International Perspective on Organ Donation and Transplantation: Challenges for The Future

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Content

3 International Challenges of today:

1. Shortage of Nursing Staff
2. Shortage of Available Donor Organs
3. Survival Improvement on the long term

1St Challenge = Dedicated professionals in a time of Acute Nursing Shortage
Our concern....

How do we motivate them, how do we stay out of dissatisfaction and how do we face the problem of Retention?

Stressors in (Transplant) Nursing (*):

Social and physiological stressors

- Important stressors (> 80% emotionally related stressors)
  - Patient care itself (patient dissatisfaction, personal demands of patient and family, dying patients)
  - Interpersonal relationships/communication
  - Excessive responsibility
  - Rapid advances in transplant technology
  - Emotional exhaustion
  - Depersonalization
  - Low personal accomplishment

All lead to impact on personal life and motivation

Continuing (Transplant) Nursing Education *

- Answer to this specialized care
  - Rapid evolving technology
  - Career development

- Education is a tool for fuel
  - More satisfaction
  - More recognition
  - Better role development
  - Trust in your job

- More education tools and higher education proof to
  - Fuel positively retention
  - Improves evidence based nursing care

2nd Challenge =
the process we are part of as Donor and/or Transplant nurse coordinators

- Donation becomes more challenging:
  - Chronic Organ shortage
  - Extended criteria donors
  - Death after Cardiac Death Donors (DCD donors)
  - Lack of expertise and staff

Effective donors pmi / country 2005

Transplant activity pmi Europe 2005
Organ donation: a problem on different levels

Micro
Donation and transplantation
Personal belief and view

Meso
Donation within the Health Care Systems

- Individual opinion influencing the professional attitude towards donation
  - Organ donor detection
  - Family Approach

- Strategies and policies
  - Organ donor target Units
  - Supportive systems to facilitate donation

- Multi-disciplinary approach
  - Balanced medical and para-medical responsibilities
  - Nurses play a crucial role in the process

Macro
Donation within the legal system
Government and Public Opinion

Weakness of International Development of the Role of Nurse Donor Coordinator

- Lack of Role description
  - Nursing shortage
  - Recognition
  - Definition of Donor Coordinator
  - International sharing

- In order to professionalize
  - Clear tasks
  - Clear roles
  - Clear responsibilities
  - Research
The Role of the Nurse Donor Coordinator

- Facilitator
- Communicator
- Within the team
- Relatives
- Manager
- Organizer
- Retrieval Processor/Technician
- Organs
- Tissues
- Quality Manager

Factors that possibly can influence potential donor numbers within ICU’s

- Trust
- BD/NHBD
- Procedures
- Communication with relatives

- Man power
- Pressure in ICU beds

- Own indication inclusion criteria
- Detection
- Age
- Etiology
- Training
- Involvement

Decision making on ICU

- BD is an evolution
  - May take several hours
- Decision:
  - To continue full therapy until BD occurs
  - To code the patient for withdraw support...

» ICU therapy is necessary to make donation possible
Pressure on ICU:
Red alert for the donor potential

- Ever-increasing demand for resources
- Lack of medical and nursing staff

**Shortage of vacant beds available**
Forces choice-making
Futile cases unlikely to be treated in the "grey zone" towards donation

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**International Actions on the Meso Level:**
Factors influencing decision process and referral behavior on ICU's

- Mechanisms and support for continuous quality improvement
- Integrating organ donation in end-of-life care practices and services
  - Legal framework (preferable Presumed Consent like law)
  - Registry systems of ICU deaths
  - Referral systems of every ICU death
  - Clinical pathways
- Expanding donation opportunities
  - Extended criteria
- DCD donors
- Expand and enhance professional education about organ donation and end-of-life care
  - Local responsibles on every ICU (education)
  - Family approach
  - Intermational platforms

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**2 Recent Examples of Governmental Supported Donor Improvement Systems on the Meso level**

- **US Collaborative**
  - Started in 2005
  - First at the Donor Side
  - 2nd Transplant and allocation Side

- **Belgian GIFT project**
  - Based on donation system SWOT analysis
  - Work group of "experts" and government
  - Prospective Audit in 62 hospitals with ICU
Unprecedented Month-by Month Increases in Number of Organ Donors

The GIFT project design
- Defining main causes of Organ Shortage
  - Donor selection
  - Logistical and Financial support
  - Training
  - Scientific Platform
- Design of the project March 2006
  - Audit in every ICU of 62 Acute Hospitals
  - Local Donor Facilitator
    - Audit every death record in ICU
- Implementation of the Project September 2006
  - Central coordination and support team
  - End at January 2008
  - Design and fine-tune the system based on the analysis

Referral Pattern Potential Donors 2006:
Referring Donor Hospitals – University Hospitals
Third challenge: Improvement of long term survival
Professionalizing Role development in Clinical Transplantation

- Transplantation becomes more challenging:
  - Older patients - co morbidity
  - Pre-transplant management
  - Complex Allocation rules
  - Post-transplant drug and health management
  - Quality of life

Results: Heart transplantation
U.Z. Leuven: Patient survival

LONG-TERM SURVIVAL


Introduction of Cyclosporin
Cyclosporin
Tacrolimus
MMF
Sirolimus
Everolimus

Long Term Post transplant follow-up
Therapeutic Regimen post transplant

- Lifelong medication regime (IS)
- Self-monitoring/Care:  - Vital signs - Signs infection/rejection
- Avoid risk factors cardio vascular disease/ cancer
  - Lifestyle alteration
  - Healthy diet
  - Physical Exercise
- Guidelines: alcohol/substance abuse
- Regular Hospitals admissions

Managing chronic conditions
From traditional to multidimensional

Goal = to optimize outcomes

Long-term Care
- Side-effects of chronic immunosuppression
  - Bone disease
  - Malignancy
  - Diabetes
  - Cardiovascular complications
  - Renal dysfunction
  - Hematologic complications
  - Reproductive issues
- Disease recurrence
- Chronic rejection

The Transplanted Patient
- Stays a chronically managed patient
  - Need for extended guidance
  - Professional support
  - “Easy access” health care
- Nurse is the facilitator of the follow-up
  - Strong professionalism
  - Well educated and defined profile
Transplant Nurses

- Pre-transplant work-up
  - Living donor coordinator
  - Waiting list manager and workup coordinator

- Post-transplant nurse-coordinator
  - Long term follow-up
  - Medication adherence – healthy lifestyle management
  - Quality of life

Expansion and Advances in Transplant Nursing

- Direct patient care
- Educator
- Clinician
- Researcher
- Collaborator

Educator

- The process of transplantation
- Preoperative teaching
- Medication teaching/discharge planning
- Self-care instructions
- Staff and community education
- National and international conferences
Clinician

- Management of outpatient recipients
- Case management
- Physical examination of the patient
- Medication overview
- Follow-up

Researcher

- Primary investigator
- Collaboration with a transplant research group
- Data collection for national and international databases
- Designing standards of practice
- Clinical pathways
- Implementing research findings
- Evidence based and « up to date » practice

Prevalence of non-adherence in renal TX patients from two different health care systems

N = 614  N = 1563

- 13.2%
- 19.3%

p<0.001

Multiple logistic regression controlling for demographics, clinical characteristics and center: OR= 1.78; 95% CI [1.10-2.89] (Denhaerynck et al. Progress in Transplantation, 2006)
GAP IN ADHERENCE RESEARCH:
Health care system factors not well studied
↓
PROPOSED RESEARCH PROGRAM:
An international multi-center cross-sectional study to explore the relation between selected health care system factors and NA in heart TX patients
Take Home Message:
Improved Outcomes through...

- Professionalism @ donor and clinical TX side
- Clear determination of Roles
- Standardized practice
- Identification of roles
- Improvement of the Quality
- Proof outcome related quality of Nursing care

- Urgent need for INTERNATIONAL
- Sharing of standards in our care
- Representation of our job and skills as Specialized Care Givers

- Education is key
- Further development of the profession
- Certification National, International

It is not my Appearance but My Attitude That makes the Difference!

Copy of the slides = available @ www.itns.org/education

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