

## Feedback for consideration on the White Paper Exposure Draft

**Respondent: DonateLife – Tasmania’s Organ and Tissue Donation Agency**

**Attention:** Mr Michael Ferguson

Dear Minister,

In response to the White Paper Exposure draft and the invitation to provide everyone with the opportunity to comment, DonateLife would like to provide feedback and input.

As the State’s Organ and Tissue Donation Agency, we would like to raise some areas for consideration relating to the delivery of Organ and Tissue Donation services in Tasmania in context to the significant undertaking of delivering Health reform for Tasmania and the role delineation framework. The principles outlined in the White Paper exposure draft of a ‘well governed system’ are very acutely relative to the ongoing sustainable delivery of donation services in Tasmania, improving safety, quality of services and the ongoing pursuit of innovation and change to improve and adapt services. As clinical leaders in this area within the state, we feel that there is a significant opportunity to address some key areas relating to the governance of the service and to raise awareness of the significance of this service within our health system and to the Tasmanian and Australian community and population.

We consider this a prime time to review and ensure the funding and governance arrangements for the DonateLife agency within the proposed redesigned Tasmanian Health System structure will support its ongoing strategic pathway and growth with the alignment of the DonateLife strategic goals with that of the State.

The success of this activity relies on integrating organ and tissue donation with other end of life care which includes the integration of related clinical services, senior clinicians and hospital managers, related policies and embedding the committees within hospital structures to assist in undertaking this work to continue to improve organ and tissue donation to become a part of normal patient care. We feel that representation of organ and tissue donation in the system will significantly raise the profile and aim to integrate this service within the health system.

If we could provide a brief overview of the evolution of the Tasmanian service to enable the issues raised to be considered.

The Tasmanian DonateLife Agency (DLT) was established in 2010 following the commitment of funding by the Commonwealth to implement the National Reform for improving organ and tissue donation rates in Australia. This reform identified key areas that were required and this was in response to recommendations of the National Organ Donor Collaborative that was successfully implemented in 26 Australian hospitals from 2006-2009. The key objectives of the national reform agenda are:

- To increase the capability and capacity within the health system to maximise donation rates for transplantation, and

- To raise community awareness and stakeholder engagement across Australia to promote organ, eye and tissue donation for transplantation

Prior to this period, Tasmania's organ donation cases were serviced by the Victorian organ donation service and they undertook all donation activity within Tasmania. Tasmania did not have dedicated resources, a coordinated approach or embedded culture of donation within its hospital system.

With the implementation of the National Reform in 2009 and the establishment of a Tasmanian service in 2010 the Organ and Tissue Authority through the DonateLife Network have a vision to implement a world's best practice approach to organ, eye and tissue donation for transplantation and to work with state and territory governments to improve access to life transforming transplants for Australians.

The Tasmanian agency has facilitated the delivery of organ and tissue donation services with its key strategic partner – DonateLife Victoria since 2010.

In the 5 years since DonateLife Tasmania's establishment significant work has been undertaken in embedding donation culture within our hospitals and building a sustainable service with a long term strategic pathway and vision. This work has been in the recruitment, training and development of dedicated hospital donation specialist resources, the education of health professionals and the community, the stabilisation of operational and clinical leadership, the design and building of sustainable business unit support structures, policy development, clinical protocols, establishment and growth of clinical service delivery models, building of donor family support services and building community connections and support with transplant recipients. A comprehensive communications strategy and a clinical governance framework have been implemented to build and maintain a reliable quality system that defines ownership and accountability for organ, eye and tissue donation systems within participating DonateLife network hospitals.

Our 3 participating DonateLife network hospitals – The Royal Hobart Hospital, Launceston General Hospital and the North West Regional Hospital all participate in organ and tissue donation and all hospitals have some specialist resources to drive the necessary change required to meet the objectives of the National Reform agenda.

The donation rate for Tasmania has significantly risen and stabilised since the establishment of the agency which provides clear measure about the human benefit of this service for Tasmanians, its future and the requirement for this service within Tasmania.

For ongoing progress to enable DonateLife Tasmania to continue to achieve and meet the key deliverables and performance indicators for donation and grow and expand its capability for service further, health system support is critical and necessary.

The key areas that we would like to raise in context to having the opportunity to evaluate and reform the current arrangement include analysis of the following:

1. ***Tasmanian Organ and Tissue Donation is a statewide service model with clinical resources and clinical activities occurring in all 3 regions of Tasmania – managed centrally from Hobart with a State Medical Director and Clinical/Operation State Manager.***

- Impacts of the Role Delineation framework and changing service capacity for donation – The proposed role delineation has the Critical care services in the North West Regional Hospital at a level 4 – this will impact on this hospital participating in the DonateLife Network potentially reducing our statewide donation hospitals to 2 (RHH & LGH) – as donation requires longer term cardiorespiratory support for the optimisation of organ function.
- There would need to be greater support for critical care patient transfer/evacuation from the NW of consented donors to either Launceston or Hobart for the purposes of organ donation. This will be an important supportive service to ensure the Tasmanian donor pool and cohort of patients that would ‘generally’ donate in the NWRH is not lost or reduced.

## **2. Governance and management – general principles**

- I. Authority and responsibility connection – accountability**
- II. Support for delivery of services**
- III. Duplication and waste in management processes**
- IV. Leadership and stewardship**
- V. Accountability and transparency**
- VI. Effective, efficient, participation**
- VII. Roles in decision making**
- VIII. Responsive to change**

- The current governance arrangements are complex and not well understood by key stakeholders. The Funding agreement between the Commonwealth and the State government administered by the THO-S is void of a service level agreement which clearly articulates and defines roles, responsibilities and accountabilities of this arrangement or commitment to fulfilling the deliverables of the agreement. Current impacts are felt in the operating environment on the progress of activity for donation services due to the interpretation, understanding, prioritisation, corporate knowledge and support for services.
- The DLT leadership would like to be assigned an appropriate delegated authority within the system – removing constraints that are imposed to conduct or undertake business ‘as usual’, maximising effective, efficient and responsive management to the clinical and operational changes of the service, affect timely action and decision making to meet the clinical environment and broader deliverables of the agreement and national reform.
- The management line and accountability is unclear and adhoc. This provides little capacity for transference of knowledge of the national project and its deliverables, DLT strategic plan awareness and alignment, progress reporting, to innovate and redesign, affect change and support cultural change, quality improvement, highlight process or system issues, or maintain open lines of communication. There is duplication in management processes.
- DonateLife Tasmania has until this week, had a direct support and liaison within the DHHS for Organ and Tissue Donation. This role represents Tasmania within the OTA Jurisdictional Advisory Group. They are integral for jurisdictional advice, advocacy and representation at a Commonwealth level.

- Other hospitals have identified challenges to having DonateLife resources 'sitting' in their hospital and managed through another hospital.
- The current THO-S support the administration of financial accounting and the financial reporting of budget position for the purposes of financial monitoring, analysis, reporting and acquittal to the Commonwealth. There are identified challenges in engagement with the financial administration to ensure timely reporting, access to data and appropriate consultation.

### 3. **Human Resources – roles, responsibility, training, development**

- Resourcing of the DonateLife Agency is not secured for future business continuity and sustainability
- HR processes influence & impact on workforce planning, capacity to deliver services and we require a responsive HR system to support this specialist clinical area.
- Funding unavailable to support building of capability and capacity for the growth in the service delivery model. This provides significant risk in resource shortfall and skill deficits due to lengthy recruitment, training and competency periods.

### 5. **New models of care -**

- In early 2013, Tasmania realised one of its strategic goals with the implementation of a model of service, known as the 'Hybrid' model which has seen Tasmania manage the first phase of the donation process independently of DonateLife Victoria. This implementation has required significant scaling up and increases in resources and structure to support the service model which requires 24/7 availability of nursing and medical staff to facilitate the organ donation process.
- Complex key stakeholder arrangement due to DonateLife Tasmania currently sharing the donation service model with DonateLife Victoria under a MOU with the Australian Red Cross Blood Service (ARCBS). A yearly payment is made for these services. The Commonwealth funding through the Organ and Tissue Authority (OTA) currently supports this but with a clear expectation that Tasmania will become an independent service provider for the donation process.
- Tasmania's strategic pathway in response to the OTA's expectation has been established to continue to grow and develop organ and tissue donation in Australia and expand its service offering with the support of its key stakeholders to provide all services for organ donation in Tasmania. This will require significant support to continue to build capability and capacity in the DLT agency functions and delivery of clinical services to ensure the safe and effective organ donation services in Tasmania.

- The paper refers to the partnering of interstate providers for low volume specialist services such as organ transplantation. There is no reference or consideration to the organ donation services in the paper.
- Tasmania has been encouraged to seek options to develop greater abdominal surgery capacity to support retrieval surgery independently of transplant teams.

DonateLife Tasmania supports the single proposed THS structure and feels that to ensure appropriate and clear governance and meet the complex needs of the true statewide model of service that it is not positioned within a particular hospital but more broadly within the statewide THS. Close clinical alignment with the statewide Emergency Department and Intensive Care areas will be important for integrating donation into the hospital system.

We would welcome the opportunity to meet to provide further information and discuss these complexities of the Organ and Tissue Donation services across the state to ensure we are able within Tasmania strive to achieved world best practice outcomes for transplantation in Australia.

Yours Sincerely

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