



Blood and Transplant

**ANNUAL REPORT ON THE POTENTIAL DONOR
AUDIT**

**SUMMARY REPORT FOR THE 12 MONTH PERIOD
1 APRIL 2020 – 31 MARCH 2021**

PUBLISHED SEPTEMBER 2021



1 INTRODUCTION

This report presents Potential Donor Audit (PDA) information on the financial year 1 April 2020 to 31 March 2021.

The dataset used to compile this report includes all audited patient deaths in UK Intensive Care Units (ICUs) and Emergency Departments as reported by 10 May 2021. Patients aged over 80 years and patients who died on a ward have not been audited. Paediatric ICU data are included however neonatal ICU data have been excluded from this report.

This report summarises the main findings of the PDA over the 12-month period, in particular the reasons why patients were lost along the pathway, and should be read in conjunction with the PDA section of the Organ Donation and Transplantation Activity Report, available at <https://www.odt.nhs.uk/statistics-and-reports/annual-activity-report/>.

2 DEFINITIONS

Eligible donors after brain death (DBD) are defined as patients for whom death was confirmed following neurological tests and who had no absolute medical contraindications to solid organ donation.

Eligible donors after circulatory death (DCD) are defined as patients who had treatment withdrawn and death was anticipated, with no absolute medical contraindications to solid organ donation.

Absolute medical contraindications to organ donation are listed here:

https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/6455/contraindications_to_organ_donation.pdf

SNOD Specialist Nurse in Organ Donation, including Specialist Requesters

Deemed consent applies if a person who died in Wales, England or Jersey meets deemed consent criteria: aged 18 or over, has not expressed an organ donation decision either to opt in, opt out or appoint a representative, has lived for longer than 12 months and is ordinarily resident in the country in which they died, and had the capacity to understand the notion of deemed consent for a significant period before their death. Note that where a patient has verbally expressed an opt out or opt in decision deemed consent does not apply.

Deemed authorisation applies if a person, who died in Scotland, meets deemed authorisation criteria: aged 16 or over, has not registered or expressed, in writing, an organ donation decision either to opt in or opt out, has lived for longer than 12 months and is ordinarily resident in Scotland, and had the capacity to understand the notion of deemed authorisation for a significant period before their death. Note that, in Scotland, a patient who has verbally expressed an opt in decision is included as a deemed authorisation, whereas a patient who has verbally expressed an opt out decision is not included.

The consent/authorisation rate is the percentage of eligible donor donation decision conversations where consent/authorisation was ascertained. Note that consent/authorisation rates have not been provided where the number of families approached is less than ten.

Further definitions to aid interpretation are given in **Appendix 1**.

3 BREAKDOWN OF AUDITED DEATHS IN ICUs AND EMERGENCY DEPARTMENTS

In the 12-month period from 1 April 2020 to 31 March 2021, there were a total of 40,334 audited patient deaths in the ICUs and EDs in the UK. A detailed breakdown for both the DBD and DCD data collection flows is given in **Figure 1** and **2**, and **Table 1** summarises the key percentages.

Figure 1 Donation after brain death

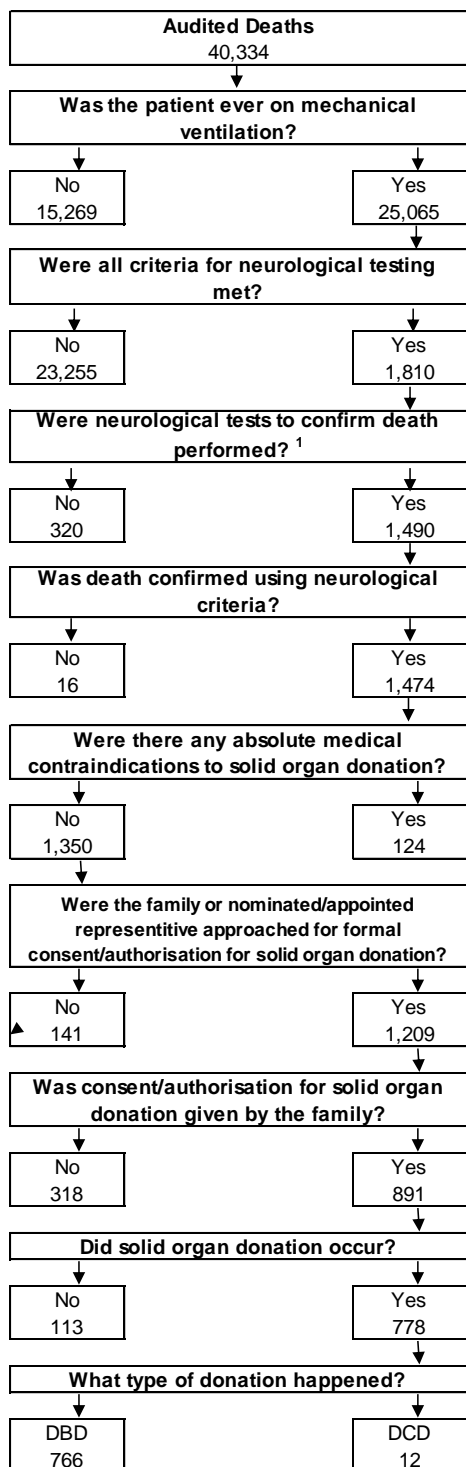
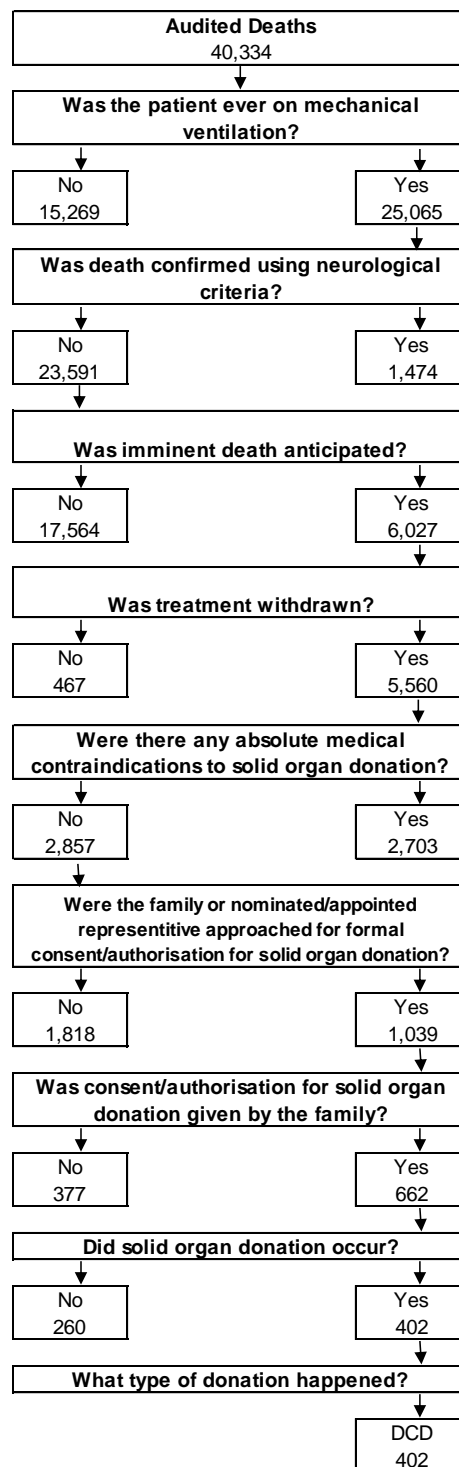


Figure 2 Donation after circulatory death



¹ Patients for whom tests were not performed due to; cardiac arrest despite resuscitation occurred, brainstem reflexes returned, or neonates - less than 2 months post term are excluded from the calculation of the neurological death testing rate

Table 1 Key numbers and rates			
	DBD	DCD	ALL
Patients meeting organ donation referral criteria ¹	1810	6027	7551
Referred to NHS Blood and Transplant	1777	4770	6282
<i>Referral rate %</i>	<i>98.2</i>	<i>79.1</i>	<i>83.2</i>
Neurological death tested	1490		1490
<i>Testing rate %</i>	<i>82.3</i>		<i>82.3</i>
Family approached	1209	1039	2248
Family approached and SN-OD present	1167	922	2089
<i>% of approaches where SN-OD present</i>	<i>96.5</i>	<i>88.7</i>	<i>92.9</i>
Consent/authorisation given	891	662	1553
<i>Consent/authorisation rate %</i>	<i>73.7</i>	<i>63.7</i>	<i>69.1</i>
- Expressed opt in	531	391	922
<i>- Expressed opt in %</i>	<i>96.9</i>	<i>87.9</i>	<i>92.8</i>
- Deemed consent/authorisation	210	159	369
<i>- Deemed consent/authorisation %</i>	<i>70.5</i>	<i>62.4</i>	<i>66.7</i>
- Other*	150	112	262
<i>- Other* %</i>	<i>59.1</i>	<i>49.6</i>	<i>54.6</i>
Actual donors from each pathway	778	402	1180
<i>% of consented/authorised donors that became actual donors</i>	<i>87.3</i>	<i>60.7</i>	<i>76</i>

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, neonates - less than 2 months post term
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 a time frame to allow donation to occur
* Includes patients where nation specific deemed criteria are not met and the patient has not expressed a donation decision in accordance with relevant legislation

4 NEUROLOGICAL DEATH TESTING RATE

Table 2 Reasons given for neurological death tests not being performed		
	N	%
Patient haemodynamically unstable	100	31.3
Clinical reason/Clinician's decision	42	13.1
Other	30	9.4
Family declined donation	24	7.5
Inability to test all reflexes	20	6.3
Biochemical/endocrine abnormality	19	5.9
Treatment withdrawn	18	5.6
Family pressure not to test	15	4.7
Continuing effects of sedatives	13	4.1
Medical contraindication to donation	11	3.4
Pressure of ICU beds	8	2.5
SN-OD advised that donor not suitable	7	2.2
Unknown	7	2.2
Patient had previously expressed a wish not to donate	5	1.6
Hypothermia	1	0.3
Total	320	100.0

The neurological death testing rate was 82% and is the percentage of patients for whom neurological death was suspected that were tested. To be defined as neurological death suspected, the patients were indicated to have met the following criteria - invasive ventilation, Glasgow Coma Scale 3 not explained by sedation, no respiratory effort, fixed pupils, no cough or gag reflex. Patients whom tests were not performed due to; cardiac arrest occurred despite resuscitation, brainstem reflexes returned, neonates - less than 2 months post term were not possible to test meaning these reasons were excluded. Neurological death tests were not performed in 320 patients (18%) for whom neurological death was suspected. The primary reason given for not testing is shown in **Table 2**.

100 (31%) patients were haemodynamically unstable and were therefore not tested. Other reasons given for not performing neurological death tests were: 42 (13%) patients had a clinical reason or it was the clinician's decision, and for 30 (9%) of patients, 'other' was given as the reason for not testing.

5 REFERRAL RATE

A patient for whom neurological death is suspected or for whom imminent death is anticipated, i.e. receiving assisted ventilation, a clinical decision to withdraw treatment has been made and death is anticipated, should be referred to NHS Blood and Transplant. The DBD referral rate was 98% and the DCD referral rate was 79%. **Table 3** shows the reasons given why such patients were not referred. One patient can meet the referral criteria for both DBD and DCD and therefore some patients may be counted in both columns.

Table 3 Reasons given why patient not referred	DBD		DCD	
	N	%	N	%
Not identified as potential donor/organ donation not considered	19	57.6	478	38.0
Uncontrolled death pre referral trigger	4	12.1	10	0.8
Medical contraindications	3	9.1	423	33.7
Other	3	9.1	86	6.8
Family declined donation prior to neurological testing	2	6.1	1	0.1
Thought to be medically unsuitable	2	6.1	224	17.8
Coroner / Procurator Fiscal reason	-	-	1	0.1
Family declined donation following decision to remove treatment	-	-	10	0.8
Reluctance to approach family	-	-	1	0.1
Thought to be outside age criteria	-	-	3	0.2
Pressure on ICU beds	-	-	17	1.4
Clinician assessed that patient was unlikely to become asystolic within 4 hours	-	-	2	0.2
Patient had previously expressed a wish not to donate	-	-	1	0.1
Total	33	100.0	1,257	100.0

Of the patients who met the referral criteria and were not referred, the reason given for 58% of DBD and 38% of DCD was that the patients were not identified as potential donors

and so organ donation was not considered. For 12% of DBD not referred, an uncontrolled death pre referral was given as the reason for not referring the patient. For 9% of DBD and 34% of DCD patients, medical contradictions were the reason for not referring.

6 APPROACH RATE

Families of eligible donors were asked to make or support a patient's organ donation decision in 90% of DBD and 36% of DCD cases. The DCD assessment process identifies a large number of eligible DCD donors which are unsuitable for organ donation prior to the approach. Prior to September 2020 it was not possible to identify such cases and consequently, the DCD approach rate, for 2020/21 underestimates the actual approach rate, as families of these patients are never approached for the formal organ donation discussion. In this scenario, the reason for not approaching (prior to September 2020) is grouped with 'Other'. The information in **Table 4** shows the reasons given why the families were not approached.

For both eligible DBD and DCD donors, the main reason cited for not approaching the family was 'other', this includes reasons such as the patient's general or other medical condition, the patient was outside of age criteria, the family were considered too upset to approach and resource failure. In a further 18% of DBD cases, Coroner/Procurator Fiscal refused permission was the reason given. In a further 41% of DCD cases, the patient was deemed unsuitable by DCD assessment prior to approach.

	DBD		DCD	
	N	%	N	%
Other	76	53.9	789	43.4
Coroner/Proc Fiscal refused permission	26	18.4	24	1.3
Not identified as a potential donor	14	9.9	194	10.7
Family stated they would not consent/authorise prior to donation decision conversation	12	8.5	30	1.7
Family untraceable - No first person consent (donation cannot proceed)	6	4.3	7	0.4
Cardiac arrest before approach could be made	6	4.3	2	0.1
Pressure on ICU beds	1	0.7	31	1.7
Deemed unsuitable by DCD assessment prior to approach	-	-	741	40.8
Total	141	100.0	1,818	100.0

7 OVERALL CONSENT/AUTHORISATION RATE

The consent/authorisation rate is based on eligible donors whose families were asked to make or support a patient's organ donation decision. The consent/authorisation rate is the proportion of eligible donors for whom consent/authorisation for solid organ donation was ascertained.

During the financial year, the DBD consent/authorisation rate was 74% and the 95% confidence limits for this percentage are 71% - 76%. The DCD consent/authorisation rate was 64% and the 95% confidence limits for this percentage are 61% - 67%. The overall consent/authorisation rate was 69% and the 95% confidence limits for this percentage are 67% - 71%.

When a patient had expressed an opt in decision, the DBD consent/authorisation rate was 97% compared to 71% when deemed consent/authorisation applied and 59% where nation specific deemed criteria are not met and the patient had not expressed a donation decision in accordance with the relevant legislation. For DCD, the rates were 88% compared with 62% and 50% respectively. Overall, these rates were 93% for expressed opt ins compared with 67% for deemed consent/authorisation and 55% for other.

In total during the financial year, 71 families overruled their loved one's expressed opt in decision to be an organ donor and 184 families did not support deemed consent/authorisation.

Of the 1167 occasions when a SN-OD was present for the donation decision conversation, the DBD consent/authorisation rate was 75% compared with 43% on the 42 occasions when the SN-OD was not present. Similarly, for DCD the rate was 69% of 922 compared with 23% of the 117 occasions when the SN-OD was not present. The overall rate was 72% (N=2089) compared with 28% (N=159).

Table 5 Reasons why the family did not support organ donation				
	DBD		DCD	
	N	%	N	%
Patient had previously expressed a wish not to donate	111	34.9	108	28.6
Family felt it was against their religious/cultural beliefs	38	11.9	13	3.4
Family were not sure whether the patient would have agreed to donation	35	11.0	36	9.5
Family did not want surgery to the body	29	9.1	35	9.3
Other	22	6.9	36	9.5
Family felt patient had suffered enough	16	5.0	34	9.0
Family divided over the decision	13	4.1	16	4.2
Family felt that the body should be buried whole (unrelated to religious/cultural reasons)	12	3.8	9	2.4
Family did not believe in donation	10	3.1	13	3.4
Family felt the length of time for the donation process was too long	9	2.8	48	12.7
Strong refusal - probing not appropriate	8	2.5	11	2.9
Patient had registered a decision to Opt Out	6	1.9	13	3.4
Family concerned other people may disapprove/be offended	3	0.9	2	0.5
Family had difficulty understanding/accepting neurological testing	2	0.6	-	-
Family wanted to stay with the patient after death	1	0.3	2	0.5
Family believe patient's treatment may have been limited to facilitate organ donation	1	0.3	-	-
Family concerned that organs may not be transplantable	1	0.3	1	0.3
Family concerned donation may delay the funeral	1	0.3	-	-
Total	318	100.0	377	100.0

The reasons why the family did not give consent/authorisation are shown in **Table 5**. The main reason that families of eligible DBD and DCD patients gave for no consent/authorisation was the patient had previously expressed a wish not to donate (35% and 29% respectively). Other common reasons why the family did not support organ donation for DBD patients were that the families felt it was against their religious/cultural beliefs or were not sure whether the patient would have agreed to organ donation. Amongst DCD patients, families felt that the length of time for donation was too long or were not sure whether the patient would have agreed to organ donation.

8 EFFECT OF DEMOGRAPHIC VARIABLES ON THE CONSENT/AUTHORISATION RATE

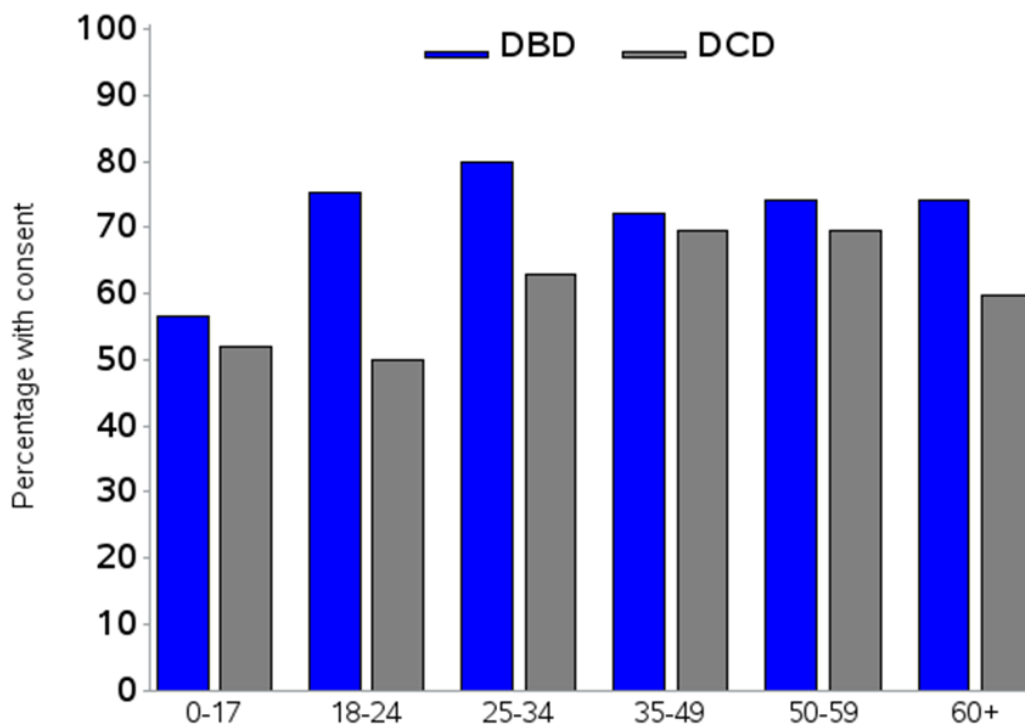
The consent/authorisation rate for the 613 male eligible DBD was 74% and the consent/authorisation rate for the 596 female eligible DBD was 74%. The difference is not statistically significant, $p=0.9$. For the 655 male eligible DCD the consent/authorisation rate was 65% and for the 384 female eligible DCD was 61%. The difference is not statistically significant, $p=0.2$.

Age is represented by a categorical variable with intervals 0-17, 18-24, 25-34, 35-49, 50-59 and 60+ years. The consent/authorisation rates for the six age groups (for the 1,209

eligible DBD and 1,039 eligible DCD whose families were approached) are illustrated in **Figure 3**. The highest consent/authorisation rate for eligible DBD occurred in the 25-34 age group (80%) and for eligible DCD in the 35-49 and 50-59 age groups (69%). The lowest consent/authorisation rate for eligible DBD was in the 0-17 age group (57%). The lowest consent/authorisation rate for eligible DCD was in the 18-24 age group (50%). The differences in consent/authorisation rate across the six age groups for DBD are not statistically significant ($p=0.07$) and for DCD are statistically significant ($p=0.008$).

When comparing only between adult and paediatric (<18 years), the differences in consent/authorisation rate for DBD are statistically significant ($p=0.007$) and for DCD are not statistically significant ($p=0.07$).

Figure 3 Age variation in consent/authorisation rate



Consent/authorisation rates for patients from the white ethnic community are compared with those of patients from Black, Asian, Mixed Race and Minority Ethnic (BAME) communities and are shown in **Figure 4**. Note that there were an additional 20 DBD and 20 DCD families approached where the ethnicity was not known or not reported which have been excluded from the ethnicity figures below.

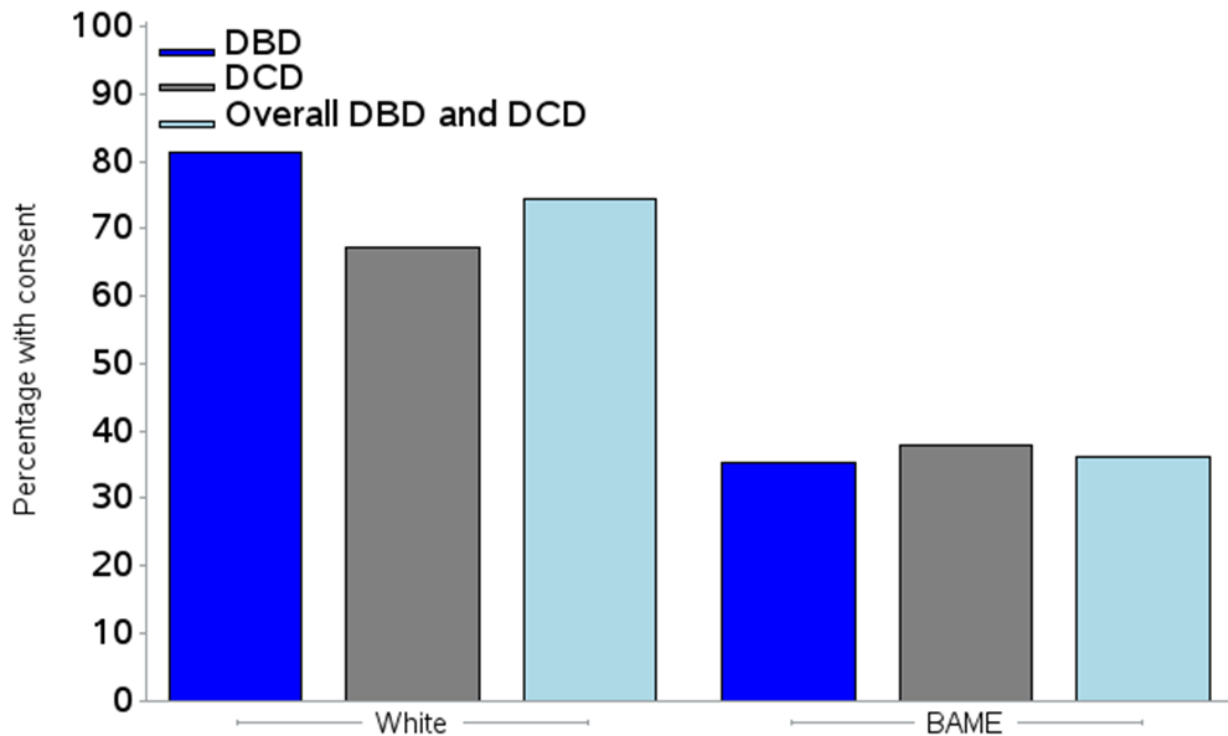
For eligible DBD, the consent/authorisation rates were 81% for eligible white donors compared to 35% for eligible BAME donors. The 95% confidence limits for these DBD consent/authorisation rates are 79% - 84% and 28% - 42%, respectively.

For eligible DCD, the consent/authorisation rates were 67% for eligible white DCD and 38% for eligible BAME DCD donors. The 95% confidence limits for these DCD consent/authorisation rates are 64% - 70% and 28% - 48%, respectively.

The overall consent/authorisation rates were 75% for eligible white donors and 36% for eligible BAME donors. The 95% confidence limits for overall consent/authorisation rates are 73% - 76% for eligible white donors and 30% - 42% for eligible BAME donors.

The difference between consent/authorisation rates for white and BAME eligible DBD donors is statistically significant, $p < .0001$. The difference between consent/authorisation rates for white and BAME eligible DCD donors is statistically significant, $p < .0001$.

Figure 4 Ethnic group variation in consent/authorisation rate



9 SOLID ORGAN DONATION

Of the eligible donors whose families were asked to make or support a patient's donation decision and consent/authorisation was ascertained, 87% of the eligible DBD and 61% of the eligible DCD went on to become actual solid organ donors. **Table 6** shows the reasons why consented/authorised eligible donors did not become actual solid organ donors.

For consented/authorised eligible DBD the main reason given for solid organ donation not proceeding was that the organs were deemed to be medically unsuitable by recipient centres in 30% of cases. A further 13% were declined due to the organs being deemed medically unsuitable on surgical inspection and 9% due to Coroner/Procurator Fiscal refusal.

Similarly, 28% of non-proceeding DCD donors were due to recipient centres deeming the organs to be medically unsuitable. The main reason given for consented/authorised eligible DCD not proceeding to become a solid organ donor was the prolonged time to asystole, accounting for 42% of cases.

Table 6 Reasons why consented/authorised eligible donors did not proceed to donate

	DBD		DCD	
	N	%	N	%
Clinical - Organs deemed medically unsuitable by recipient centres	34	30.1	73	28.1
Clinical - Organs deemed medically unsuitable on surgical inspection	15	13.3	1	0.4
Consent / Auth - Coroner/Procurator fiscal refusal	10	8.8	12	4.6
Clinical - Absolute contraindication to organ donation	8	7.1	3	1.2
Clinical - No transplantable organ	8	7.1	13	5.0
Clinical - Other	8	7.1	3	1.2
Clinical - Patient expected to die before donation could take place attendance not required	6	5.3	7	2.7
Clinical - Considered high risk donor	5	4.4	2	0.8
Logistical - Other	5	4.4	10	3.8
Clinical - Patient actively dying	4	3.5	5	1.9
Clinical - Positive virology	4	3.5	1	0.4
Clinical - Patient's general medical condition	2	1.8	4	1.5
Clinical - Patient asystolic	2	1.8	1	0.4
Consent / Auth - NOK withdraw consent / authorisation	1	0.9	11	4.2
Consent / Auth - Family placed conditions on donation	1	0.9	-	-
Clinical - Outside of donation criteria at referral	-	-	3	1.2
Clinical - DCD clinical exclusion	-	-	1	0.4
Clinical - PTA post WLST	-	-	109	41.9
Logistical - No critical care bed available	-	-	1	0.4
Total	113	100.0	260	100.0

10 FIVE-YEAR TRENDS IN KEY NUMBERS AND RATES

Figures 5, 6, 7, and 8 illustrate the five-year trends in key numbers and rates across the UK. Note that patients who met the referral criteria for both DBD and DCD donation will appear in both DBD and DCD bar charts in **Figure 6** but only once in the deceased donor chart.

Over the last four years the number of neurological death tested patients had continued to increase and the testing rate rose from 86% to 87%. In the last year, the number of neurological death tested patients decreased, with the testing rate decreasing from 87% to 82%. The DBD referral rate decreased slightly from 99% to 98% and larger decreases in the DCD referral rate were seen last year, dropping from 91% to 79%, primarily due to the COVID-19 pandemic. Despite the pandemic, there has been a continued steady increase in the percentage of family approaches where a SNOD was present, increasing from 93% to 97% for DBD and from 80% to 89% for DCD. The DBD consent/authorisation rate has increased from 69% to 74% over the past five years. The DCD consent/authorisation rate has risen over the past five years from 58% to 64%.

Figure 5 Number of patients with suspected neurological death, 1 April 2016 – 31 March 2021

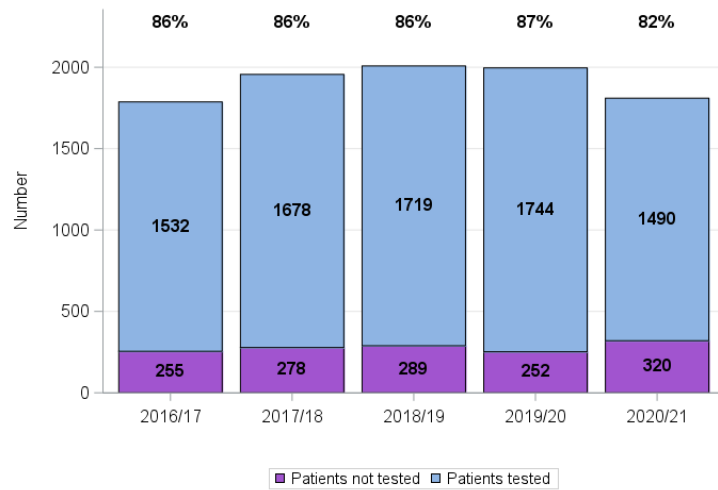


Figure 6 Number of patients meeting referral criteria, 1 April 2016 – 31 March 2021

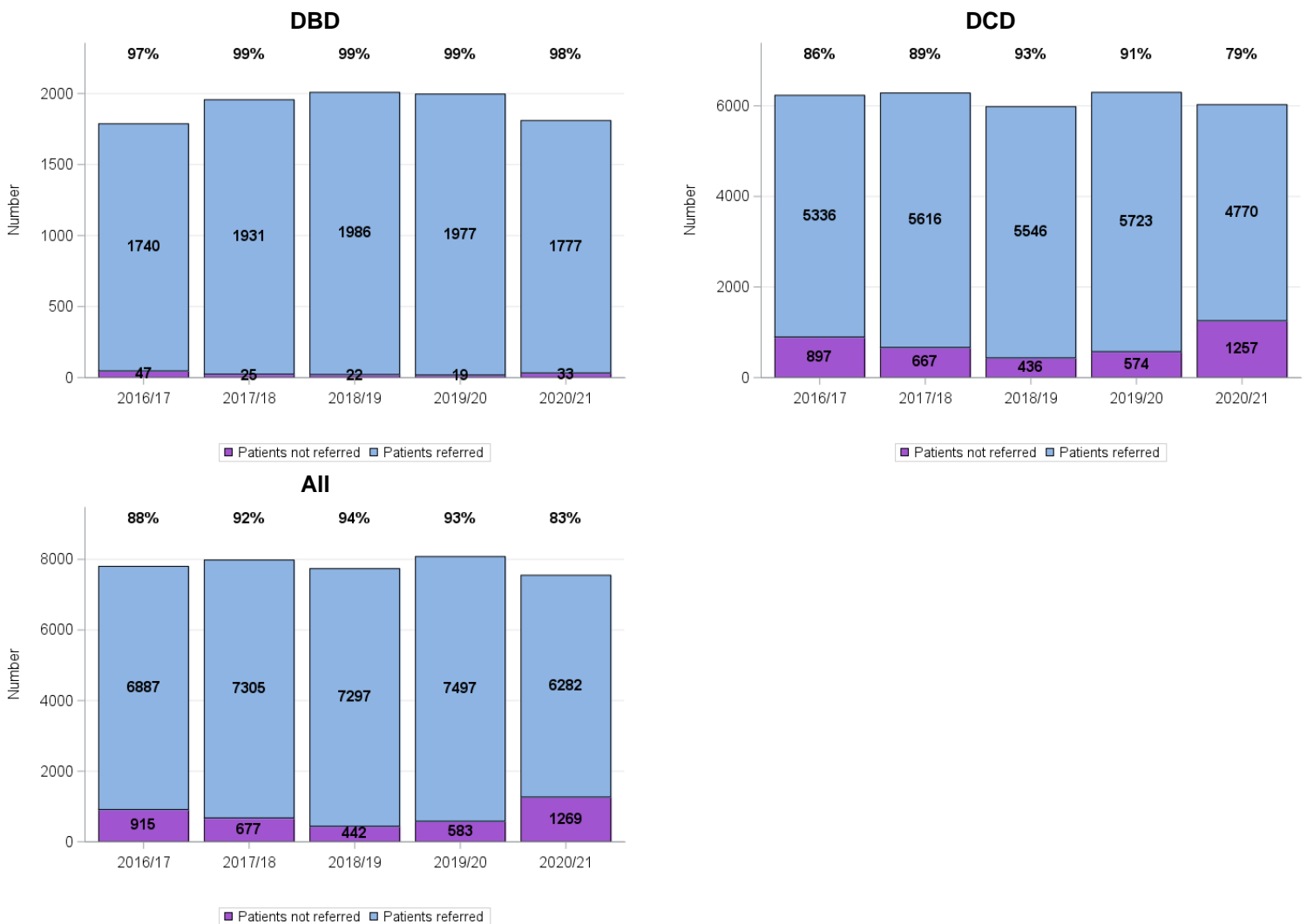


Figure 7 Number of families approached by SNOD presence, 1 April 2016 – 31 March 2021

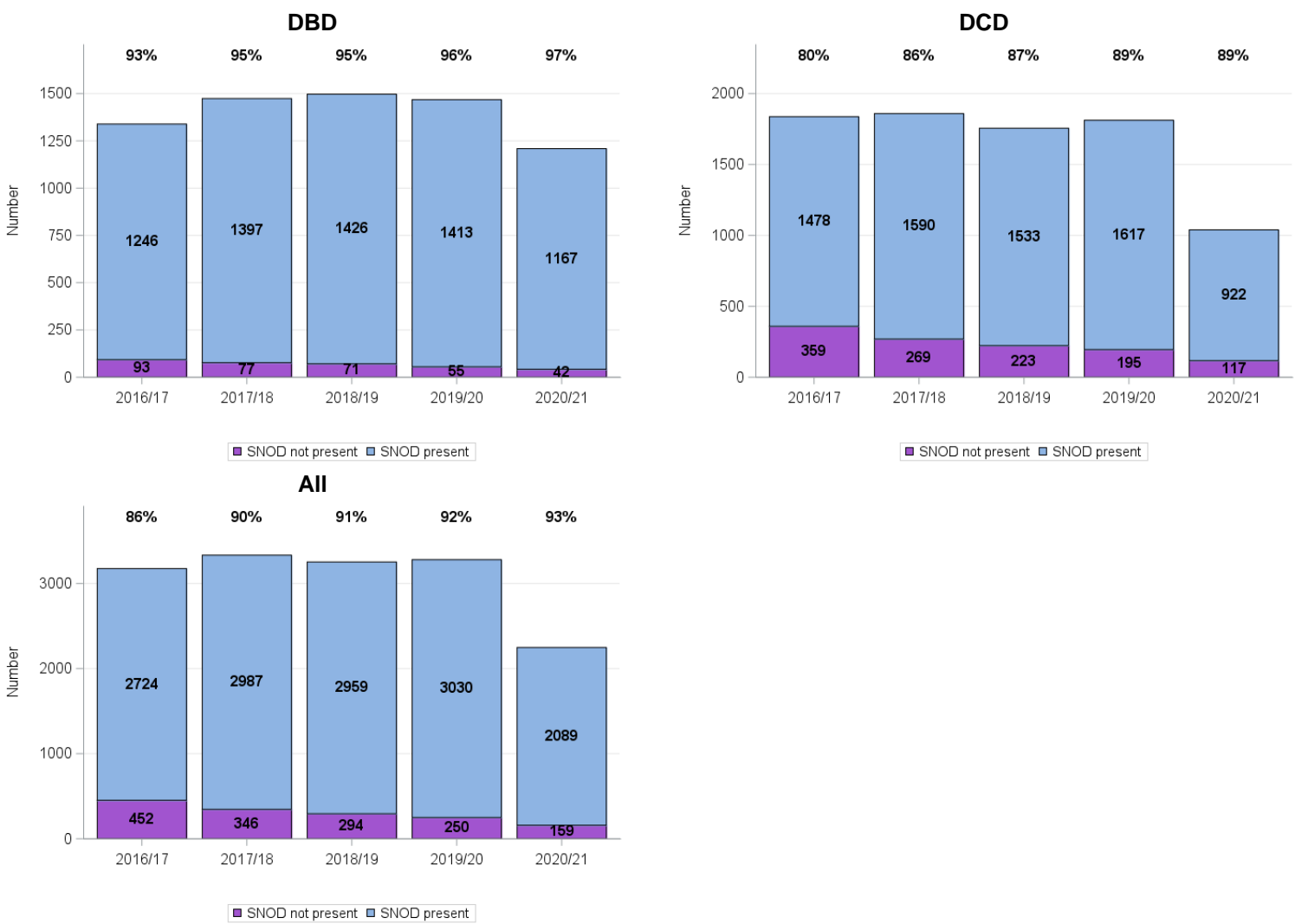
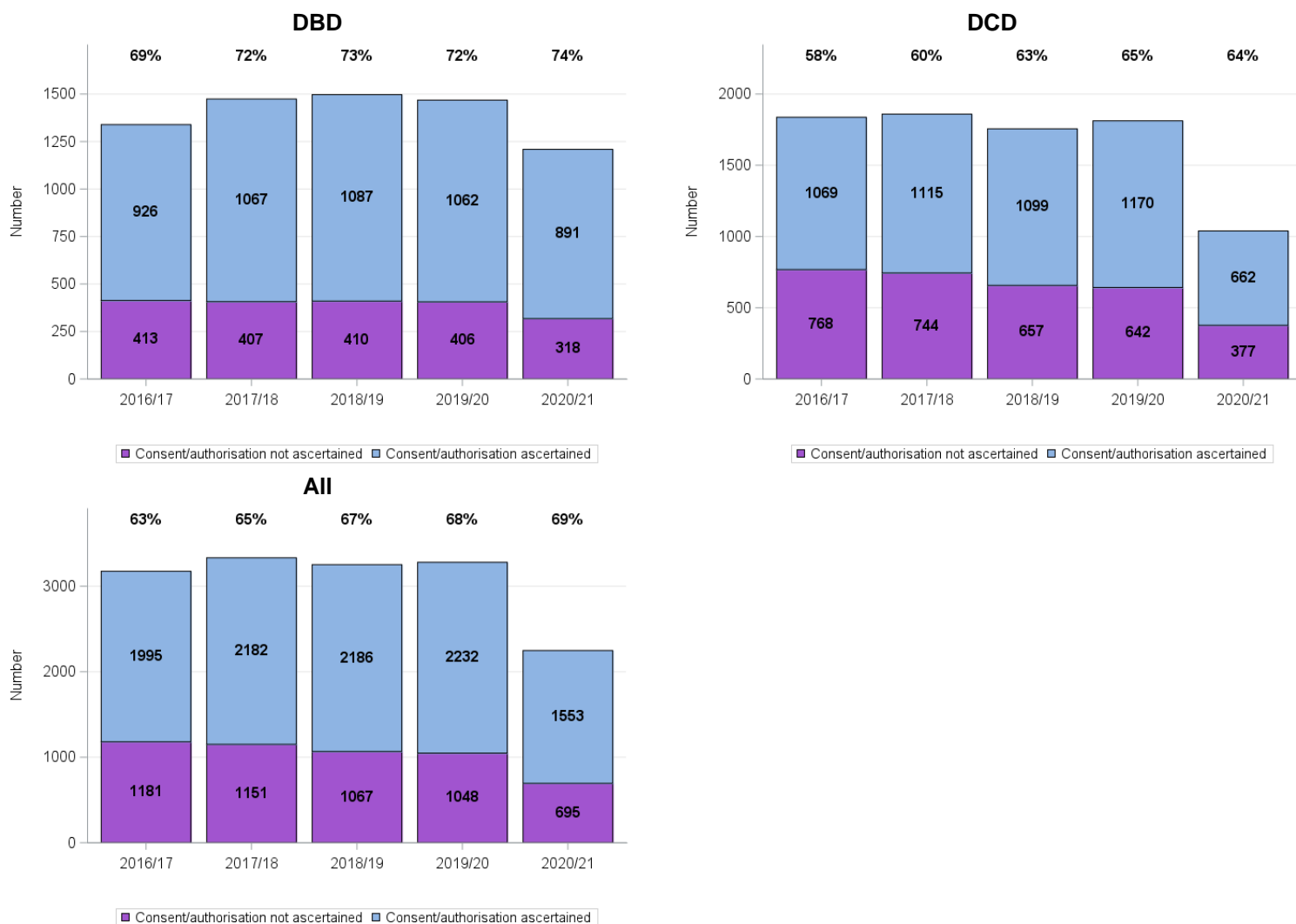


Figure 8 Number of families approached by consent/authorisation ascertained, 1 April 2016 – 31 March 2021



11 SUMMARY

In the year 1 April 2020 to 31 March 2021, there were 40,334 deaths audited for the PDA. Of these deaths, 1,810 and 6,027 patients met the referral criteria for DBD and/or DCD, respectively and 98% and 79% were referred to NHS Blood and Transplant. Of the 1,810 patients for whom neurological death was suspected, 82% were tested.

Of the families who were asked to make or support a patient's organ donation decision, 74% and 64% consented to/authorised DBD and DCD donation. Of these, 87% and 61%, respectively, became actual solid organ donors. 71 families overruled their loved one's expressed opt in decision to be an organ donor and 184 families did not support deemed consent/authorisation.

There was no statistically significant difference in the consent/authorisation rates for male and female patients for DBD or DCD. The difference in the consent/authorisation rate across the different age groups was statistically significant for DCD, but not DBD. For DBD paediatric patients (0-17 years) have a much lower consent/authorisation rate than the adult groups.

There was a statistically significant difference in both the DBD and DCD consent/authorisation rate between white and BAME patients.

The testing rate for neurological death steadily increased between 2015/16 and 2019/20. In the last year the testing rate decreased from 87% to 82%. DBD referral rates have remained steadily high but decreases in the DCD referral rate were seen in the last year due to the impact of COVID-19. Since 2015/16, the SNOD presence and consent/authorisation rates have improved. The DBD consent/authorisation rate has increased to 74%, over the five year period, and the DCD consent/authorisation rate has also increased to 64%.

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August 2021

Appendix I - Definitions

POTENTIAL DONOR AUDIT / REFERRAL RECORD	
Data excluded	Patients who did not die on a critical care unit or an emergency department and patients aged over 80 years are excluded.
Donors after brain death (DBD)	
Suspected Neurological Death	A patient who meets all of the following criteria: Apnoea, coma from known aetiology and unresponsive, ventilated, fixed pupils. Excluding cases for which cardiac arrest occurred despite resuscitation, brainstem reflexes returned, and neonates - less than 2 months post term
Potential DBD donor	A patient who meets all four criteria for neurological death testing excluding those not tested due to reasons 'cardiac arrest despite resuscitation', 'brainstem reflexes returned', 'neonates – less than 2 months post term' (ie suspected neurological death, as defined above).
DBD referral criteria	A patient with suspected neurological death
Discussed with Specialist Nurse – Organ Donation	A patient with suspected neurological death discussed with the Specialist Nurse – Organ Donation (SNOD)
Neurological death tested	Neurological death tests were performed
Eligible DBD donor	A patient confirmed dead by neurological death tests, with no absolute medical contraindications to solid organ donation
Family approached for formal organ donation discussion	Family of eligible DBD asked to support patient's expressed or deemed consent/authorisation, informed of a nominated/appointed representative, asked to make a decision on donation on behalf of their relative, or informed of a patient's opt-out decision via the ODR.
Consent/authorisation ascertained	Family supported expressed or deemed consent/authorisation , nominated/appointed representative gave consent, or where applicable family gave consent/authorisation
Actual donors: DBD	Neurological death confirmed patients who became actual DBD as reported through the PDA
Actual donors: DCD	Neurological death confirmed patients who became actual DCD as reported through the PDA
Neurological death testing rate	Percentage of patients for whom neurological death was suspected who were tested
Referral rate	Percentage of patients for whom neurological death was suspected who were discussed with the SNOD
Approach rate	Percentage of eligible DBD families approached for consent /authorisation for donation
Consent/authorisation rate	Percentage of families or nominated/appointed representatives approached for formal organ donation discussion where consent/authorisation was ascertained
SNOD presence rate	Percentage of formal organ donation discussions with families or nominated/appointed representatives where a SNOD was present
Consent/authorisation rate where SNOD was present	Percentage of formal organ donation discussions with families or nominated/appointed representatives where a SNOD was present where consent/authorisation was ascertained

Donors after circulatory death (DCD)

Imminent death anticipated	A patient, not confirmed dead using neurological criteria, receiving assisted ventilation, a clinical decision to withdraw treatment has been made and death is anticipated within a time frame to allow donation to occur, as determined at time of assessment
DCD referral criteria	A patient in whom imminent death is anticipated (as defined above)
Discussed with Specialist Nurse – Organ Donation	Patients for whom imminent death was anticipated who were discussed with the SNOD
Potential DCD donor	A patient who had treatment withdrawn and death was anticipated within a time frame to allow donation to occur
Eligible DCD donor	A patient who had treatment withdrawn and death was anticipated within a time frame to allow donation to occur, with no absolute medical contraindications to solid organ donation
Family approached for formal organ donation discussion	Family of eligible DCD asked to: support the patient's expressed or deemed consent/authorisation decision, informed of a nominated/appointed representative, make a decision themselves on donation, or informed of a patient's opt-out decision via the Organ Donor Register
Consent/authorisation ascertained	Family supported expressed or deemed consent/authorisation , nominated/appointed representative gave consent, or where applicable family gave consent/authorisation
Actual DCD	DCD patients who became actual DCD as reported through the PDA
Referral rate	Percentage of patients for whom imminent death was anticipated who were discussed with the SN-OD
Approach rate	Percentage of eligible DCD families approached for consent /authorisation for donation
Consent / authorisation rate	Percentage of families or nominated/appointed representatives approached for formal organ donation discussion where consent/authorisation was ascertained
SNOD presence rate	Percentage of formal organ donation discussions with families or nominated/appointed representatives where a SNOD was present
Consent/authorisation rate where SNOD was present	Percentage of formal organ donation discussions with families or nominated/appointed representatives where a SNOD was present where consent/authorisation was ascertained