

Live Donor Annual Review Process James Cook University Hospital Middlesbrough

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Overview

- JCUH is a referral centre to the Freeman Hospital, Newcastle.
- Approximate population of 1 million people.
- Catchment area includes the Tees Valley, South Durham and some parts of North Yorkshire.



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Overview

- Remote rural areas with poor travel links contributing to difficulty of attending review in centre.
- Region with some of the highest national unemployment and poverty rates.
- Region often highlighted as having high level of health inequality and poor health literacy.



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Overview

However...

- North East is a region with one of the highest national living donation rates.



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Annual review process and background

- Currently 293 living donors are registered for follow up.
- Annual review follow up was transferred to primary care in 2012.
- Review clinics were becoming unmanageable due to number of eligible live donors.
- Compliance prior to 2012 was 70-85%.



Annual review process

- Moving annual review to GP practice made it more accessible and convenient for donors.
- A 'prompt' letter is sent to GP and donor on anniversary of donation by live donor team.
- Serum creatinine, BP, weight and urinalysis taken and monitored by GP



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Annual review process

- Data is returned by post or email to live donor team for audit.
- Overall compliance maintained 86% April 2018-2019
- 100% compliance with creatinine reporting, this can also be accessed by existing blood reporting system



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Annual review process

- 30-40% compliance with BP and weight reporting. This is chased up by phone by live donor team.
- DREMS/DROMS sent to live donor with SAE.



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Annual review process

- Audit standards continue to be met:
- 85% of donors should be followed up lifelong.
- 100% of donors should be followed up at 1 year.
- All required data collected to be submitted to NHSBT.



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Barriers to annual review process

- Donor not able to access GP for example working out of the area or access to appointment
- Donors moving out of area, change of GP or address and not informing live donor team.
- Biggest challenge is it is time consuming for live donor team to 'chase' data for audit.



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Moving forward

- Currently auditing and reviewing use of live donor nurse time during review process.
- Investigating ways of improving data reporting from primary care.
- Development of ongoing educational information for live donors in view of improving compliance.



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