

Policy

Additional clinical findings can be identified during any part of the donation process and may require further action before organ and/or tissue donation can proceed. In such instances there must be open and honest communication with the patient's family, providing reasons why donation may or could not proceed and the provision of appropriate support

Objective

The purpose of this document is to outline the SN-OD's role in communicating findings that require further action to patient's families.

Changes in this version

Document updated to change Duty office to Hub operations / EOS to donor path

Section 1:5 updated Deviation to MPD 891

Sections 2:3, 2.11, 2.12 +5.1 to change to donor path.

Roles

- **Specialist Nurse – Organ Donation (SN-OD)** - To ensure that they work to this MPD and in collaboration with the relevant medical and specialist practitioners, to support the patient's family. To seek advice, where required, from their ODT TMs/RMs/on call RMs, for additional support and guidance.
- **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/local Regional Manager/on call Regional Manager** - To provide support to the SN-OD, as required, and to determine if clinical governance processes need to be followed. To support the investigation of cases reported to clinical governance as necessary.
- **Hub Operations** - To receive the information supplied by the SN-OD.

Process Description

ADVICE

This MPD **does not** cover the actions to take if positive microbiological markers (virology) are identified – SN-ODs must follow MPD Management of Positive Microbiological Blood Markers in Organ and Tissue Donors for detailed advice and guidance

1. INTRODUCTION

- 1.1. There may be instances where additional findings are discovered that can have an impact upon the organ donation process which need to be communicated to the patient's family. In accordance with **MPD845** Donor Family Care the SN-OD should ensure that they work closely with donor hospital staff to ensure that patient families are provided with the appropriate support and care throughout their experience at the hospital and beyond.
- 1.2. As part of providing this support and care to patient's families, during the consent/authorisation conversation with the patient's family the SN-OD should identify the appropriate person to contact, if required, during or following the donation process.
- 1.3. The SN-OD should also confirm the family's decisions to stay, or leave, the hospital during the donation process, so that the SN-OD is aware of the most efficient way to contact the appointed individual, if required.
- 1.4. There may be times when a family has requested not to receive further communication from the SN-OD. However, the SN-OD must inform the family that if an additional clinical finding is identified that

could affect the health of a family member, now or in the future, then it is their responsibility to contact the family to inform them of this.

- 1.5. In the event that pregnancy is suspected either following consent or during the organ retrieval process, please refer to **MPD891** Pregnancy in Donation for detailed guidance on how to proceed, in addition to using this MPD as a framework for communication.

2. COMMUNICATING FINDINGS REQUIRING ADDITIONAL ACTION TO A FAMILY PRE DONATION

- 2.1. If organ and/or tissue donation cannot proceed because an absolute contraindication has been identified OR if all transplant centres have declined organs and/or tissues for transplantation because of a clinical finding, the SN-OD should utilise the relevant section of **MPD881** – Findings Requiring Additional Action to guide their practice.
- 2.2. A conversation should be held with the medical practitioner and other relevant HCPs to determine a plan of action and identify any family members that may be implicated by the clinical finding. The areas for discussion should include, but are not limited to:
 - Is confirmatory testing of the clinical finding required before speaking to the family?
 - Who should lead the conversation with the patient's family?
 - What support services are available to the family if required?
 - What detail of information should be given? What is appropriate?
 - Should other relevant healthcare professionals (for example, specialist medical practitioners for infectious diseases) be present during the conversation?
 - What should be the agreed course of action to take following the conversation (for example, referral to specialist/community medical practitioners for further testing)?
- 2.3. The SN-OD should document in **DonorPath** the agreed plan of action when communicating with patient's family.
- 2.4. The SN-OD may be informed by the medical practitioner of a clinical presentation that is classed as legally notifiable. The SN-OD should utilise the relevant section of **MPD881** Findings that Require Additional Action to guide their practice. Expert advice from a specialist medical practitioner in public health / **Infectious diseases** should be sought to advise on the potential risks of transmission.

ADVICE:

- The SN-OD must work with the hospital team when planning a conversation with the patient's family.
 - This conversation should only take place **after** agreement has been reached covering areas for discussion in Point 2.2
 - The medical practitioner should lead this conversation with the patient's family, with the SN-OD providing information relating to organ donation and additional support where required.
 - Additional support and advice should be sought from specialist medical practitioners where required.
 - There may be circumstances when communication with the family occurs prior to confirmatory results being available and a plan being made with the medical practitioner. In such cases information should be limited to known facts and information available at that time.
- 2.5. Before undertaking the conversation with the family, in conjunction with the medical practitioner, the SN-OD should consider if the timing of the conversation is appropriate. If required, the SN-OD should seek advice from the ODST team manager/geographical regional manager/on call regional manager

MPD882/2 – Findings Requiring Additional Action (Communication with Families)



Blood and Transplant

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- 2.6. If the family is present and it is agreed that it is appropriate to do so, the SN-OD should facilitate the meeting with the local hospital staff and/or specialist practitioner(s), ensuring privacy of the environment, and that the relevant family members are present.
 - 2.7. If the family is not present the SN-OD should telephone the agreed appropriate person to advise that donation is/was unable to proceed, and:
 - 2.7.1. give additional information as requested by the family;

AND/OR

- 2.7.2. request that the family either returns to the hospital, or arrange a date and time for them to attend an appointment, so that medical and/or specialist practitioners are available to speak with them in further detail. The SN-OD must make all attempts to ensure that they are present at this meeting, so they are able to answer all questions related to organ and/or tissue donation.

Note:

The SN-OD must utilise **SOP3649** Voice Recording of Organ Donor Clinical Conversations when disclosing clinical information to family members, ensuring that consent is given for the conversation to be recorded.

- 2.8. The Confidentiality: NHS Code of Practice (DoH, 2003) confirms there are exceptional circumstances where confidentiality can be breached:

“There are exceptions to the duty of confidence that may make the use or disclosure of confidential information appropriate. Statute law requires or permits the disclosure of confidential information in certain circumstances. Case law has also established that confidentiality can be breached where there is an overriding public interest”

“Under common law, staff are permitted to disclose personal information in order to prevent and support detection, investigation and punishment of serious crime and/or to prevent abuse or serious harm to others where they judge, on a case-by-case basis, that the public good that would be achieved by the disclosure outweighs both the obligation of confidentiality to the individual patient concerned and the broader public interest in the provision of a confidential service”.
- 2.9. As agreed with the local hospital team, either via telephone or at the arranged meeting, the family should be fully informed of the reason why organ and/or tissue donation could not proceed. The SN-OD should consider the action plan agreed with the local hospital staff in point 2.2 when speaking with the family. Any questions should be answered in full and appropriate advice and support should be given to the patient’s family as required.
- 2.10. The patient’s family should also be given the appropriate contact details of specialist medical practitioners in public health/infectious diseases to provide additional guidance and expert advice, if required and appropriate.
- 2.11. All communication with the patient’s family, medical practitioner(s) and specialist practitioner(s) should be documented in the medical records and scanned and attached to DonorPath or photocopied for the donor file, signed and dated by the SN-OD.
- 2.12. The SN-OD must also document clearly the sequence of events on DonorPath the Referral/PDA forms, giving clear details as to the reasons why donation could not proceed.

3. COMMUNICATING TO A FAMILY ANY FINDINGS REQUIRING ADDITIONAL ACTION THAT HAVE BEEN IDENTIFIED DURING THE ORGAN RETRIEVAL OPERATION

- 3.1. The SN-OD should utilise the relevant section in **MPD881** Findings Requiring Additional Action for guidance and direction on the actions to take if a finding requiring additional action is identified during the organ retrieval process.
- 3.2. If a **specific** organ has been declined due to a clinical finding yet other organs are retrieved for the purposes of transplantation, the SN-OD should communicate the full outcome of the donation through the normal communication pathway agreed with the patient's family. This will have been agreed with the patient's family as part of the consent/authorisation process.
- 3.3. If **all** organs and/or tissues have been found to be unsuitable for transplantation, and the organ retrieval process is halted, then the SN-OD should consider existing contact arrangements agreed with the patient's family for communication. The SN-OD should also follow points 2.2 – 2.10 to inform the family that organ and/or tissue donation was unable to proceed.

4. COMMUNICATING TO A FAMILY ANY POST DONATION FINDINGS REQUIRING ADDITIONAL ACTION

- 4.1. The SN-OD should utilise the relevant section of **MPD881** Findings Requiring Additional Action for guidance and direction on the actions to take if a finding requiring additional action is identified following the organ retrieval process.
- 4.2. If a **specific** organ has been declined due to a finding requiring additional action post donation, yet other organs are retrieved and implanted, then the SN-OD should communicate the outcome of the donation through the normal communication pathway agreed with the patient's family. This will have been agreed with the patient's family as part of the consent/authorisation process.
- 4.3. If **all** organs and/or tissues have been found to be unsuitable for transplantation at the recipient centre, or that an adverse finding has been identified post implantation, then the SN-OD should consider existing contact arrangements agreed with the patient's family for communication. The SN-OD should also follow points 2.2 – 2.10 to inform the family that organ and/or tissue donation was unable to proceed.

5. RECORDING OF INFORMATION

- 5.1. The SN-OD must record details of all conversations with the patient's family. **This must also be documented in DonorPath in sequence of events and**, where possible, in the medical records. All documented entries must be signed and dated. Guidance on good documentation can be found in **MPD385** and examples of good documentation in **INF135**.

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 is the line manager of the SN-OD
- **RM** - Regional Manager is the line manager of the team manager
- **Donor Path** - is the secure electronic system that SN-ODs utilise to upload clinical information about the patient, which can be accessed by the RCPoCs, so decisions can be made on whether to accept organs for transplant.
- **NTxD** - National Transplant Database – includes details of all donors and patients who are waiting for, or who have received, a transplant.
- **PDA** - Potential Donor Audit – a UK wide audit of patients who die in critical care areas, providing information about the number of potential organ donors and whether they became actual donors or not.
- **HCP** - Healthcare Professional either a nursing or medical professional responsible for the care for the patient
- **Medical Practitioner** - medically trained healthcare professionals in charge of the patient's care
- **Specialist Practitioner** – medically trained healthcare professionals with an expertise in public health protection.
- **Patient family** - for the purposes of this document "patient family" refers to the family, friends and significant others of the patient.
- **Recipient Centre Point of Contact(s) (RCPoCs)** - will relay the finding(s) information to the implanting surgeon for a final decision to be made on accepting an organ for transplant
- **Eye Banks/Tissue Establishments (TEs)** - will confirm the details of the finding(s) information provided by the SN-OD and follow national protocol to decide on the suitability of tissues for donation and transplantation
- **Implanting Surgeon** - will make a final decision on whether to accept an organ for transplant.
- **Adverse finding** - is defined as any unexpected and unknown occurrence associated with the patient, organs or tissues, which has resulted in failure to satisfy safe and effective donation and/or transplantation.
- **Retrieval surgeon** - will identify and confirm any adverse finding(s) during the organ retrieval process, and to relay this information to the SN-OD.

Related Documents / References

- **MPD881** - Findings that Require Additional Action
- **MPD891** - Pregnancy in Donation
- **MPD845** - Donor Family Care
- **POL188** - Contraindications to Donation
- **MPD1131** - Donor Microbiology – Role of the SNOD /Clinical Support Nurse Team and Family Contact
- 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)