

MONITOROWANIE JAKOŚCI SYSTEM ODEQUS

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Szpital Śląski w Cieszynie

SZKOLENIE Z ZAKRESU STANDARDÓW SZPITALNEGO
SYSTEMU JAKOŚCI W ZAKRESIE DAWSTWA NARZĄDÓW
I TKANEK ORAZ ICH WDROŻENIA



Jakość

- Definicja jakości
- Jakość w medycynie
- Ocena jakości – kryteria i wskaźniki jakości
- Porównanie jakości



System jakości w medycynie transplantacyjnej

- Regulacje prawne i uwarunkowania organizacyjne
- System jakości w zakresie dawstwa narządów i tkanek
- System jakości w zakresie przeszczepiania narządów i tkanek
- Kompatybilność i komunikacja między systemami



System jakości w medycynie transplantacyjnej

- Działania strategiczne – polityka, strategia, cele – zarządzanie, prawo, organizacja, personel, edukacja, rozwój, badania
- Działania operacyjne – realizacja usługi, aktywność, wartość dodana
- Działania wspierające – audyty, dokumentacja, zarządzanie ryzykiem, zaopatrzenie, logistyka, poprawa jakości – kontrola zmian



Ideal Process for Organ Donation

1 Education (general public and healthcare professionals)	7 Clinical donor management; Optimization of end-organ function
2 Medical optimization of critically ill patient	8 Matching, allocation, and centralization of organ distribution/sharing (OPO)
3 Family support and communication	9 Logistical and administrative planning
4 Identification of potential organ donor; Timely OPO referral	10 Surgical recovery of organs and tissues
5 Declaration of death (or decision to limit/withdraw life sustaining therapy)	11 Transplantation procedure
6 Planned family approach; Authorization/actionable donor designation	12 Case follow-up: "after action" reviews, donation councils, clinical leadership meetings

Wojda TR, Stawicki SP, Yandle KP, Bleil M, Axelband J, Wilde-Onia R, Thomas PG, Cipolla J, Hoff WS, Shultz J. Keys to successful organ procurement: An experience-based review of clinical practices at a high-performing health-care organization. *Int J Crit Illn Inj Sci.* 2017 Apr-Jun;7(2):91-100. doi: 10.4103/IJCIIS.IJCIIS_30_17. PMID: 28660162; PMCID: PMC5479082.

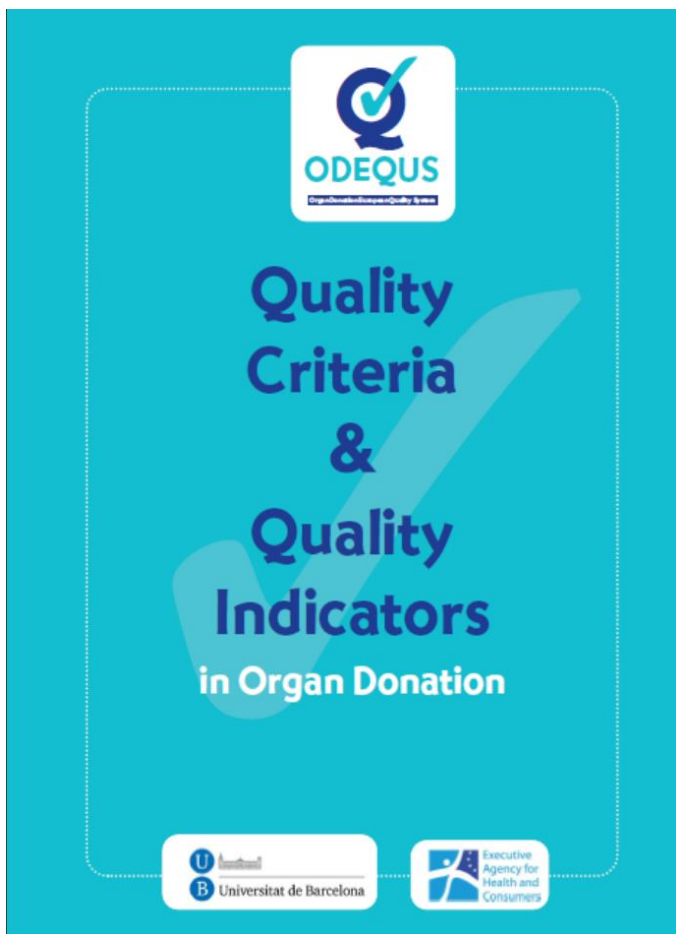
System jakości w ośrodku donacyjnym

STANDARDY I PROCEDURY

DOBRE PRAKTYKI

ODPOWIEDNIE SIŁY I ŚRODKI

STRUKTURA ORGANIZACYJNA





THE ODEQUS PROJECT

ODEQUS - Organ Donation European Quality System

Background

Differences in the number of organ donors among hospitals cannot be explained only by the number of ICU beds or neurologic patients treated. The figures obtained are influenced by the organizational structure of donation process and how efficient it is.

ODEQUS was a three years project (October 2010-December 2013) co-financed by the European Agency for Health and Consumers (EAHC20091108) which aimed to define a methodology to evaluate the organ procurement performance at hospital level.

Methods

ODEQUS specific objectives were to identify Quality Criteria (QC) and to develop Quality Indicators (QI) in 3 types of organ donation: after Brain Death, after Cardiac Death and Living Donation. Those tools will be useful for hospitals self-assessment, external evaluation as well as for developing an European auditing model.

In order to do so, a consortium has been established involving 14 associated partners from Austria, Croatia, France, Germany, Italy, Poland, Portugal, Romania, Spain, Sweden and United Kingdom, and 5 collaborating partners from Greece, Hungary, Malta, Slovenia and Turkey.

Afterwards, the project has been established in three steps:

1. Design of a survey about the use of quality tools in a wide sample of European hospitals.
2. Development of QC and QI by the project experts. The main fields considered have been organizational structures, clinical procedures and outcomes.
3. Elaboration of an evaluation system to test the QI in European hospitals.

Moreover, two types of training have been designed and performed: one concerns the development of QC and QI, while another is focused on how to use evaluation tools.

Results

The project has achieved so far to identify 130 Quality Criteria and develop 30 Quality Indicators (structure, process and outcomes). Those indicators have been tested in 12 European hospitals by means of internal and external evaluations.

The achievement of similar results in different evaluations performed, demonstrates that the Quality Indicators created are effective to measure the hospitals quality performance in organ donation.

Deceased Donation	number of criteria	
	DBD	DCD
1 Legal Framework	5	5
2 Functional Organisation	10	13
3 Key Donation Person (KDP) and Donation Team (DT) Requirements	8	8
4 Documentation and Registries	5	5
5 Donor Identification and Referral	6	11
6 Donor Evaluation	4	5
7 Donor Treatment / Maintenance	1	8
8 Confirmation of Brain Death / Diagnosis of Death	5	1
9 Family Support	9	9
10 Organ Sharing	5	5
11 Organ Retrieval	4	4
12 Transportation of Organs (in-hospital, inter-hospital) and Logistics	4	4
13 Preservation and Packaging	3	3
14 Auxiliary Services	2	2
15 Promotion and Education	3	3
16 Continuing Training and Research	6	6
17 Quality Evaluation and Outcomes	12	11
Total	92	103

Deceased Donation	Applies to	Type	Standard
1 Donation process procedures	DBD/DCD	structure	100%
2 Proactive Donors Identification Protocol	DBD/DCD	structure	100%
3 Donation team fulltime availability	DBD/DCD	structure	100%
4 Donation team members with ICU background	DBD/DCD	structure	50%
5 Dedicated time Key Donation Person	DBD/DCD	structure	100%
6a Documentation of key points of the donation process	DBD/DCD	structure	100%
6b Documentation of cause of no donation	DBD/DCD	process	100%
7 Patient / family consent	DBD/DCD	outcome	90%
8 Identification of all possible donors in ICU	DBD	process	75%
9 Uncontrolled in-hospital DCD donor identification	DCD	process	100%
10 Controlled DCD donor identification	DCD	process	100%
11 Existence of controlled DCD donation protocols	DCD	structure	100%
12 Referral of DBD possible donors	DBD	process	100%
13 Discarded organs documented	DBD/DCD	process	100%
14 Evaluation of Brain-Dead donors	DBD	process	100%
15 Donor management	DBD	process	90%
16 Unexpected cardiac arrest	DBD	outcome	3%
17 DCD organ donor preservation	DCD	process	85%
18 Seminars on organ donation	DBD/DCD	process	≥ 1
19 Documentation of evaluation of potential donors	DBD/DCD	process	100%
20 Brain death identification	DBD	outcome	50%
21 Conversion rate in DBD donors	DBD	outcome	75%
22 Conversion rate in uncontrolled DCD donors	DCD	outcome	85%
23 Conversion rate in controlled DCD donors	DCD	outcome	90%
24 Kidneys transplanted from uncontrolled DCD donors	DCD	outcome	80%
25 Kidneys transplanted from controlled DCD donors	DCD	outcome	90%

Name	1. Donation process procedures
Justification	All the main steps of the donation process are covered by protocols and procedures (Donor identification, Death declaration, Donor evaluation, Donor maintenance, Family interview, Operating theatre organisation, Organ packaging and transportation, Communication with the control centre, Reconstruction of the donor body), which ensure the proper and standardised performance of each step of the donation process. Recommendation C.
Dimension	Appropriateness
Formula	Existence of protocols and procedures for all relevant steps of the donation process (Yes /100 % or No / 0%)
Explanation of terms	<ul style="list-style-type: none"> Relevant steps: <ol style="list-style-type: none"> 1. Donor identification 2. Death declaration 3. Donor evaluation 4. Donor maintenance 5. Family approach 6. Operating theatre organisation 7. Communication with the sharing/allocation office 8. Organ packaging and transportation (if applicable) Existence of protocols and procedures: Each protocol and procedure must include the following information: <ul style="list-style-type: none"> - Who performs the procedure - When - How The protocol is considered current if it has been developed or updated within the last 3 years. The protocol should be available to all the people involved in the organ donation process.
Population	Organisational documents
Type	Structure
Data source	Registry of protocols
Expected result	100%/Yes
Comments	<p>NOTE: The protocols' 8 sections can be part of the same document or they can be independent documents, but they must be covered in order to meet the indicator. These protocols could be developed by the hospital or by the region/nation. If they are developed by the region/nation, the hospital should still have them available.</p> <p>References:</p> <ul style="list-style-type: none"> Organ Shortage: Current Status and Strategies for the Improvement of Organ Donation - A European Consensus Document (2002). Council of Europe. http://www.edqm.eu/site/Organ_shortagecurrent_status_and_strategies_for_improvement_of_organ_donation_A_European_consensus_documentpdf-en-4060-2.html. Last accessed April 2013 Miranda B, Segovia C, Sánchez M et al. Evolution of organ procurement and donor characteristics in Spain. Transplant Proc. 1995 Aug;27(4):2384-8. Wheeldon DR, Potter CD, Oduro A et al. Transforming the "unacceptable" donor: outcomes from the adoption of a standardized donor management technique. J Heart Lung Trans. 1995; 14(4): 734-42 Wood KE, Becker BN, McCartney JG et al. Care of the potential organ donor. N Engl J Med. 2004 Dec; 23:351(26):2730-9.

Wskaźniki jakości ODEQUS

- 11 wskaźników wspólnych
- 7 DBD
- 8 DCD

Tylko DBD - 18 wskaźników jakości

Szpital Śląski w Cieszynie

- KDP – dwóch szpitalnych koordynatorów transplantacyjnych, zawsze możliwość konsultacji telefonicznej
- Personel SOR, OIT, neurologii zna i stosuje kryteria oceny pacjenta jako prawdopodobnego dawcy narządów
- Chorzy z DBI i/lub głębokimi zaburzeniami świadomości konsultowani z dyżurnym OAiT
- Donation team – personel lekarski OAiT
- Priorytety przyjęcia do OAiT – wyłączenie potencjalnych dawców narządów
- Potencjalny dawca narządów - <75 r.ż, bez uszkodzeń narządowych (nerki)
- „Ograniczona” dostępność stanowisk IT



Wskaźniki jakości – Szpital Śląski

Deceased Donation		Applies to	Type	Standard
1	Donation process procedures	DBD/DCD	structure	100%
2	Proactive Donors Identification Protocol	DBD/DCD	structure	100%
3	Donation team fulltime availability	DBD/DCD	structure	100%
4	Donation team members with ICU background	DBD/DCD	structure	50%
5	Dedicated time Key Donation Person	DBD/DCD	structure	100%
6a	Documentation of key points of the donation process	DBD/DCD	structure	100%
6b	Documentation of cause of no donation	DBD/DCD	process	100%

1. 0% - 4/7 wymaganych standardów i procedur
2. 0% - brak protokołu aktywnej identyfikacji dawców
3. 100% - koordynator zawsze dostępny
4. 100% - wszyscy
5. 0% - dodatkowe aktywności w ramach podstawowego czasu pracy
6. a – 100% - standard prowadzenia dokumentacji
7. b – 100% - powód odstąpienia od pobrania zawsze w dokumentacji

7	Patient / family consent	DBD/DCD	outcome	90%
8	Identification of all possible donors in ICU	DBD	process	75%
12	Referral of DBD possible donors	DBD	process	100%
13	Discarded organs documented	DBD/DCD	process	100%
14	Evaluation of Brain-Dead donors	DBD	process	100%

	CEL	2017	2018	2019	2020	2021	2022
Patient/Family consent	90%	80%	92%	82%	89%	94%	77%
Identification of all possible donors in ICU	75%	91%	92%	85%	100%	95%	90%
Referral of DBD possible donor	100%	100% 11/11	100% 12/12	100% 12/12	90% 10/11	100% 19/19	100% 9/9
Discard organ documented	100%	100% 0	100% 2N,1W,1 P	100% 0	100% 4N, 1W	100% 2N,1S,1P	100% 1 W
Evaluation of Brain-Dead donors	100%	100% 10/10	100% 12/12	100% 11/11	100% 9/9	100% 19/19	100% 9/9

15	Donor management	DBD	process	90%
16	Unexpected cardiac arrest	DBD	outcome	3%
19	Documentation of evaluation of potential donors	DBD/DCD	process	100%
20	Brain death identification	DBD	outcome	50%
21	Conversion rate in DBD donors	DBD	outcome	75%

	CEL	2017	2018	2019	2020	2021	2022
Donor management	90%	100%	100%	100%	100%	100%	100%
Unexpected cardiac arrest	3%	9% 1/11	0	9% 1/12	9% 1/11	0	0
Documentation of evaluation of potential donors	100%	100%	100%	100%	100%	100%	100%
Brain death identification	50%	33% 10/30	40% 12/30	47% 11/23	37% 9/23	80% 20/25	45% 9/20
Conversion rate in DBD donors	75%	71% 5/7	90% 10/11	82% 9/11	87% 7/8	73% 14/19	77% 7/9

2017-2022 51 dawców

	2017	2018	2019	2020	2021	2022	Łącznie
Nerki	10 100%	20 (18) 100%	18 100%	12 (10) 100%	28 (26) 100%	10 71%	98 (92) 96%
Wątroba	5 100%	4(3) 40%	7 78%	6(5) 83%	12 85%	5 71%%	39 (37) 76%
Serce	3 60%	6 60%	5 55%	0	6 42%	2 28%	22 43%
Płuca	1 20%	4(3) 40%	4 44%	0	6(5) 42%	1 14%	16(13) 31%
Trzustka	1 20%	0	0	0	1	0	2 4%
Narządów/dawcę	3.8	3.2	3.77	2.83	3.78	2.57	3.47
Średni wiek dawcy	39	45	47	60.5	48,5	54	49.5
Mediana wieku	45	47	47	62	49,5	52	51

Dziękuję za uwagę!

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