

National Plan for Solid Organ Donation and Transplantation

Key points of the report

National Plan for Solid Organ Donation and Transplantation

Almost 30 years ago, the creation of the Onassis Cardiac Surgery Center by the Onassis Foundation transformed the healthcare landscape in our country.

Today, the Onassis Foundation aims at transforming the healthcare landscape in Greece once again, adopting a holistic approach and leaving its mark in the field of solid organ donation and transplantation. The Onassis Foundation builds new infrastructure for transplantations, invests in innovation, boosts the National Health System structures, helps develop scientific research and carries out citizen information and awareness-raising actions.

Of course, our efforts focus on the creation of the Onassis National Transplant Center a cutting-edge transplant center that is open to everybody. Its construction by the Onassis Foundation is underway and its delivery to the Greek State is expected to happen in 2024.

However, infrastructure alone is not enough to elicit change in the transplantation landscape in our country. Further actions are required; actions that will provide a solid foundation for the rebuilding of this sector. First of all, an institutional framework for an integrated national transplant policy is necessary for the operation not only of this specific hospital, but of the entire Greek donation and transplantation network.

Background*

Therefore, two years ago, having first ensured cross-party consent, we decided to support the elaboration of a National Transplantation Plan , by assigning the relevant report to the London School of Economics (LSE) headed by Professors Elias Mossialos and Vassilios Papalois, who are in charge of a team of distinguished Greek and foreign scientists.

The report on the National Transplantation Plan in our country is ready. Its summary is in front of you and the next step is to make it an official law of the State. It is a pioneering scientific piece of work at a global level, an outstanding and comprehensive report that can become the road map for transplantations in Greece in the following years.

The time has come for a more comprehensive national strategy for organ donation and transplantation.

The current alarming situation

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In Europe

- Every **9** minutes a new patient is added to the national transplant waiting lists.
- Every year, **6,500 people die** while being on the waiting list.



In Greece

- More than **1,300 of our fellow citizens** are on the transplant waiting list.
- **11.500 renal patients** in our country are on dialysis.
- **25%** of them will die within the 1st year.
- The median waiting time for a kidney transplant is **8.8 years**.
- When it comes to transplantations, Greece is one of the **lowest ranking countries** in Europe.
- **Many lives are lost every year**, family, friends, loved ones.

The National Plan provides, among others, for the following:

Transforming **NTO*** into an **Independent Authority** with a country-wide reach.



Boosting the available infrastructure.

Special reimbursement for healthcare staff.



Transplant coordinators available in all hospitals with ICU.



Education and certification of Coordinators as per the European standards.



Use of telemedicine technology and electronic **health records** to facilitate the follow-up of patients who live in **remote** locations.

ONTC: a state-of-the-art National Transplant Center:

- **Close collaboration** with all transplant centers.
- **Support in improving services** across the national network of centers.
- **Leading the way** in the adoption of digital technologies.

The benefits:

- **Patient-centered care.**
- **Public confidence in** the Health System of **Transplantations.**
- **A new start** for Organ Donation and Transplantation in Greece.
- **To save even more lives.**

A brief overview of the framework for the development of a National Action Plan

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Donation

Organ Donation Coordinators – available 24/7 – specifically trained with protected time for their duties. Potential sources of organs: DBD, cDCD, uDCD, living and altruistic donation.

- Involve all staff in every area where there may be potential donors, especially ICU.
- Continual scanning for potential donors.
- Donor identification, evaluation and management.
- Consent and family support.
- Incentives/recognition for deceased donor families.
- Organ retrieval - specialist teams available 24/7.
- Organ preservation, packing, transportation.
- Organ sharing schemes.

Post-transplant follow-up

Multidisciplinary organ-specific teams provide long-term follow-up.

- National guidelines based on international best practice.
- Regular reviews and assessments.
- Shared-care arrangements for those living in remote locations facilitated by telemedicine technology.
- Immunosuppressive protocols and optimisation of immunosuppressive therapy.
- Preventing recurrence of disease. Eg; management of hypertension, diabetes, inflammatory disorders.
- Minimisation and management of post-transplant related complications.
- Optimising psychosocial outcomes.
- Recording and dissemination of nationally agreed outcome data.

Databases and Information Technology

- The NTO is responsible for; Organ donor registries (including the living donor register), waiting lists and waiting list management and the organ donation and transplantation database.
- Data collection in keeping with the data requirements of international organ exchange schemes.
- The databases must be easily accessible and intuitive to use.
- Information must be real-time and easily updated.
- Information governance, data protection and confidentiality are priorities.
- Connectivity with international databases.

Research and Development

- Research advisory group within the NTO.
- Local and national audit and research activities.
- Collaboration with international research programmes.
- Approval by established research ethics committees.
- Funding of research, awarding grants and fellowships.
- Publication and dissemination of results to all stakeholders.

Teaching, training and professional development

- Tailored portfolios and regular appraisal.
- Clear supervision arrangements.
- Dedicated training modules and rotations.
- Incorporation to medical and nursing school curriculum.
- Education of the wider health community.
- Collaboration with international teaching and training schemes.

Scientific/professional bodies

- Provide expert advice and support.
- Devise guidelines and protocols.
- Set standards for professional education, conduct and training.
- Coordinate educational events and facilitate exchange of ideas and experience.

Patient-centered care

- Involvement of patient and carer organisations.
- Tailor-made multidisciplinary and holistic clinical care of all patients and families.
- Involvement of patients and carers in development of services and clinical curriculums.
- Regular patient and carer surveys.
- Development of electronic health records and telemedicine.

Transplantation

Transplant personnel available 24/7. Multidisciplinary assessment and follow-up teams. All staff specifically trained with protected time for their duties.

- Assessment of potential recipients according to nationally agreed organ-specific listing criteria.
- Preparation for transplant and regular re-assessment of those on the waiting list.
- Close collaboration with NTO and donation units to ensure compliance with national allocation criteria.
- Alerting and transporting recipients.
- Transplant surgery by specialist teams.
- Perioperative management, post-transplant hospitalisation.

Living donation

Pre-emptive renal transplant from a LD is the treatment of choice in ESRD.

- Safeguards in place to prevent coercion and protect the rights of LDs.
- Reimbursement of LDs for any costs or loss of earnings.
- All LDs assessed according to nationally approved guidance.
- All dialysis assessments include consideration of possible LDs.
- Close collaboration between medical specialists (especially nephrologists) and the donation/transplantation system.
- Establishment of kidney exchange schemes.
- Long-term follow-up must be offered to LDs and outcomes recorded.

Quality standards and quality improvement

- Regular inspection and accreditation of all establishments combined with processes to facilitate improvement.
- Protocols, standards and standardised documentation for every step of the process.
- Regular assessment of efficiency and effectiveness against carefully designed key performance indicators.
- Regular audit cycles and quality improvement initiatives
- Vigilance systems to respond rapidly to and learn from adverse events.
- Minimum annual, publicly available report of activity and outcomes to NTO from all participating units.