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WITS Transplant 'Family Approach to Consent for Transplant Strategy' (FACTS)

Sr Marlize de Jager



Wits University
Donald Gordon
Medical Centre

Patient-centred. Independent. Academic.

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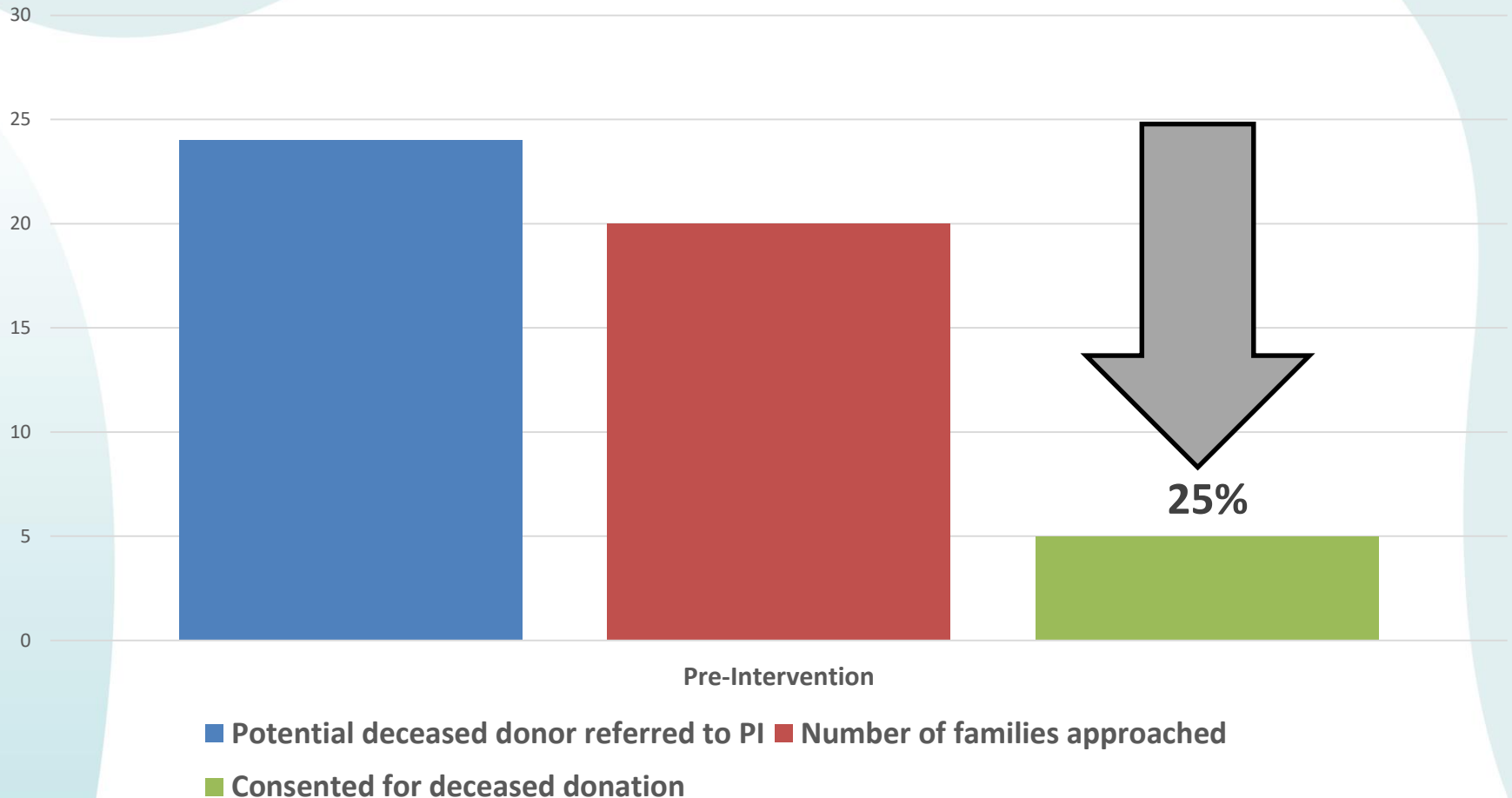


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WITS Transplant: Procurement Problem

- Low number of potential cadaver donor referrals from targeted hospitals
- Low number of consents from the number of families approached (**conversion rate**)

WITS Transplant: Procurement problem



WITS Transplant Procurement Action Plan



**WITS
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Quality improvement
program and research
intervention.

(Jan `18 – Aug`19)

1. Increasing referrals
2. Designed
communication
strategy for
approaching
(NHSBT – UK)



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WITS Transplant – ‘FACTS’

Family Approach to Consent for Transplant Strategy’



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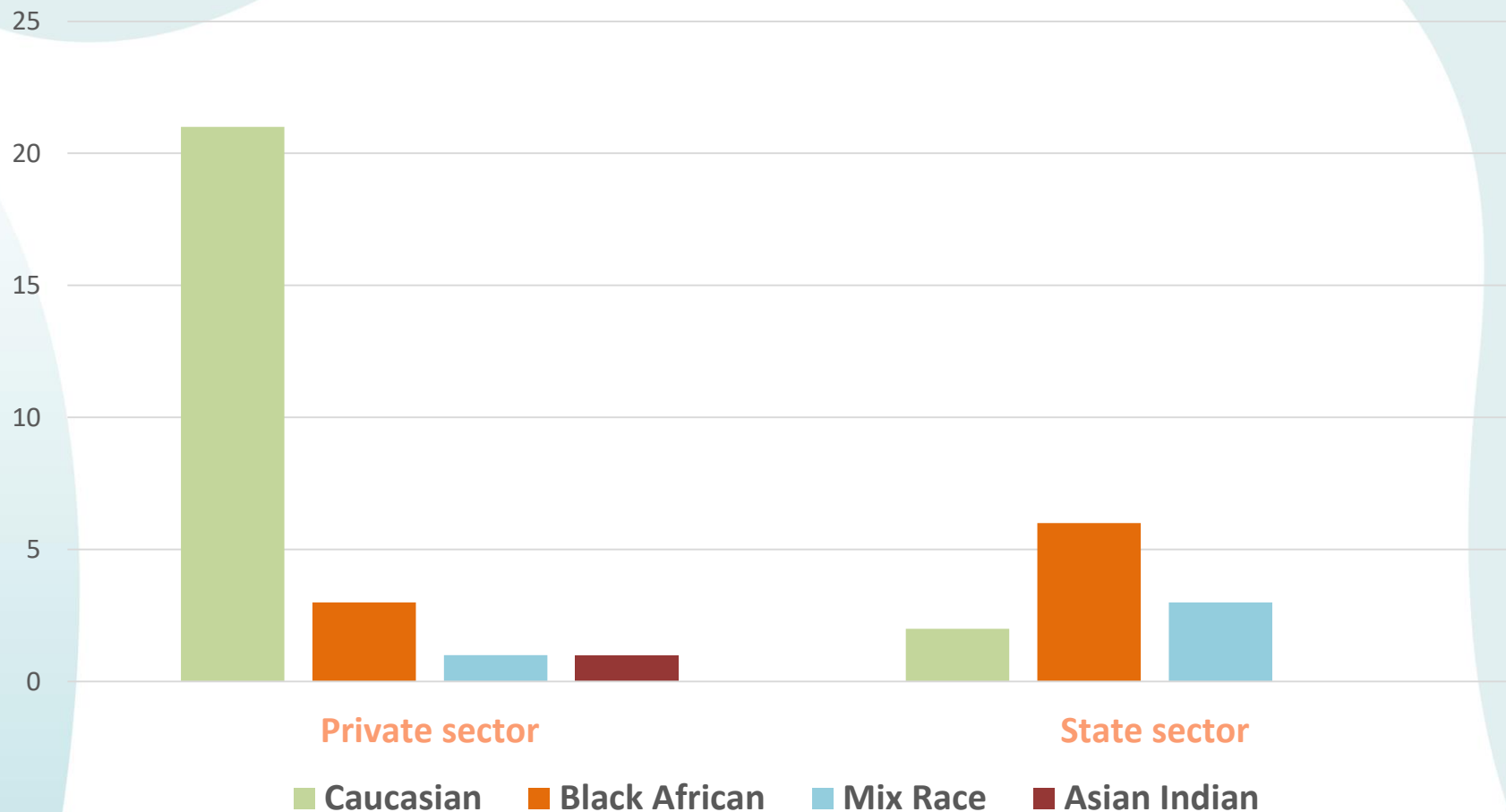


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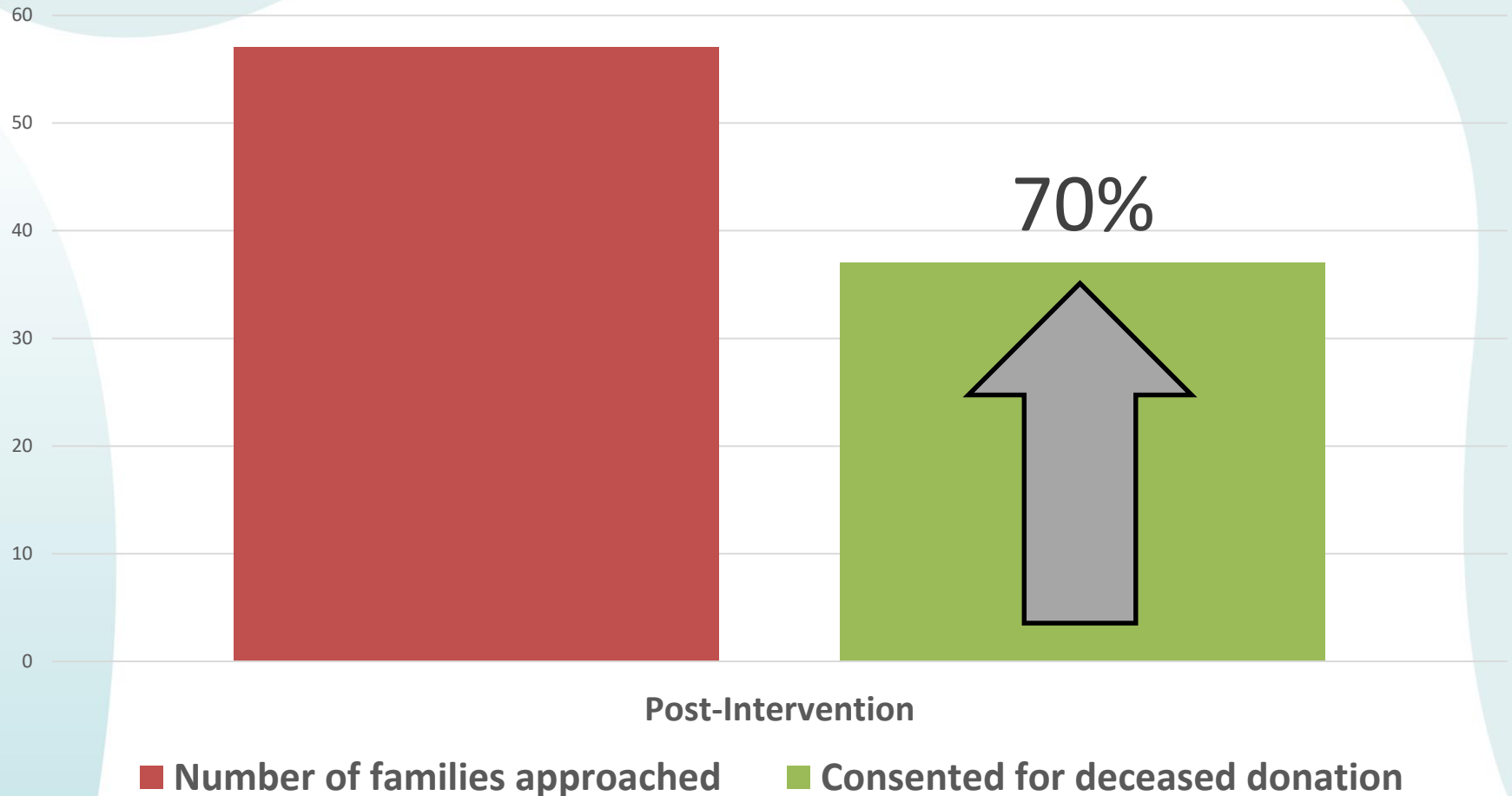
WITS Transplant: FACTS – key points

- Referral response
- Planning the approach
- Brain-stem death is death
- The wonder of words

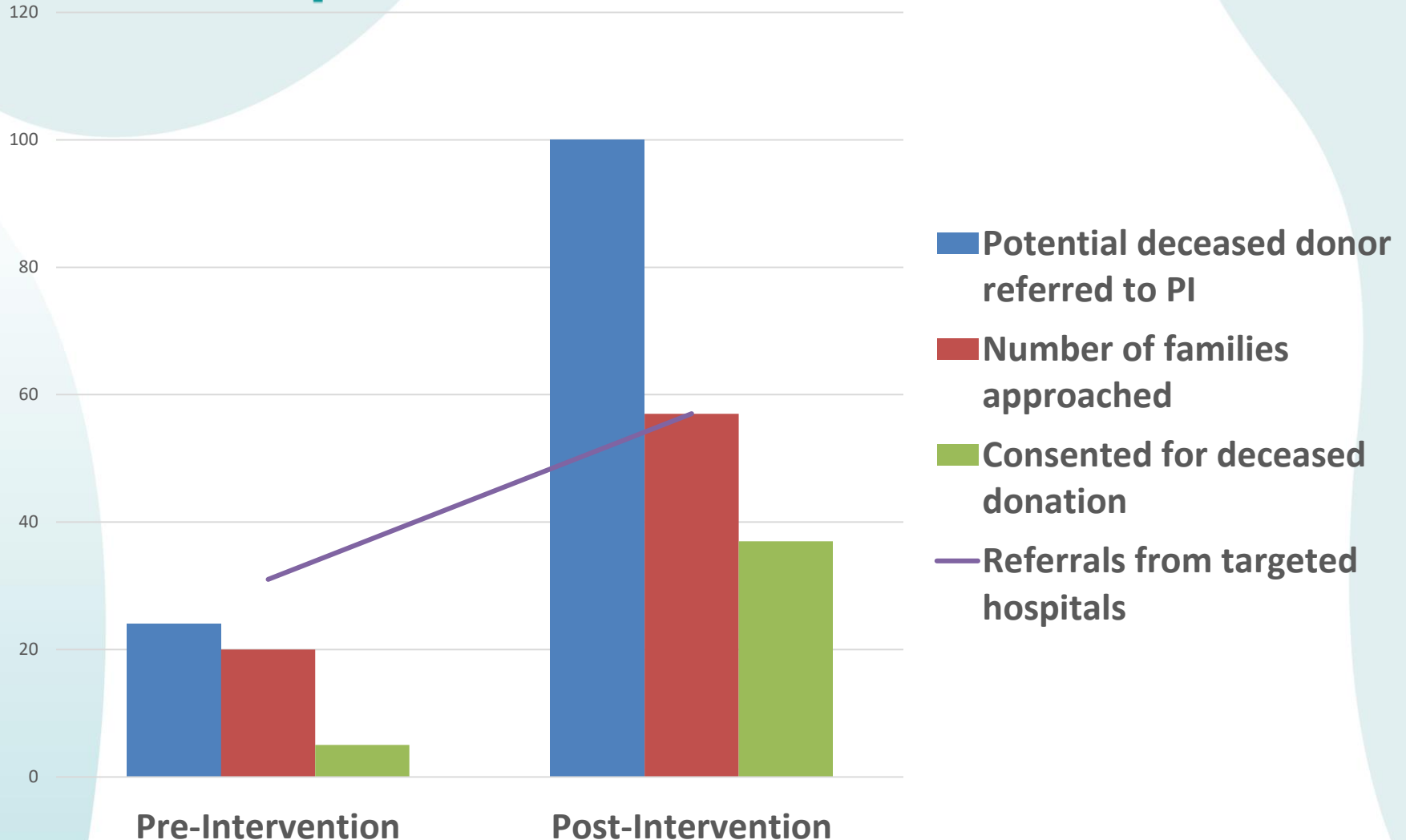
WITS Transplant 'FACTS' results: Consented donor population groups



WITS Transplant 'FACTS' results - conversion rate



WITS Transplant Procurement Model – Overall Results





HEALTHCARE DELIVERY

Increasing deceased organ donor numbers in Johannesburg, South Africa: 18-month results of the Wits Transplant Procurement Model

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In 2016, deceased-donor organ procurement at Wits Transplant, based at Wits Donald Gordon Medical Centre in Johannesburg, South Africa (SA), was in a state of crisis. As it is the largest-volume solid-organ transplant unit in SA, and as we aspire to provide transplant services of an international standard, the time to address our procurement practice had come. The number of deceased donors consented through our centre was very low, and we needed a radical change to improve our performance. This article describes the Wits Transplant Procurement Model – the result of our work to improve procurement at our centre. The model has two core phases, one to increase referrals and the other to improve our consent rates. Within these phases there are several initiatives. To improve referrals, the threefold approach of procurement management, acknowledgement and resource utilisation was developed. In order to ‘convert’ referrals into consents, we established the Wits Transplant ‘Family Approach to Consent for Transplant Strategy’ (FACTS). Since initiation of the Wits Transplant Procurement Model, both our referral numbers from targeted hospitals and our conversion rates have increased. Referrals from targeted hospitals increased by 54% (from 31 to 57). Our consent rate increased from 25% ($n=6$) to 73% ($n=35$) after the initiation of Wits Transplant FACTS. We hope that other transplant centres in SA and further afield in the region will find this article helpful, and to this end we have created a handbook on the Wits Transplant Procurement Model that is freely available for download (<http://www.dgmc.co.za/docs/Wits-Transplant-Procurement-Handbook.pdf>).



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Wits Transplant Procurement Handbook

A Practical Guide to Organ
Donor Procurement

By Carla Wilmans and Marlize de Jager
Edited by Harriet R Etheredge and June Fabian

Acknowledgments

- I salute my 42 donor families, during this period, that made the decision to save lives in their moment of grief.
- ICU-, trauma-, theatre sisters, referring doctor, Transplant Ambassadors and management teams at the referring hospitals
- Sue Tager, Jean Botha, Carla Wilmans, Harriet Etheredge, June Fabian and Heather Maher
- WITS Transplant team based at WDGMC