Potential Donor Audit



Barber KM, Hussey JC, Bond ZC, Collett D, Rudge CJ UK Transplant, Bristol

UK Transplant

Aims

- Determine the potential for solid organ donation
- · Identify all brain stem dead patients
- For those who do not become solid organ donors, find out the reasons why they do not
- · Raise the profile of solid organ donation
- Heighten awareness of donation issues among critical care staff and other healthcare professionals

Previous studies

- Audit of deaths undertaken in the late 1980s/ early 1990s:
 - England and Wales by Gore et al
 - Wales by Salih et al
- In 1995 MORI/UKTCA/BACCN reported reasons for relatives' refusal of consent to donation
- Units undertaking local exercises, but a national approach required

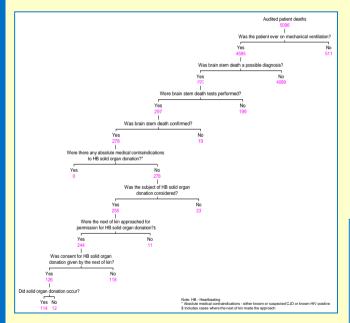
Background

- Need for an up-to-date assessment of the current potential for solid organ donation nationally
- UK Transplant Business Case states: "UK Transplant will undertake a national audit of ICU deaths"
- Requirement by the UK Health Departments
- Implementation agreed by the UK Intensive Care Societies

Implementation

- Pilot study 1 June to 31 December 2002, approximately 130 ICUs in the UK
- National study all ICUs from 1 January 2003, using a revised audit form
- Data collected by Donor Transplant Co-ordinators, Donor Liaison Nurses and some ICU Link Nurses
- Deaths for the period 1 April to 30 June 2003 are summarised below

Results: 1 April to 30 June 2003



- 5096 patient deaths in 256 hospitals (309 units) were audited
- 4585 (90%) of these patients had been on mechanical ventilation at some point during their hospitalisation
- For 12% (34 out of 278) of patients for whom brain stem death was confirmed, there was no discussion of solid organ donation with the next of kin
- Consent for solid organ donation was given in 52% (126 out of 244) of cases where solid organ donation had been discussed with the next of kin
- 47% (114 out of 244) of patients in cases where solid organ donation had been discussed with the next of kin actually became heartbeating solid organ donors
- 90% (114 out of 126) of patients for whom consent for organ donation was given by the next of kin became heartbeating solid organ donors
- A further 9 patients during this period became non-heartbeating solid organ donors

The reasons why consent for heartbeating solid organ donation was not given in cases where solid organ donation had been discussed with the next of kin (48% - 118 out of 244) are summarised below:

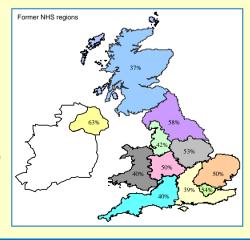
Reason for lack of consent from next of kin*	N
Patient stated in the past he/she did not wish to be a donor	17
Next of kin not sure whether patient would have agreed to donation	26
Next of kin divided over decision	14
Next of kin felt patient had suffered enough	22
Next of kin did not want surgery to the body	25
Other reason for lack of consent ^{\$}	37
Reason not documented	21

* For each patient multiple reasons for lack of consent could be recorded

\$ Other reasons included: "Family wanted to be with the patient when the ventilator was turned off, 'Religious reasons/beliefs', 'Family do not agree with organ donation'.

Refusal rates

Regional refusal rates were calculated as the number of cases where permission for donation was refused out of the total number of brain stem dead patients who had no absolute medical contraindications to solid organ donation and whose next of kin were approached for permission for donation (or the next of kin made the approach themselves).



Future

The complex audit form has evolved through the study in order to assist in collection and to maximise the quality of the data. An improved form has been piloted, evaluated and now finalised. The intention is for the new form to be implemented from 1 January 2004.

The Potential Donor Audit will allow identification of the true potential for heartbeating donation. It will allow us to express activity as a percentage of the potential rather than as a per million population figure.

We are very grateful to all those who have taken part in the pilot and national studies, to the Intensive Care Societies and Critical Care Networks for their ongoing support for the introduction of the National Potential Donor Audit and we look forward to sharing the outcomes from this data collection process.