



**Blood and Transplant**

**ANNUAL REPORT ON THE POTENTIAL DONOR  
AUDIT**

**SUMMARY REPORT FOR THE 12 MONTH PERIOD  
1 APRIL 2021 – 31 MARCH 2022**

**PUBLISHED OCTOBER 2022**



## 1 INTRODUCTION

This report presents Potential Donor Audit (PDA) information on the financial year 1 April 2021 to 31 March 2022.

The dataset used to compile this report includes all audited patient deaths in UK Intensive Care Units (ICUs) and Emergency Departments as reported by 9 May 2022. 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**Eligible donors after circulatory death (DCD)** are defined as patients who had treatment withdrawn and death was anticipated, with no absolute medical contraindications to solid organ donation.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](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 2021 to 31 March 2022, there were a total of 37,588 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

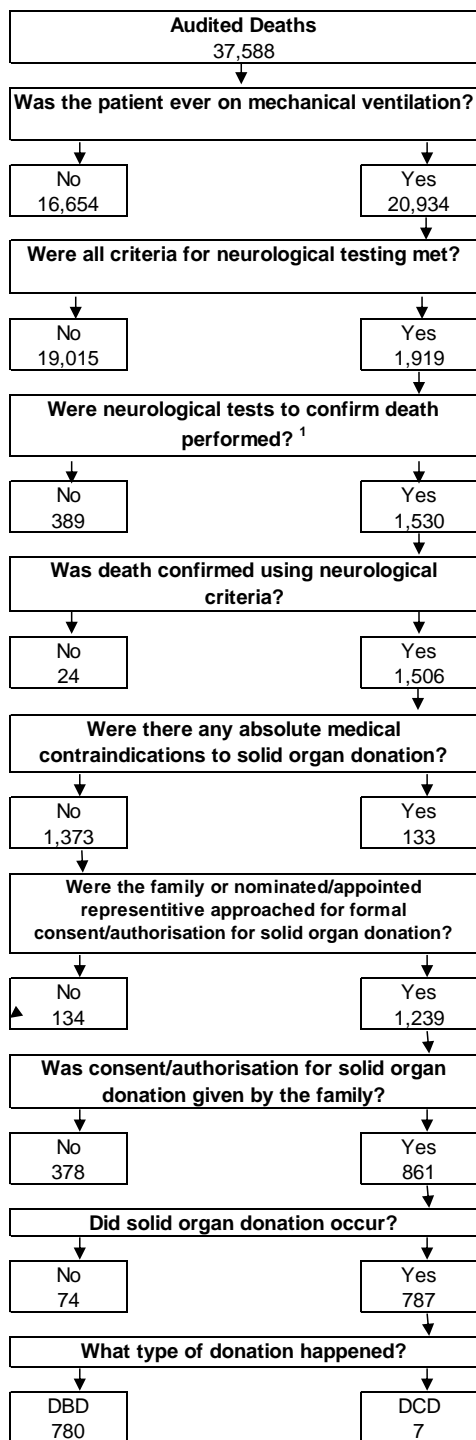
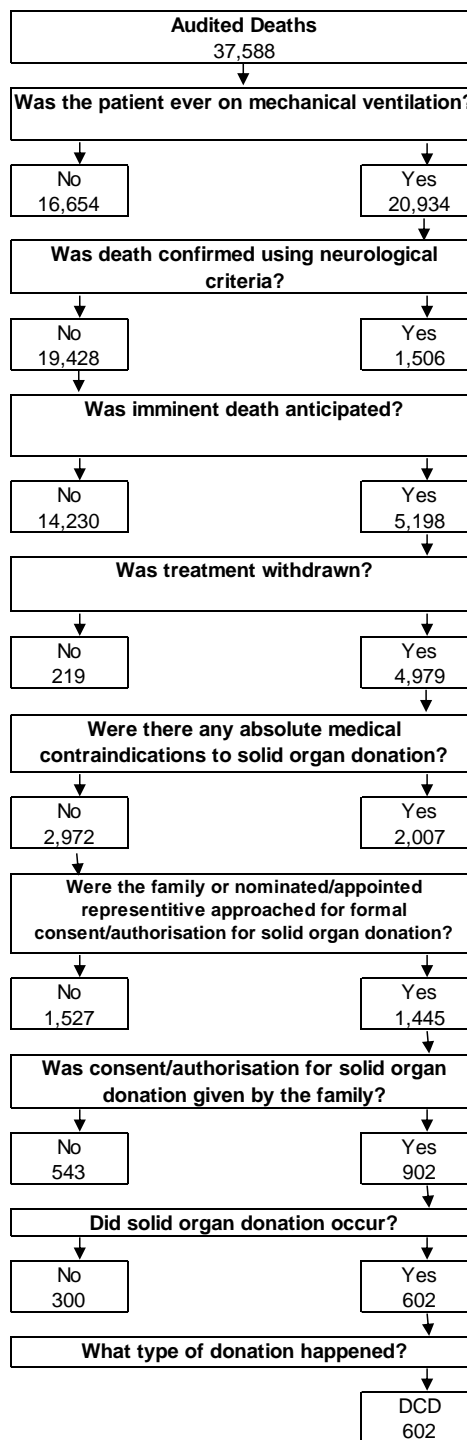


Figure 2 Donation after circulatory death



<sup>1</sup> 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

<b>Table 1 Key numbers and rates</b>			
	<b>DBD</b>	<b>DCD</b>	<b>ALL</b>
Patients meeting organ donation referral criteria <sup>1</sup>	1919	5198	6767
Referred to NHS Blood and Transplant	1894	4700	6258
<i>Referral rate %</i>	<i>98.7</i>	<i>90.4</i>	<i>92.5</i>
Neurological death tested	1530		1530
<i>Testing rate %</i>	<i>79.7</i>		<i>79.7</i>
Family approached	1239	1445	2684
Family approached and SN-OD present	1188	1306	2494
<i>% of approaches where SN-OD present</i>	<i>95.9</i>	<i>90.4</i>	<i>92.9</i>
Consent/authorisation given	861	902	1763
<i>Consent/authorisation rate %</i>	<i>69.5</i>	<i>62.4</i>	<i>65.7</i>
- Expressed opt in	523	552	1075
<i>- Expressed opt in %</i>	<i>94.6</i>	<i>89.9</i>	<i>92.1</i>
- Deemed consent/authorisation	260	267	527
<i>- Deemed consent/authorisation %</i>	<i>63.1</i>	<i>56.0</i>	<i>59.3</i>
- Other*	78	83	161
<i>- Other* %</i>	<i>65.5</i>	<i>47.2</i>	<i>54.6</i>
Actual donors from each pathway	787	602	1389
<i>% of consented/authorised donors that became actual donors</i>	<i>91.4</i>	<i>66.7</i>	<i>78.8</i>

<sup>1</sup> 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

<b>Table 2 Reasons given for neurological death tests not being performed</b>		
	<b>N</b>	<b>%</b>
Patient haemodynamically unstable	162	41.6
Clinical reason/Clinician's decision	48	12.3
Other	37	9.5
Family pressure not to test	27	6.9
Biochemical/endocrine abnormality	21	5.4
Family declined donation	20	5.1
Inability to test all reflexes	17	4.4
Treatment withdrawn	14	3.6
Continuing effects of sedatives	10	2.6
SN-OD advised that donor not suitable	10	2.6
Pressure of ICU beds	8	2.1
Medical contraindication to donation	7	1.8
Unknown	5	1.3
Hypothermia	2	0.5
Patient had previously expressed a wish not to donate	1	0.3
<b>Total</b>	<b>389</b>	<b>100.0</b>

The neurological death testing rate was 80% 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 389 patients (20%) for whom neurological death was suspected. The primary reason given for not testing is shown in **Table 2**.

162 (42%) patients were haemodynamically unstable and were therefore not tested. Other reasons given for not performing neurological death tests were: 48 (12%) patients had a clinical reason or it was the clinician's decision, and for 37 (10%) 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 99% and the DCD referral rate was 90%. **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	12	48.0	275	55.2
Medical contraindications	3	12.0	78	15.7
Uncontrolled death pre referral trigger	3	12.0	9	1.8
Family declined donation after neurological testing	2	8.0	-	-
Thought to be medically unsuitable	2	8.0	65	13.1
Family declined donation prior to neurological testing	1	4.0	1	0.2
Patient had previously expressed a wish not to donate	1	4.0	-	-
Other	1	4.0	51	10.2
Coroner / Procurator Fiscal reason	-	-	1	0.2
Family declined donation following decision to remove treatment	-	-	7	1.4
Reluctance to approach family	-	-	4	0.8
Pressure on ICU beds	-	-	5	1.0
Clinician assessed that patient was unlikely to become asystolic within 4 hours	-	-	2	0.4
<b>Total</b>	<b>25</b>	<b>100.0</b>	<b>498</b>	<b>100.0</b>

Of the patients who met the referral criteria and were not referred, the reason given for 48% of DBD and 55% 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 12% of DBD and 16% 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 49% 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. In 2021/22, 1,296 eligible DCD donors were excluded by this process. Families of medically suitable eligible DCD donors were asked to make or support a patient's organ donation decision in 88% of cases. The information in **Table 4** shows the reasons given why the families of eligible DBD and medically suitable eligible DCD donors were not approached.

For eligible DBD donors, the main reason cited for not approaching the family was that the Coroner/Procurator Fiscal refused permission. In a further 20% of DBD cases, 'other' was reported. 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.

For medically suitable eligible DCD donors not approached, the main reason cited in 56% of cases was that the patient was not identified as a potential donor. In a further 17% of cases the reason given was the family stated they would not consent/authorise prior to donation decision conversation.

Table 4	Reasons given why family were not asked to make or support patient's organ donation decision			
	Eligible DBD		Medically suitable eligible DCD	
	N	%	N	%
Coroner/Proc Fiscal refused permission	44	32.8	28	13.9
Unknown	27	20.1	2	1.0
Not identified as a potential donor	22	16.4	112	55.7
Family stated they would not consent/authorise prior to donation decision conversation	13	9.7	34	16.9
Family untraceable - No first person consent (donation cannot proceed)	10	7.5	6	3.0
Cardiac arrest before approach could be made	9	6.7	1	0.5
Deemed medically unsuitable	7	5.2	2	1.0
Pressure on ICU beds	2	1.5	15	7.5
First person Consent or Expressed Authorisation / Family untraceable (donation can proceed)	-	-	1	0.5
<b>Total</b>	<b>134</b>	<b>100.0</b>	<b>201</b>	<b>100.0</b>

## **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 70% and the 95% confidence limits for this percentage are 67% - 72%. The DCD consent/authorisation rate was 62% and the 95% confidence limits for this percentage are 60% - 65%. The overall consent/authorisation rate was 66% and the 95% confidence limits for this percentage are 64% - 67%.

When a patient had expressed an opt in decision, the DBD consent/authorisation rate was 95% compared to 63% when deemed consent/authorisation applied and 66% 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 90% compared with 56% and 47% respectively. Overall, these rates were 92% for expressed opt ins compared with 59% for deemed consent/authorisation and 55% for other.

In total during the financial year, 92 families overruled their loved one's expressed opt in decision to be an organ donor and 362 families did not support deemed consent/authorisation.

Of the 1188 occasions when a SN-OD was present for the donation decision conversation, the DBD consent/authorisation rate was 71% compared with 35% on the 51 occasions when the SN-OD was not present. Similarly, for DCD the rate was 67% of 1306 compared with 19% of the 139 occasions when the SN-OD was not present. The overall rate was 69% (N=2494) compared with 24% (N=190).

<b>Table 5 Reasons why the family did not support organ donation</b>				
	<b>DBD</b>		<b>DCD</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Patient had previously expressed a wish not to donate	125	33.1	148	27.3
Family felt it was against their religious/cultural beliefs	39	10.3	24	4.4
Family were not sure whether the patient would have agreed to donation	35	9.3	64	11.8
Family did not want surgery to the body	35	9.3	46	8.5
Family felt patient had suffered enough	26	6.9	42	7.7
Patient had registered a decision to Opt Out	23	6.1	20	3.7
Other	20	5.3	46	8.5
Family felt that the body should be buried whole (unrelated to religious/cultural reasons)	16	4.2	9	1.7
Family felt the length of time for the donation process was too long	15	4.0	85	15.7
Family divided over the decision	13	3.4	11	2.0
Strong refusal - probing not appropriate	13	3.4	23	4.2
Family did not believe in donation	10	2.6	13	2.4
Family concerned other people may disapprove/be offended	3	0.8	1	0.2
Family wanted to stay with the patient after death	2	0.5	5	0.9
Family had difficulty understanding/accepting neurological testing	2	0.5	-	-
Family concerned that organs may not be transplantable	1	0.3	4	0.7
Family concerned donation may delay the funeral	-	-	2	0.4
<b>Total</b>	<b>378</b>	<b>100.0</b>	<b>543</b>	<b>100.0</b>

The reasons why the family did not give consent/authorisation are shown in **Table 6**. 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 (33% and 27% 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, were not sure whether the patient would have agreed to organ donation or did not want surgery to the body. 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 624 male eligible DBD was 71% and the consent/authorisation rate for the 615 female eligible DBD was 68%. The difference is not statistically significant,  $p=0.4$ . For the 946 male eligible DCD the consent/authorisation rate was 63% and for the 499 female eligible DCD was 61%. The difference is not statistically significant,  $p=0.3$ .

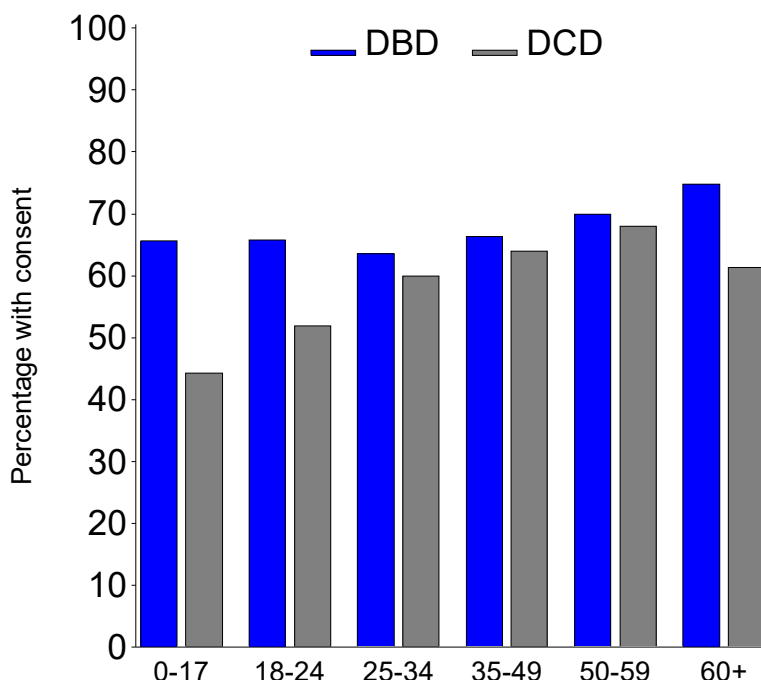
Age is represented by a categorical variable with intervals 0-17, 18-24, 25-34, 35-49, 50-59 and 60+ years. The consent/authorisation rates for the six age groups (for the 1,239 eligible DBD and 1,445 eligible DCD whose families were approached) are illustrated in



**Figure 3.** The highest consent/authorisation rate for eligible DBD occurred in the 60+ age group (75%) and for eligible DCD in the 50-59 age group (68%). The lowest consent/authorisation rate for eligible DBD was in the 25-34 age group (64%). The lowest consent/authorisation rate for eligible DCD was in the 0-17 age group (44%). The differences in consent/authorisation rate across the six age groups for DBD are not statistically significant ( $p=0.09$ ) and for DCD are statistically significant ( $p=0.005$ ).

When comparing only between adult and paediatric (<18 years), the differences in consent/authorisation rate for DBD are not statistically significant ( $p=0.6$ ) and for DCD are statistically significant ( $p=0.003$ ).

**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 and minority ethnic (BAME) communities and are shown in **Figure 4**. Note that there were an additional 12 DBD and 18 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 75% for eligible white donors compared to 42% for eligible BAME donors. The 95% confidence limits for these DBD consent/authorisation rates are 72% - 78% and 35% - 48%, respectively.

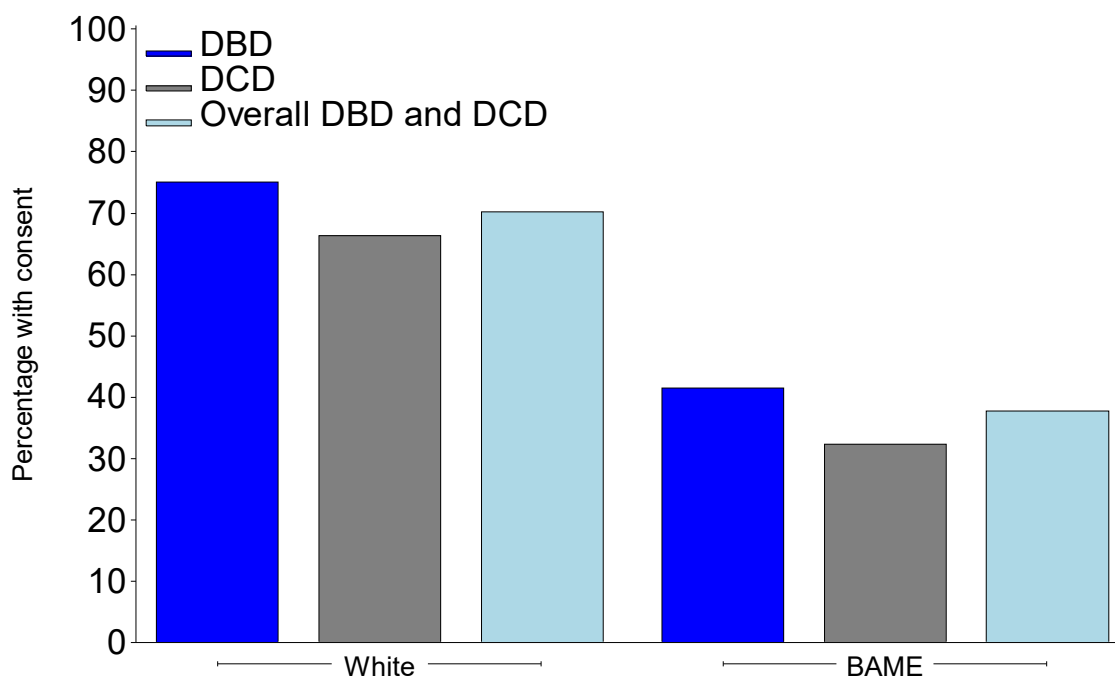
For eligible DCD, the consent/authorisation rates were 66% for eligible white DCD and 32% for eligible BAME DCD donors. The 95% confidence limits for these DCD consent/authorisation rates are 64% - 69% and 24% - 40%, respectively.

The overall consent/authorisation rates were 70% for eligible white donors and 38% for eligible BAME donors. The 95% confidence limits for overall consent/authorisation rates are 68% - 72% for eligible white donors and 33% - 43% 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,  $p < .0001$ .

Additional information on trends in organ donation and transplantation by ethnicity can be found in the Annual report on ethnicity differences in Organ Donation and Transplantation here: <https://www.odt.nhs.uk/statistics-and-reports/>.

**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, 91% of the eligible DBD and 67% of the eligible DCD went on to become actual solid organ donors. **Table 7** 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 34% of cases. A further 15% were declined due to Coroner/Procurator Fiscal refusal and 11% due to the organs being deemed medically unsuitable on surgical inspection.

Similarly, 23% 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 45% of cases.

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

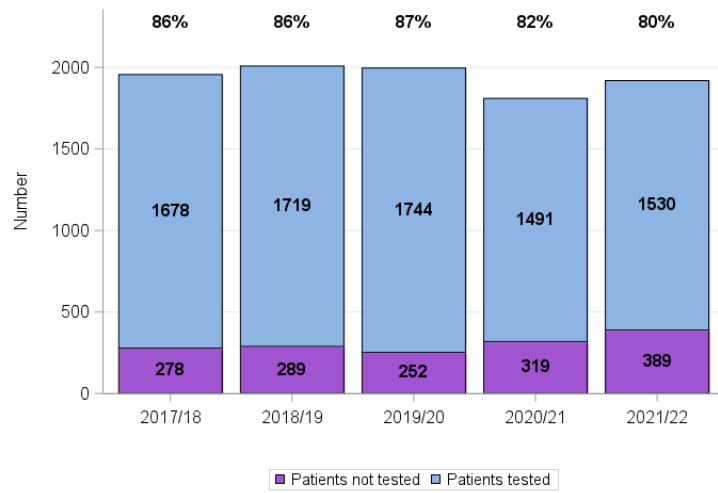
	DBD		DCD	
	N	%	N	%
Clinical - Organs deemed medically unsuitable by recipient centres	25	33.8	70	23.3
Consent / Auth - Coroner/Procurator fiscal refusal	11	14.9	11	3.7
Clinical - Organs deemed medically unsuitable on surgical inspection	8	10.8	4	1.3
Clinical - Patient actively dying	6	8.1	14	4.7
Clinical - No transplantable organ	5	6.8	21	7.0
Consent / Auth - NOK withdraw consent / authorisation	5	6.8	8	2.7
Clinical - Absolute contraindication to organ donation	4	5.4	6	2.0
Clinical - Considered high risk donor	3	4.1	5	1.7
Clinical - Positive virology	3	4.1	5	1.7
Clinical - Other	3	4.1	10	3.3
Consent / Auth - Known wish not to donate	1	1.4	1	0.3
Clinical - Patient's general medical condition	-	-	6	2.0
Clinical - PTA post WLST	-	-	135	45.0
Consent / Auth - Other	-	-	2	0.7
Logistical - No critical care bed available	-	-	1	0.3
Logistical - Other	-	-	1	0.3
<b>Total</b>	<b>74</b>	<b>100.0</b>	<b>300</b>	<b>100.0</b>

## 10 FIVE-YEAR TRENDS IN KEY NUMBERS AND RATES

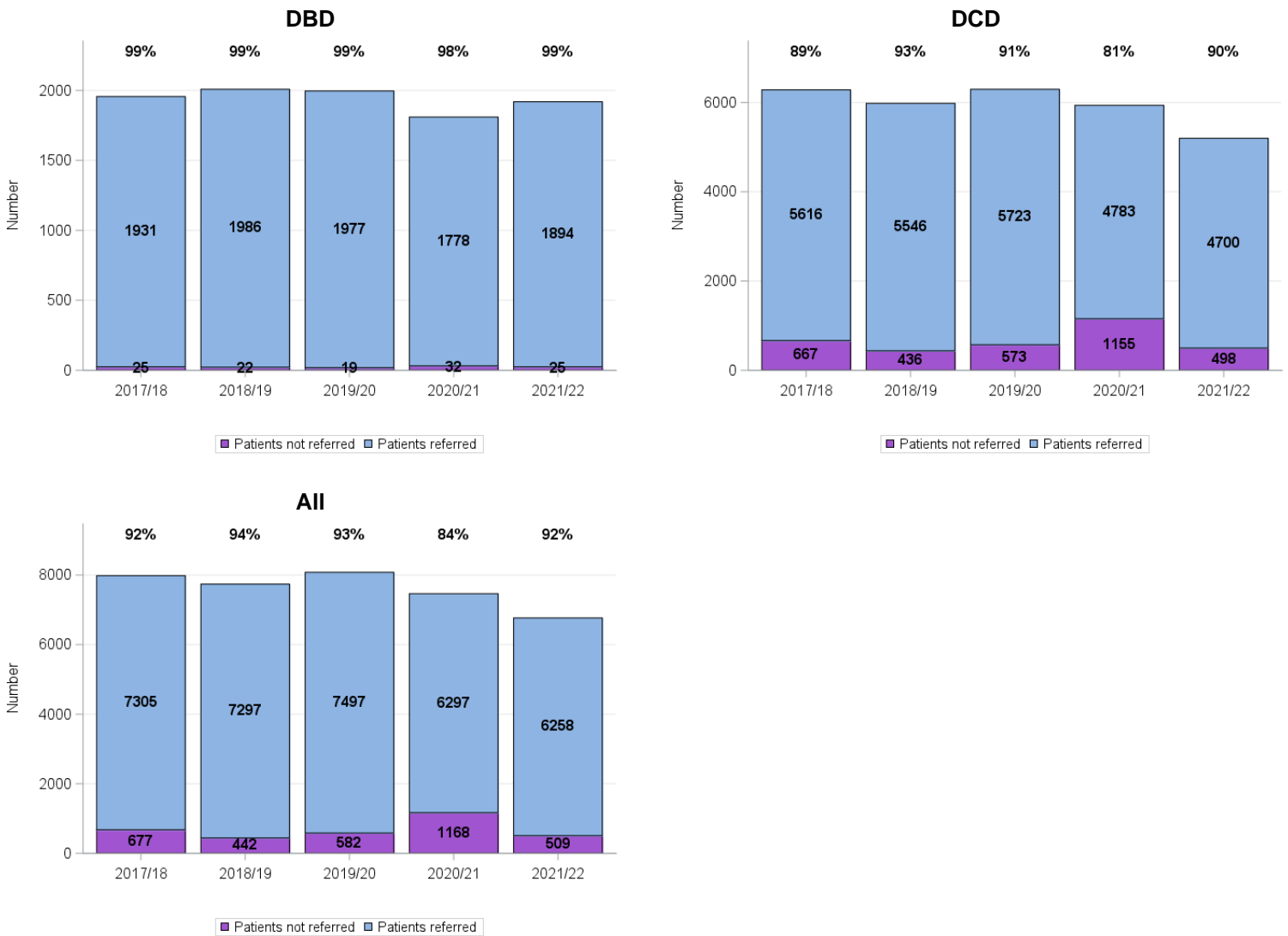
**Figures 5, 6, 7, and 8** illustrate the five-year trends in key numbers and rates across the UK. Note that patients who met the referral criteria for both DBD and DCD donation will appear in both DBD and DCD bar charts in **Figure 6** but only once in the deceased donor chart.

From 2017/18 the number of neurological death tested patients had continued to increase and the testing rate rose from 86% to 87%. In the last two years, the testing rate has decreased from 87% to 80%, with the number of neurological death tested patients decreasing. The DBD referral rate has remained stable at 99% and the DCD rate has remained around 90%, with the exception of 2020/21 where larger decreases were seen, 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 95% to 96% for DBD and from 86% to 90% for DCD. Over the last four years steady increases in both the DBD and DCD consent/authorisation rates have been seen. However, the rates have decreased in the last year, from 74% to 69% for DBD patients and from 64% to 62% for DCD patients.

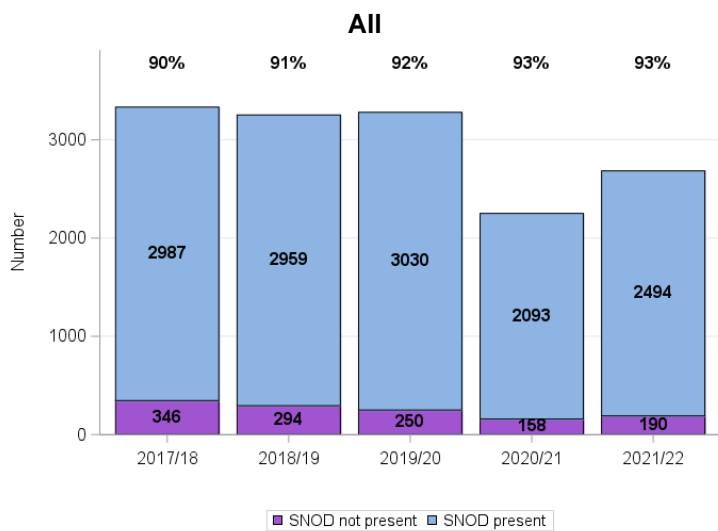
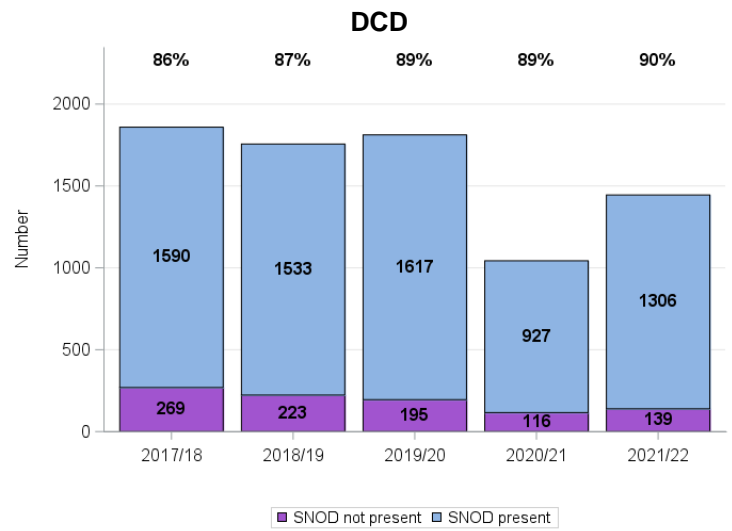
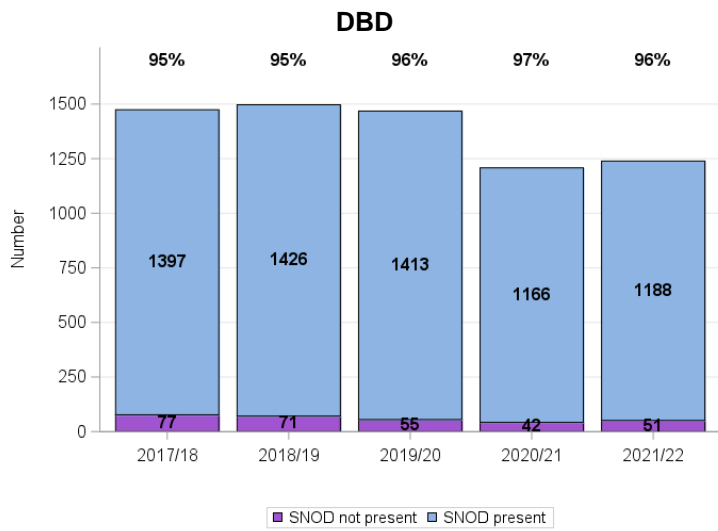
**Figure 5** Number of patients with suspected neurological death, 1 April 2017 – 31 March 2022



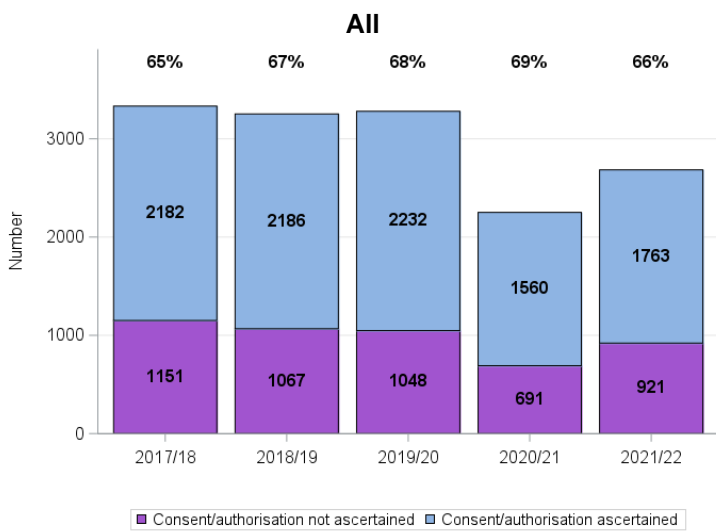
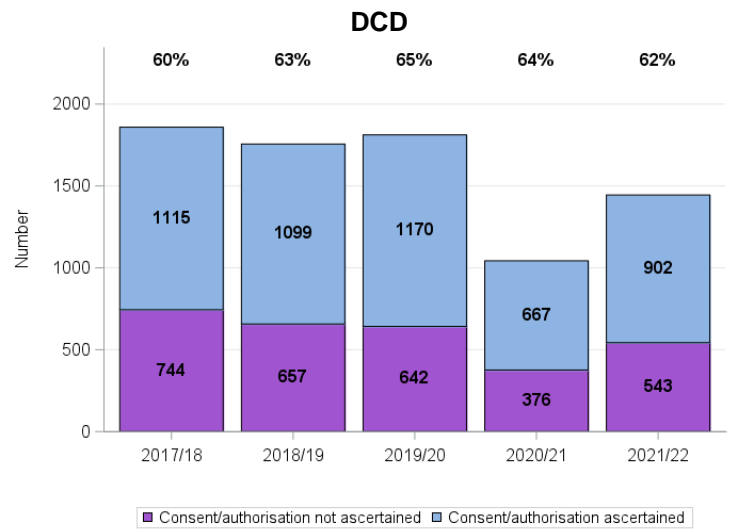
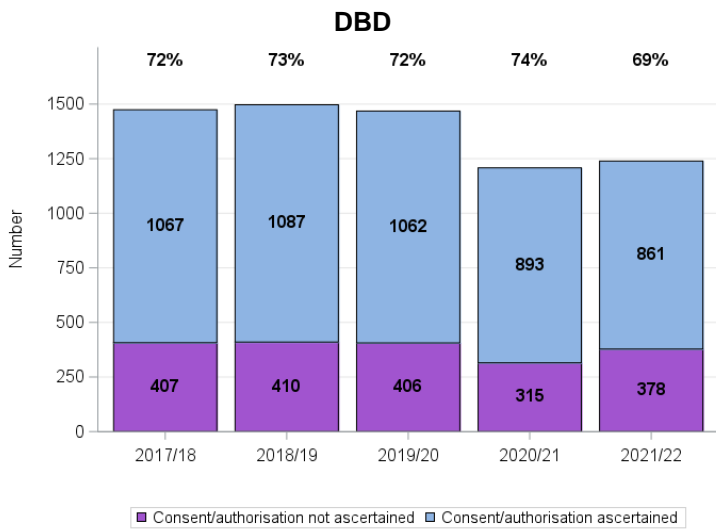
**Figure 6** Number of patients meeting referral criteria, 1 April 2017 – 31 March 2022



**Figure 7** Number of families approached by SNOD presence, 1 April 2017 – 31 March 2022



**Figure 8** Number of families approached by consent/authorisation ascertained, 1 April 2017 – 31 March 2022



## **11 SUMMARY**

In the year 1 April 2021 to 31 March 2022, there were 37,588 deaths audited for the PDA. Of these deaths, 1,919 and 5,198 patients met the referral criteria for DBD and/or DCD, respectively and 99% and 90% were referred to NHS Blood and Transplant. Of the 1,919 patients for whom neurological death was suspected, 80% were tested.

Of the families who were asked to make or support a patient's organ donation decision, 70% and 62% consented to/authorised DBD and DCD donation. Of these, 91% and 67%, respectively, became actual solid organ donors. 92 families overruled their loved one's expressed opt in decision to be an organ donor and 362 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 DCD, 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 patients from the white ethnic community and patients from BAME communities.

The testing rate for neurological death steadily increased between 2017/18 and 2019/20. In the last two years the testing rate decreased from 87% to 80%. DBD and DCD referral rates have remained steadily high, with the exception of 2020/21 where decreases in the DCD referral rate were seen due to the impact of COVID-19. Since 2017/18, the SNOD presence rates have improved. In the last year, the DBD consent/authorisation rate has decreased to 69% and the DCD consent/authorisation rate has also decreased to 62%.

**Chloe Brown and Sue Madden  
NHS Blood and Transplant**

**October 2022**

## Appendix I - Definitions

<b>POTENTIAL DONOR AUDIT / REFERRAL RECORD</b>	
Data excluded	Patients who did not die on a critical care unit or an emergency department and patients aged over 80 years are excluded.
<b>Donors after brain death (DBD)</b>	
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