The Organizational Model of the Interregional Transplant Agency Organizzazione Centro-Sud Trapianti

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ABSTRACT

In Italy, all donation and transplant activities were officially disciplined in 1999 by the law 91 of April 1, 1999. This law enacted a coordinator-based model of transplantation, instituted the National Center for Transplantation (Centro Nazionale Trapianti—CNT), and endorsed the existing interregional transplant agencies (ITA), such as the Nord Italia Transplant program (NITp), the Associazione InterRegionale Trapianti (AIRT), and the Organizzazione Centro-Sud Trapianti (OCST). Within its borders each ITA has adopted its own organizational model; there is no overt centralized control exerted by the CNT according to the law 91/1999. The aim of the current work is to report on the organizational model adopted by OCST, the ITA gathering the Italian regions of Abruzzo, Basilicata, Calabria, Campania, Latium, Molise, Sardinia, Sicily, and Umbria.

IN ITALY, ALL DONATION and transplant activities were officially disciplined in 1999 by the law 91 of April 1, 1999, aiming at disciplining and setting the standards of practice and quality in organ, tissue, and cell donation and transplantation.[1] This law enacted a coordinator-based model of transplantation, reproducing some of the basic principles of the Spanish system; instituted the National Center for Transplantation (Centro Nazionale Trapianti—CNT); and endorsed the existing interregional transplant agencies (ITA), such as the Nord Italia Transplant program (NITp), the Associazione InterRegionale Trapianti (AIRT), and the Organizzazione Centro-Sud Trapianti (OCST). Under the CNT supervision, ITAs administer urgent transplantations, surplus organ grafts, pediatric lists, paybacks, and split-liver programs within and across their borders. Within its borders each ITA has adopted its own organizational model, there being no overt centralized control exerted by the CNT according to the law 91/1999. The aim of the current work is to report on the organizational model adopted by OCST, the ITA gathering the Italian regions of Abruzzo, Basilicata, Calabria, Campania, Latium, Molise, Sardinia, Sicily, and Umbria.

THE OCST MODEL

The OCST was instituted in October 1998 by the Regional Health Ministries of Abruzzo, Basilicata, Calabria, Latium, Molise, Sardinia, and Umbria, extending to Campania in 1999 and Sicily in 2002, with the aim of promoting organ donation and transplantation. The OCST bureau is located at the Policlinico Umberto I in Rome. On grounds of its regional basis, OCST has adopted a purely region-based organizational model, whereby organ grafts are primarily allocated within the same region where donors are retrieved, apart from those transplant programs (such as the pediatric liver transplant one) having national rather than regional priority. Surplus organ grafts, which cannot be allocated within the region where donors are retrieved, are offered to the other regional mates within OCST borders, according to a well-defined rotation system. The OCST bureau is in charge of coordinating donation and transplant activities within its territory, interacting with NITp, AIRT, and the CNT, and is responsible for longitudinal data storage of all retrieved donors, as well as of special categories of transplant patients, namely those receiving hepatitis C virus, hepatitis B virus (HBV) surface antigen, and HBV anti-core-positive grafts. Each region is entirely responsible for collection and transmission to the OCST bureau of clinical data concerning wait-listed patients and coordinates all donation and transplant activities within its borders, with respect to interactions among the regional ICUs and transplant centers, donor and recipient immunogenetic tests,

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transportation for surgical teams, and blood samples and/or graft shipping. All these activities are performed in cooperation with the Regional Health Ministries and not-for-profit organizations. OCST has also instituted steering committees to set forth guidelines for patient wait-listing and use of marginal kidneys and has set up a computer-based interregional network for donor data consultation and storage.

In conclusion, the improvement in donation and transplant activities observed in Italy over the last few years is accounted for by the institution of in-hospital transplant coordinators, who play a pivotal role in the process algorithm of organ, tissue, and cell donation, whereas ITAs act mainly as a central backup. A region-based organ allocation model is more cost-effective than a centralized one, reducing the economic burden of organ shipping and surgical team transfer and spurring in-hospital coordinators through participation to the entire process of donation and transplantation. However, an interregional, ITA-controlled allocation system allows enlarging the recipient pool and improving the donor-recipient matching. Irrespective of the organizational model adopted—whether region-based or centralized—the basic task of any ITA is to bring together its operators' proficiencies and provide common guidelines and management algorithms for organ, tissue, and cell donation activities.

REFERENCE

1. Italian Law 91, April 1, 1999. www.gazzettaufficiale.it