

Patient Assessment (Family Conversation)

This Management Process Description replaces
MPD875/5

Copy Number

Effective 10/12/18

Summary of Significant Changes

Updated reference to FRM4211 – Medical and Social History Questionnaire from Patient Assessment form and INF947- Rationale for Medical and Social History Questionnaire from Rationale for Patient Assessment Form (PA1). Removal of IPAD Genius Scanning Application definition. Minor typographical changes. Addition of “DonorPath” to point 4.4.

Policy

The Quality and Safety of Organs Intended for Transplantation Regulations 2012. No.1501 stipulates that a minimum data set must be collected from each patient where organ donation is being considered. The minimum data set is obtained by the Specialist Nurse – Organ Donation (SN-OD) undertaking an assessment of the patient’s medical and social history with the patient’s family to ensure that any potential risks to the quality and safety of organs for transplantation is identified.

Purpose

The purpose of this document is to outline to the SN-OD what key information must be gathered as part of the consent/authorisation process, in relation to the patient’s past medical, social, behavioural and travel history.

Responsibilities

Specialist Nurse – Organ Donation (SN-OD)

Note: – This MPD is to be utilised by a qualified and trained SN-OD. If the SN-OD is in training, this MPD is to be utilised under supervision.

Team Manager/Regional Manager/On-Call Regional Manager

To undertake an assessment of the patient’s medical, social, behavioural and travel history with the patient’s family.

To document and communicate the information provided by the patient’s family, via the DonorPath App for use by the RCPoC’s, implanting surgeons, eye banks and Tissue Establishments.

To provide advice and support, to the SN-OD when required when determining if the information supplied by the patient’s family, presents a risk to the quality and safety of organs and tissues for transplantation.

To advise the SN-OD if a Clinical Governance Incident Form requires completion, and to investigate the circumstances surrounding the case, for further review by the Clinical Governance Management Group,

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Recipient Centre Points of Contact (RCPoCs)

To confirm the details of the information provided by the SN-OD.

Eye Banks/Tissue Establishments

To confirm that they have received the required information from the SN-OD.

Definitions

SN-OD – for the purposes of this document the terminology "SN-OD" will apply to either Specialist Nurse or Specialist Practitioner with the relevant knowledge, skills and training in organ donation, working within NHSBT Organ Donation Services Teams (ODST).

TM – Team Manager.

RM - Regional Manager.

EOS - Electronic Offering System.

Patient family – for the purposes of this document "patient family" refers to the family, friends and significant others of the patient.

Genius IPAD Scanning Application – Refers to application associated with NHSBT authorised IPADs only

DonorPath- secure electronic system used by SNODs to upload clinical patient information. Data is shared with EOS and is accessible to RCPoCs to enable decisions about suitability of organs for transplantation.

Applicable Documents

[FRM4211](#) – Medical and Social History Questionnaire

[INF947](#) – Rationale for Medical and Social History Questionnaire

ESD – SaBTO guidance on the microbiological safety of human organs, tissues and cells used in transplantation (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121497)

[MPD882](#) – Communication with Families about Adverse Findings

[MPD385](#) – Good Documentation Practice

[MPD873](#) - Physical Assessment

[SOP3888](#) – Reporting an Organ Donation or Transplantation Incident to NHSBT

[INF135](#) – Examples of good documentation practice

[SOP3925](#) – Manual Organ Donation Process for a Potential Organ and/or Tissue Donor in the event of DonorPath/IT Network Unavailability

Note:

Following the patient assessment and donor characterisation processes, organs should be offered according to national policy and procedure. The SN-OD should only stop the organ and/or tissue donation process when an absolute contraindication to donation has been confirmed.

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1. INTRODUCTION

The SN-OD must undertake a highly sensitive conversation with the patient's family, obtaining information about the patient's medical, social, behavioural and travel history in order to gather the necessary information to relay to the RCPoCs and Implanting Surgeons. It is the Implanting Surgeon's ultimate decision to accept an organ for transplant. This conversation must only be undertaken by competent SN-OD's specially trained in the process. Each family's understanding is unique and should be respected as such.

2. PATIENT'S MEDICAL, SOCIAL, BEHAVIOURAL AND TRAVEL HISTORY ASSESSMENT PRIOR TO FAMILY CONVERSATION

- 2.1. A full referral of current admission and past medical history should be taken from the medical practitioner to assess any absolute contraindications to donation.
- 2.2. The SN-OD should read the patient's medical notes prior to undertaking the Patient Assessment process with the family to identify any absolute contraindications to organ and/or tissue donation.
- 2.3. If the SNOD is familiar with the Trust/Hospital electronic medical records a thorough assessment of the patient's history and current clinical status should be performed.
- 2.4. If the SNOD is not familiar/has no access to the Trust/Hospital electronic medical record platform, then the system should be accessed by the embedded SNOD. If this is not possible, the electronic medical records must be reviewed by the SNOD together with an individual that has access and is familiar with the system (Medical or Nursing Staff).
- 2.5. It is important in all circumstances that a discussion takes place with one of the caring clinicians and a record of this conversation and any information gleaned documented in DonorPath.
- 2.6. If the SNOD is unable to access any part of the patient's record this MUST be documented on DonorPath.
- 2.7. The SN-OD will then confirm all findings with the patient's family in order to minimise the number of questions the family will have to answer.

3. PATIENT ASSESSMENT – FAMILY CONVERSATION

- 3.1. Flexibility when discussing a patient's past medical, social, behavioural and travel history are key. The SN-OD should explain, if appropriate, that:
 - In order to assess which organs and/or tissues could be donated, it is necessary to ask some questions and confirm information about the patient's medical history. The family should be informed that:
 - some of the questions are of an intimate nature;
 - the questions are not meant to cause offence;
 - the questions are asked about all patients where donation is being considered;
 - the questions are the same ones that are asked of blood donors.

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- 3.2. The SN-OD should, identify who the is the most appropriate person(s) to answer the questions on the [Medical and Social History Questionnaire \(MaSH\)](#). Due to the intimate nature of the questions, the SN-OD should exercise clinical judgement by alerting the family to the sensitive nature of some questions Some family members may feel that questioning about the patient's past social history [will](#) be too intimate to hear and they may wish to leave the room. It is not necessary for ALL family members to be present for this discussion.
- 3.3. The SN-OD should confirm if there is anyone else who may be able to provide further information. If there is, then the SN-OD should explain that he/she will need to carry out the social history assessment with the other person(s).
- 3.4. Prior to undertaking the patient assessment process the SN-OD should ask the family members completing this if they have any issues that need to be addressed.
- 3.5. The SN-OD should undertake a systematic approach to asking the Patient Assessment questions utilising [INF947 Rationale for Medical and Social History Questionnaire](#) , where required to ensure that any potential risk to the quality and safety of organs and tissues for transplantation are minimised.
- 3.6. The SN-OD should also explain that as part of the donor characterisation process, that they will undertake a physical assessment as per [MPD873](#) and that it may be necessary to contact them again if anything comes to light that is not explained in the history they have given.
- 3.7. In addition, the SN-OD must also explain that there may be additional tests that will need to be performed and may be required to answer any questions that the patient's family may have in relation to these.
- 3.8. To close the [patient assessment](#) process, the SN-OD should also determine what the family members' plans are at this time and provide contact details

4. NON PROCEEDING DONATION (FOLLOWING MEDICAL INFORMATION PROVIDED BY PATIENT FAMILY)

- 4.1 If an absolute contraindication is identified during the family conversations the SNOD must follow the [MPD882](#) and undertake further family discussion where appropriate.
- 4.2 If the SN-OD requires support in the case of non-proceeding donation, they must contact their ODT TM/geographical RM/on call RM and escalate as appropriate.
- 4.3 **If advised** by the ODT TM/RM/on call RM, the SN-OD must complete an NHSBT Incident Form at the earliest opportunity post process following [SOP3888](#).
- 4.4 Document clearly the sequence of events [on DonorPath and on EOS via the Referral/PDA forms](#), giving clear details as to the reasons why the donation could not proceed.

5 RECORDING OF INFORMATION

- 5.1 Record details of all results of the outcome of the [patient assessment](#) process for the donor file, via the DonorPath App.
- 5.2 In the event of unavailability of DonorPath/IT systems then the procedure outlined in [SOP3925](#) should be followed.