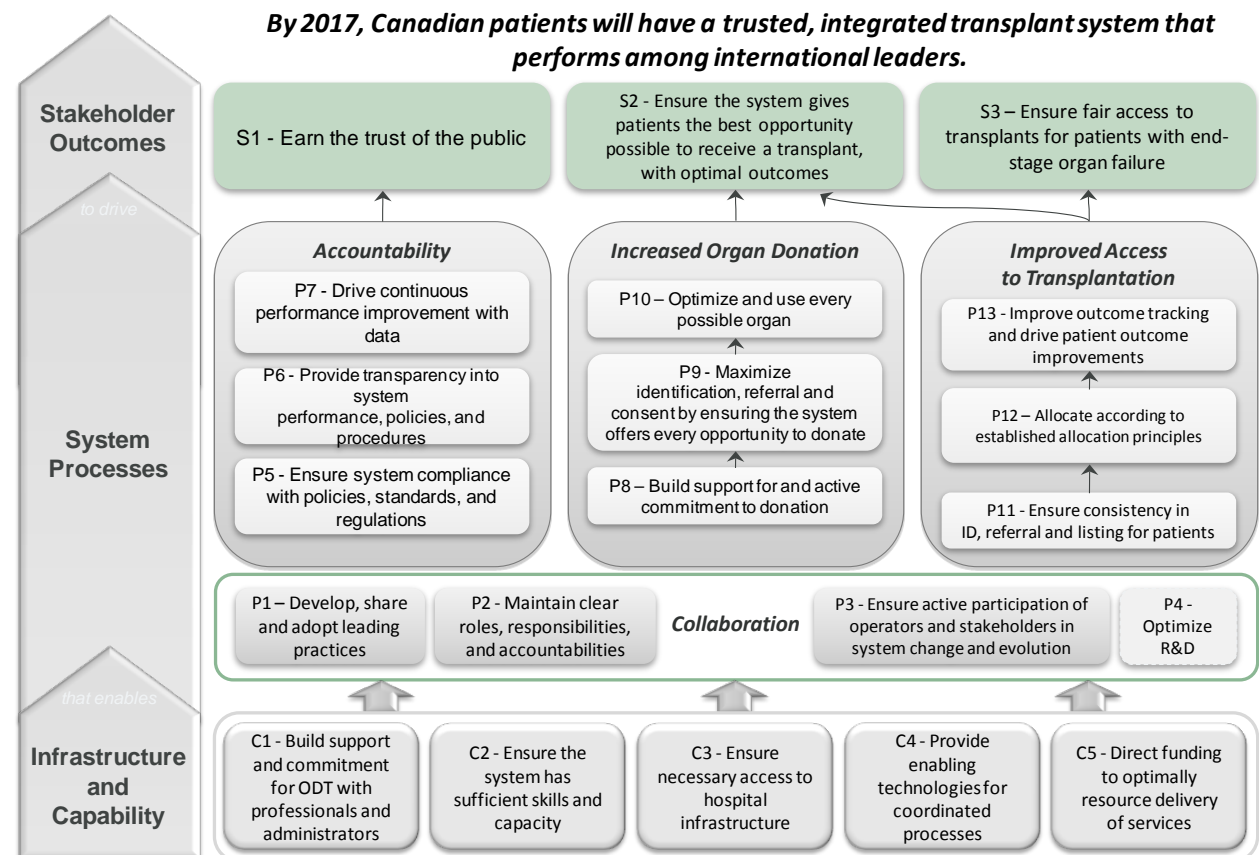


Background

In August 2008, Canadian Blood Services was given the mandate to design an integrated Organ and Tissue Donation and Transplant (OTDT) system in collaboration with the OTDT community. For the past two years, the organization has successfully delivered a National Living Donor Paired Exchange Registry; has started working on the Highly Sensitized Patient Registry and National Organ Waitlist; continued its efforts in leading practice and public education and has brought together experts and other agents of change to define a new future for OTDT in Canada.

For a year now, the system design process has benefited from the direction and expertise of an OTDT Steering Committee, Organ and Tissues Expert Committee and the expertise and experience of more than 800 OTDT professional and health system leaders from transplant programs, OPOs and health professional associations across Canada. As well advice and counsel have been received from numerous patient groups and hundreds of interested member of the public.

To date we have drafted strategies—one for organs and one for tissues—to help us understand where the focus needs to be in order for us to see system improvements. We’ve also started defining what the systems should look like—we’ve learned that, while there are some areas of integration, for the most part organs and tissues are vastly different so we need to consider that in our recommendations going forward. The following graphic depicts the strategy map for organs.



While attending the Canadian Society of Transplantation and XXIII International Congress of The Transplant Society in Vancouver this summer, we had the opportunity for additional dialogue with Canadian and International organ donation and transplantation leaders to obtain feedback on the draft strategies and gain further insights into system design options. Currently, effort is focused on taking all the expert and public feedback into consideration as the organization puts together the strategy and design options for OTDT. To support this work, discussion and consultation continues with key expert stakeholders.

Donation Physician Role

One of the primary options arising from the redesign process is the professionalization of donation services within hospital systems. Currently in Canada, the responsibility for donation in hospitals is generally left to physicians in intensive care units who may not have the necessary time, training or commitment to make donation a standard part of end-of-life care. As a result, many donation opportunities may be missed or ignored. It's been shown that one of the most effective ways to increase organ donation is to have trained, dedicated donation physician specialists (generally an intensivist) in hospitals to ensure that every potential donor is identified and considered for donation.

The presence of donation physician specialists (who are funded and have responsibility and accountability for donation) in hospitals is one of the key elements in successful programs, such as Spain, Italy and Belgium. Recognizing the effectiveness of this strategy has led the UK and Australia in 2009 to fund organ donation physician specialists as a key pillar of their national strategy to optimize organ donation.

Commitment and engagement of physician practice related to donation are one of the principle obstacles to system improvement and accountability for performance is lacking. Physicians drive access to ICU services, donor identification and management and require hospital practice privileges in order to manage potential donors. A recent study in the United States has shown that the addition of an intensivist for organ donation activities significantly increases the number of transplantable organs from brain-dead organ donors, particularly in lungs and kidneys¹.

In order to refine this system design option of donation physician specialists being established in major hospitals across Canada, consultation with key stakeholders needs to occur. Canadian Blood Services is investigating the various potential models of physician donation specialists, including successful international models and evolving provincial models and proposes to work in collaboration with key professional associations (including the Canadian Critical Care Society), OPOs and other key stakeholder to propose roles, responsibilities, qualifications, resource models, structure and accountability mechanisms for physician donation specialist roles to be established in tertiary care centres in Canada.

Additional information or input:

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¹ Singbartl, K. et al. Intensivist-led donor management increases organ yield from brain-dead donors University of Pittsburgh.