NHS
Blood and Transplant

ANNUAL REPORT ON THE POTENTIAL DONOR AUDIT

SUMMARY REPORT FOR THE 12 MONTH PERIOD 1 APRIL 2023 – 31 MARCH 2024

PUBLISHED AUGUST 2024

1 EXECUTIVE SUMMARY

In the year 1 April 2023 to 31 March 2024, there were 36,086 deaths audited for the PDA. Of these deaths, 2,029 and 5,330 patients met the referral criteria for DBD and/or DCD, respectively and 99% and 93% were referred to NHS Blood and Transplant. Of the 2,029 patients for whom neurological death was suspected, 76% were tested.

Of the families who were asked to make or support a patient's organ donation decision, 68% and 55% consented to/authorised DBD and DCD donation. Of these, 92% and 70%, respectively, became actual solid organ donors. 140 families overruled their loved one's expressed opt in decision to be an organ donor and 540 families did not support deemed consent/authorisation.

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 groups and patients from ethnic minority groups. Overall, the consent/authorisation rates were 65% in donors from white ethnic groups and 32% in donors from ethnic minority groups.

The testing rate for neurological death has decreased from 87% to 76%. DBD referral rates have remained steadily high at 99% whilst DCD referral rates have steadily increased from 90% to 93%, with the exception of 2020/21 where decreases in the DCD referral rate were seen due to the impact of COVID-19. Since 2019/20, the SNOD presence rates have improved. In the last year, the DBD consent/authorisation rate has decreased to 68% and the DCD consent/authorisation rate has also decreased to 55%. This decrease is also observed in the DBD and DCD consent/authorisation rate excluding opt outs, 65% and 56%, respectively.

2 INTRODUCTION

This report presents Potential Donor Audit (PDA) information on the financial year 1 April 2023 to 31 March 2024.

The dataset used to compile this report includes all audited patient deaths in UK Intensive Care Units (ICUs) and Emergency Departments as reported by 8 May 2024. 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/.

3 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.

Consent/authorisation rate is the percentage of eligible donor donation decision conversations where consent/authorisation was ascertained.

Consent/authorisation rate excluding ODR opt outs is the percentage of eligible donor donation decision conversations, where the patient had not registered an ODR opt out decision and consent/authorisation was ascertained.

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

4 BREAKDOWN OF AUDITED DEATHS IN ICUs AND EMERGENCY DEPARTMENTS

In the 12-month period from 1 April 2023 to 31 March 2024, there were a total of 36,086 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

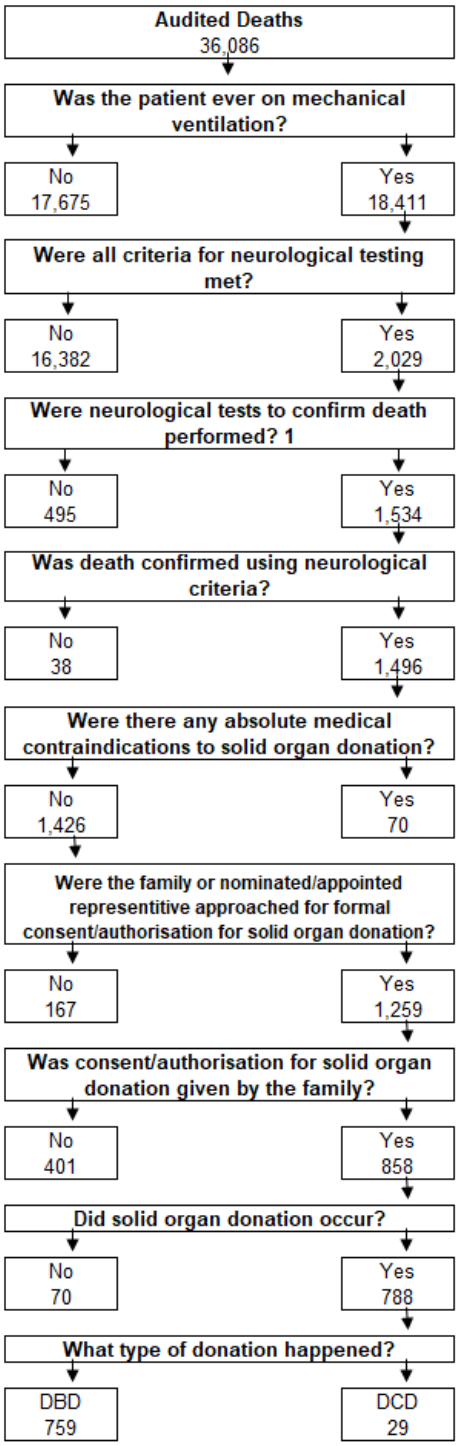
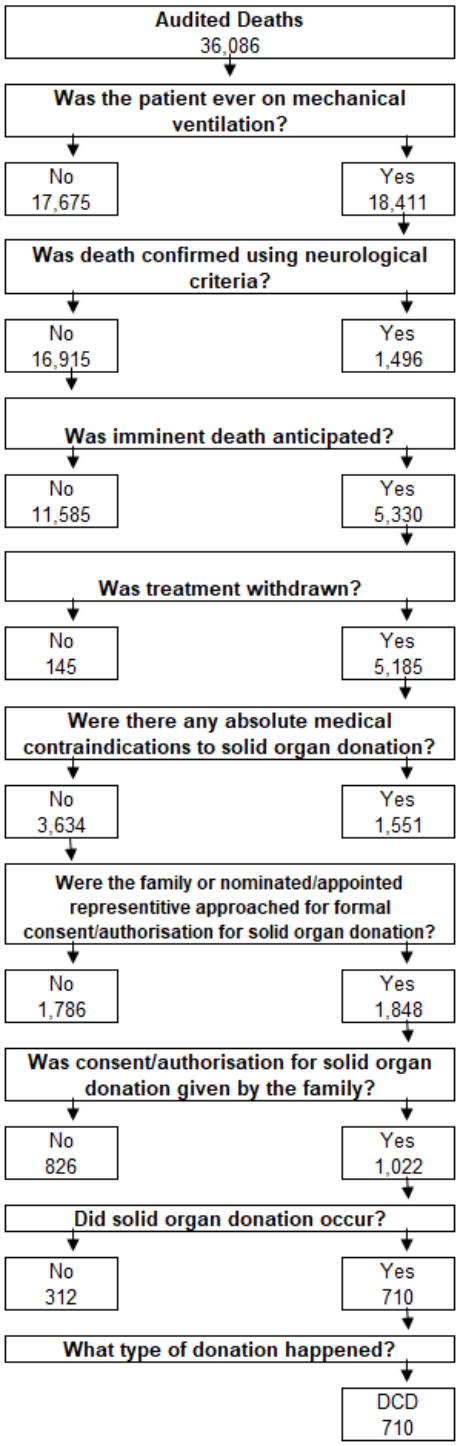


Figure 2 Donation after circulatory death



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]	2029	5330	6910
Referred to NHS Blood and Transplant	2017	4948	6521
Referral rate %	*99.4*	*92.8*	*94.4*
Neurological death tested	1534		1534
Testing rate %	*75.6*		*75.6*
Family approached	1259	1848	3107
Family approached and SN-OD present	1215	1671	2886
% of approaches where SN-OD present	*96.5*	*90.4*	*92.9*
Consent/authorisation given	858	1022	1880
Consent/authorisation rate %	*68.1*	*55.3*	*60.5*
- Expressed opt in	533	636	1169
Expressed opt in %	*95.3*	*84.8*	*89.3*
- Deemed consent/authorisation	246	323	569
Deemed consent/authorisation %	*58.2*	*47.1*	*51.3*
- Other[2]	78	63	141
Other[2] %	*52.0*	*34.4*	*42.3*
Family approached excluding opt out	1239	1810	3049
Consent/authorisation excluding opt out	858	1022	1880
Consent/authorisation excluding opt out %	*69.2*	*56.5*	*61.7*
Actual donors from each pathway	788	710	1498
% of consented/authorised donors that became actual donors	*91.8*	*69.5*	*79.7*

[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

[2] Includes patients where nation specific deemed criteria are not met and the patient has not expressed a donation decision in accordance with relevant legislation

5 NEUROLOGICAL DEATH TESTING RATE

Table 2 Reasons given for neurological death tests not being performed

	N	%
Patient haemodynamically unstable	151	30.5
Clinical reason/Clinician's decision	72	14.5
Other	58	11.7
Family pressure not to test	55	11.1
Family declined donation	40	8.1
Biochemical/endocrine abnormality	32	6.5
Treatment withdrawn	20	4.0
Inability to test all reflexes	20	4.0
Continuing effects of sedatives	15	3.0
SN-OD advised that donor not suitable	13	2.6
Unknown	8	1.6
Medical contraindication to donation	5	1.0
Patient had previously expressed a wish not to donate	4	0.8
Hypothermia	1	0.2
Pressure of ICU beds	1	0.2
Total	**495**	**100.0**

The neurological death testing rate was 76% 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 495 patients (24%) for whom neurological death was suspected. The primary reason given for not testing is shown in **Table 2**.

151 (31%) patients were haemodynamically unstable and were therefore not tested. Other reasons given for not performing neurological death tests were: 72 (15%) patients had a clinical reason, or it was the clinician’s decision, 58 (12%) had an other reason for not testing and for 55 (11%) patients, family pressure not to test was given as the reason for not testing.

6 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 93%. **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	8	66.7	260	68.1
Uncontrolled death pre referral trigger	2	16.7	6	1.6
Coroner / Procurator Fiscal reason	1	8.3	-	-
Other	1	8.3	9	2.4
Family declined donation prior to neurological testing	-	-	1	0.3
Family declined donation following decision to remove treatment	-	-	9	2.4
Reluctance to approach family	-	-	2	0.5
Medical contraindications	-	-	42	11.0
Thought to be medically unsuitable	-	-	42	11.0
Pressure on ICU beds	-	-	5	1.3
Clinician assessed that patient was unlikely to become asystolic within 4 hours	-	-	4	1.0
Patient had previously expressed a wish not to donate	-	-	2	0.5
Total	**12**	**100.0**	**382**	**100.0**

Of the patients who met the referral criteria and were not referred, the reason given for 67% of DBD and 68% of DCD was that the patients were not identified as potential donors and so organ donation was not considered. For 17% of DBD and 2% of DCD not referred, an uncontrolled death pre referral was given as the reason for not referring the patient. For 11% of DCD the reason for not referring was that the patient was thought to be medically unsuitable and another 11% of DCD had medical contraindications.

7 APPROACH RATE

Families of eligible donors were asked to make or support a patient's organ donation decision in 88% of DBD and 51% 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 2023/24, 1,529 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 87% 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 donor was deemed medically unsuitable (41%). In a further 19% of DBD cases, the Coroner/Procurator Fiscal refused permission.

For medically suitable eligible DCD donors not approached, the main reason cited in 50% of cases was that the patient was not identified as a potential donor. In a further 17% of cases the reason given was that the family stated they would not consent 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**	**%**
Subsequently assessed to be medically unsuitable	68	40.7	29	10.3
Coroner/Proc Fiscal refused permission	31	18.6	44	15.6
Family stated they would not consent/authorise prior to donation decision conversation	20	12.0	49	17.3
Other	21	12.6	2	0.7
Family untraceable - No first person consent (donation cannot proceed)	9	5.4	9	3.2
Not identified as a potential donor	13	7.8	142	50.2
First person Consent or Expressed Authorisation / Family untraceable (donation can proceed)	3	1.8	2	0.7
Cardiac arrest before approach could be made	2	1.2	2	0.7
Pressure on ICU beds	-	-	6	2.1
Total	**167**	**100.0**	**285**	**100.0**

8 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 68% and the 95% confidence limits for this percentage are 66% - 71%. The DCD consent/authorisation rate was 55% and the 95% confidence limits for this percentage are 53% - 58%. The overall consent/authorisation rate was 61% and the 95% confidence limits for this percentage are 59% - 62%.

When a patient had expressed an opt in decision, the DBD consent/authorisation rate was 95% compared to 58% when deemed consent/authorisation applied and 52% 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 85% compared with 47% and 34% respectively. Overall, these rates were 89% for expressed opt ins compared with 51% for deemed consent/authorisation and 42% for other.

In total during the financial year, 140 families overruled their loved one's expressed opt in decision to be an organ donor and 540 families did not support deemed consent/authorisation.

Of the 1215 occasions when a SN-OD was present for the donation decision conversation, the DBD consent/authorisation rate was 70% compared with 23% on the 44 occasions when the SN-OD was not present. Similarly, for DCD the rate was 60% of 1672 compared with 14% of the 177 occasions when the SN-OD was not present. The overall rate was 64% (N=2887) compared with 15% (N=221).

Table 5 Reasons why the family did not support organ donation

	DBD		DCD	
	N	%	N	%
Patient had previously expressed a wish not to donate	94	23.4	167	20.2
Family were not sure whether the patient would have agreed to donation	49	12.2	113	13.7
Family felt it was against their religious/cultural beliefs	49	12.2	28	3.4
Family did not want surgery to the body	42	10.5	57	6.9
Family felt the length of time for the donation process was too long	30	7.5	167	20.2
Strong refusal - probing not appropriate	25	6.2	39	4.7
Family felt patient had suffered enough	24	6.0	78	9.4
Other	24	6.0	58	7.0
Patient had registered a decision to Opt Out	21	5.2	43	5.2
Family felt that the body should be buried whole (unrelated to religious/cultural reasons)	13	3.2	17	2.1
Family divided over the decision	12	3.0	20	2.4
Family did not believe in donation	5	1.2	9	1.1
Family wanted to stay with the patient after death	5	1.2	17	2.1
Family had difficulty understanding/accepting neurological testing	3	0.7	-	-
Family concerned other people may disapprove/be offended	3	0.7	4	0.5
Family concerned that organs may not be transplantable	2	0.5	8	1.0
Family believe patient's treatment may have been limited to facilitate organ donation	-	-	1	0.1
Total	**401**	**100.0**	**826**	**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 (23% and 20% respectively). Other common reasons why the family did not support organ donation for DBD patients were that the family was not sure whether the patient would have agreed to organ donation, that the families felt it was against their religious/cultural beliefs 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.

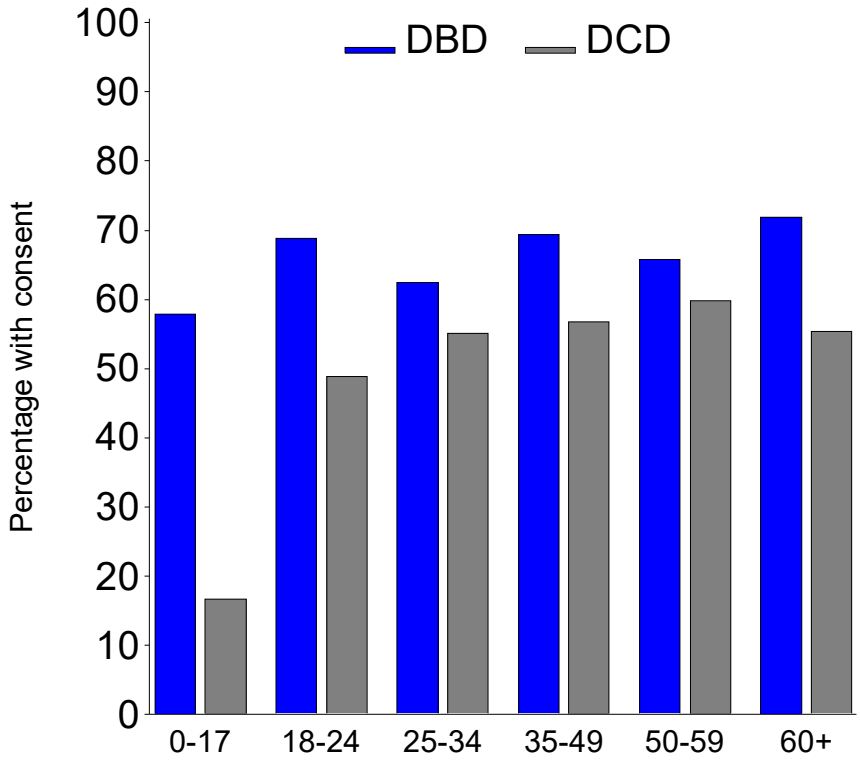
9 Consent/authorisation rates by demographics

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 1,259 eligible DBD and 1,848 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 (72%) and for eligible DCD in the 50-59 age group (60%). The lowest consent/authorisation rate for both eligible DBD and eligible DCD was in the 0-17 age group (58% and 17% respectively). The differences in consent/authorisation rate across the six age groups for DBD are not statistically significant (p=0.1) and for DCD are statistically significant (Chi-squared p<0.001).

When comparing only between adult and paediatric (<18 years), the differences in consent/authorisation rate for DBD are not statistically significant (p=0.09) and for DCD are statistically significant (Chi-squared p<0.001).

Additional information on trends in organ donation and transplantation in paediatrics can be found in the Annual report on donation and transplantation in paediatric patients here: https://www.odt.nhs.uk/statistics-and-reports/.

Figure 3 Age variation in consent/authorisation rate



Consent/authorisation rates for patients from the white ethnic groups are compared with those of patients from ethnic minority groups and are shown in **Figure 4**. Note that there were an additional 10 DBD and 23 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 donors from white ethnic groups compared to 34% for eligible donors from ethnic minority groups. The 95%

confidence limits for these DBD consent/authorisation rates are 72% - 77% and 27% - 41%, respectively.

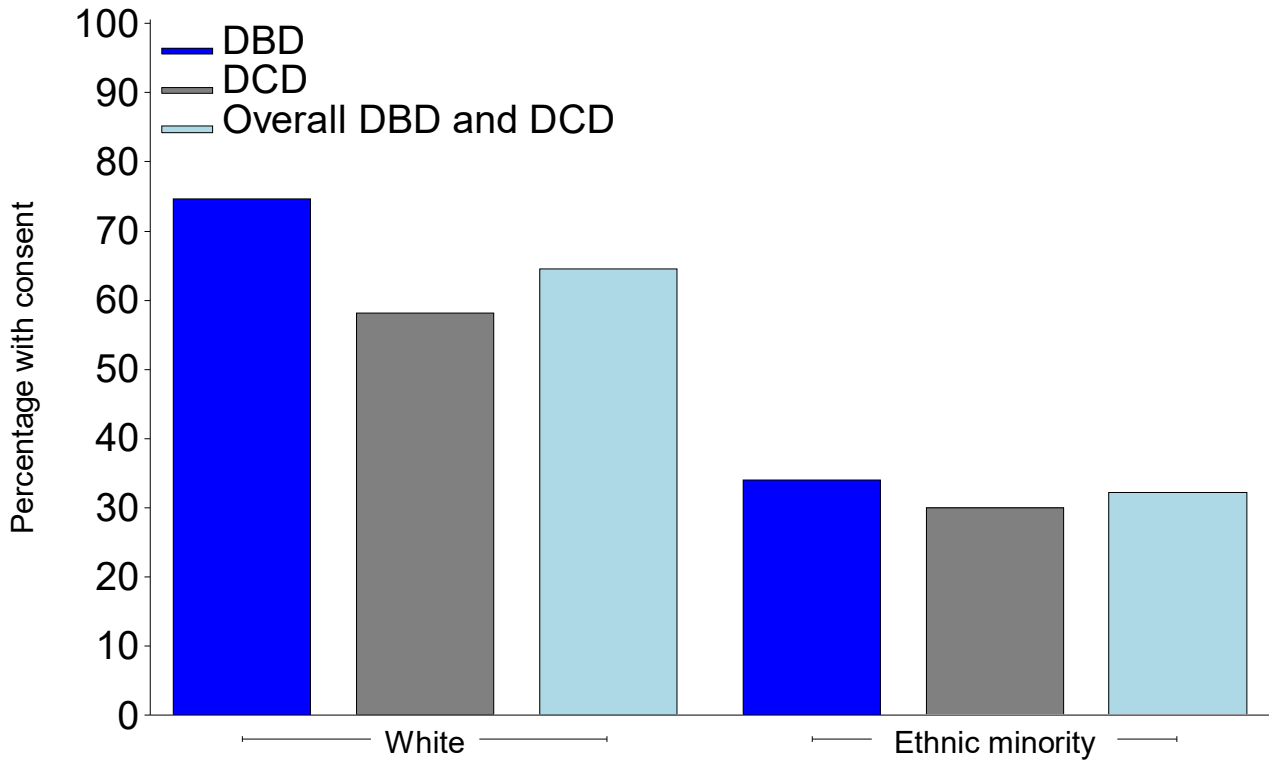
For eligible DCD, the consent/authorisation rates were 58% for eligible DCD donors from white ethnic groups and 30% for eligible DCD donors from ethnic minority groups. The 95% confidence limits for these DCD consent/authorisation rates are 56% - 61% and 23% - 37%, respectively.

The overall consent/authorisation rates were 65% for eligible donors from white ethnic groups and 32% for eligible donors from ethnic minority groups. The 95% confidence limits for overall consent/authorisation rates are 63% - 66% and 27% - 37%,respectively.

The difference between consent/authorisation rates for eligible DBD donors from white ethnic groups and eligible DBD donors from ethnic minority groups is statistically significant (Chi-squared p<.0001). The difference between consent/authorisation rates for eligible DCD donors from white ethnic groups and eligible DCD donors from ethnic minority groups is statistically significant, (Chi-squared 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



10 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, 92% of the eligible DBD and 70% 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, accounting for 24% of cases. Another 14% of cases did not proceed to donation due to coroner/fiscal refusal. A further 13% were declined due the organs being deemed medically unsuitable on surgical inspection and 10% due to the donor having no transplantable organs.

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 53% of cases. Another 19% of non-proceeding DCD donors were due to recipient centres deeming the organs to be medically unsuitable.

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	17	24.3	58	18.6
Consent / Auth - Coroner/Procurator fiscal refusal	10	14.3	8	2.6
Clinical - Organs deemed medically unsuitable on surgical inspection	9	12.9	6	1.9
Clinical - No transplantable organ	7	10.0	12	3.8
Consent / Auth - NOK withdraw consent / authorisation	6	8.6	22	7.1
Clinical - Patient actively dying	4	5.7	7	2.2
Clinical - Considered high risk donor	4	5.7	8	2.6
Clinical - Absolute contraindication to organ donation	3	4.3	5	1.6
Clinical - Patient asystolic	3	4.3	1	0.3
Clinical - Other	3	4.3	7	2.2
Clinical - Positive virology	2	2.9	-	-
Clinical - Patient's general medical condition	1	1.4	6	1.9
Consent / Auth - NOK declined organ donation	1	1.4	-	-
Clinical - DCD clinical exclusion	-	-	2	0.6
Clinical - Predicted PTA therefore not attended	-	-	1	0.3
Clinical - PTA post WLST	-	-	164	52.6
Consent / Auth - Family placed conditions on donation	-	-	1	0.3
Consent / Auth - Other	-	-	1	0.3
Logistical - Unit unable to maintain patient	-	-	1	0.3
Logistical - Retrieval team not available	-	-	1	0.3
Logistical - Other	-	-	1	0.3
Total	**70**	**100.0**	**312**	**100.0**

11 FIVE-YEAR TRENDS IN KEY NUMBERS AND RATES

Figures 5 to 9 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.

Since 2019 the testing rate has decreased from 87% to 76%, with the number of neurological death tested patients decreasing. The DBD referral rate has remained stable at 99% and the DCD rate has been steadily increasing from 91% to 93%, with the exception of 2020/21 where large 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 for DCD, increasing from 89% to 90% and this rate has remained stable at about 96% to 97% in DBD. The consent/authorisation rate has been decreasing over the last five years in both DBD and DCD, going from 72% down to 68% in DBD and from 65% down to 55% in DCD. Similarly, the consent/authorisation rate when excluding ODR opt outs has also fallen in both DBD and DCD over the last five years from 73% to 69% in DBD and from 65% to 56% in DCD.

Figure 5 **Number of patients with suspected neurological death, 1 April 2019 – 31 March 2024**

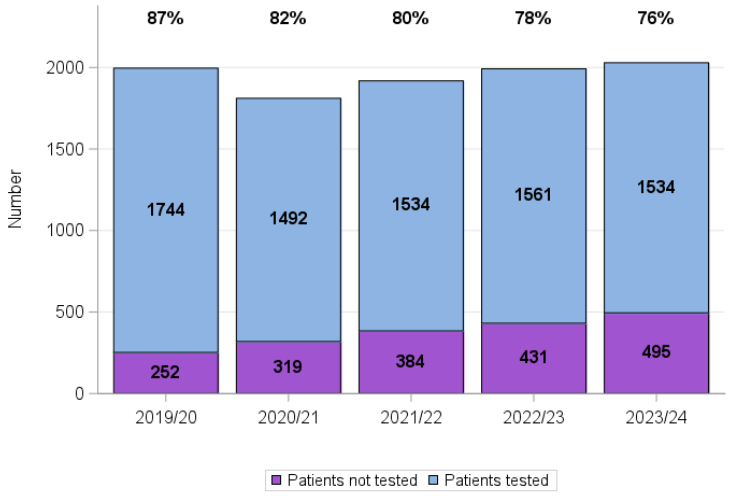
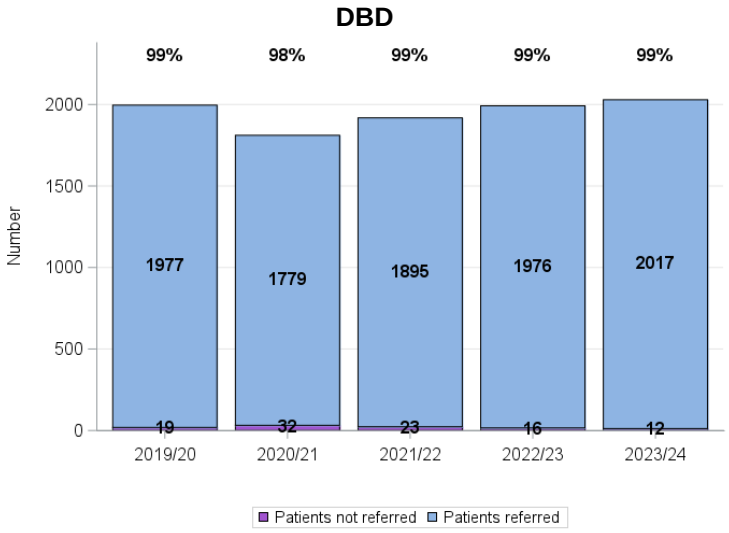
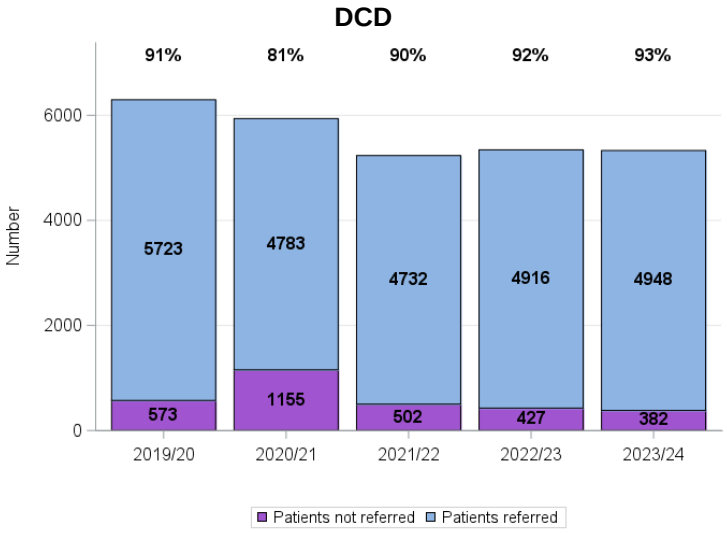


Figure 6 Number of patients meeting referral criteria, 1 April 2019 – 31 March 2024





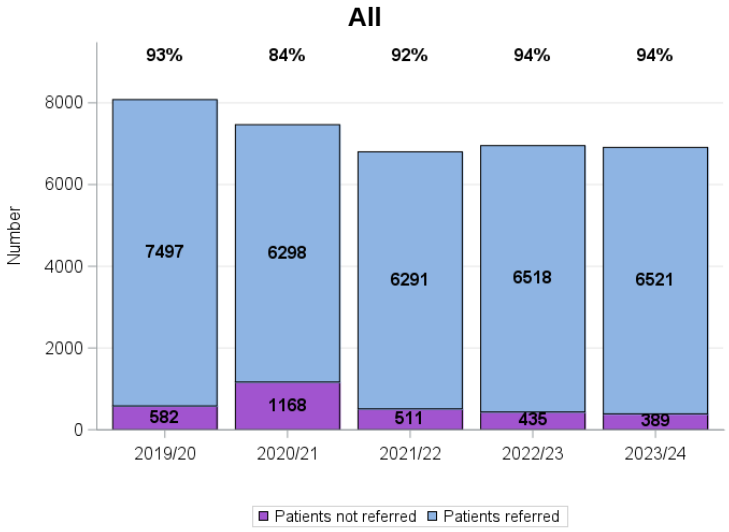
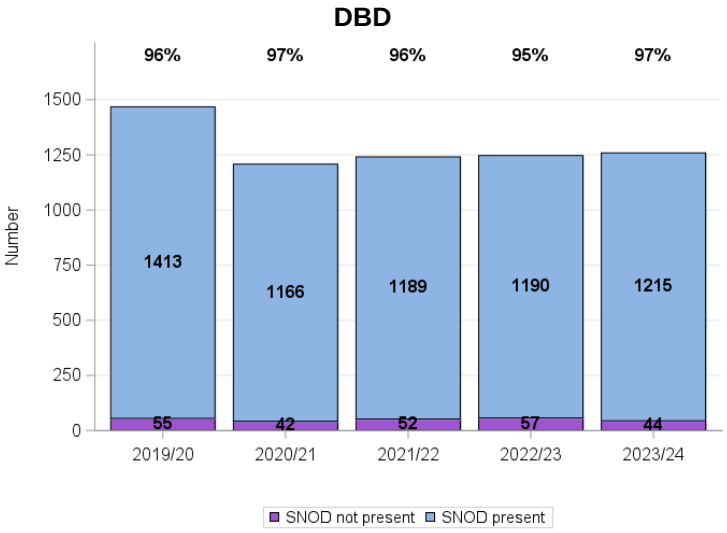
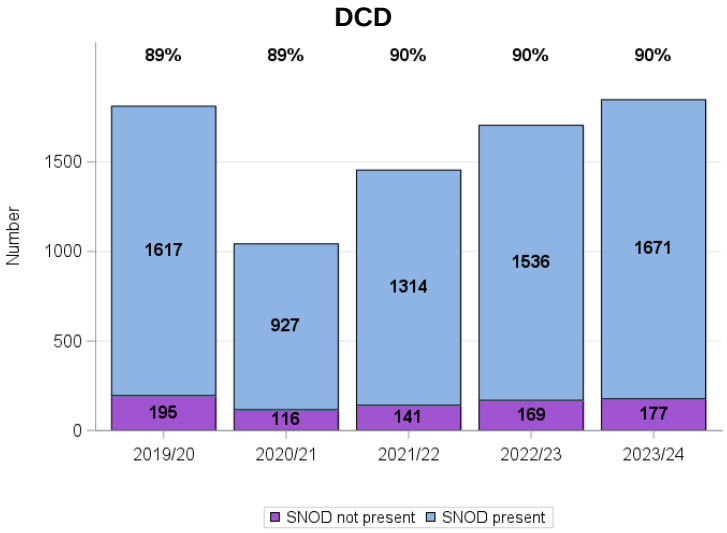


Figure 7 Number of families approached by SNOD presence, 1 April 2019 – 31 March 2024





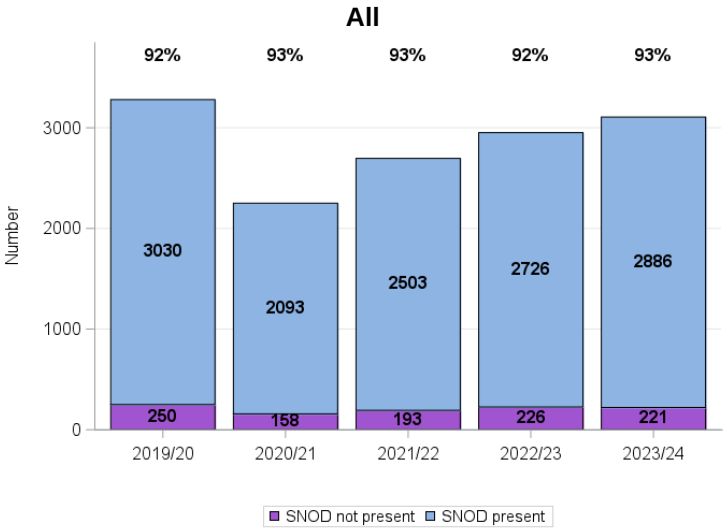
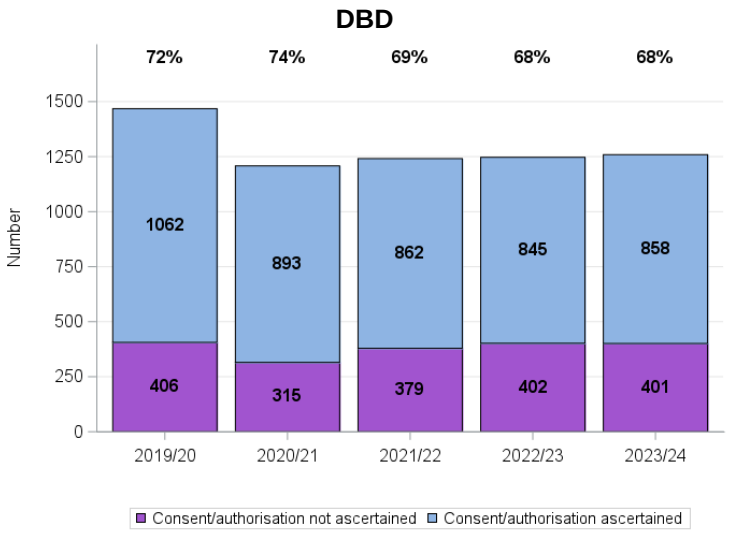
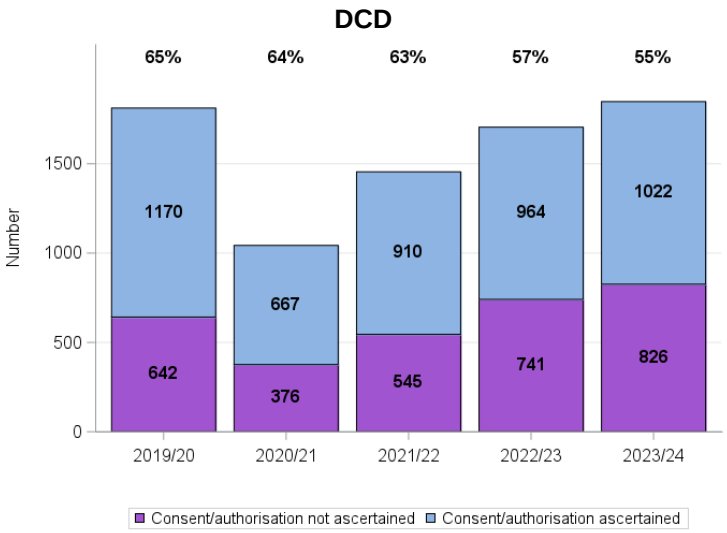


Figure 8 **Number of families approached by consent/authorisation ascertained, 1 April 2019 – 31 March 2024**





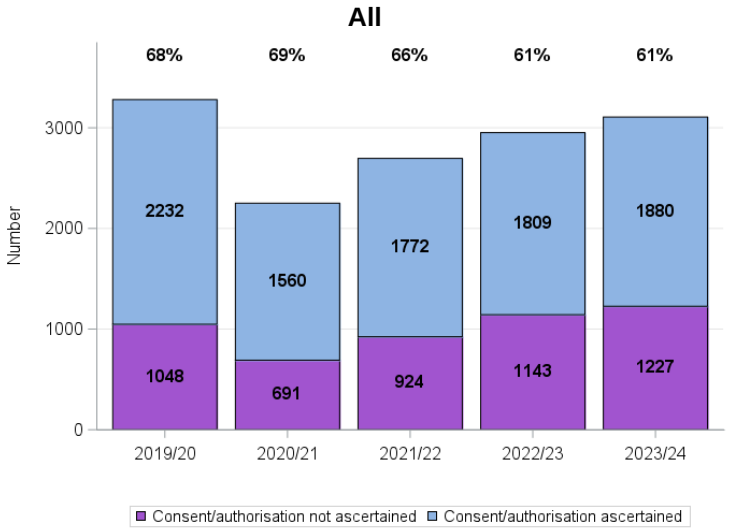
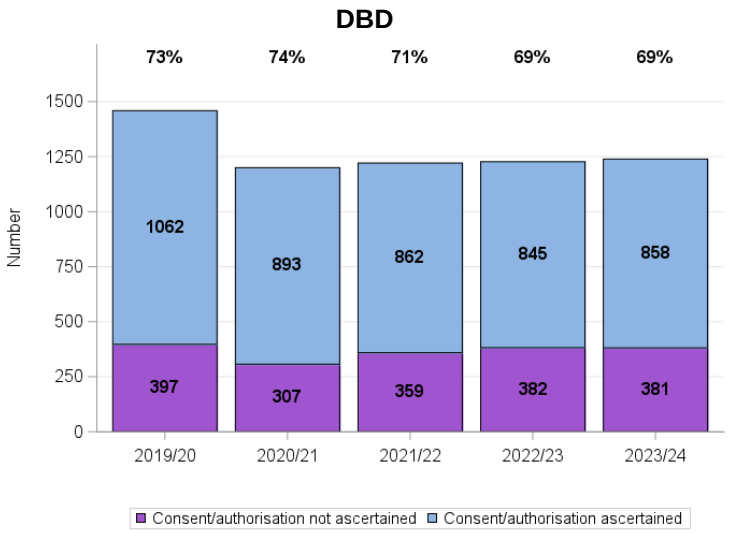
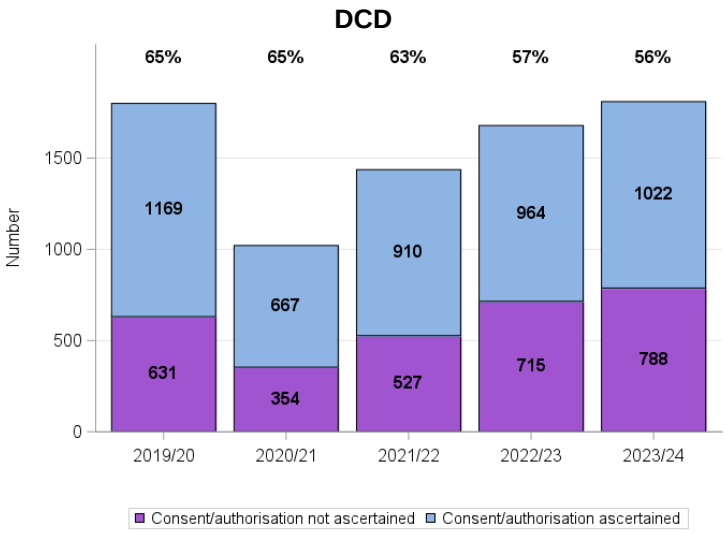
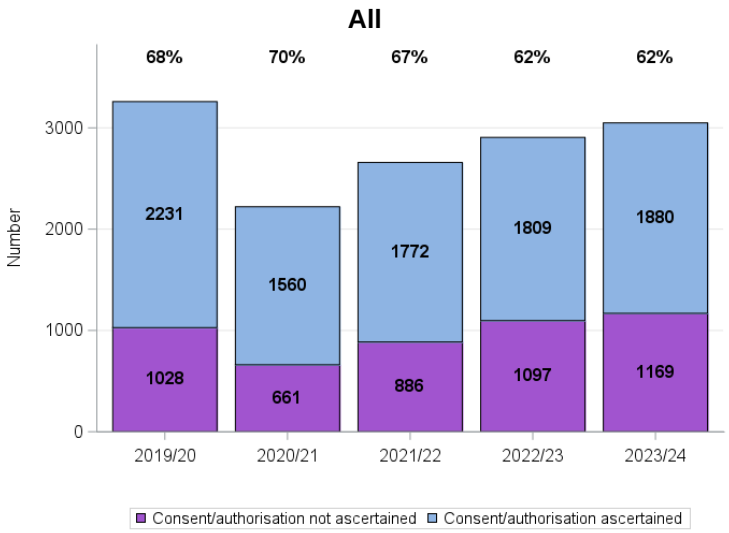


Figure 9 **Number of families approached by consent/authorisation ascertained excluding ODR opt outs, 1 April 2019 – 31 March 2024**







Appendix I - Definitions

PDA patient selection criteria from April 2013 onwards: Deaths in critical or emergency care in patients aged 80 years and under (prior to 81st birthday).
Data excluded: Patients who did not die on a critical care unit or an emergency department and patients aged over 80 years are excluded.

Donation after brain death (DBD)	
Suspected neurological death	A patient who meets all of the following criteria: invasive ventilation, Glasgow Coma Scale 3 not explained by sedation, no respiratory effort, fixed pupils, no cough or gag reflex Excluding those not tested due to reasons 'cardiac arrest despite resuscitation', 'brainstem reflexes returned', 'neonates – below 37 weeks corrected gestational age' Previously referred to as brain death
Neurological death tested	Neurological death tests were performed to confirm and diagnose death
DBD referral criteria	A patient with suspected neurological death
Specialist Nurse Organ Donation or Organ Donation Services Team Member (SNOD)	A member of Organ Donation Services Team including ; Team manager, Specialist Nurse Organ Donation, Specialist Requester, Donor Family Care Nurse
Referred to SNOD	A patient with suspected neurological death referred to a SNOD A referral is the provision of information to determine organ donation suitability NICE CG135 (England) : Triggers for clinicians to refer a potential donor are a plan to withdraw life sustaining treatment or a plan to perform neurological death tests
Potential DBD donor	A patient with suspected neurological death
Absolute contraindications	Absolute medical contraindications identified in assessment which clinically preclude organ donation as per NHSBT criteria (**POL188**) Absolute medical contraindications to donation are listed here: https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/17160/clinical-contraindications-to-approaching-families-for-possible-organ-donation-pol188.pdf
Eligible DBD donor	A patient confirmed dead by neurological death tests, with no absolute medical contraindications to solid organ donation
Donation decision conversation	Family of eligible DBD asked to make or support patient's organ donation decision - This includes clarifying an opt out decision
Consent/Authorisation ascertained	Family supported opt in decision, deemed consent/authorisation, or where applicable the family or nominated/appointed representative gave consent/authorisation for organ donation
Actual donors: DBD	Patients who became actual DBD donors following confirmation of neurological death, as reported through the PDA (80 years and below) At least one organ donated for the purpose of transplantation (includes organs retrieved for transplant however used for research)
Actual donors: DCD	Patients who became actual DCD donors following confirmation of neurological death, as reported through the PDA (80 years and below) At least one organ donation for the purpose of transplantation (includes organs retrieved for transplant however used for research)
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 referred to the SNOD
Donation decision conversation rate	Percentage of eligible DBD families or nominated/appointed representatives who were asked to make or support an organ donation decision - This includes clarifying an opt out decision
Consent / authorisation rate	Percentage of donation decision conversations where consent/authorisation was ascertained
SNOD presence rate	Percentage of donation decision conversations where a SNOD was present (includes telephone and video call conversations)
Consent / authorisation rate where SNOD was present	Percentage of donation decision conversations where a SNOD was present and consent/authorisation for organ donation was ascertained (as above)

Donation after circulatory death (DCD)	
Imminent death anticipated	A patient, not confirmed dead using neurological criteria, receiving invasive ventilation, in whom a clinical decision to withdraw treatment has been made and a controlled death is anticipated within a time frame to allow donation to occur (as determined at time of assessment)
DCD referral criteria	A patient for whom imminent (controlled) death is anticipated following withdrawal of life sustaining treatment (as defined above)
Specialist Nurse Organ Donation or Organ Donation Services Team Member (SNOD)	A member of Organ Donation Services Team including Team manager, Specialist Nurse Organ Donation, Specialist Requester, Donor Family Care Nurse
Referred to SNOD	A patient for whom imminent death is anticipated who was referred to a SNOD A referral is the provision of information to determine organ donation suitability NICE CG135 (England) : Triggers for clinicians to refer a potential donor are a plan to withdraw life sustaining treatment or a plan to perform neurological death tests
Potential DCD donor	A patient who had treatment withdrawn and imminent death was anticipated within a time frame to allow donation to occur
Absolute contraindications	Absolute medical contraindications identified in assessment which clinically preclude organ donation as per NHSBT criteria (POL188) Absolute medical contraindications to donation are listed here: https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/17160/clinical-contraindications-to-approaching-families-for-possible-organ-donation-pol188.pdf
Eligible DCD donor to be assessed	A patient who had treatment withdrawn and imminent (controlled) death was anticipated, with no absolute medical contraindications to solid organ donation
DCD exclusion criteria	DCD specific criteria determine a patient's suitability to donation when there are no absolute medical contraindications (see absolute contraindications documentation above)
DCD screening process	Process by which an organ may be screened with a local and national transplant centre to determine suitability of organs for transplantation
Medically suitable eligible DCD donor	An eligible DCD donor to be assessed considered to be medially suitable for donation (i.e. no DCD exclusions and not deemed unsuitable by the screening process)
Donation decision conversation	Family of medically suitable eligible DCD donor who were asked to make or support patient's organ donation decision - This includes clarifying an opt out decision
Consent/Authorisation ascertained	Family supported opt in decision, deemed consent/authorisation, or where applicable the family or nominated/appointed representative gave consent/authorisation for organ donation
Actual DCD	DCD patients who became actual DCD as reported through the PDA (80 years and below) At least one organ donated for the purpose of transplantation (includes organs retrieved for transplant however used for research)
Referral rate	Percentage of patients for whom imminent (controlled) death was anticipated who were referred to a SNOD
Donation decision conversation rate	Percentage of medically suitable eligible DCD families or nominated/appointed representatives who were asked to make or support an organ donation decision - This includes clarifying an opt out decision
Consent / authorisation rate	Percentage of donation decision conversations where consent/authorisation was ascertained
SNOD presence rate	Percentage of donation decision conversations where a SNOD was present (includes telephone and video call conversations)
Consent / authorisation rate where SNOD was present	Percentage of donation decision conversations where a SNOD was present and consent/authorisation for organ donation was ascertained (as above)

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