

## NHS BLOOD AND TRANSPLANT

### National Organ Donation Committee

#### Number of referrals and approaches in Emergency Departments

##### Background

1. The Organ Donation and Emergency Department (ED) Strategy was launched by NHSBT in the Regional Collaborative meetings in spring 2017. The strategy laid down guidelines for best quality of clinical care in the ED which includes ensuring no patient meeting referral criteria, dies within the ED without having been referred, and that no eligible donor families are approached for a formal organ donation discussion without a SNOD present. This paper assesses performance in the EDs before and after the launch of the ED strategy.

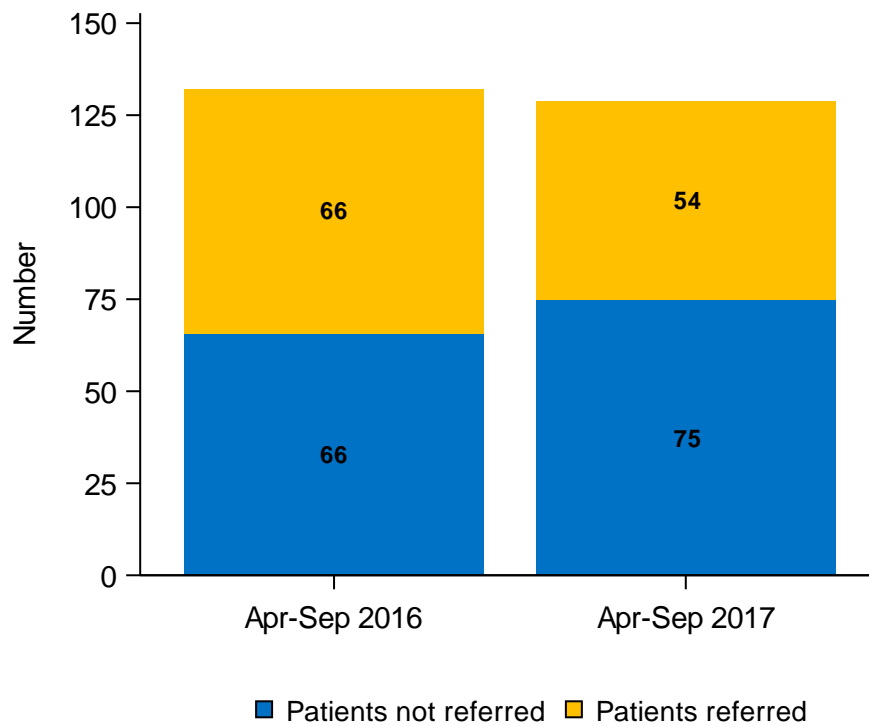
##### Data

2. Data have been obtained from the national Potential Donor Audit (PDA) from 1 January 2016 to 31 December 2017. Data presented are as at 8 February 2018. Comparative periods before and after the strategy launch have been defined as 1 April to 30 September 2016 and 2017.

##### ED performance before and after strategy launch (Apr – Sep 2016 and 2017)

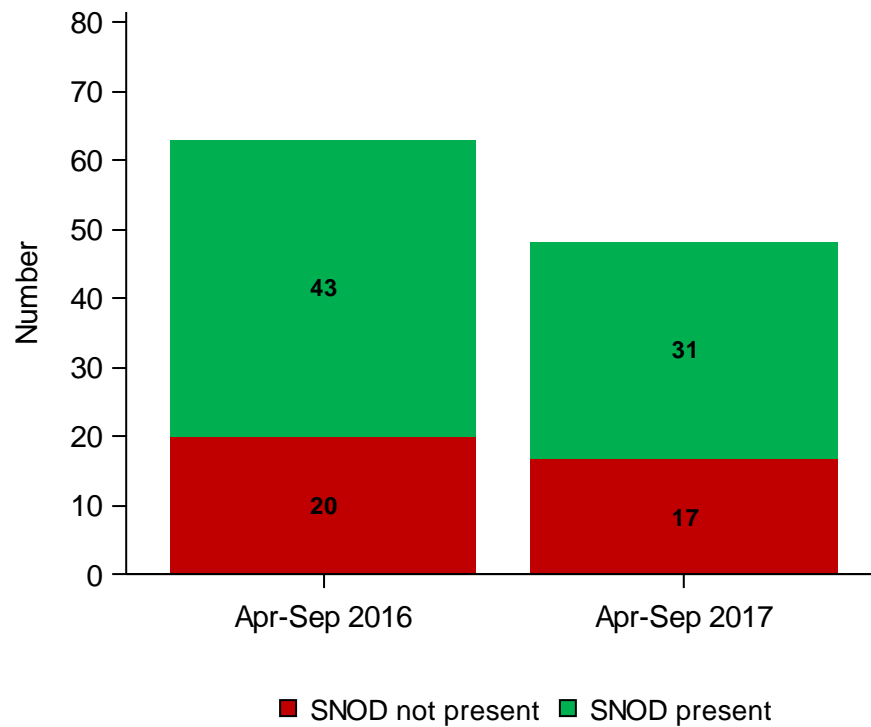
3. An aim of the ED strategy is that there should be no patients who died in the ED meeting the referral criteria who were not referred, or no missed ED referrals. **Figure 1** compares the number of patients meeting the referral criteria that died in the ED for the two comparative six-month periods before and after the strategy launch. In first six months following the strategy launch, the total number of patients meeting the referral criteria in the ED remained similar, but the number of those patient not referred increased from 66 (50%) in April to September 2016 to 75 (58%) in the same time period in 2017.

**Figure 1** Number of patients meeting referral criteria that died in the ED



4. A second aim of the ED strategy was to ensure no families were approached, for a formal organ donation discussion, without a SNOD present. **Figure 2** compares the number of family approaches with and without a SNOD present, before and after the strategy launch. The number of family approaches in the ED has fallen, between the two time periods, from 63 to 48. The number of approaches without a SNOD present has also decreased from 20 to 17 although the proportion of approaches without a SNOD present are similar, 32% and 35%, respectively.

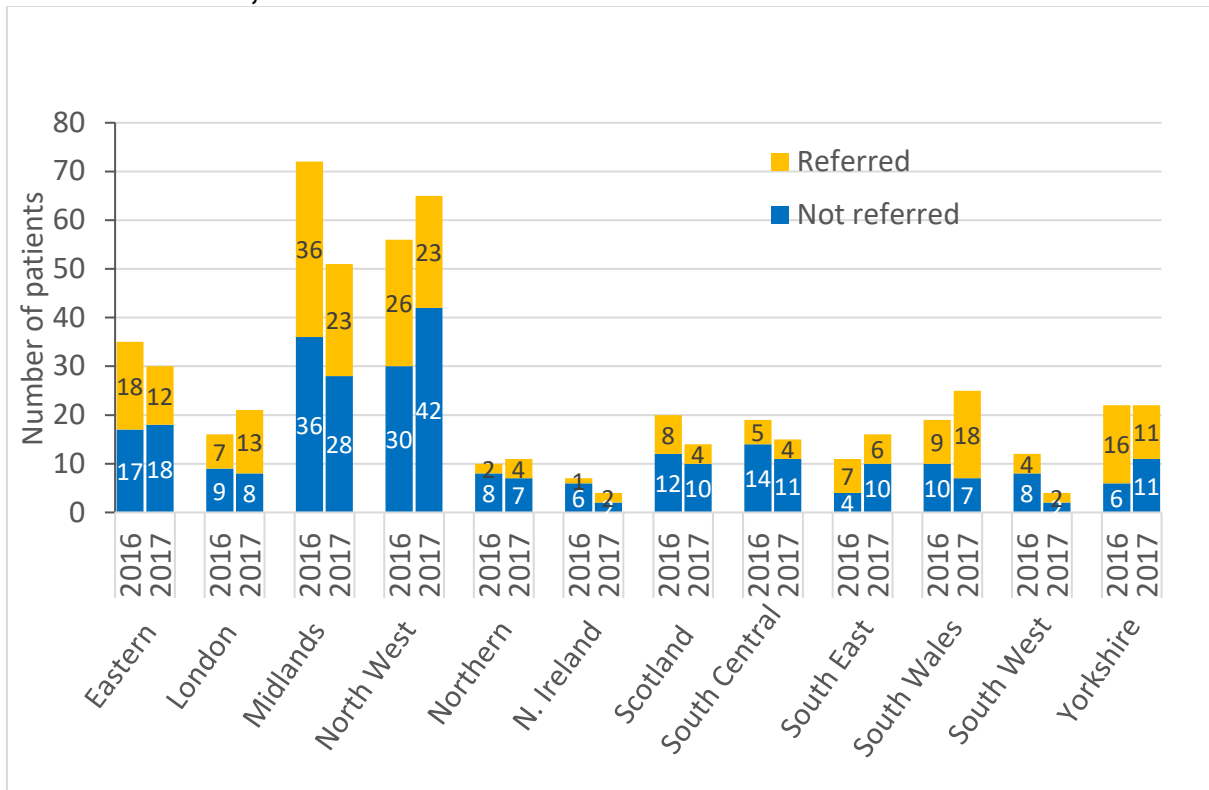
**Figure 2 Number of families approached in ED by SNOD presence**



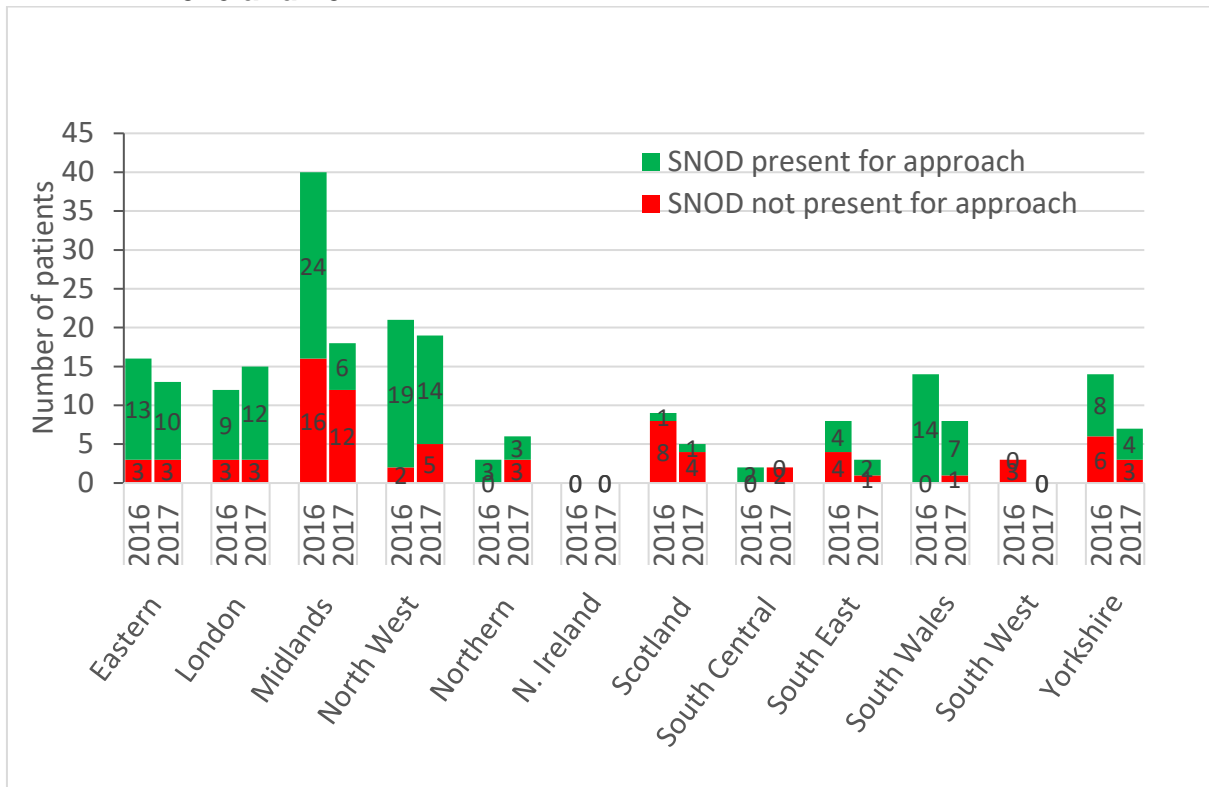
**ED performance by Organ Donation Services Team (Jan – Dec 2016 and 2017)**

5. **Figures 3 and 4** compare ED referral and approach activity between 2016 and 2017 across the 12 Organ Donation Services Teams (ODST). Eight of the 12 teams have seen a fall in the number of missed referrals in the ED between 2016 and 2017, ranging from a decrease of 1 to 8. Five teams had a decrease of 3 or 4 approaches without a SNOD present. In 2017, Northern Ireland and South West had no approaches, in the ED, with or without a SNOD present.
6. However, the figures show that there are still a number of missed referrals and approaches made without a SNOD present, within the EDs, across the regions. Between 1 January 2016 and 31 December 2017, the deceased donor consent/authorisation rate for approaches in the ED was 29% when a SNOD was not present and 74% when a SNOD was present.

**Figure 3** Number of patients meeting referral criteria that died in the ED by ODST, 2016 and 2017



**Figure 4** Number of families approached in ED by SNOD presence by ODST, 2016 and 2017



**Summary**

7. Data presented indicates that in the first six-months since the launch of NHSBT's ED strategy there has been no notable change in the number of missed referrals and approaches without a SNOD present in the EDs throughout the UK.
8. It is appreciated that, the ED strategy, which offers guidance for best quality of care in organ donation, will take time to have an effect as internal policies and guidelines within each hospital may need to be re-written before the best practice is endorsed and implemented.
9. Comparisons between ED activity within each ODST indicate that ongoing improvements need to continue to ensure the effectiveness of the ED strategy.

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**February 2018**