOR ACCORD

Project Name: The systematic & timely Identification and Referral of the Potential Donor in the ED

Center: A.O. San Camillo - Forlanini

Numero ID Progressivo : _____

Data		
Ora chiamata		
Cognome e Nome paziente		
Età		
Diagnosi		
Nome e Ruolo Chiamante		
	Med	Inf
CLINICAL TRIGGERS		
GCS <8	SI	NO
Intubato e Ventilato	SI	NO
End of Life Care	SI	NO
Chiamata entro 3 ore	SI	NO

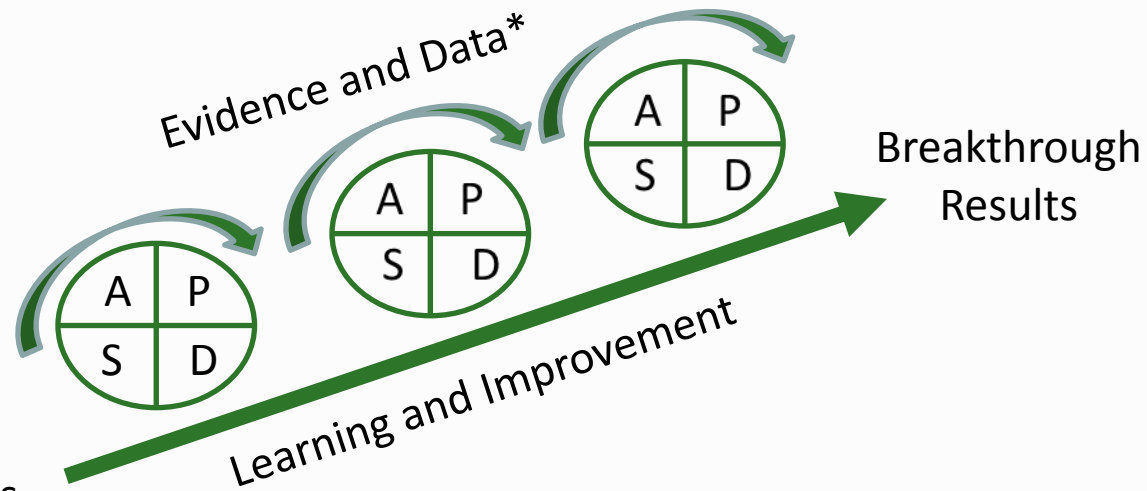
NOTE:

Nome COMPILATORE _____



PDSA Cycle Testing

- Consensus meeting with all stakeholders
- Written memo to ED Staff



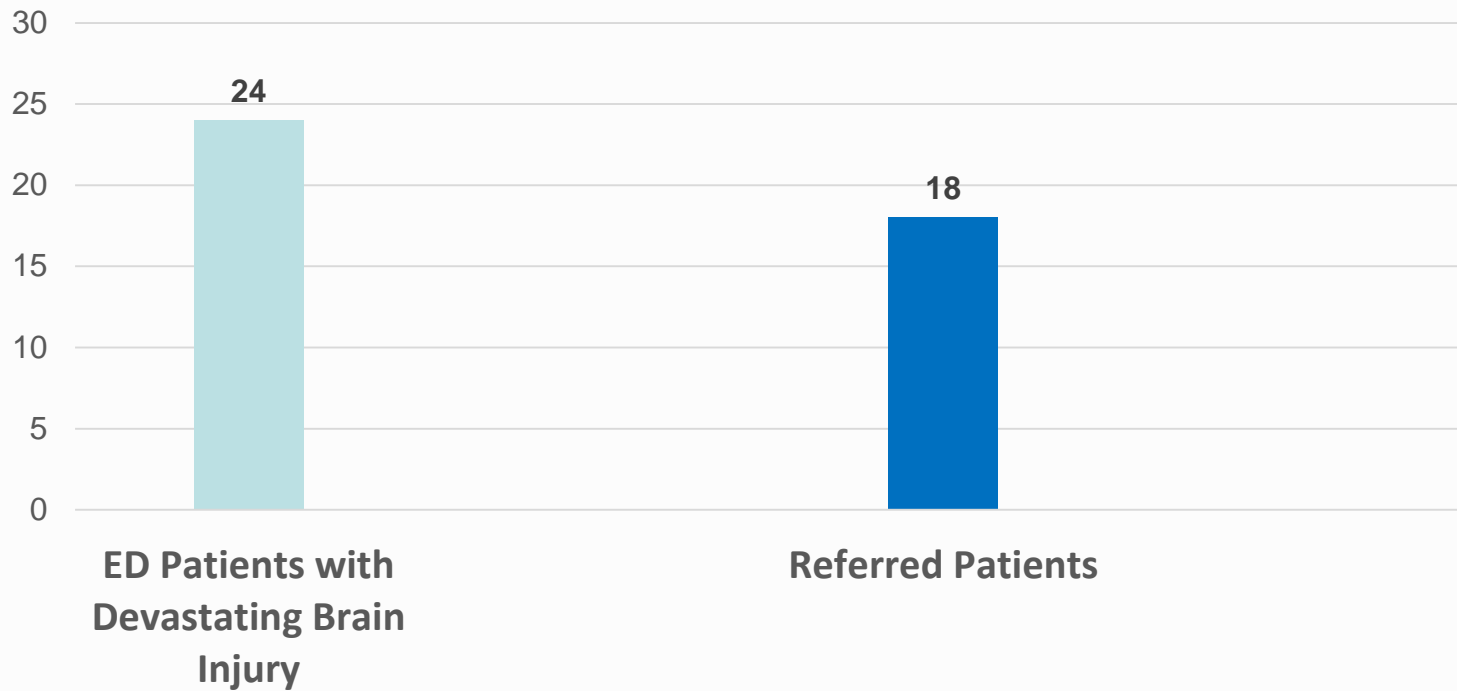
Theories, hunches,
best practices and
change concepts

* *Improvement Through Collaboration: A reference guide for teams in organ and tissue donation*
Canadian Council for Donation and Transplantation , 2007

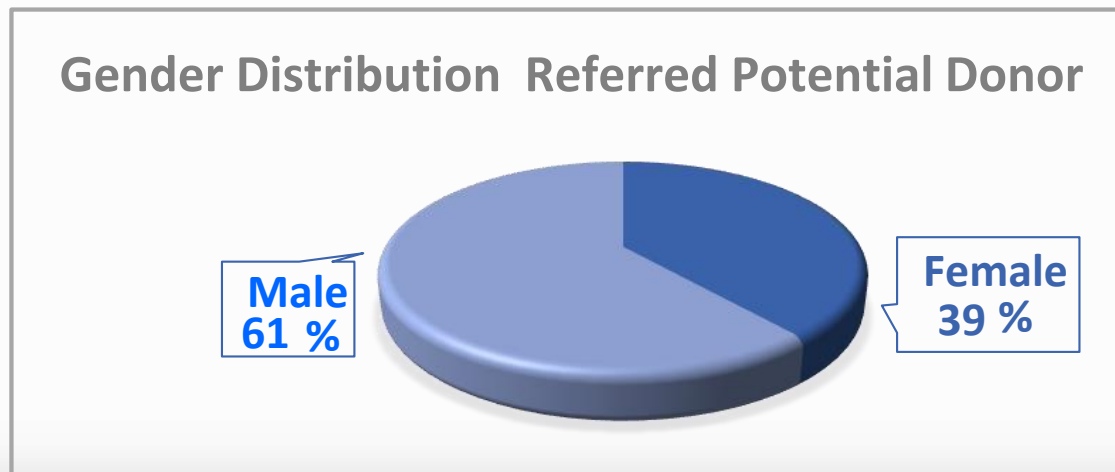
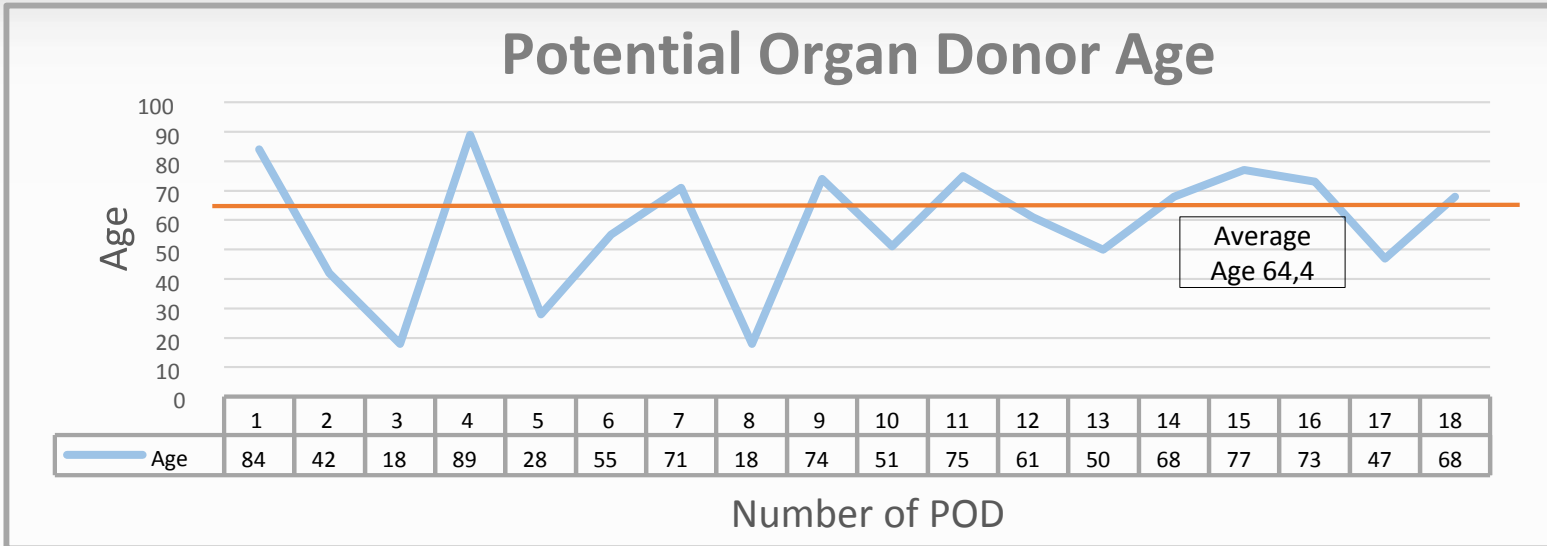


Results

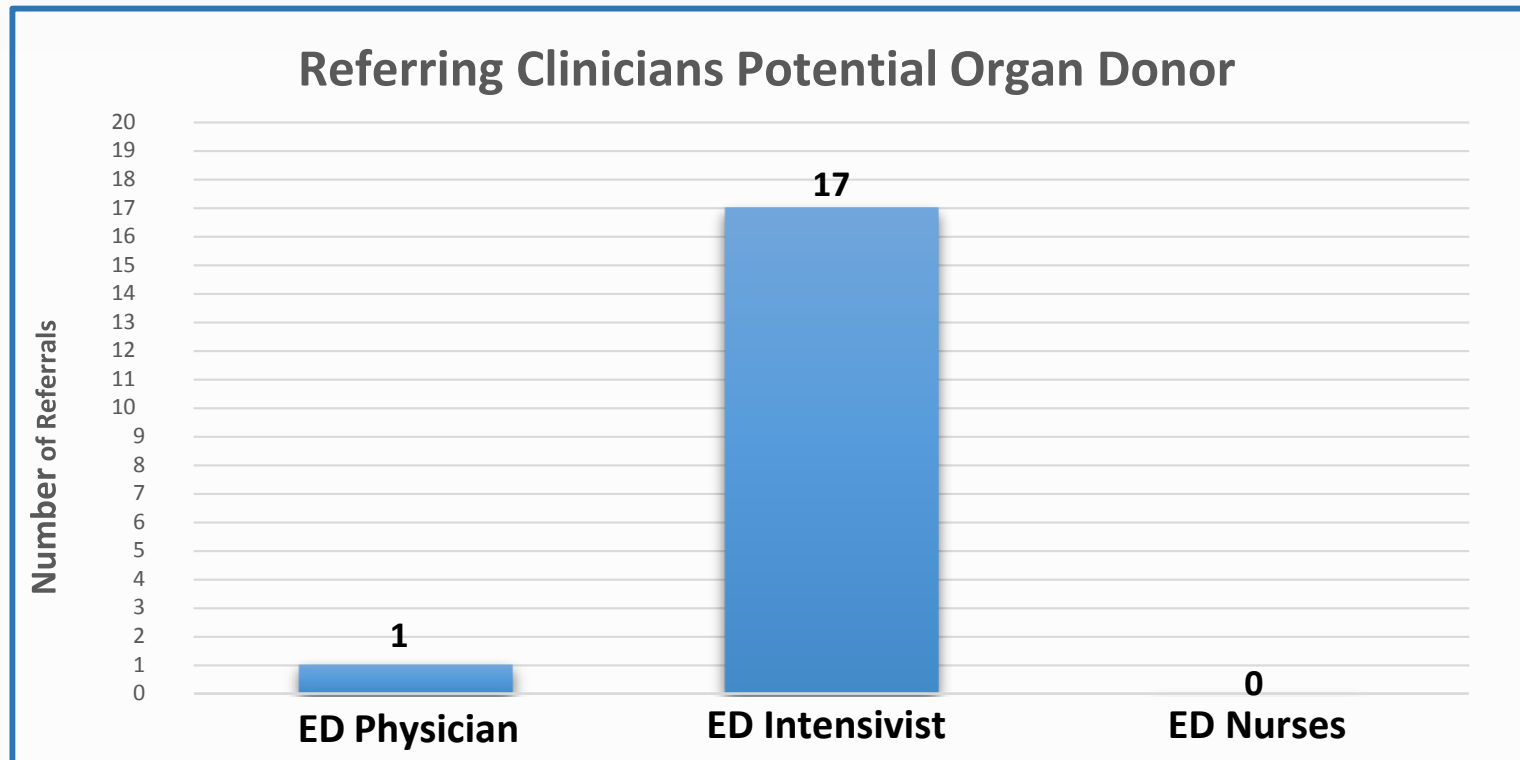
**Referral Rate from the ED :
Feb – April 2014**



Results

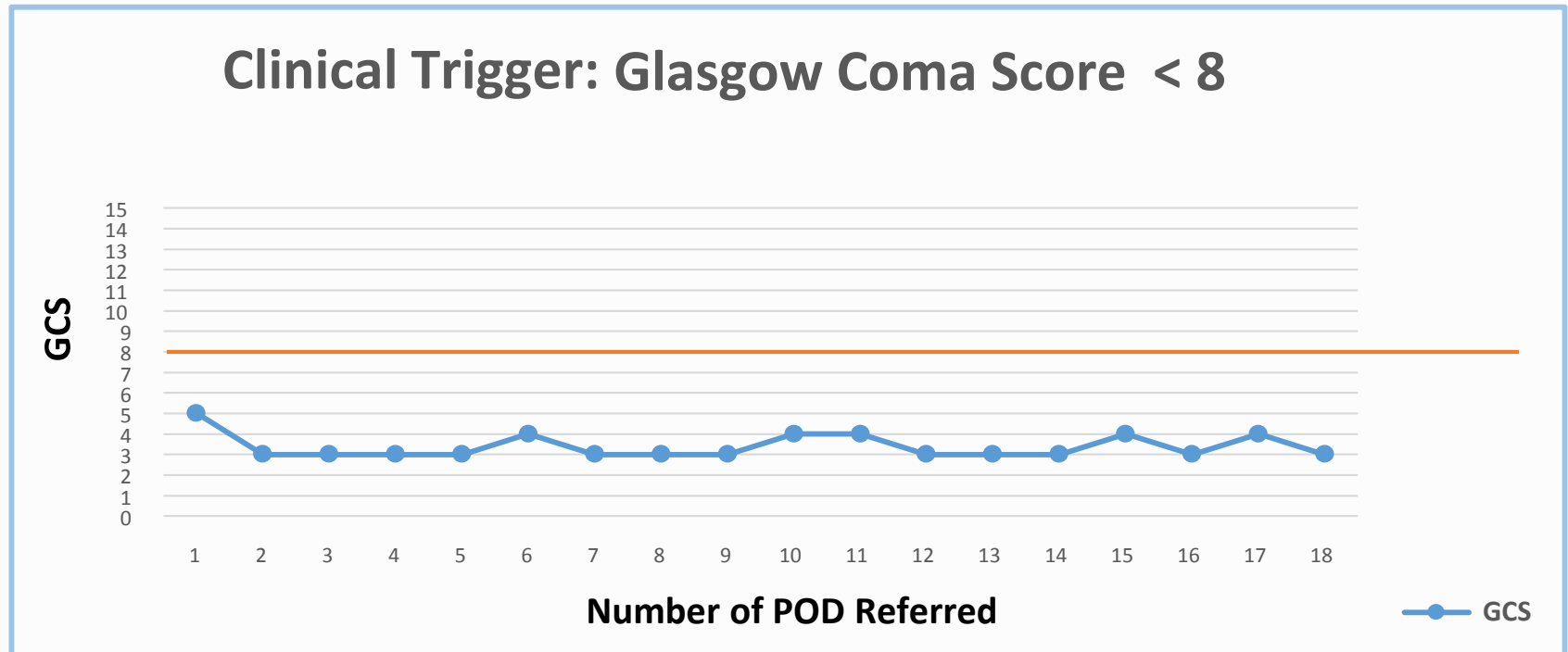


Results



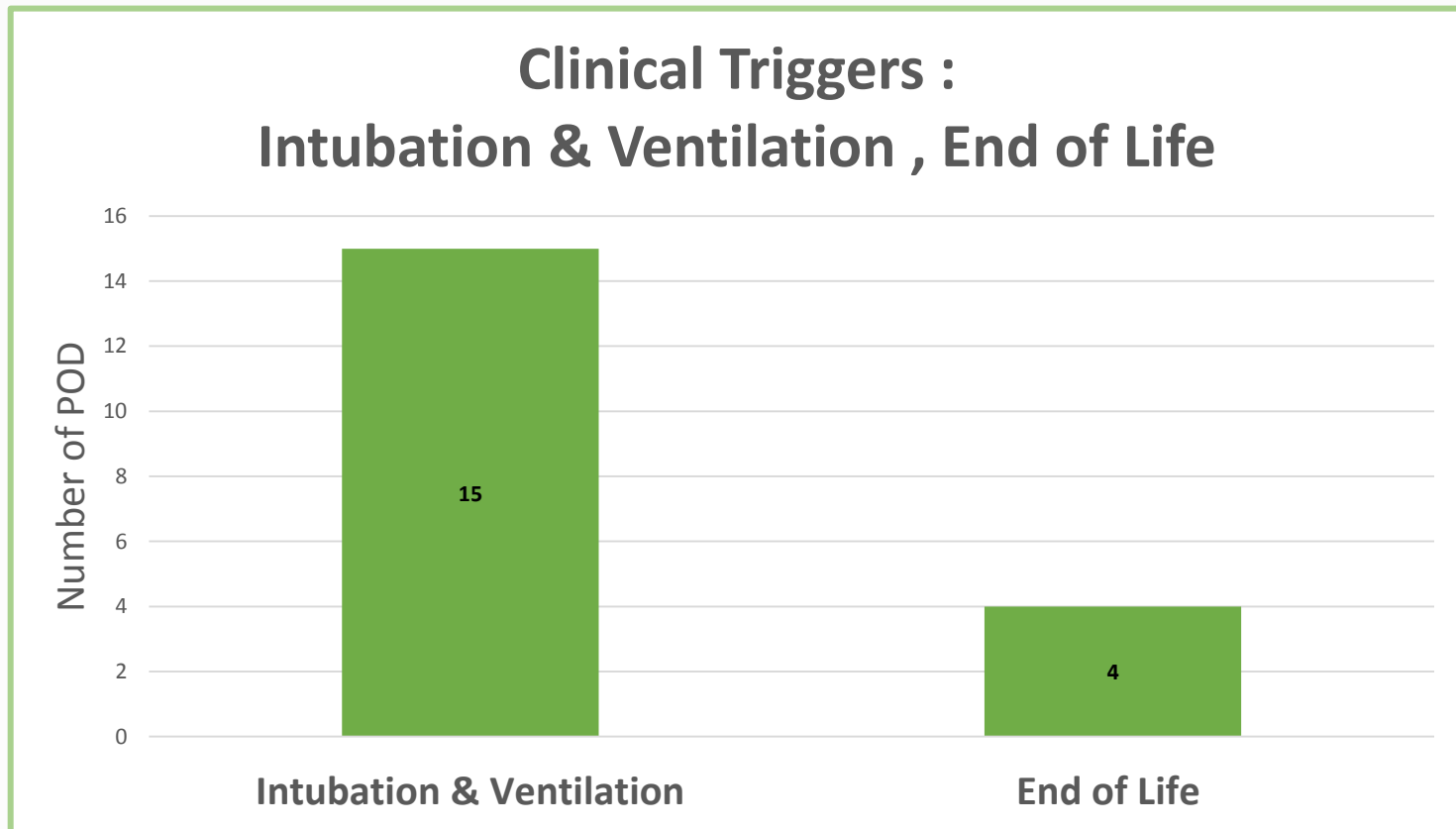
Results

Compliance to Clinical Triggers



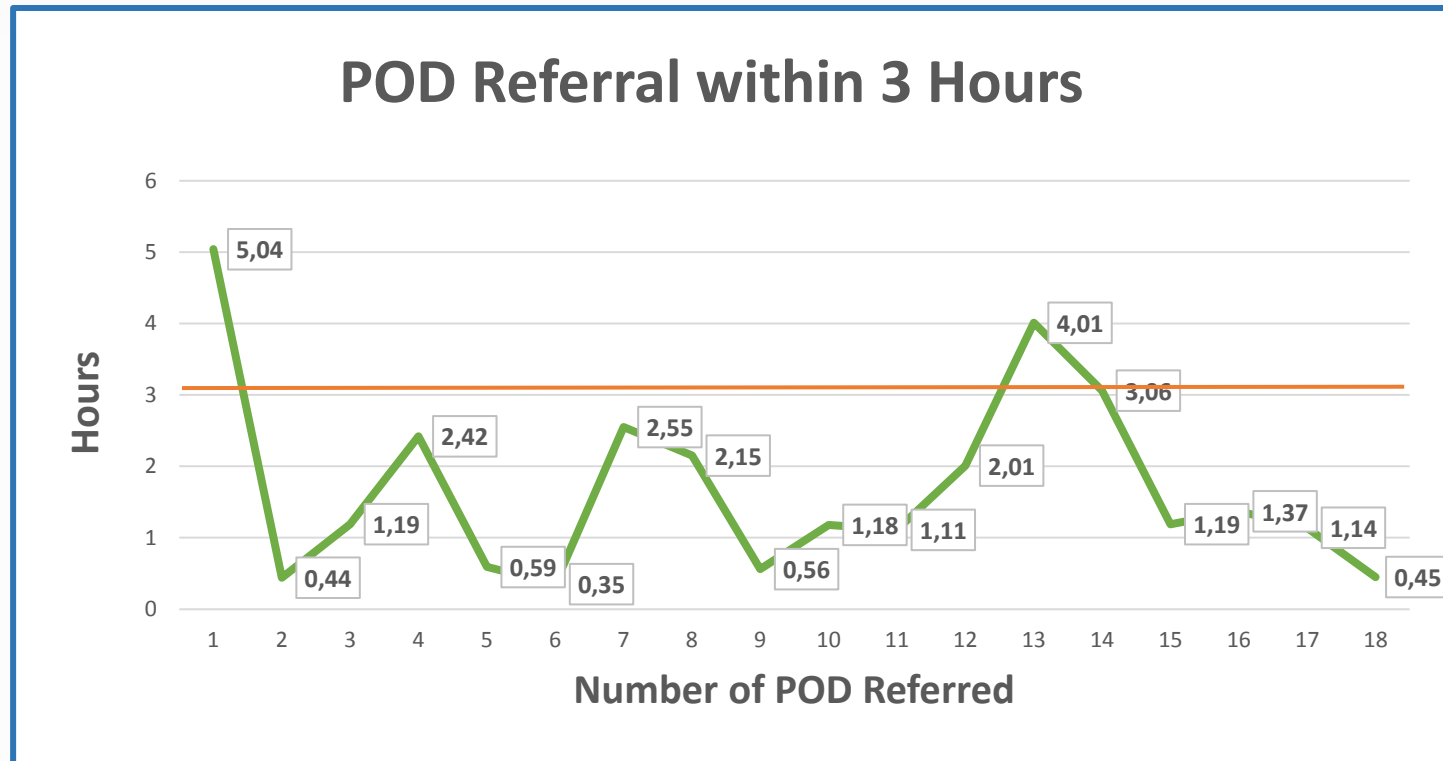
Results

Compliance to Clinical Triggers



Results

Compliance to Time Trigger



Pitfalls



- Lack of motivation ED Nurses and Physicians
- Non attendance Biweekly audit of the results
- Low admission rate severe brain injury patients
- Overcrowding ED



Conclusions



- GIVE increases communication between Transplant Coordinators and Intensivists
- Education in organ donation for ED Nurses and ED Physicians is mandatory
- Improvement methodology key structure to test changes in donation



Thank you for this Opportunity



San Camillo – Forlanini Hospital
Rome

