National Potential Donor Audit

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UK Transplant's (UKT) national potential donor audit (PDA) began in January 2003, as part of a series of measures focused on organ donation. The PDA aims to provide an up-to-date assessment of the potential for solid organ donation from Intensive Care Units (ICUs) throughout the UK. The audit will identify the number of patients who could be deceased heartbeating or non-heartbeating solid organ donors and will help to establish the obstacles to donation.

Since January 2003, data have been and are currently being collected by donor liaison nurses in the 34 ICUs where they are in post, and by donor transplant co-ordinators and/or link nurses in all other units. An audit form developed in collaboration with other appropriate personnel is being used and one form is completed for each patient death in an ICU. All completed forms are returned to UKT for data input, validation and analysis.

An evaluation of six months of data (April-September 2003) has shown that at the time of analysis, 273 hospitals (347 ICUs) had reported at least one patient death. Of the 10,390 audited patient deaths, death was confirmed by brain stem death tests in 545 (5%) patients. In 64 (12%) of 545 families there was no record of any discussion of donation with relatives. Of the 481 patients for whom the possibility of solid organ donation was known to have been suggested to relatives, consent for donation was given for 275 (57%) and not given for 206 (43%) patients. Of the 275 patients for whom consent for donation was given, 250 (91%) became deceased heartbeating solid organ donors.

Although this analysis shows that the overall relative refusal rate is 43%, there is considerable variability in this rate over time. The relative refusal rate for the first quarter (April-June 2003) was 48% and in the second quarter (July-September 2003) it was 37%.

Further analyses of the overall relative refusal rate by age, gender and ethnicity were performed. For age, the relative refusal rates were 40%, 34% and 45%, for patients under 18 years, patients between 18 and 34 years, and patients over 34 years, respectively. The relative refusal rates for gender were 41% and 45% for male and female patients, respectively. For ethnicity, of 453 patients for whom data were complete, the relative refusal rates were 38% and 70% for the white and non-white patients, respectively.

It is hoped that more in-depth analysis of these data will indicate the extent of regional variation in the relative refusal rate and the reasons for families not consenting to donation. In the meantime UKT hopes that the national PDA will continue to raise the profile of organ donation and heighten awareness of donation issues amongst all critical care staff. Most importantly, it will allow a realistic estimate to be made of the true potential for solid organ donation in the UK and will allow both local and national obstacles to realising the potential to be identified.

UKT is grateful to all those who are taking part in the PDA and to the Intensive Care Societies and Critical Care networks for their ongoing support of this audit.