Clinical Governance Framework
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>TABLE OF CONTENTS</td>
<td>2</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENT</td>
<td>3</td>
</tr>
<tr>
<td>FOREWORD</td>
<td>4</td>
</tr>
<tr>
<td>ABOUT THE DONATELIFE NETWORK</td>
<td>5</td>
</tr>
<tr>
<td>PART A: DONATE LIFE CLINICAL GOVERNANCE FRAMEWORK</td>
<td>6</td>
</tr>
<tr>
<td>OBJECTIVES OF THE DONATELIFE CLINICAL GOVERNANCE FRAMEWORK</td>
<td>7</td>
</tr>
<tr>
<td>COMPONENTS OF THE DONATELIFE CLINICAL GOVERNANCE FRAMEWORK</td>
<td>8</td>
</tr>
<tr>
<td>COMPONENTS OF THE DONATELIFE CLINICAL GOVERNANCE FRAMEWORK – FURTHER EXPLANATION</td>
<td>8</td>
</tr>
<tr>
<td>PART B: DONATELIFE CLINICAL PRACTICE IMPROVEMENT PROGRAM</td>
<td>28</td>
</tr>
<tr>
<td>OBJECTIVES OF THE DONATELIFE CLINICAL PRACTICE IMPROVEMENT PROGRAM</td>
<td>28</td>
</tr>
<tr>
<td>COMPONENTS OF THE DONATELIFE CLINICAL PRACTICE IMPROVEMENT PROGRAM</td>
<td>29</td>
</tr>
<tr>
<td>APPENDIX A: 2012-13 DONATELIFE NETWORK STRATEGIC PRIORITIES</td>
<td>33</td>
</tr>
<tr>
<td>APPENDIX B: HOSPITAL ACTIVITY PLAN</td>
<td>35</td>
</tr>
<tr>
<td>APPENDIX C: CLINICAL PRACTICE IMPROVEMENT PROGRAMME SURVEY TOOL</td>
<td>63</td>
</tr>
</tbody>
</table>
ACKNOWLEDGEMENT

The Victorian Government *Clinical Governance Policy Framework 2009*, as developed by the State-wide Quality Branch, Rural and Regional Health and Aged Care Services, Victorian Government, Department of Human Services, provides a clear description of a clinical governance framework and has informed the development and structure of the DonateLife Clinical Governance Framework.
FOREWORD

In early 2011, the Parliamentary Secretary for Health and Ageing, the Hon Catherine King MP, commissioned the Mid-Point Implementation Review (the Review) to assess the impact of the Australian Government’s national reform agenda on organ, eye and tissue donation for transplantation and to identify opportunities for improvement.

The Review canvassed the opinions of a wide range of clinical experts and other stakeholders, as well as those of the members of the DonateLife Network. It found that there had been solid progress to date and that this progress had equalled or bettered progress seen in other countries at an equivalent stage in their reform journey.

In addition, the Review identified that ‘driving clinical practice reform at the hospital level’ was a key area requiring further focus if the national reform agenda was to continue to impact positively on donation outcomes. It suggested the development of a national framework to support clinical practice improvement in DonateLife hospitals. Such a framework should include a range of strategies to support the desired changes in the delivery of organ, eye and tissue donation services in hospitals. These strategies should include national education and training for professionals involved in donation to build clinical capability; a national hospital audit and reporting of all potential and actual deaths to support the development of a shared understanding amongst clinicians about the true potential for deceased donation and the implementation of a clinical practice improvement program.

These findings were consistent with the recommendations of the National Organ Donor Collaborative that was successfully implemented in 26 Australian hospitals from 2006 – 2009, as well as those contained in the Good Practice Guidelines in the process of Organ Donation published in 2011 by the Spanish National Transplant Organisation.

In response to the findings, the DonateLife leadership comprising the Organ and Tissue Authority, Advisory Council, State Medical Directors, Operations/Agency/Clinical Managers and state and territory health department representatives agreed that the establishment of a DonateLife Clinical Governance Framework would be a strategic priority for the DonateLife Network in 2012-13.

This DonateLife Clinical Governance Framework (CGF), developed in consultation with the DonateLife Network, will be implemented in all DonateLife hospitals and support a newly developed Clinical Practice Improvement Program. The CGF provides defined guidance on building and maintaining reliable quality systems and defines ownership and accountability for organ, eye and tissue donation systems in DonateLife hospitals.

I look forward to collaborating with DonateLife Network staff to develop and implement the CGF, to provide further support and resources for clinicians working in Australian hospitals to continue to increase organ, eye and tissue donation for transplantation.

Ms Yael Cass  
Chief Executive Officer  
Organ and Tissue Authority  
March 2013
ABOUT THE DONATELIFE NETWORK

OUR VISION
To implement a world's best practice approach to organ, eye and tissue donation for transplantation, and to work with state and territory governments to improve access to life-transforming transplants for Australians

OUR MISSION
To deliver a highly effective national organ, eye and tissue donation system with the support of Australian governments, the clinical profession and the community

OUR CORE VALUES
To act with integrity, realise our potential, respect individuals, encourage effective teamwork, and rise to challenges
PART A: DONATE LIFE CLINICAL GOVERNANCE FRAMEWORK

Within a clinical governance framework, clinicians and clinical teams are supported by management and governance structures to deliver safe, high quality services and care. This support includes fostering a transparent and accountable culture, resourcing quality and safety strategies, and empowering clinicians to improve clinical care delivery. Management should actively engage with clinicians in risk management and improvement activities.

Hospitals in Australia already have in place a range of clinical governance frameworks and reporting systems to ensure compliance in key areas of quality, safety and accountability in clinical care generally. The aim of the DonateLife Clinical Governance Framework is to complement the existing broader clinical quality frameworks and governance structures currently within hospitals to ensure consistent high quality clinical services related to organ and tissue donation processes across all hospitals where this occurs.

The success of this clinical governance framework relies on integrating organ and tissue donation with other end of life care. This includes integration with related clinical services, senior clinicians and hospital managers, related policies, and embedding the committees set up to undertake the work outlined in this document within other state, district and hospital structures. This will ensure that clinical governance in organ and tissue donation continues to improve and becomes a routine part of oversight of patient care.

There are 74 hospitals in Australia that have dedicated donation specialist staff and many more hospitals that contribute to organ and tissue donation services. The DonateLife Network includes OTA staff, DonateLife agency staff and DonateLife hospital-based staff who work with a broad range of colleagues in the health system, including eye and tissue banks, to implement the Australian Government’s national reform agenda to increase organ, eye and tissue donation for transplantation.

The DonateLife Clinical Governance Framework (CGF) is implemented across the 74 DonateLife Network hospitals by the DonateLife Network staff working in these hospitals in collaboration with their DonateLife Agency colleagues. It embodies sound practice (typically evidence-based) and is reliant on the four domains of clinical effectiveness, workforce, risk management and consumer participation and satisfaction.

It describes the system by which all involved share responsibility and accountability for the quality of care, continuous improvement, risk minimisation and fostering of excellence in organ, eye and tissue donation.

In particular, the DonateLife CGF is the governance and accountability structure that supports the effective implementation of a Clinical Practice Improvement Program (CPIP).
The CGF includes:
- the provision of the necessary organisational support processes and structures
- the articulation of clear, defined key performance indicators (KPIs)
- efficient reporting of performance against these KPIs
- robust monitoring and analysis of these outputs
- effective processes for utilising this analysis for action in order to continuously improve the CPIP.

The CPIP describes what is to be done in the DonateLife Network hospitals to improve clinical practice in organ, eye and tissue donation.

The CPIP includes:
- tasks to be undertaken by DonateLife hospital-based donation specialists
- guidelines to direct and support those undertaking the tasks
- responsibilities and accountabilities for tasks
- timeframes for undertaking and completing tasks
- regular review of tasks to inform clinical practice improvement.

OBJECTIVES OF THE DONATELIFE CLINICAL GOVERNANCE FRAMEWORK

The objectives of the DonateLife CGF are:
1. The DonateLife Network organ, eye and tissue donation system benefits all stakeholders through the provision of high quality organ, eye and tissue donation services
2. The DonateLife Network works to achieve mutually agreed outcomes that are targeted, reported, measured, analysed and utilised to ensure continuous practice improvement
3. Organ, eye and tissue donation processes exist within a changing technological and social environment and are responsive to scientific, clinical and community developments
4. Priorities and strategic directions are communicated clearly and are supported by appropriate governance structures and processes
5. Strong clinical and hospital executive/corporate leadership supports the achievement of high standards and quality outcomes.

Figure 1 represents the components of the clinical governance framework and illustrates that clinical effectiveness; workforce; risk management; and consumer participation and satisfaction are the four domains of quality and safety and provide a construct for strategies to enhance the delivery of clinical care. Within each domain, there are a number of quality and safety management functions that require direction and oversight by governing bodies.
Figure 1: Components of the Clinical Governance Framework

COMPONENTS OF THE DONATELIFE CLINICAL GOVERNANCE FRAMEWORK

The primary components of the DonateLife CGF are:

1. Priorities and strategic direction are set and communicated clearly
2. Planning and resource allocation supports achievement of goals
3. Measure performance and monitor quality and safety systems within the service
4. Report, review and respond to performance to support continuous improvement of quality and safety within the service
5. Organisational and committee structures, systems and processes are in place
6. Roles and responsibilities are clearly defined and understood by all participants in the system
7. Compliance with legislative requirements
8. Culture is positive and supports patient safety and quality improvement initiatives
9. Consistency of clinical processes to ensure a nationally uniform approach to clinical care.

COMPONENTS OF THE DONATELIFE CLINICAL GOVERNANCE FRAMEWORK – FURTHER EXPLANATION

In this section, each component is further described and information is provided on the DonateLife Network structures and processes that exist (or are in development) to support the implementation of the CGF.
1. **Priorities and strategic directions are set and communicated clearly**

Within the context of the national reform agenda for organ, eye and tissue donation for transplantation, good governance requires that goals, priorities and strategic direction for improving quality and safety of organ, eye and tissue donation services are set.

Strategic directions should be set that provide a vision for organ, eye and tissue donation service delivery over an agreed timeframe.

Quality and safety goals should be incorporated into strategic plans and relevant agreements between the OTA and jurisdictions; and between jurisdictions and hospitals.

Short and medium term goals and priorities for improvement of quality and safety should be defined, reviewed and updated annually. Priorities should include evidence-based strategies identified in policy that proactively improve performance and respond to identified issues and risks.

**DonateLife Network structures and processes**

**2012-13 DonateLife Network strategic priorities**

Each year the DonateLife Network leadership team, comprising members of the OTA’s Advisory Council; State Medical Directors; Operations, Agency and Clinical Managers from each DonateLife agency; representatives from each state and territory health department and senior OTA staff, meet to review the activities and achievements of the previous year and to agree a high-level, strategic forward plan for the next 12 months.

The agreed 2012-13 strategic priorities for the DonateLife Network are described at Appendix A.

**The national reform agenda**

The OTA works with states and territories, clinicians and the community sector, to deliver the Australian Government’s reform agenda to implement a world’s best practice approach to organ, eye and tissue donation for transplantation (the national reform agenda). The national reform agenda was announced by the Australian Government on 2 July 2008 and endorsed by the Council of Australian Governments on 3 July 2008.

The twin objectives of the national reform agenda are:

- to increase the capability and capacity within the health system to maximise donation rates for transplantation, and
- to raise community awareness and stakeholder engagement across Australia to promote organ, eye and tissue donation for transplantation.

The nine key elements of the national reform agenda are:

1. A co-ordinated, consistent approach to organ, eye and tissue donation spearheaded by a national organ donation and transplantation authority and a network of nationally coordinated agencies to facilitate the donation process
2. Funding for medical specialist positions and other clinical positions in public and private hospitals around Australia dedicated to organ, eye and tissue donation
3. A funding stream for Australia’s public and private hospitals to cover the additional staffing and infrastructure costs associated with organ, eye and tissue donation
4. An enhanced national education and training program for health professionals involved with organ, eye and tissue donation
5. An ongoing, nationally coordinated community awareness and education program to increase knowledge about organ, eye and tissue donation and transplantation and build public confidence in Australia’s donation for transplantation system
6. Appropriate support for the families of deceased donors
7. Equitable, safe and transparent national transplantation processes to manage waiting lists and the allocation of donated organs
8. A national eye and tissue donation and transplantation network
9. Other national initiatives, including living donation programs such as ‘paired kidney exchange’.

These activities are managed by the OTA through the DonateLife Network, in partnership with state and territory governments, eye and tissue banks, community organisations and the broad donation and transplantation clinical sectors.
2. Planning and resource allocation supports achievement of goals

Quality and safety initiatives and improvement strategies need to be planned and resourced adequately at all levels to ensure success, sustainability and achievement of good outcomes.

Improvement strategies should be planned and funded with regard to medium and long term quality and safety goals, targets and sustainability of improvement. Quality and safety activities should be equitably resourced according to strategic priorities and incorporated into business planning.

DonateLife Network structures and processes

OTA/state and territory funding agreements

The OTA contributes funds to enable states and territories to implement an organ donation service delivery model, consistent with the national organ and tissue donation reform agenda in the public hospital sector and, where mutually agreed, in the private hospital sector.

The jurisdictional DonateLife Network model consists of:

(a) A State/Territory Medical Director of Organ and Tissue Donation responsible for overseeing the practices and performance of organ, eye and tissue donation for transplantation services within the jurisdiction

(b) Hospital-based Donation Specialists - Medical dedicated to organ, eye and tissue donation for transplantation within a consistent national framework

(c) Hospital-based Donation Specialists - Nursing dedicated to organ, eye and tissue donation for transplantation within a consistent national framework (New South Wales, Victoria, Queensland and Western Australia)

(d) Donation Specialists - Nursing Coordinators dedicated to organ, eye and tissue donation for transplantation and facilitation of the process of donation and retrieval from deceased donors within a consistent national framework (Tasmania, the Northern Territory, the Australian Capital Territory and South Australia)

(e) A DonateLife Agency in the jurisdiction which will facilitate the process of organ, eye and tissue donation and retrieval from deceased donors within a consistent national framework.

Direct state and territory funding

All state and territory governments (with the exception of Tasmania) also make funding contributions to the organ, eye and tissue donation service delivery in their jurisdiction. This funding is primarily to support the operations of the service and in some instances funds additional staff to those prescribed by the national model.
Organ Donation Hospital Support Funding

Organ Donation Hospital Support Funding (ODHSF) provides funding for hospitals to ensure that costs are not a factor in determining whether organ, eye and tissue donation proceeds. These additional costs vary from hospital to hospital and may include staffing; bed and infrastructure costs; and pathology and imaging. It is available to hospitals based on activity and contributes to the costs of caring for a patient from the time they are identified as being a potential donor.

These costs are additional to the costs normally incurred in the care of critically ill patients. The model is also available to private hospitals with emergency departments and intensive care units.

Scholarship

The Janette Hall Professional Training and Development Scholarship provides funding for health professionals working in the donation and transplantation sector to attend professional training and education both in Australia and overseas.

Community Awareness Grants

Community Awareness Grants make available funding for projects that are aligned with, and extend the reach and impact of, the national reform agenda’s Community Awareness and Education Program.
3. Measure performance and monitor quality and safety systems within the service

Measuring organ, eye and tissue donation services performance should be used to determine if short term priorities and long term strategic goals are being achieved. Measures should include:

- compliance with legislative, regulatory and policy requirements
- performance indicators that have supporting evidence to link them to outcomes.

A core set of measures of quality and safety should be developed and should include qualitative and quantitative data that are analysed to provide timely and accurate information regarding organisational performance. The measures should be monitored on an ongoing basis with a staged program to focus improvement in underperforming areas. Data integrity should be tested and tools, such as Statistical Process Control, should be used to recognise both good performance and under-performance. Use of performance measures should occur within a culture of openness, trust, and improvement.

Measuring the performance of activities listed within each of the governance domains of the clinical governance framework should occur with KPIs and targets.

Clinical performance measures should be developed and be a part of the performance management system to monitor individual and unit performance.

Clinicians and managers should be provided with information on processes of care that allows them to track and manage performance. The DonateLife Network needs to identify, from the core set of measures, a list of appropriate KPIs that accurately reflects the scope of the services they deliver.

DonateLife Network structures and processes - Sources of data for measurement

OTA Data Governance Framework

Once developed, the OTA Data Governance Framework will provide on overarching structure and guidance for the collection, analysis, storage and utilisation of all data sets within the DonateLife Network, including the DonateLife Audit.

DonateLife Audit

Since 2010 the DonateLife Audit has provided a nationally consistent method of retrospectively auditing data regarding hospital deaths in the context of organ donation. This process captures nationally consistent data across the 74 DonateLife Network hospitals.

The Audit allows reporting and analysis of performance at national, jurisdictional and hospital level. The data obtained from the audit is used to quantify national and jurisdictional potential for organ donation; identify missed donation opportunities; and determine the request rate and consent rate for organ donation. The Audit is also pivotal in providing data to support the identification and development of new strategies to improve Australia’s organ donation rate.
Australia and New Zealand Organ Donation (ANZOD) Registry

ANZOD has been collecting and reporting data for deceased organ donors since 1989 and provides a rich source of data.

Australian and New Zealand Intensive Care Society (ANZICS)

The ANZICS Adult Patient Database provides valuable data on a select subset of organ, eye and tissue donation relevant APACHE III Patient Diagnostic codes (approximately 6% of all intensive care unit admissions across all hospital levels).

Eye Bank Association Australia New Zealand (EBAANZ)

The EBAANZ provides the OTA with data regarding eye donation and corneal transplantation.

Community awareness and attitudinal research

On an annual basis, the OTA conducts tracking research to track levels of community awareness and attitudes relating to organ, eye and tissue donation and to measure the overall effectiveness of the national reform agenda's Community Awareness and Education Program.

DonateLife Network structures and processes - Potential sources of performance data

Organ Donation Vigilance and Surveillance System

A vigilance and surveillance system is being developed. The system will provide a mechanism for collection of donor associated disease transmission and for monitoring and evaluation of serious adverse events or reactions; and will be integrated into jurisdictional safety and quality reporting arrangements.

DonateLife Donor Family Study

The OTA is working with the Australasian Transplant Coordinators Association (ATCA) to undertake a study of donor families experiences of the donation process from initial consent conversations through to follow up support. The aim of the study is to provide information and evidence to inform and improve the service provided to donor families.

Australia and New Zealand Organ Donation (ANZOD) Registry

In 2013, ANZOD will become a national source of tissue donation data.
4. Report, review and respond to performance to support continuous improvement of quality and safety in the system

Reporting performance is a critical activity in the governance of clinical care. It provides a mechanism for monitoring and communicating safety and quality performance and identifying areas that require improvement. A system for reporting performance measures and progress against goals and priority strategies should be in place.

Responsive regulation acknowledges that one strategy or mechanism is not applicable across all situations and uses a variety of mechanisms and levers to respond to under-performance and ensure compliance with standards.

DonateLife Network structures and processes

State and territory progress reports

These reports are a deliverable agreed to in the OTA/State and Territory funding agreements.

Clause 3 for the 2012-14 Funding Agreements require that: “Jurisdictions agree to work with the Authority and other Jurisdictions to develop and refine appropriate national organ and tissue donation key performance indicators within the context of the Clinical Governance Framework. Once agreed, these indicators will be reported in the progress reports”.

These key performance indicators will be developed as part of the broader clinical governance framework development process.

DonateLife Audit reports

Since 2010 the DonateLife Audit has provided a nationally consistent method of retrospectively auditing data regarding hospital deaths in the context of organ donation. This process captures nationally consistent data across the 74 DonateLife Network hospitals.

The Audit allows reporting and analysis of performance at national, jurisdictional and hospital level. The data obtained from the audit is used to quantify national and jurisdictional potential for organ donation; identify missed donation opportunities; and determine the request rate and consent rate for organ donation. The Audit is also pivotal in providing data to support the identification and development of new strategies to improve Australia’s organ donation rate.

DonateLife Audit quarterly reports are provided to State Medical Directors and representatives of state and territory government health departments on hospital performance (by Australian and New Zealand Intensive Care Society hospital peer groups) and state and national outcomes.

DonateLife quarterly reports include template reports to be populated on individual hospital performance to be provided to DonateLife hospital Chief Executive Officers, ICU directors and DonateLife hospital reform team staff.
5. **Organisational and committee structures, systems and processes are in place**

Executive and senior management should ensure that management structures and processes are in place to enable good governance and support clinical teams in providing high quality organ, eye and tissue donation services.

The DonateLife leadership group should work to give effect to quality and safety plans, ensure performance monitoring systems are in place and ensure that improvements are actioned. The DonateLife leadership group should be supported in this activity through subcommittees/working groups of relevant DonateLife staff and others participating in decision making and implementing planned activities.

The clinical governance structure within the DonateLife Network should support improvement of organ, eye and tissue donation services and provide an avenue for escalation of significant quality and safety issues where indicated.

**DonateLife Network structures and processes**

**DonateLife Network**

The DonateLife Network is illustrated in Figure 2.

**Organ and Tissue Authority**

The OTA works with states and territories, clinicians and the community sector, to deliver the Australian Government’s national reform agenda to implement a world’s best practice approach to organ, eye and tissue donation for transplantation, endorsed by the Council of Australian Governments on 3 July 2008.
Figure 2 DonateLife Network structure

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<thead>
<tr>
<th>DonateLife Network</th>
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<tr>
<td>Urge and Tissue Authority</td>
<td></td>
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<tr>
<td>State Medical Directors</td>
<td></td>
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<tr>
<td>NSW</td>
<td>VIC</td>
</tr>
<tr>
<td>Clinical Manager</td>
<td>Clinical Manager</td>
</tr>
<tr>
<td>Donation Specialist Coordinator</td>
<td>Donation Specialist Coordinator</td>
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<tr>
<td>Education Coordinator</td>
<td>Education Coordinator</td>
</tr>
<tr>
<td>Communications Coordinator</td>
<td>Communications Coordinator</td>
</tr>
<tr>
<td>Data and Audit Coordinator Administrative Officer</td>
<td>Data and Audit Coordinator Administrative Officer</td>
</tr>
<tr>
<td>Donation Specialist Medical</td>
<td>Donation Specialist Medical</td>
</tr>
<tr>
<td>Donation Specialist Medical Nursing</td>
<td>Donation Specialist Medical Nursing</td>
</tr>
<tr>
<td>21 hospitals</td>
<td>22 hospitals</td>
</tr>
</tbody>
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Note: This table lists Commonwealth-funded positions only. State governments fund additional positions as required.
National Committees

Figure 3 illustrates the 2011-12 OTA committee structure.

**Figure 3: OTA committee structure, 2011–12**

Following is a list of the OTA’s committees, their membership and function:

**Advisory Council**

The Australian Organ and Tissue Donation and Transplantation Advisory Council (the Advisory Council) is the OTA’s foremost advisory body. It was established under the Australian *Organ and Tissue Donation and Transplantation Authority Act 2008* to advise the CEO regarding organ and tissue donation for transplantation matters.

**The Audit Committee**

The Audit Committee was established to provide independent assurance and assistance to the CEO to meet the OTA’s responsibilities under the *Financial Management and Accountability Act 1997*, particularly in relation to risk control, compliance frameworks and external accountabilities.

**Jurisdictional Advisory Group**

The Jurisdictional Advisory Group (JAG) is the premier governance committee for the DonateLife Network comprising State Medical Directors (SMDs), jurisdictional health department representatives and senior OTA officials. This group considers and makes recommendations to the CEO in respect of the strategic priorities, clinical and data governance, planning and leadership of the DonateLife Network, and the implementation of the national reform agenda.
Clinical Governance Committee

The Clinical Governance Committee is the premier clinical committee for the DonateLife Network comprising SMDs, Agency/Clinical Managers from each state and territory and senior OTA officials. The committee was established to make recommendations to the JAG for action on matters of clinical relevance to the DonateLife Network. In 2012-13 one of the key tasks of this committee is to progress the development, implementation and review of the DonateLife CGF.

Charter Signatories Reference Group

This reference group of signatories to the National DonateLife Communications Framework and Charter is the main mechanism for engaging with the non-government sector and the community, as well as all in the sector who have committed to promote nationally consistent communications activities under the national reform agenda.

Vigilance and Surveillance Expert Advisory Committee (VSEAC)

The VSEAC will be established to advise and develop a nationally integrated vigilance and surveillance system for organ donation and transplantation.

Purpose specific groups

In addition to the described above, several purpose-specific reference/working groups provide for input from across the DonateLife Network. These include:

- The Data and Audit Working Group (DAWG) consists of jurisdictional data and audit officers, as well as representatives with relevant clinical and technical expertise. The group works to enhance hospital performance audit and reporting processes and to drive clinical performance improvement utilising this data, in the 74 DonateLife Network hospitals across Australia.

- The Electronic Donor Record Oversight Committee (EDROC) is the governing body for the EDR project. Membership comprises representatives from the Advisory Council, organ/transplantation clinical and nurse practitioners and senior OTA executives.

- Communications Reference Group is a representative forum where DonateLife Communications Officers and the OTA work to coordinate and support community awareness and education activities including DonateLife Week.

- The Family Conversations Steering Group (FCSG) provides clinical and technical expertise on the national Professional Education Package for family communication and consent for donation. The FCSG includes representatives from the peak professional bodies and senior DonateLife clinicians and managers.

- Two working groups, the Eye and Tissue Education Implementation Group and the Eye and Tissue Data Implementation Group, were established to progress Stage 1 of the Eye and Tissue Reform Report.

- The Donor Family Support Implementation Group (DFSIG) is a representative group which implements, monitors and reviews the Donor Family Support Service across Australia. Membership includes Donor Family Support Coordinators from each DonateLife Agency, an independent social worker and representatives from the donation and transplantation sectors.

- The Education Coordinators Network (ECN) is a representative forum where DonateLife Education Coordinators and the OTA work to coordinate and support education activities provided for health professionals working in the donation and transplantation sectors.
The Transplant Liaison Reference Group (TLRG) provides advice to the CEO and facilitates engagement with the transplant sector on transplantation issues relevant to the national reform agenda. It comprises membership from across the transplantation and donation sectors.

**State-based committees**

In addition, each jurisdiction has local organ, eye and tissue donation committees and DonateLife Network meetings:

**New South Wales**
- Chief Executive Meeting (monthly)
- Clinical Advisory Committee
- Transplant Advisory Committee (monthly)
- Deceased Donor Organ Procurement Service
- Eye and Bone Bank Management Committee
- Data Committee Meeting (monthly)
- NSW Organ and Tissue Donation Service Executive Team Meeting
- DonateLife NSW Network Meeting (monthly)
- Donation Specialist Medical Meeting (monthly)
- Case Review Meeting (monthly)
- Activity Meeting (weekly)

**Victoria**
- Department of Health Victorian Donation and Transplantation Advisory Committee
- Communication Strategic Working Group
- Victorian Audit Working Group
- CALD Strategy Working Group
- DCD Strategy Working Group
- Eye and Tissue Strategic Working Group
- Network Professional Meeting (bi-monthly)

**Queensland**
- DonateLife QLD Agency Meeting (fortnightly)
- DonateLife QLD State Network Meetings (bi-annual)
- Medical Donation Specialist/SMD Meeting (fortnightly teleconference)
- Donation and Transplantation Clinical Network Meeting (quarterly)
- Marginal Donor Audit Meeting (monthly)

**South Australia**
- South Australian Transplantation and Organ Donation Advisory Council (quarterly)
- State-wide Services Executive Meeting (monthly)
- DonateLife SA SMD with Department for Health and Ageing (bi-monthly)
- DonateLife Network Leadership Team (All SA Network) (monthly)
- State Retrieval Meeting (Transplant Surgeons /Donor Coordinators) (quarterly)
- DonateLife SA - Operations Meeting (weekly)
- DonateLife SA Staff Meeting (fortnightly)
- DonateLife SA Portfolio Meetings (monthly):
  - Data and Audit
  - Education and Community Engagement
  - Grief and Bereavement
- Hospital Outreach
- Quality Improvement

DonateLife SA with Coroner (annual)
DonateLife SA SMD/Nursing Service Director with Heads of ICUs and Hospital Executives (bi-annual)
DonateLife SA with Finance (monthly)

**Western Australia**
Western Australia Donation and Transplant Advisory Committee
DonateLife WA Network Meeting (fortnightly)
DonateLife WA and Eye and Tissue Banks Meeting (bi-monthly)

**Tasmania**
DonateLife TAS state wide teleconference (weekly)
DonateLife TAS state wide team meeting (monthly)
DonateLife TAS Audit meeting (bi-monthly)
DonateLife TAS Case Review meeting (as required by case frequency)
DonateLife TAS SMD and Executive (monthly)
DonateLife TAS Clinical Education (monthly)
DonateLife TAS Finance Snapshot (monthly)
Jurisdictional meeting with OTA (6 monthly)

**Northern Territory**
DonateLife NT Network Meeting (fortnightly)
Case Review meeting (with Western Australia)

**Australian Capital Territory**
DonateLife ACT Network Meeting (weekly)
DonateLife ACT Case Review Meeting (fortnightly)
DonateLife ACT Bi-annual Medical Case Review
Clinical Advisory Committee (quarterly)
Community Advisory Committee (quarterly)
NSW Case Review Meeting (as required post donation)
Communication systems

There are various means of communication available to the DonateLife Network.

Annual Forum

Each year the OTA, in collaboration with an organising committee comprising representatives from the DonateLife Network, provides an annual forum for all members of the DonateLife Network, international organ, eye and tissue donation experts, eye and tissue, community and other stakeholders to meet and share ideas and information in a conference format. A valuable component of these forums is the concurrent sessions, whereby members of the DonateLife Network present to their peers on local initiatives that have been implemented in their jurisdiction.

CONNECT

Connect is an IT extranet in the SharePoint format which has been customised for the use of the DonateLife Network and other stakeholders. It has now been implemented for all committees and purpose specific working groups, as well specific pages each for the national and eight jurisdictional DonateLife Networks. This system allows for the online sharing of information and resources, meeting documentation, integrated calendars and contact lists. There is capacity for CONNECT to be utilised further to enhance communication across the DonateLife Network.

DonateLife newsletter

The DonateLife Newsletter is published bi-monthly and circulated to the DonateLife Network via the CONNECT home page and the DonateLife website. Some jurisdictions have also developed local DonateLife newsletters which contain news of a more local relevance.

DonateLife website

The DonateLife website has been live since 2009 and serves as the national authoritative website on organ, eye and tissue donation. It provides a vast array of resources for the DonateLife Network and many other sectors of the community. The website also hosts the websites for the eight jurisdictional DonateLife agencies which provide local information.

WebEx Technology

The OTA utilises and encourages the use of WebEx technology for the exchange of ideas and information, meetings, learning sessions, and general forums. WebEx was used with great success to provide online training on the updated DonateLife Audit application to DonateLife Network staff and there is great capacity for this technology to be used more widely within and between jurisdictions, as well as on a more national level e.g. forums on particular clinical issues.
6. **Roles and responsibilities are clearly defined and understood by all participants in the system**

A key element in implementation of an effective clinical governance framework is strong leadership and visible commitment to quality and safety. Roles and responsibilities should be clearly defined to reduce ambiguity in organisational processes.

Roles and responsibilities should be established and clearly articulated. The various roles should be individually accountable within their own scope of responsibility.

Training and capacity building programs should be in place to ensure that all involved understand their role and have the skills and knowledge required to fulfil their responsibilities. Health services should develop leadership in quality and safety among clinicians and managers, through mentoring, education and training. Health services have a responsibility to work with their communities and actively seek their opinions through a range of strategies including participation in quality committees and improvement activities.

**DonateLife Network structures and processes**

All staff within the DonateLife Network should have an understanding of governance, quality and safety and the appropriate skills and knowledge required to fulfil their role and responsibilities.

The *DonateLife Roles and Responsibilities Guidelines* (DonateLife Connect National page) were agreed in the 2012-14 state and territory funding agreements. This document is a general guide to the role and responsibilities of positions within the DonateLife Network and is provided to inform the development of jurisdictional position descriptions. The key performance outcomes and measures for each position describe the expected areas of focus and outcomes for the positions.
7. Compliance with legislative requirements

The legislative direction in relation to organ, eye and tissue donation at a national level is delineated in: There are a number of parameters that are set through legislative and regulatory mechanisms to provide assurance to the public on standards of health care provision. Legislative, regulatory and ethical obligations should be fulfilled by the DonateLife Network.

**Commonwealth legislation**

- *Australian Organ and Tissue Donation and Transplantation Authority Act 2008*
- *Financial Management and Accountability Act 1977*
- *Privacy Act 1988*
- *Health Reform Act 2011*

**State and territory legislation**

- New South Wales *Human Tissue Act 1983*
- New South Wales *Health Records and Information Privacy Act 2002*
- Victoria *Human Tissue Act 1982*
- Victoria *Information Privacy Act 2000*
- Victoria *Health Records Act 2001*
- Queensland *Information Privacy Act 2009*
- Queensland *Hospital and Health Boards Act 2011*
- Queensland *Hospital and Health Boards Regulation 2012-12-10*
- Queensland *Health Quality and Complaints Commission Act 2006*
- Queensland *Health Regulation 1996*
- Queensland *Transplantation and Anatomy Act 1979*
- Queensland *Transplantation and Anatomy Regulation 2004*
- South Australia *Transplantation and Anatomy Act 1983*
- Western Australia *Human Tissue and Transplant Act 1982*
- Tasmania *Human Tissue Act 1985*
- Tasmania *Personal Information Protection Act 2004*
- Northern Territory *Transplantation and Anatomy Act*
- Northern Territory *Information Act 2002*
- Australian Capital Territory *Transplantation and Anatomy Act 1978*
- Australian Capital Territory *Health Records (Privacy and Access) Act 1997*

**Other requirements**

- World Health Organisation Guiding Principles on Human Organ Transplantation
- World Health Organisation Declaration of Istanbul
8. Culture is positive and supports patient safety and quality improvement initiatives

A CGF should support the establishment of a culture that fosters a systems approach, consumer centred care, continuous improvement and innovation.

A culture that supports a clear and comprehensive view of the desired outcomes, a ‘whole of system’ planned approach and a way of responding to the challenges that change produces is best placed to succeed.

All members of a team are jointly accountable for maintaining a rigorous focus on increasing numbers of organ, eye and tissue donors. This requires developing and maintaining informed, trained staff who work together in a culture of excellence, with an unrelenting focus on change, improvement and results. Any CGF should be implemented and developed recognising the values and beliefs of individuals and how these may impact on supporting and implementing change. The success of the CGF rests upon the ability of individuals to build and maintain good relationships with all the hospital personnel.

Performance monitoring and risk management activities must focus on system deficiencies rather than individuals, so that staff are able to discuss concerns and incidents in an open and supportive environment. Innovation at all levels of the system should be encouraged and supported.

DonateLife Network structures and processes

The DonateLife vision, mission and values have been identified and agreed by the DonateLife Network leadership group and are articulated on page 5.

The OTA works with in partnership with states; territories; clinicians and the community to implement a nationally coordinated and consistent approach to organ, eye and tissue donation for transplantation.

The four overarching principles responsible for the positive culture of the National Organ Donation Collaborative were:

- Unrelenting focus on change, improvement and results
- Early identification rapid referral and response to all potential donors
- Integrated donation process management
- Pursuit of every donation opportunity.

These remain relevant as fundamental foundations for current work of the DonateLife Network and have informed the six strategic priorities 2012-13.
The DonateLife Network organisational culture\(^1\) is strong and healthy and supports the implementation of the national reform agenda. Culture is a key driver of organisational clinical governance capability. An organisation with strong and healthy culture means that all members of the DonateLife Network understand that they are individually and, jointly through teams, accountable for maintaining a rigorous focus on increasing the number of organ, eye and tissue donations for transplantation while delivering a high quality organ, eye and tissue donation service.

The success of the Clinical Governance Framework and the Clinical Practice Improvement Program relies upon a strong and healthy organisational culture and the positive influence of that culture where: a ‘whole of systems view’ is adopted and complemented by every individual in the DonateLife Network understanding that, critical to success, is the building and maintenance of effective communication systems and relationships.

**Resources**

Change Package Primer: NODC Over-arching principles/NODC Six Strategies to create a high performance organ donation system

*Understanding Change and Transition*, Bridges 1998


Dalmau T, Presentation to the DonateLife Annual Forum 2012 Change and Transition in Complex Organisations

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\(^1\) Definitions of organisational culture:

(a) In the simplest terms: “the way things are done around here” Deal and Kennedy (1982)

(b) In more complex terms: “the specific collection of values and norms that are shared by people and groups in an organization and that control the way they interact with each other and with stakeholders outside the organisation” in Charles W. L. Hill, and Gareth R. Jones, (2001) Strategic Management. Houghton Mifflin
9. **Consistency of service and care**

It is important that the consumers’ experience of service and care is consistent across disciplines and across departments. Consistency of potential donor and donor family care should be of utmost focus with variability of care minimised wherever possible. Wherever possible consistent donor management guidelines should be developed and promulgated to support DonateLife Network staff in the delivery of evidence based care and support.

It is important that processes and issues that arise as a result of organ and tissue donation are communicated to and understood by donor families and managed to minimise impact.

Mechanisms should ensure that governance arrangements account for situations where potential donors are transferred between health services for the purposes of donation or where donor families are accessing services outside of their local area.

**DonateLife structures and processes**

Within the DonateLife Network, there are several practice guidelines available to support DonateLife Network staff in the provision of consistent service and care:

- DonateLife National Protocol for Donation after Cardiac Death 2010
- Australian and New Zealand Intensive Care Society (ANZICS) Statement on Death and Organ Donation Edition 3.1 2010
- Australasian Transplant Coordinators Association (ATCA) Standard Operating Procedures
- ATCA National Guidelines for Organ and Tissue Donation Edition 4.0 2008
- Transplantation Society of Australia and New Zealand (TSANZ) Organ transplantation from Deceased Donors: Consensus Statement on Eligibility Criteria and Allocation Protocols 2012 V1.2
- National Health and Medical Research Council (NHMRC) Organ and Tissue Donation after Death, for Transplantation: Guidelines for Ethical Practice for Health Professionals 2007.

Potential guidelines:

- Donation after Brain Death Donor Management Guidelines
PART B: DONATELIFE CLINICAL PRACTICE IMPROVEMENT PROGRAM

OBJECTIVES OF THE DONATELIFE CLINICAL PRACTICE IMPROVEMENT PROGRAM

The DonateLife Clinical Governance Framework (CGF) provides the governance and accountability structure to support effective implementation of the DonateLife Clinical Practice Improvement Programme (CPIP) in each of the 74 DonateLife Network hospitals by the DonateLife Network staff working in these hospitals in collaboration with their DonateLife Agency colleagues, where necessary.

The CPIP provides clear guidelines on processes required to ensure consistent high quality clinical services related to organ and tissue donation across all DonateLife Network hospitals and a system for measuring performance to inform clinical practice improvement.

Within the context of the DonateLife CGF the DonateLife CPIP will:

- Enable a cohesive and well trained DonateLife Network where all members understand their role and are accountable for their performance
- Facilitate the development and implementation of national, jurisdictional and hospital action plans to increase organ, eye and tissue donation
- Develop the capacity of the health sector to recognise, support and facilitate organ, eye and tissue donation opportunities to facilitate:
  - Identify every potential donor and ensuring that donation is requested
  - Increase consent rates
  - Expand the donor pool
- Support the integration of organ, eye and tissue donation into end-of-life care
- Provide consistent, evidence based organ, eye and tissue donation service delivery
- Deliver quality professional and community organ, eye and tissue donation education and information programs
- Ensure that identified risks and incidents are systematically addressed
- Ensure that consumers participate in the development and review of organ, eye and tissue donation service delivery
- Contribute the measurement, reporting, review and feedback of the CPIP within a quality and safety framework
- Facilitate research to support these objectives.
COMPONENTS OF THE DONATELIFE CLINICAL PRACTICE IMPROVEMENT PROGRAM

The components of the DonateLife CPIP can best be described according to the four domains of quality and safety outlined in the DonateLife CGF: clinical effectiveness, workforce, risk management and consumer participation and satisfaction. Under the four safety and quality domains, 12 components are identified as key contributors to best practice donation outcomes.

Each component of the CPIP is linked to key performance indicators used to define and measure progress towards implementation of the CPIP.

The structure and content of the CPIP is outlined in the table below.

<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>COMPONENTS</th>
<th>KEY PERFORMANCE INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical effectiveness</td>
<td>1. Organ, eye and tissue donation is considered in all end-of-life situations and pursued where appropriate</td>
<td>1.1 100% of potential donors identified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.2 100% of potential donors have a request made</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.3 Greater than or equal to 75% of requests made receive valid consent for donation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.4 70% of potential donors become actual organ donors</td>
</tr>
<tr>
<td></td>
<td>2. Organ, eye and tissue donation is discussed at regular ICU meetings and other clinical forums, including local hospital review of all actual and potential donor cases</td>
<td>2.1 Organ, eye and tissue donation is a standard agenda item for ICU, ED and other hospital clinical meetings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.2 Organ, eye and tissue donation forms part of the review of all deaths within Morbidity and Mortality meetings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.3 DonateLife Network staff provide organ, eye and tissue donation education to all relevant hospital-based staff</td>
</tr>
<tr>
<td></td>
<td>3. Organ, eye and tissue donation policies/procedures/guidelines are drafted and incorporated into standard hospital/unit policy and procedure manuals</td>
<td>3.1 Each DonateLife hospital has formal and current policies/procedures for organ and tissue donation, addressing as a minimum: Donation after Brain Death (DBD); Donation after Cardiac Death (DCD) (where required); GIVE trigger use; Donation process for organ, eye and tissue donation and eye and tissue only donation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.2 There is an identification and notification process for eye and tissue donation only (where there is capability for this type of donation)</td>
</tr>
<tr>
<td></td>
<td>4. GIVE trigger implementation is reviewed annually and feedback used to inform ongoing use and education</td>
<td>4.1 GIVE trigger is implemented in ED and ICU in all DonateLife Network hospitals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.2 100% of patients who meet the GIVE trigger are referred according to local policy</td>
</tr>
<tr>
<td>Workforce/Professional development</td>
<td>5</td>
<td>DonateLife Audit is implemented fully and consistently according to the DonateLife Audit Guide</td>
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<tr>
<td>6</td>
<td>Hospital-based teams are established to work together to identify and resolve issues that impact donation performance in the hospital</td>
<td></td>
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<tr>
<td>7</td>
<td>Senior clinician/executive organ, eye and tissue donation champion(s) is/are identified to provide hospital leadership in organ, eye and tissue donation</td>
<td></td>
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<tr>
<td>8</td>
<td>DonateLife Network hospital-based staff undertake regular organ, eye and tissue donation professional training to maintain clinical currency</td>
<td></td>
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<tr>
<td>9</td>
<td>Annual performance and development reviews of DonateLife Network hospital-based staff by the SMD or delegate are held according to local position descriptions and performance processes</td>
<td></td>
</tr>
<tr>
<td>Risk Management</td>
<td>10</td>
<td>Serious adverse events related to organ, eye and tissue donation are reported within existing hospital, DonateLife Agency, jurisdictional and national systems, as appropriate</td>
</tr>
<tr>
<td></td>
<td>10.1</td>
<td>Organ, eye and tissue donation risks are identified and managed in accordance with local hospital/jurisdictional policies</td>
</tr>
<tr>
<td></td>
<td>10.2</td>
<td>All serious organ, eye and tissue donation adverse events are reported within 24 hours to the State Medical Director (SMD)</td>
</tr>
</tbody>
</table>
### Consumer Participation and Satisfaction

<table>
<thead>
<tr>
<th></th>
<th>Potential donor family experience of donation is a structured and supportive process (regardless of whether donation proceeds)</th>
<th>11.1 All DonateLife Network hospital-based staff have attended core and practical Family Donation Conversation (FDC) training</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>DonateLife Week and other community education and awareness events are undertaken and reported</td>
<td>12.1 Each DonateLife Network hospital based team conducts at least one community education and awareness event</td>
</tr>
<tr>
<td>12</td>
<td></td>
<td>12.2 A calendar of educational and community events is established and maintained for each DonateLife Network hospital</td>
</tr>
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</table>

Implementation of the CPIP requires DonateLife Network hospital-based teams to develop annual local Hospital Activity Plans which outline actions to be taken to embed the components of the CPIP in hospital practice and to report six monthly on achievement against the KPIs and outcomes against their local action plans.

All DonateLife Network hospital-based teams are required to develop an annual local Hospital Activity Plan addressing how each of the components of the DonateLife CPIP will be implemented in their hospital.

DonateLife Network hospital-based teams are required to provide two reports every six months on implementation of the CPIP as part of the routine state and territory progress reporting process. There is a **national report** on achievement against the KPIs for each component of the CPIP and a **jurisdictional report** on outcomes against the actions identified in the individual Hospital Activity Plans.

The national reports, using the CPIP survey tool, are provided to the OTA for collation and tracking over time and analysis of the data is presented to the Clinical Governance Committee. The jurisdictional reports are provided to the relevant SMD and are used to inform ongoing discussions about strategies to improve organ and tissue donation processes at the individual hospital level.

A flow chart illustrating the CGF/CPIP, including the reporting structure, is provided at Figure 4.

The templates for the Hospital Activity Plan and the CPIP survey tool are provided at Appendix B and C respectively.
Figure 4: CGF/CPIP structure

DonateLife Clinical Governance Framework (CGF)
The DonateLife Clinical Governance Framework provides the governance and accountability structure to support effective implementation of a Clinical Practice Improvement Program (CPIP) in DonateLife Network hospitals across Australia.

Clinical Practice Improvement Program (CPIP)
The CPIP provides the mechanism to ensure that there is a system of processes, measurement, monitoring and ongoing review to ensure accountability in both the clinical and management aspects of organ donation. The CPIP comprises:
- 4 quality and safety domains;
- 12 components which have been identified as key contributors to best practice donation outcomes; and
- key performance indicators (KPIs) for each component.

Hospital Activity Plan (HAP)
Implementation of the CPIP requires each DonateLife Network hospital to develop an annual HAP which outlines actions to be taken to embed the 12 components of the CPIP in hospital practice.

Reporting
DonateLife Network hospitals provide two six monthly progress reports on implementation of the CPIP as part of the routine state and territory progress reporting process.

Jurisdictional reporting
Hospitals report outcomes against the actions identified in their Hospital Activity Plan. The report is provided to the relevant SMD to inform ongoing discussion with hospital-based teams regarding improvement in clinical practice.

National reporting
Hospitals report achievement against the KPIs for each component of the CPIP using the CPIP survey tool. The reports are validated by the SMD and are subsequently provided to the OTA for collation and tracking over time. A summary of national results is presented to the CGC and JAG twice a year for consideration.
APPENDIX A: 2012-13 DONATELIFE NETWORK STRATEGIC PRIORITIES

The findings of the Mid-Point Implementation Review informed the 2012-13 strategic priorities for the DonateLife Network which were confirmed in March 2012 by the DonateLife leadership group comprising senior Organ and Tissue Authority (OTA) officers, members of the Advisory Council, State Medical Directors, representatives of state and territory health departments and DonateLife Operational/Agency/Clinical managers.

The group identified the following six priorities:

1. **Develop a clinical governance framework to support and guide DonateLife Network staff in the provision of quality organ, eye and tissue donation services within the broader health system**

   A clinical governance framework provides defined guidance on building and maintaining reliable quality systems and defines ownership and accountability for organ, eye and tissue donation systems in hospitals.

2. ** Deliver the national Professional Education Program (PEP) to increase family consent rates for organ, eye and tissue donation**

   The OTA is delivering a modular education program for health professionals to build capability in effectively conducting conversations with potential donor families and requesting consent for donation.

3. **Refine audit and data collection processes for identifying potential and actual donors to drive improvements in organ, eye and tissue donation**

   The enhancements to the hospital performance audit, reporting and data collection processes will refine a national best practice framework and drive clinical performance and system improvements.

4. **Implement an Electronic Donor Record (EDR) to improve the accuracy, reliability, efficiency and transparency of the organ, eye and tissue donation process**

   EDR will support an efficient and effective national web-based information system that allows for data entry management and sharing of crucial donor/transplantation information to expedite and improve on the current organ, eye and tissue referral processes in Australia.
5. **Implement Stage 1 of the Eye and Tissue Reform Report to further consolidate eye and tissue donation within the broader DonateLife Network**

Stage one addresses development of nationally agreed data definitions and datasets within the eye and tissue sector; identification of a national data registry for the sector to consolidate donation and transplantation data; and development of an education program for eye and tissue bank staff.

6. **Implement a nationally coordinated culturally and linguistically diverse audiences (CALD) communication and engagement plan to address barriers to decision making and discussion about organ, eye and tissue donation**

The OTA, in partnership with key stakeholders, will continue to address potential barriers to organ, eye and tissue donation within culturally and linguistically diverse audiences in Australia via a communication and engagement strategy and plan which includes the distribution and use of culturally appropriate resources.

The strategic priorities are identified on an annual basis. Successive strategic priorities will be published on the DonateLife website and DonateLife Connect website.
Clinical Governance Framework

Clinical Practice Improvement Program

HOSPITAL ACTIVITY PLAN
INTRODUCTION

The DonateLife Clinical Governance Framework (CGF) describes the system by which all involved share responsibility and accountability for the quality of care, continuous improvement, risk minimisation and fostering of excellence in organ and tissue donation within hospitals.

The DonateLife CGF supports implementation of the Clinical Practice Improvement Program (CPIP) in each of the DonateLife Network hospitals across Australia. The DonateLife CPIP identifies 12\(^1\) components which collectively define best practice for organ and tissue donation in the hospital environment.

The 12 components are categorised according to the four quality domains identified in the DonateLife CGF: clinical effectiveness; workforce/professional development; risk management; and consumer participation and satisfaction.

Hospital-based donation specialists in each DonateLife Network hospital are required to develop an annual Hospital Activity Plan that addresses how the key performance indicators (KPIs) for each component of the DonateLife CPIP will be met.

For each component of the CPIP, the plan identifies:

- the quality and safety domain;
- key performance indicators;
- sample actions to be undertaken in the hospital to improve clinical practice; and
- person/people responsible for each activity.

\(^1\) Subsequent to feedback from jurisdictions suggesting that some of the CPIP components were repetitive, the number of components has been reduced from 15 to 12.
HOSPITAL ACTIVITY PLAN
TO IMPLEMENT
THE DONATELIFE CLINICAL PRACTICE IMPROVEMENT PROGRAM

INSTRUCTIONS

Each DonateLife Network hospital is required to develop, implement and monitor a Hospital Activity Plan annually for each financial year.


2. The Key Performance Indicators (KPIs) identified for each component of the Clinical Practice Improvement Program (CPIP) are generic for all DonateLife Network hospitals across Australia and cannot be edited.

3. For each component of the CPIP:
   - Identify actions to be undertaken in the hospital throughout the year to deliver on the KPIs.

   A list of sample actions for each component is provided in the template.

   Amend the list of actions according to your hospital context for each component. There is no prerequisite for a set number of actions; the number of actions will vary depending upon the CPIP component, the hospital and personnel involved.

   - Nominate a member of the DonateLife Network hospital-based team who is responsible for undertaking each action.

4. The Hospital Activity Plan requires endorsement by the State/Territory State Medical Director for Organ and Tissue Donation (SMD). Submit the 2013-14 Hospital Activity Plan to the relevant State/Territory Medical Director (SMD) by Friday, 31 May 2013.

5. The SMDs will audit the Plans from each hospital in their jurisdiction and pursue any gaps with a view to advising the OTA of completion by 24 June 2013.

6. Implementation of the Plans formally commences on 1 July 2013.
HOSPITAL ACTIVITY PLAN
TO IMPLEMENT
THE DONATELIFE CLINICAL PRACTICE IMPROVEMENT PROGRAM

HOSPITAL AND HOSPITAL TEAM

<table>
<thead>
<tr>
<th>Jurisdiction:</th>
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<tbody>
<tr>
<td>Hospital name:</td>
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<tr>
<td>DonateLife Clinical Governance Framework jurisdiction lead:</td>
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<tr>
<td>DonateLife Clinical Governance Framework hospital lead:</td>
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<tr>
<td>Other DonateLife Network hospital-based staff:</td>
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**HOSPITAL ACTIVITY PLAN**

**TO IMPLEMENT**

**THE DONATELIFE CLINICAL PRACTICE IMPROVEMENT PROGRAM**

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<tr>
<th>COMPONENT</th>
<th>QUALITY AND SAFETY DOMAIN</th>
<th>Organ, eye and tissue donation is considered in all end-of-life situations and pursued where appropriate</th>
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<tbody>
<tr>
<td>1</td>
<td>Clinical effectiveness</td>
<td></td>
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</table>

**KEY PERFORMANCE INDICATORS**

By July 2014, hospitals will include in their Activity Plan strategies and measures to achieve the national targets of:

1. 100% of potential donors identified
2. 100% of potential donors have a request made
3. Greater than or equal to 75% of requests made receive valid consent for donation
4. 70% of potential donors become actual organ donors

**ACTIONS**

This is a **SAMPLE** list of actions that could be undertaken to achieve the key performance indicators. Amend the list of actions according to the hospital context.

<table>
<thead>
<tr>
<th>ACTIONS</th>
<th>RESPONSIBILITY</th>
<th>COMMENTS/OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Embed organ, eye and tissue donation into end-of-life care policies/procedures/guidelines</td>
<td>Nominate a member of the DonateLife Network hospital-based team who is responsible for each action.</td>
<td></td>
</tr>
<tr>
<td>2. Regularly measure performance against the key performance indicators (KPIs)</td>
<td></td>
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<tr>
<td>3. Develop and implement a local action Plan to meet the KPIs</td>
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<td>4. Regularly assess the effectiveness of interventions and review practice</td>
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HOSPITAL ACTIVITY PLAN
TO IMPLEMENT
THE DONATELIFE CLINICAL PRACTICE IMPROVEMENT PROGRAM

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<td>5.</td>
<td>etc</td>
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ADDITIONAL COMMENTS

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HOSPITAL ACTIVITY PLAN
TO IMPLEMENT
THE DONATELIFE CLINICAL PRACTICE IMPROVEMENT PROGRAM

<table>
<thead>
<tr>
<th>COMPONENT</th>
<th>QUALITY AND SAFETY DOMAIN</th>
<th>KEY PERFORMANCE INDICATORS</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>Organ, eye and tissue donation is discussed at regular ICU meetings and other clinical forums, including local hospital review of all actual and potential donor cases</td>
<td></td>
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</tbody>
</table>

QUALITY AND SAFETY DOMAIN
Clinical effectiveness

KEY PERFORMANCE INDICATORS
By July 2014:
1. Organ, eye and tissue donation is a standard agenda item for ICU, ED and other hospital clinical meetings
2. Organ, eye and tissue donation forms part of the review of all deaths within Morbidity and Mortality meetings
3. DonateLife Network staff provide organ, eye and tissue donation education to all relevant hospital-based staff

ACTIONS
This is a SAMPLE list of actions that could be undertaken to achieve the key performance indicators. Amend the list of actions according to the hospital context.

<table>
<thead>
<tr>
<th>ACTIONS</th>
<th>RESPONSIBILITY</th>
<th>COMMENTS/OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Include organ, eye and tissue donation on the agenda for ICU, ED and other clinical meetings</td>
<td>Nominate a member of the DonateLife Network hospital-based team who is responsible for each action.</td>
<td></td>
</tr>
<tr>
<td>- Include organ, eye and tissue donation on the agenda for Morbidity and Mortality meetings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Establish a local process for review of all donor cases – actual or potential – that occur with relevant DonateLife Network and clinical staff</td>
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<tr>
<td>- Develop and implement a local organ, eye and tissue donation education plan:</td>
<td></td>
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<tr>
<td>- Engage the ICU medical and nursing directors to participate</td>
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</table>
HOSPITAL ACTIVITY PLAN
TO IMPLEMENT
THE DONATELIFE CLINICAL PRACTICE IMPROVEMENT PROGRAM

<table>
<thead>
<tr>
<th>in these educational programs</th>
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<tr>
<td>Consider other informal means of communicating about donation with clinical staff</td>
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5. etc

<table>
<thead>
<tr>
<th>ADDITIONAL COMMENTS</th>
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# HOSPITAL ACTIVITY PLAN

## TO IMPLEMENT

## THE DONATELIFE CLINICAL PRACTICE IMPROVEMENT PROGRAM

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<th>COMPONENT</th>
<th>QUALITY AND SAFETY DOMAIN</th>
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<tbody>
<tr>
<td>3</td>
<td>Organ, eye and tissue donation policies/procedures/guidelines are drafted and incorporated into standard hospital/unit policy and procedure manuals</td>
</tr>
<tr>
<td></td>
<td>Clinical effectiveness</td>
</tr>
</tbody>
</table>

### KEY PERFORMANCE INDICATORS

**By July 2014:**

1. Each DonateLife hospital has formal and current policies/procedures for organ and tissue donation, addressing as a minimum: Donation after Brain Death (DBD); Donation after Cardiac Death (DCD) (where required); GIVE trigger use; Donation process for organ, eye and tissue donation and eye and tissue only donation

2. There is an identification and notification process for eye and tissue donation only (where there is capability for this type of donation)

### ACTIONS

This is a **SAMPLE** list of actions that could be undertaken to achieve the key performance indicators. Amend the list of actions according to the hospital context.

### RESPONSIBILITY

Nominate a role within the DonateLife Network hospital-based team which is responsible for each action.

<table>
<thead>
<tr>
<th>ACTIONS</th>
<th>COMMENTS/OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop and implement hospital-specific organ, eye and tissue donation policies/procedures/guidelines which, as a minimum, include: DBD, DCD, use of GIVE trigger and organ, eye and tissue donation processes</td>
<td></td>
</tr>
<tr>
<td>Note: If an organ and tissue donation policy already exists, review and update the policy within the national context</td>
<td></td>
</tr>
<tr>
<td>2. Establish an identification and notification process for eye and tissue donation only (where there is capability for this type of donation)</td>
<td></td>
</tr>
<tr>
<td>3. Engage with the hospital-based quality director or equivalent to develop new</td>
<td></td>
</tr>
</tbody>
</table>
HOSPITAL ACTIVITY PLAN

TO IMPLEMENT

THE DONATELIFE CLINICAL PRACTICE IMPROVEMENT PROGRAM

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>hospital-based policy and incorporating the organ and tissue donation policies/procedures/guidelines into hospital procedure manuals</td>
<td></td>
</tr>
<tr>
<td>4. Align local organ, eye and tissue donation policies and procedures with national policies and procedures where they exist</td>
<td></td>
</tr>
<tr>
<td>5. Ensure utilisation of organ, eye and tissue donation policies and procedures to manage the donation process</td>
<td></td>
</tr>
<tr>
<td>6. Review the policies/procedures/guidelines according to hospital policy</td>
<td></td>
</tr>
<tr>
<td>7. etc</td>
<td></td>
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</tbody>
</table>

ADDITIONAL COMMENTS

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</table>
HOSPITAL ACTIVITY PLAN
TO IMPLEMENT
THE DONATELIFE CLINICAL PRACTICE IMPROVEMENT PROGRAM

COMPONENT | QUALITY AND SAFETY DOMAIN | GIVE trigger implementation is reviewed annually and feedback used to inform ongoing use and education
---|---|---
4 | Clinical effectiveness | 

KEY PERFORMANCE INDICATORS
By July 2014:
1. GIVE trigger is implemented in ED and ICU in all DonateLife Network hospitals
2. 100% of patients who meet the GIVE trigger are referred according to local policy
3. 100% of new relevant staff are educated on the GIVE trigger
4. Clinical trigger implementation and use is reviewed regularly, and donor identification and referral performance outcomes are used to inform practice improvements

<table>
<thead>
<tr>
<th>ACTIONS</th>
<th>RESPONSIBILITY</th>
<th>COMMENTS/OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>This is a <strong>SAMPLE</strong> list of actions that could be undertaken to achieve the key performance indicators. Amend the list of actions according to the hospital context.</td>
<td>Nominate a member of the DonateLife Network hospital-based team who is responsible for each action.</td>
<td></td>
</tr>
<tr>
<td>1. Develop and implement hospital-specific policies and procedures for donor identification and referral including the use of the GIVE trigger</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Develop mechanisms of feedback to inform key stakeholders of performance regarding GIVE trigger use and related issues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Develop a targeted education strategy to maintain clinician awareness and compliance with the GIVE trigger:  • Explore potential for incorporating GIVE trigger training into hospital wide education programs</td>
<td></td>
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</tbody>
</table>
HOSPITAL ACTIVITY PLAN
TO IMPLEMENT
THE DONATELIFE CLINICAL PRACTICE IMPROVEMENT PROGRAM

- Incorporate GIVE trigger into clinician orientation

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<tbody>
<tr>
<td>4. Identify opportunities for the ongoing redevelopment of key visual aids related to using the GIVE trigger</td>
<td></td>
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<tr>
<td>5. etc</td>
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ADDITIONAL COMMENTS

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<tr>
<th>COMPONENT</th>
<th>QUALITY AND SAFETY DOMAIN</th>
<th>KEY PERFORMANCE INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Clinical effectiveness</td>
<td>DonateLife Audit is implemented fully and consistently according to the DonateLife Audit Guide</td>
</tr>
</tbody>
</table>

**KEY PERFORMANCE INDICATORS**

By July 2014:

1. Implement the DonateLife Audit in accordance with the DonateLife Audit Guide. Implementation of the audit includes:
   - submitting audit data to the Organ and Tissue Authority within a month of activity;
   - undertaking case review meetings at a local hospital and jurisdictional level; and
   - providing feedback to the clinicians involved in any case that was discussed.

**ACTIONS**

This is a **SAMPLE** list of actions that could be undertaken to achieve the key performance indicators. Amend the list of actions according to the hospital context.

<table>
<thead>
<tr>
<th>ACTIONS</th>
<th>RESPONSIBILITY</th>
<th>COMMENTS/OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Familiarise team with the DonateLife Audit Guide and supporting materials</td>
<td>Nominate a member of the DonateLife Network hospital-based team who is responsible for each action.</td>
<td></td>
</tr>
<tr>
<td>2. Develop and implement internal planning processes to ensure that the DonateLife Audit data is always provided to the Organ and Tissue Authority within one month after the close of each month (e.g. forward planning to cover for any annual leave or other contingencies)</td>
<td></td>
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</tr>
<tr>
<td>3. Review monthly death audit data to identify effectiveness of donor identification and referral system to inform ongoing clinical practice improvement</td>
<td></td>
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<tr>
<td>4. ‘Outcomes of the DonateLife Audit’ is a standing item on the agenda for</td>
<td></td>
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</tbody>
</table>
HOSPITAL ACTIVITY PLAN

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</thead>
<tbody>
<tr>
<td><strong>regular clinical meetings with DonateLife Network, ICU and ED staff</strong></td>
<td></td>
</tr>
<tr>
<td><strong>5. Conduct regular case review meetings at your hospital and identify cases to be discussed at a jurisdictional level</strong></td>
<td></td>
</tr>
<tr>
<td><strong>6. Promptly refer any DonateLife Audit issues to local DonateLife Audit Officer or OTA as necessary</strong></td>
<td></td>
</tr>
<tr>
<td><strong>7. etc</strong></td>
<td></td>
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</tbody>
</table>

**ADDITIONAL COMMENTS**
# HOSPITAL ACTIVITY PLAN

## TO IMPLEMENT

### THE DONATELIFE CLINICAL PRACTICE IMPROVEMENT PROGRAM

<table>
<thead>
<tr>
<th>COMPONENT</th>
<th>QUALITY AND SAFETY DOMAIN</th>
<th>Hospital-based teams are established to work together to identify and resolve issues that impact donation performance in the hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Workforce / Professional Development</td>
<td></td>
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</tbody>
</table>

## KEY PERFORMANCE INDICATORS

**By July 2014:**

1. Each DonateLife Network hospital has a hospital-based team dedicated to improving organ, eye and tissue donation in the hospital

## ACTIONS

This is a **SAMPLE** list of actions that could be undertaken to achieve the key performance indicators. Amend the list of actions according to the hospital context.

<table>
<thead>
<tr>
<th>ACTIONS</th>
<th>RESPONSIBILITY</th>
<th>COMMENTS/OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Establish a hospital-based organ, eye and tissue donation team which could include other DonateLife Network staff and/or other hospital personnel e.g. clinical nurse educators; ICU/ED/OT doctors and nurses; and medical records/allied health/pastoral care staff</td>
<td>Nominate a member of the DonateLife Network hospital-based team who is responsible for each action.</td>
<td></td>
</tr>
<tr>
<td>2. Hospital-based teams meet regularly to develop and implement the Clinical Practice Improvement Program (CPIP) initiatives in each hospital</td>
<td></td>
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<tr>
<td>3. Hospital-based teams make opportunities for sharing information between hospitals in the local DonateLife Network as well as jurisdictionally and nationally</td>
<td></td>
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<tr>
<td>4. Identify multi-disciplinary hospital staff with a particular interest in developing their expertise in organ, eye and tissue donation and related matters</td>
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<tr>
<td>5. etc</td>
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</tbody>
</table>
HOSPITAL ACTIVITY PLAN
TO IMPLEMENT
THE DONATELIFE CLINICAL PRACTICE IMPROVEMENT PROGRAM

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THE DONATELIFE CLINICAL PRACTICE IMPROVEMENT PROGRAM

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<tr>
<th>COMPONENT</th>
<th>QUALITY AND SAFETY DOMAIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Senior clinician/executive organ, eye and tissue donation champion(s) is/are identified to provide hospital leadership in organ, eye and tissue donation</td>
</tr>
<tr>
<td>Workforce / Professional Development</td>
<td></td>
</tr>
</tbody>
</table>

KEY PERFORMANCE INDICATORS
By July 2014:
1. Senior clinician/executive organ, eye and tissue donation champion(s) is/are identified
2. Senior clinician/executive champion(s) actively participate(s) in relevant committees and other relevant forums e.g. hospital quality and safety committees, local clinical governance committees, critical care committees or equivalent

<table>
<thead>
<tr>
<th>ACTIONS</th>
<th>RESPONSIBILITY</th>
<th>COMMENTS/OUTCOMES</th>
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</thead>
<tbody>
<tr>
<td>This is a SAMPLE list of actions that could be undertaken to achieve the key performance indicators. Amend the list of actions according to the hospital context.</td>
<td>Nominate a member of the DonateLife Network hospital-based team who is responsible for each action.</td>
<td></td>
</tr>
<tr>
<td>1. Engage with hospital leaders e.g. critical care medical/ nursing medical directors, to identify one or more organ, eye and tissue donation senior clinical/executive champions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Utilise the senior clinical/executive champion(s) to establish organ, eye and tissue donation as an agenda item on relevant committees. Sample agenda items include regular donation statistics and local processes/issues related to organ and tissue donation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Report membership and attendance of relevant senior clinical/executive champion(s) on appropriate committees to the DonateLife Network leadership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Invite senior clinical/executive champion(s) to attend clinical case reviews</td>
<td></td>
<td></td>
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</tbody>
</table>
**HOSPITAL ACTIVITY PLAN**

**TO IMPLEMENT**

**THE DONATELIFE CLINICAL PRACTICE IMPROVEMENT PROGRAM**

<table>
<thead>
<tr>
<th>and provide feedback on relevant organ, eye and tissue donation matters through the hospital committee structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Link organ, eye and tissue donation processes and reporting to existing structures, processes and reporting tools where possible e.g. report on organ donation outcomes in the hospital annual report</td>
</tr>
<tr>
<td>6. etc</td>
</tr>
</tbody>
</table>

**ADDITIONAL COMMENTS**
# HOSPITAL ACTIVITY PLAN
## TO IMPLEMENT
### THE DONATELIFE CLINICAL PRACTICE IMPROVEMENT PROGRAM

<table>
<thead>
<tr>
<th>COMPONENT</th>
<th>QUALITY AND SAFETY DOMAIN</th>
<th>KEY PERFORMANCE INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Workforce / Professional Development</td>
<td>DonatedLife Network hospital-based staff undertake regular organ, eye and tissue donation professional training to maintain clinical currency</td>
</tr>
</tbody>
</table>

**KEY PERFORMANCE INDICATORS**

**By July 2014:**

1. All DonateLife Network hospital-based staff participate in 80% of all jurisdictional and national educational forums

**ACTIONS**

This is a **SAMPLE** list of actions that could be undertaken to achieve the key performance indicators. Amend the list of actions according to the hospital context.

<table>
<thead>
<tr>
<th>ACTIONS</th>
<th>RESPONSIBILITY</th>
<th>COMMENTS/OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Each DonateLife Network hospital-based staff members has a professional development plan</td>
<td>Nominate a member of the DonateLife Network hospital-based team who is responsible for each action.</td>
<td></td>
</tr>
<tr>
<td>2. Attend and participate in jurisdictional and national meetings and educational forums e.g. case reviews, DonateLife Network Annual Forum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Attend and participate in role-specific core educational activities e.g. Professional Education Package (PEP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Maintain attendance records for all DonateLife Network meetings and report attendance to hospital line managers in accordance with local procedures to inform ongoing professional development conversations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Report attendance at educational forums and research scholarship applications and outcomes six monthly to the State Medical Director</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Record attendance at educational forums in the professional</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## HOSPITAL ACTIVITY PLAN

**TO IMPLEMENT**

**THE DONATELIFE CLINICAL PRACTICE IMPROVEMENT PROGRAM**

<table>
<thead>
<tr>
<th>Development plan for each DonateLife Network staff member</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Utilise organ, eye and tissue donation scholarships and research opportunities e.g. NHMRC Translating Research into Practice (TRIP) Fellowship and Janette Hall Scholarship, and apply relevant outcomes to improve clinical practice</td>
</tr>
<tr>
<td>8. As part of the professional development plan, DLN hospital-based staff present on organ, eye and tissue donation at relevant forums</td>
</tr>
<tr>
<td>9. etc</td>
</tr>
</tbody>
</table>

### ADDITIONAL COMMENTS

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**HOSPITAL ACTIVITY PLAN**

**TO IMPLEMENT**

**THE DONATELIFE CLINICAL PRACTICE IMPROVEMENT PROGRAM**

<table>
<thead>
<tr>
<th>COMPONENT</th>
<th>QUALITY AND SAFETY DOMAIN</th>
<th>Workforce / Professional Development</th>
<th>Annual performance and development reviews of DonateLife Network hospital-based staff by the SMD or delegate are held according to local position descriptions and performance processes</th>
</tr>
</thead>
</table>

**KEY PERFORMANCE INDICATORS**

**By July 2014:**

1. Each DonateLife Network hospital staff member undertakes an annual performance and development review with SMD, line manager (direct report) or delegate according to jurisdictional processes

**ACTIONS**

This is a **SAMPLE** list of actions that could be undertaken to achieve the key performance indicators. Amend the list of actions according to the hospital context.

<table>
<thead>
<tr>
<th>ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop/update formal and current position descriptions for all DonateLife Network hospital roles as per hospital and DonateLife policy</td>
</tr>
<tr>
<td>2. Ensure the local position descriptions (roles, responsibilities and KPIs) align with the DonateLife Roles and Responsibilities Guidelines</td>
</tr>
<tr>
<td>3. Under the leadership of the State Medical Director and DonateLife Operations/Agency/Clinical Managers (as appropriate) establish reporting lines for medical and nursing donation specialists within each DonateLife Network hospital</td>
</tr>
<tr>
<td>4. Hospital-based and DonateLife Network leaders (State Medical Directors and Operations/Agency/Clinical Managers) develop and implement at least annual performance and development reviews according to jurisdictional processes to manage DonateLife Network</td>
</tr>
</tbody>
</table>

**RESPONSIBILITY**

Nominate a member of the DonateLife Network hospital-based team who is responsible for each action.

**COMMENTS/OUTCOMES**
HOSPITAL ACTIVITY PLAN
TO IMPLEMENT
THE DONATELIFE CLINICAL PRACTICE IMPROVEMENT PROGRAM

<table>
<thead>
<tr>
<th>staff performance</th>
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<tbody>
<tr>
<td>5. etc</td>
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</table>

**ADDITIONAL COMMENTS**


# HOSPITAL ACTIVITY PLAN

## TO IMPLEMENT

### THE DONATELIFE CLINICAL PRACTICE IMPROVEMENT PROGRAM

<table>
<thead>
<tr>
<th>COMPONENT</th>
<th>QUALITY AND SAFETY DOMAIN</th>
<th>Risk Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Serious adverse events related to organ, eye and tissue donation are reported within existing hospital, DonateLife Agency, jurisdictional and national systems, as appropriate</td>
<td></td>
</tr>
</tbody>
</table>

## KEY PERFORMANCE INDICATORS

By July 2014:

1. Organ, eye and tissue donation risks are identified and managed in accordance with local hospital/jurisdictional policies.
2. All serious organ, eye and tissue donation adverse events are reported within 24 hours to the State Medical Director (SMD).

## ACTIONS

This is a **SAMPLE** list of actions that could be undertaken to achieve the key performance indicators. Amend the list of actions according to the hospital context.

<table>
<thead>
<tr>
<th>ACTIONS</th>
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<th>COMMENTS/OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identify local hospital and DonateLife Network policies/procedures/guidelines for reporting serious adverse events</td>
<td>Nominate a member of the DonateLife Network hospital-based team who is responsible for each action.</td>
<td></td>
</tr>
<tr>
<td>2. Understand reporting responsibilities within hospital and DonateLife Network guidelines for reporting serious adverse events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Report all organ, eye and tissue donation adverse events via the hospital incident reporting system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Report all organ, eye and tissue donation adverse events within 24 hours to the SMD</td>
<td></td>
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<tr>
<td>5. All serious adverse events are reviewed and appropriate action taken including development of risk mitigation strategies</td>
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<tr>
<td>6. etc</td>
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</table>
# Hospital Activity Plan

**To Implement**

*The DonorLife Clinical Practice Improvement Program*

## Additional Comments

<table>
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<tr>
<th>ADDITIONAL COMMENTS</th>
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**TO IMPLEMENT**

**THE DONATELIFE CLINICAL PRACTICE IMPROVEMENT PROGRAM**

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<th>KEY PERFORMANCE INDICATORS</th>
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<tbody>
<tr>
<td><strong>11</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consumer Participation and Satisfaction</td>
<td>Potential donor family experience of donation is a structured and supportive process (regardless of whether donation proceeds)</td>
</tr>
</tbody>
</table>

### KEY PERFORMANCE INDICATORS

By July 2014:

1. All DonateLife Network hospital-based staff have attended core and practical Family Donation Conversation (FDC) training

### ACTIONS

This is a **SAMPLE** list of actions that could be undertaken to achieve the key performance indicators. Amend the list of actions according to the hospital context.

<table>
<thead>
<tr>
<th>ACTIONS</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1. All families are handed over to the Donor Family Support Coordinator according to jurisdictional practice</td>
<td>Nominate a member of the DonateLife Network hospital-based team who is responsible for each action.</td>
<td></td>
</tr>
<tr>
<td>2. Access FDC and other relevant training and support in dealing with potential donor families</td>
<td></td>
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<tr>
<td>3. Any issues raised by donor families are dealt with within 4 weeks or earlier (if appropriate)</td>
<td></td>
<td></td>
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<tr>
<td>4. Link donor family feedback into existing hospital consumer feedback processes</td>
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<tr>
<td>5. etc</td>
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TO IMPLEMENT  
THE DONATELIFE CLINICAL PRACTICE IMPROVEMENT PROGRAM

<table>
<thead>
<tr>
<th>COMPONENT</th>
<th>QUALITY AND SAFETY DOMAIN</th>
<th>12</th>
<th>DonateLife Week and other community education and awareness events are undertaken and reported</th>
<th>Consumer Participation and Satisfaction</th>
</tr>
</thead>
</table>

### KEY PERFORMANCE INDICATORS

By July 2014:

1. Each DonateLife Network hospital based team conducts at least one community education and awareness event
2. A calendar of educational and community events is established and maintained for each DonateLife Network hospital

### ACTIONS

This is a SAMPLE list of actions that could be undertaken to achieve the key performance indicators. Amend the list of actions according to the hospital context.

<table>
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<tr>
<th>ACTIONS</th>
<th>RESPONSIBILITY</th>
<th>COMMENTS/OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Establish and maintain a hospital events calendar</td>
<td>Nominate a member of the DonateLife Network hospital-based team who is responsible for each action.</td>
<td></td>
</tr>
<tr>
<td>2. Incorporate the educational and community events into the local hospital calendar</td>
<td></td>
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<tr>
<td>3. Establish and maintain regular contact with DonateLife Agency Communications Manager and local hospital Communications Manager</td>
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<tr>
<td>4. Engage with the Consumer Advisory Committee (or equivalent)</td>
<td></td>
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<tr>
<td>5. Apply for Organ and Tissue Authority Community Awareness Grants to fund hospital-based community educational events</td>
<td></td>
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<tr>
<td>6. Undertake off site community awareness education according to jurisdictional processes e.g. Lions, Rotary, General Practitioners, schools</td>
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</table>

27 | Page
# HOSPITAL ACTIVITY PLAN

**TO IMPLEMENT**

## THE DONATELIFE CLINICAL PRACTICE IMPROVEMENT PROGRAM

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<tbody>
<tr>
<td>7.</td>
<td>Report to the DonateLife Agency on local community education and awareness activity</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Engage with local Culturally and Linguistically Diverse (CALD) community representatives according to the national CALD strategy e.g. Indigenous Liaison Officers, local religious leaders</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>etc</td>
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</table>

## ADDITIONAL COMMENTS

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28 | Page
### DONELIFE NETWORK HOSPITAL SURVEY

**STATUS OF ACHIEVEMENT AGAINST THE KEY PERFORMANCE INDICATORS OF THE CLINICAL PRACTICE IMPROVEMENT PROGRAM**

**Introduction**

The DonateLife Clinical Governance Framework (CGF) describes the system by which all involved share responsibility and accountability for the quality of care, continuous improvement, risk minimisation and fostering of excellence in organ and tissue donation within hospitals.

The DonateLife CGF supports implementation of the Clinical Practice Improvement Program (CPIP) in all DonateLife Network hospitals across Australia. The DonateLife CPIP identifies 12 components which collectively define best practice as it relates to organ and tissue donation in the hospital environment.

The 12 components are categorised according to the four quality domains identified in the DonateLife CGF: clinical effectiveness; workforce/professional development; risk management; and consumer participation and satisfaction.

This survey is to be undertaken by hospital-based donation specialist staff in DonateLife Network hospitals. The purpose of the survey is to baseline achievement against the KPIs with a view to mapping trends over time.

**Instructions**

1. Complete the hospital and hospital-based staff identification details.
2. For each KPI, click the cell in the ‘Response’ column.
3. For quantitative KPIs, a two-option drop-down list will appear. Click on the most appropriate option: ‘achieved’ or ‘not achieved’.
4. For qualitative KPIs, a three-option drop-down list will appear. Click on the most appropriate option: ‘achieved’, ‘partially achieved’ or ‘not achieved’.
5. Submit the completed survey via email to the State Medical Director/DonateLife Agency by WEDNESDAY, 31 JULY 2013.
6. The State Medical Director/DonateLife Agency will audit the surveys for completeness with a view to submitting the full set of completed surveys to the OTA by Friday, 16 August 2013.
7. For assistance, please contact your Jurisdictional CGF Lead. If unknown, contact the DonateLife Agency Manager.

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**Quality and Safety Domain**

<table>
<thead>
<tr>
<th>COMPONENTS</th>
<th>KEY PERFORMANCE INDICATORS</th>
<th>RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organ, eye and tissue donation is considered in all end-of-life situations and pursued where appropriate</td>
<td>1.1 100% of potential donors identified</td>
<td></td>
</tr>
<tr>
<td>Organ, eye and tissue donation is discussed at regular ICU meetings and other clinical forums, including local hospital review of all actual and potential donor cases</td>
<td>2.1 Organ, eye and tissue donation is a standard agenda item for ICU, ED and other hospital clinical meetings</td>
<td></td>
</tr>
<tr>
<td>Organ, eye and tissue donation policies/procedures/guidelines are drafted and incorporated into standard hospital/unit policy and procedure manuals</td>
<td>3.1 Each DonateLife hospital has formal and current policies/procedures for organ and tissue donation, addressing as a minimum: Donation after Brain Death (DBD); Donation after Cardiac Death (DCD) (where required); GIVE trigger use; Donation process for organ, eye and tissue donation and eye and tissue only donation</td>
<td></td>
</tr>
<tr>
<td>GIVE trigger implementation is reviewed annually and feedback used to inform ongoing use and education</td>
<td>4.1 GIVE trigger is implemented in ED and ICU in all DonateLife Network hospitals</td>
<td></td>
</tr>
<tr>
<td>DonateLife Audit is implemented fully and consistently according to the DonateLife Audit Guide</td>
<td>5.1 Implement the DonateLife Audit in accordance with the DonateLife Audit Guide. Implementation of the audit includes: submitting audit data to the Organ and Tissue Authority within a month of activity; undertaking case review meetings at a local hospital and jurisdictional level; and providing feedback to the clinicians involved in any case that was discussed</td>
<td></td>
</tr>
</tbody>
</table>

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**Jurisdiction:**

Hospital name:  
Clinical Governance Framework hospital lead:  
Other DonateLife Network hospital-based staff:
<table>
<thead>
<tr>
<th>Workforce/Professional development</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Hospital-based teams are established to work together to identify and resolve issues that impact donation performance in the hospital</td>
<td>6.1 Each DonateLife Network hospital has a hospital-based team dedicated to improving organ, eye and tissue donation in the hospital</td>
</tr>
<tr>
<td>7</td>
<td>Senior clinician/executive organ, eye and tissue donation champion(s) is/are identified to provide hospital leadership in organ, eye and tissue donation</td>
<td>7.1 Senior clinician/executive organ, eye and tissue donation champion(s) is/are identified</td>
</tr>
<tr>
<td>8</td>
<td>DonateLife Network hospital-based staff undertake regular organ, eye and tissue donation professional training to maintain clinical currency</td>
<td>8.1 All DonateLife Network hospital-based staff participate in 80% of all jurisdictional and national educational forums</td>
</tr>
<tr>
<td>9</td>
<td>Annual performance and development reviews of DonateLife Network hospital-based staff by the SMD or delegate are held according to local position descriptions and performance processes</td>
<td>9.1 Each DonateLife Network hospital staff member undertakes an annual performance and development review with SMD, line manager (direct report) or delegate according to jurisdictional processes</td>
</tr>
<tr>
<td>Risk Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Serious adverse events related to organ, eye and tissue donation are reported within existing hospital, DonateLife Agency, jurisdictional and national systems, as appropriate</td>
<td>10.1 Organ, eye and tissue donation risks are identified and managed in accordance with local hospital/jurisdictional policies</td>
</tr>
<tr>
<td>11</td>
<td>Potential donor family experience of donation is a structured and supportive process (regardless of whether donation proceeds)</td>
<td>10.2 All serious organ, eye and tissue donation adverse events are reported within 24 hours to the State Medical Director (SMD)</td>
</tr>
<tr>
<td>Consumer Participation and Satisfaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>DonateLife Week and other community education and awareness events are undertaken and reported</td>
<td>11.1 All DonateLife Network hospital-based staff have attended core and practical Family Donation Conversation (FDC) training</td>
</tr>
<tr>
<td>12.1</td>
<td>Each DonateLife Network hospital based team conducts at least one community education and awareness event</td>
<td></td>
</tr>
<tr>
<td>12.2</td>
<td>A calendar of educational and community events is established and maintained for each DonateLife Network hospital</td>
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