

Aims	Priority Areas	Rationale	Actions
<p>Increase the identification of potential organ donors</p> <p>Aligning with:</p> <ol style="list-style-type: none"> 1. Government Plan, Outcome 3 and 2. NSW OTDS 2015 work plan actions 1,3&4 	<p>1. Work with ICUs to optimise identification of potential donors through DBD and DCD pathways</p>	<p><i>Enhancing the recognition of potential donors will increase the donor pool. Priority will be given to increasing the pool of potential DBD donors and ensuring that the DBD pathway is not partially replaced by the DCD pathway.</i></p>	<p>Review implementation of local audit processes with particular focus on brain death potential:</p> <ul style="list-style-type: none"> - monthly review of ICU deaths by DMSs & peers - feedback to ICU/ED/other staff <p>Commence inter-facility peer reviews (6 monthly for metro, annually for non-metro)</p> <p>Work with ACI and the Critical Care Taskforce to engage ICU clinicians in the regular review process at local and inter-facility level</p> <p>OTDS to establish a prospective program of potential donor identification</p> <p>Extend the role of donation specialist staff to all acute facilities with an ICU in the LHD/SHN within which they are located</p> <p>OTDS to implement DCD training in LHDs/SHNs, with an emphasis on early identification of potential DCD donors</p>
	<p>2. Minimise medical/organ unsuitability by ensuring clinical decision-making aligns with evidence</p>	<p><i>Ensuring that medical/organ suitability is consistently assessed in line with current evidence will avoid the inappropriate exclusion of potential donors.</i></p>	<p>Audit of 51 high potential donors where a NMS decision was made locally</p> <p>Review of 150 randomly selected cases of ‘cancer’ or ‘cardiac arrest despite full active treatment’</p> <p>Standardise decision making processes on organ suitability</p> <p>Work with ACI and the Critical Care Taskforce to support the education of ICU clinicians in assessing suitability and in seeking timely advice from organ donation specialists</p>
<p>Increase conversion</p>	<p>1. Increase consent for</p>	<p><i>Family refusals are one of the main reasons</i></p>	<p>Work with ACI and the Critical Care Taskforce to promote the uptake</p>

NSW Organ Donation Implementation Advisory Group priorities_2015

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<p>of potential to utilised donors</p> <p>Aligning with:</p> <p>1. <i>Government Plan Outcomes 3&4 and</i></p> <p>2. <i>NSW OTDS 2015 work plan action 2</i></p>	<p>donation by increasing the rate of family donation conversations and reducing refusals</p>	<p><i>why organ donation does not proceed.¹</i></p>	<p>of Family Donation Conversation workshops and training</p> <p>Improve management of family discussions by ensuring the use of designated and specifically trained requestors for all conversations</p> <p>All cases where the potential donor family “over-rides” a registered consent to donation by the patient to be escalated to the State Medical Director on-call for discussion</p>
	<p>2. Optimise donor management to maximise organ retrieval</p>	<p><i>Improving donor management will reduce the number of missed donors from failed physiological support</i></p>	<p>Work with ACI and the Critical Care Taskforce to finalise and implement donor care guidelines</p>

1. NSW Donate Life Audit results, January 2013 – September 2014.