

REVIEW OF ORGAN AND TISSUE DONATION PROCEDURES

Select Committee

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Thank you for the opportunity to provide comment on the issues paper for the Organ and Tissue Donation sector in Queensland. Well done for such a comprehensive report for people to comment on. This response is based on QHVB experience.

Improving Donation Rates

The issues paper focuses on the community and changing the "system" when really it should be centred on the professional services men and women who are somehow involved in the process. These people must be trained to recognise that the family must be offered the chance to say 'yes' or 'no' without consequence. Directives from parliament are the only way this will be achieved with outcomes directly linked to certification, funding etc for the institution.

Improving organ and tissue donation rates can also be achieved with the dedicated staff already employed in the industry. Unfortunately it is a fact, there is a high staff turn over in our industry. If we can simply implement some systems that keep the dedicated staff already employed this will prevent using valuable time on regularly training new staff and the time could be spent improving tissue manufacture to improve retrieval rates. Organ and tissue co-ordinators spend long hours and lots of call-ins which is often the reason why staff leave. Shift work needs to be implemented for the on-call person so that part of their normal working day is part of the night work required for the donation process. On-call does not only affect the people doing it but also the family of the staff member.

For heart tissue donation the coronial system e.g. pathologists **must** support tissue banking to ensure that the time and effort being put in to review possible deaths eventuates to the family being offered the opportunity. The QHVB knows that the pathologist has the ultimate decision on whether a coronial case can be a heart tissue donor. We have implemented many protocols to ensure the pathologist gets all of the information they require e.g. only retrieving specified portions of the heart and providing detailed reports within days of the retrieval, and still we are not improving donor numbers.

Consent issues

There should be a consistent approach by the requester e.g. a designated requester. This will ensure that all families are treated special.

In Queensland there are four designated groups that work on behalf of each other e.g. Queenslanders Donate for organ and tissue donation, Queensland Eye Bank (QEB) for hospital deaths for all tissue banks, Queensland Heart Valve Bank (QHVB) for coroners deaths in regional locations for all tissue banks and Coronial Nurses who work at the John Tonge Centre. This works well as each groups' responsibility covers their area of expertise.

For coronial deaths, in Queensland, there are designated requesters- the Coronial Counsellors. The coronial counsellors are trained social workers and look after our donor

families very well. For coronial tissue donation this has proven to be the best approach as the family can be offered other services at the time of contact and a decision to approach for tissue donation can be aborted if it is believed that informed legal consent cannot be achieved. The ultimate aim in this instance is for the family.

For hospital deaths the QEB trains their own staff to be designated requesters. They are not social workers. The downfall with the QEB system is that it is not transparent from an outside perspective e.g. the QEB looks after the referral process, performs the consent process, does the retrieval and signs as designated officer. This does not ensure that the family is treated special when the ultimate aim in this instance is for the tissue.

For organ donation Queenslanders Donate are the designated requesters and do an excellent job with the family to ensure they are given every possibility for their relative to be a donor. The ultimate aim in this instance is for the family.

Workforce Skills & development

In Queensland we have Regional Nurses in all of the major ICU hospitals to help with organ and tissue donation. The Regional Nurses are mainly employed for organ donation however they also help tissue donation e.g. review hospital charts. From a tissue perspective we would definitely support that the Regional Nurses providing more support as they are an important link to the hospital structure as local people can identify key contacts much quicker and problems resolved much easier.

The Regional Nurse should operate like the state co-ordinators and look after their own areas rather than always sending of the State Co-ordinator. The organ and tissue donation sector is very small, multi-skilling and relying on each other is a key way of achieving our goals. Territorial issues lead to incomplete work, errors and a system that is not transparent to the community.

The main area I would like to emphasise is that tissue banks and organ co- coordinators must remain part of the referral process. A direct link to hospitals/coroners mortuary is very important for organ and tissue donation as this is where the donors come from and where organs/tissues are transplanted. Taking this industry away from healthcare would remove the onsite working relationships and result in a loss of trust, problem solving and decision making skills and the best outcomes for the donors and recipients.

Please feel free to contact the QHVB if you require any further information.

Thank you,

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