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NHS Blood and Transplant

A New Potential Donor Audit

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Background

- Potential Donor Audit introduced in 2003
- Originally in paper before development of EOS
- Updated in 2009 which changed some of the wording of the questions being asked, to aid clarity, and the definitions of terms used
- Updated again in 2015 for the introduction of deemed consent legislation in Wales
- A PDA is completed for each patient that dies in a critical care unit (intensive care or emergency department) in all UK hospitals.
- Approximately 36,000 cases reviewed each year

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SWOT analysis feedback

Weaknesses

Requirement to enter data outside of real time activity

SNOD time spent inputting

Limited data collection on neonatal units – time, resource

Uncontrolled deaths recorded as "missed" potential donors – shouldn't be included -actively dying

Clinicians don't have immediate access to the data

Add in "Can you maintain haemody… …stability for testing?" – rather than current question

Whole DCD section needs re-writi…

250 SNODS inputting data – inco…

Definitions (different practice a…

Don't know the ICU bed availab…

Subjective reasons for not…… …

Haemodynamic instability – e…

Ability to capture length of t…

No national guidance docu…

PDA should be used to cap…

Reporting access

- Multiple systems for data entry, open to transcription errors
- DCD Donors – doesn't take into account those screened out
- Imminent death/WLST – questions are unclear and confusing
- Inaccuracies inputting causes additional work
- Subjective in some parts - questions are interpreted differently across regions and in teams
- Easy to bury data
- No spell check
- Comments box from Referral to PDA doesn't prepopulate – currently need to copy & paste
- No interaction with other interfaces/software
- PDA & NxTD don't match esp with Donors at beginning/end of month
- Limited resources for internal audit
- No quality control
- Not capturing 'Novel' donations – Neonates / pregnancy / NIV
- Poorly filled in at times – esp comments section

- No SNOD consent rate
- Causes of death – needs to be reviewed – no option for perf bowel
- Doesn't identify who competed PDA
- PTA patients and closing of PDA if die on ward – unclear to all has been told
- Inconsistencies in how PDA is filled out – dependant on what SNOD
- Easy to hide data
- Too many left in draft
- Does not capture pt who was supported to BSDT but too unstable to test - should not be a missed BSDT
- HI Leads not utilised effectively for ideas/ development
- Coroner section needs more detail to capture more what occurs, what was restricted, which coroner – run reports
- …ollection methods – possible bias
- …k up system
- …ency with inputting data due to familiarity / multi-systems data

Confusion o…

Only report <80 but contraindicat…

Drop down boxes can be restrictive and not always fit …

Does not currently capture non proceeding donors who die on the ward

…frustrating that if a proceeding donor, you can't put the referral on EOS until the end of the process. Also frustrating that sometimes you have to input 'pretend data' in order to get to the free text box …t the end, where you can put info to help your colleagues who are finishing the referral. Doesn't tell …ou what each report contains therefore is sometimes confusing as to which one to run e.g. …owchart etc. to find the data that you need.

difficult to …

not reflecting …

…es

…ltants initials and not the …

…ltering

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SWOT analysis feedback – high level

- PDA questions very subjective – 250 SN-OD's - interpretation will differ
- Causes of death – no longer suitable – common causes of death not available options
- Numerous problems in determining which patients should have undergone BSD testing to confirm death
- Potential and eligible DCD donors need clarification – method of WLST, application of DCD exclusions and screening
- The "approach" and "collaborative request" are not well captured and therefore cannot be analysed
- Information about ODR status and known wishes needs refining and updating
- Access to reporting and the quality/depth of reporting needs improving

Planned changes

- Moving to a data led PDA tool – Data items are requested and input by SN-ODs - Analysis is undertaken by Statistics team - Moves away from subjective questions
- A review of causes of death options will be undertaken this calendar year
- Top down approach to establishing suitability for BSD testing
  - Neurological criteria met?
  - Were there continuing effects of sedative which would prevent neurological testing?
  - Was the patient's cardiovascular and respiratory status compatible with requirements to undertake neurological testing? If patient not stable, what attempts were made to stabilise patient for testing?
  - Did patient have a biochemical/endocrine abnormality recorded that would prevent neurological testing? If Yes, what biochemical/endocrine abnormality? If yes, were attempts made to correct the biochemical/endocrine abnormality

Planned changes

- New approach to establishing suitability as a DCD donor
  - Was life sustaining treatment withdrawn? If yes, what did the life sustaining treatment withdrawal involve? (Updated multiple choices)
  - What was the reason for the planned WLST ?
    1. Patient was deteriorating despite optimal &/or increasing support
    2. Patient was not expected to survive this episode of critical illness
    3. Patient was expected to have significant disability / neurological impairment if survived
    4. Patient had expressed a wish not to receive organ support
    5. Underlying disease associated with very short life expectancy
    6. Patient no longer required life sustaining treatments and death not expected to follow WLST
  - Were there any DCD/Infant donor exclusions?
  - Was the patient deemed unsuitable for organ donation following screening?
  - Was the patient declined by the organ donation team following donor assessment?

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Planned changes

- Patient Donation Decisions
  - What was the patients last recorded NHS Organ Donor Register (ODR) status?
  - What was the patient's last known decision regarding organ donation?
  - What was method by which patient's last known decision was expressed?
  - Which country did the patient die in? (Enabling question)
    - Will include automatic guidance on suitability for deeming consent.
  - Future proofed for implementation of Opt-Out legislation throughout UK

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Planned changes

- Donation Decision Conversation
  - Were the family asked to make or support an organ donation decision? – moves away from “approach”
  - Detailed information on
    - the planning of the donation decision conversation
    - who was involved both staff (inc roles) and family
    - where it took place
    - initial family reactions
    - contribution of those in the room to the conversation
    - Whether it went according to plan
    - Outcome
    - Capture of previous discussions about organ donation

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Planned changes

Reporting

- Planned improvement of reporting options
- Exploring the use of Power BI (Microsoft Office) to replace existing reports and add additional reporting options.
- Planned access to reports for all relevant stakeholders – CL-ODs and Chairs
- Ability to explore the data in greater detail using online tools
- Greater detail available to statistics team for improved analysis of potential donor pool and donation activity

Leading to improved understanding of the next steps we can take to increase donation rates

Delivery

- Design complete for development within the current Donor Path application
- Provides one interface for SN-ODs to complete referral, donation and potential donor activity
- Includes offline capability
- Decreases duplication, workload and use of paper

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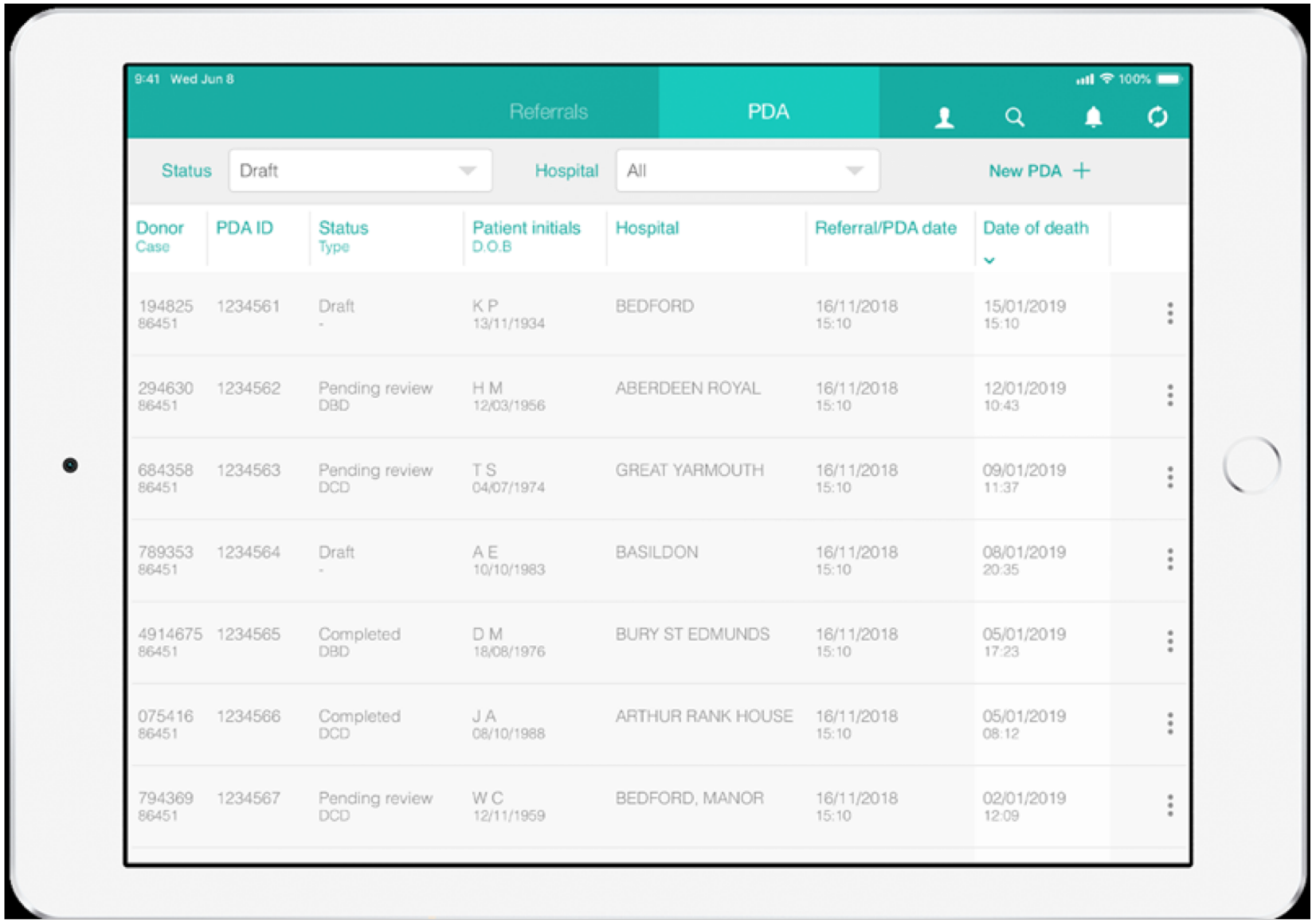
Delivery



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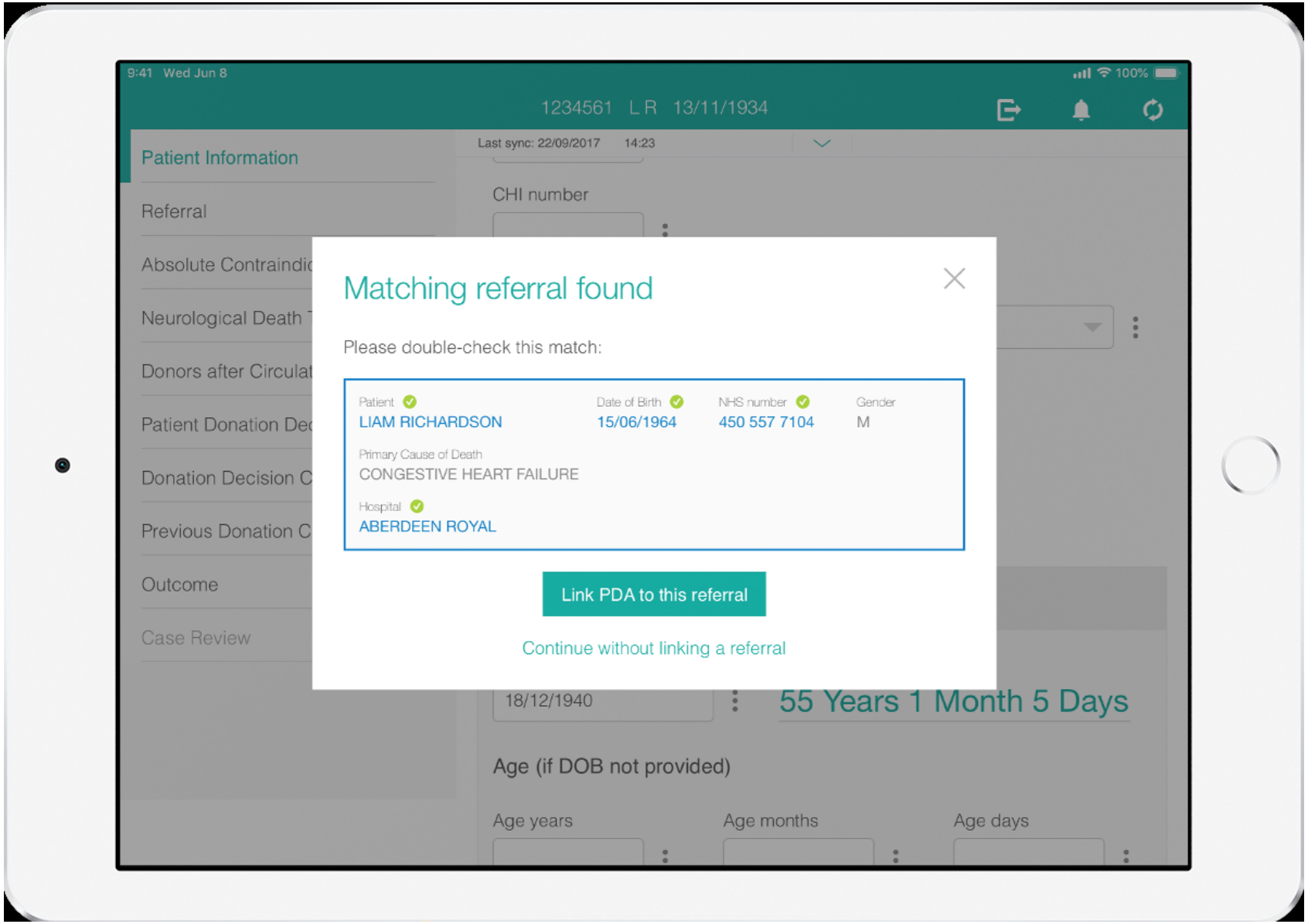

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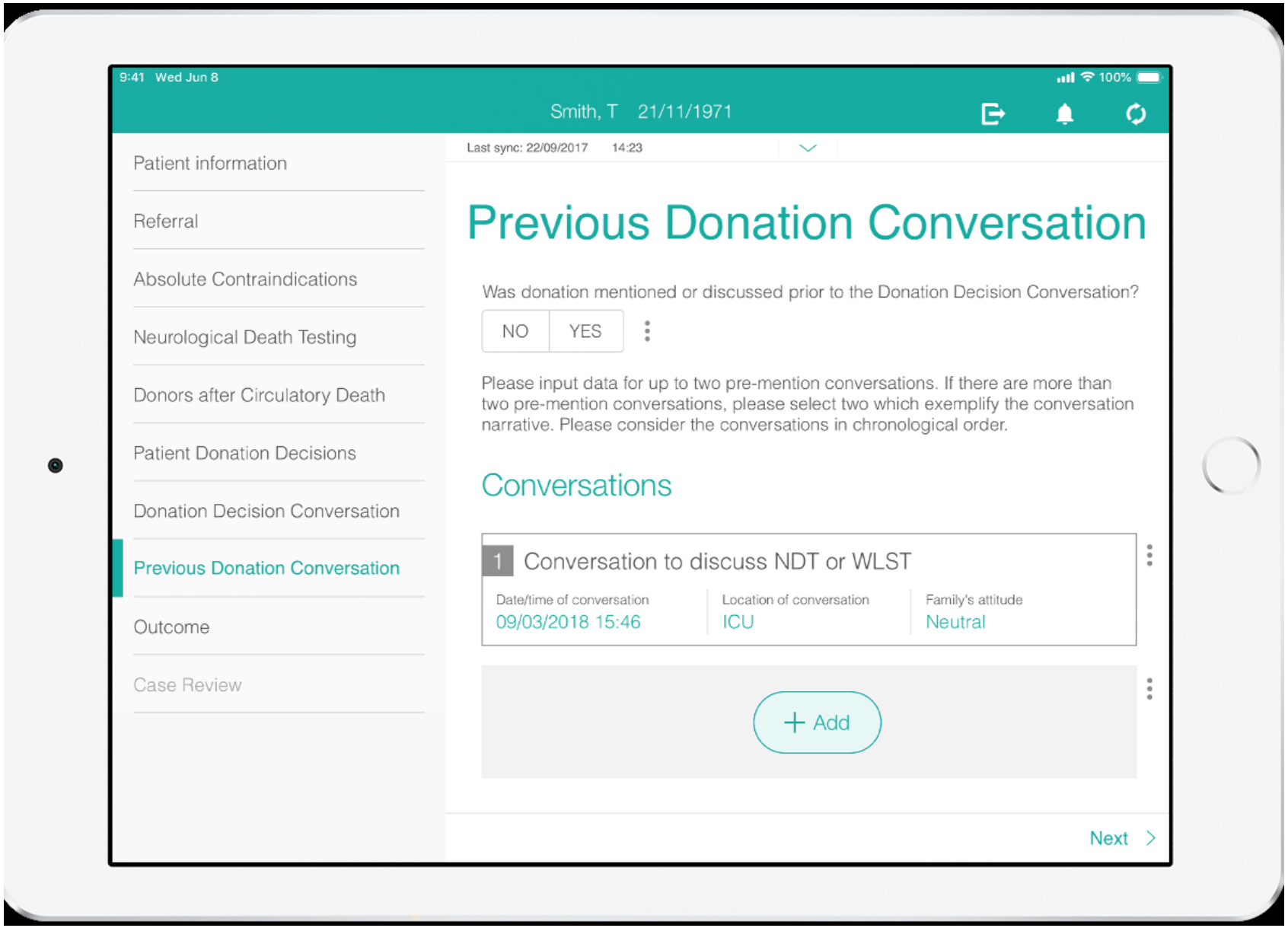

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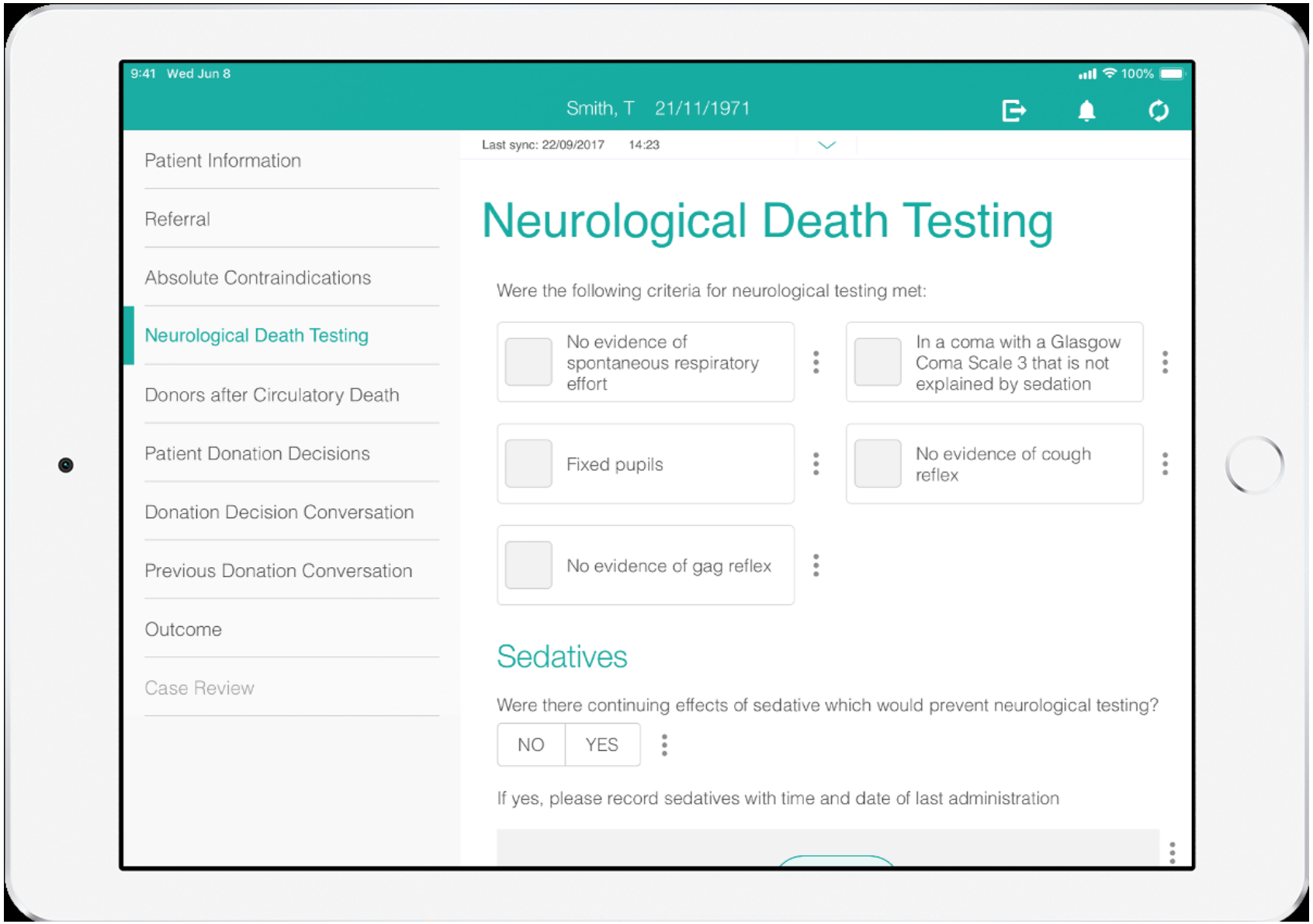

Acknowledgements.

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