SNOD 'Involvement'

Discussion Paper

With the focus on missed opportunities, the subjectivity of the definition of SNOD involvement has once again been brought into question.

In 2016 Dr Simon Flood, Yorkshire CLOD, highlighted variance in how SNODs interpret and input into the PDA.

Dr Smith, an ICU consultant and SN Rogers, a critical care nurse meet with Mr & Mrs Jones, a couple whose daughter Rebecca was admitted to ICU with a catastrophic brain injury. After sensitively explaining that sadly Rebecca has died as a result of her injuries, Dr Smith asks the couple if their daughter would wish to be an organ donor. Mr and Mrs Jones feel that Rebecca would probably want to help someone else after her death. Following this conversation, Dr Smith refers the patient to Ruth the embedded SNOD. Ruth attends the unit half and hour later and meets with Mr and Mrs Jones. The couple consent to donation and sometime later their daughter donates her kidneys, lungs and liver.

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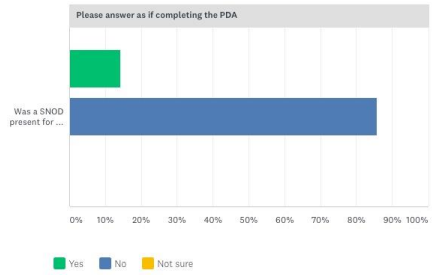

Stuart, an embedded SNOD receives a referral from Sister White about a patient the team are planning to brainstem test. Stuart checks the register and then attends the unit after the first set of tests. After reviewing the medical notes he meets with Sister White and the ICU consultant to plan the family approach. They agree that after the second set of tests, Sister White and the consultant will explain the results of the brainstem tests to the family and then invite Stuart to join them to explore the patient's end of life wishes. Tests confirm that the patient is brainstem dead. During the first discussion (without Stuart present) the family ask about the possibility of donation as the patient had expressed a wish to be a donor. Sister White explains Stuart, a specialist nurse for organ donation will talk to them about how the patient's wishes may be fulfilled. The family subsequently meet with Stuart and consent to donation.

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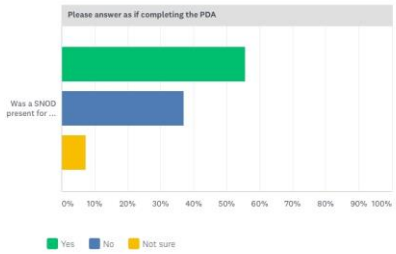


The PDA definition has changed over time.

2014		2017	
Family approached for consent / authorisation	Family of eligible DBD / DCD asked to make a decision on donation.	**Family approached for formal organ donation discussion**	Family of eligible DBD asked to support patient's expressed or deemed consent/authorisation, informed of an 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.
SN-OD involvement rate	Percentage of family approaches where a SN-OD was involved.	**SN-OD presence rate**	Percentage of formal organ donation discussions with families or nominated/appointed representatives where a SN-OD was present.

The 2017 definition is clearer regarding SNOD presence rather than merely involvement which could theoretically be over the phone.

A key remaining subjective component of both the 2014 and 2017 definitions is around defining SNOD presence at the families 'formal' or 'decision moment'.

NICE 135: A multidisciplinary team (MDT) should be responsible for planning the approach and discussing organ donation with those close to the patient.
The MDT should include:

- the medical and nursing staff involved in the care of the patient, led throughout the process by an identifiable consultant
- the specialist nurse for organ donation
- local faith representative(s) where relevant.

Examples

	PDA definition of SNOD presence satisfied.
Family spontaneously tell the clinical team they wish donation to occur.	Maybe
SNOD present for the breaking bad news conversation and later for donation decision.	Yes
SNOD present for the breaking bad news conversation but family raise donation separately with clinical team.	Maybe
Clinician breaks bad news without SNOD being present and brings SNOD into second conversation to discuss donation.	Yes
Clinician breaks bad news and asks about donation. Only if family agrees to donation does the SNOD meet family.	No
Clinician breaks bad news and raises the possibility of donation without SNOD being present but does not seek a decision from the family. SNOD is introduced at that point to support the family decision process.	Yes

2020 goal

Families of potential donors will only be approached by someone who is both specifically trained and competent in the role, and provide training packages and accreditation to those who wish to develop this competence.

From NHSBT perspective, in the UK SNODs are the individuals who have been best provided with this training and accreditation.

SNOD involvement is not however the 2020 ultimate goal. The goal is increased consent / authorisation which will result in more donors and therefore more transplants.

There are two important components of SNOD 'involvement'

1. A SNOD discusses donation with a family.
2. The quality and timing of that discussion.

The first component (SNOD discusses donation with a family) is easily measurable and binary, making it very suitable for a PDA question and statistical comparison between cases, hospitals and regions.

The second component allows more sophisticated analysis of the quality of that discussion. For example, in our Anaesthesia (2016) paper on 'Factors influencing the family consent rate for organ donation in the UK' families were more likely to say yes to DCD if they were present for the withdrawal conversation.

Discussion

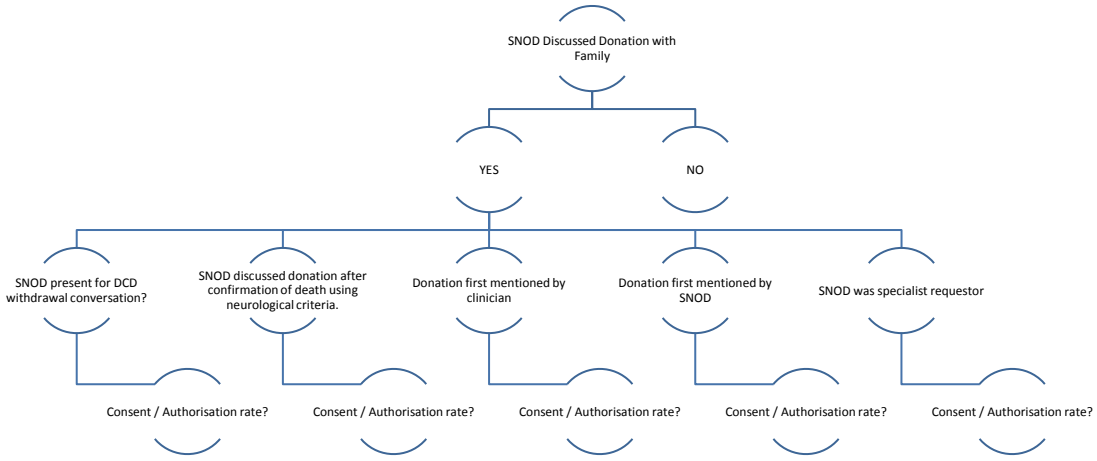
With dramatically improved SNOD 'involvement' rates over time there has not been an associated dramatic improvement in consent / authorisation. Yet we know that SNOD presence increases consent / authorisation for families.

It is likely the 'SNOD effect' can be found in the quality and timing of family discussions. A PDA that allows us to more clearly measure and seek to improve the quality and timing of the family donation discussion may help increase the consent / authorisation rate.

The focus to date has been predominantly on SNOD presence rather than the quality of that presence. With SNOD presence now over 90% in some regions it is timely that we begin using the PDA to help us improve the quality of that presence.

Discussion Proposal

The below is an example only, which would need development into a full proposal.



While much of the above is already captured in the PDA the proposal is:

1. Have a very simple and un-ambiguous definition of SNOD 'involvement'
2. Make greater effort to use the PDA to highlight where improvements in the quality and timing of the SNOD discussion can be enhanced.

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