



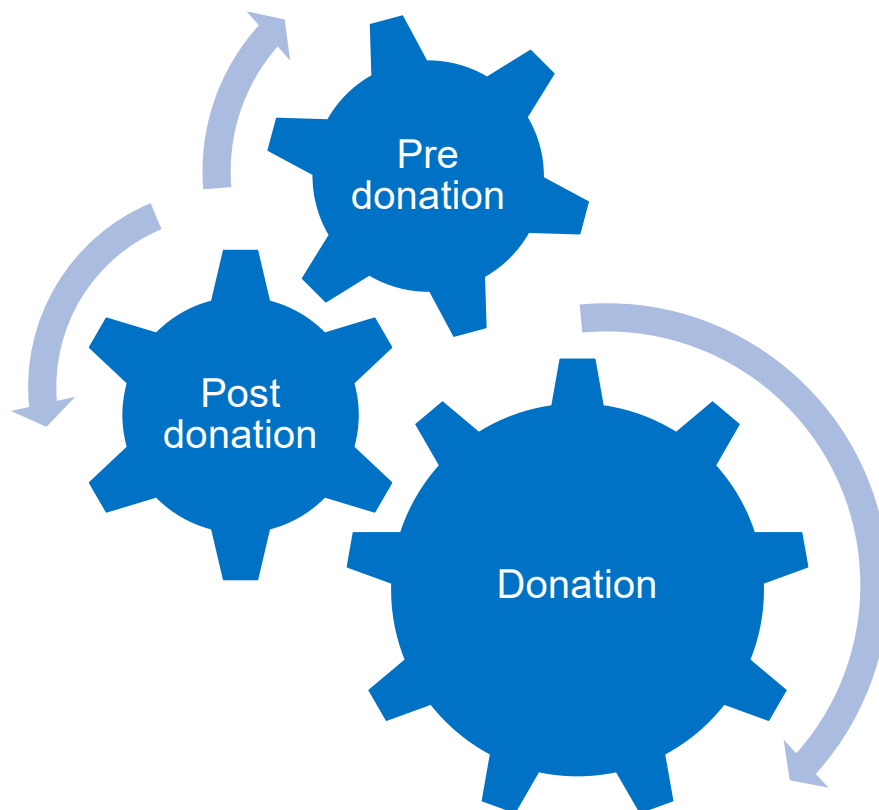
# SNOD Role and Process

## Bethan Thomas

## South Central Team



# Role of the SNOD

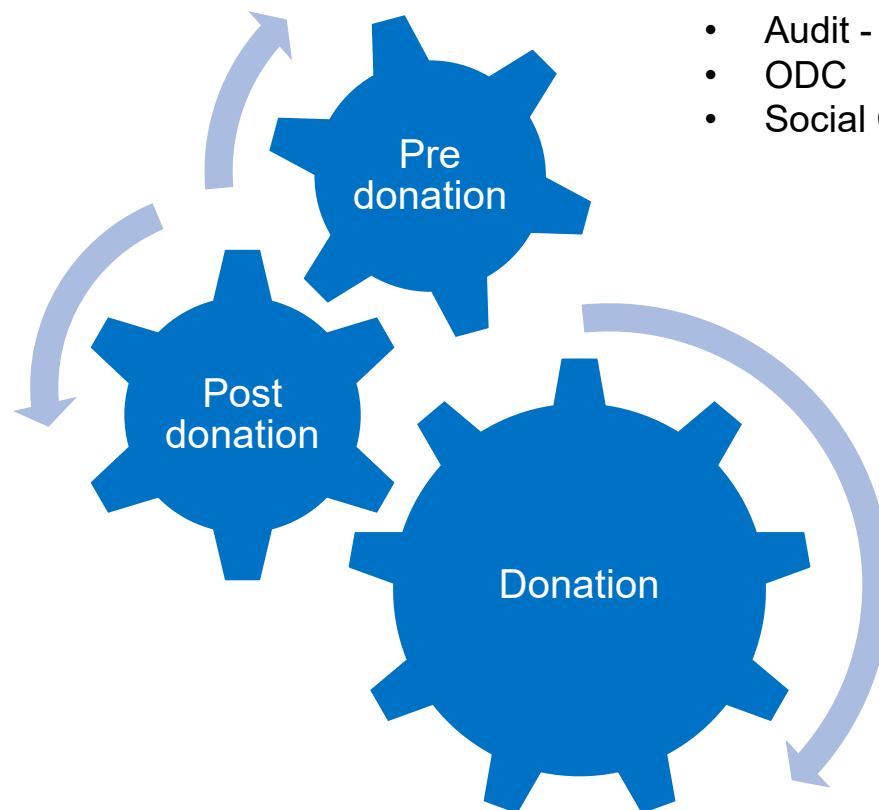




# Role of the SNOD

## Embedded Role

- Hospital Development
- Education
- Promotion/media
- Audit - PDA
- ODC
- Social Capital





# University Hospital Southampton

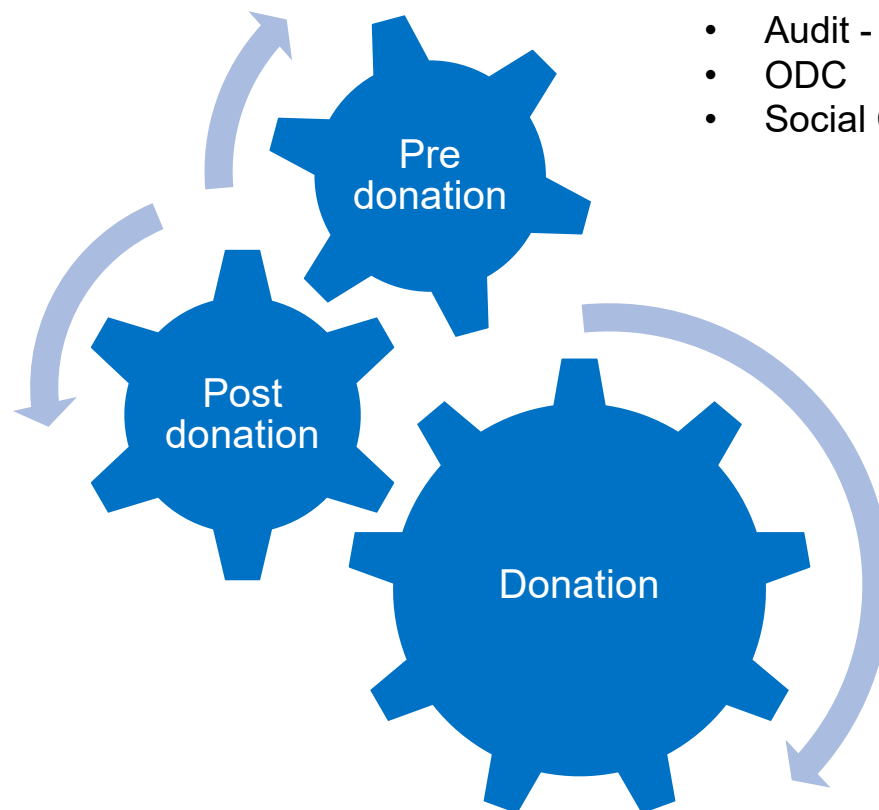




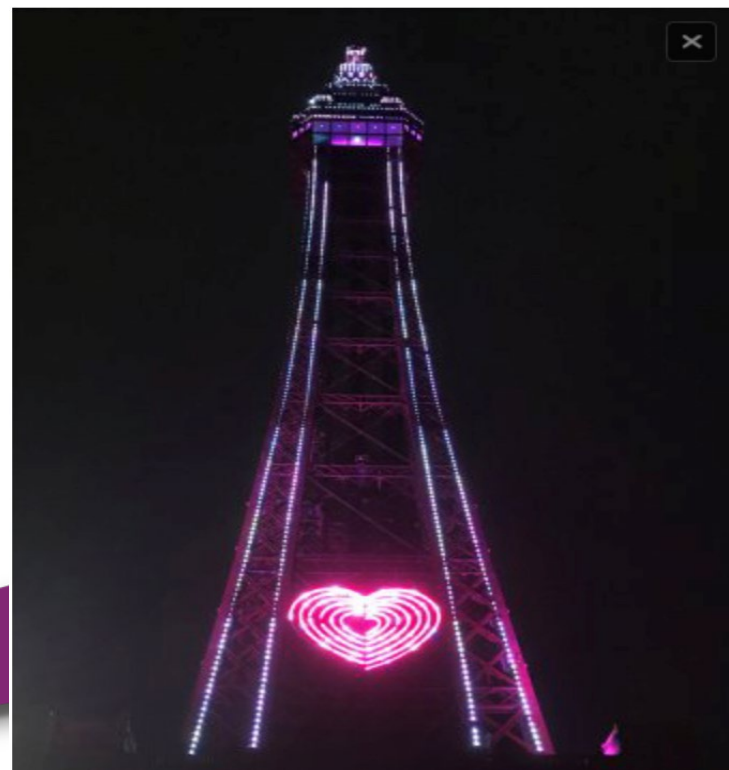
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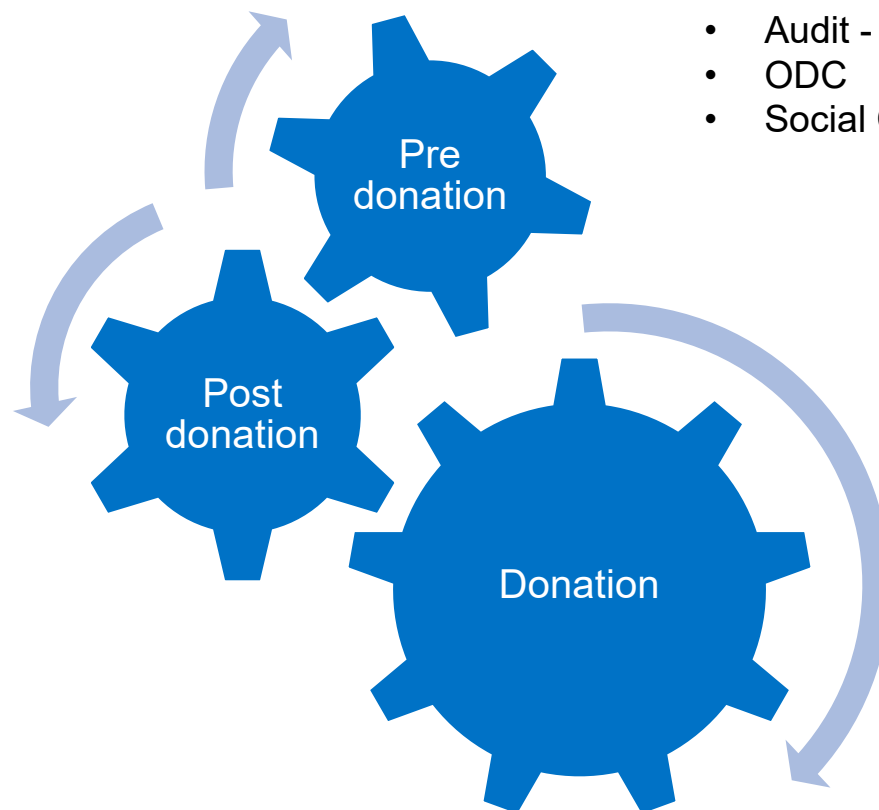




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# Potential Donor Audit – PDA

- 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



Table 1 Key numbers and rates

	DBD	DCD	All
Patients meeting organ donation referral criteria <sup>1</sup>	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	1715
Testing rate %	85.6%	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%

<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  
 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

Figure 8 Number of families approached by SNOD presence, 1 April 2014 – 31 March 2019

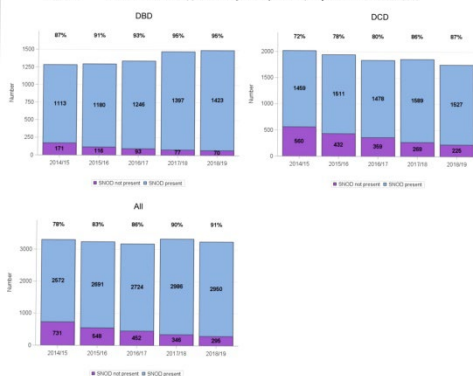


Table 5 Reasons why family did not support organ donation

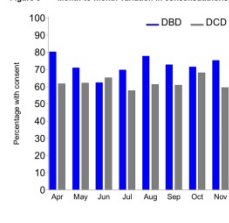
	DBD	%	DCD	%
Patient previously expressed a wish not to donate	82	20.0	147	22.5
Family were not sure whether the patient would have agreed to donation	78	19.0	123	18.8
Family felt it was against their religious/cultural beliefs	44	10.7	21	3.2
Family did not want surgery to the body	42	10.2	51	7.8
Family 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	-	-
Families treatment may be or has been limited to facilitate organ donation	-	-	1	0.2
<b>Total</b>	<b>411</b>	<b>100.0</b>	<b>653</b>	<b>100.0</b>

## 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/Clinician's 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
<b>Total</b>	<b>289</b>	<b>100.0</b>

Figure 3 Month-to-month variation in consent/authorisation rate



nber of patients with suspected neurological death, 1 April 2014 – 31 March 2019



Table 4 Reasons given why family not formally approached

	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	1.3
Family considered too upset to approach	5	3.5	15	0.6
Patient had previously expressed a wish not to donate	4	2.8	19	0.8
Not identified as a potential donor / organ donation not considered	3	2.1	264	11.0
Resource failure	-	-	1	0.0
Pressure on ICU beds	-	-	9	0.4
Patient outside age criteria	-	-	13	0.5
<b>Total</b>	<b>142</b>	<b>100.0</b>	<b>2,428</b>	<b>100.0</b>

Figure 4 Age variation in consent/authorisation rate

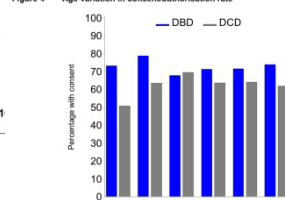


Figure 7 Number of patients meeting referral criteria, 1 April 2014 – 31 March 2019

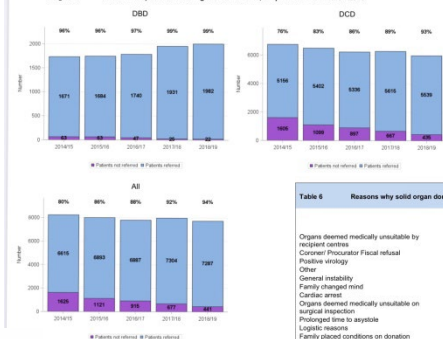


Table 6 Reasons why solid organ donation did not happen following consent

	N	%	N	%
Organs deemed medically unsuitable by recipient centre	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
<b>Total</b>	<b>112</b>	<b>100.0</b>	<b>487</b>	<b>100.0</b>

Table 3 Reasons given why patient not referred

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 Refusal	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 asymptotic within 4 hours	-	-	4	0.9
<b>Total</b>	<b>22</b>	<b>100.0</b>	<b>435</b>	<b>100.0</b>

Figure 1 Donation after brain death

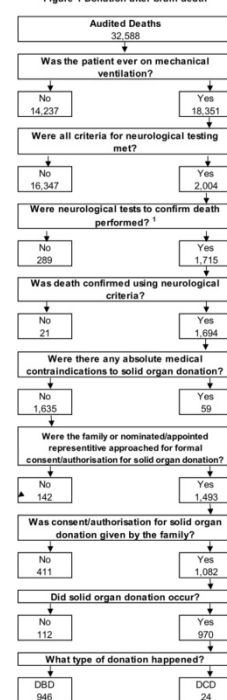
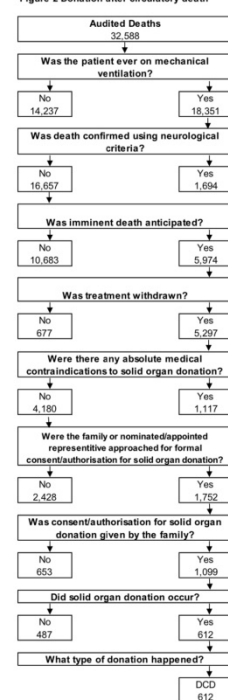
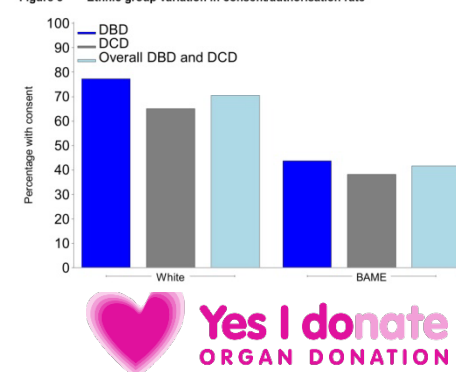


Figure 2 Donation after circulatory death



nd due to: Cardiac arrest despite resuscitation occurred, from the calculation of the neurological death testing rate

Figure 5 Ethnic group variation in consent/authorisation rate



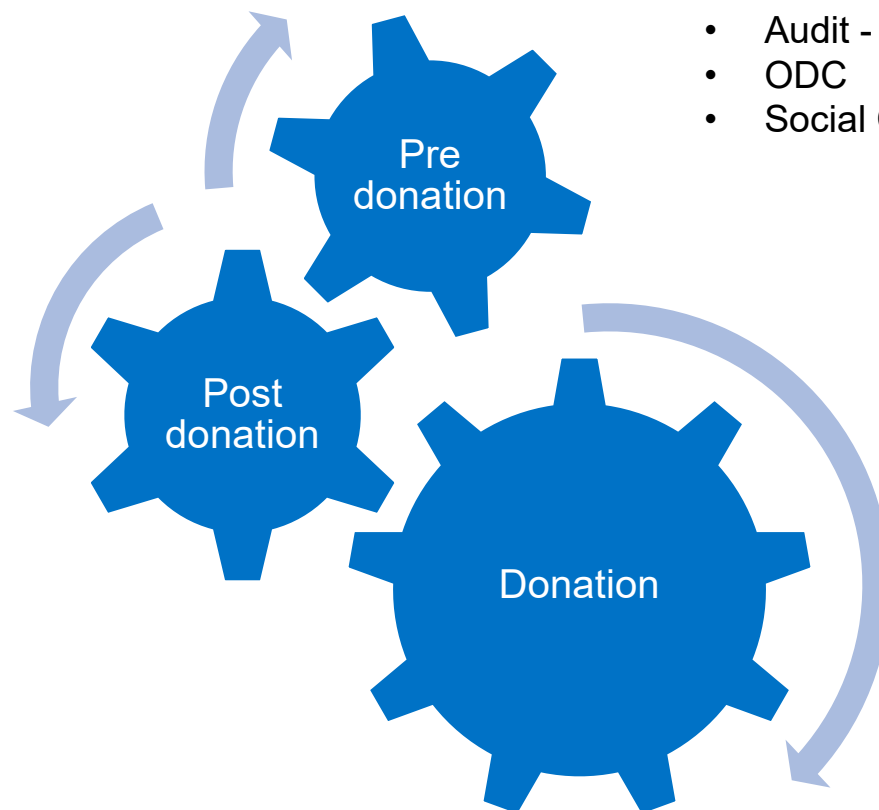
Yes I donate  
ORGAN DONATION



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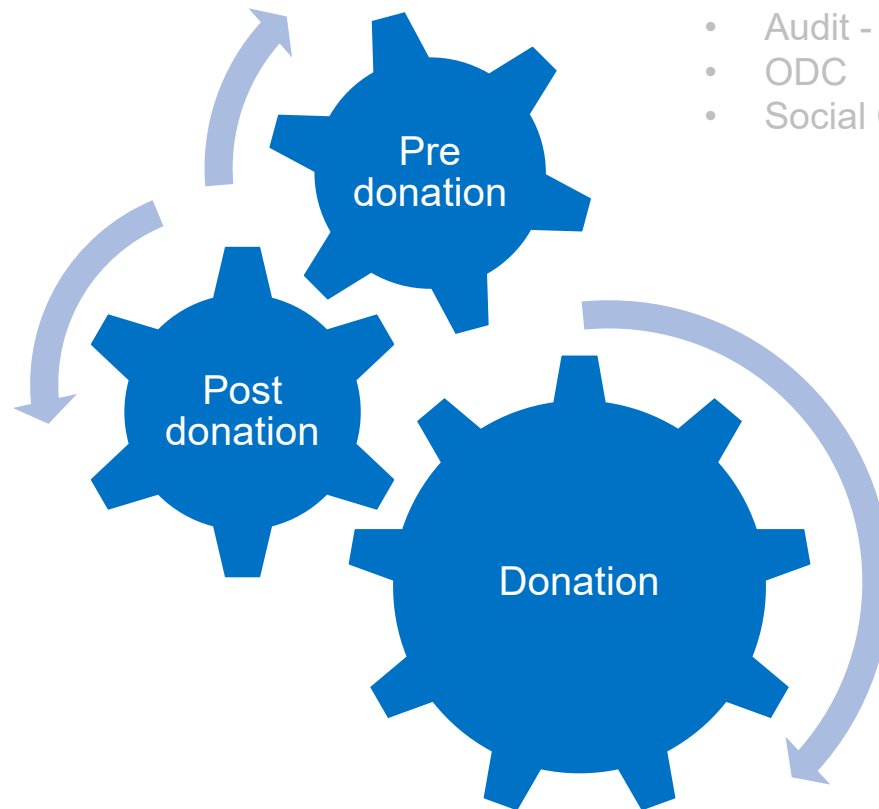




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## Donor related

- 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





# 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

- Target PaO<sub>2</sub> > 10kPa; SaO<sub>2</sub> > 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



# The Unstable donor

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







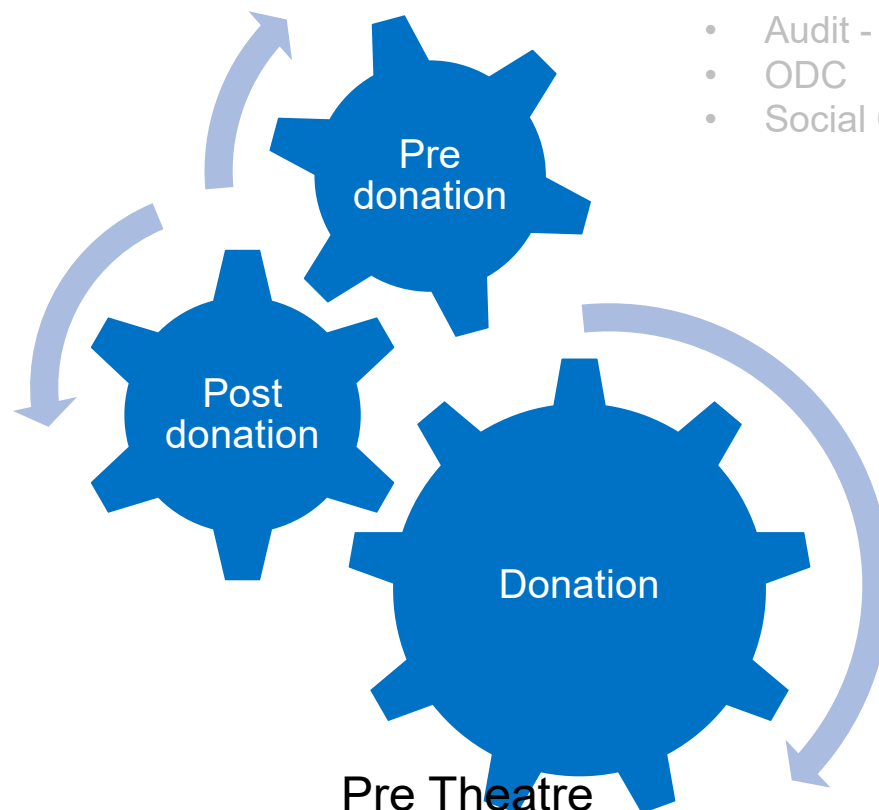
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## Pre Theatre

- 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



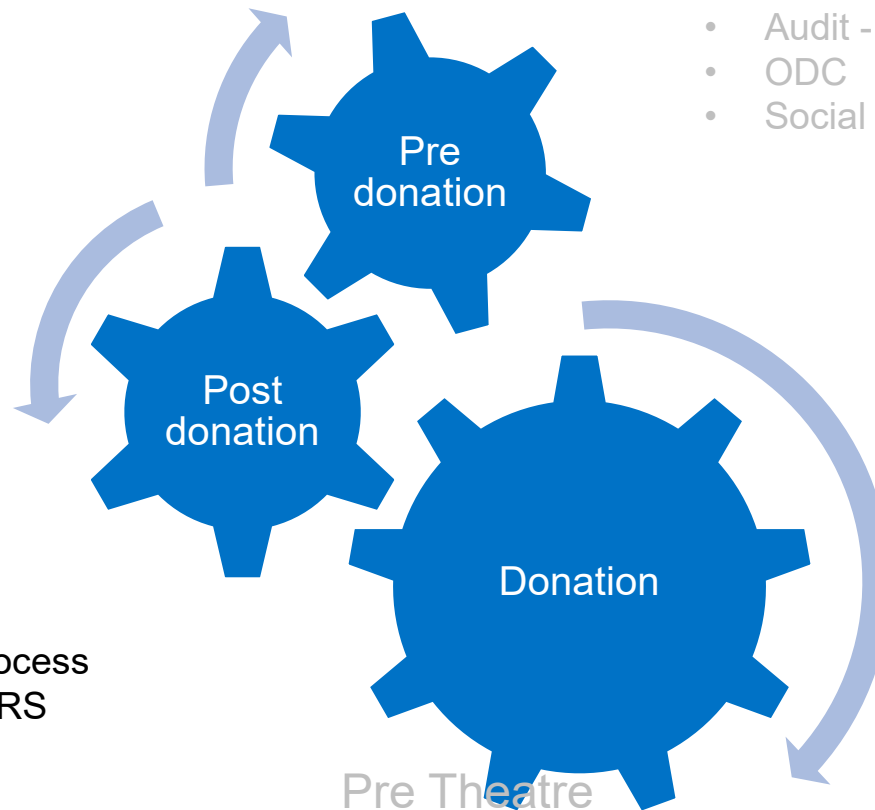
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## During Theatre

- 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





# Moment of Honour

“...a respectful pause, taking place either before or after the retrieval operation. This moment brings together those who have cared for the donor and is a time for reflection and appreciation of the selfless act of kindness and generosity from the donor and their family”



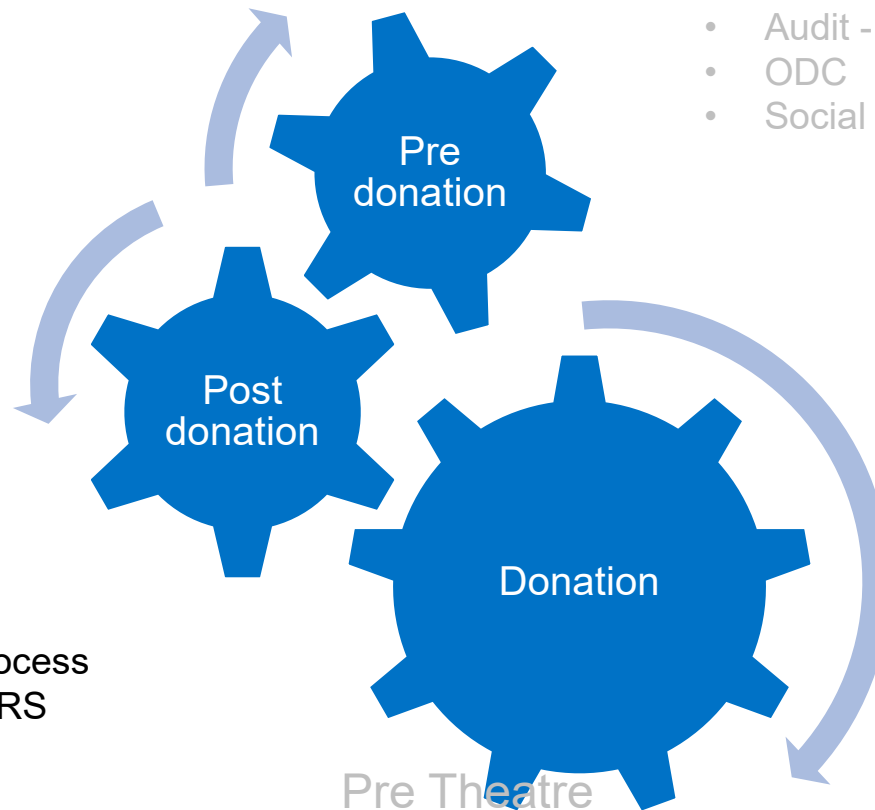
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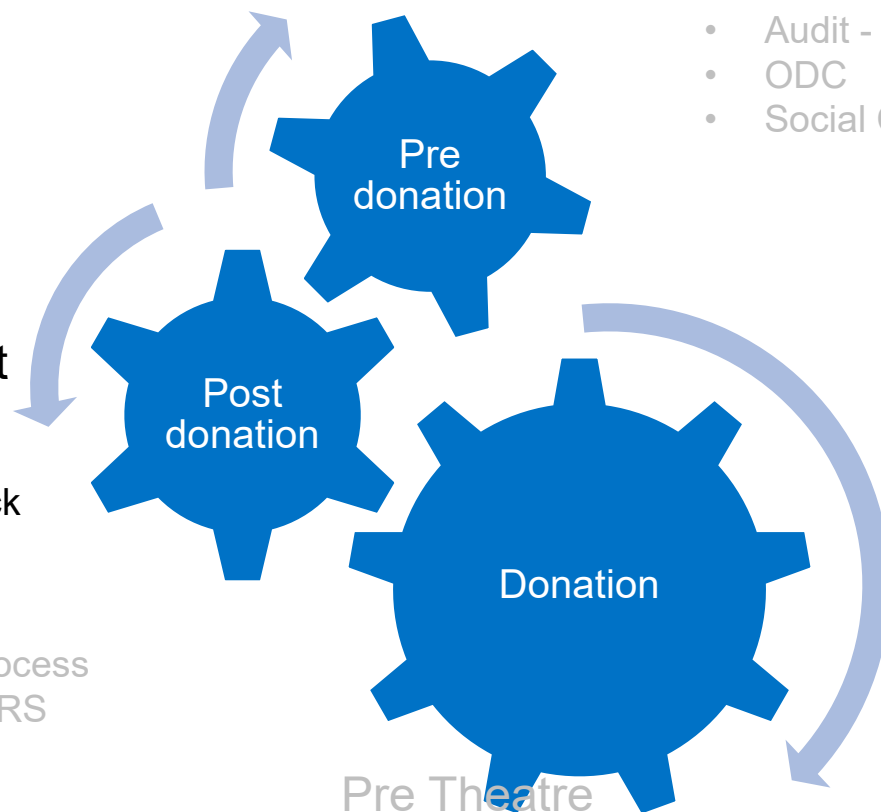
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## Immediately post

- Last offices
- Keepsakes
- Staff welfare check



Post  
donation

Pre  
donation

Donation

Pre Theatre

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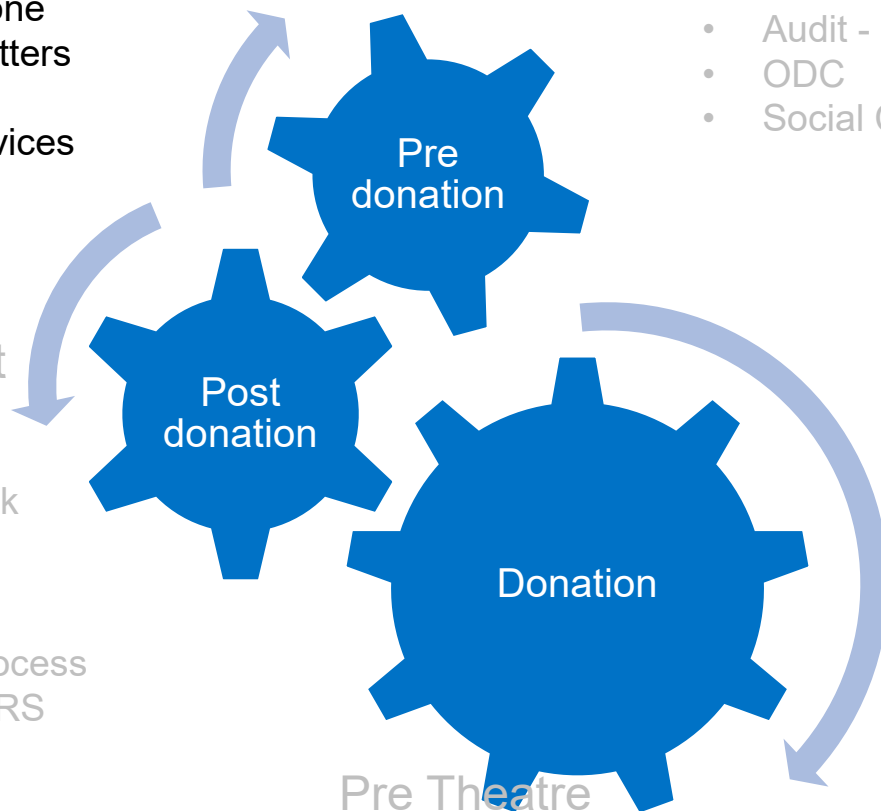
# Role of the SNOD

## 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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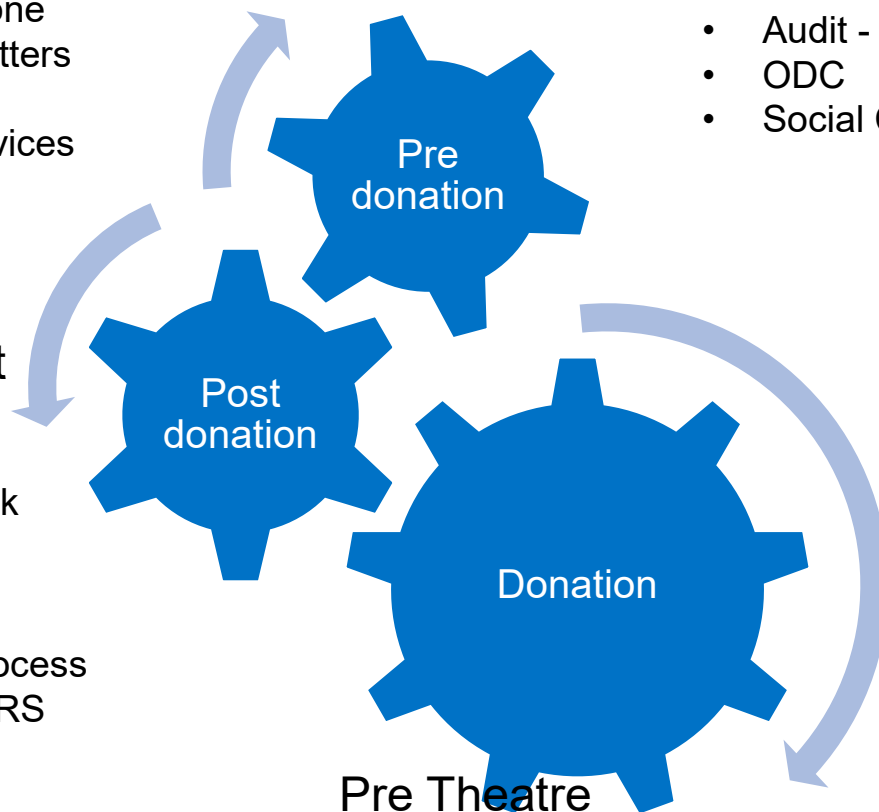
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# If a SNOD had three wishes...

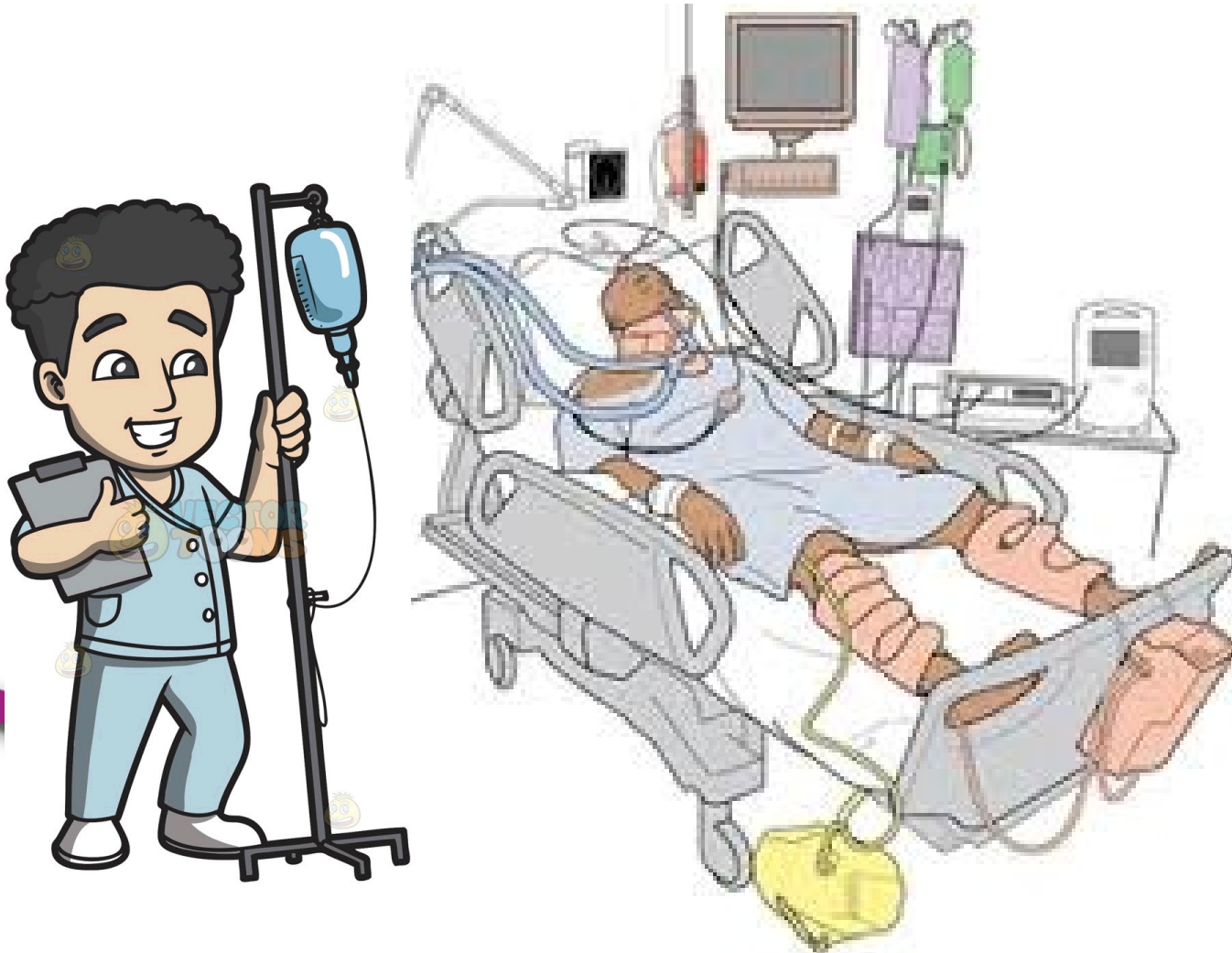


# \*Stable donor



**\*Stable donor**

**\*Competent and reliable bedside Nurse**

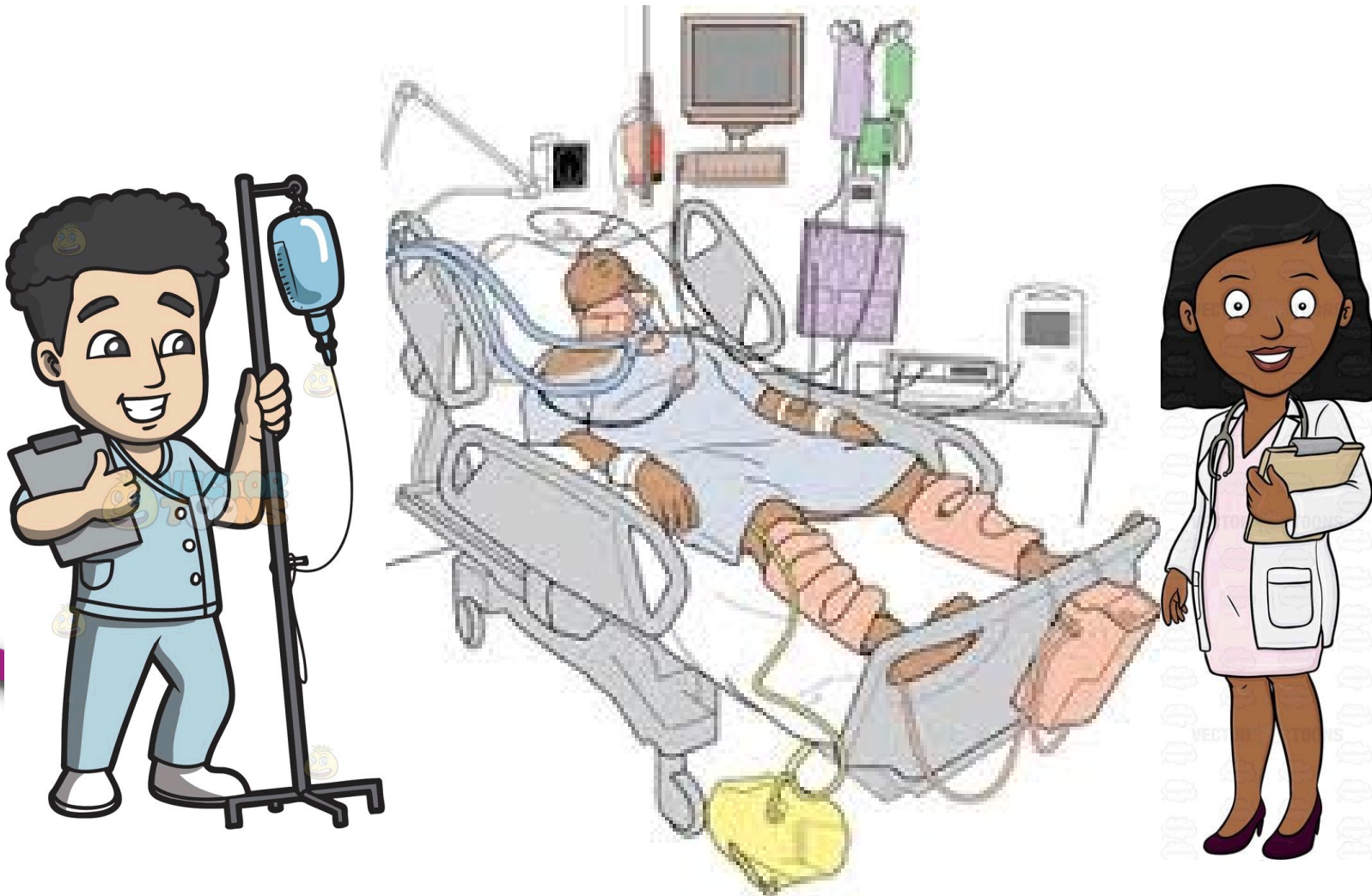


**Yes I donate**  
ORGAN DONATION

**\*Stable donor**

**\*Competent and reliable bedside Nurse**

**\*Involved Consultant**



# \*Packet of Percy Pigs

NHS

Blood and Transplant



I donate  
AN DONATION



Thank you

Look forward to working with you

