



Evolution of clinical practice

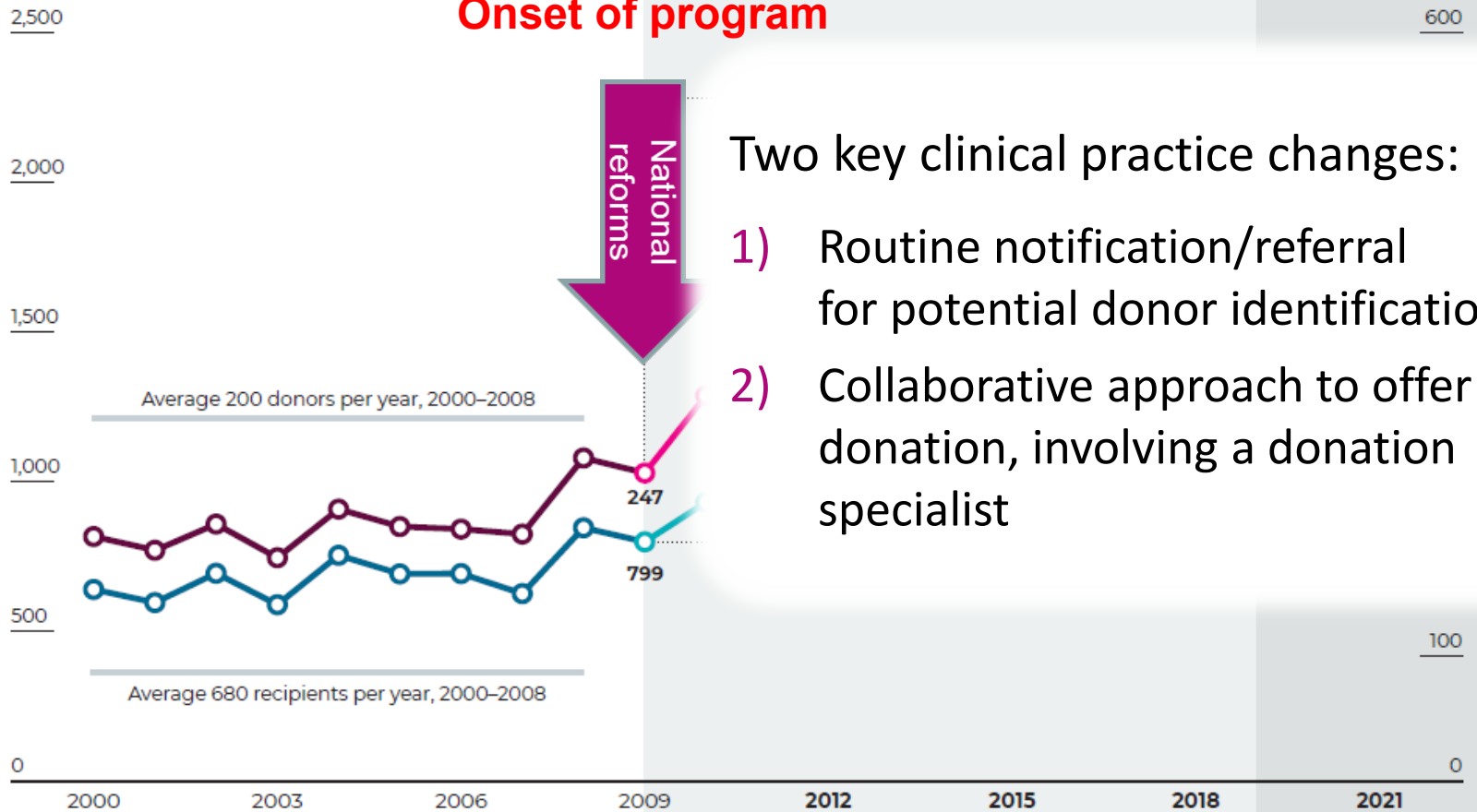
Helen Opdam | National Medical Director
Organ and Tissue Authority

donate life 

Deceased organ donors and transplant recipients: 2000-2021

Transplant recipients

Deceased organ donors

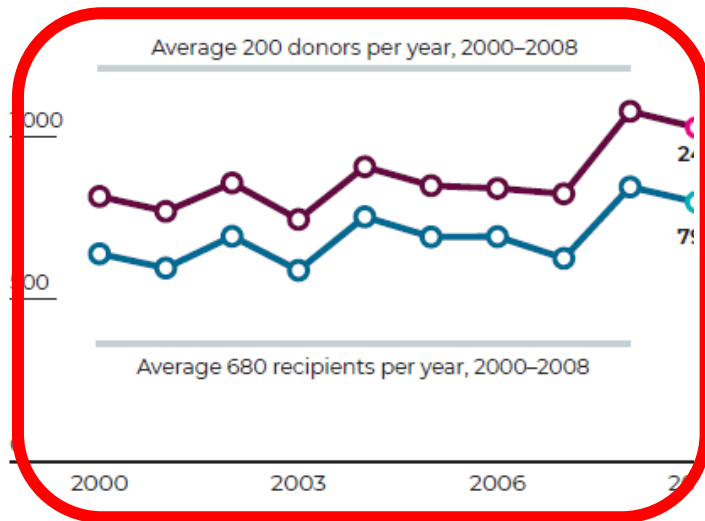


2,500

2,000

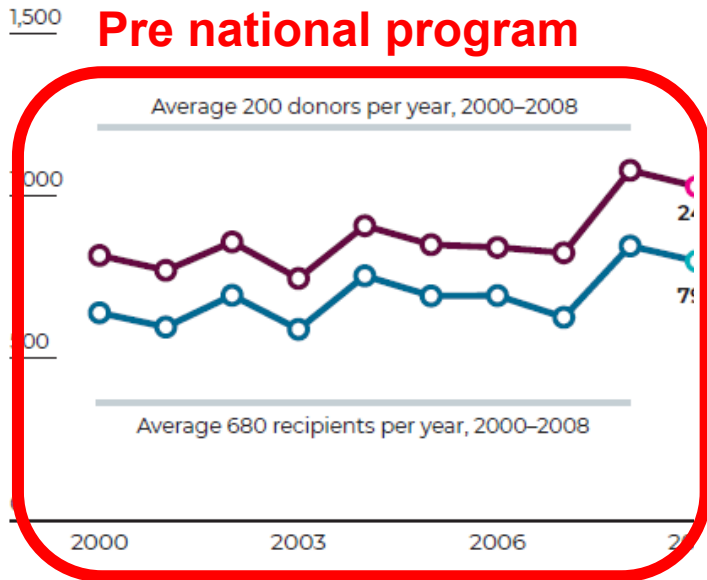
1,500

Pre national program



- Potential donors were identified by the treating intensive care doctor
- Intensivist or registrar approached the family to “request donation”
- If the family agreed, there was a referral to the donation agency
- The donor coordinator would travel to the hospital to start the process

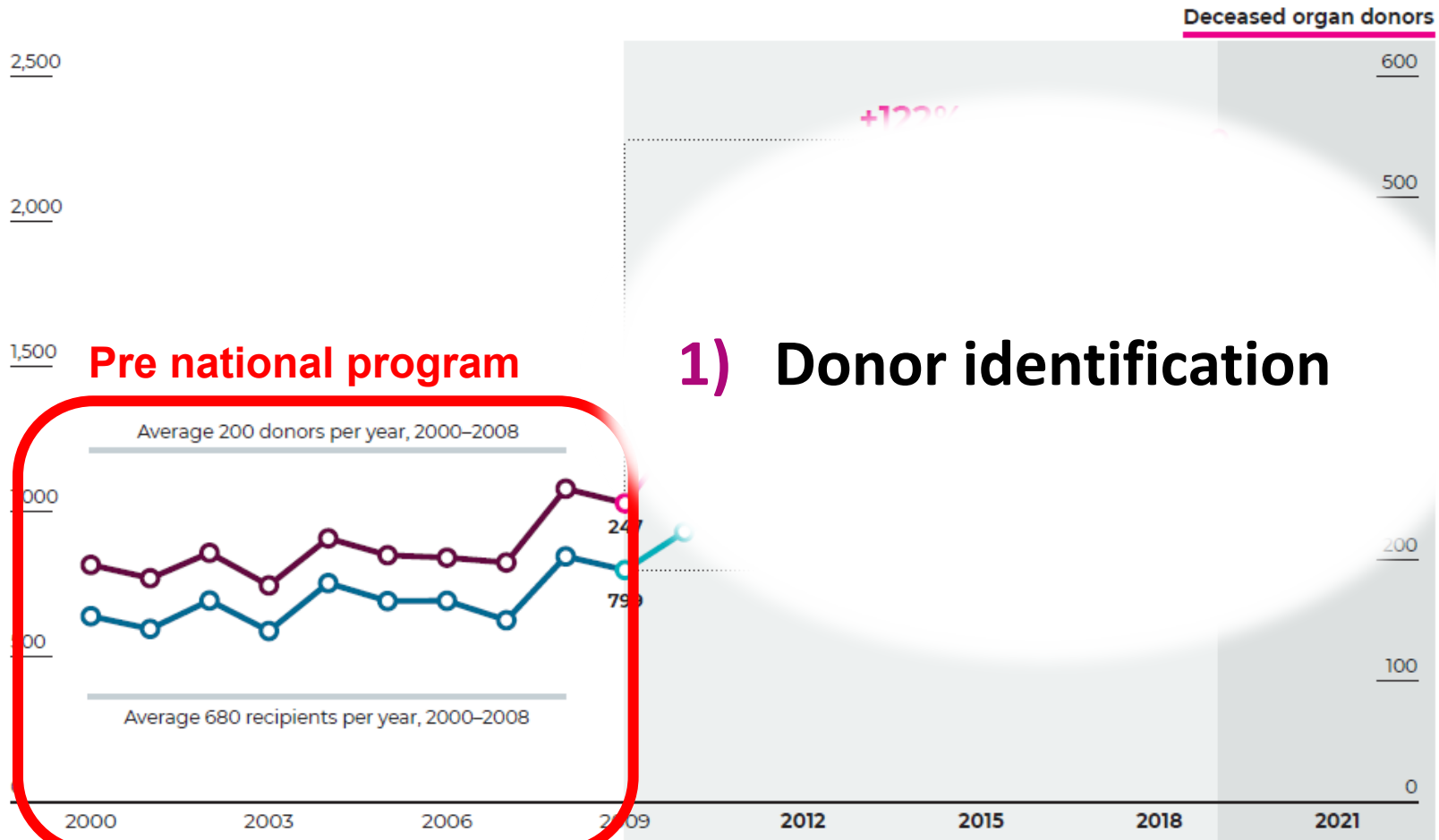
2,500
2,000



ACT Organ & Tissue Donation Service
The Canberra Hospital
PO Box 11 Woden ACT 2606
02 6244 3071
Organ.Donation@act.gov.au



Key clinical practice change due to the national program



Pre national program: Many missed organ donation opportunities

Audits of deaths found that many donors were not identified:

- Treatment withdrawn prior to brain death development or diagnosis
- ED patients with devastating brain injury, extubated due to poor prognosis
- ICU patients, often after prolonged admission, with co-morbidities, and/or complex family dynamics

Potential for cadaveric organ retrieval in New South Wales

Br Med J 1992; 304:1339–1343

Adrian D Hibberd, Ian Y Pearson, Cate J McCosker, Jeremy R Chapman, Graham J Macdonald, John F Thompson, Dianne L O'Connell, Paula J Mohacsi, Moira P McLoughlin, Phillip M Spratt, Jeffrey S Compton, Mark A Brown

Intensive Care Med (2004) 30:1390–1397
DOI 10.1007/s00134-004-2185-9

ORIGINAL

Helen Ingrid Opdam
William Silvester

**Identifying the potential organ donor:
an audit of hospital deaths**

Potential for organ donation in Victoria:
an audit of hospital deaths

Helen I Opdam and William Silvester

MJA 2006; 185: 250–254



National Organ
Donation
Collaborative

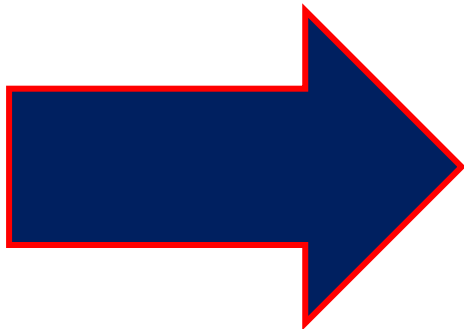
PART 2 REPORT

*NODC was a big number of voices all together saying
“gosh we can improve this”*



National Organ
Donation
Collaborative

One of the key initiatives to improve donor identification
arose from the National Organ Donation Collaborative (NODC)



Clinical Triggers to identify potential donors

National Organ Donation Collaborative (NODC)



National Organ
Donation
Collaborative

- NODC ran from 2006-2009
- 28 hospitals took part from across Australia
- Breakthrough Collaborative methodology to focus on systematic improvements in hospitals
- Quarterly themed collaborative learning sessions attended by hospital teams (ICU, ED, medical, nursing, hospital executive)

Review of the National Organ Donation Collaborative

Interim Report

*NODC was a big number of voices all together saying
"gosh we can improve this"*



Louise Greene Consult
For The National Hea
Council
National Institute of
May 2009

REVIEW OF THE NATIONAL ORGAN DONATION COLLABORATIVE

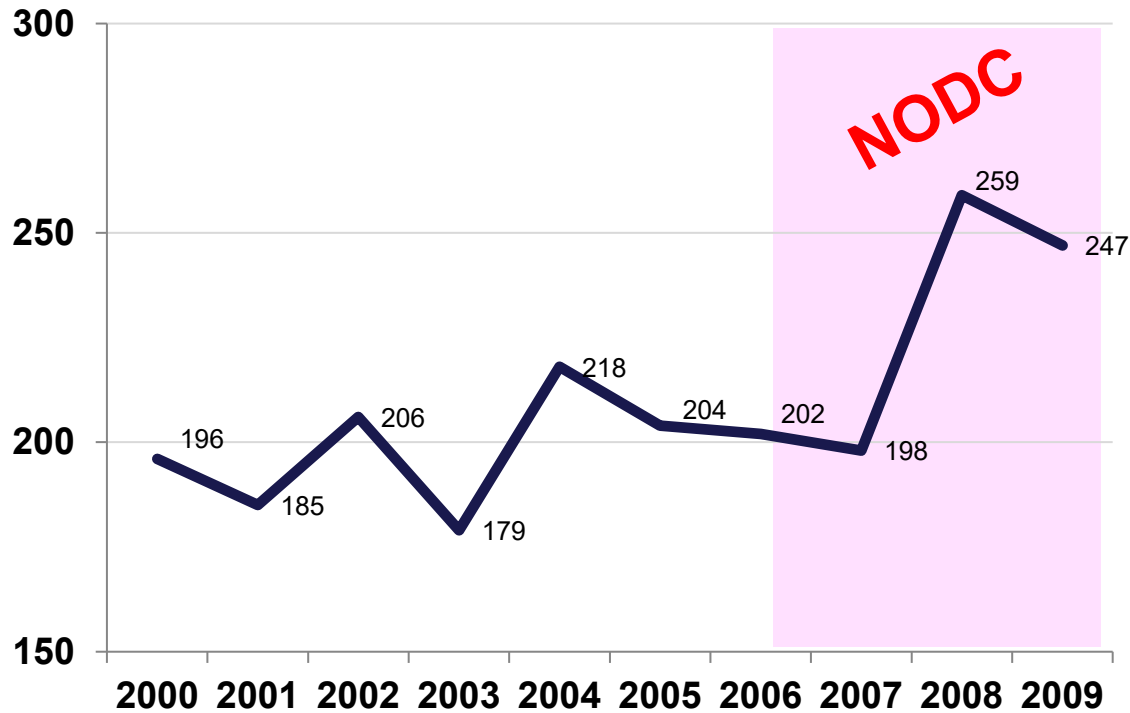
PART 2 REPORT

*NODC was a big number of voices all together saying
"gosh we can improve this"*



Louise Greene Consulting
for
The National Health and Medical Research
Council
National Institute of Clinical Studies
November 2009

National Organ Donation Collaborative



Participation in NODC	Increase in donation rate 2006-2008	Increase in donation rate 2009-2010
NODC Hospitals	19.4% ⁺	55.2% ⁺⁺
Non-NODC Hospitals	0.2% ⁺	21.9% ⁺⁺
All Hospitals	10.7%	40.1%

* Over baseline donor rate (average annual donor rate between 2001 & 2005)

⁺⁺statistically significant difference between increase donor numbers NODC versus Non-NODC hospitals (p<0.0002)

National Organ Donation Collaborative



Key strategies:

- 1) Pursuit of every donation opportunity
- 2) Involve senior leaders to get results
- 3) Using a multidisciplinary team of clinicians to manage the donation process for each case
- 4) Ensuring early identification, referral and rapid response to all potential organ donors
- 5) Developing a best practice model for requesting organ donation
- 6) Prepare for introduction of donation after cardiac death (DCD)

National Organ Donation Collaborative



Key strategies:

- 1) Pursuit of every donation opportunity
- 2) Involve senior leaders to get results
- 3) Using a multidisciplinary team of clinicians to manage the donation process for each case
- 4) **Ensuring early identification, referral and rapid response to all potential organ donors**
- 5) Developing a best practice model for requesting organ donation
- 6) Prepare for introduction of donation after cardiac death (DCD)

Clinical Trigger examples

Potential Organ Donors



Clinical Triggers

Patient develops:

- Acute Irreversible Neurological Injury* and
- Poor neurological recovery and
- GCS: ≤5 and
- On mechanical ventilation and
- Considering extubation/withdrawal of support and
- Age: ≤80 yrs



REFER to ICU Senior Registrar: Pager: 4731 Ext: 62622

* (Traumatic Brain Injury; Stroke; Intracerebral haemorrhage; Subdural haemorrhage; Subarachnoid haemorrhage; Hypoxic Brain Injury following cardiac arrest; Overdoses; Meningitis; Cerebral Neoplasms..... etc)

LIFEGift - Organ Donor Coordinator
24 Hour Donor enquiry/referral number: (03) 9347 0408 (Victoria)

Developed by the National Organ Donation Collaborative - The Alfred 2006 - 2007.

Sir Charles Gairdner Hospital Clinical Trigger

The Emergency Department of Sir Charles Gairdner Hospital, as part of the National Organ & Tissue Donation Collaborative, have implemented this trigger to identify potential organ donors.

Intubated patients with

- Irreversible brain injury (GCS < 5)
- Age < 80yrs

Consider mechanism of injury

- Intracranial haemorrhage
- Traumatic brain injury
- Hypoxic brain injury
- Thrombotic stroke

If treatment options are limited consider all options for end of life care

- ⇒ Extubation
- ⇒ Palliation
- ⇒ Organ & Tissue donation

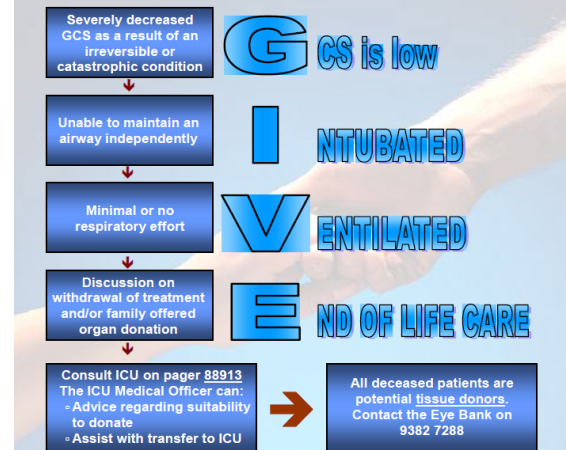
Call ICU Registrar

Discussion of organ donation should only be initiated by an ICU Doctor who has expertise in brain death and organ donation & who is able to support the family with their decision-making.

ICU phone ext 1010
ICU Registrar pager 4824

National Organ Donation Collaborative

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



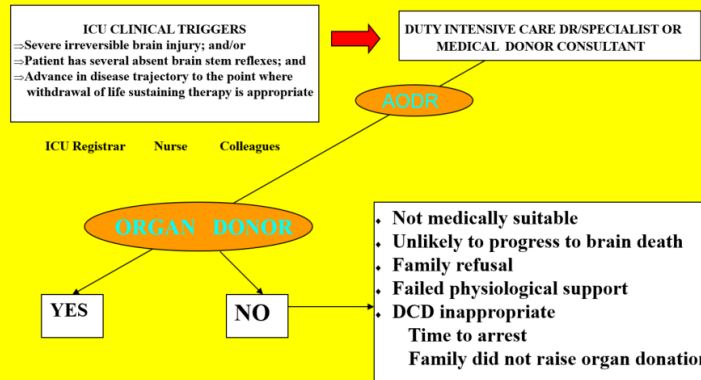
SYDNEY SOUTH WEST AREA HEALTH SERVICE NSW HEALTH

Adapted from New Nouveau Brunswick

CLINICAL TRIGGERS FOR ORGAN DONATION



LIAISE WITH ICU



The Royal Melbourne Hospital City Campus

Potential organ donor identification

All intubated patients with severe acute irreversible brain insult, such as:

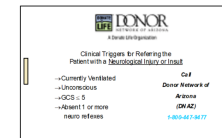
- Traumatic brain injury
- CVA
- Hypoxic brain injury

and Age less than 80 years

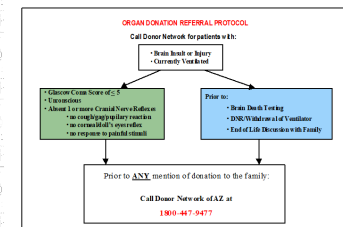
Please discuss all potential donors with the ICU registrar (ext 27209).

Clinical Triggers Tool - ED

- MMC ED Badge Backer for Clinical Triggers



Clinical Triggers Tool - MICU





National Organ
Donation
Collaborative

Popular Clinical Trigger
developed during the
NODC

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

G CS low

I NTUBATED

V ENTILATED

E ND OF LIFE CARE

Contact ICU admitting
officer for referral
advice.

For potential
tissue donors
Contact the Eye Bank
9382 7288

NORTHERN SYDNEY CENTRAL COAST
NSW HEALTH

donate life



clinical trigger

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

G

GCS \leq 5

I

Intubated

V

Ventilated

E

End of life care

Due to
irrecoverable
brain injury

With age
<80 years

Family discussion
on end of life care

Endorsed by ACEM | ANZICS | College of Intensive Care Medicine | ACCCN

Decision to Extubate in the ED?

Consider organ donation first



Contact DonateLife on:

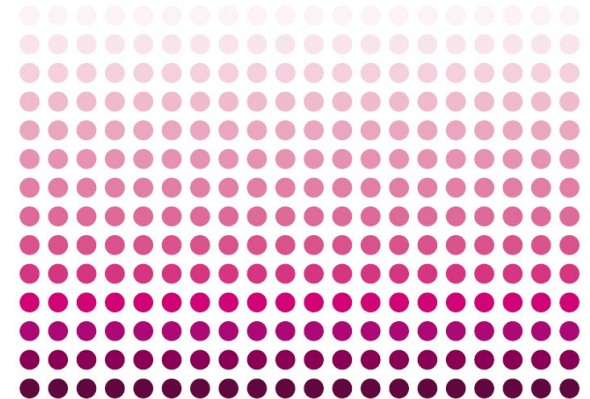
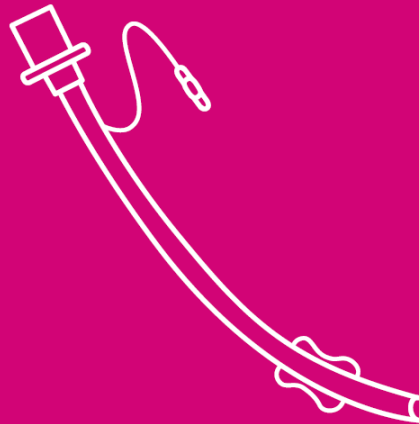


Organ donation

Consider in **every** end of life decision

Decision to Extubate in the ED?

Consider organ and tissue donation first



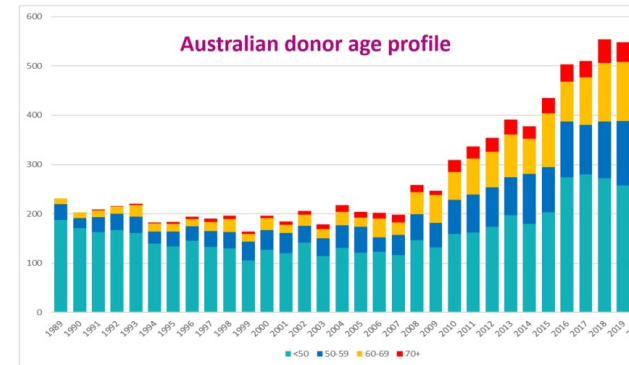
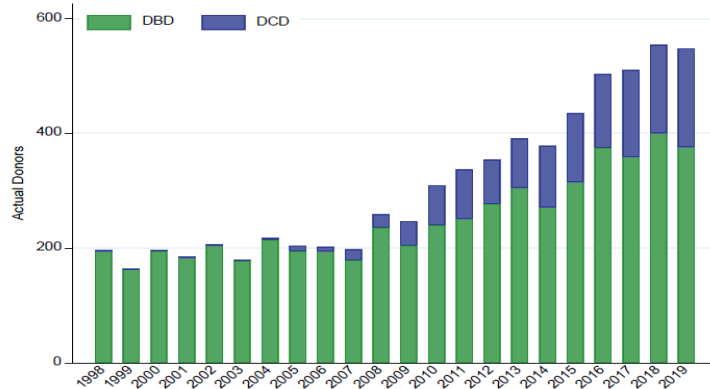
Contact DonateLife on:



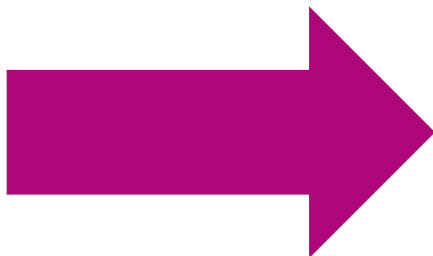
Contact DonateLife on:



A broader donor identification strategy became necessary as donor criteria expanded



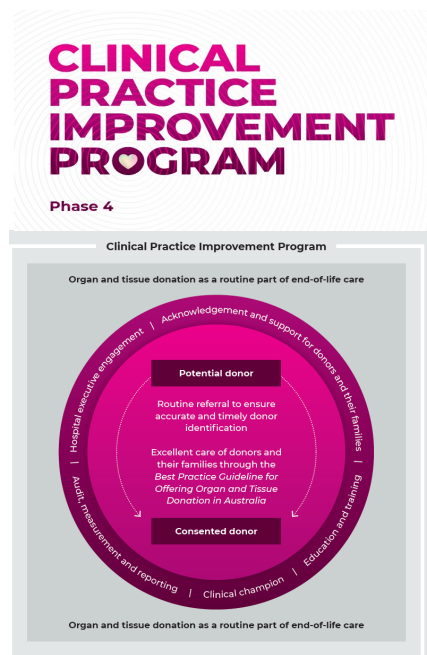
- SMD and Agency manager leadership group (Clinical Governance Committee, CGC) started discussing in 2016; introduced in 2018:



Routine referral/notification to DonateLife for ICU and ED patients at end of life

Identify ALL potential organ donors = Routine referral to donation services at end-of-life

- DonateLife Clinical Practice Improvement Program (CPIP) – phase 4
- Outlines the clinical strategic focus for hospitals and key performance indicators related to best practice for donation



Element

- 1 Routine referral to DonateLife Agency/hospital donation specialist staff occurs for all patients with planned end-of-life care in intensive care units (ICU) and emergency departments (ED)

Key Performance Indicators (KPIs)

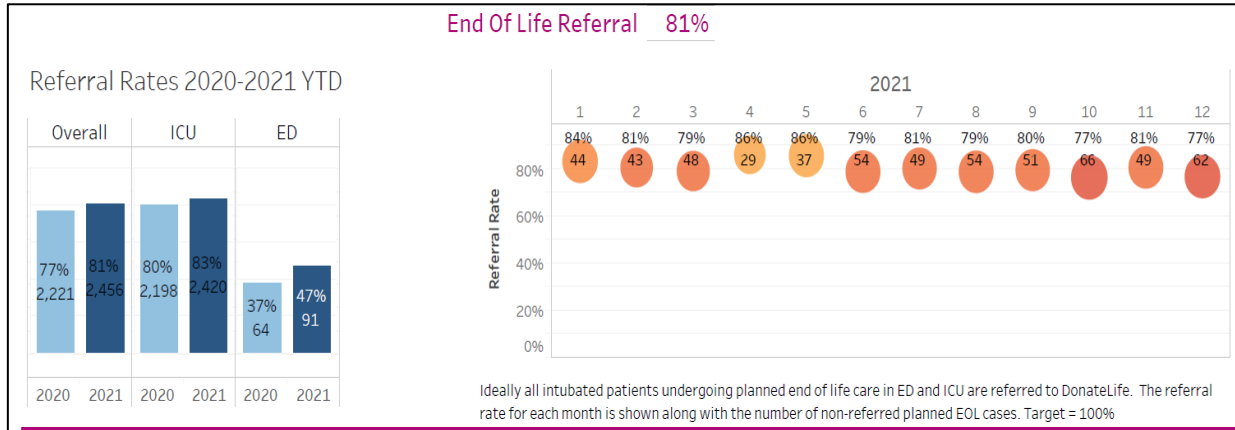
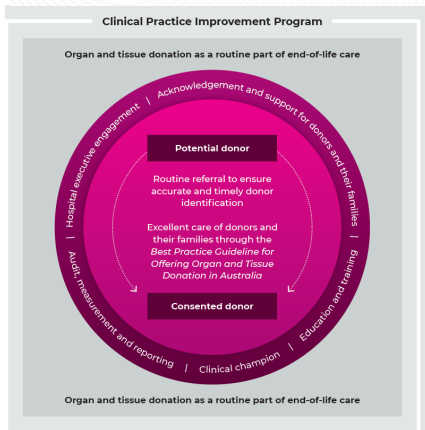
- 1.1 100% of ICU patients with planned end-of-life care referred to DonateLife Agency/hospital donation specialist staff
- 1.2 100% of ED patients with planned end-of-life care referred to DonateLife Agency/hospital donation specialist staff
- 1.4 Feedback provided to hospital and relevant clinicians where routine referral has not occurred

Identify ALL potential organ donors = Routine referral to donation services at end-of-life

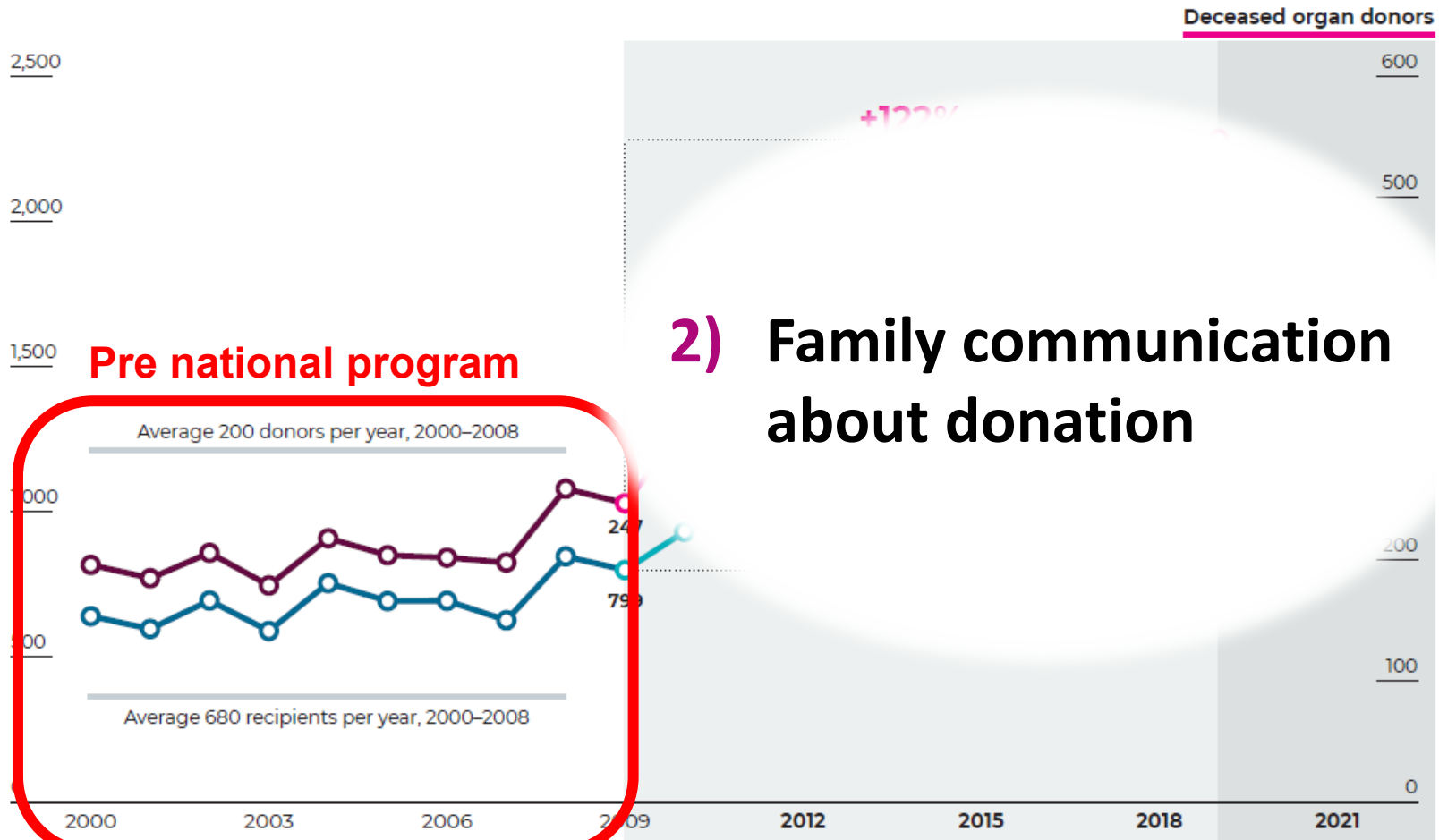
- Reporting and feedback is facilitated by the DonateLife Audit
- Follow up with the hospital and relevant clinicians when routine referral has not occurred



Reporting & feedback = National, regional, hospital



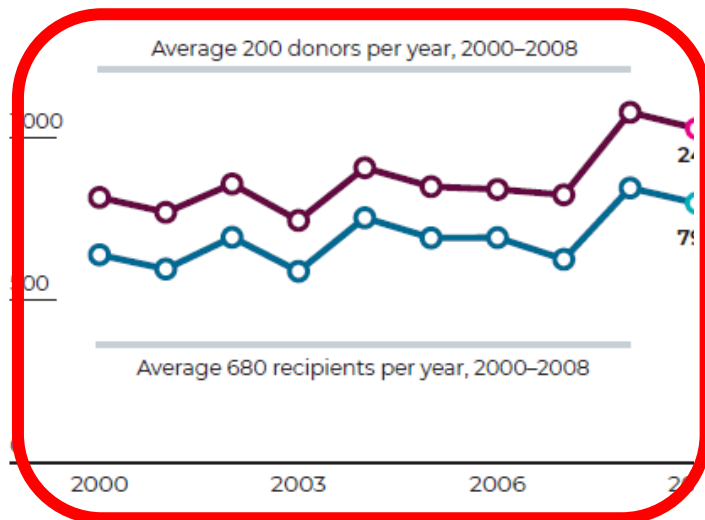
Key clinical practice change due to the national program



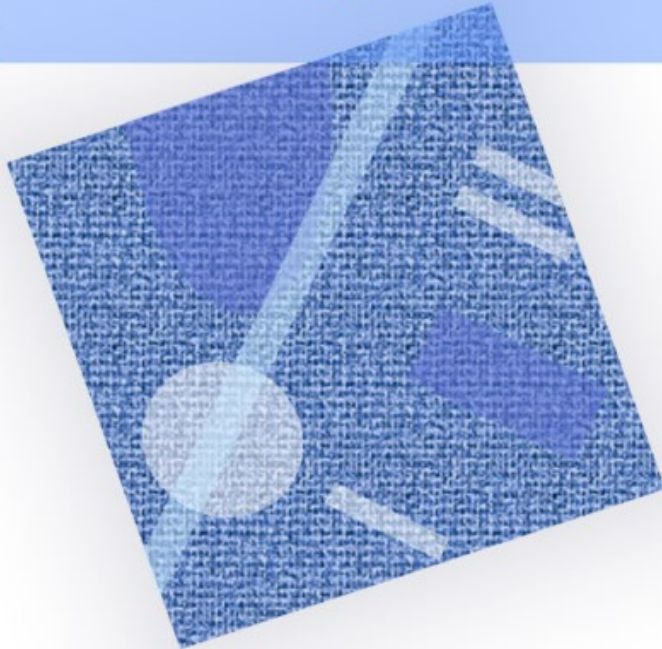
Pre national program: Family communication about donation

- Intensivist or registrar approached the family to “request donation”
- The usual approach was very neutral, with provision of very little meaningful information about donation
- Some families were not approached for reasons that they were thought likely to say “no” or “were too distressed”

Pre national program



The Organ Donation Discussion



Medical ADAPT
Workshop

2008



Discussing organ donation

- organ donation as a possibility
 - part of “what happens now?”
- neutral presentation
 - neither endorsement nor disparagement
- answer all questions or refer to those who can
 - involvement of organ donor coordinator

Module 2 (Medical) ADAPT



The phrases are important :

- ◆ *“At some point, at a time that meets your needs, we will remove the ventilator and allow (first name)’s heart to stop”*
- ◆ *“I also wish to talk with you about the option (or possibility) of (first name) being an organ donor”*
- ◆ *“This is a situation where organ donation is possible. Is this something that you have previously discussed as a family?”*
- ◆ *“There is one other thing that we need to discuss and that is the possibility of (first name) being an organ donor. Is that something you ever discussed with him before the accident?”*

Neutral words, no expectation

Module 2 (Medical) ADAPT



The phrases are important :

“I can tell you what would be involved”

- ◆ Enables you to explain what would happen
 - organ retrieval processes
 - opportunity for viewing after organ removal
 - no interference with funeral arrangements
 - minimal change in outward appearance

“This is entirely your decision - we will support whatever decision you reach”

- ◆ Leaves the family free to decide to donate or not to donate

“if you are not sure what he would want, would you like us to check if he has put his name on the donor register?”

Module 2 (Medical) ADAPT



Family Donation Conversation (FDC) workshop development

- Developed through a collaboration with the Gift of Life Institute (GOLI), that began in 2011
- Tailored to the Australian environment
- CICM, ANZICS, ACCCN:
 - Representation on the Steering Committee that developed the FDC workshop
 - Input into the content of the education materials and workshop
- CICM deemed the 2-day core FDC workshop as mandatory training for all intensive care medicine trainees



Family Donation Conversation (FDC) workshop development

- Pilot core FDC workshop in late 2011 and first Australian workshop delivered in March 2012



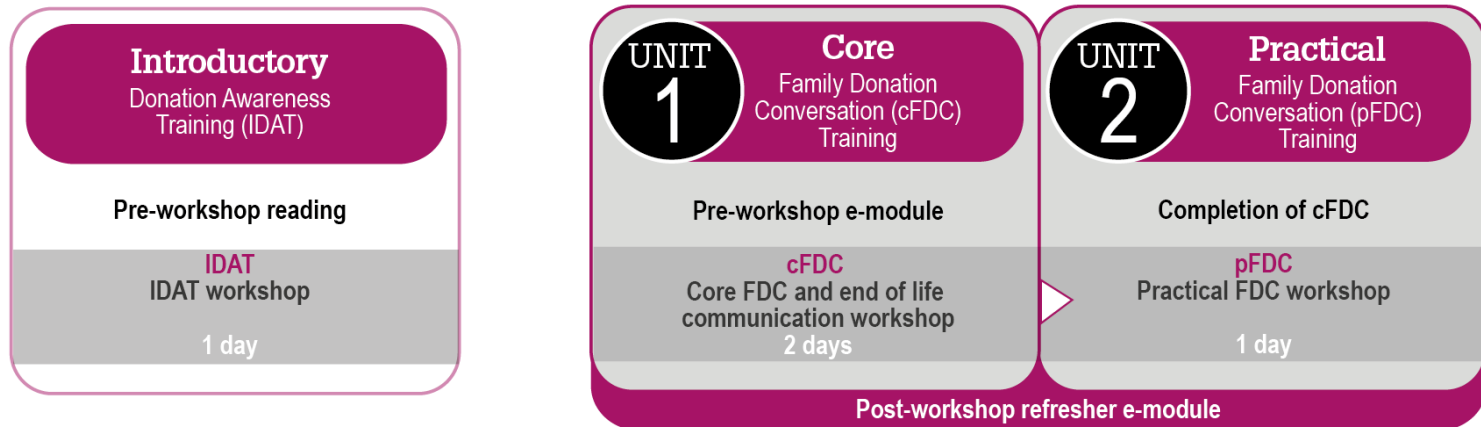
First FDC lead trainers with GOL colleagues
Cherri Wise and Theresa Daly

Professional Education Package

- Development of a modular Professional Education Package, of which the core FDC is the foundation unit

Professional Education Package

Family donation conversation and end of life communication



Models of consent and approach to family communication

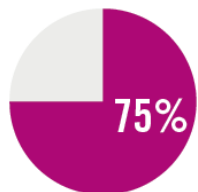
- Historical practice in Australia – donation request by intensivist, referral to donor coordinator if families gave consent
- Any change would require an evidence-based and inclusive approach
- SMD and Agency manager leadership group (CGC) in 2012
 - Reviewed international models and experience
 - *Consent highest if family approach involves OPO coordinator and treating clinician together; lower if treating clinician or OPO coordinator alone*
 - Any new approach would be formally trialled
 - Involve intensivists and other key stakeholders

Pilot a new family approach model

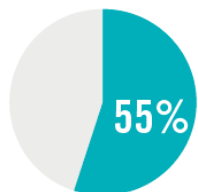
- Agreement to pilot a collaborative model of request – required engagement with intensive care specialist community, nationally and locally
- External researchers engaged to coordinate study and analysis
- Pilot involved 15 hospitals each over 12 months (staggered between March 2013 and March 2015)

Key findings of pilot study

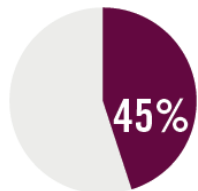
Higher consent rate if family approach involves a FDC trained person



of families agreed to donation when conversation was led by an **FDC trained specialist who was in addition to the treating clinical team** (collaborative)



of families agreed to donation when conversation was led by an **FDC trained treating clinical specialist**



of families agreed to donation when conversation was led by a treating specialist who was **not FDC trained**

ORIGINAL ARTICLES

Towards a national model for organ donation requests in Australia: evaluation of a pilot model

Virginia J Lewis, Vanessa M White, Amanda Bell and Eva Mehakovic

Crit Care Resusc 2015; 17: 233–238



Faculty of Health Sciences
School of Nursing & Midwifery

AUSTRALIAN INSTITUTE
FOR PRIMARY CARE & AGEING
October 2015

Results of an evaluation of a pilot of models for requesting organ and tissue donation in Australia

Commissioned by the Australian Organ and Tissue Authority

Public Summary Document 2015

Donation specialist nurse involvement in FDC

The importance of involving a donation specialist in discussions with families



6/10

families gave consent for donation when they were supported by a donation specialist nurse



2/10

families gave consent for donation when there was no donation specialist nurse involved

2021

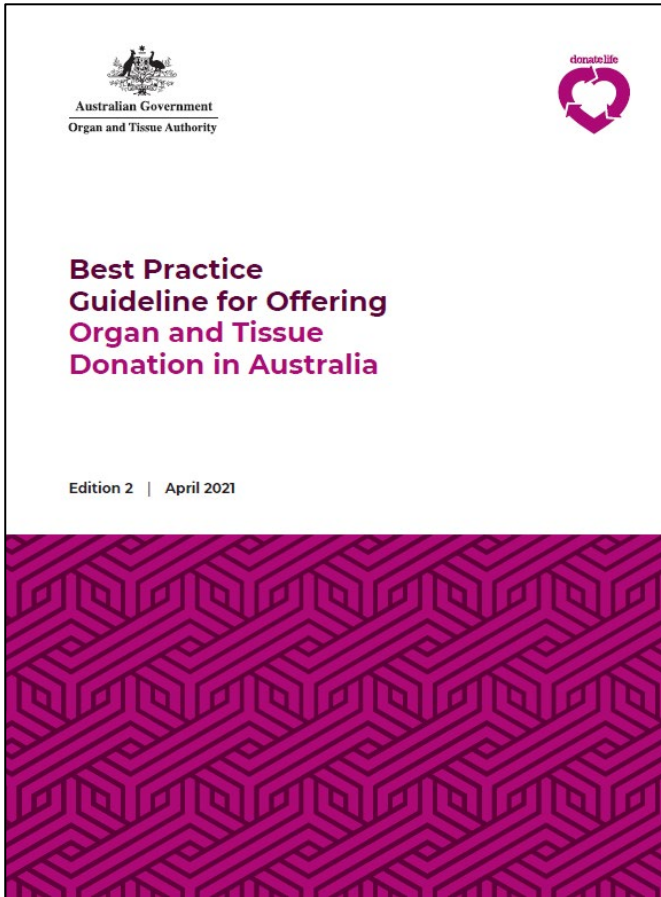
76%

2020

74%

A donation specialist nurse was involved in 76% of family conversations about donation compared with 74% in 2020

Best Practice Guideline for Offering Organ and Tissue Donation in Australia



Routine referral to DonateLife	Communicating end-of-life	Planning the approach	Discussing donation	Reviewing practice
AODR check	Senior Treating Doctor informs family of death or expected death following withdrawal of treatment	Planning meeting between Senior Treating Doctor, Donation Specialist Nurse, Critical Care Nurse and other healthcare staff	Donation Specialist Nurse and Senior Treating Doctor collaboratively offer donation to the family	Team review
Suitability assessment	Family understands death or expected death following withdrawal of treatment	Family donation conversation plan agreed	AODR status shared with family	Led by Donation Specialist Nurse in collaboration with Senior Treating Doctor
Planning for Donation Specialist Nurse involvement in end-of-life communication and the family donation conversation	Discussions about death and donation are separated			

- Evidence based approach with routine referral, checking AODR registration status, donation specialist involvement, and a collaborative approach to the family donation conversation

Other key changes in clinical practice



Other key changes in clinical practice:

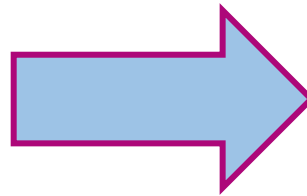


CONFIDENTIAL DONOR REFERRAL

PHONE 24HRS / DAY AND ASK FOR THE DONOR COORDINATOR ON CALL

QLD	07 3240 2111	ACT	02 6244 2222	SA	08 8378 1671	NZ	+64 9 630 0935
NSW	02 9963 2801	VIC / TAS	03 9347 0408	WA	08 9346 3333	NT	08 8522 6888

NAME _____
MIR _____
DOB _____ ID Label

DONOR HOSPITAL _____
DONOR NUMBER _____
DATE _____
TIME _____
REFERRED BY _____
PHONE _____
DONOR COORDINATOR _____



Australian Government
Organ and Tissue Authority

ELECTRONIC DONOR RECORD STANDARD OPERATING PROCEDURE AND USER GUIDE

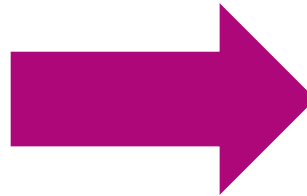
The screenshot displays the iTransplant web application interface. At the top, it shows the user's name 'E. Smith' and the 'iTransplant' logo. The main content area is titled 'REFERRAL SUMMARY' for a donor named 'Smith, Thomas'. Key details include: Referral Date: 03/03/1988, Age: 186, Height: 85.0, Weight: 110.0, and Referral ID: D18-0035. The interface includes a navigation menu on the left with options like 'Summary', 'Transplantation', and 'Outcomes'. The main panel shows 'Outcomes' with a dropdown menu set to 'Actual Donor' and 'Donation after brain death'. There are also sections for 'ASSIGNMENTS' and a 'CHECKLIST' on the right side.

Other key changes in clinical practice:

National Organ Matching System (NOMS)

The image shows a Windows-style login window titled "Logon" for the National Organ Matching System. It contains a logo with a recycling symbol and a text box for "User ID" with the value "jwright" and an empty "Password" field. Below the login window is a patient data form for "Test, Patient [Active Kidney Patient]". The form has tabs for "Person", "Patient", "Treatment", "Organ", "Organ Acceptance Criteria", "Specimen", "Matching Criteria", "Antibody", "HLA", and "Virology". The "Patient" tab is active, showing fields for Status (Active), Program Entry Date (28/11/2013), Referral Timestamp (28/11/2013 09:41), EPTS - Raw (1.55), EPTS - Percentile (36), State Urgency Index (0), National Urgency Index (0), Transplant Count (0), and various flags like "Crossmatch Tray Flags" and "Audit". At the bottom, there is a table with columns: Patient Status, Reason, Last User, Last Changed, and Previous Status.

Patient Status	Reason	Last User	Last Changed	Previous Status
Active		JDEY	11/05/2015 10:26:58	Interim
Interim		SFIDLER	22/04/2014 10:40:32	Active
Active		JDEY	16/07/2014 08:41:04	Interim
Interim		JDEY	30/06/2014 15:56:26	Active
Active		SFIDLER	10/12/2013 14:27:30	Interim



The image shows the OrganMatch web interface. The top navigation bar includes "Home" and "Pool management". The main content area displays the OrganMatch logo and the tagline "A life-changing link". Below this, there are filters for "OM Laboratory" (NSW), "Organ Program" (Please Select...), and "Transplant Pathway" (All). The "Results" section shows a table with columns: Last Name, First Name, Date of Birth, ABO, OM ID, OM Lab, and Transplant Hospital. A notification badge shows "215".