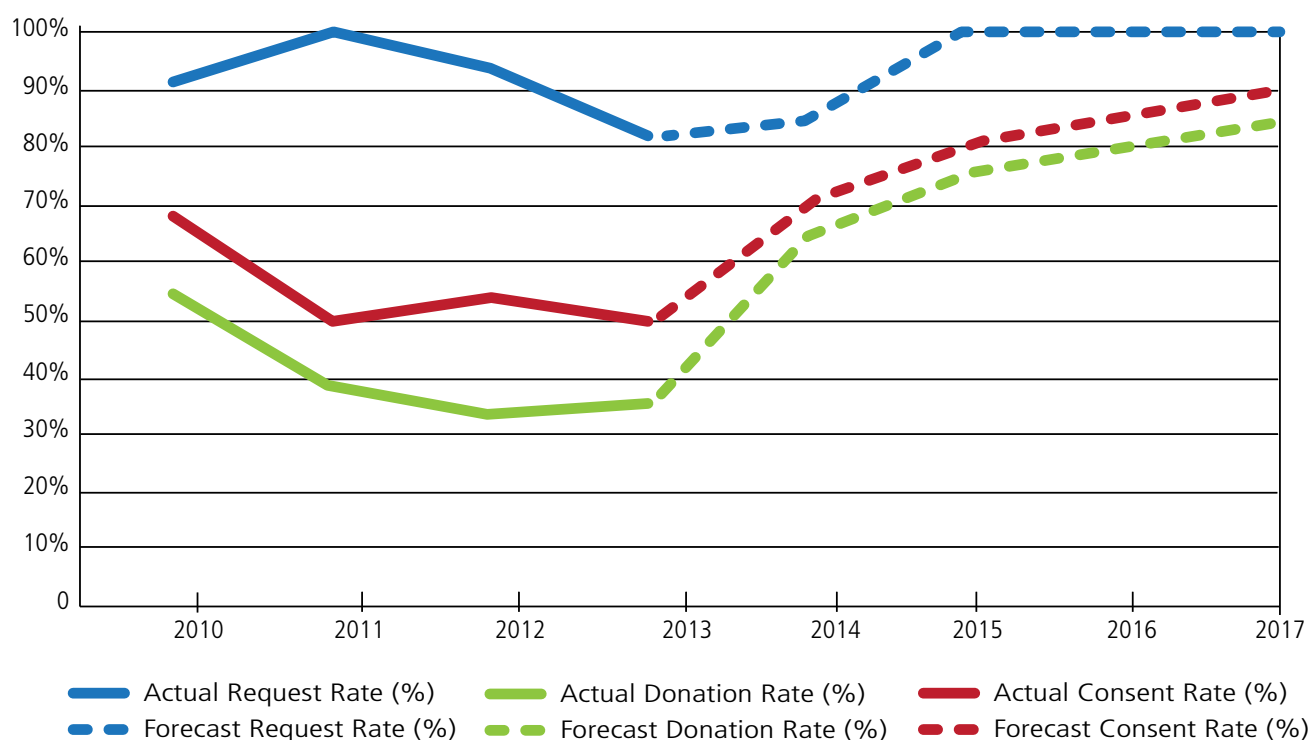


Table 1: RPA Organ Donation Trajectory for Request, Consent and Actual Donor Rates

Royal Prince Alfred Hospital Organ Donation Trajectory

Year	Actual Request Rate (%)	Forecast Request Rate (%)	Actual Consent rate (%)	Forecast Consent rate (%)	Actual Donation Rate (%)	Forecast Donation Rate (%)
2010	92		67		54	
2011	100		50		38	
2012	94		53		33	
2013	82	82	50	50	35	35
2014		85		70		65
2015		100		80		75
2016		100		85		80
2017		100		90		85

Diagram 7: RPA Organ Donation Trajectory for Request, Consent and Actual Donor Rates



Organ Donation for Transplantation Process	Leading Practice	Current Status at RPA	Actions required	Positions Responsible	Time frame	Indicative cost	KPI's
System governance and infrastructure	The hospital has a dedicated Organ Donation for Transplantation Unit reporting to the Chief Executive	RPA has Organ donation staff who report to the clinical stream director and General Manager	Change the reporting structure of the Organ Donation for Transplantation Unit to the Chief Executive through Executive Clinical Director	Chief Executive	Immediately	Nil	Organ Donation for Transplantation Unit organisational chart outlines reporting structure to Chief Executive
	Staffing within the Organ Donation for Transplantation Unit includes dedicated medical and nursing staff	RPA has dedicated 2 organ donation nursing staff and 3 part-time temporary medical officers due to the nature of the funding source They are on the ICU roster for the other part of their positions. 6 designated requestors.	Appointment of a permanent FTE Clinical Academic in Organ Donation for Transplantation. Appointment of Staff Specialist. 05 FTE Administration Officer – to include Data Collection. SOD developed for each position.	Chief Executive	June 2014	\$300,000	Appointment of (and SOD for): <ul style="list-style-type: none"> • FTE Clinical Academic • Staff Specialist • 5 FTE Administration Officer.
	Staff within the Organ and Transplantation team have ICU backgrounds	The medical organ donation specialists all have ICU backgrounds	No change required				
	Members of the donor team are available 24/7	Currently members of the donor team are on-call 24/7	Review of the clinical academic rosters and staffing to ensure availability of members of the organ and transplantation team are available 24/7	Executive Clinical Director Organ Donation for Transplantation Unit	March 2014. Review in 6 months		Organ Donation for Transplantation Unit has a resourced 24/7 on-call team
	The hospital has specialised units in neurosurgery, neurology, cardiology	RPA is a quaternary and tertiary hospital with level 6 neurosurgery, neurology, cardiovascular services	No change required				
	A Trans-cranial Doppler is available for blood flow tests as required	Available in Neuro OPD at RPA and OPD at CRGH	Protocols to be developed	Organ Donation for Transplantation Unit			Development of protocols for Trans-cranial Doppler for blood-flow tests
	A tertiary pathology laboratory is available 24 hours a day, 365 days per year	RPA is a quaternary and tertiary hospital with level 6 pathology available 24 hours per day	No change required				
	The hospital has a dedicated quiet family room to allow private conversation and grief responses	RPA has two dedicated consultation family rooms and a third room which contains lounges	Minor renovations in consultation with community to make the room more supportive and welcoming – tea & coffee facilities, TV, lounge	GM RPA/ Director of Engineering	\$15,000		Waiting room renovations completed as per stated requirements

Organ Donation for Transplantation Process	Leading Practice	Current Status at RPA	Actions required	Positions Responsible	Time frame	Indicative cost	KPI's
System governance and infrastructure	Protocols and procedures for all relevant steps of the donation process are in place	Current Practice; however they could be enhanced	Review of protocols and procedures to be undertaken. Regular audit program to be implemented to monitor compliance	Organ Donation for Transplantation Unit, ICU, ED Staff, Staff			Review of protocols and procedures conducted. Regular audit program in place to monitor compliance
Hospital Education Activities	Training of professionals in/outside ICU and ED on organ donation is undertaken, donor detection	Undertaken but limited	Requires enhancement	Staff from the Organ Donation for Transplantation Unit			Organ Donation training programs for professionals in/outside ICU and ED reviewed and enhanced
	Specific and continuing education in organ donation for transplantation is provided to all key staff throughout the hospital including to staff in administrative areas	Undertaken but limited	Requires enhancement	Staff from the Organ Donation for Transplantation Unit. Organ & Tissue NSW Donation and Transplantation Service			Specific and continuing education in organ donation for transplantation provided to all key staff throughout the hospital including administrative staff
	The Organ Donation for Transplantation Service has close relationships with all hospital services	Undertaken but limited	Requires enhancement	Staff from the Organ Donation for Transplantation Unit			Relationships strengthened between Organ Donation for Transplantation Unit and other hospital services
Communication Strategy	Inform all stakeholders of progress of the Organ Donation for Transplantation Unit and outcomes of donation rates	Undertaken but limited	Develop brochures for staff and patients/families Include research and progress of new Organ Donation for Transplantation Unit	GM RPAH/ Staff from Strategic Relations & Communication Unit			Brochures developed for staff and patients/family detailing research and progress of new Organ Donation for Transplantation Unit
Audit and Quality Improvement	Documentation occurs in the clinical record of key points in the donation process including documentation of the cause of no donation	An audit system is currently in place; however could be enhanced with regular performance reports to the Chief Executive and Board (including benchmarking against KPIs)	Review and enhance the current audit system Development of a Dashboard to monitor performance	Staff from the Organ Donation for Transplantation Unit Director of the Performance Unit ED and ICU staff NSW Organ and Tissue			Current audit system reviewed and enhanced Dashboard developed to monitor and report performance against KPIs

Organ Donation for Transplantation Process	Leading Practice	Current Status at RPA	Actions required	Positions Responsible	Time frame	Indicative cost	KPI's
Detection	All patients with severe neurological injury who require or may require ventilation are identified as early as possible (Possible Donors)	Current practice; however requires ongoing audit	Enhanced audit	ED and ICU staff			Number of comatose patients with devastating cerebral lesion admitted to the ICU who are referred to the Donation Team/Number of comatose patients with devastating cerebral lesion admitted to the ICU X 100 TARGET 100%
	All possible donors detected and all cardiac death are notified immediately to the Organ Donation for Transplantation Unit (Transplant Coordinator)	Current practice	No change required	ED and ICU staff Organ Donation for Transplantation Unit			
	Periodic visits are made by the Organ Donation for Transplantation team to the units that manage neuro-critical patients outside of the ICU and ED	Doesn't occur at this stage	Develop protocol	Staff from the Organ Donation for Transplantation Unit			Number of possible deceased DBD referred to the donation team/ Total number of possible deceased DBD x 100 TARGET 100%
	All possible donors cases that have been detected or referred by the ICU and ED staff are monitored by staff of the Organ Donation for Transplantation Unit on a daily basis	Doesn't occur at this stage	Develop protocol	Staff from the Organ Donation for Transplantation Unit			Protocol developed for daily monitoring of all detected and referred possible donor cases
	A system is in place to identify and record all possible donors who become potential organ donors	GIVE trigger has been implemented in the ICU to allow early notification of potential donors	Expansion to the ED and other parts of the hospital. Develop protocol. Provide education.	Staff from the Organ Donation for Transplantation Unit			Expansion of GIVE trigger system to Whole of Hospital Protocol and education plan developed

Organ Donation for Transplantation Process	Leading Practice	Current Status at RPA	Actions required	Positions Responsible	Time frame	Indicative cost	KPI's
Brain Death Diagnosis	Brain death is declared as soon as it happens	Current practice	No change required	ICU/ED/ Neurosurgery staff			
	All Brain Death Declaration occurs independent of whether the person is suitable or not for organ donation	Current practice	No change required	ICU/ED/ Neurosurgery staff			
	The Organ Donation for Transplantation Unit has a permanent presence of skilled clinicians who are able to diagnose brain death	The diagnosis of brain death is undertaken by 'designated specialists' As a rule these are intensive care clinicians registered by the District	No change required	ICU/ED/ Neurosurgery staff			Number deceased patients with Devastating cerebral injury or lesion (DCIL) declared brain dead/ Total number of deceased patients with DCIL X 100 TARGET 50%
Donor Viability	Clinical evaluation of the potential donor is undertaken to identify absolute contraindications for organ donation	Current practice	No change required	Organ Donation for Transplantation Clinician			
	Decisions on medical suitability are made by relevant on- call transplant team, clinical and Organ Donation for Transplantation Unit	Current practice. Audit process by the transplant team	No change required to the process. Add audit process by the Organ Donation for Transplantation Unit in consultation with the transplant team	Organ Donation for Transplantation Clinician and the Transplant surgeon			Number of patients declared brain dead who have been evaluated as organ donors /Total number of patients declared brain dead X 100 TARGET 100%
	The possible donor is managed in the ICU in partnership between the Intensivist and the Organ Donation for Transplantation Clinician	Not current practice	Review to occur to identify how dialogue can be enhanced between the ICU, transplant teams and Organ Donation for Transplantation Unit to maximise viability/function of the organs without compromising patient care	Intensivist Organ Donation for Transplantation Clinician transplantation team			Protocol for improved communication between Intensivist and Organ Donation for Transplantation Clinician developed

Organ Donation for Transplantation Process	Leading Practice	Current Status at RPA	Actions required	Positions Responsible	Time frame	Indicative cost	KPI's
Donor Maintenance	Early maintenance of the potential donors suitable for organ donation is in place	Potential donors are provided with the highest possible care for their clinical condition; however, further work is required on timing of family discussions for organ donation	Develop protocol	Intensivist and Organ Donation for Transplantation Clinician			Number of potential DBD donors appropriately managed Number of potential DBD donors in hospital areas X 100 TARGET 100%
	Possible donors are managed in the ICU	Current practice only if the patient's condition requires ICU	No change required	Intensivist and Organ Donation for Transplantation Clinician			No of potential DBD donors who suffered an unanticipated cardiac arrest/ Total number of potential DBD donors X 100 TARGET < 3%
Organ Viability	Clinical evaluation and blood test analysis of each organ is undertaken in order to determine their suitability for transplantation	Current practice decisions on medical suitability are made by the organ donation service, after consultation with on-call transplant surgeons	No change required	Organ Donation and Transplantation Unit			Number of donors correctly evaluated/ Number of donors evaluated X 100 TARGET 100%
Family approach	Early and accurate information about the status and prognosis of the possible donor is provided to family members	Current practice pre-meeting case discussions are undertaken to ensure all staff members understand the role in supporting donation These discussions include medical, nursing, pastoral care, social work and other staff	No change required	ICU, ED Staff. Organ Donation and Transplantation Unit			
	Preparation occurs for Family interviews, ensuring all information about the possible donor's pathology as well as the background of the family is obtained prior to the interview	Current practice Significant preparation occurs to ensure that family members are well informed and that information is provided in a manner that is sensitive to the family's needs	Clarification and discussion is required to enhance timing of family discussions	Organ Donation and Transplantation Unit			Patient/family discussions conducted in a timely, sensitive manner. Target Consent rate achieved

Organ Donation for Transplantation Process	Leading Practice	Current Status at RPA	Actions required	Positions Responsible	Time frame	Indicative cost	KPI's
Family approach	The family is advised about the death (Brain Death) in a timely and sensitive manner and is then introduced to the Organ Donation Team	Current practice. The treating team introduce the donation team to the family, once the treating team are sure that the family understands the death of their relative	No change required	ICU Staff. Organ Donation and Transplantation Unit. NSW OTDS			
	Interviews with the family members are undertaken by staff following a specific methodology (training + experience)	Five clinicians have been trained in Designated Requestors' methodology	The new Clinical Academic to review the methodology used	Organ Donation and Transplantation Unit			Family members interview methodology reviewed
	Clinicians have been trained in the leading of consent conversations	Current practice	No change required	Organ Donation and Transplantation Unit			
	Family is provided with support after interview regardless of whether they agreed to donation or not	Current practice Family members are well supported	No change required	ICU and Organ Donation for Transplantation Team			
	Mechanical ventilation is discontinued where brain death has been declared and organ donation is not occurring	Current practice Mechanical ventilation is ceased as soon as possible after brain death has been declared	No change required	ICU, ED Staff			
Organ recovery	Organ recovery is considered an emergency procedure with priority in the operating theatres	Current practice	No change required	Theatre management			
Organ recovery	The recovery process is coordinated	Current practice	Additional resources will be required to increase capacity of the team as organ donation increases	Chief Executive SLHD and MoH			Resource requirements for recovery process reviewed and enhanced as required to meet increasing demand

Organ Donation for Transplantation Process	Leading Practice	Current Status at RPA	Actions required	Positions Responsible	Time frame	Indicative cost	KPI's
Organ recovery	As donation activity increases the hospital has adequate resources including staffing and operating theatre time	Currently RPA is undertaking 71 liver transplants per year and approx 50 kidney transplants per year	Additional resources are required to increase capacity for transplantation	Chief Executive SLHD and MoH		Organ recovery costs between \$8-15k per case. An increase in donor rate from 6 to 10 cases per year will require an additional \$60K annually	Number of organs recovered /number of donors
Organ allocation	Organ allocation is undertaken according to federal/states rules The principles of organ allocation rules: Equity, transparency, Utility, Efficiency	Current practice	No change required	(Hospital-State-Federal Level)			
Organ Transplantation	Adequate resources are provided for transplantation from all types of donors (Deceased and living)	The current transplantation teams are stretched to capacity	Additional resources will be required to increase capacity of the team	Chief Executive SLHD and MoH	5 year predicted growth and costs	In 2018 the projected number of Liver transplants 130 per annum (average \$120K per case - total \$15.6M)and for Kidney Transplants 160 per annum (average \$33K per case- total \$5.28M)	Number of transplants. Resource requirements for recovery process reviewed and enhanced as required to meet increasing demand. Additional resources include: increased bed base up to 40 additional beds increased medical, nursing and allied health up to 20FTE
Organ Transplant Feedback	Information is provided to the ICU and ED Staff about the outcomes of the transplant performed	Current practice but limited	Could be enhanced and audited	Organ Donation and Transplantation Unit			Feedback process reviewed and enhanced as required
Donor Family Follow-up	Support and information provided to the donor family	Current practice. Donor families are provided with ongoing support and attend an annual memorial ceremony	Could be enhanced and audited. Communication to occur with the organ donation network to maximise support for donor families from the hospital	Organ Donation and Transplantation Unit			Donor family follow-up process reviewed and enhanced as required.