

TITLE (SHORT, 200 CHARACTERS MAX.):

<TITLE> REGIONAL VARIATION IN ORGAN DONATION PRACTICES AND RATES FOLLOWING OHCA

MAIN HYPOTHESES TESTED (2 MAX)

To establish the customs for organ donor referral, subsequent patient care and rate of successful organ donation (OD) in patients sustaining an out of hospital cardiac arrest (OHCA) admitted to critical care following return of spontaneous circulation (ROSC) but subsequently dying

MULTICENTER [YES]

All TTM2 sites

PICO

Patients:	All patients admitted to ICU in TTM2
Intervention/Exposure/Prognostic factor:	None
Comparison:	Organ donation referral, care following consent and donation rates
Outcome:	<p>Primary</p> <p>Referral for organ donation and successful organ donation rates</p> <p>Secondary</p> <p>Number of organs donated, consent rate following referral, brain stem testing rates, withdrawal of care with subsequent donation after cardiac death rates</p>

DATA NEEDED FOR THE ANALYSIS

(SPECIFY VARIABLES AND MOTIVATE ANY PROPOSED ADDITIONS TO THE ECRF)

Both national and local policies on presumed consent for organ donation, presence of specialist organ donation team (nurses) in ICU/hospital or regionally, presence during family discussions, referral for donation, reasons for decline, mode of death, conversion to OD, organs donated, protocols for the care of the dying or brain-stem dead patient following consent for donation.

LOGISTICS – HOW WILL ADDITIONAL DATA BE GATHERED?

eCRF

BRIEF STATISTICAL ANALYSIS PLAN AND SAMPLE SIZE ESTIMATE

Descriptive statistics will be used to show variations across different settings. Multivariate analysis will then be used to examine the effects of these on organ donation rate. It is estimated that 50% patients will be referred for consideration of organ donation with 10% of those becoming organ donors. Given the size of the TTM 2 population, this should power the study adequately to examine the influence of these variations in practice.

FUNDING (IF APPLICABLE)

None

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