Increasing Tissue Donation in the Emergency Department

Dr Susan Macmillan, Emergency Development Fellow, Forth Valley Royal Hospital

Aim

To refer 50% of eligible potential tissue donors who pass away in the Emergency Department to the tissue donor co-ordinator at the Scottish National Blood Transfusion Service.

Background

This Quality Improvement Project focused on improving the referral rate of potential tissue donors who passed away in the Forth Valley Royal Hospital Emergency Department.

After death, patients can potentially donate corneas, heart valves, skin and tendons. This process is facilitated by the Tissue Donor Co-ordinator of the Scottish National Blood Transfusion Service (SNBTS) who can check eligibility and whether the patient is on the Organ Donor Register. Donors are eligible from 3 to 95 years.

The Potential Donor Audit carried out by SNBTS identified clear scope for improvement in referral rates, no referrals had been made in the past since Spring 2017 when tissue donation was introduced to FVRH.

Close liaison with the Tissue Donor Co-ordinator has been key to monitoring referral rates in addition to gaining feedback about donor allocation and outcomes

3ssue donation the Tissue Donor Co-ordinator should be contacted by staff to check the Organ Donor Register and confirm eligibility for donation. This is considered as a ‘referral’ for audit purposes whether or not the process of donation ultimately goes ahead.

Method

Using the Plan Do Study Act approach, multiple interventions were undertaken within Forth Valley Royal Hospital Emergency Department.

These included:
- Surveying staff to identify barriers to tissue donation (figure 1): focused teaching moments; posters to prompt staff in key clinical areas (figure 2): development of a clear process algorithm (figure 3); pocket-sized laminated Tissue Donation Information cards for staff (figure 4) as well as a suggested ‘script’ to raise donation with families, and
- Regular progress updates on referral rates both written and verbal.

The Potential Donor Audit data was collected monthly from August 2017 by the Tissue Donor Co-ordinator on all deaths and referrals from the department. Prior to this there had been no referrals made. Before approaching families to discuss tissue donation the Tissue Donor Co-ordinator should be contacted by staff to check the Organ Donor Register and confirm eligibility for donation. This is considered as a ‘referral’ for audit purposes whether or not the process of donation ultimately goes ahead.

Close liaison with the Tissue Donor Co-ordinator has been key to monitoring referral rates in addition to gaining feedback from staff involved in the process.

Results

• The project commenced in August 2017 and preliminary results are reported.
• Table 1 demonstrates that the Emergency Department Staff identified lack of awareness of tissue donation, time pressures and lack of confidence in approaching families as key barriers to tissue donation.
• The number of potential donors and referrals are outlined in table 2 and the percentages are shown in figure 5. The number of referrals steadily increased as the interventions were introduced.
• The interventions implemented are outlined in figure 6 and correspond to the arrows on the chart in figure 5.
• Anecdotal feedback from staff involved has demonstrated many families took comfort from the donation and staff felt more comfortable approaching families using the suggested wording on the process flow chart.

Table 1: Staff Questionnaire to identify barriers to tissue donation

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug 2017</td>
<td>5</td>
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<tr>
<td>September</td>
<td>5</td>
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<td>October</td>
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<td>November</td>
<td>5</td>
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<tr>
<td>December</td>
<td>7</td>
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<tr>
<td>Jan 2018</td>
<td>2</td>
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<tr>
<td>February</td>
<td>8</td>
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Table 2: Potential Donor Audit Results

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of referrals</th>
</tr>
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<tbody>
<tr>
<td>Aug 2017</td>
<td>1</td>
</tr>
<tr>
<td>September</td>
<td>2</td>
</tr>
<tr>
<td>October</td>
<td>3</td>
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<td>November</td>
<td>4</td>
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<tr>
<td>December</td>
<td>5</td>
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<tr>
<td>Jan 2018</td>
<td>6</td>
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<tr>
<td>February</td>
<td>7</td>
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</tbody>
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Figure 5: % Eligible donors referred to Tissue Donor Co-ordinator

Interventions:
1. Tissue donation information screen saver on all ED PC’s (Sept 2017)
2. Small leaflet prompt for all staff (Sept 2017)
3. Reminders in morning handover meetings for clinical staff for one week and then monthly (Sept 2017)
4. Prompt slip attached to death checklist (Oct 2017)
5. Reus Poster (Nov 2017)
6. Potential Donor Audit results to be discussed in monthly consultant M&M (Nov 2017)
7. Development of clear process flow chart (Dec 2017)
8. Formal teaching to junior doctors (Dec 2017)
9. Focused 5 min teaching sessions with Dr’s and Nurses (from Jan 2018)
10. Revised process flow chart with suggested wording (Jan 2018)
11. Laminated pocket information cards for doctors nurses (Feb/March 2018)

Conclusion

This project has shown significant improvement in referral rates, with the aim of 50% of eligible potential tissue donors being referred to the tissue donor co-ordinator being achieved since November 2017.

The number of deaths occurring in the department is around 7 per month, making tissue referrals a low frequency but high acuity event. The cumulative effects of the interventions are most likely to have resulted in the improvement. Anecdotally staff have fed back that the process flow chart (figure 3) and the pocket information cards (figure 4) have been the most helpful in day to day practice. Data collection and analysis of results are on-going at present.

The methods used in this Quality Improvement Project could readily be applied in other Emergency Departments who are introducing tissue donation or looking to improve referral rates.

Acknowledgements

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For further information please contact susan.macmillan@nhs.net