Institut Català de la Salut

Generalitat de Catalunya Departament de Salut

IT WORKED! EXCELLENT EXPERIENCE IN DECEASED DONATION, LINKED TO THE ACCORD PROGRAMME AT BARCELONA'S LARGEST HOSPITAL

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Introduction

Vall d'Hebron Hospital

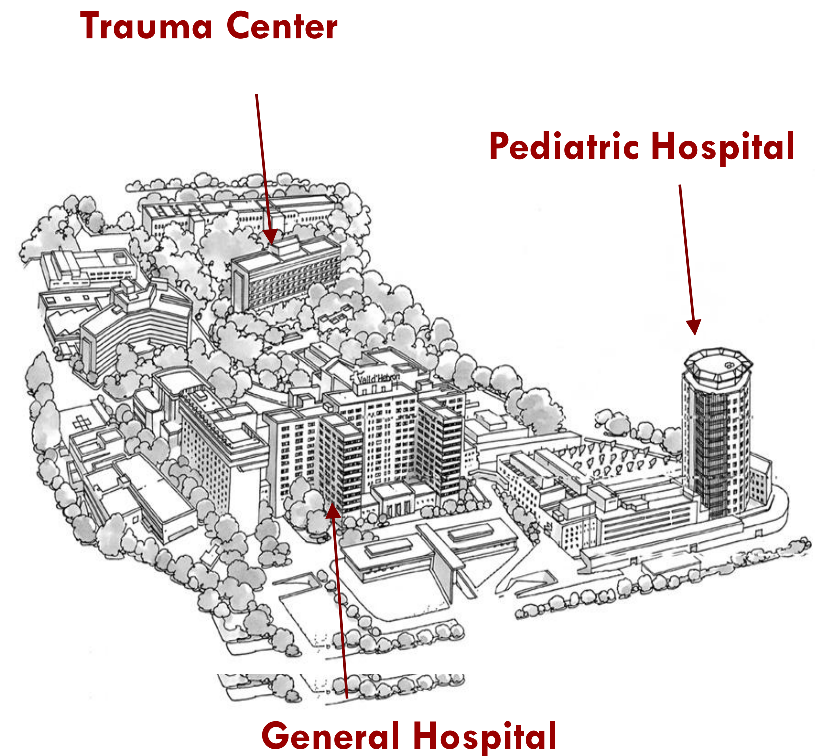
- Organ donation varies significantly between hospitals and inside each hospital unit.
- These variations have an impact on the number of available organs for transplants.
- There are different organizational models in each hospital unit
- WP5: Increasing the collaboration between donor transplant coordinators and intensive care professionals.

Hospital Universitari Vall d'Hebron

Vall d'Hebron Hospital

Largest Hospital in Catalonia (2014)

Beds	1110
Staff	7178
Emergencies	193773
Operations	50575
Solid Organ Trasplant	245
Hospital discharges	66310
Èxitus	1927
Organ donors	30 (68 pmp)
Badget (2014)	511 milions €
Reference Inhabitants	411.227 habitants



Objectives

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- The overall aim of ACCORD (WP) 5 is to increase
  the availability of organs from deceased donors by strengthening the cooperation between ICUs and DTCs

- Part 1.. Part 1. To describe end-of-life care pathways applied to patients dying due to a devastating brain injury and exploring their impact on donation potential and on the
  deceased donation process
- Part 2. To develop an acceptable and effective *rapid improvement toolkit for end-of-life* management adapted to our own hospital that facilitates the possibility of donation. Methodology PDSA

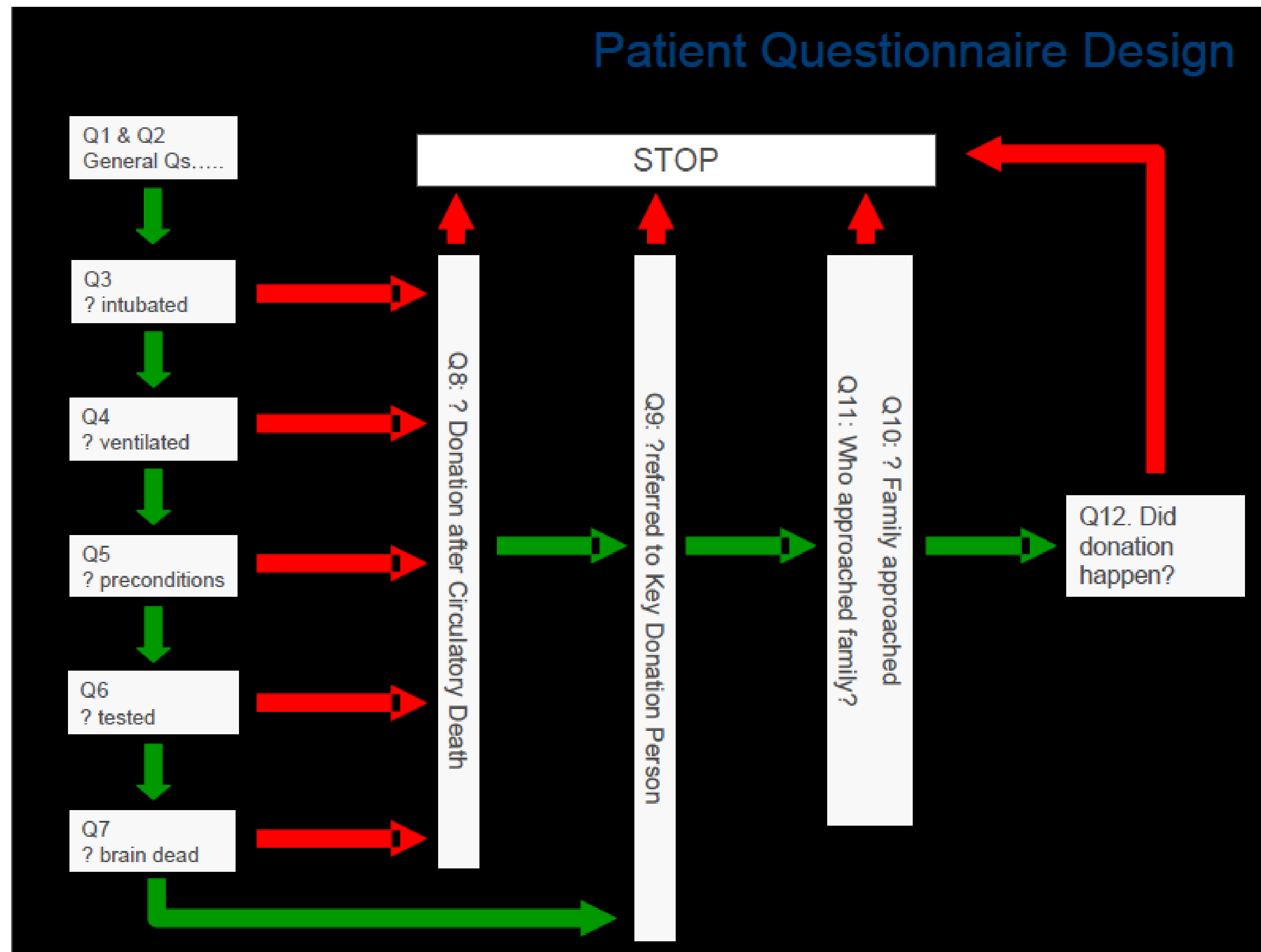
Methods

- **1st Phase: 1st** March 2013-31st August 2013
- **Retrospective-prospective clinical case review**
- **Devastating brain injury patients deceased in hospital (possible donors)** including
- A&E (Aged between 1 month and 80 years)
- ICD 9-10 codes review **50 consecutive cases**
- Neurological patients dying in the first 15 days after admission
- Patients who were confirmed dead on arrival at the first medical institution they arrived at were excluded from the study.
- **2nd Phase:** 1st December 2013- 30 th April 2014. **42 consecutive cases**.
- PDCA cycle.
- **Intervention:** Training informative sessions and feed-back when a deceased cases was not reported.

wp 5: Colaboration ICU & TC

End-of-life care variation and organ donation

Vall d'Hebron Hospital



Phase 1 HUVH

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- Notify Hospital Management
- Commitment and collaboration with quality department.
- Meetings with department heads (A&E, neurology, recovery, ICUs, trauma and paediatrics)
- Informative sessions in each unit.
- Defining problems
- Defining key persons in each unit
- Specific Training courses adapted to each department
- Data collection

Results Phase 1

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General patient questions

Unit/Ward where death was confirmed

	N	%
Adult Intensive Care	22	43.1
Specialised Neurosurgical Intensive Care	8	15.7
Paediatric Intensive Care	4	7.8
Emergency Department	5	9.8
Medical Ward	6	11.8
Stroke Unit	4	7.8
Other	2	3.9
Total	**51**	**100.0**

33%

Age

	N	%
0-17	4	7.8
18-34	2	3.9
35-49	8	15.7
50-59	6	11.8
60-69	15	29.4
70+	16	31.4
Total	**51**	**100.0**

Results Phase 1

Q3. Was the patient intubated and receiving mechanical ventilation via an endotracheal or tracheostomy tube at the time of death or at the time of the decision to withdraw or limit life sustaining treatment

	N	%
No	16	31.4
Yes	35	68.6
Total	**51**	**100.0**

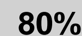
If Q3 answered as 'No'

Q3.1 What was the reason for the patient not being intubated and receiving mechanical ventilation at that moment

	N	%
Not appropriate	5	31.3
Not of overall benefit to the patient due to the severity of the acute event	9	56.3
Other	1	6.3
Not reported	1	6.3
Total	**16**	**100.0**

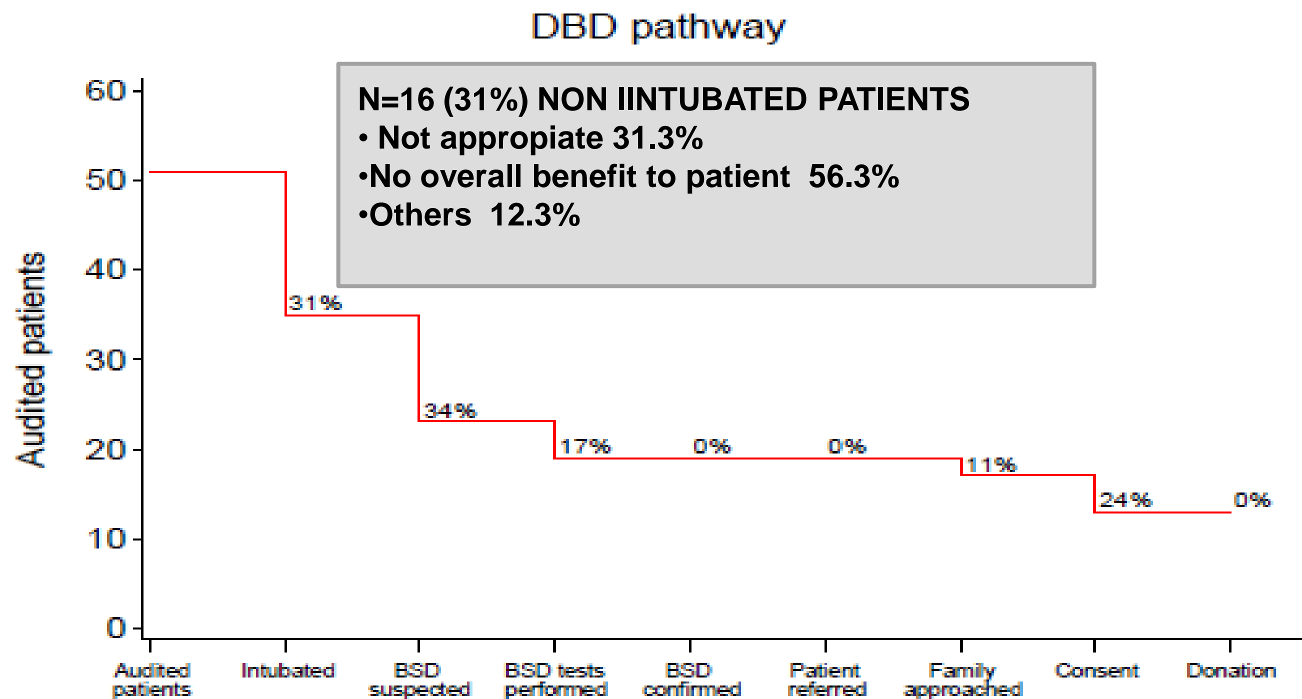
Q3.2 Speciality of primary professional making decisions about intubation and ventilation

	N	%
Intensive Care	10	19.6
Emergency Medicine	22	43.1
Neurosurgery/Neurology	13	25.5
Anaesthesia	1	2.0
Out of hospital Dr	3	5.9
Not reported	2	3.9
Total	**51**	**100.0**



Results Phase 1

Step charts



Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

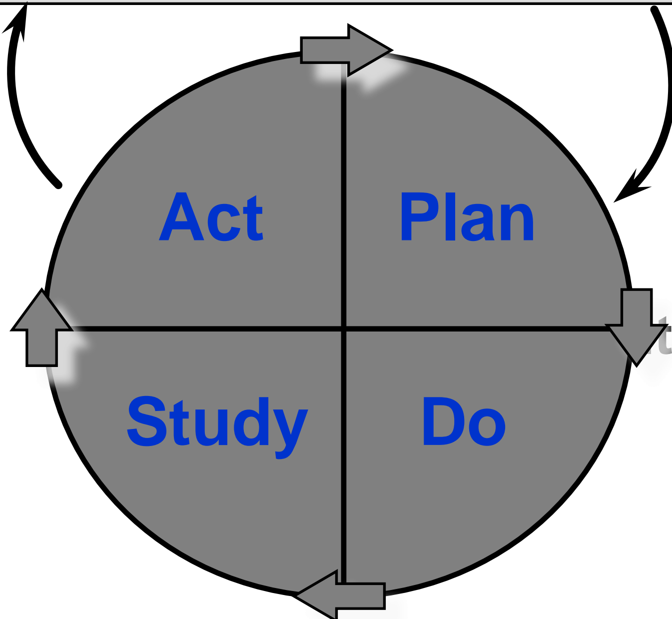
What change can we make that will result in improvement?

Understanding the problem. Knowing what you're trying to do - clear and desirable aims and objectives

Measuring processes and outcomes

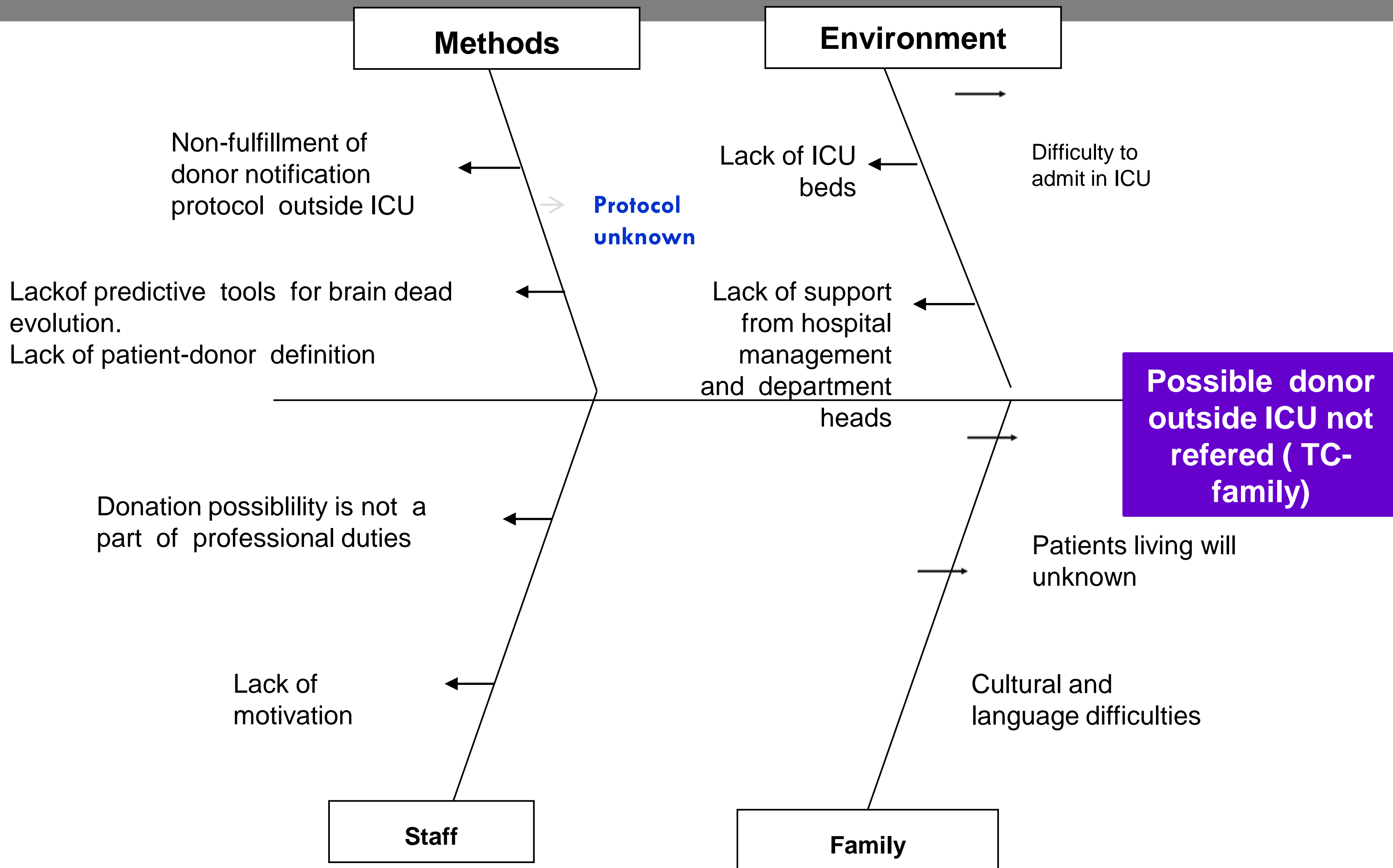
What have others done? What idea do we have? What can we learn as we go along?

Langley G, Moen R, Nolan K, Nolan T, Norman C, Provost L, (2009), *The Improvement Guide: a practical approach to enhancing organizational performance (2nd ed)*, Josses Bass Publishers, San Francisco



t in improvement?

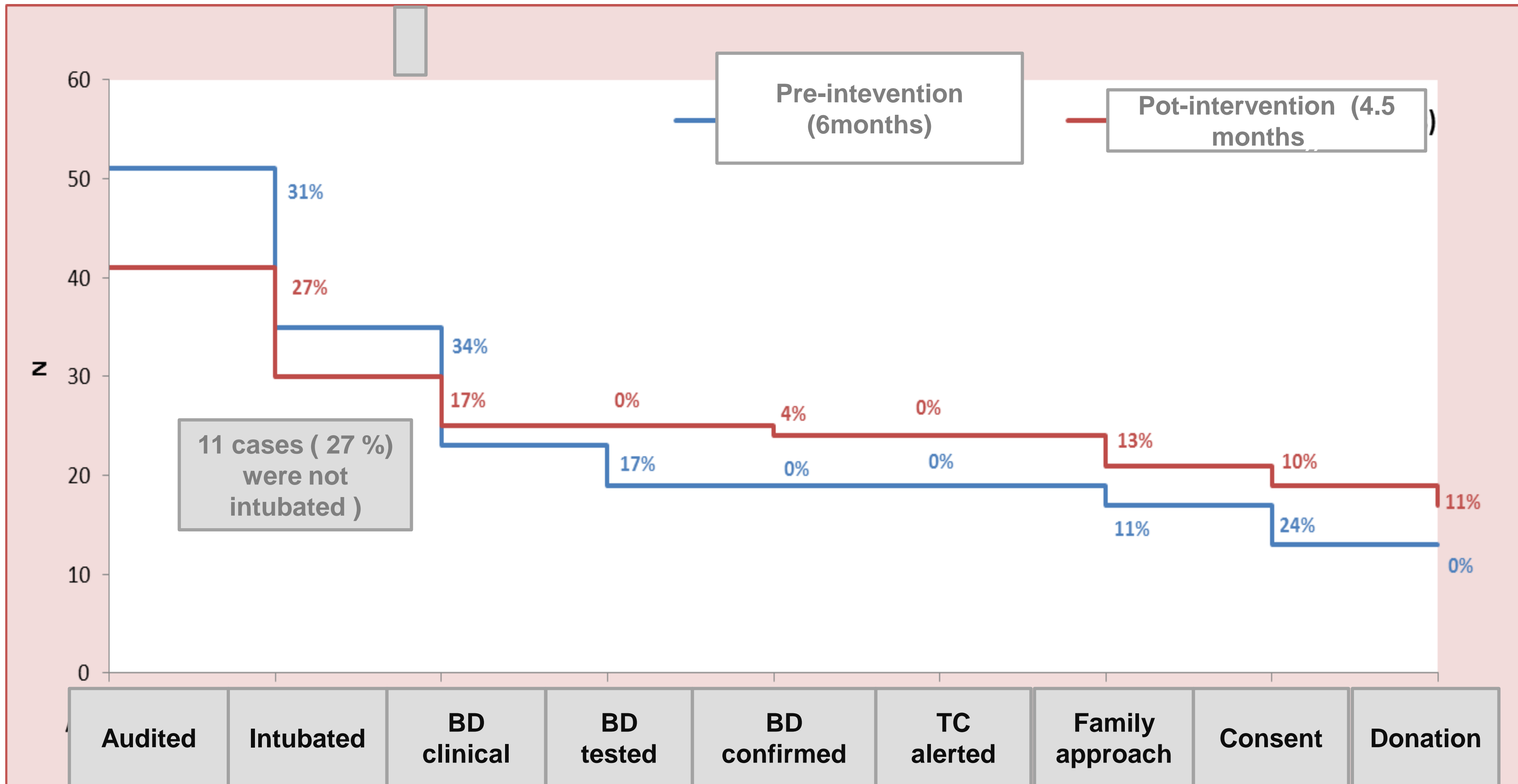
Problems



The 5 whys method - Ask 5 times to get to the root of the problem

	Question	Answer
1.	**Why don't neurologists notify TC about possible donors?**	Lack of training . Unawareness of detection protocol. Work overload. Admission problems in ICU
2.	**Why is the detection protocol unknown ?**	Too much rotation of doctors in training.. It is not my problem. I'm not paid fort that.
3.	**Why was the protocol not circulated?**	The head of department was not involved
	Why was the head of department not involved?	Lack of collaboration
5.	**Why is there a lack of collaboration?**	Lack of staff, contractual difficulties. Non payment for extra work

Does it
Work?



The % lost at each stage of the process, compared to the number left from the previous stage.

Results: 1st Phase/ 2nd Phase

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N (%)	Phase 1 (n:51)	Phase 2 (n: 42)
Cases admitted to ICU for organ donation	1 (2%)	5 (12%)
cases refered to TC	39 (78%)	37 (90%)
Intubates Cases who dying	35 (69%)	30 (73%)
Intubated cases evolved to brain death	23 (66%)	26 (86%)
Family refussals	5 (24%)	1 (10%)
Actual donors.	13 (25%)	19 (46%)

Conclusions

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- ✓ Promoting collaboration with the key professionals performance in a specific step of the process has a knock-on –effect with additional improvements.
- ✓ Marked improvements were observed in organ donation process after continuous evaluation and quality measures
- ✓ Achievements have encouraged other staff members to become involved in the process of organ donation.

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