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Government of Saskatchewan - Standing Committee on Human Services

Organ and Tissue Donation September 13th, 2016

Maximizing Donor Potential in Saskatchewan?

The following characteristics of a high performing donation system were presented to the Human Services Committee on June 2, 2016.

- Expansion of donation after cardiovascular death
- Presumed consent and opt out registry
- Donation among older donors
- Provincial conversion rates and deceased donor profiles
- Medical record review to identify missed opportunities

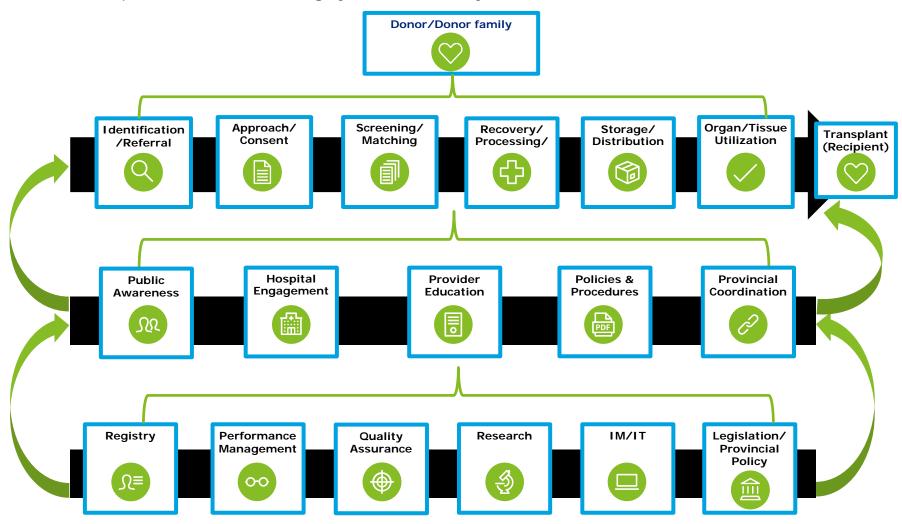
- Online intent to Donate
- Organ donation organization funding
- National coordinating authority
- ICU/hospital capacity
- Organization and hospital care
- Donation Physicians

There are multiple strategies to improve donor rates. Approaching this from a systems perspective brings multiple opportunities.....



Organ and Tissue Donation (OTD) System

Below is a map of 17 functions of a highly effective OTD system



Critical elements for an effective Organ and Tissue Donation System as pictured above:

- Top Row Front line service delivery functions focused on the potential donor, donor family and recipients
- Middle Row Enabling functions in the healthcare setting to support efficacy of front line delivery
- Bottom Row System support functions focused on efficiency, coordination and systemic improvement

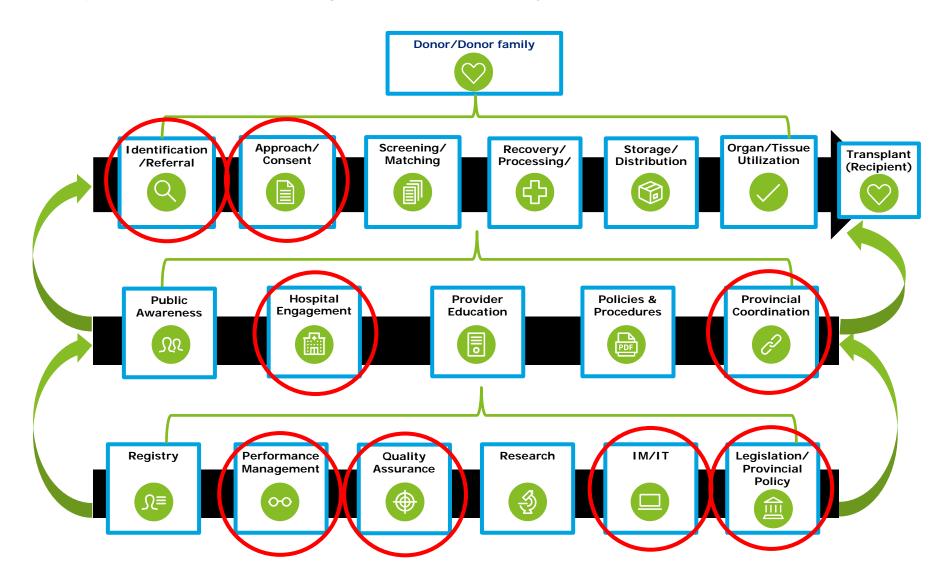
Cross Jurisdictional Snapshot

In most jurisdictions, stand alone organ and tissue donation agencies are developed and the importance of Donor coordinators and clinical leads is critical to success. Below outlines national and global examples of agencies and their components.

Jurisdiction	Tissue	Organ	Registry Ownership	Clinical Lead	Donor Coordinator	Organ Recovery Team	Donation Committee	Transplant Allocation	Stand Alone	Gov't
BC Transplant		\bigcirc	\bigcirc	ightarrow		•		\bigcirc	0	
MB Gift of Life	\bigcirc	\bigcirc		ightarrow		\bigcirc		\bigcirc		ightarrow
Ontario	\bigcirc	ightarrow		•		•	\bigcirc	\bigcirc	•	
Hema Quebec	\bigcirc			\bigcirc					\bigcirc	
Transplant Quebec		•			•		•	•	•	
NS Legacy of Life	•	•		•	•					•
LCNW		\bigcirc		ightarrow	ightarrow	\bigcirc	\bigcirc		ightarrow	
Philadelphia	ightarrow	\bigcirc		ightarrow			•		\bigcirc	
Spain	\bigcirc			\bigcirc	•		•		•	
UK		\bigcirc		ightarrow	•	\bigcirc	\bigcirc	•		
Australia	\bigcirc	\bigcirc			•		\bigcirc		•	
Total	8	10	2	10	11	5	7	5	9	2

Functions with Highest Correlation to Maximize Donor Potential

The functions circled below are the high leverage areas that can generate the greatest improvement in donor potential – while also attending to other functions in a systematic manner.



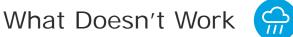
Lessons Learned

Through research and experience, this slide captures a number of approaches that both work and don't.

What Works



- Strong, clear, enforceable enabling legislation
- Standardized policies, forms, & definitions
- Robust data compilation, analysis & reporting, with clear metrics
- Standardized, consistent approach to organ/tissue donation in the clinical setting
- Physician engagement: early & sustained involvement and leadership, with defined roles & responsibilities
- Deliberate, sustained interactions with partners (hospitals, MEs, EMS, etc.) at all levels, front-line to CEO
- Focus on the first steps of donation: identification and referral of potential donors as well as approach/consent
- Relevant, high quality education across the spectrum of health care professionals
- Dedicated donation resources to support hospital staff
- Single toll-free number to field referrals & conduct initial/further screening





- Weak, inconsistent data reporting; lack of performance indicators & targets
- Imposing policies, practices without stakeholder engagement
- Lack of mission, vision, for donation community to rally around
- Trying to meld practices from existing organizations rather than building from the ground up based on research and international leading practices



Key Questions for the Government of Saskatchewan to Consider

1. What is our change ambition? Incremental or Transformational?

2. Should we pursue these changes alone or partner with another Province to leverage economies of scale?

3. How will we govern these efforts? Inside the Ministry or with a newly created organization? Or...?



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