

Effecting System Change to Improve Donation- Lessons from Around the world

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Alberta, Canada



Overview



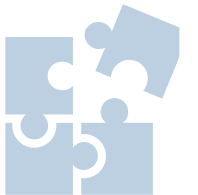
System Change – Where to Start



Strategic Roadmap –
Priorities for Improvement



Strategic Plan For
Improvement



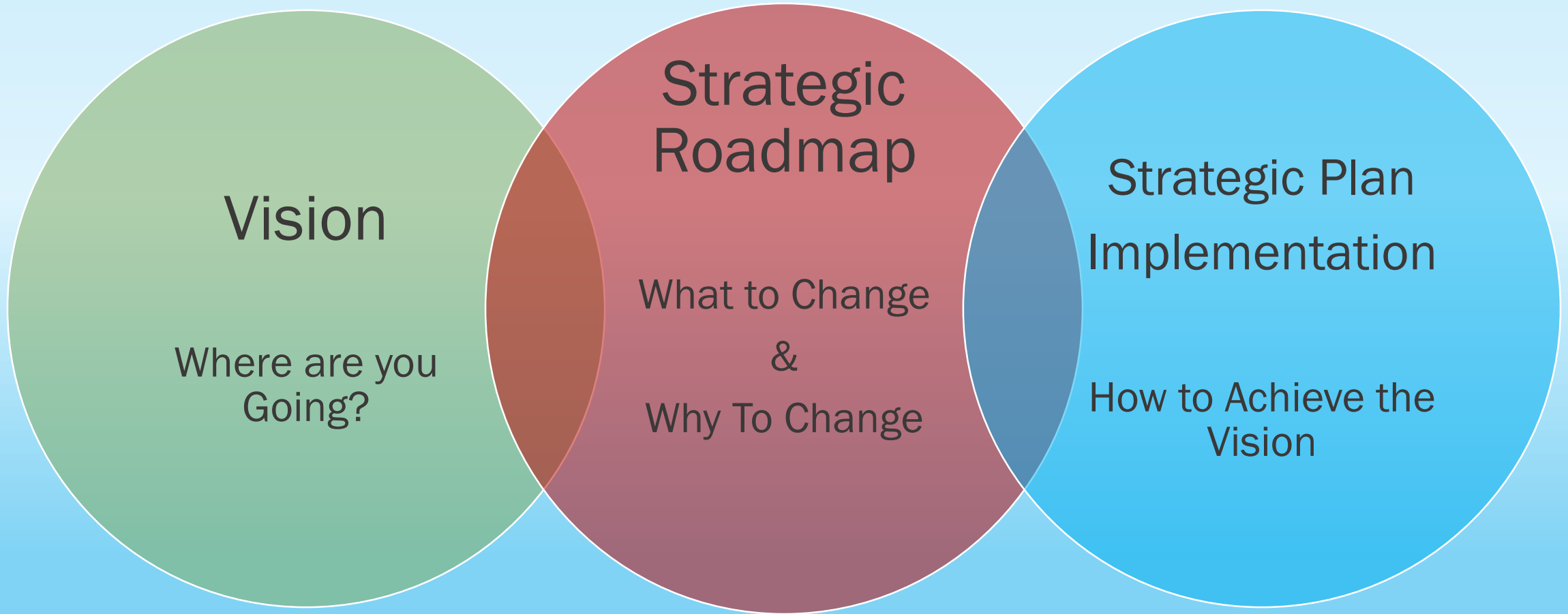
Overview



System Change – Where to Start?

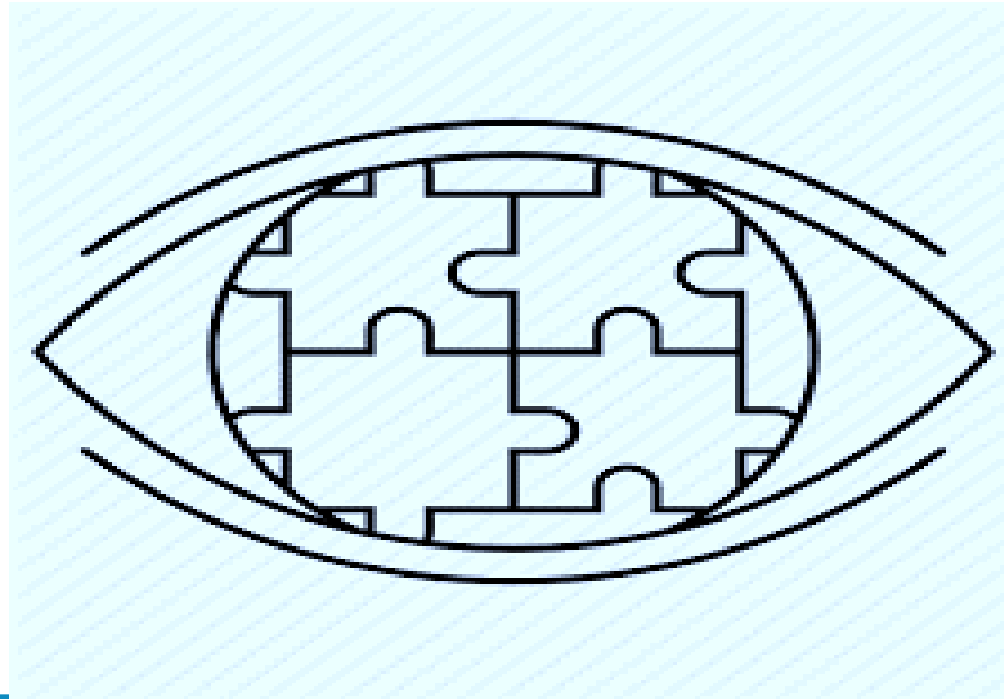


The Planning Process

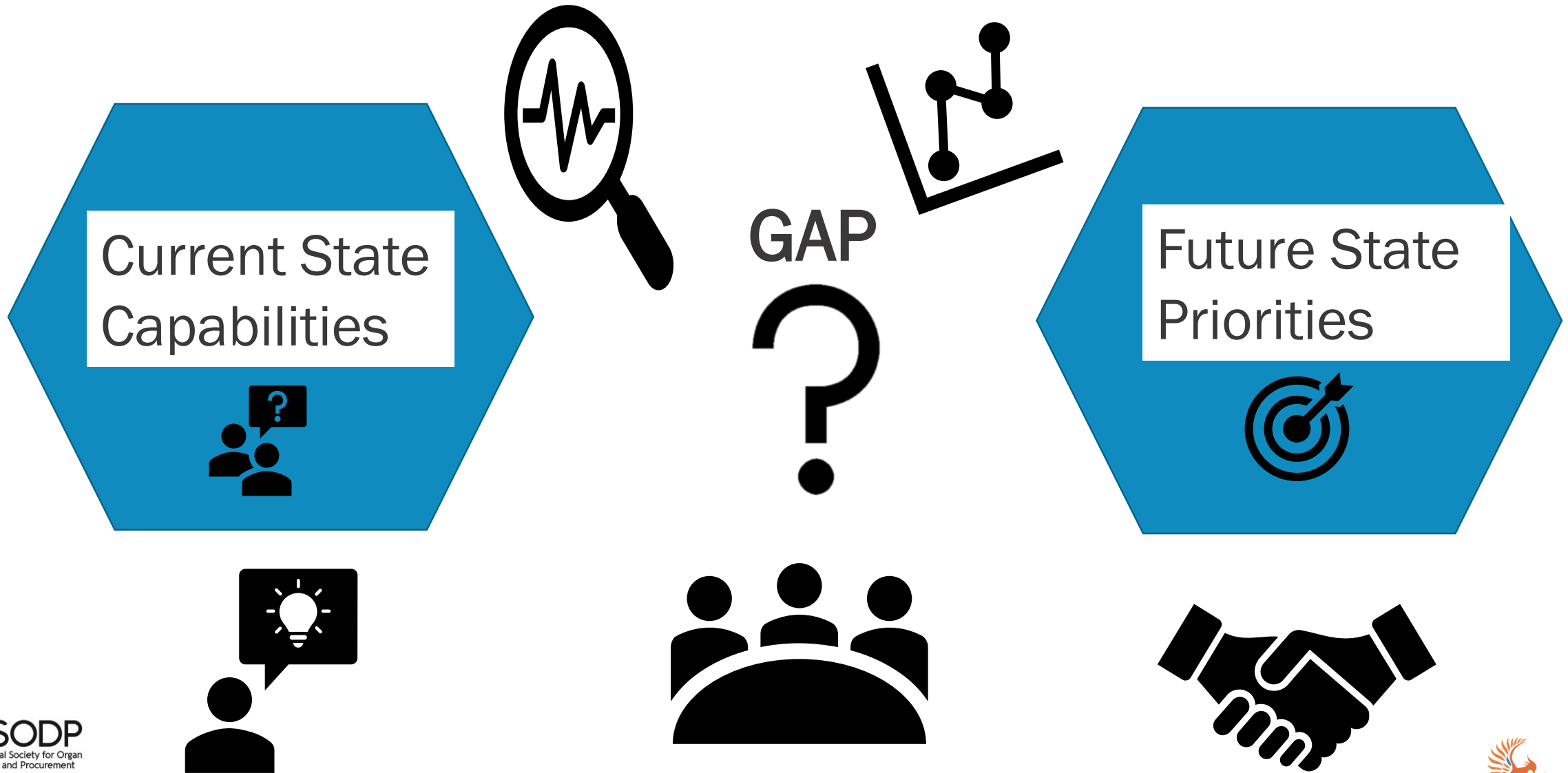


Strategic Vision – Alignment is Essential

- Vision – To Make SA a world leader in
- Aim – Time sensitive In 5 years we will
- Objective - To improve

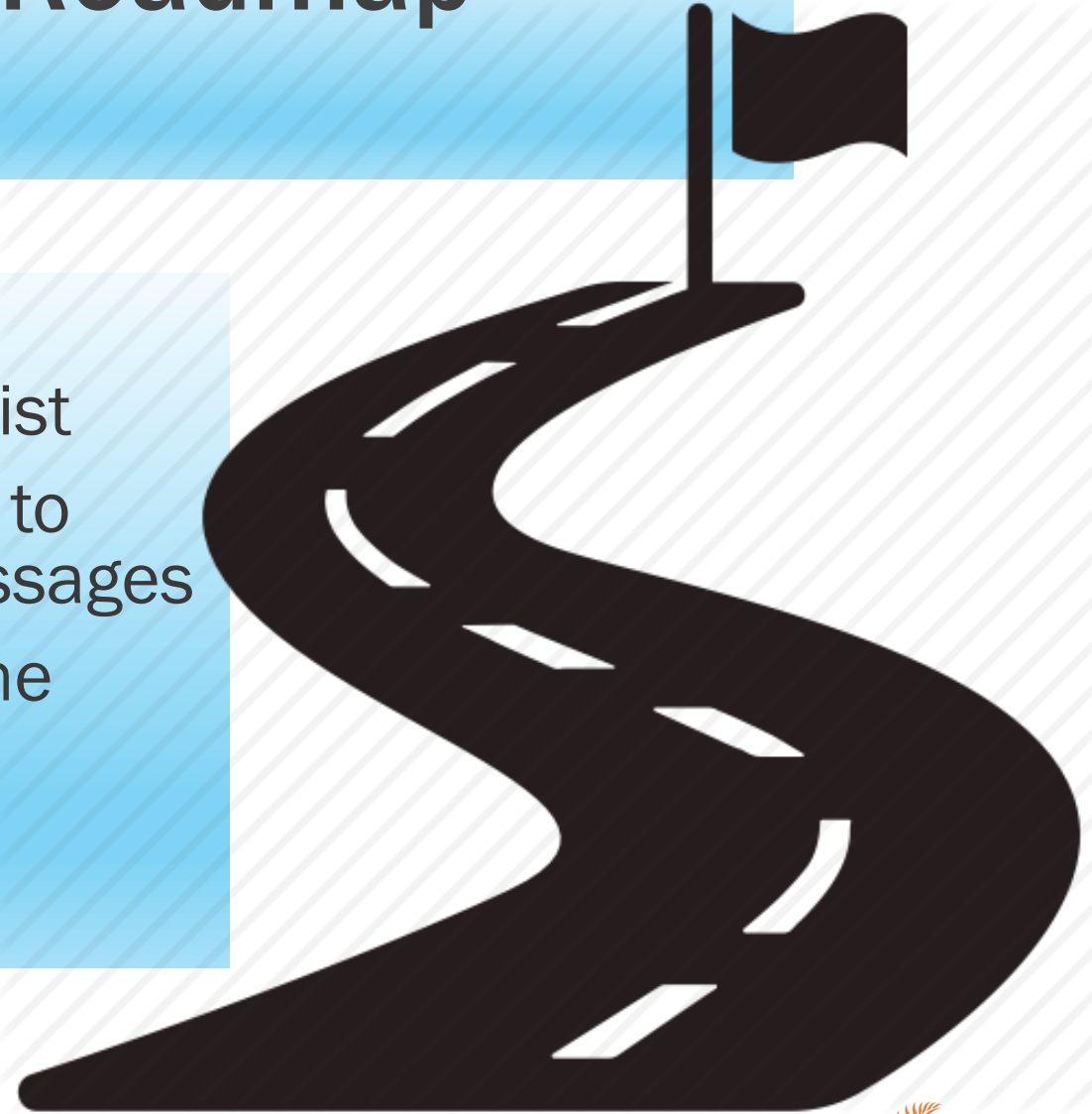


Strategic Priorities



Building the Strategic Roadmap

- Consider drivers for change – Crisis?
- Transplant driven – end user patient waitlist
- Engage influencers – consult and engage to prevent confusion and build common messages
- Prepare for comparison – select and define those to measure against
- Prepare the case for change – know the elevator speech



Building the Strategic Roadmap

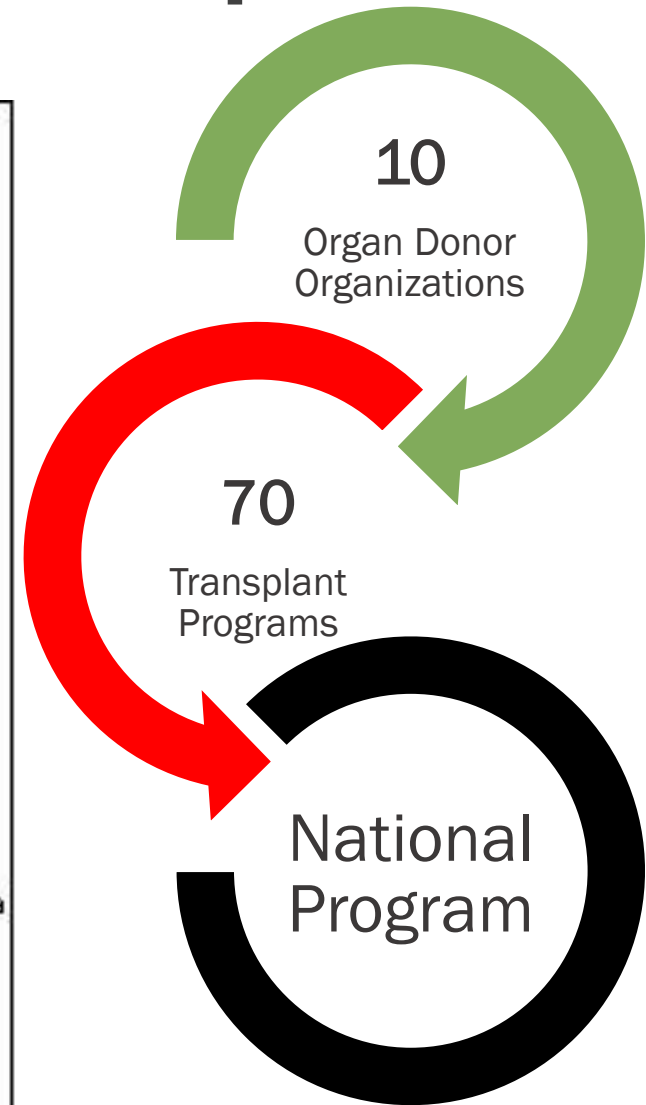
Current State

- High level aggregate report (publish if possible)
- Simple, clear evidence- based
- Key performance indicators (Donation, Transplantation, Missed Potential, Consent/Conversion)
- Legislation/ Policy gaps
- Roles and responsibilities gaps
- Polling – public/ professional
- Funding – program and linked services

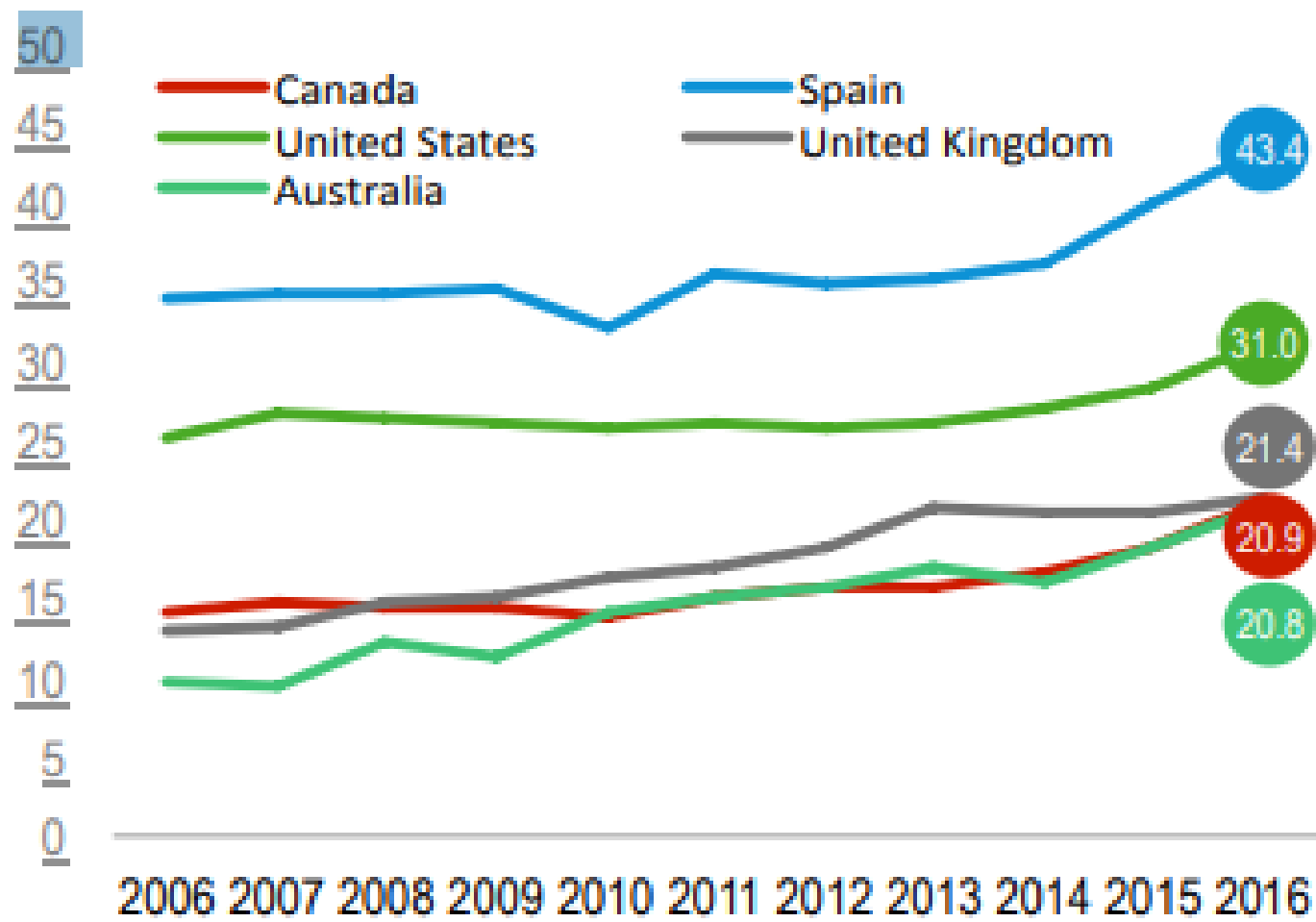
Current State – Make No Assumptions



9.9 Million Square Miles

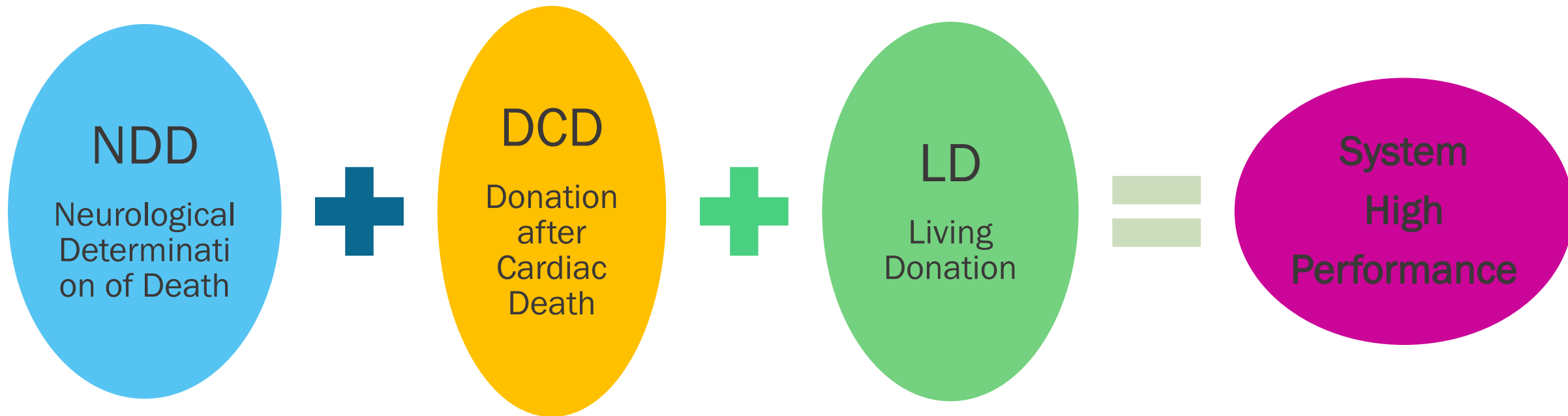


Standardized Comparison National Level



Canadian Blood Services System
Performance Report 2018
https://blood.ca/sites/default/files/0DT_report-2016-final_EN.pdf

High Performing Systems Focus on Every Donor Every Time Organ and Tissue Pathways

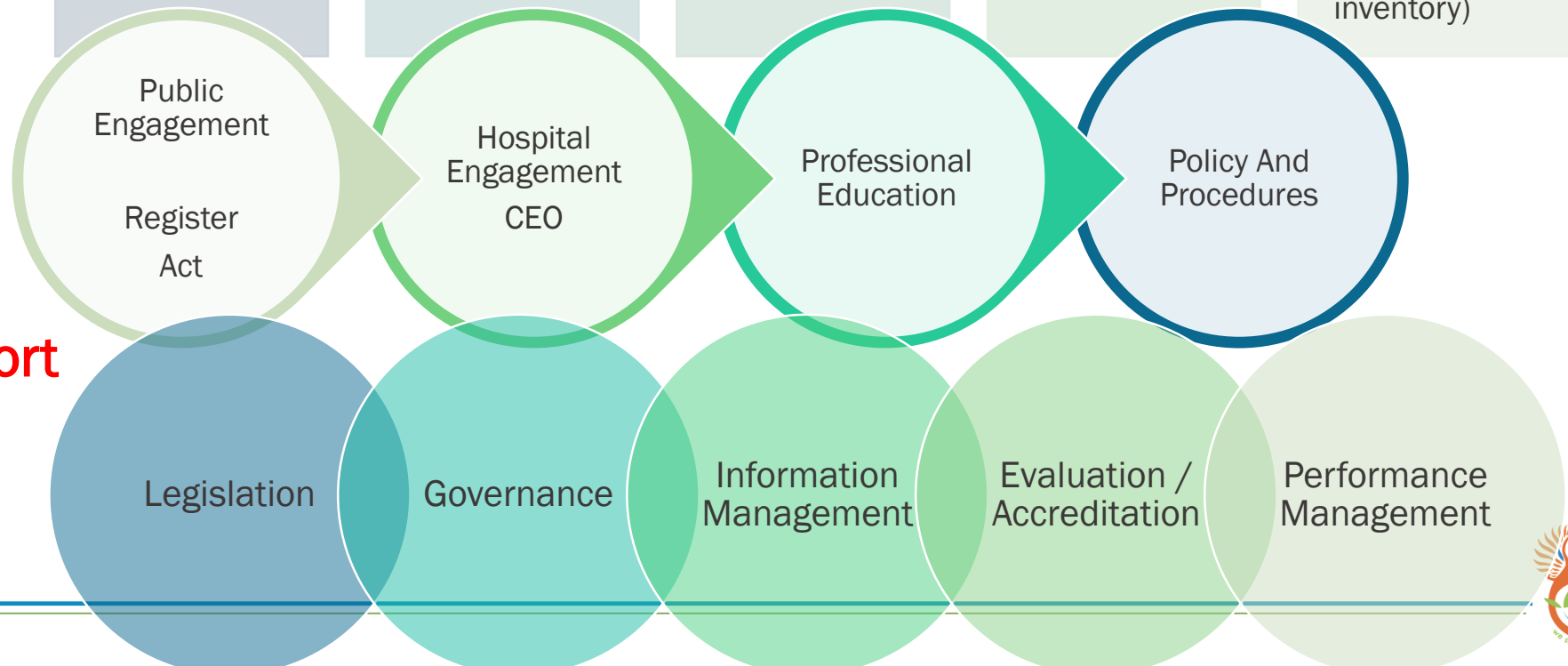
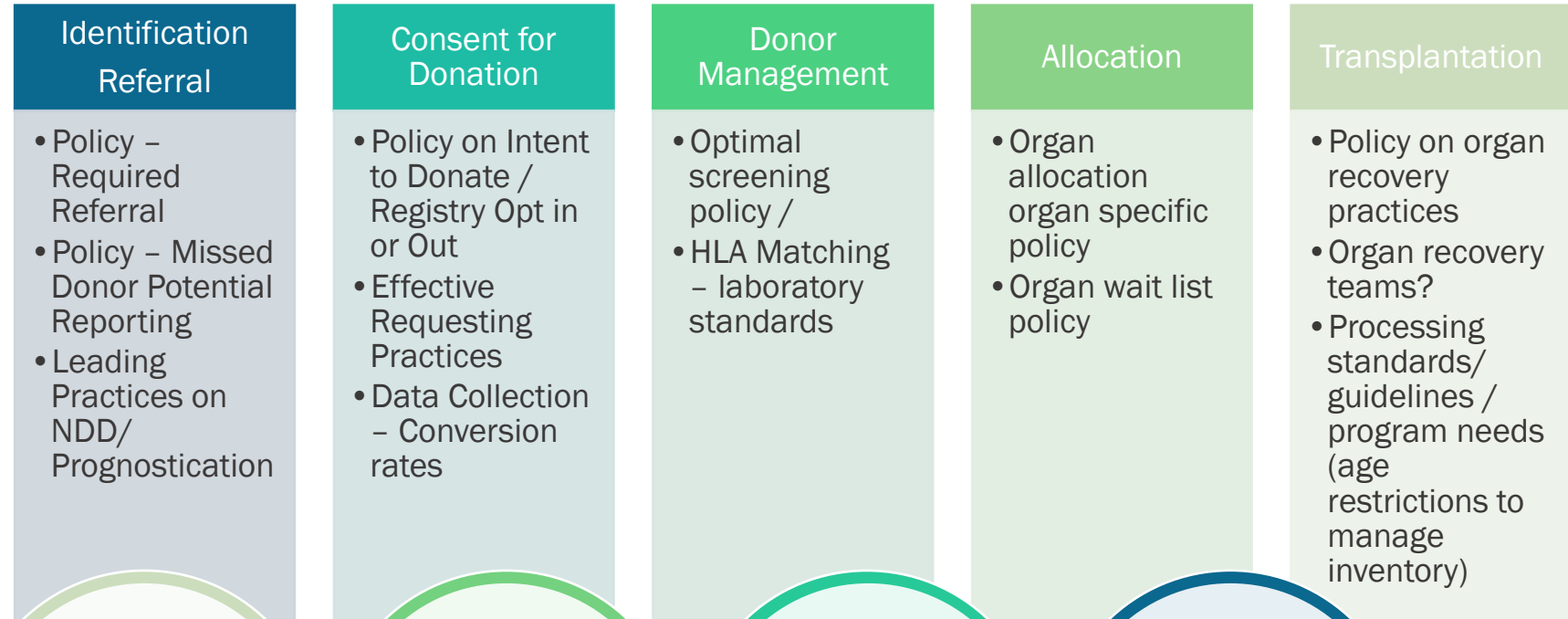


High Performing System

Program Services

Enabling Supports

Foundational Support



Evidence Based Planning Where Possible

Use Foundational Documents

- WHO Guiding Principles on Human Cells Tissues and Organ Transplantation – 1987/ 2010
- Madrid Resolution on Organ Donation and Transplantation – 2011
- Declaration of Istanbul on Organ Trafficking and Transplantation – 2008
- Other local publications?

Critical pathways for organ donation*

Possible deceased organ donor

A patient with a devastating brain injury or lesion or a patient with circulatory failure and apparently medically suitable for organ donation

Donation after circulatory death (DCD)

Potential DCD donor

- A. A person whose circulatory and respiratory functions have ceased and resuscitative measures are not to be attempted or continued.
or
- B. A person in whom the cessation of circulatory and respiratory functions is anticipated to occur within a time frame that will enable organ recovery.

Eligible DCD donor

A medically suitable person who has been **declared dead** based on the irreversible absence of circulatory and respiratory functions as stipulated by the law of the relevant jurisdiction, within a time frame that enables organ recovery.

Actual DCD donor

- A consented eligible donor:
 - A. In whom an **operative incision** was made with the intent of organ recovery for the purpose of transplantation.
 - or
 - B. From whom at least **one organ was recovered** for the purpose of transplantation.

Utilized DCD donor

An actual donor from whom **at least one organ was transplanted**.

Treating physician
to identify/refer a potential donor

Reasons why a potential donor does not become a utilized donor

System

- Failure to identify/refer a potential or eligible donor
- Brain death diagnosis not confirmed (e.g. does not fulfill criteria) or completed (e.g. lack of technical resources or clinician to make diagnosis or perform confirmatory tests)
- Circulatory death not declared within the appropriate time frame.
- Logistical problems (e.g. no recovery team)
- Lack of appropriate recipient (e.g. child, blood type, serology positive)

Donor/Organ

- Medical unsuitability (e.g. serology positive, neoplasia)
- Haemodynamic instability/unanticipated cardiac arrest
- Anatomical, histological and/or functional abnormalities of organs
- Organs damaged during recovery
- Inadequate perfusion of organs or thrombosis

Permission

- Expressed intent of deceased not to be donor
- Relative's refusal of permission for organ donation
- Refusal by coroner or other judicial officer to allow donation for forensic reasons

Donation after braindeath (DBD)

Potential DBD donor

A person whose clinical condition is suspected to fulfill brain death criteria.

Eligible DBD donor

A medically suitable person who has been **declared dead** based on neurologic criteria as stipulated by the law of the relevant jurisdiction.

Actual DBD donor

- A consented eligible donor:
 - A. In whom an **operative incision** was made with the intent of organ recovery for the purpose of transplantation.
 - or
 - B. From whom at least **one organ was recovered** for the purpose of transplantation.

Utilized DBD donor

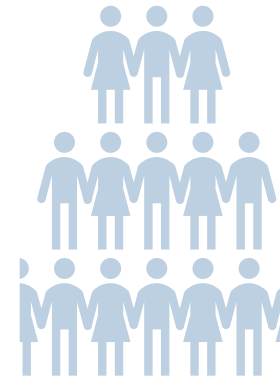
An actual donor from whom **at least one organ was transplanted**.

*The "dead donor rule" must be respected That is, patients may only become donors after death, and the recovery of organs must not cause a donor's death

Overview



Strategic Roadmap – Priorities for Improvement



Enjoy Your Time Together But Make Every Minute Count – Be Prepared



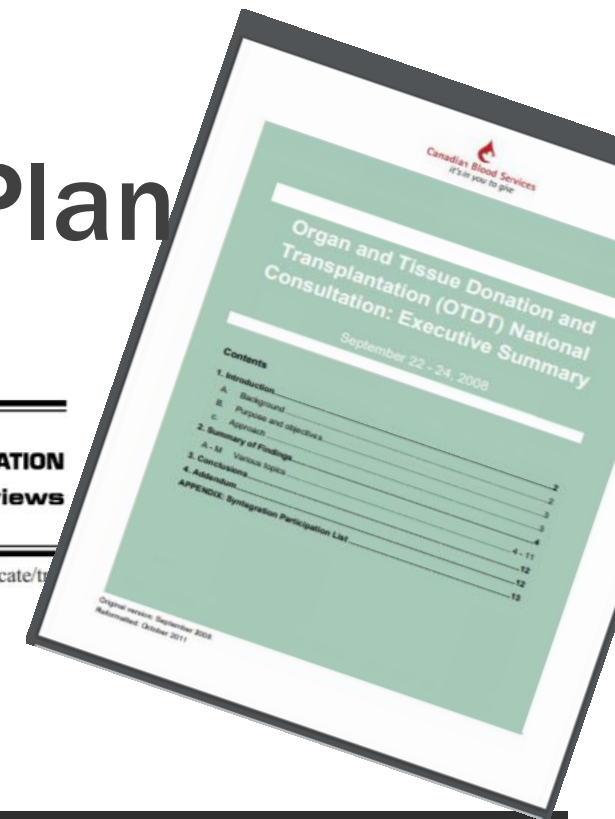
Strategic Road Map Is Used to Build Support and Funding for the Strategic Plan



Transplantation Reviews 21 (2007) 177–188

TRANSPANTATION
Reviews

www.elsevier.com/locate/tr



Strategies to optimize deceased organ donation

Rafael Matesanz*, Beatriz Dominguez-Gil

Organización Nacional de Trasplantes, 28029 Madrid, Spain

PERFORMANCE IMPROVEMENT 2004. THE BREAKTHROUGH
DONATION PRACTICES STUDY: BEST PRACTICES FINAL REPORT

01/01/2004

HOME • PERFORMANCE IMPROVEMENT 2004 • CHAPTER II - SUMMARIES WITH
• GOAL 3 - INCREASE THE PERCENTAGE OF DECEASED ORGAN DONATIONS
• OBJECTIVE 3.5 - EXPAND ACCESS
• THE BREAKTHROUGH DONATION PRACTICES STUDY

The future of organ donation in Australia: moving beyond the 'gift of life'

Research Paper Index

Research Paper no. 11 2008–09

The future of organ donation in Australia: moving beyond the 'gift of life'

Matthew Thomas and Michael Klapdor
Social Policy Section
3 October 2008

ISODP
International Society for Organ
Donation and Procurement



<https://aspe.hhs.gov/report/performance-improvement-2004/breakthrough-donation-practices-study-best-practices-final-report>

https://profedu.blood.ca/sites/msi/files/18_nationalconsultation.pdf



This study is the most recent component of U.S. Secretary of Health and Human Services Tommy G. Thompson's Gift of Life Donation initiative, which addresses the widening gap between the supply and demand for organs and tissues. The purpose of the study is to generate significant, measurable increases in organ donation by helping the national community of organ procurement organizations (OPOs) and hospitals to quickly identify, learn, adapt, replicate, and celebrate "breakthrough" practices associated with higher donation rates. The Lewin Group pursued a

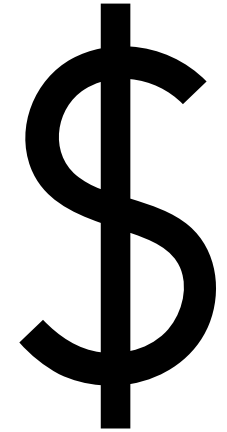
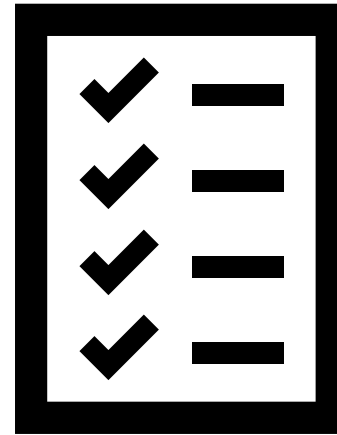


Strategic Roadmap

September 2019



Essential Next Steps

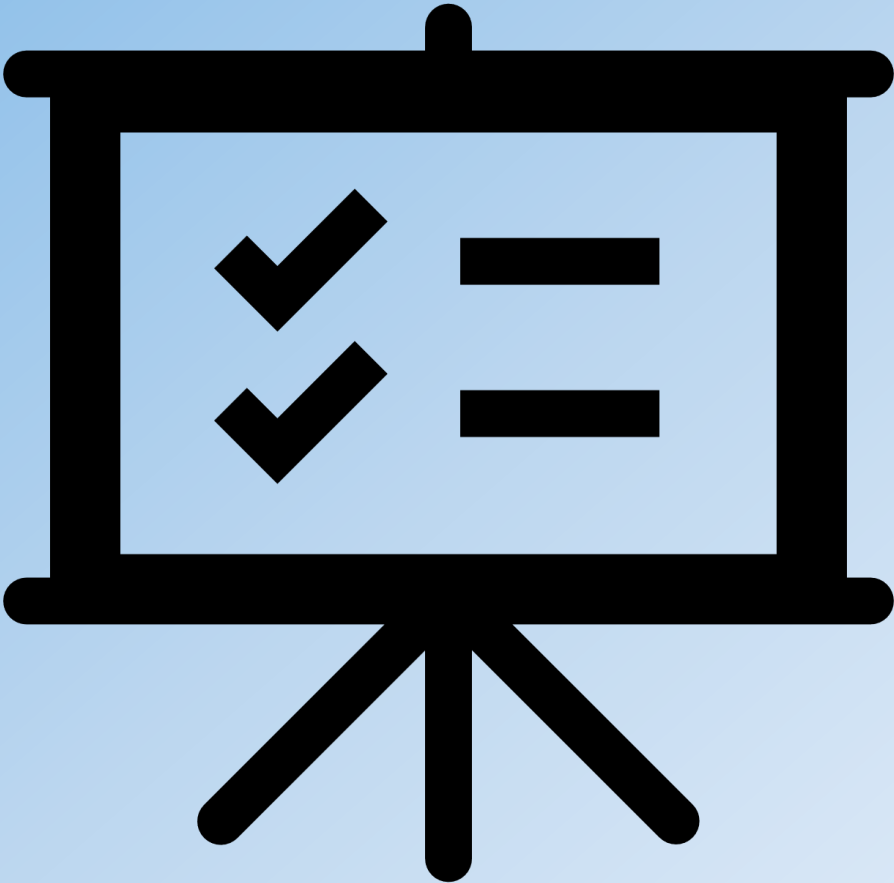


Government Support

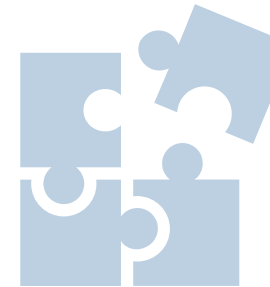
Confirm Priorities

Funding

Overview



Strategic Plan For Improvement

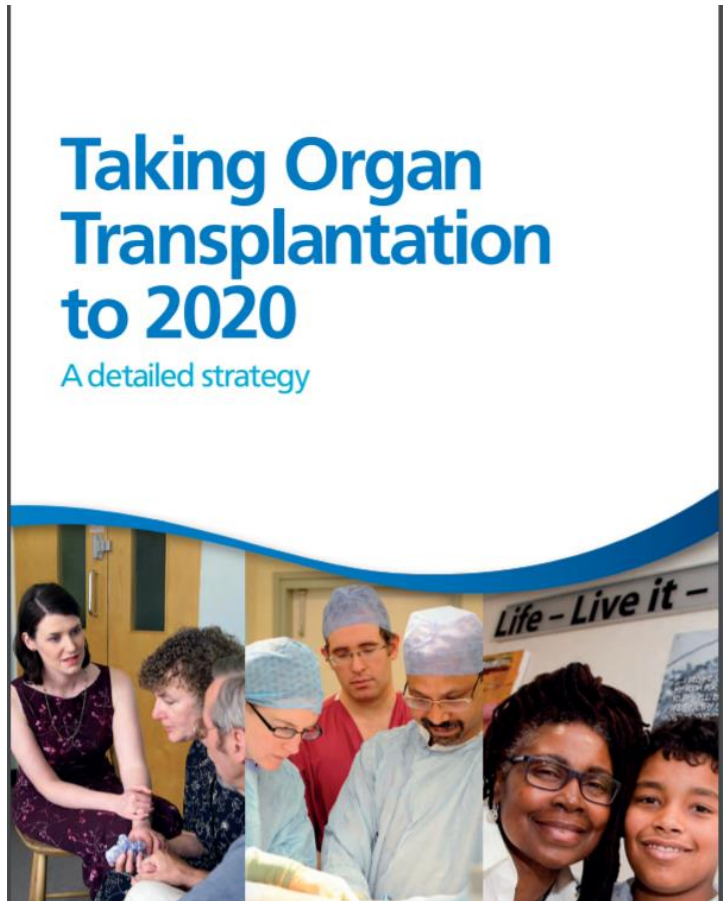


OTDT System Design

If it was done before and you like it - steal it and make it your own

"WE HAVE ALWAYS BEEN
SHAMELESS ABOUT STEALING
GREAT IDEAS."
— STEVE JOBS

From Strategic Road Map to Strategic Action Plans



International Strategic Priorities

- Legal / Ethical Framework / Clinical Governance / Quality system (audit/evaluate/measure clinical performance)
- National Coordinating Body
- Improve Donation (NDD/DCD/LD) referral/ conversion/consent
- Clinical triggers
- Hospital Based Donation Specialist
- Professional Education for Effective Requesting
- Financial support for hospitals/ national body / support services
- Media strategy/ public engagement / intent registry
- Leading Practices / Professional Society Engagement / Faith/Cultural Focus
- System Improvements – IT, Registries, Quality, Accreditation, Data, HLA matching, Family Support, Hospital Funding



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