

EU Joint Actions 2011 'ACCORD'

EU Joint Actions

Joint Actions:

- Different themes selected each year by the Executive Agency for Health and Consumers (EAHC)
- Call for proposals issued – theoretically competitive
- Themes are chosen to support a particular EU policy agenda – in this case the policy agenda that led to, and continues to support, the EU Directive
- Actions must involve more than one country and result in practical actions which can be replicated in other EU countries

Timetable:

- Call for Proposals issued March 2011
- Applications submitted May 2011
- Actions start Q1 2012
- 3 year maximum project timeframe

**‘Achieving Comprehensive Coordination
in ORgan Donation
throughout the European Union’ -
ACCORD**

‘ACCORD intends to strengthen the full potential of Member States (MS) in this field (Transplantation), to improve cooperation between MS and to contribute to the effective implementation of such initiatives. (the EU Directive and the EU Action Plan)’

‘Achieving Comprehensive Coordination in ORgan Donation throughout the European Union’ - ACCORD

- Three ‘core’ workstreams

- Developing live donor registries and fostering international data sharing on live organ donation across the EU
- Increasing the availability of organs from deceased donors by strengthening the cooperation between intensive care units (ICUs) and donor transplant coordinators (DTCs)
- Promoting international exchange of best practices and consolidated expertise in organ donation and transplantation through twinnings

- Coordinating Partner: Organización Nacional de Trasplantes (ONT) - Spain

ICU / DTC Collaboration workstream

- **Aim:**

‘to strengthen the relationship between intensive care units and transplant donor coordinators for the purpose of reaching the full potential of deceased organ donation in each participating Member State (MS).’

- **Stages:**

- **Preparatory Stage:** Clinical Reference Group formed.
- **Stage 1:** In-site review of variations in end-of-life care pathways for patients presenting with devastating brain injury at a sample of hospitals from participating MS.
- **Stage 2:** To explore the impact of any such differences on the potential for DBD and DCD and the realization of the deceased donation process.
- **Stage 3:** To introduce proven change management tools, to enable modifications that will promote donation within existing pathways.