

Hospital Cornea Retrieval Programme – Experiences from a Pilot Project

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Introduction

There are around 2.5 million people affected by the diseases of the cornea and are still waiting for a corneal tissue. Significant advances have been made in the field of eye banking and innovative strategies have been adopted to increase the number of donor eyes. With all these advancements and innovations, the gap between the demand and supply of the corneal tissue is still wide. Around 202 eye banks in the country collect only 22,000 corneal tissues in a year¹. However, the requirement for a year is around 100,000 transplantable corneal tissues.

In order to bridge the gap between the demand and supply of corneal tissues, new strategies have to be developed. Identifying newer strategies and increasing the collection of donor eyes does not render the utilization of tissue for corneal transplantation. For the utilization rate to be increased, strategies that help collect quality corneas have to be identified.

One of the strategies that has been developed and is being successfully carried out is the Hospital Cornea Retrieval Programme.

The Hospital Cornea Retrieval Programme

Hospital Cornea Retrieval Programme can be defined as concentrating on deaths that happen in the hospitals by posting a trained counselor for eye donation motivation. Voluntary Eye Donation is a result of realization of ones responsibility towards the corneal blind. However in moments of grief this realization may not materialize into actual eye donation. Eye Donation counseling or Grief counseling through Hospital Retrieval Programme is a motivational approach whereby family members

of the deceased are directly motivated for an Eye donation. This programme was initiated by the Eye Bank Association of India in selected Eye Banks in the 90's. The success of this programme motivated Government of India and many voluntary organizations in Eye care to replicate the model of HCRP in other Eye Banks in the country.

Advantages of HCRP

- Access to younger/healthier donor tissue
- Availability of donor's medical history which allows better tissue evaluation
- Reduced death to enucleation time
- Cost effective as the Eye Banks and the hospitals are situated in close proximity

Rotary Aravind International Eye Bank

The Rotary Aravind International Eye Bank at Aravind Eye Hospitals, Madurai is one among the Eight International Eye Banks in the country and Accredited by the International Federation of Eye & Tissue Banks, USA. The Eye Bank collects close to 1500 eyes in a year and 99% of the collection is through voluntary home deaths. With its present collection, the utilization rate varies on an average between 30-40%. Under the EBAI financial assistance scheme, Rotary Aravind International Eye Bank was chosen as one for initiating HCRP.

A two day Grief Counseling workshop organized by the Eye Bank for counselors and social workers from different hospitals in the district of Madurai preceded the implementation of the programme.

Methodology

For the purpose of this 1 year pilot programme, 3 hospitals situated in close proximity to the Eye Bank were selected. The hospitals represented the

Government, Private and Corporate sector. A Memorandum of Understanding was signed between these hospitals and the Eye bank upon agreement of work and other conditions.

Two male postgraduates trained intensively in grief counseling, eye donation procedures and eye banking techniques for a period of 15 days by the eye bank were assigned to the selected hospitals. The training included visits to donor houses to observe counseling the donor family and the enucleation process before the implementation of the HCR programme, an awareness lecture to selected core staff of the hospital was organized. Posters and Information boards regarding the programme and Eye Donation were displayed at prominent places of the hospital.

The counsellors were posted in the critical wards (ICU, ICCU, IRCU, IMCU, Trauma and Head Injury) of these hospitals to closely monitor for any deaths. Information about potential donors was obtained from the Nurse in Charge. One counsellor rotated between the two private hospitals and the other one was deputed exclusively to the Government hospital, since the volume is more in this setup. The working hours were from 8.00am - 6.00pm and the counsellors were on call as & when the hospital reported a death.

Typically in a day the counsellors visited the critical units to monitor for any deaths and to identify potential donors. The statistics on the number of deaths and details of potential donors were collected from the nurse in charges of the critical units. Upon receiving information from the critical units for any death, the counsellor contacts the family of the deceased with the help of the nurse in charge or attending physician. The decision maker of the family as identified by the attending nurse/physician is approached for eye donation counselling. The counsellor introduces himself and slowly initiates the conversation regarding eye donation, its need, and the process involved. On an average it took 30 - 45mts to explain the process and counsel the donor family. The Eye Bank team is informed immediately, if the donor family is willing and consents for Eye donation.

The efficiency of the counselor and the effectiveness of the programme were monitored through onsite visits by the Eye Bank staff and through holding periodical review meetings with the counselors. To sustain the interest and motivation of the hospital staff a letter of appreciation was sent from the Eye Bank to the hospital staff that motivated the call & by intermittent awareness lectures.

Results

During the 1 year project period, there were a total of 224 deaths in the three hospitals during the working hours of the hospital. Out of 224 deaths which occurred, 118 families were approached for eye donation. 109 families were counseled for Eye donation and 20 families consented for eye donation. Totally, for a period of 1 year, 40 eyes were collected from the 3 hospitals.

The analysis of the factors contributed to eye donation revealed that literacy played a major role in taking a quicker decision for eye donation and a significant (30%) number of decision makers already had awareness relating to eye donation. When asked about the reasons for not consenting, majority of the families responded that they are not aware of the concept of eye donation and a significant number of families were not able to decide as the decision maker was not present in the hospital at the time of death.

Discussion

The data collected from the other hospitals which have initiated HCR programme indicates encouraging results. If taken up properly, it is possible to reach a retrieval figure of 20 - 25% of total deaths taking place in the hospital through proper motivational efforts within a period of 3-5 years. Our experience with this programme had a different story as we were able to collect only 40 eyes in a one year period from 3 hospitals.

The success of the Hospital Cornea Retrieval Programme is highly dependent on the coordination and cooperation from the hospitals chosen for this purpose. Since we chose three different types of hospital setups (Government, private and corporate) often times we found that we needed to adopt different strategy to suit the hospital.

For an eye bank to successfully initiate an HCR programme, it needs 4-6 months to carry out the preliminary work, to establish a rapport with the hospital and create awareness among the hospital staff and to get them involved in the process. The major common lacuna in all the hospitals was often the communication about a death or a potential donor,

never reached the Eye Donation counsellor. Cooperation from the medical community and education of the public will help tissue donation become part of institutional norms, and we have to work harder to help people realize the importance of donating their eyes.

Reference

1. "Punarjyoti" – Newsletter of Eye Bank Association of India

Advertisement Tariff for "ILLUMINATION Journal" of Aravind Eye Care System, Madurai

"Illumination", the quarterly ophthalmic journal published by Aravind Eye Care System has a circulation of around 1500 copies with a readership of more than 15,000. Interested organizations and persons who want to give advertisements in "Illumination" may send their advertisement materials.

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 Payment : Payment can be sent by Demand draft in favour of "ARAVIND EYE HOSPITAL" payable at Madurai, along with a request letter to the undersigned address.

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