

ORGAN AND TISSUE DONATION AND TRANSPLANTATION - Analysis of Key Government Reports

BACKGROUND:

In the past 10 years, there have been 9 government reports published on the subject of Organ and Tissue Donation and Transplantation (OTDT). These reports all made recommendations on system changes, in a variety of categories. An analysis of these reports, their recommendations, and issues around implementation has been done. The results of this analysis will be used to inform future recommendations that could be part of our national system design for OTDT.

REPORT PROFILE:

In the chronology of the past government reports, many of them are linked. The two national reports done in 1999 (NCC and Volpe) were followed up by an Alberta OTDT report, and eventually by the 2009 Library of Parliament report. The 2000 Ontario Premier's report led to the 2006 Tissue report, and the 2007 Citizen's panel report. The reports that were collectively reviewed shared a common goal of suggesting system changes to better support OTDT and to improve donation rates.

FINDINGS AND ANALYSIS:

More than half of the 93 recommendations made in these reports were implemented. However, there were notable differences in implementation.

Recommendations from the national reports tended to be more systemic in nature, and had a much lower implementation rate (38%). Provincial reports had a variety of recommendations, but mainly were more tactical and had a higher implementation rate (62%). The majority of reports dealt with organ and tissues or organs only. There were fewer tissue specific reports, and half of their recommendations were not implemented by the provinces.

When considering the category/type of recommendations made, there were two main areas with the most recommendations and implementations. Public and Professional Awareness and Education was the largest category. However, greater awareness efforts have not translated to improvements in donation rates. The next largest was Critical Care and Hospital Donor practices. These implementations also have not resulted in big changes in OTDT system performance. One exception is that changes better supporting living donors have resulted in improvements in living donor rates.

CONCLUSION:

The set of past government reports have been the work of extensive study and discussion with stakeholders at the National and Provincial levels. These studies have resulted in an understanding of system changes required, and have brought forth many common recommendations to make improvements.

Many of the tactical recommendations made have been implemented (e.g. public awareness activities, hospital donation practices). These recommendations often had the benefit of being easier to implement, as they did not require system changes or large funding increases.

Recommendations that require systemic changes have been implemented much less often. Main recommendations here included:

- More central oversight and management of OTDT activities
- Programs and hospitals need to be accountable for increasing donor identification and conversion
- System performance needs to be measured and improvements mandated
- Information systems to hold central data need to be put in place
- Legislation to enforce OTDT changes is required

There are some possible factors which may have prevented implementation of recommendations. These include: resolving jurisdiction differences, agreeing on accountabilities and roles, agreeing on system performance measures, and determining how to enforce hospital changes.

DECISION REQUIREMENT:

This information is presented to discuss how future recommendations should be designed to make them easier to implement and to improve OTDT system performance in Canada.