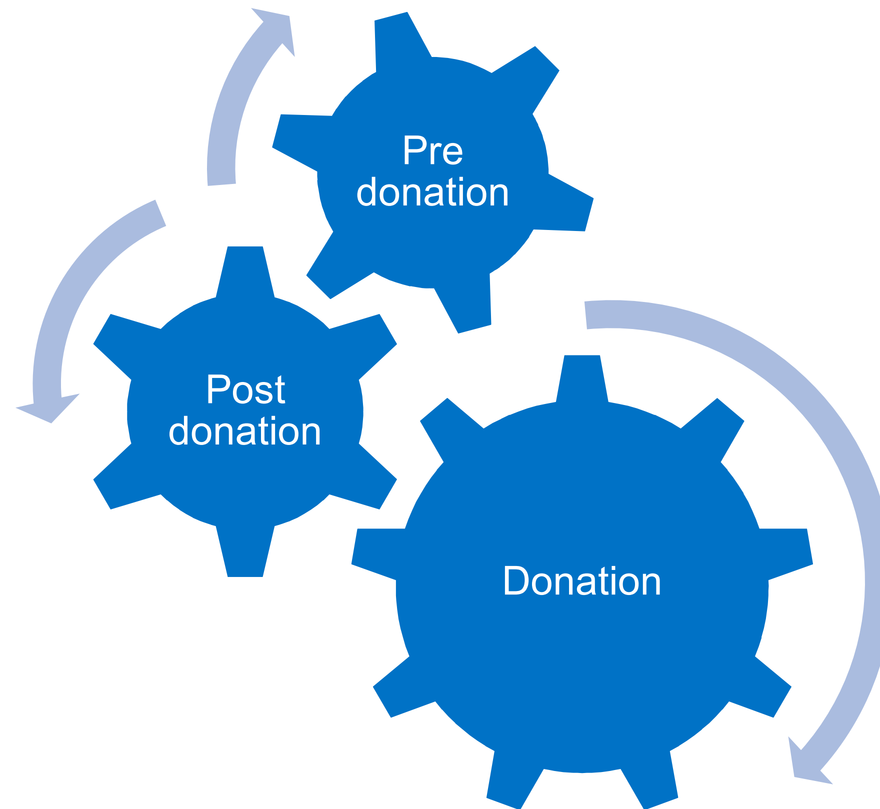
NHS
Blood and Transplant

SNOD Role and Process
Bethan Thomas
South Central Team

Yes I donate
ORGAN DONATION

Role of the SNOD

NHS
Blood and Transplant



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Role of the SNOD

NHS Blood and Transplant

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- Hospital Development
- Education
- Promotion/media
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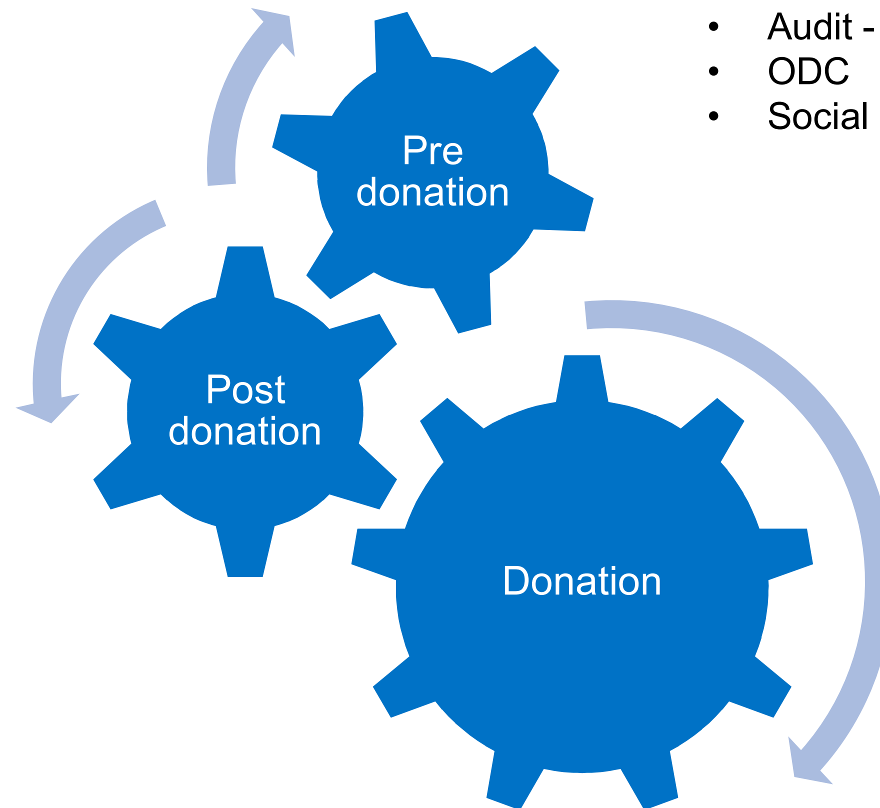

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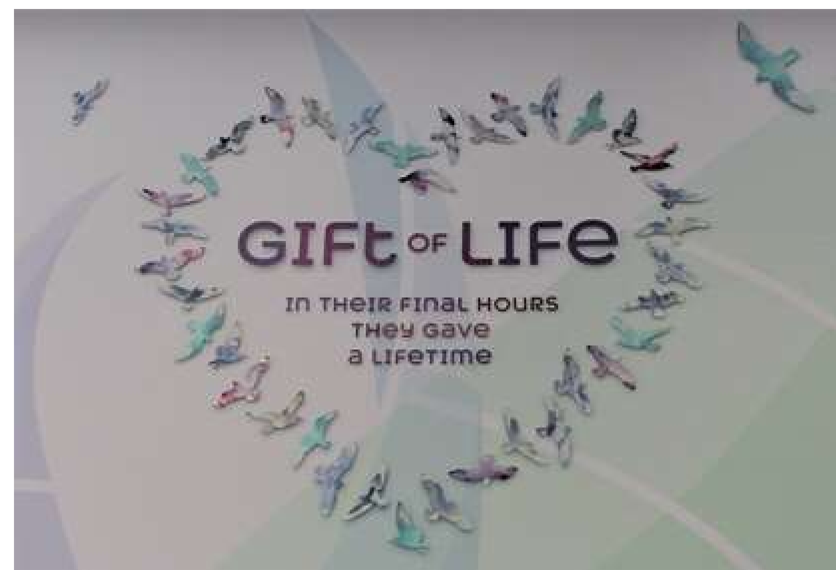
NHS
Blood and Transplant

University Hospital Southampton



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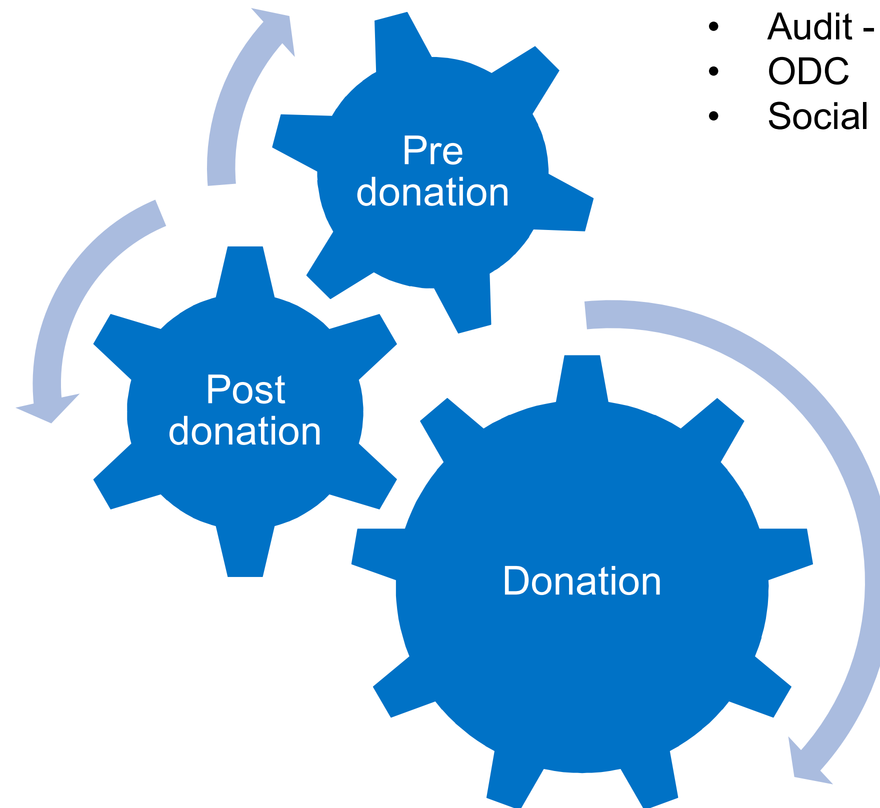

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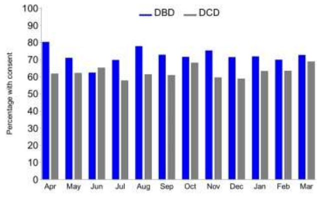
Potential Donor Audit – PDA

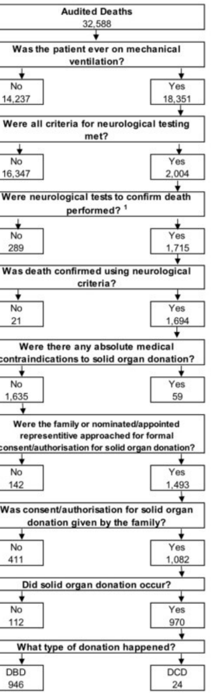
- Commenced in 2003
- Information is gathered from each patient who dies in critical care areas in all UK hospitals.
- Principle aim was to determine the potential number of solid organ donors in the UK and provide information about the hospital practices surrounding donation.
- Missed opportunities

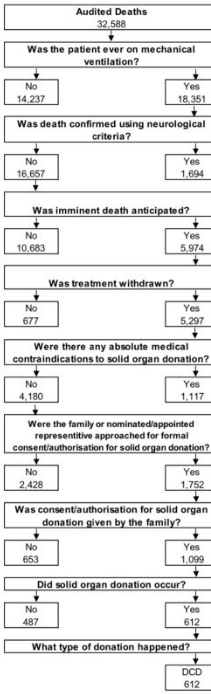
Yes I donate
ORGAN DONATION

Table 1	Key numbers and rates		
	DBD	DCD	All
Patients meeting organ donation referral criteria[1]	2004	5974	7728
Referred to NHS Blood and Transplant	1982	5539	7287
Referral rate %	*98.9%*	*92.7%*	*94.3%*
Neurological death tested	1715		1715
Testing rate %	*85.6%*		*85.6%*
Family approached	1493	1752	3245
Family approached and SN-OD present	1423	1527	2950
% of approaches where SN-OD present	*95.3%*	*87.2%*	*90.9%*
Consent/authorisation given	1082	1099	2181
Consent/authorisation rate %	*72.5%*	*62.7%*	*67.2%*
Actual donors from each pathway	970	612	1582
% of consented/authorised donors that became actual donors	*89.6%*	*55.7%*	*72.5%*

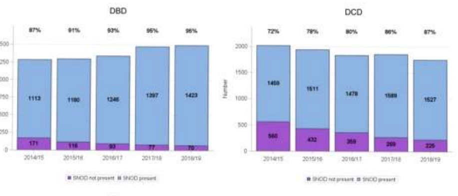
[1] DBD - A patient with suspected neurological death excluding those that were not tested due to reasons: cardiac arrest occurred despite resuscitation, brainstem reflexes returned
DCD - A patient in whom imminent death is anticipated, ie a patient receiving assisted ventilation, a clinical decision to withdraw treatment has been made and death is anticipated within 4 hours







...ed due to: Cardiac arrest despite resuscitation occurred, ...rom the calculation of the neurological death testing rate



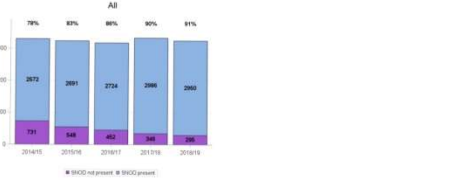


Table 4	Reasons given why family not formally approached			
	DBD		DCD	
	N	%	N	%
Patient's general medical condition	45	31.7	1,074	44.2
Coroner / Procurator Fiscal refused permission	28	19.7	39	1.6
Other	25	17.6	608	25.0
Other medical reason	17	12.0	316	13.0
Family stated that they would not support donation before they were formally approached	9	6.3	39	1.6
Family untraceable	6	4.2	31	
Family considered too upset to approach	5	3.5	15	
Patient had previously expressed a wish not to donate	4	2.8	19	
Not identified as a potential donor / organ donation not considered	3	2.1	264	
Resource failure	-	-	1	
Pressure on ICU beds	-	-	9	
Patient outside age criteria	-	-	13	
Total	**142**	**100.0**	**2,428**	**1(**

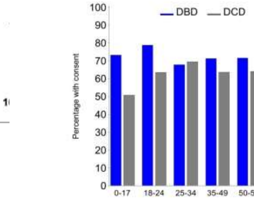
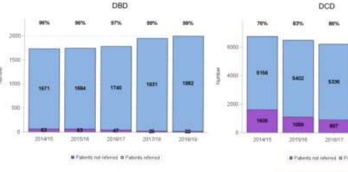


Table 5	Reasons why family did not support organ donation			
	DBD		DCD	
	N	%	N	%
Patient previously expressed a wish not to donate	82	20.0	147	22.5
Family were not sure whether the patient would have agreed to donation	78	19.0	123	18.8
Family felt it was against their religious/cultural beliefs	44	10.7	21	3.2
Family did not want surgery to the body	42	10.2	51	7.8
Family felt the patient had suffered enough	30	7.3	50	7.7
Family were divided over the decision	25	6.1	31	4.7
Family felt the body needs to be buried whole (unrelated to religious or cultural reasons)	24	5.8	19	2.9
Family did not believe in donation	22	5.4	25	3.8
Family felt the length of time for donation process was too long	22	5.4	88	13.5
Other	18	4.4	55	8.4
Strong refusal - probing not appropriate	7	1.7	22	3.4
Family wanted to stay with the patient after death	5	1.2	11	1.7
Families concerned about organ allocation	4	1.0	-	-
Family concerned that other people may disapprove/be offended	3	0.7	1	0.2
Family concerned that organs may not be transplanted	3	0.7	8	1.2
Family had difficulty understanding/accepting neurological testing	1	0.2	-	-
Family concerned donation may delay the funeral	1	0.2	-	-
Patients treatment may be or has been limited to facilitate organ donation	-	-	1	0.2
Total	**411**	**100.0**	**653**	**100.0**



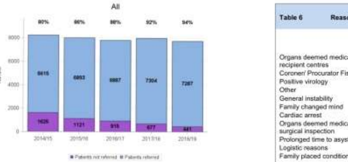
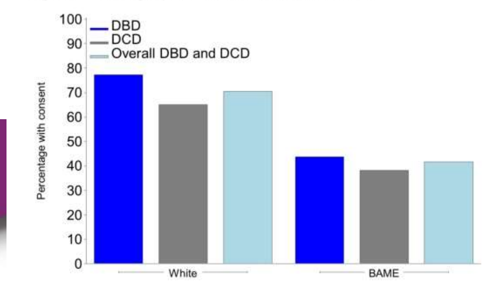


Table 6	Reasons why solid organ donation did not happen following consent			
	DBD		DCD	
	N	%	N	%
Organs deemed medically unsuitable by recipient centres	42	37.5	136	27.9
Coroner/ Procurator Fiscal refusal	16	14.3	23	4.7
Positive virology	14	12.5	7	1.4
Other	10	8.9	33	6.8
General instability	9	8.0	32	6.6
Family changed mind	8	7.1	18	3.7
Cardiac arrest	8	7.1	5	1.0
Organs deemed medically unsuitable on surgical inspection	5	4.5	10	2.1
Prolonged time to asystole	-	-	219	45.0
Logistic reasons	-	-	3	0.6
Family placed conditions on donation	-	-	1	0.2
Total	**112**	**100.0**	**487**	**100.0**



4 NEUROLOGICAL DEATH TESTING RATE

Table 2	Reasons given for neurological death tests not being performed	
	N	%
Patient haemodynamically unstable	80	27.7
Clinical reason/Clinicians decision	48	16.6
Family pressure not to test	35	12.1
Family declined donation	22	7.6
Biochemical/endocrine abnormality	20	6.9
Other	18	6.2
Continuing effects of sedatives	14	4.8
Inability to test all reflexes	13	4.5
Treatment withdrawn	11	3.8
Medical contraindication to donation	10	3.5
SN-OD advised that donor not suitable	7	2.4
Patient had previously expressed a wish not to donate	5	1.7
Unknown	5	1.7
Pressure on ICU beds	1	0.3
Total	**289**	**100.0**

Table 3	Reasons given why patient not referred			
	DBD		DCD	
	N	%	N	%
Not identified as a potential donor/organ donation not considered	11	50.0	215	49.4
Other	4	18.2	56	12.9
Family declined donation prior to neurological testing	2	9.1	2	0.5
Family declined donation following decision to withdraw treatment	2	9.1	15	3.4
Thought to be medically unsuitable	2	9.1	78	17.9
Coroner/Procurator Fiscal Reason	1	4.5	2	0.5
Reluctance to approach family	-	-	2	0.5
Medical contraindications	-	-	56	12.9
Thought to be outside age criteria	-	-	2	0.5
Pressure on ICU beds	-	-	3	0.7
Clinician assessed that patient was unlikely to become asystolic within 4 hours	-	-	4	0.9
Total	**22**	**100.0**	**435**	**100.0**

Role of the SNOD

NHS Blood and Transplant

Embedded Role

- Hospital Development
- Education
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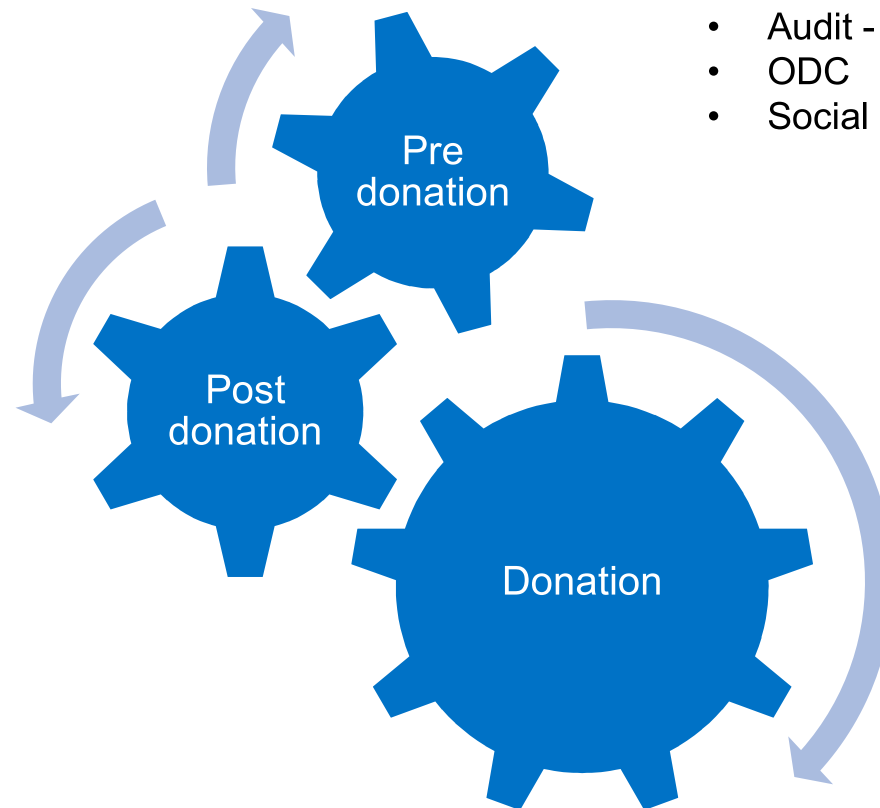

Yes I donate ORGAN DONATION

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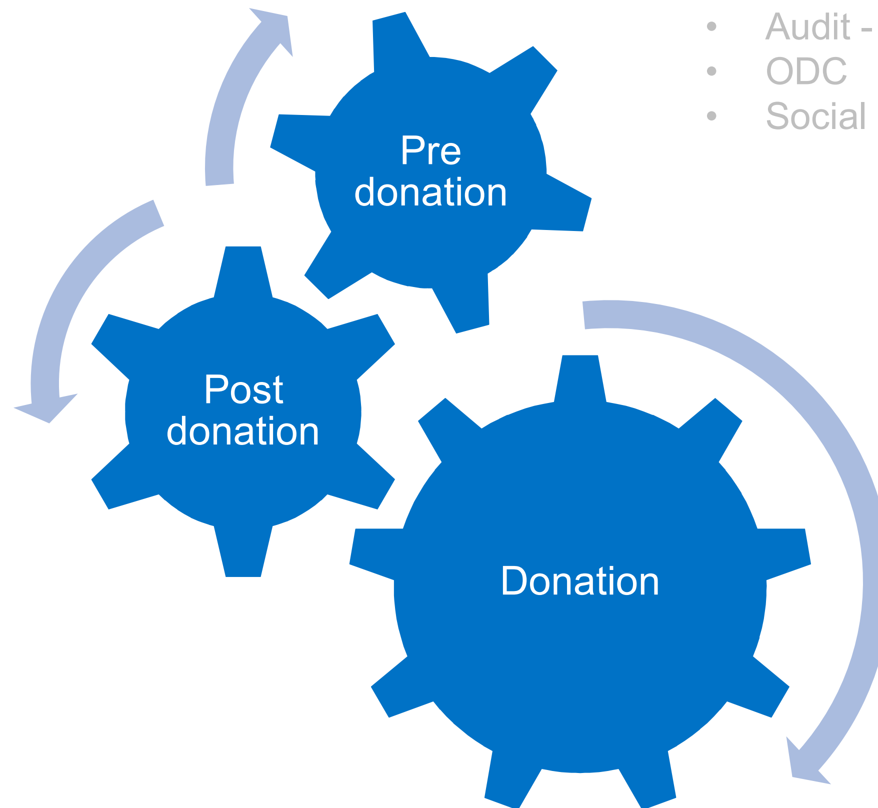

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Donor related

- Patient/family advocate
- Collaborative working
- Family support – end of life
- Staff support
- Patient assessment
  - ODR
  - Notes
  - GP
- Coroner /medical examiner/ police
- Donor management planning
- Communication with RPoC, surgeons, NORs, Scouts

Yes I donate ORGAN DONATION

Donor Management/Optimisation

NHS
Blood and Transplant

- Expansion of donor pool - Improve function of substandard organs
- Protect organs from transplant associated injury/stress survival
- Enables fulfilment of end of life legacy decision
- Best gift possible for recipients
- Best outcome possible for donor and donor family
- Positive outcome for ICU staff
- Cost effective -

Yes I donate
ORGAN DONATION

Goals – Good ICU Care

NHS
Blood and Transplant

- Target PaO2 > 10kPa; SaO2 > 95%
- pH > 7.25
- Target MAP 60 - 80 mmHg
- Maintain urine output between 0.5-2.0 (<4) ml/kg/hr
- Blood sugar at 4-10 mmol/l
- Normothermic

Yes I donate
ORGAN DONATION

The Unstable donor

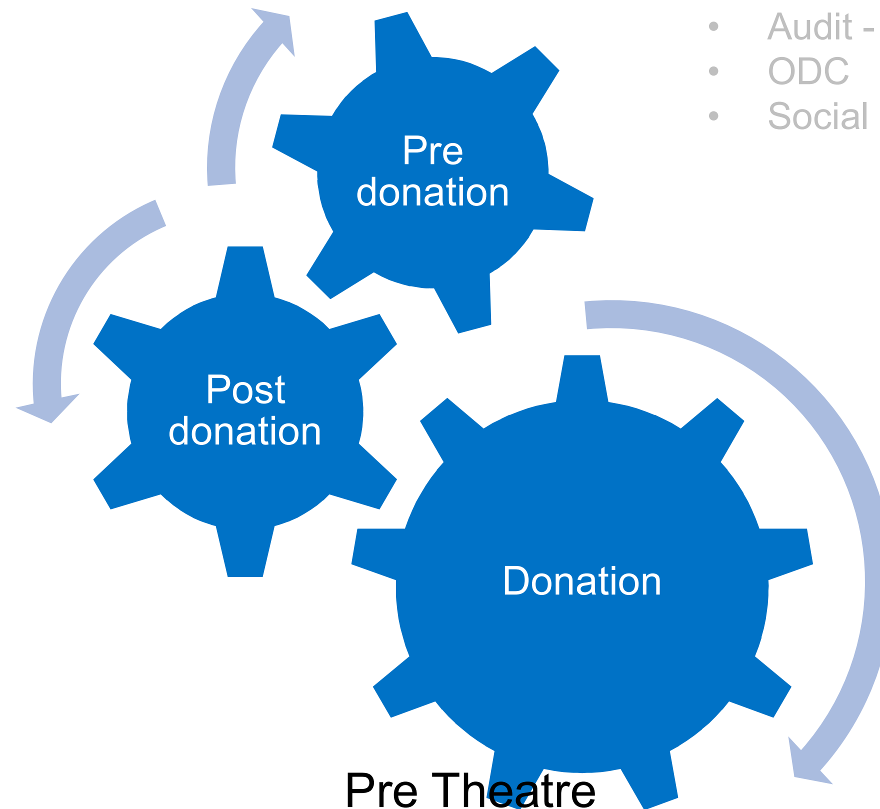
NHS Blood and Transplant

Patho-physiological change	Approximate incidence
Hypotension	80%
Diabetes insipidus	65%
DIC	30%
Cardiac arrhythmias	30%
Pulmonary Oedema	20%
Metabolic acidosis	10%

Yes I donate ORGAN DONATION

Role of the SNOD

NHS Blood and Transplant



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Pre Theatre

- Communication
- Family & staff support
- Patient assessment – notes, GP, family, top to toe assessment, bloods, CXR, ECG, Echo
- Organisation – offering of organs, recipient coordinators, Donor Path, HUB
- Donor management

Yes I donate ORGAN DONATION

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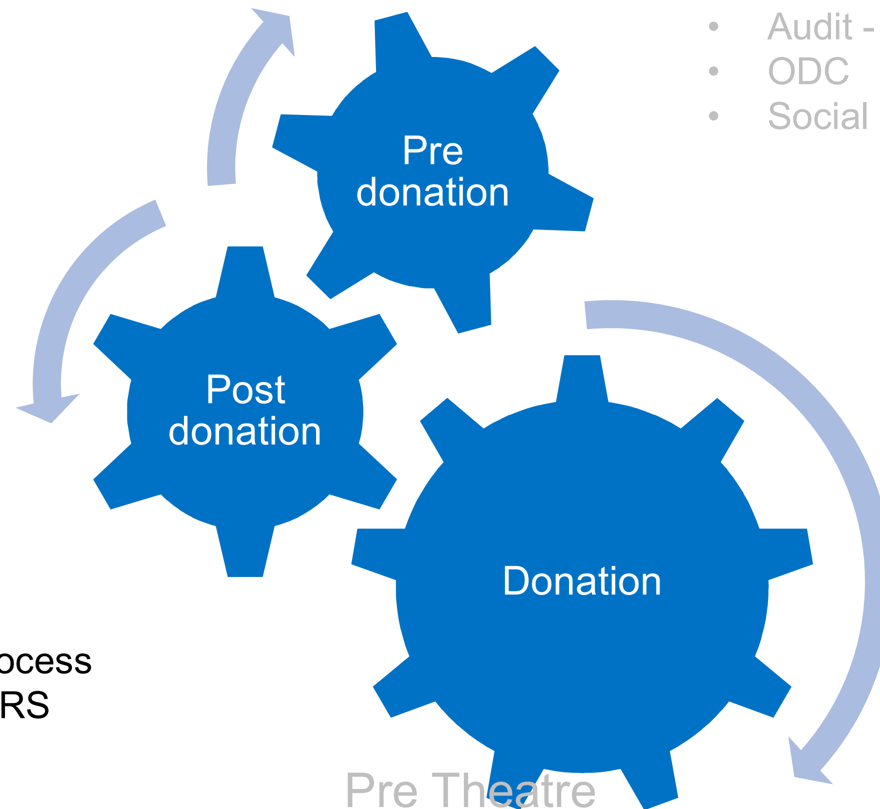

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During Theatre

- Co-ordination of process
  - Handover to NORS
  - Local staff
  - WHO
- Moment of Honour
- Link between retrieval procedure and recipient centres
- Perfusion of organs
- Organ and sample packing
- HTA
- Research

Pre Theatre

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Yes I donate ORGAN DONATION

Moment of Honour

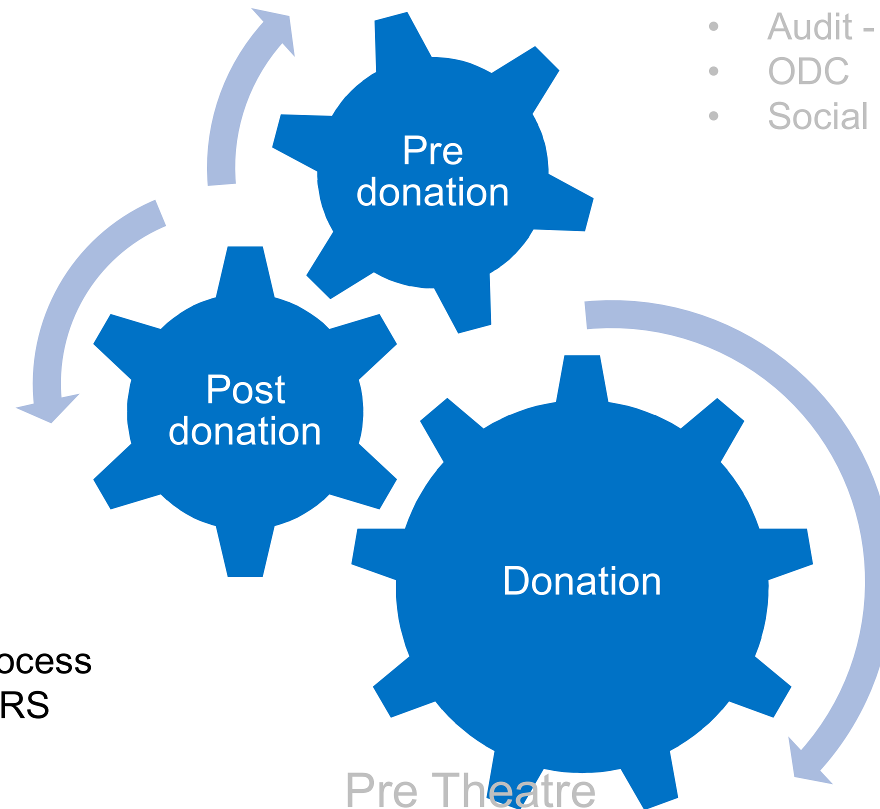
NHS
Blood and Transplant

Thank you everyone for your attendance today.
Before we start, let us have a time of quiet.
… is a much loved wife and mother, who made a decision to help others at the end of her life through the gift of organ donation for transplantation.
Her legacy will live on in other people and in our memories.
Let us take this moment to honour … and her family who supported her decision to donate, meaning that she will save and improve the lives of others today.

Yes I donate
ORGAN DONATION

Role of the SNOD

NHS Blood and Transplant



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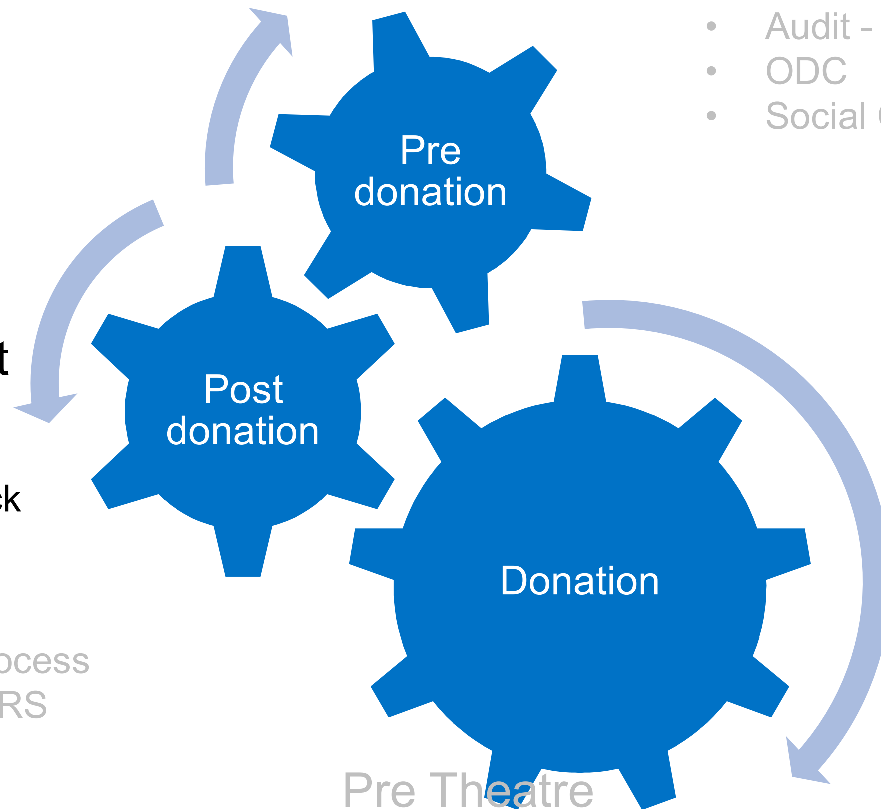

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Immediately post
- Last offices
- Keepsakes
- Staff welfare check

During Theatre
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Yes I donate ORGAN DONATION

Role of the SNOD

NHS Blood and Transplant

Post theatre

- Family follow up; telephone call, Letters (2 weeks, 6 months, 1 year)
- Viewing of loved one
- Recipient cards/letters
- St Johns Awards
- Thanksgiving Services
- Staff letters
- Debriefing

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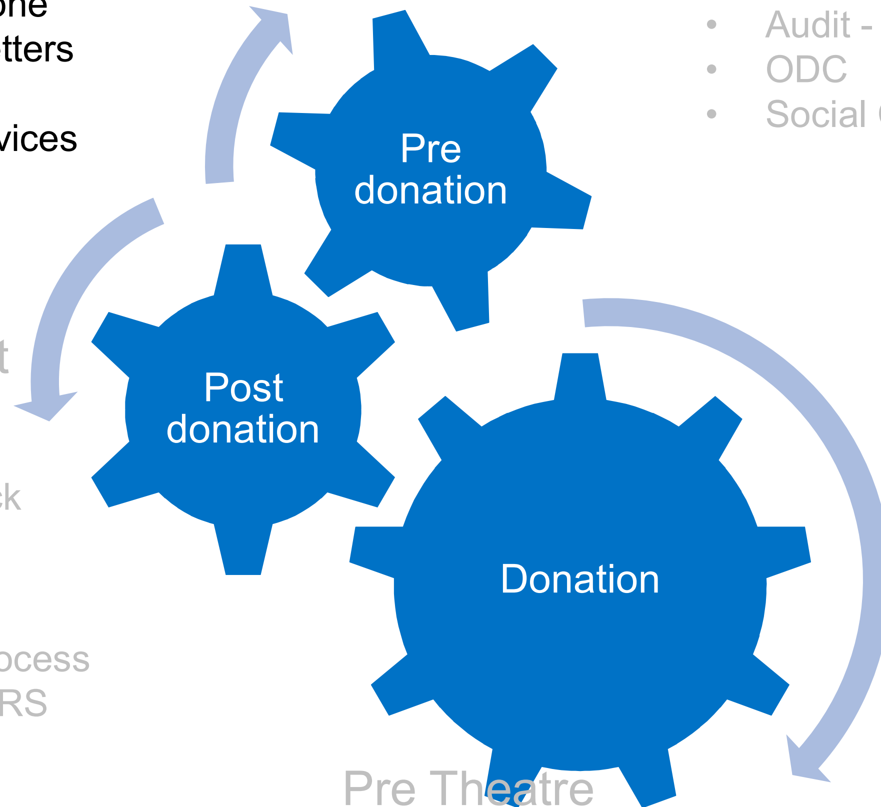

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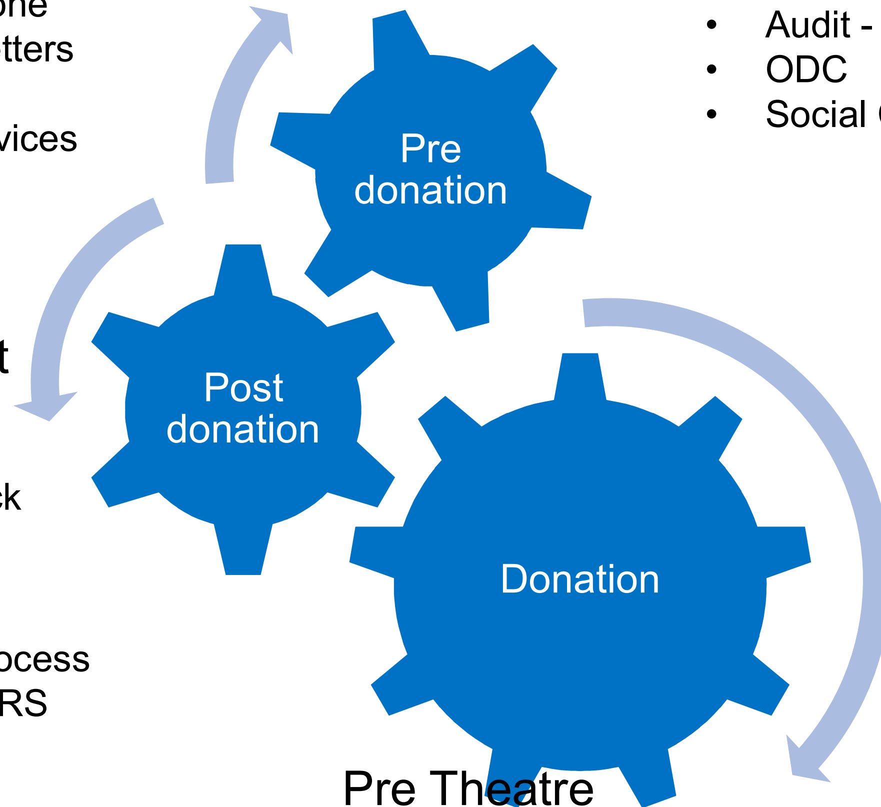

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