National Reform Agenda summary of progress

This section of the report consists of two parts:

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<th>Activities in the states and territories</th>
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<td>Part A provides a summary of progress made during the reporting period under each of the nine measures on a national level.</td>
<td>Part B provides a glimpse of significant activities undertaken by DonateLife staff at the jurisdictional level.</td>
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Part A: National achievements

National network of DonateLife Agencies

The DonateLife Agencies continued to build capability and capacity in 2010–11. Under the guidance of the National Medical Director and the leadership of the state medical directors (SMDs), the agencies progressively implemented a nationally consistent and coordinated service that aligns with the nine measures of the National Reform Agenda.

We continued to fund states and territories to employ agency managers, organ and tissue donation coordinators, educators, communication officers, DFS officers, and data and audit personnel. The employees facilitate the organ and tissue donation process, support donor families, provide performance data, and educate clinical staff and the community on organ and tissue donation in conjunction with the hospital-based medical specialists.

The agencies have implemented a performance management framework that enables us to track jurisdictional performance against allocated resources, organisational objectives and outcomes. As part of the performance framework, Business Management Plans were implemented across each state and territory, against which progress reports are submitted to the Authority each quarter.
The agencies continue to play an integral role in implementing the National Reform Agenda, participating and contributing to key committees and working groups with the Authority. They are committed to proactively managing the positive challenges of increased organ donation activity.

**DonateLife Hospital Performance Audit**

The DonateLife Audit provides for a nationally consistent method of managing a retrospective audit to collect data about hospital deaths in the context of organ donation. This difficult accomplishment required adapting work practices across each jurisdiction and implementing data collection in a nationally consistent way across the 77 hospitals in the DonateLife Network.

The data obtained from the audit is used to quantify state and national potential for organ donation, identify missed donation opportunities, and determine the consent rate for organ donation. It also helps to identify and develop new strategies to improve Australia’s organ donation rate through the increased identification of donors and a higher consent rate. Individual hospital performance can be analysed so that these strategies can be applied at the hospital level.

The 2010 audit data was presented at the 2011 DonateLife Network Annual Forum and was distributed to the SMDs soon afterwards.

At the DonateLife Network strategic planning day held on 31 March 2011, enhancement of the audit was identified as a strategic priority for 2011–12. Subsequently, the State Medical Directors and Jurisdictional Working Group Committee agreed a strategy for enhancing the audit, and a working group of expert staff was established to implement the strategy over 2011–12.

In 2010 we captured a full calendar year of potential and actual donation activity data in the 77 hospitals of the DonateLife Network. This is the first time national data of this kind has ever been captured in Australia.

The analysis of this data is proving to be a powerful tool for identifying best practice and driving change in hospital practice that will lift donation rates.

Figures 14, 15 and 16 show the request, consent and conversion rates for donation after brain death in 2010.

The request rate shows requests as a proportion of brain dead potential donors.

The consent rate shows consents as a proportion of requests.

The conversion rate shows actual donors as a proportion of brain dead potential donors.
Figure 14: Donation after brain death, request rate by month, 2010

<table>
<thead>
<tr>
<th>Month</th>
<th>Unrealised</th>
<th>Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>17%</td>
<td>83%</td>
</tr>
<tr>
<td>Feb</td>
<td>14%</td>
<td>86%</td>
</tr>
<tr>
<td>Mar</td>
<td>16%</td>
<td>84%</td>
</tr>
<tr>
<td>Apr</td>
<td>28%</td>
<td>72%</td>
</tr>
<tr>
<td>May</td>
<td>31%</td>
<td>69%</td>
</tr>
<tr>
<td>Jun</td>
<td>21%</td>
<td>79%</td>
</tr>
<tr>
<td>Jul</td>
<td>28%</td>
<td>72%</td>
</tr>
<tr>
<td>Aug</td>
<td>28%</td>
<td>72%</td>
</tr>
<tr>
<td>Sep</td>
<td>30%</td>
<td>70%</td>
</tr>
<tr>
<td>Oct</td>
<td>25%</td>
<td>75%</td>
</tr>
<tr>
<td>Nov</td>
<td>27%</td>
<td>73%</td>
</tr>
<tr>
<td>Dec</td>
<td>27%</td>
<td>73%</td>
</tr>
</tbody>
</table>

Source: DonateLife Audit 2010

Figure 15: Donation after brain death, consent rate by month, 2010

<table>
<thead>
<tr>
<th>Month</th>
<th>Non-consent</th>
<th>Consents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>21%</td>
<td>79%</td>
</tr>
<tr>
<td>Feb</td>
<td>20%</td>
<td>80%</td>
</tr>
<tr>
<td>Mar</td>
<td>20%</td>
<td>80%</td>
</tr>
<tr>
<td>Apr</td>
<td>20%</td>
<td>80%</td>
</tr>
<tr>
<td>May</td>
<td>21%</td>
<td>79%</td>
</tr>
<tr>
<td>Jun</td>
<td>28%</td>
<td>72%</td>
</tr>
<tr>
<td>Jul</td>
<td>26%</td>
<td>74%</td>
</tr>
<tr>
<td>Aug</td>
<td>23%</td>
<td>77%</td>
</tr>
<tr>
<td>Sep</td>
<td>23%</td>
<td>77%</td>
</tr>
<tr>
<td>Oct</td>
<td>23%</td>
<td>77%</td>
</tr>
<tr>
<td>Nov</td>
<td>23%</td>
<td>77%</td>
</tr>
<tr>
<td>Dec</td>
<td>16%</td>
<td>84%</td>
</tr>
</tbody>
</table>

Source: DonateLife Audit 2010
Figure 16: Donation after brain death, conversion rate by month, 2010

National electronic donor record

The aim of implementing a national electronic donor record for offering organs for transplantation is to help streamline organ offering processes. We hope it will improve the efficiency of collecting and disseminating the accurate clinical information needed by transplant specialists to determine the acceptance of organs for transplantation and their allocation to suitable recipients.

In late 2010 we researched the global market for a mature information management system that would address the electronic donor record requirements. We found that there are many products offering standard functionality around organ and tissue consent, offer, allocation and follow-up.

In 2011–12 we will engage a service provider to supply an information management system that will address the electronic donor record requirement.
**Specialist hospital staff**

In 2010–11 we continued to provide funding to major public and private hospitals in each jurisdiction to employ specialist organ and tissue hospital-based medical directors and nursing staff. The hospital-based staff work with the SMDs to educate clinical staff, collect data for reporting on national performance, and support the donation process in each of the 77 hospitals across Australia. Hospital-based staff work closely with clinical teams, particularly those in emergency departments, ICUs and operating theatres, as well as the agency staff.

Staff levels remained stable throughout the reporting period, with 99% of positions occupied at 30 June 2011. This high occupancy rate has helped to facilitate clinical practice reform and cultural change in hospitals.

We continue to monitor each hospital’s progress through a performance framework that enables comparison across all hospitals at the national and jurisdictional levels.

**Clinical trigger protocol**

We have implemented a nationally consistent ‘clinical trigger’ protocol to help clinical staff identify potential organ and tissue donors. This is known as the GIVE protocol, which stands for GCS≤5; intubated; ventilated; end-of-life care. The trigger has been adopted as the national protocol and has been endorsed by peak professional bodies, including the Australian New Zealand Intensive Care Society (ANZICS), the Australian College of Emergency Medicine, the College of Intensive Care Medicine, and the Australian Critical Care Nurses Association. The GIVE protocol has been implemented in emergency departments and ICUs across nominated hospitals in the DonateLife Network.
In 2010–11 Queensland joined the rest of Australia by implementing the GIVE protocol in 16 hospitals around the state to help clinicians in emergency departments and ICUs identify potential organ and tissue donors. As a result, more Queenslanders and their families who support donation are given the opportunity to donate and help others.

There was an increase in referrals to DonateLife staff, in accordance with the GIVE protocol, and awareness of organ donation potential also increased among hospital staff.

**DonateLife Network Annual Forum**

In March 2011 the Authority brought the DonateLife Network together for the second annual forum under the theme ‘Connecting people – Transforming lives’. In addition to our staff, participants included members of the network, Australian eye and tissue banking staff, Advisory Council members, and representatives of relevant Commonwealth, state and territory health departments. The primary objective was to provide the network with the opportunity to learn from national and international best practice in donation and to contribute to the future implementation of the National Reform Agenda.

International speakers included Dr Alex Manara from the United Kingdom and Mr Nathan Howard, CEO of the Gift of Life Institute, Philadelphia, United States.

Delegates were asked to provide an evaluation of the annual forum. Analysis of the evaluations revealed that delegates:

- were most enthusiastic about the concurrent sessions, particularly the session on models for requesting consent and the DCD study
- were of the view that, in future, forum sessions should be shorter with more time for discussion or break-out groups, and with stricter time management.

A one-day induction for staff new to the DonateLife Network was held the day before the annual forum. The program provided participants with an overview of the National Reform Agenda and the DonateLife Network.

On the day following the forum, key stakeholders (including Advisory Council members, SMDs, jurisdictional representatives, agency managers and our Senior Executive Service staff) met to discuss and confirm the six strategic priorities for 2011–12.

Dr Gerry O’Callaghan speaking at the DonateLife Network Forum 2011.
**Measure 3**

New funding for hospitals

**Hospital funding**

Under this measure, individual hospitals are provided with funding to address additional staffing, bed and other infrastructure costs associated with organ donation. The funding ensures costs are not a barrier to hospitals for organ donation to proceed. These additional costs vary between hospitals and may include pathology and imaging, staffing time in emergency departments, ICUs and operating suites.

In 2010–11 funding was provided to 78 public and private hospitals across Australia. In order to claim funding, hospitals are required to maintain a record of donation-related activities using a specific data collection tool. Using trigger points, the tool captures details at the patient level and aggregates the information to pre-populate de-identified activity information in a claim form. Activities are recorded monthly and claims are acquitted retrospectively by quarter.

Funding for the first quarter (July–September 2010) used a four-trigger point model (Activity-Based Funding) to determine the allocation of funding to hospitals. According to the terms agreed between states and territories and the Authority, the Activity-Based Funding was reviewed within the first 12 months of its application and enhancements were made. One of these enhancements saw the release of an updated claim tool, the Organ Donation Hospital Support Funding model, released to hospitals in October 2010. This introduced a six-trigger point model to more accurately cover costs incurred by hospitals as a result of donation. The new model was used in the second, third and fourth quarters of 2010–11 (October 2010 – June 2011).

We will undertake a further review of the Organ Donation Hospital Support Funding model in 2011–12. The results will inform decisions about modifications to the current process for providing funding for hospitals.
This measure makes available targeted education and training to the clinical community about organ and tissue donation for transplantation.

On 1 July 2010 the Authority assumed responsibility from the Australian Red Cross Blood Service for the Australasian Donor Awareness Program (ADAPT). This is a workshop-based program designed to provide health professionals with continuing education on organ and tissue donation.

In 2010–11 we worked with DonateLife Agencies to ensure the continued delivery of ADAPT in every state and territory and provided funding to conduct the workshops. We also worked with peak professional bodies to review the content of ADAPT workshops, and to maintain support and endorsement of the program for continuing nursing and medical education. The professional organisations we worked with included ANZICS, the College of Intensive Care Medicine of Australia and New Zealand, the Australian College of Critical Care Nurses, and the Royal College of Nursing Australia.

During the year we started developing a new one-day Family Conversation Workshop to provide intensive training for managing the donation requesting process with potential donor families. The workshop will provide health professionals with a greater understanding of the grief and loss experienced by the families of potential donors and help them develop skills in sensitively requesting consent to organ donation. A pilot of the workshop will be conducted in 2011. This training will contribute to increasing consent rates, which is one of the six strategic priorities for the DonateLife Network in 2011–12.

In October 2010 we established the Education Coordinators Network as a forum for communication between the Authority and agency education coordinators for developing and planning national education activities. The network has provided valuable input to a number of activities and resources, such
as revision of ADAPT, the Annual National Induction Day program, and clinical revision of DFS resources.

In December 2010 we released a national package of presentations for educating people on the key issues and processes involved in organ, eye and tissue donation for transplantation. The package provides clinical education on 10 key topics and is available on the DonateLife portal for use by the DonateLife Network.

In January 2011 we partnered with the National Health and Medical Research Council (NHMRC) and offered a Translating Research into Practice fellowship. The fellowship sought a health professional to undertake a practical project addressing an evidence-practice gap in the identification and/or management of organ and tissue donors, in order to increase donation rates in Australia. The NHMRC is managing the selection of a fellow to start in 2012.

A National Induction Day was held in March 2011 as part of the DonateLife Network Annual Forum, with 56 new staff attending from around Australia. The day received positive feedback and addressed a variety of topics, including eye and tissue donation, support for donor families, data and reporting, common workplace challenges, professional education and media.

At the forum we announced the establishment of the Janette Hall Professional Training and Development Scholarship. Janette Hall was a hospital senior nurse from South Australia who was actively involved with organ and tissue donation for many years, and who passed away in December 2010. In 2011, the inaugural round of the scholarship will provide funding for up to three health professionals working in the donation and transplantation sector to attend international training and education.

We commissioned two independent evaluations of the Organ Donor and Transplant Recipient Coordinators’ Advanced Course held in Adelaide from 16–20 May 2011. The evaluation was conducted to obtain advice on the future development of an advanced national training program for formal certification of organ donor coordinators.

Participants at the DonateLife Network Forum 2011.
The National DonateLife Communications Strategy 2010–11 provided the strategic framework and direction for the National Community Awareness and Education program, including the DonateLife campaign.

We conducted two phases of the DonateLife campaign in 2010–11. DonateLife Agencies and other signatories to the National Communications Charter, including community organisations, partnered with the Authority to extend the reach and impact of the campaign at the local level.

Phase 1 of the DonateLife campaign, ‘DonateLife. Discuss it today, OK?’, encouraged Australians to discuss their organ and tissue donation wishes with family members. This phase took place from 23 May – 3 July 2010. Extended campaign activity took place in two further periods: 1 December 2010 – 1 January 2011 and 30 January – 21 May 2011.

Phase 2 of the DonateLife campaign, ‘DonateLife. Know their wishes, OK?’, commenced on 22 May 2011. The call to action changed from encouraging Australians to discuss their own donation wishes with family members to asking and knowing the donation wishes of their next of kin.

Four waves of tracking research were conducted by Woolcott Research in 2010–11 to measure the ongoing effectiveness of the National Community Awareness and Education program, including the ongoing DonateLife campaign. The research is tracked against our benchmark study conducted in May 2010.

The results for 2010–11 showed:

- Family discussion about donation wishes increased by 12% from the May 2010 benchmark of 48%, to 60%.
- Awareness of family members’ donation wishes increased by 6% from the May 2010 benchmark of 51%, to 57%.
- Knowledge of the role of family consent increased by 10% from the May 2010 benchmark of 64%, to 74%.
A highlight in 2010–11 was the inaugural DonateLife Week (Sunday 20 – Sunday 27 February 2011), with 290 events held across Australia, united under a common theme. The awareness week was supported by advertising with the call to action being ‘Any day is a good day to talk about organ and tissue donation, especially this week because it’s DonateLife Week’.

The DonateLife Book of Life featured at 46 events around Australia during the week and continued to be used as an awareness-raising tool in 2011.

Media activity during DonateLife Week achieved high levels of key message penetration and generated a total of 1,633 press, radio, television and online items, a total editorial value of $11,188,675 and a cumulative audience reach of 41,625,141 Australians.

Between 20 January and 27 February 2011 we secured daily media coverage of the campaign and awareness week, representing a strong sustained period of awareness.

We conducted two rounds of Community Awareness Grants in 2010–11 to support community-based activities aligned with the National Community Awareness and Education program.

The first round in November 2010 invited eligible organisations to apply for funding to conduct community awareness activities to be held during DonateLife Week. Funding was awarded to 10 applicants. Activities included:

- the annual DonateLife Walk in Canberra, ACT, attended by more than 1,000 people and organised by Gift of Life
- the Great Debate in Perth, organised by the Organ Donation and Transplantation Foundation in Western Australia
- Transplant Australia’s DonateLife Beachwalk held on Bondi Beach in Sydney, New South Wales.

While the mainstream campaign activities have resonated well with culturally and linguistically diverse audiences, we commissioned an in-depth study to better understand and identify those audiences most likely to benefit from targeted
communications and engagement. These groups included Hindu, Greek Orthodox, Muslim, Buddhist and Aboriginal and Torres Strait Islander audiences. This informed the second round of Community Awareness Grants held in May 2011 and resulted in funding being awarded to 18 applicants. These activities are designed to address potential barriers to discussion and decision-making about organ and tissue donation within culturally and linguistically diverse audiences.

There are 50 signatories to the National Communications Charter, consisting of state and territory governments, DonateLife Agencies, eye and tissue banks and community organisations. We held two meetings with charter signatories, in November 2010 and May 2011, to enable their contribution to implementation of the National Reform Agenda and development of the National Community Awareness and Education program.

In March 2011 the DonateLife campaign was awarded the prestigious International Association of Business Communicators’ Gold Quill Award for excellence in communications in the Social Responsibility category. The DonateLife website was awarded Best Government or Non-Government website by the Australian Interactive Media Industry Association.
Donor family support

The Authority continues to fund DFS coordinators in every jurisdiction to provide nationally consistent and best practice support to donor families.

A suite of resources has been developed under the National DFS Service Framework to deliver a consistent and high standard of care.

We focus-tested DFS resources in 2010–11 to determine whether they were meeting the needs of donor families. DFS resources have now been revised in line with the findings of the focus testing and will be available for use in 2011–12.

Erin Brown, Donor Family Support Officer ACT.
In June 2010 the *Organ Transplantation from Deceased Donors: Consensus Statement on Eligibility Criteria and Allocation Protocols* was completed and submitted to the Authority by the Transplantation Society of Australia and New Zealand (TSANZ).

During 2010–11 we held consultations with jurisdictions and the DonateLife Network, who provided extensive feedback on the management and monitoring of the Consensus Statement.

The Consensus Statement was launched on 1 July 2011 by the Parliamentary Secretary for Health and Ageing at the TSANZ Annual Scientific Meeting in Canberra.

In June 2011 we committed additional funding to provide secretariat support to the standing committees of TSANZ and to liaise with other agencies to maintain the clinical currency of the Consensus Statement for organ and tissue transplantation in Australia.
This measure aims to increase eye and tissue donation rates in Australia by introducing systems that will deliver a coordinated, accountable, national tissue transplantation service across Australia.

Progress has been made to varying degrees in integrating the eye and tissue sector into the DonateLife Network. However, the level of integration differs between jurisdictions. A number of jurisdictions have transferred governance of jurisdictional eye and tissue banks into their respective DonateLife Agencies, while others have maintained informal relationships with the DonateLife Network.

We established an Eye and Tissue Working Group in February 2011. This was in response to a request by the Clinical Technical and Ethical Principal Committee of the Australian Health Ministers’ Advisory Council to develop options for more effective eye and tissue product retrieval, processing and storage. This report will be considered by AHMAC in 2011–12.

The Therapeutic Goods Administration implemented a national regulatory framework for human tissues and emerging biological therapies, known as the Biologicals Regulatory Framework, on 31 May 2011. Eye and tissue banks have a three-year transition period from 31 May 2011 to 31 May 2014 to demonstrate legislative compliance in order to gain entry on the Australian Register of Therapeutic Goods.

We worked with the Therapeutic Goods Administration, eye and tissue banks and peak organisations such as the Australasian Tissue and Biotherapeutics Forum and the Eye Bank Association of Australian and New Zealand during the developmental phase of the Biologicals Regulatory Framework.

The Australian Government has committed funding over the three-year transition period to offset direct regulatory costs incurred by Australian publicly funded facilities and not-for-profit hospital supply units during the transition period. To implement this commitment, we have established a memorandum of understanding with the Therapeutic Goods Administration through which we will continue to monitor the implementation of the Biologicals Regulatory Framework.
Australian Paired Kidney Exchange (AKX) Program

This program increases live donor kidney transplants by identifying biologically incompatible donor–recipient pairs and matching an incompatible donor–recipient pair with a second incompatible donor–recipient pair. Exchanging donors creates two compatible matches. Paired donations can occur across a chain of donors and recipients.

The AKX Program started enrolling donor–recipient pairs in August 2010 and has resulted in 15 people receiving a kidney in 2010–11. This is an outstanding result for the first nine months of a new program and exceeds the numbers achieved in similar programs internationally. For example, six kidney transplants were achieved in the first 12 months of a similar program in the United Kingdom.

National protocol for Donation after Cardiac Death

This protocol supports national consistency in hospital procedures for Donation after Cardiac Death (DCD). The NHMRC developed the protocol through a working party chaired by our National Medical Director.

From July 2010 we assumed responsibility for national implementation of the DCD Protocol. A DCD Plain Language Statement was prepared to explain DCD and provide answers to frequently asked questions. We designed the protocol for publication, consulted with SMDs on the NHMRC’s recommendations for implementation, and developed a national implementation plan outlining the roles and responsibilities of all stakeholders involved in implementation.

The protocol was formally released in October 2010 and is available on the DonateLife website, together with the DCD Plain Language Statement.

The majority of jurisdictions (New South Wales, Victoria, South Australia, Western Australian, Australian Capital Territory and Queensland) have DCD programs in place within hospitals. Tasmania is planning implementation of a DCD program and the Northern Territory is considering the potential for a DCD program in 2011–12.
My kidney transplant story

Born in the old Alice Springs Hospital in 1959, I was a small, early baby. I suffered from polio and as a result, spent a long time in the old Hospital. The doctors told my mother that I might not survive.

I grew up in Ernabella, and later as a young woman I moved to Amata (SA) and was teaching children at pre-school there. I had two wonderful children of my own, Jocelyn and Kirsty.

One day I took Kirsty for a holiday to Warburton to see Jocelyn and other family. While I was there, I got really sick, had lots of fluid in my body; was short of breath and couldn’t walk. The doctor sent me to Kalgoorlie Hospital, then on to Perth Hospital via the Royal Flying Doctor Service.

I knew I had kidney problems because I had diabetes for years but now had complete kidney failure. I started haemodialysis in Perth and later learnt to set up my own dialysis machine, to put in my own needles for dialysis.

The doctor was really nice but it was a bit scary being in Perth and away from everyone I knew.

I decided to move to Adelaide. My youngest daughter was still a student then, she moved to Adelaide to be with me and to complete her year twelve studies.

I went through all the tests to get onto the kidney transplant waiting list, being on dialysis there for many years. While on dialysis at Wayville, a nurse told me there was a transplant kidney for me. I went straight to Queen Elizabeth Hospital after dialysis and had the transplant operation the next morning.

My transplanted kidney worked straight away and I did not need to have dialysis again!

I am very grateful for my transplant. I think it’s a good thing to donate organs.
State Medical Director NSW
Associate Professor Jonathan Gillis MBBS PhD FRACP FCICM FACHPM

Associate Professor Gillis has had a long career in paediatric intensive care and for more than 12 years has held the position of Director of the Paediatric ICU at the Children’s Hospital Camperdown and then at Westmead. He is also a qualified palliative care physician and a Clinical Associate Professor at the University of Sydney, with a PhD in the History and Philosophy of Science from the University of New South Wales.

DonateLife NSW

Key activities in 2010–11

At 30 June 2011 DonateLife NSW comprised 49 staff, including 39 clinical specialists of organ and tissue donation in 22 hospitals and 10 staff in the organ and tissue agency. During the reporting period, new hospital medical director positions were introduced to Orange Base and St Vincent’s Sydney hospitals.

Performance management meetings with hospital-based staff using data from the DonateLife Hospital Performance Audit were introduced to focus on key performance indicators in hospitals.

Education and training programs for all clinical staff were offered across the state. These programs included medical and general ADAPT workshops as well as specific education programs such as the DCD Education Workshop, Paediatric Education Day and media training for all staff.

In addition, regular DonateLife meetings, web conferences, case reviews and transplant services meetings were introduced; a regional/rural support group was established; and two DonateLife NSW staff attended the European Transplant Coordinators’ Organisation conference in Wales, United Kingdom, in September 2010.

DonateLife NSW delivered 463 presentations to a range of community groups, including service clubs and educational organisations, and held events across the state during

Bondi beach walk 2011.
This year marked the 20th anniversary of the Donate Life NSW Annual Remembrance and Reflection service. Over 350 people came together to acknowledge the generosity of donors and their families in a multi-faith service. As a feature of the service, everyone was invited to place a decorated butterfly shape in a display to symbolise the spirit of organ and tissue donors, of hope, and of the ever repetitive circle of life and renewal.

In addition, Annual Remembrance Services were conducted in Newcastle, Wollongong and Sydney.

DonateLife Week. DonateLife NSW also participated in the Youth Road Trauma Forum days at Acer Arena, Homebush Bay (attended by 12,000 high school students), and the Henty Fair, Wagga Wagga (attended by over 50,000 people). This event was supported by the Authority through a Community Awareness Grant.

DonateLife NSW provided leadership in establishing a national forum for DonateLife DFS coordinators to discuss, develop and review clinical practice and issues related to supporting donor families.

Significant effort was put into the administrative transfer of the tissue banks to the NSW Organ Tissue Donation Service. As a first step, administrative responsibility for the NSW Bone Bank was transferred to the Organ Tissue Donation Service on 1 January 2011. In May 2011 the service appointed a new manager for the integrated eye and tissue banks to oversee the development and ongoing management of a single eye and tissue bank service.

DonateLife NSW provided substantial support to the Authority across all media in national, urban and rural areas. A range of other initiatives have been implemented in NSW to enhance organ donation, including a review of organ retrieval capacity and measures to ensure effective organ retrieval, and expression of interest requests for single pathology services for all serology and nucleic acid testing.

Ms Kimberley Livingstone, a double lung transplant recipient, and Mr Terry Clout, NSW Health.

David Gough (right) promoting organ and tissue donation awareness.
State Medical Director VIC
Dr Helen Opdam MBBS FRACP FCICM
Dr Opdam is a senior intensive care specialist at the Austin Hospital in Melbourne and her interests include improving patient care through systems and processes and neuro-intensive care.

Dr Opdam has had a long-term interest in organ donation and has worked as a medical consultant for the Victorian Organ Donation Agency from 2002. In this capacity, she implemented a Victorian audit to detect potential organ donors, with a particular focus on addressing barriers to donation.

Dr Opdam was a member of the National Institute of Clinical Studies Advisory Committee for overseeing the National Organ Donation Collaborative (2006–09). She is a member of the ANZICS Death and Organ Donation Working Party and provided substantial input into the recently published ANZICS Statement on Death and Organ Donation (edition 3.1). Dr Opdam regularly facilitates ADAPT workshops that provide education to intensive care specialists and trainees and other doctors on brain death and organ donation.

Key activities in 2010–11
At 30 June 2011 DonateLife VIC comprised 73 staff, including 56 clinical specialists of organ and tissue donation in 22 hospitals and 17 staff in the organ and tissue agency.

In 2010–11 DonateLife VIC maintained its focus on providing a safe, effective and efficient organ donation coordination service. The organisation also focused on increasing rates of organ and tissue donation through donor identification and request, increasing consent, and expanding the organ donor pool by implementing DCD and safely broadening medical suitability.

The ability to fractionate the hospital medical director positions has been particularly effective in attracting to these roles senior intensive care and emergency department specialists who are well established in their hospitals. This has been a key characteristic of the successful implementation of the National Reform Agenda in Victoria.

A large volume of professional education was provided by agency and hospital staff (180 and 1,059 sessions respectively), with a particular focus on the organ donation request process and improving consistency and quality of data reported in the DonateLife Hospital Performance Audit. In addition, DonateLife VIC held highly successful and well-attended monthly half-day meetings for network staff covering a range of topics such as tissue typing, eye and tissue donation and religion and...
The DonateLife team in Victoria has gone from strength to strength and now consists of medical specialists, nurses, organ donor coordinators, a family support coordinator, a clinical manager, an operations manager, administration staff and a communications adviser.

DonateLife VIC worked closely with other organisations to jointly develop a pilot program to facilitate tissue donation in patients dying in hospital who would not be identified as tissue donors by the coronial system, with the aim of future broader implementation. The other organisations were the Lions Eye Donation Service, the Donor Tissue Bank of Victoria, and Austin and Alfred hospitals.

Implementation of DCD occurred progressively in Victorian hospitals, with four hospitals having active programs. DCD has resulted in more than 50% additional donors at these hospitals.
State Medical Director QLD
Dr Phil Sargent FRACP FJFICM

Dr Sargent has overseen organ and tissue donation services within Queensland Health since July 2009. He is a paediatric intensive care specialist with over 20 years’ experience and, most recently, was the Director of the Paediatric ICU at the Mater Children’s Hospital in Brisbane, before moving to the SMD position.

Dr Sargent has played a strong role in training and developing junior medical staff. He has been an examiner for the College of Physicians and the College of Critical Care Medicine, a Course Director in the Advanced Paediatric Life Support program, an ADAPT presenter, and Director of the Advanced Paediatric Intensive Care Simulation Program. Dr Sargent was also a state representative to the ANZICS National Board and, subsequently, the paediatric representative to the board.

Key activities in 2010–11

At 30 June 2011 DonateLife QLD comprised 34 staff, including 22 clinical specialists of organ and tissue donation in 14 hospitals and 12 staff in the organ and tissue agency.

The Organ and Tissue Donation Service was established on 1 July 2010 under the direction of Queensland’s Chief Health Officer, Dr Jeannette Young, and SMD, Dr Sargent. The Organ and Tissue Donation Service amalgamates DonateLife QLD, the Queensland Eye Bank, the Queensland Bone Bank, the Queensland Heart Valve Bank and the Queensland Skin Bank. With 38 dedicated, highly skilled staff, and a network of many more, the service is positioned to effectively deliver the national system in Queensland and provide best practice donation services to the community.

DonateLife QLD continued clinical education and awareness throughout the year, with over a thousand clinical education sessions held in the state in 2010–11. These sessions promoted awareness of organ and tissue donation within the clinical environment and were delivered by dedicated staff within the DonateLife QLD network. Nine specialist ADAPT courses, targeted at nursing, medical and other health workers involved in organ donation, were held to guarantee nationally consistent best practice in organ donation.

DonateLife QLD provided a range of outreach and community awareness activities, and Queenslanders were strong...
The annual ‘Cycle of Giving’ bike riding event was held on 26 February. Around 200 cyclists travelled in groups from the far northern suburbs of Brisbane to a cricket ground at the Prince Charles Hospital. Former transplant patients and their families and friends took part in the event, supported by DonateLife staff and cheered on by ocean sailor Jessica Watson.

Queensland appointed a full-time DFS coordinator to establish the DFS Service within the state to provide specialist counselling and support to donors’ loved ones. Over 200 donor families or individuals took up the opportunity to receive this support.

Queensland held its 20th Annual Service of Thanksgiving in May 2011. An important opportunity to publicly acknowledge and give thanks to organ and tissue donors and their families, this event provided a valuable reminder of the generous gift of life that donation for transplantation brings.

Queensland’s tissue banking continued to see sustained growth, with over 2,000 tissue donations in 2010–11. The tissue program in Queensland provides life-enhancing and, in some cases, life-saving transplants for Australians.

The DCD program in Queensland continued to grow, with 16 donations in 2010–11. This important program enables Queenslanders who support donation to donate after their death in circumstances other than brain death.

supporters of the DonateLife Book of Life that was launched in DonateLife Week in February 2011. In addition, there were almost 200 community engagements by DonateLife QLD staff, along with an additional 74 presentations delivered at schools across the state. These activities were integral to raising community awareness of the benefits and importance of donation for transplantation.
State Medical Director SA
Dr Sally Tideman BA MBBS FRACGP MPH FRACMA

Dr Tideman has expertise in health systems and health service reform. She brings to the SMD position 20 years of experience in medicine, rural and remote general practice, medical administration, management and leadership.

Implementation of a World’s Best Practice in Organ and Tissue Donation for Transplantation in South Australia has enabled Dr Tideman to continue to pursue her commitment to system improvement, provision of quality health services to the community, and professional management of transition and change.

Dr Tideman is Chair of the South Australian State Committee of the Royal Australasian College of Medical Administrators. Her objective is to work with the organ and tissue donation sector nationally and with the South Australian organ and tissue donation team of multidisciplinary professionals to deliver the National Reform Agenda and to optimise the number of organs and tissue available for transplantation.

Key activities in 2010–11

At 30 June 2011 DonateLife SA comprised 22 staff, including 15 clinical specialists of organ and tissue donation in five hospitals and seven staff in the organ and tissue agency. Efforts continued throughout the reporting period to build a stable, flexible and committed staff.

Professional education and awareness continued to be a high priority for DonateLife SA and a range of educational programs were provided. For example, 178 organ and tissue donation clinical education sessions and 11 ADAPT courses were delivered to a range of clinical groups. The Advanced Course for Organ and Tissue Donor and Recipient Transplant Coordinators was developed and delivered as a one-week residential course during 15–20 May 2011.

DonateLife SA worked to increase the breadth and depth of community engagement and awareness through education. It delivered 26 community presentations to a range of community groups, including multicultural groups and collaborated with the Royal Institute of Australia.
Forty-one organ and tissue donor and transplant recipient coordinators gathered in Adelaide for the five-day Advanced Course in May 2011.

DonateLife Week 2011 began with the 11th annual Rose Planting Ceremony – donor families and recipients gathering in the Gift of Life Garden, Adelaide, to pay tribute to the year’s organ donors.

‘This ceremony is a time to remember the people who have held a special place in our lives,’ said Dr Sally Tideman, State Medical Director for DonateLife in SA. This year the Memory rose was planted to honour the generosity of the state’s donors.

DonateLife Week SA

The South Australian Eye and Tissue Network Development Project ran from January to April 2011. The project report was endorsed by South Australian Health and has provided a way forward within South Australia while informing the Report on Options for More Effective Eye and Tissue Retrieval, Processing and Storage for consideration by AHMAC in 2011–12.
State Medical Director WA
Dr Kevin Yuen MBBS FACHPM

Dr Yuen graduated from the University of Western Australia in 1979 and, after his resident years, worked as a general practitioner with a keen interest in community palliative care and pain management.

Dr Yuen has held several positions during his career, including Medical Director of the Silver Chain Hospice Care Service and Medical Director of the Cancer Council Cottage Hospice. During this time he was also head of the Edith Cowan University postgraduate medical education program. In 2000 Dr Yuen became a Foundation Fellow of the Australian Chapter of Palliative Medicine and was appointed as a palliative care consultant at the Royal Perth Hospital soon afterwards.

Dr Yuen became Medical Director of DonateWest in early 2008 and was appointed as the Western Australian DonateLife SMD in August 2009. His overseas experience includes anaesthetics training in the United Kingdom and working with Médecins Sans Frontières in Cambodia.

Key activities in 2010–11

At 30 June 2011 DonateLife WA comprised 23 staff, including 12 clinical specialists of organ and tissue donation in eight hospitals and 11 staff in the organ and tissue agency.

A Western Australian Family Conversations Group was established to examine the method by which families were approached in the Intensive Care Units. To ensure a strategic approach was undertaken, an intensivist’s survey was prepared, with a 96% response rate. The analysis was discussed with intensivists and the DonateLife team with the purpose of introducing systematic approaches in end-of-life discussions.

To assist in the development of professional education and awareness programs, an education officer position has been advertised with a view to commencing in the latter part of 2011.

DonateLife WA has responded to increased public enquiries, requests for information and promotional materials and is pursuing an expanded community outreach program. A Community Advisory Panel was established in 2010 for the purpose of ensuring community involvement and support in raising awareness of organ and tissue donation.

City to surf Lake Monger group.
On Sunday 10 April 2011, DonateLife WA honoured the people who have recently left behind the legacy of life by donating their organs and tissues for transplantation. Six hundred donor families and friends attended a ceremony where 69 names were placed on the Donor Honour Board as a lasting tribute to their final act of generosity and contribution to the community.

To assist in addressing the needs of donor families, a Donor Family Support coordinator was appointed in March 2011 and established In-house counselling services and support groups. Satellite services have been provided to cater for increasing demand.

A review of sustainable tissue banking models in Western Australia was completed in collaboration with WA Health and the tissue banks. The report was presented to the State Health Executives Forum and endorsed. Support and funding is being sought to further develop a model and supporting infrastructure that reflects the desire to ensure a sustainable service model for WA.

A DCD pathway was re-introduced in Western Australia following a concerted team effort through the second half of 2010. Agency planning sessions reviewed the implementation program in each of the state’s major tertiary adult hospitals. Each of the hospital-based teams engaged their respective hospital executives and personnel in their ICUs and operating theatres. A program of education for appropriate hospital staff was devised and delivered.
State Medical Director TAS  
Dr Andrew Turner MBBS FRACP FCICM  

Dr Turner has been Director of the Department of Critical Care Medicine at Royal Hobart Hospital since 2007, Honorary Treasurer of ANZICS 2002–10, Honorary Secretary of ANZICS 2010–present, Intensive Care Foundation Trustee/Director since 2005, and is a clinical lecturer at the University of Tasmania.

Dr Turner has an interest in research and evidence-based medicine, having spent several years on the executive of the ANZICS Clinical Trials Group, and he has been principal investigator in numerous studies conducted at the Royal Hobart Hospital. He was Director of Intern Training for five years and Director of the Division of Medicine at Royal Hobart Hospital for three years.

Dr Turner started his medical training at the University of Tasmania and began specialising in intensive care medicine in 1993. His training continued at the Austin Hospital in Melbourne and he became a specialist at the Royal Hobart Hospital in 1998.

Dr Turner believes his SMD role allows him to advocate for, and improve, the health of Australians waiting for organ donation, and to foster a culture and systems within Tasmania that support organ donation and the families of organ donors.

Key activities in 2010–11

At 30 June 2011 DonateLife TAS comprised 12 staff, including eight clinical specialists of organ and tissue donation in three hospitals and four staff in the organ and tissue agency. An agency staff member was tasked with a tissue donation portfolio.

Over 2010–11 DonateLife TAS and DonateLife VIC jointly undertook an organ donation (hybrid model) process mapping project. Subsequently, DonateLife TAS progressed the proposal to undertake the pre-theatre phase of organ donation currently provided by DonateLife VIC under a memorandum of understanding.

A report was commissioned to review and make recommendations relating to local practices and service delivery to ensure consistency with relevant Tasmanian legislation.

The DonateLife TAS team worked consistently at developing and presenting education sessions to a cross-section of health professionals throughout the state. ADAPT workshops were successfully facilitated by DonateLife TAS in the three

The DonateLife Point to Pinnacle foot race team supporting organ and tissue donation.
Over 170 people attended the inaugural DonateLife Tasmania Service of Remembrance and Thanksgiving in Launceston on 21 May 2011.

The theme, Light, Hope and Love, echoed throughout the service in a dance movement, a candle exchange ceremony, string quartet music and choral arrangements. Readings from DonateLife team members, chaplains and compassionate stories from donor families and transplant recipients added a sense of quiet reflection to the service.

Area Health Services. Two DonateLife TAS hospital senior nurses participated in an organ donation familiarisation and mentoring program supported by DonateLife VIC, as well as the Organ Donor and Transplant Recipient Coordinators’ Advanced Course in Adelaide.

DonateLife TAS hosted 17 events during DonateLife Week 2011. In addition, it was involved in a number of fun runs and participated in a range of other community events, such as AGFEST in May 2011.

With the appointment of a DFS coordinator from 1 July 2010, DonateLife TAS assumed responsibility for support provided to Tasmanian donor families. Support was previously provided by DonateLife VIC.

Significant progress has been made towards implementing DCD at the Royal Hobart Hospital early in 2012.

Royal Hobart Hospital cafeteria staff promoting organ and tissue donation.
State Medical Director NT
Associate Professor Dianne Stephens OAM MBBS FANZCA FCICM

Associate Professor Stephens graduated from the University of Melbourne in 1988 and completed her anaesthesia and intensive care training in Melbourne, moving to Darwin in 1998 as the first intensive care specialist in the Northern Territory. She has built a robust intensive care service at Royal Darwin Hospital, with a reputation for high-quality care and outcomes.

Associate Professor Stephens established LifeNet NT, the first organ donation agency in the Northern Territory, in 2001. She is a founding member of the Organ and Tissue Authority Advisory Council and has worked as the Northern Territory jurisdictional representative on successive national committees driving reform in the organ donation sector for over 10 years.

Associate Professor Stephens has academic interests in improving organ donation knowledge in Indigenous communities, the critical care management of Indigenous people, and management of disasters, trauma and sepsis, and has published widely in these areas. She has a strong academic, research and teaching record and a reputation for the passionate pursuit of improved outcomes for patients and families.

Key activities in 2010–11

At 30 June 2011 DonateLife NT comprised nine staff, including five clinical specialists of organ and tissue donation in two hospitals and four staff in the organ and tissue agency.

DonateLife NT ran two general and one medical ADAPT program and developed a family conversation guideline and resources for use by ICU specialists dealing with Indigenous families in the ICU. In addition, all DonateLife NT staff were provided with learning opportunities at interstate agencies or on courses to enhance and/or maintain their organ donation skill set. The routine of hospital presentations and case reviews with Western Australia continued.

DonateLife NT also developed resources for community education with Aboriginal and Torres Strait Islander peoples. The Northern Territory Indigenous Education Project aims to raise awareness of organ donation and transplantation to empower Indigenous Australians to make informed decisions. These resources will be piloted and rolled out in the community in 2011–12.
DonateLife NT continued its program of community awareness activities, including Zaidee’s Rainbow Hairnet Day and regular presentations to hospital staff, and school and community groups.

As part of DonateLife NT’s program to support donor families, the Northern Territory Thanksgiving Service was held in June 2011 and attended by many donor and transplant families.

DonateLife NT worked closely with the Queensland Eye Bank in 2010–11 to establish an eye donation program in the Northern Territory. Implementation is expected to be complete in October 2011. Royal Darwin and Alice Springs hospitals will act as remote retrieval sites for the Queensland Eye Bank and set up a model that other sites can follow.
State Medical Director ACT
Associate Professor Imogen Mitchell BSc (Hons) MBBS FRCP FRACP FJFICM

Associate Professor Mitchell is Director of Intensive Care at Canberra Hospital and Associate Dean (Admissions) of the Australian National University’s Medical School. She is also a senior lecturer at the Medical School and has been instrumental in developing a new curriculum, particularly a program called COMPASS that facilitates recognition of the deteriorating patient. Associate Professor Mitchell has been the SMD since 2009.

Dr Greg Hollis (Deputy SMD) is Director of the Canberra Hospital Emergency Department. Two senior staff specialists at Canberra Hospital – Dr Sam Scanlan and Dr Mark Oliver – support Associate Professor Mitchell in her role as SMD for the ACT.

Key activities in 2010–11

At 30 June 2011, DonateLife ACT comprised 11 staff, including five clinical specialists of organ and tissue donation in one hospital and six staff in the organ and tissue agency.

In July 2010 an initial governance structure for DonateLife ACT was developed and implemented. Subsequently, DonateLife ACT consolidated its service provision throughout 2010–11 and achieved consistently high donor identification and consent rates.

Policies and standard operating procedures were developed to improve service systems and quality of practice to respond to an increase in organ and tissue donation. Formal structures were established, such as regular staff meetings, case reviews with clinical privilege, management meetings and specific portfolio responsibility for organ and tissue donor coordinators.

DonateLife ACT undertook quality improvement projects which included:

- proposed amendments to the Transplant and Anatomy Act 1979 to allow non-medical staff to retrieve tissue donations
In a multi-faith Service of Thanksgiving at Old Parliament House on 14 May 2011, hundreds of people were joined by the Acting Chief Minister and Minister for Health, Katy Gallagher. This year’s theme was ‘Two Threads of Life into One’. Pam Synfield, who is a transplant recipient and donor family member, designed the mosaic which was the centrepiece of this year’s symbolic act. The mosaic was surrounded by hundreds of balloons that were then raised up in the air to celebrate the donors and their families, and the renewed life given to recipients from 1975 until today.

DonateLife ACT developed and implemented a program of professional awareness and education throughout the five hospitals in the ACT. The main emphasis was on Canberra Hospital and Calvary Hospital as the main tertiary hospitals with the greatest potential for organ and tissue donation. The work at Calvary, John James and the National Capital Private hospitals focused more on promoting tissue donation.

A community awareness and education plan to implement the national communication strategy at the local level was developed, adopted and implemented in the ACT and a volunteer program was established.

The ACT Bone Bank was integrated into DonateLife ACT and Organ Tissue Donation Services staff were trained in consenting for bone donation and the retrieval process. In addition, the Bone Bank Coordinator will receive training as an enucleator.

The implementation of the DCD Protocol helped to identify all potential DCD donors and provided the additional opportunity for individuals to consent to organ and tissue donation.