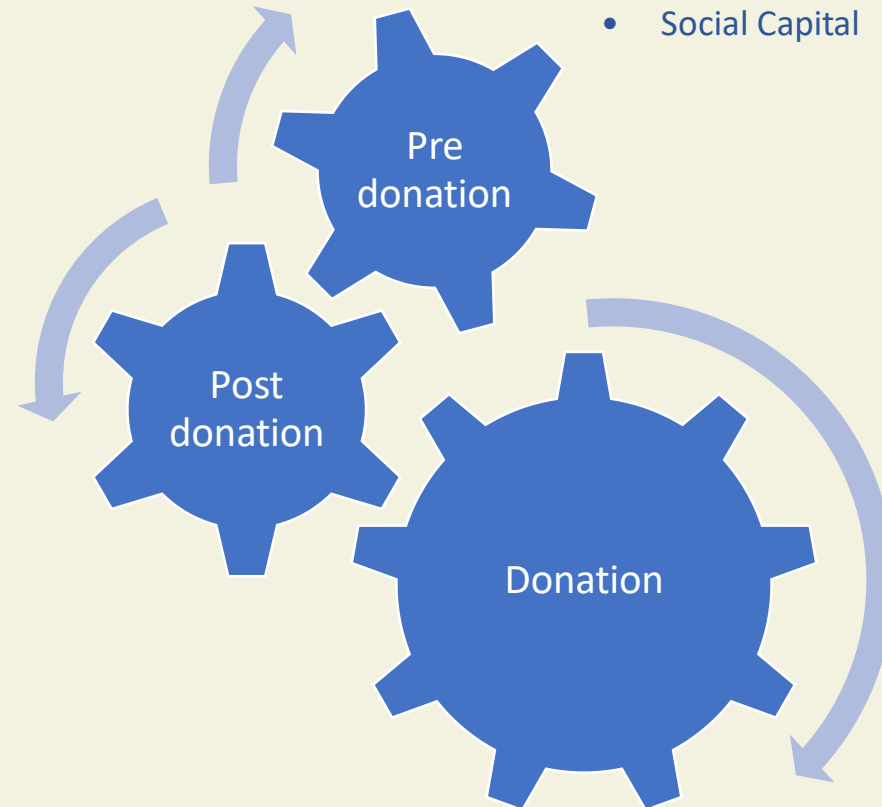


SNOD Role and Process

Bethan Thomas
Lead Nurse Service Delivery
(South Central Team)

Embedded Role

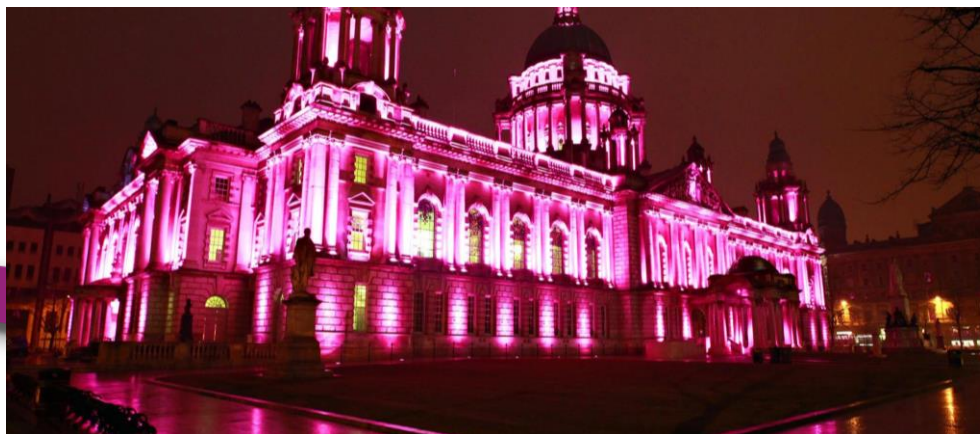
- Hospital Development
- Education
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- Audit - PDA
- ODC
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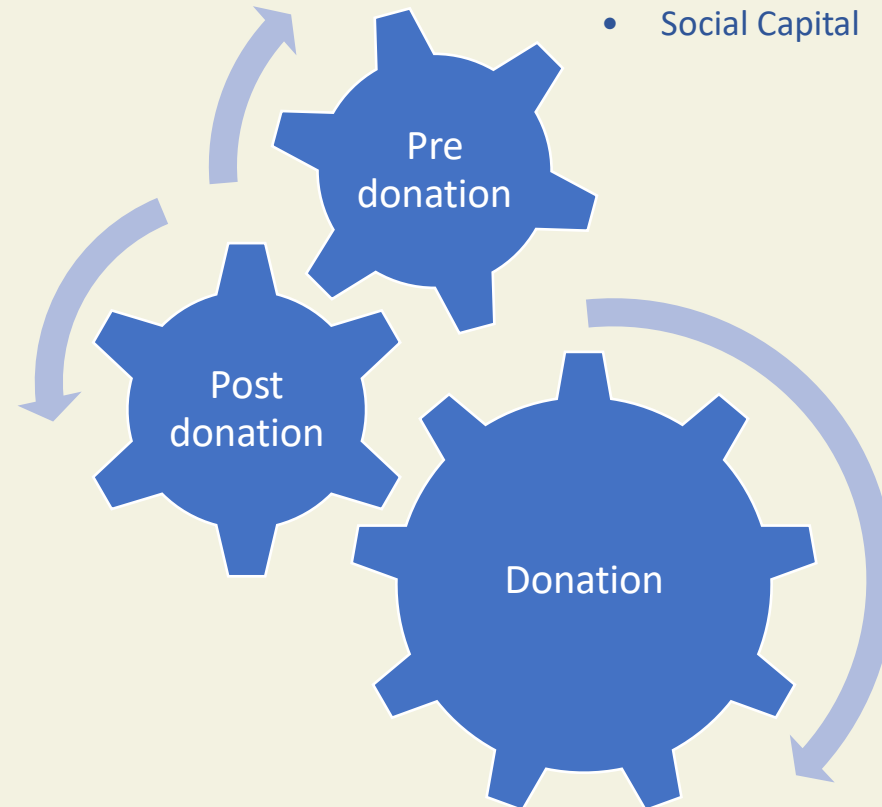
University Hospital Southampton





Embedded Role

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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 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	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

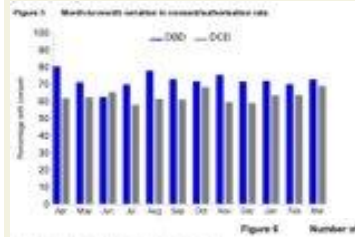


Figure 5 Monthly variation in consent/authorisation rates

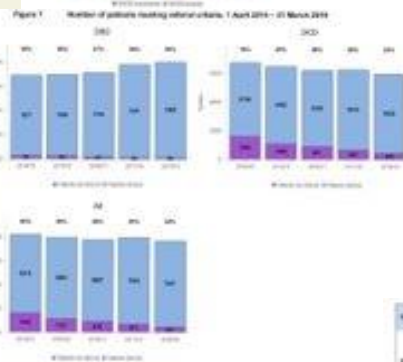
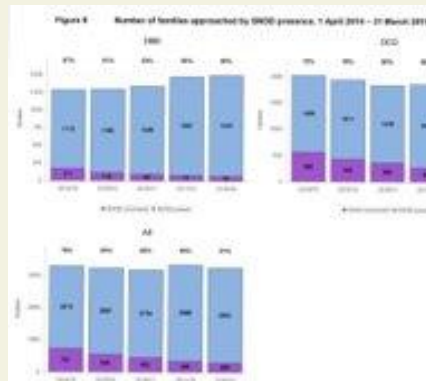
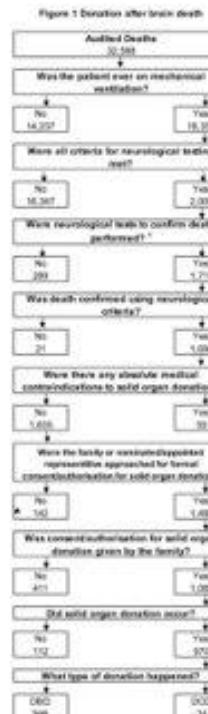


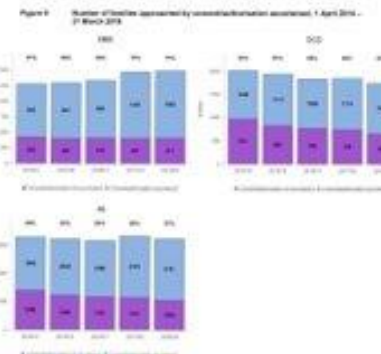
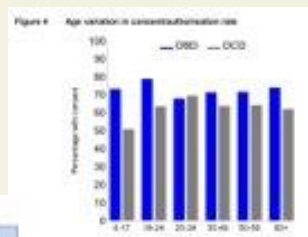
Table 4 Reasons given why family not formally approached

	N	DBD %	N	DCD %
Patient's general medical condition	45	31.7	1,074	44.2
Comorbid / Procopator / Facial refused permission	28	19.7	39	1.6
Other	25	17.6	608	25.0
Other medical reason	17	12.0	216	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	10	0.8
Not identified as a potential donor / organ donation not considered	3	2.1	354	13.9
Resource failure	-	-	1	0.0
Pressure on ICU beds	-	-	9	0.4
Patient outside age criteria	-	-	13	0.5
Total	142	100.0	2,428	100.0

4 NEUROLOGICAL DEATH TESTING RATE

Table 2 Reasons given for neurological death tests not being performed

	N	%
Patient haemodynamically unstable	60	27.7
Clinical reason/Clinician decision	40	18.6
Family pressure not to test	35	12.1
Family declined donation	32	7.6
Biochemical/blood test abnormality	30	6.9
Other	18	6.2
Continuing effects of sedatives	14	4.6
Inability to test all reflexes	13	4.6
Treatment withdrawn	7	3.6
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	209	100.0



not performed due to: Cardiac arrest despite resuscitation occurred, excluded from the calculation of the neurological death testing rate

Table 3 Reasons why solid organ donation did not happen following consent

	N	DBD %	N	DCD %
Organ deemed unlikely suitable for donation reasons	55	37.0	108	37.9
Consent/Procopator/Procurator refused	50	33.3	52	4.7
Family settings	16	10.7	1	0.4
Other	10	6.6	10	3.6
Medical contraindications	5	3.3	10	4.4
Family not approached	5	3.3	14	5.1
Cardiac arrest	4	2.7	1	0.3
Organ deemed unlikely suitable for original recipient	3	2.0	1	0.4
Neurological death occurred	2	1.3	1	0.4
Logistical reasons	1	0.7	1	0.4
Family consent withdrawn in donation	1	0.7	1	0.4
Total	152	100.0	282	100.0

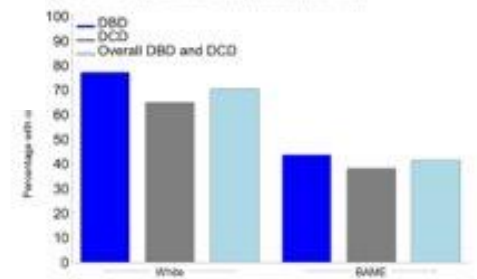
Table 4 Reasons why family did not support organ donation

	N	DBD %	N	DCD %
Patient previously expressed a wish not to donate	62	35.5	107	35.4
Family have not been approached for formal consent/authorisation	50	28.9	107	35.4
Family had a non-approved mark religiously or culturally	44	25.7	21	7.2
Family declined surgery in the future	42	24.2	17	5.8
Family had the patient not suffered enough	31	17.6	10	3.4
Family were alerted over the decision	29	16.5	10	3.4
Family had been asked to be tested while considered for religious or cultural reasons	21	12.0	10	3.4
Family did not believe in donation	22	12.6	20	6.8
Family had the length of time for donation process was too long	20	11.5	11	3.8
Other	11	6.2	10	3.4
Strong religious, cultural or spiritual beliefs	7	3.9	10	3.4
Family wanted to stop with the patient after death	9	5.0	17	5.8
Family considered donor organ situation	4	2.2	1	0.3
Family contacted but organ may not be transplantable	3	1.7	1	0.3
Family had difficulty communicating/understanding medical history	3	1.7	1	0.3
Family considered donation may bring the funeral	2	1.1	1	0.3
Family had been asked to be tested while considered for religious or cultural reasons	1	0.6	1	0.3
Family had been asked to be tested while considered for religious or cultural reasons	1	0.6	1	0.3
Total	171	100.0	302	100.0

Table 5 Reasons given why patient not referred

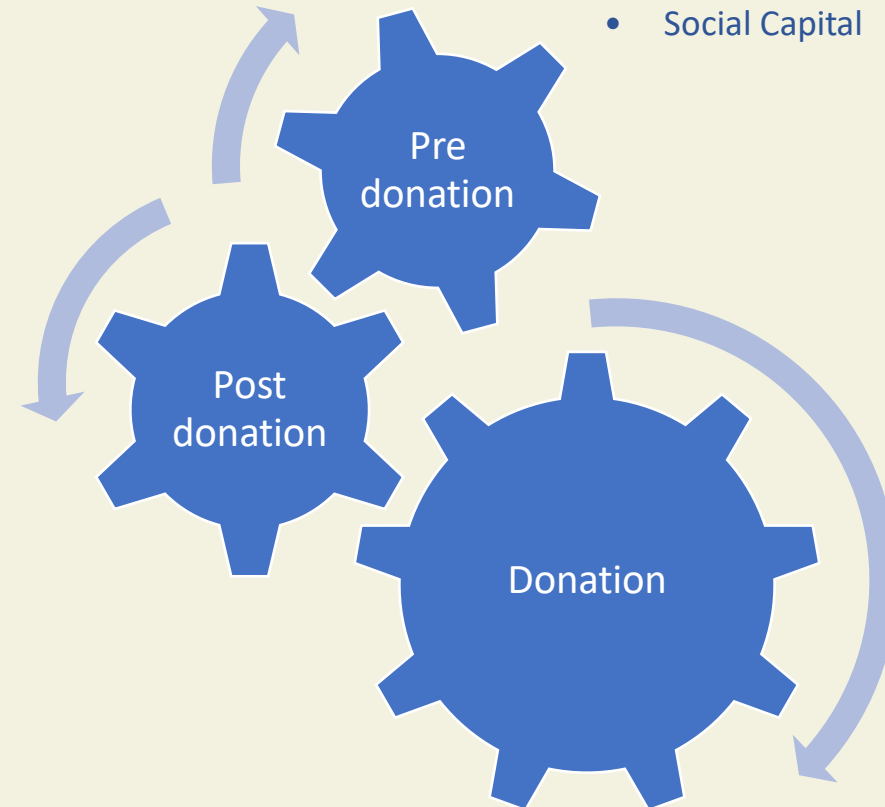
	N	DBD %	N	DCD %
Not identified as a potential donor/organ donation not considered	11	60.0	215	49.4
Other	4	22.2	50	11.0
Family declined donation prior to neurological testing	2	11.1	2	0.4
Family declined donation following decision to withdraw treatment	2	11.1	1	0.2
Thought to be medically unsuitable	2	11.1	1	0.2
Procurator/Procopator / Facial Refusals	1	5.6	2	0.4
Physician to approach family	1	5.6	2	0.4
Medical contraindications	1	5.6	1	0.2
Thought to be outside age criteria	1	5.6	2	0.4
Pressure on ICU beds	1	5.6	2	0.4
Clinician considered that patient was unlikely to become transplantable within 4 hours	1	5.6	4	0.9
Total	22	100.0	432	100.0

w 5 Ethnic group variation in consent/authorisation rate



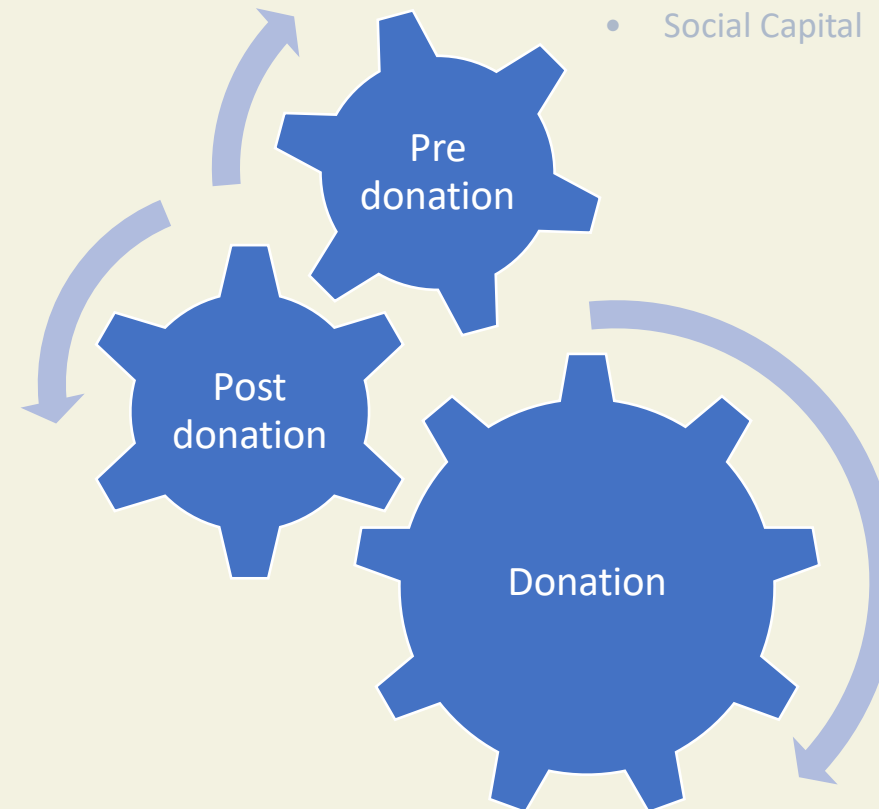
Embedded Role

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



Embedded Role

- Hospital Development
- Education
- Promotion/media
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Donor related

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- Collaborative working
- Family support – end of life
- Staff support
- Patient assessment
 - ODR
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- Communication with RPoC, surgeons, NORs, Scouts

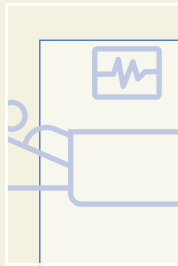
Donor Characterisation

DonorPath v MaSH + CDDF

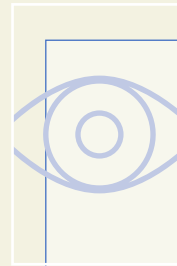
Session Outline



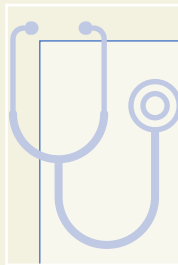
Blood and Transplant



Donor
characterisation



Donorpath insight



Patient assessment



Responsibilities of
SNODS during
patient assessment

Educate Develop Empower

Donor Characterisation



Blood and Transplant

Determines whether there is potential to donate

Seeks clarity for organ, tissue and ocular donation

SN & SN Tissue Services – are responsible to collate comprehensive history

SN will explore additional information on conditions/situations which families report

Implanting surgeon – has the responsibility to assess the risk-benefit of transplantation for individual patients

Educate Develop Empower

DonorPath Insight – What you see.....



Blood and Transplant

DONOR ID

Core Donor Data **NHS**
Blood and Transplant

Donor type (See code A)

Donating Hospital Postcode

Donor basics

ODT Donor number Donor on ODR? (See code B)

Donor surname Donor forename(s)

Case number Date /Time notified to ODT **2 0** at (24 hr)

Date of birth Sex Male = 1 Female = 2 Age years months

NHS number CHI number Postcode Donor residence

Ethnic origin (See code C) if code 6 or 7, please specify Occupation

Donor hospital

Date of admission to hospital **2 0** at (24 hr) Date/Time of admission to Critical Care Area **2 0** at (24 hr)

Unit where potential donor is being cared for (ie. where the patient died) (See code D)

Other Please Specify

Specialist Nurse - Organ Donation Telephone number

Organ Donation Services Team Pager number

Primary diagnosis (see code E)

Cause of Death (see code E)

Other, please specify

Details

Trauma, indicate injuries

Chest No = 1 Yes = 2 Head No = 1 Yes = 2 Abdominal No = 1 Yes = 2 Trauma (other) No = 1 Yes = 2

Details - Trauma (other)

CT scan results, if applicable

Details

Patient Measures

Height cm inches Weight kg Weight estimated or actual Girth cm

Blood group including, where known, subtypes of A

ABO Rh Neg = N Pos = P Donor type (see code A)

FRM4193/4 Effective 17/07/19 Page 1 of 16

NHS
Blood and Transplant

Tissue Donor Number ODT Donor Number

Medical and Social History Questionnaire

Directions for completion

- 1 This form must be completed in **black or dark blue ink** by the Specialist Nurse – Organ Donation (SNOD)/Specialist Nurse – Tissue Donation (SNTD)/Tissue Donor Co-ordinator (TDC) and signed where required.
- 2 The original copy should be retained by the SNOD/SNTD/TDC for the donor file.
- 3 In the event of organ and tissue donation, a legible copy should be sent to the relevant **Tissue Establishment**, where required.

NOTE: The term patient is used throughout the form to refer to the potential donor.

The term relative is used throughout the form to refer to the relationship between the patient and the interviewee.

FRM4211/4 Effective: 10/05/18 1

DonorPath Insight – What the SN is using

<

137269 MASH, C 17/08/1988 A+

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GP Contacts

Planning

Family

Patient Assessment

Travel & Behaviour

Haemodilution

Haemodynamics

Coroner/PF

Blood Testing

Ventilation

Investigations

Past Medical History

Status

Events

+

Last sync: 01/10/2020 17:31

Past Medical History

Obtained from

FAMILY ONLY

FAMILY & GP

UNKNOWN

Hypertension

NO

YES

UNKNOWN

No. of antihypertensives at time of admission

Cancer or malignancy

NO

YES

UNKNOWN

UTI

NO

YES

UNKNOWN

Pulmonary Disease

NO

YES

UNKNOWN

Cardiac Disease

NO

YES

UNKNOWN

Organ Offer



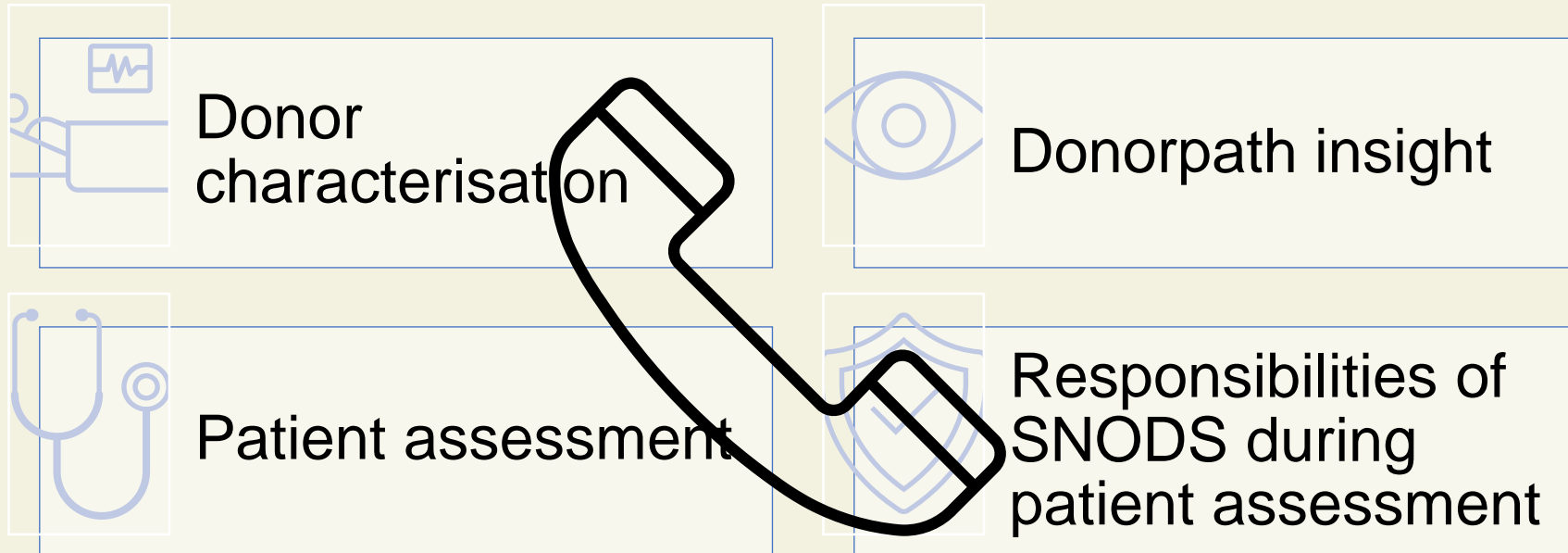
Blood and Transplant

What are your thoughts ?

DONOR ID

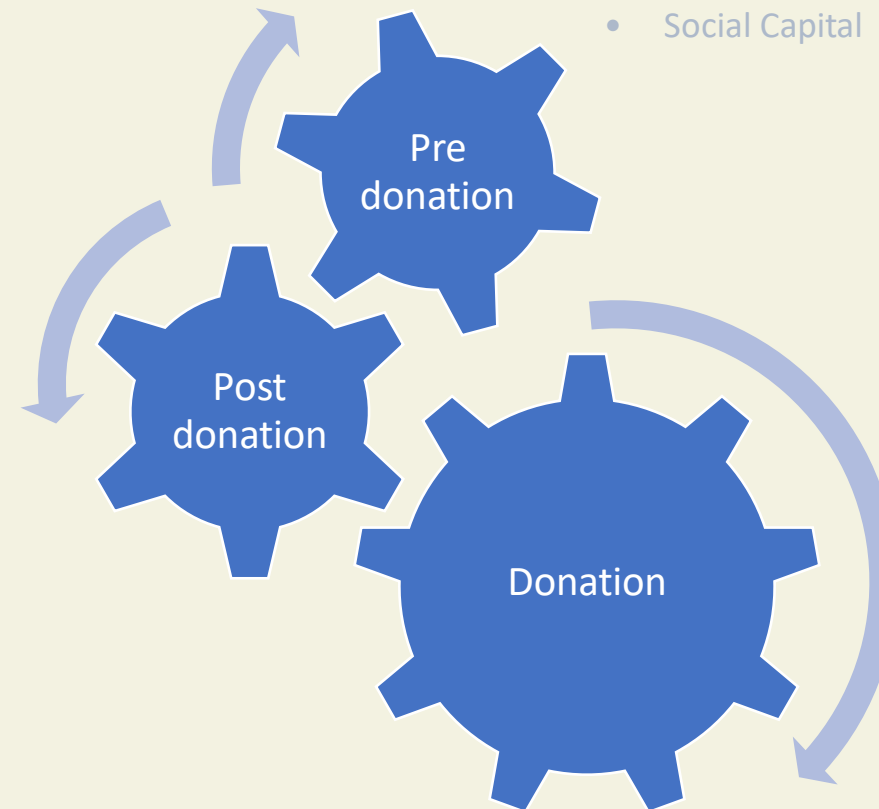
And now ?

To conclude



Embedded Role

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



Donor related

- Patient/family advocate
- Collaborative working
- Family support – end of life
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Donor Management/Optimisation



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 - 2009 there were 6,920 patients waiting for a kidney transplant. If all these patients received a transplant, the approximate saving to the NHS would be £152m per year.

Goals – Good ICU Care

- Target $\text{PaO}_2 > 10\text{kPa}$; $\text{SaO}_2 > 95\%$
- $\text{pH} > 7.25$
- 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

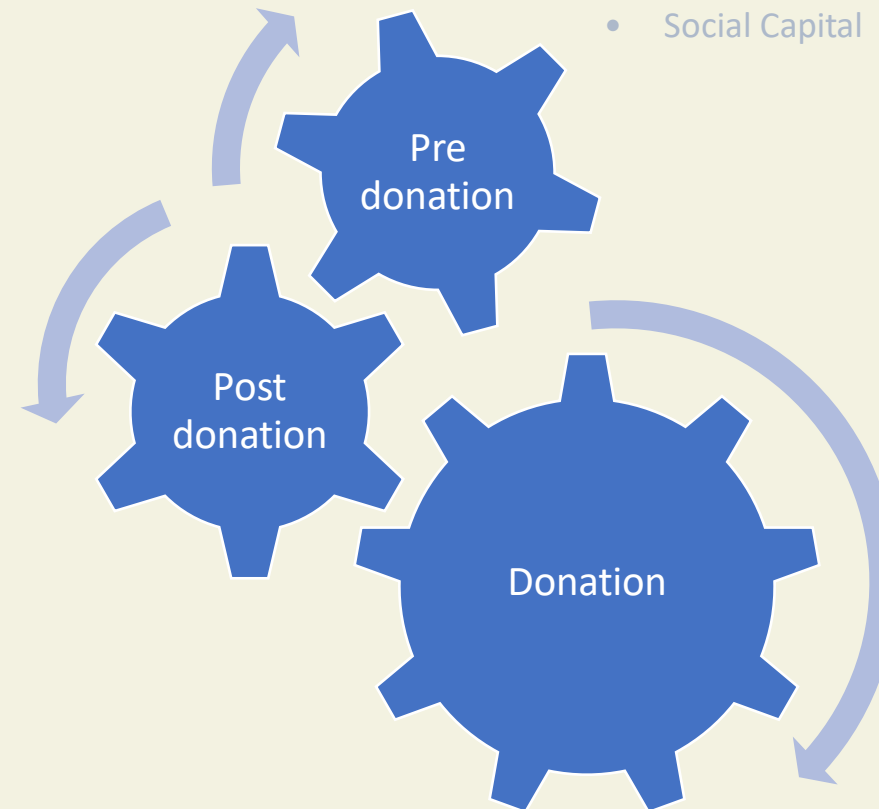


Blood and Transplant

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

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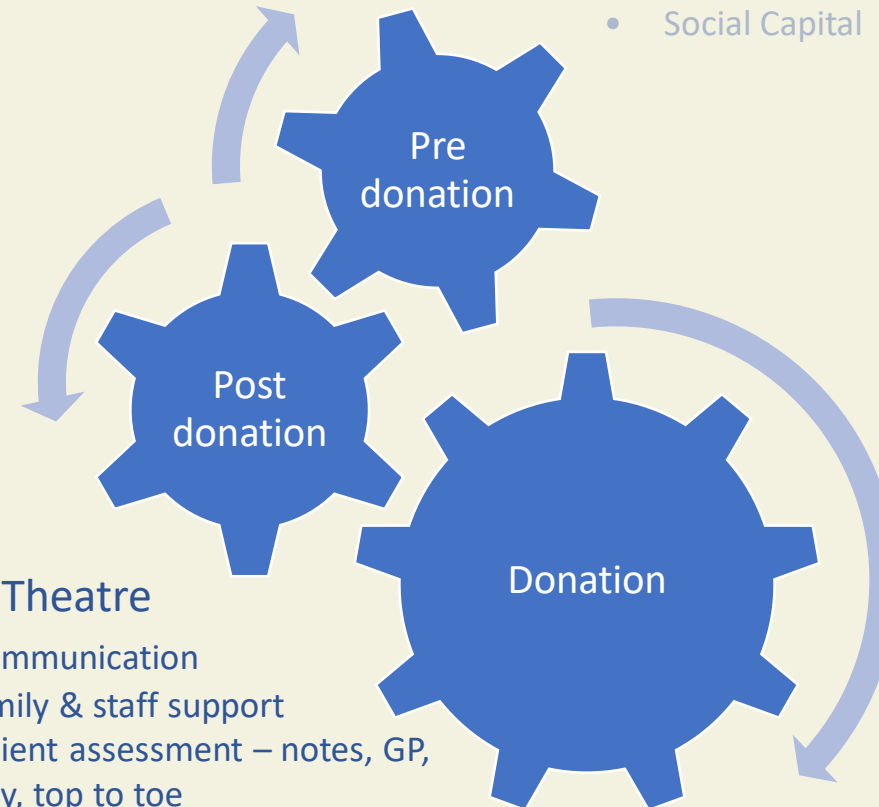


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Pre Theatre

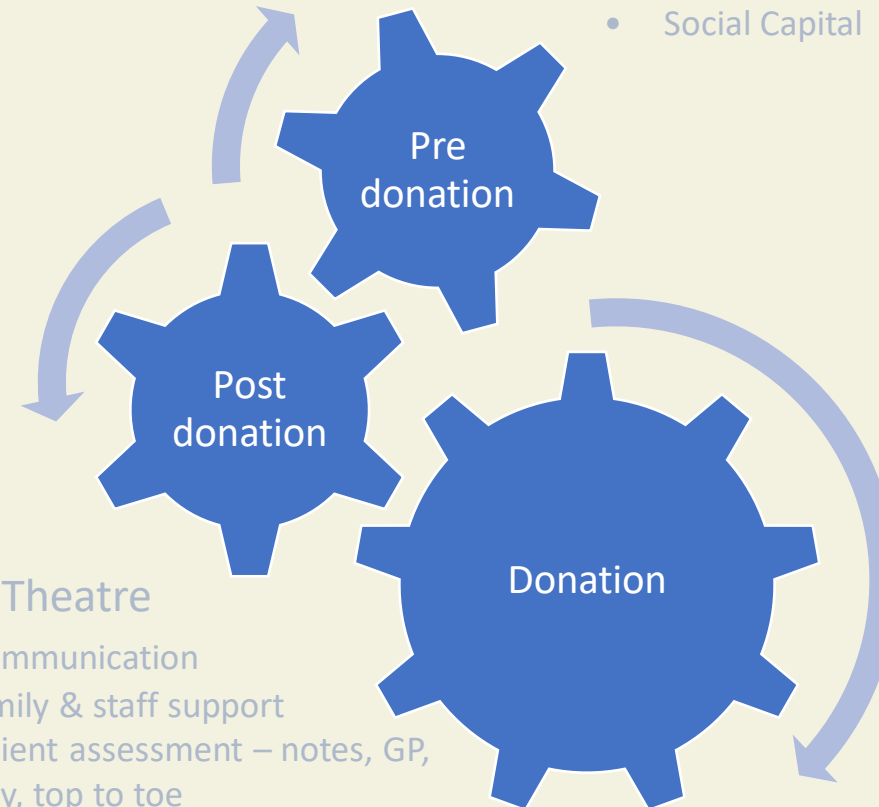
- Communication
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- Patient assessment – notes, GP, family, top to toe assessment, bloods, CXR, ECG, Echo
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During Theatre

- 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

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Moment of Honour

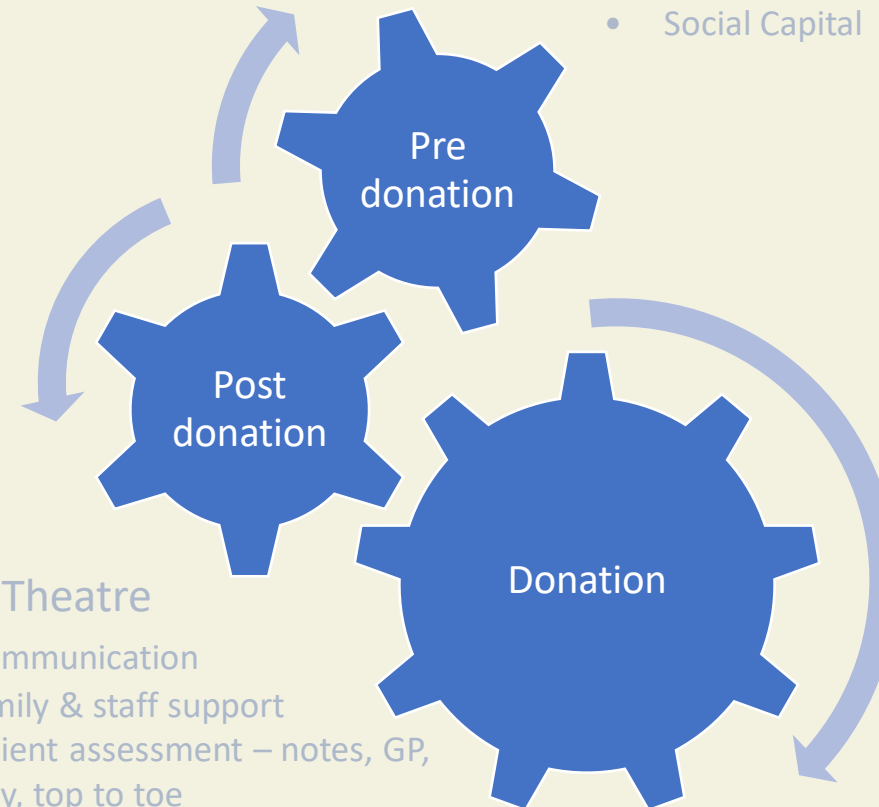


Blood and Transplant

“...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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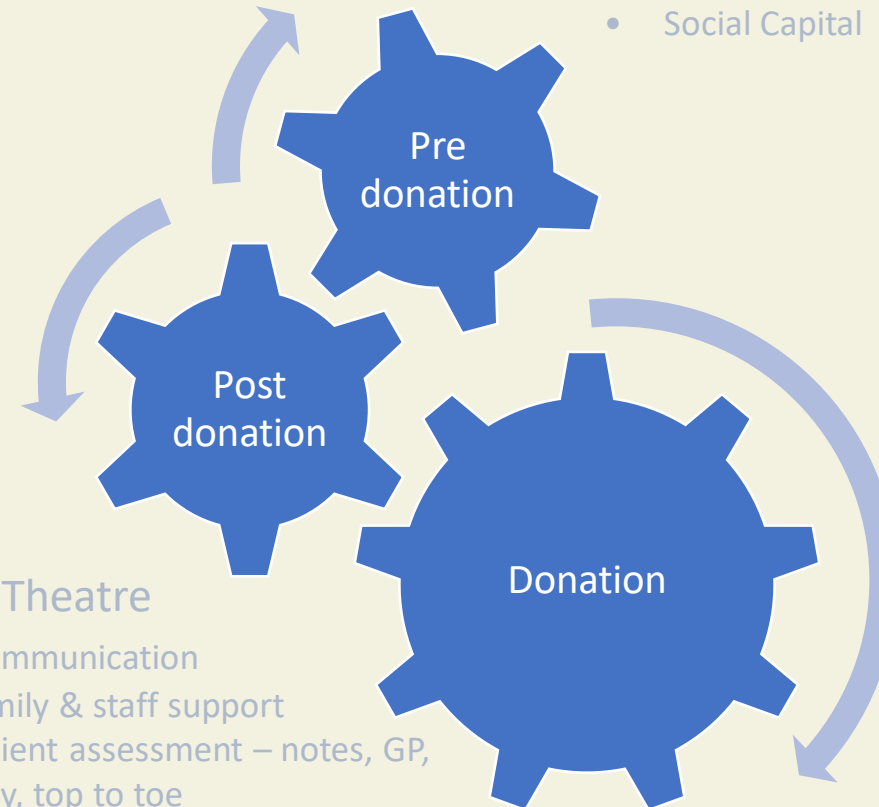
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Immediately post

- Last offices
- Keepsakes
- Staff welfare check

During Theatre

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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

Immediately post

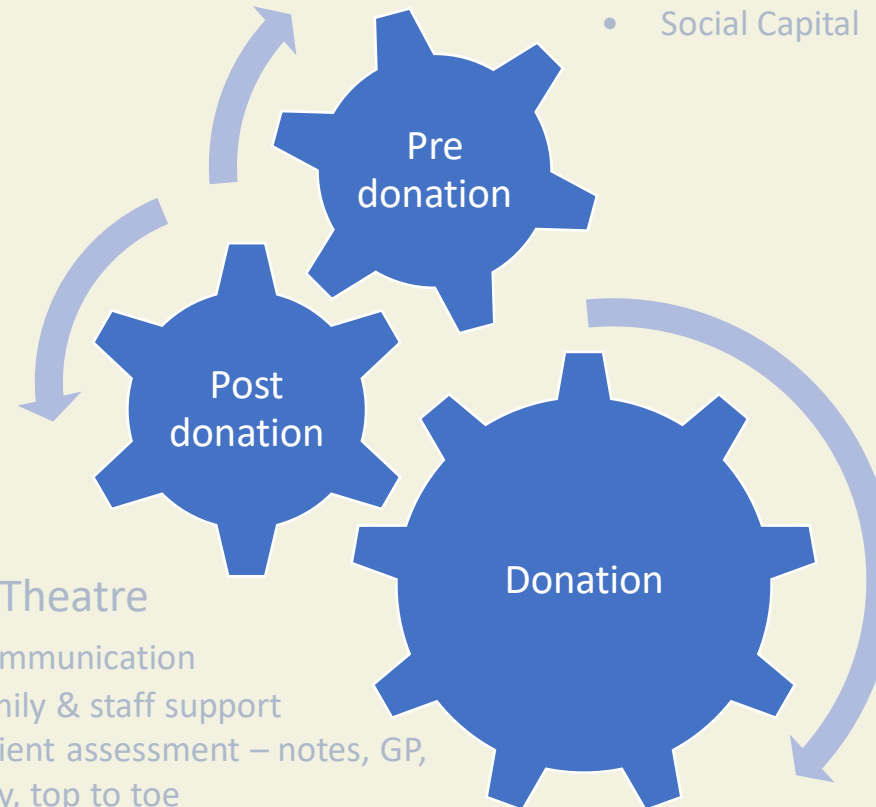
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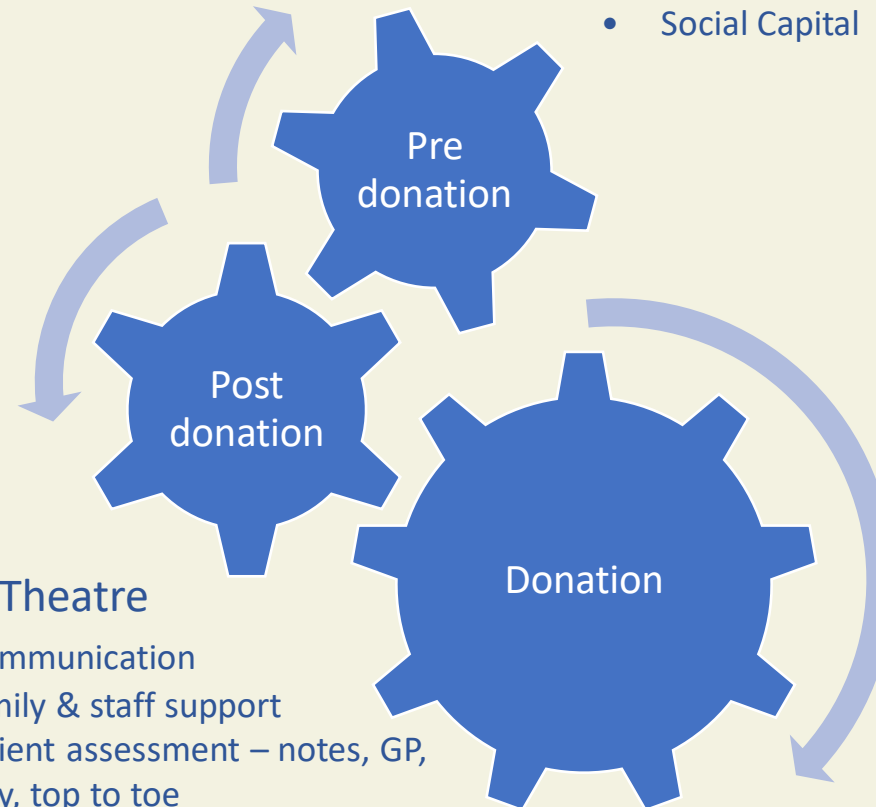
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If a SNOD had three wishes...



Blood and Transplant

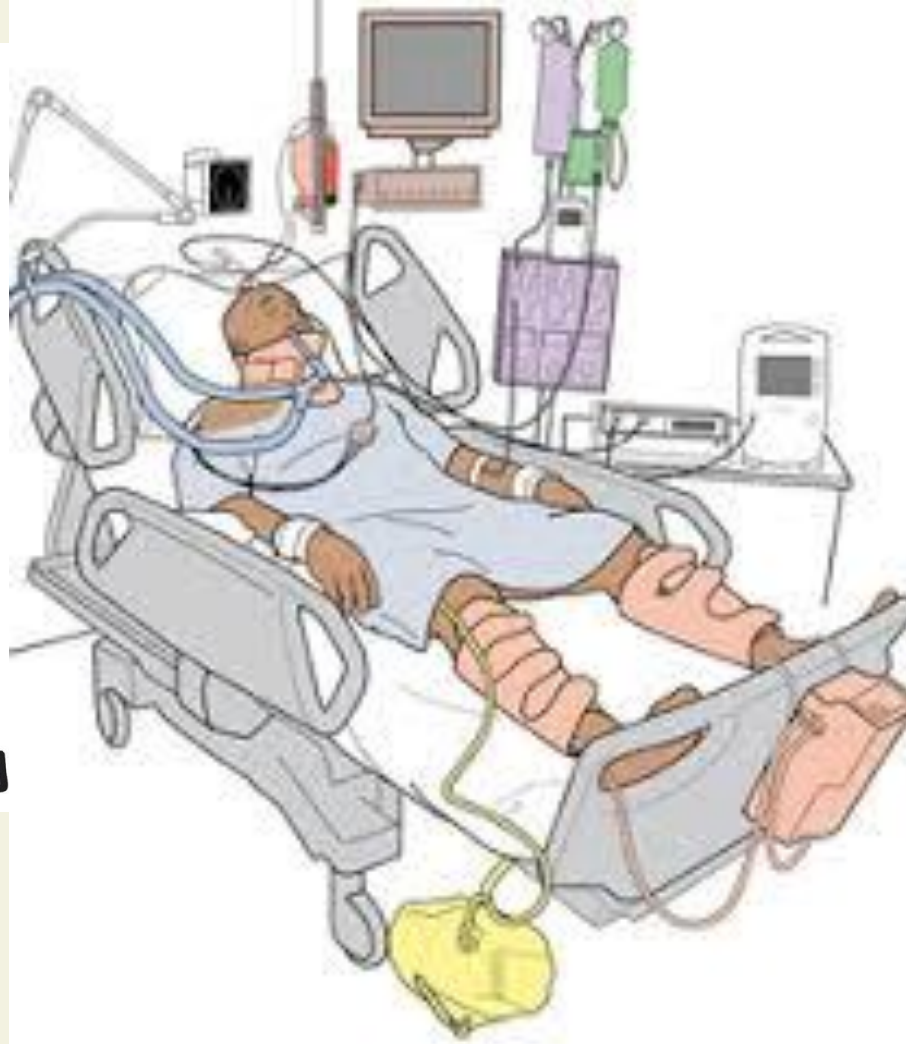


Caring Expert Quality

***Stable donor**



- *Stable donor**
- *Competent and reliable bedside Nurse**



***Stable donor**

***Competent and reliable
bedside Nurse**



Blood and Transplant

***Involved Consultant**



Caring Expert Quality

*Packet of Percy Pigs



Blood and Transplant



Caring Expert Quality

Thank you
Look forward to working
with you

