

**Except from Potential Donor Audit Pilot Data Dictionary**

Table 1: Data dictionary

PDA Question	Codes and Values	Data definitions
Subject to Data Governance, please confirm that the patient is deceased	Tick box response option	Self-explanatory
Hospital and Unit in which the patient died?	<ul style="list-style-type: none"> <li>• Beaumont Hospital Dublin               <ul style="list-style-type: none"> <li>a. Beaumont Hospital General ICU</li> <li>b. Richmond (Neurosurgical) ICU</li> </ul> </li> <li>• CHI at Crumlin PCCU</li> <li>• Cork University Hospital               <ul style="list-style-type: none"> <li>a. Cork University Hospital General ICU</li> <li>b. Cork University Hospital Cardiothoracic ICU</li> </ul> </li> <li>• St James' Hospital Dublin               <ul style="list-style-type: none"> <li>a. St James's Hospital General ICU</li> <li>b. St James's Hospital Cardiothoracic ICU</li> <li>c. St James's Hospital Burns ICU</li> <li>d. St James's HDU</li> </ul> </li> <li>• Mater Misericordiae University Hospital Dublin</li> <li>• University Hospital Galway</li> <li>• University Hospital Limerick</li> </ul>	Self-explanatory
MRN	Hospital Medical Record Number	Self-explanatory
Date of patient death	YYYY-MM-DD	Self-explanatory
Time of patient death	HH:MM	<ul style="list-style-type: none"> <li>• Time of asystole</li> <li>• Time of second set of brainstem tests</li> </ul>

PDA Question	Codes and Values	Data definitions
Was the patient invasively ventilated immediately prior to Withdrawal of Life Sustaining Therapy, neurological death testing or death?	Yes No	Invasive ventilation is positive pressure delivered to the patient's lungs via an endotracheal tube or a tracheostomy tube
Cause of Death	Neurological cause of death Non-neurological cause of death	Self-explanatory
Neurological Cause of Death	<ul style="list-style-type: none"> <li>• Haemorrhagic stroke (including non-traumatic SAH)</li> <li>• Ischaemic stroke</li> <li>• Anoxic brain injury</li> <li>• Infective disease of the CNS - non-abscess</li> <li>• Brain Abscess</li> <li>• Space occupying lesion of brain - non abscess</li> <li>• Traumatic Brain Injury</li> <li>• Other</li> <li>• Unknown</li> </ul>	Self-explanatory
Was this patient an actual DCD donor or did they have the potential to become a DCD donor	Yes No	See Absolute Medical Contraindications
Date of birth /Age	YYYY-MM-DD Unknown	Self-explanatory
Sex	Male Female Unknown	The patient's sex assigned at birth

PDA Question	Codes and Values	Data definitions
Religion	Dropdown response options: <ul style="list-style-type: none"> <li>• No religion</li> <li>• Roman Catholic</li> <li>• Church of Ireland</li> <li>• Islam</li> <li>• Orthodox Christian</li> <li>• Presbyterian</li> <li>• Jehovah's Witness</li> <li>• Other, write in religion</li> <li>• Unknown</li> </ul>	A personal set or institutionalised system of religious attitudes, beliefs, and practices
Country of birth	Dropdown response option of all countries in the world	Self-explanatory
Ethnicity	Dropdown response options: White - Irish <ul style="list-style-type: none"> <li>• White - Irish traveller</li> <li>• White - Roma</li> <li>• White - Any other White background</li> <li>• Black or Black Irish - African</li> <li>• • Black or Back Irish - Any other Black background</li> </ul> Asian or Asian Irish - Chinese Asian or Asian Irish - Indian / Pakistani / Bangladeshi Asian or Asian Irish - Any other Asian background Arabic Mixed, write in description Other, write in description Unknown	Self-explanatory

PDA Question	Codes and Values	Data definitions
Did the patient meet the criteria for brainstem testing	Yes No	Each of the criteria for brainstem testing (ICSI, 2020) must be met in order to answer a "yes response": <ul style="list-style-type: none"> <li>o establish that coma is due to a condition which can cause irreversible brain damage,</li> <li>o exclude reversible factors,</li> <li>o demonstrate the loss of all cranial nerve and brainstem responses which can be tested in coma (i.e. pupils unreactive, no cough, no apparent respiratory effort).</li> </ul>
Did brainstem and / or ancillary testing occur	Yes No	For brainstem testing to be complete, two sets of brainstem tests must be performed according to the ICSI (2020) guidelines.
Please select reasons why brainstem and / or ancillary testing did not occur?	<ul style="list-style-type: none"> <li>• Not identified as a potential organ donor</li> <li>• Absolute medical contraindication(s)</li> <li>• Locally-determined medical contraindication(s)</li> <li>• Patient did not wish to become an organ donor</li> <li>• ICU resource issue</li> <li>• Cardiac arrest before brainstem testing</li> <li>• Patient thought to be outside age criteria for organ donation</li> <li>• Reluctance to approach family</li> <li>• Family had already expressed a wish not to donate</li> <li>• Cardiorespiratory instability</li> <li>• Not identified as potentially brainstem dead</li> <li>• Reversible causes of coma could not be excluded</li> <li>• Unable to examine all brain stem reflexes</li> <li>• Unable to undertake ancillary tests</li> <li>• One or more brainstem reflexes remained intact</li> <li>• Family reasons not to brainstem test</li> <li>• Other, please specify</li> </ul>	See Appendix 2: Additional guidance for PDA audit coordinators and clinical leads

PDA Question	Codes and Values	Data definitions
Was death by neurological criteria confirmed?	Yes No	For brainstem testing to be complete, two sets of brainstem tests must be performed according to the ICSI (2020) guidelines.
Was there Withdrawal of Life Sustaining Therapy?	Yes No	Withdrawal of Life Sustaining Therapies are processes by which medical interventions are discontinued or not further escalated, often with the understanding that the patient will most probably experience natural death from the underlying disease or related complications
What was the method of Withdrawal of Life Sustaining Therapy?	<ul style="list-style-type: none"> <li>• Extubation</li> <li>• Reduction or withdrawal of supports but not extubated</li> <li>• Decision to remain on current level of intervention with no further escalation</li> </ul>	Self-explanatory
Date of Withdrawal of Life Sustaining Therapy?	YYYY-MM-DD	Please note the date of commencement of Withdrawal of Life Sustaining Therapy
Time of Withdrawal of Life Sustaining Therapy?	HH:MM	Please note the time of commencement of Withdrawal of Life Sustaining Therapy
Derive time to death from 'date-time of death' minus 'date-time of Withdrawal of Life Sustaining Therapy'	Hours and Minutes	No data entry required – automatically derived

PDA Question	Codes and Values	Data definitions
Was the patient referred to organ donation personnel?	Yes No	NHSBT Definition: A referral is the provision of information to ODP to determine organ donation suitability. NICE CG135 (England). Any form of contact is acceptable for a referral - conversation, phonecall or written information. It must be documented in the ODNM call log / medical notes patient healthcare record / identified through conversations with relevant personnel involved. ODP includes: Clinical Lead in Organ Donation, Organ Donation Nurse Manager or to the National Organ Procurement Service
When was the patient first referred to ODP?	<ul style="list-style-type: none"> <li>• Prior to brainstem testing</li> <li>• Between the first and second sets of brainstem tests After brainstem tests have been completed and death has been confirmed</li> <li>• Between a decision to Withdraw Life Sustaining Therapy and Withdrawal of Life Sustaining Therapy</li> <li>• Following Withdrawal of Life Sustaining Therapy</li> </ul>	Self-explanatory

PDA Question	Codes and Values	Data definitions
Please identify reason(s) for not referring to organ donation personnel	<ul style="list-style-type: none"> <li>• Not identified as a potential organ donor (i.e. not considered)</li> <li>• Patient thought to be medically unsuitable for organ donation, please specify_____</li> <li>• Patient thought to be outside age criteria</li> <li>• Reluctance to approach family</li> <li>• Coroner refusal (No other options can be selected)</li> <li>• Ward of court (No other options can be selected)</li> <li>• Known patient wish not to be a donor</li> <li>• Family declined donation</li> <li>• Patient was not expected to die within the timeframe compatible with organ donation</li> <li>• The nature of the withdrawal or limitation of treatment was not compatible with DCD</li> <li>• ICU resource issue</li> <li>• Cardiac arrest prior to referral (No other options can be selected)</li> <li>• Patient unidentified (No other options can be selected)</li> <li>• No family/next of kin (No other options can be selected)</li> <li>• Clinician chose not to refer (No other options can be selected)</li> <li>• Other: Please specify</li> </ul>	<p>Explanation for why referral did not occur to either Clinical Lead in Organ Donation, Organ Donation Nurse Manager or to the National Organ Procurement Service</p> <p>See Appendix 2: Additional guidance for PDA audit coordinators and clinical leads</p>
Was the family approached regarding organ donation	Yes	Family approach relates the formal, planned, family discussion between family and ICU MDT about organ donation

PDA Question	Codes and Values	Data definitions
Please identify reason(s) for not formally approaching the family about organ donation?	<ul style="list-style-type: none"> <li>• Patient was not expected to die within the timeframe compatible with organ donation</li> <li>• Unable to contact the family</li> <li>• Family had already expressed wish not to donate</li> <li>• Coroner refusal</li> <li>• Ward of court patient</li> <li>• ICU resource issue</li> <li>• Medical contraindication(s) to organ donation</li> <li>• Patient not identified as a potential donor</li> <li>• Patient thought to be medically unsuitable</li> <li>• Patient thought to be outside age criteria</li> <li>• Family deemed too upset to approach</li> <li>• Cardiac arrest before approach made</li> <li>• Other: please specify</li> </ul>	See Appendix 2: Additional guidance for PDA audit coordinators and clinical leads
When was the family formally approached?	<ul style="list-style-type: none"> <li>• During prognosis conversation</li> <li>• Separate to the prognosis conversation but before brainstem testing</li> <li>• After the first set of brainstem tests and before the second set of brainstem tests</li> <li>• Within the second brainstem tests results conversation</li> <li>• Following brainstem tests or Withdrawal of Life Sustaining Therapy conversation</li> </ul>	Self-explanatory
Who was present for the formal approach?	<p>Response options:</p> <ul style="list-style-type: none"> <li>• Hospital group organ donation personnel • ICU Consultant</li> <li>• Primary Team Consultant</li> <li>• ICU NCHD</li> <li>• Primary Team NCHD</li> <li>• Bed-side nurse</li> <li>• Nurse-in-charge</li> <li>• Faith representative</li> <li>• Professional interpreter</li> </ul>	Self-explanatory



PDA Question	Codes and Values	Data definitions
Who was the lead person for the formal approach?	Response options: <ul style="list-style-type: none"> <li>• Hospital group organ donation personnel • ICU Consultant</li> <li>• Primary Team Consultant</li> <li>• ICU NCHD</li> <li>• Primary Team NCHD</li> <li>• Bed-side nurse</li> <li>• Nurse-in-charge</li> </ul>	Who was driving the conversation? Lead person from auditors perspective from the start (not necessarily the person who got the form signed)?
Were there any informal discussions held	Yes No	Was the topic of organ donation raised prior to the family approach?
Who raised the idea of organ donation prior to a family approach	Hospital personnel (ICU) Hospital personnel (ED) Family	This question only relates to an informal discussion.
Did the family assent to organ donation	Yes No	Did the family verbally agree to organ donation

PDA Question	Codes and Values	Data definitions
Please select reason(s) why the family did not assent	<ul style="list-style-type: none"> <li>• Family unsure about patient's wishes</li> <li>• Patient did not wish to become an organ donor</li> <li>• Family concerned that organ donation would delay post-mortem or funeral</li> <li>• Cultural / Religious reasons</li> <li>• Family not prepared to wait the time required for organ donation</li> <li>• Family uncomfortable with the organ donation process(including who receives the organs)</li> <li>• Family did not accept death by neurological criteria or that death was imminent</li> <li>• Family dissatisfied with patient care</li> <li>• Family felt that the patient has "suffered" or been through enough</li> <li>• Family divided over the decision</li> <li>• Family wanted to stay with patient after patient death</li> <li>• Family felt that the body should be buried whole (unrelated to religious / cultural reasons)</li> <li>• Strong refusal, probing not appropriate</li> <li>• Other: Please specify</li> </ul>	See Appendix 2: Additional guidance for PDA audit coordinators and clinical leads
Did organ donation occur?	Yes No	The occurrence of organ donation is measured as knife-to-skin
What type of organ donation occurred?	Donation after death by neurological criteria Donation after death by circulatory criteria	Self-explanatory
Please select reason(s) for non-that organ donation outcome did not proceed	<ul style="list-style-type: none"> <li>• Cardiac arrest</li> <li>• Did not die in the timeframe required for organ donation</li> <li>• Family withdrew consent after initial assent, please specify reason</li> <li>• Patient referred as a potential donor but all organs deemed medically unsuitable by the transplant centres</li> <li>• Other non-medical reasons</li> </ul>	See Appendix 2: Additional guidance for PDA audit coordinators and clinical leads

PDA Question	Codes and Values	Data definitions
Free text field that hospitals view themselves to inform training and improvement.		Do not record personal or identifiable information relating to patients, their relatives or staff within this audit teaching notes box.

## Additional Guidance for PDA Audit Coordinators and Clinical Leads

Table 2: Guidance for audit coordinators on response options for commonly occurring reasons for non-donation outcome

These response options relate to the audit questions: <ul style="list-style-type: none"> <li>Reasons for not brainstem testing /</li> <li>Reasons for not referring</li> <li>Reasons for not approaching the family</li> </ul>	Further explanation
Not identified as a potential organ donor	Self-explanatory
Absolute medical contraindication(s)	Absolute list of contraindications: Defined list for the purpose of the audit. Calculating the number of eligible donors will exclude these patients.
Locally-determined medical contraindication(s)	Locally-determined contraindication: This should only be selected when a contraindication for Organ Donation is selected as reason for not brainstem testing, referring or approaching a patient but that contraindication is not on the accepted defined list. There has been no consultation with ODP or the transplant centre.
Transplant centre determined contraindication	Transplant centre - determined contraindication: This should only be selected when a transplant centre has been consulted following an informal expression of interest and the transplant centre have made the decision regarding donor eligibility at some point in the patient journey. Calculating the number of eligible donors will exclude these patients.
Patient did not wish to become an organ donor	Self-explanatory
ICU resource issue	Any resource that is unavailable to the ICU team, including personnel or bed availability
Cardiac arrest before brainstem testing / referral / approach made	This option should only be selected if the patient experiences cardiac arrest before neurological testing / referral / approach made as appropriate.
Patient thought to be outside age criteria for organ donation	Should only be selected when hospital personnel excluding ODP thought the patient was outside the age criteria for organ donation
Reluctance to approach family	Examples may include family distress, or that the family did not demonstrate an understanding of death or imminence of death
Family had already expressed a wish not to donate	Self-explanatory

Table A.2.2: Guidance for audit coordinators on response options for reasons why brainstem and / or ancillary testing did not occur

These response options relate to the audit question: <ul style="list-style-type: none"> <li>Reasons why brainstem and / or ancillary testing did not occur?</li> </ul>	Further Explanation
Cardiorespiratory instability	Unstable Heart Rate, Respiratory rate (including apnea including oxygen saturation) and / or Blood Pressure and / or high respiratory support (High Peep/High FiO2)
Not identified as potentially brainstem dead	Self-explanatory
Reversible causes of coma could not be excluded	Exclusion of reversible cause of coma- sedative drugs; Poisoning and drug overdose; Hypothermia; Metabolic or endocrine causes and severe hypotension
Unable to examine all brain stem reflexes	Examples may include situations where it is not possible to examine all brain stem reflexes due to severe facial / head injuries or for neonatal patients
Unable to undertake ancillary tests	Example may include a situation where the personnel or equipment for ancillary tests is unavailable e.g. not in the hospital or unavailable due to weekend hours
One or more brainstem reflexes remained intact	Brainstem reflexes detected during brainstem testing e.g., cough, eye movement
Family reasons not to brainstem test	This may relate to reasons whereby brainstem testing is not acceptable

Table 3: Guidance for audit coordinators on additional response options for a) reasons for not referring and reasons for not approaching the family

These response options specifically relate to the audit questions: <ul style="list-style-type: none"> <li>Reasons for not referring</li> <li>Reasons for not approaching the family</li> </ul>	Further Explanation
Coroner refusal	Self-explanatory
Ward of court	Self-explanatory
No family/next of kin	Self-explanatory
Unable to contact the family	Self-explanatory
Patient was not expected to die within the timeframe compatible with organ donation	Timeframe specified by ICSI DCD Guidelines. Currently 90 minutes
Patient unidentified	Self-explanatory
Clinician chose not to refer	Self-explanatory
The nature of the withdrawal or limitation of treatment was not compatible with DCD	E.g. weaning of inotrope or ventilatory support rather than extubation

Table 4: Guidance for audit coordinators on additional response options for reasons why the family did not assent

These response options specifically relates to the to the audit question: <ul style="list-style-type: none"> <li>Reasons why the family did not assent</li> </ul>	Further Explanation
Family unsure about patient's wishes	Self-explanatory
Patient did not wish to become an organ donor	Self-explanatory
Family concerned that organ donation would delay post-mortem or funeral	Self-explanatory
Cultural / Religious reasons	This option can should be selected if these reasons are verbally expressed
Family not prepared to wait the time required for organ donation	Self-explanatory
Family uncomfortable with the organ donation process (including who receives the organs)	This is any aspect of the organ donation process including surgery, e.g., virology testing or tissue typing
Family did not accept death by neurological criteria or that death was imminent (broader than UK version which covers only neurological death)	Self-explanatory
Family dissatisfied with patient care	This could be any aspect of patient care and family verbalises specific issue(s)
Family felt that the patient has "suffered" or been through enough	Self-explanatory
Family divided over the decision	Self-explanatory
Family wanted to stay with patient after patient death	Self-explanatory
Family felt that the body should be buried whole (unrelated to religious / cultural reasons)	Self-explanatory
Strong refusal, probing not appropriate	Self-explanatory

Table 5: Guidance for audit coordinators on additional response options for reasons organ donation did not proceed after family assent

Specific reasons organ donation did not proceed after family assent	Further Explanation
Didn't die in the timeframe required for organ donation	Timeframe specified by ICSI DCD Guidelines. Currently 90 minutes
Family withdrew consent after initial assent	Self-explanatory
Other non-medical reasons	This relates to any non-medical issue for example logistical issues, an appropriate surgical team not being available, transport or no suitable transplant recipient