NOCA National Office of Clinical Audit

IPODA Irish Potential Organ Donor Audit

IRISH POTENTIAL ORGAN DONOR AUDIT

NATIONAL REPORT 2023-2024

APPENDICES



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Appendix 1 Identification of modifiable non donation outcomes

This Algorithm is used to highlight possible modifiable non donation outcomes by looking at the reasons for non-approach, assent or proceed. Any non-modifiable reason is eliminated in step 3. In 2024, clinical team reviews led to a number of identified modifiable non donation outcomes see chapter 5. The algorithm was reviewed and updated by the IPODA working group in May 2026.

Identification of modifiable non donation outcomes 2023-2024	
Items in red are deemed valid medical or family reasons why organ donation did not occur which are outside of the control of ICU medical team	
Step 1	List all patients, from final data, who; • Are Eligible donors regardless of the pathway to begin with. • the answer to approach equals NO, or • the patient was approached but the family did not assent, or • the family did assent, but the donation did not proceed.
Step 2	Exclude patients whose 'time to death > 90 minutes'
Step 3	Exclude medical, family, and legal reasons outside of the control of the donor hospitals and health service providers (in red below)
	☐Cardiac arrest before approach was made
	☐Clinician chose not to approach
	☐Coroner refusal
	☐Family had already expressed wish not to donate
	☐ICU resource issue
	☐Locally determined medical contraindication(s), please specify
	☐No family/next of kin
	☐Not identified as a potential organ donor
	☐Other: please specify
	☐Patient did not wish to become an organ donor
	☐Patient thought to be outside age criteria for organ donation
	☐Patient unidentified
	☐Patient was not expected to die within the timeframe compatible with organ donation AND 'time to death' ≤ 90 minutes
	☐Reluctance to approach family
	☐The nature of the withdrawal or limitation of treatment was not compatible with DCD
	☐Transplant centre determined medical contraindication(s)
	☐Unable to contact the family
	☐Ward of court
	Did not assent
	☐Cultural / Religious reasons

	☐Family concerned that organ donation would delay post-mortem or funeral
	☐Family did not accept death by neurological criteria or that death was imminent
	☐Family dissatisfied with patient care
	☐Family divided over the decision
	☐Family felt that the body should be buried whole (unrelated to religious / cultural reasons)
	☐Family felt that the patient has "suffered" or been through enough
	☐Family not prepared to wait the time required for organ donation
	☐Family uncomfortable with the organ donation process
	☐Family unsure about patient's wishes
	☐Family wanted to stay with patient after patient death
	☐Other: Please specify
	☐Patient did not wish to become an organ donor
	☐Strong refusal, probing not appropriate
	Please select reason(s) that organ donation did not proceed
	☐Cardiac arrest
	☐Coroner refusal
	☐Did not die in the timeframe required for organ donation
	☐Family withdrew consent after initial assent, please specify reason (IF REASON IS KNOWN NOT TO BE MISSED OPPORTUNITY)
	☐Other non-medical reasons
	☐Transplant centre determined medical contraindication(s)
Step 4	Remove 'other' on an individual basis where 'other' was known **not** to be a missed opportunity by the explanatory notes for 'other'.
Step 5	Multiple result x 0.7 maximal achievable consent rate

Appendix 2 Frequency tables

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Year	Age Groups	Potential Pathway			
		DBD		DCD	
		n	%	n	%
2023	Under 16	0	0%	1	1%
	16 to 18	1	1%	2	3%
	19 to 63	78	81%	70	96%
	64 to 80	17	18%	0	0%
	81 and above	0	0%	0	0%
2024	Under 16	0	0%	0	0%
	16 to 18	3	3%	1	1%
	19 to 63	84	78%	75	99%
	64 to 80	21	19%	0	0%
	81 and above	0	0%	0	0%

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Pathway	Sex	2023			2024		
		n	N	%	n	N	%
DBD	Male	56	96	58%	56	108	52%
	Female	40	96	42%	52	108	48%
DCD	Male	54	73	74%	47	76	62%
	Female	19	73	26%	29	76	38%

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Religion	2023			2024		
	n	N	%	n	N	%
Roman Catholic	123	165	75%	135	181	75%
Other	18	165	11%	12	181	7%
No religion	12	165	7%	17	181	9%
Unknown	12	165	7%	17	181	9%

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Country of birth	2023			2024		
	n	N	%	n	N	%
Ireland	129	165	78%	143	181	79%
Europe	21	165	13%	20	181	11%
Others	15	165	9%	18	181	10%

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Ethnicity	2023			2024		
	n	N	%	n	N	%
White - Irish	126	165	76%	141	181	78%
White - Any other White background	20	165	12%	22	181	12%
Mixed or multiple ethnic groups	19	165	12%	18	181	10%

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Neurological causes of death	2023			2024		
	n	N	%	n	N	%
Anoxic brain injury	59	165	36%	59	181	33%
Haemorrhagic stroke (including non-traumatic SAH)	54	165	33%	60	181	33%
Traumatic Brain Injury	24	165	15%	31	181	17%
Ischaemic Stroke	15	165	9%	17	181	9%
Space occupying lesion of brain - non-abscess	5	165	3%	4	181	2%
Other	2	165	1%	4	181	2%
Unknown	4	165	2%	2	181	1%
Brain Abscess	1	165	1%	2	181	1%
Infectious disease of the CNS - non-abscess	1	165	1%	2	181	1%

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Pathway	2023			2024		
	n	N	%	n	N	%
DBD	70	96	73%	85	108	79%

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Reason for not testing	2023			2024		
	n	N	%	n	N	%
Family had already expressed a wish not to donate	6	26	23%	10	23	43%
Absolute medical contraindication(s)	7	26	27%	1	23	4%
Cardiorespiratory instability	3	26	12%	4	23	17%
Patient did not wish to become an organ donor	1	26	4%	6	23	26%
Other	3	26	12%	0	23	0%
Cardiac arrest before brainstem testing	1	26	4%	1	23	4%
Not identified as a potential organ donor	2	26	8%	0	23	0%
Family reasons not to brainstem test	1	26	4%	0	23	0%
Locally determined medical contraindication(s)	1	26	4%	0	23	0%
Not identified as potentially brainstem dead	1	26	4%	0	23	0%
Patient thought to be outside age criteria for organ donation	1	26	4%	0	23	0%
Transplant centre determined medical contraindication(s)	0	26	0%	1	23	4%

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Pathway	2023			2024		
	n	N	%	n	N	%
DBD	81	96	84%	90	108	83%
DCD	54	73	74%	62	76	82%
All	133	165	81%	149	181	82%

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Reasons for not referring to ODP	2023			2024		
	n	N	%	n	N	%
Family had already expressed wish not to donate	5	14	36%	7	18	39%
Absolute medical contraindication(s)	4	14	29%	4	18	22%
Patient did not wish to become an organ donor	1	14	7%	5	18	28%
Not identified as a potential organ donor	3	14	21%	0	18	0%
Cardiac arrest prior to referral	0	14	0%	2	18	11%
Patient thought to be outside age criteria for organ donation	1	14	7%	0	18	0%

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Reasons for not referring to ODP	2023			2024		
	n	N	%	n	N	%
Not identified as a potential organ donor	12	19	63%	3	14	21%
Patient was not expected to die within the timeframe compatible with organ donation	6	19	32%	7	14	50%
Locally determined medical contraindication(s) please specify	1	19	5%	2	14	14%
Clinician chose not to refer	1	19	5%	1	14	7%
Reluctance to approach family	0	19	0%	1	14	7%
The nature of the withdrawal or limitation of treatment was not compatible with DCD	1	19	5%	0	14	0%

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When was the patient referred to ODP	2023			2024		
	n	N	%	n	N	%
Prior to brainstem testing	64	81	79%	73	90	81%
After brainstem tests have been completed and death has been confirmed	6	81	7%	6	90	7%
Between a decision to Withdraw Life Sustaining Therapy and Withdrawal of Life Sustaining Therapy	7	81	9%	5	90	6%
Between the first and second sets of brainstem tests	4	81	5%	6	90	7%

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When was the patient referred to ODP	2023			2024		
	n	N	%	n	N	%
Between a decision to Withdraw Life Sustaining Therapy and Withdrawal of Life Sustaining Therapy	51	54	94%	57	62	92%
Prior to brainstem testing	2	54	4%	5	62	8%
Following Withdrawal of Life Sustaining Therapy	1	54	2%	0	62	0%

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Pathway	2023			2024		
	n	N	%	n	N	%
DBD	63	65	97%	72	75	96%
DCD	40	59	68%	35	47	74%
All	103	124	83%	107	122	88%

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Reasons for not referring to ODP	2023			2024		
	n	N	%	n	N	%
Patient did not wish to become an organ donor	1	2	50%	2	3	67%
Family had already expressed wish not to donate	1	2	50%	1	3	33%

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Reasons for not referring to ODP	2023			2024		
	n	N	%	n	N	%
Not identified as a potential organ donor	12	19	63%	3	12	25%
Patient was not expected to die within the timeframe compatible with organ donation	6	19	32%	6	12	50%
Clinician chose not to refer	1	19	5%	1	12	8%
Locally determined medical contraindication(s) please specify	1	19	5%	1	12	8%
Reluctance to approach family	0	19	0%	1	12	8%
The nature of the withdrawal or limitation of treatment was not compatible with DCD	1	19	5%	0	12	0%

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When was the patient referred to ODP	2023			2024		
	n	N	%	n	N	%
Prior to brainstem testing	53	63	84%	60	72	83%
After brainstem tests have been completed and death has been confirmed	6	63	10%	6	72	8%
Between the first and second sets of brainstem tests	4	63	6%	6	72	8%

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When was the patient referred to ODP	2023			2024		
	n	N	%	n	N	%
Between a decision to Withdraw Life Sustaining Therapy and Withdrawal of Life Sustaining Therapy	38	40	95%	33	35	94%
Prior to brainstem testing	1	40	3%	2	35	6%
Following Withdrawal of Life Sustaining Therapy	1	40	3%	0	35	0%

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Pathway	2023			2024		
	n	N	%	n	N	%
DBD	64	65	98%	73	75	97%
DCD	35	59	59%	30	47	64%
All	99	124	80%	103	122	84%

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Reasons for not approaching	2023			2024		
	n	N	%	n	N	%
No family/next of kin	0	1	0%	1	2	50%
Other	1	1	100%	0	2	0%
Reluctance to approach family	0	1	0%	1	2	50%

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Reasons for not approaching	2023			2024		
	n	N	%	n	N	%
Patient was not expected to die within the timeframe compatible with organ donation	11	24	46%	7	17	41%
Not identified as a potential organ donor	12	24	50%	3	17	18%
Locally determined medical contraindication(s) please specify	2	24	8%	1	17	6%
Reluctance to approach family	0	24	0%	2	17	12%
Cardiac arrest before approach was made	1	24	4%	0	17	0%
Clinician chose not to approach	0	24	0%	1	17	6%
ICU resource issue	0	24	0%	1	17	6%
No family/next of kin	0	24	0%	1	17	6%
Other	0	24	0%	1	17	6%
The nature of the withdrawal or limitation of treatment was not compatible with DCD	1	24	4%	0	17	0%

Figure 5.16: Whether the approach to eligible donors was made at the recommended time, by pathway, 2023 and 2024

Pathway	2023			2024		
	n	N	%	n	N	%
DBD	52	64	81%	55	73	75%
DCD	28	35	80%	25	30	83%
All	80	99	81%	80	103	78%

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Who was present during approach	2023			2024		
	n	N	%	n	N	%
ICU Consultant	60	64	94%	67	73	92%
Bed-side nurse	55	64	86%	65	73	89%
Hospital group organ donation personnel	22	64	34%	28	73	38%
Nurse-in-charge	12	64	19%	12	73	16%
ICU NCHD	10	64	16%	10	73	14%
Primary Team Consultant	4	64	6%	4	73	5%
Primary Team NCHD	0	64	0%	1	73	1%

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Who was present during approach	2023			2024		
	n	N	%	n	N	%
ICU Consultant	34	35	97%	28	30	93%
Bed-side nurse	31	35	89%	27	30	90%
Hospital group organ donation personnel	13	35	37%	12	30	40%
Nurse-in-charge	6	35	17%	7	30	23%
ICU NCHD	2	35	6%	6	30	20%
Primary Team Consultant	1	35	3%	6	30	20%
Primary Team NCHD	2	35	6%	0	30	0%

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Who led the approach	2023			2024		
	n	N	%	n	N	%
ICU Consultant	45	64	70%	50	73	68%
Hospital group organ donation personnel	17	64	27%	19	73	26%
ICU NCHD	1	64	2%	1	73	1%
Bed-side nurse	0	64	0%	1	73	1%
Primary Team Consultant	0	64	0%	1	73	1%
Primary Team NCHD	0	64	0%	1	73	1%

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Who led the approach	2023			2024		
	n	N	%	n	N	%
ICU Consultant	25	35	71%	22	30	73%
Hospital group organ donation personnel	10	35	29%	7	30	23%
ICU NCHD	0	35	0%	1	30	3%

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Pathway	2023			2024		
	n	N	%	n	N	%
DBD	47	64	73%	47	73	64%
DCD	26	35	74%	21	30	70%
All	73	99	74%	68	103	66%

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Reasons for not assenting	2023			2024		
	n	N	%	n	N	%
Patient did not wish to become an organ donor	6	17	35%	8	26	31%
Cultural / Religious reasons	2	17	12%	3	26	12%
Family felt that the patient has “suffered” or been through enough	1	17	6%	3	26	12%
Family not prepared to wait the time required for organ donation	1	17	6%	3	26	12%
Family unsure about patient’s wishes	1	17	6%	3	26	12%
Family divided over the decision	2	17	12%	1	26	4%
Strong refusal probing not appropriate	2	17	12%	1	26	4%
Family did not accept death by neurological criteria or that death was imminent	2	17	12%	0	26	0%
Other	0	17	0%	2	26	8%
Family concerned that organ donation would delay post-mortem or funeral	1	17	6%	0	26	0%
Family felt that the body should be buried whole (unrelated to religious / cultural reasons)	0	17	0%	1	26	4%
Family wanted to stay with patient after patient death	0	17	0%	1	26	4%

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Reasons for not assenting	2023			2024		
	n	N	%	n	N	%
Patient did not wish to become an organ donor	1	9	11%	3	9	33%
Family divided over the decision	2	9	22%	1	9	11%
Family unsure about patient’s wishes	1	9	11%	2	9	22%
Family felt that the patient has “suffered” or been through enough	0	9	0%	2	9	22%
Family not prepared to wait the time required for organ donation	2	9	22%	0	9	0%
Other	2	9	22%	0	9	0%
Strong refusal probing not appropriate	1	9	11%	1	9	11%
Family uncomfortable with the organ donation process	1	9	11%	0	9	0%

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Pathway	2023			2024		
	n	N	%	n	N	%
DBD	38	52	73%	36	55	65%
DCD	24	28	86%	17	25	68%
All	62	80	78%	53	80	66%

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Assent rate and presence of ODP during approach	2023				2024			
	ODP absent		ODP present		ODP absent		ODP present	
	n	%	n	%	n	%	n	%
No	23	36%	3	9%	27	43%	8	20%
Yes	41	64%	32	91%	36	57%	32	80%
Total	**64**	**100%**	**35**	**100%**	**63**	**100%**	**40**	**100%**

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Assent rate when ODP was the leader during approach	2023				2024			
	Other staff		ODP lead		Other staff		ODP lead	
	n	%	n	%	n	%	n	%
No	26	36%		0%	33	43%	2	8%
Yes	46	64%	27	100%	44	57%	24	92%
Total	**72**	**100%**	**27**	**100%**	**77**	**100%**	**26**	**100%**

Pathway	2023			2024		
	N	N	%	n	N	%
DBD	39	47	83%	42	47	89%
DCD	23	26	88%	15	21	71%
All	62	73	85%	57	68	84%

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Reason for non-donation outcome	2023			2024		
	n	N	%	n	N	%
Transplant centre determined medical contraindication(s)	6	8	75%	3	5	60%
Family withdrew consent after initial assent	1	8	13%	1	5	20%
Other non-medical reasons	1	8	13%	1	5	20%

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Reason for non-donation outcome	2023			2024		
	n	N	%	n	N	%
Did not die in the timeframe required for organ donation	0	3	0%	3	6	50%
Family withdrew consent after initial assent	1	3	33%	2	6	33%
Transplant centre determined medical contraindication(s)	1	3	33%	1	6	17%
Other non-medical reasons	1	3	33%	0	6	0%

Appendix 3 Abridged IPODA Data Dictionary

Question	Definition		Codes and values
Subject to Data Governance, please confirm that the patient is deceased			Self-explanatory
Hospital and Unit in which the patient died?	**Beaumont** ☐Beaumont Hospital General ICU ☐Richmond (Neurosurgical) ICU	**CHI Crumlin** ☐CHI at Crumlin PCCU	Self-explanatory
	Cork University Hospital ☐Cork University Hospital General ICU ☐Cork University Hospital Cardiothoracic ICU	**St James's Hospital** ☐St James's Hospital General ICU ☐ National Burns Unit ☐ St James's Hospital HDU	
	Mater Misericordiae University Hospital, Dublin ☐Mater Misericordiae University Hospital, Dublin ICU	**University Hospital Galway** ☐University Hospital Galway ICU ☐University Hospital Galway CTICU	
	University Hospital Limerick ☐University Hospital Limerick ICU		
MRN	Hospital Medical Record Number		Self-explanatory
Date of patient death	MMM-DD-YYYY		Self-explanatory
Time of patient death	HH:MM		• Time of asystole • Time of second set of brainstem tests
Is date of birth known	Yes =1/No =2		Self-explanatory
If date of birth is known, please enter date of birth	MMM-DD-YYYY Unknown		Self-explanatory

Is the patient age 81 or older?	Yes =1/No =2	Age up to the eve of the patient's 81st birthday = No. From 81st birthday onwards = Yes
Was the patient invasively ventilated immediately prior to Withdrawal of Life Sustaining Therapy, neurological death testing or death?	Yes =1/No =2	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 Unknown	Self-explanatory
Neurological Cause of Death	☐ Haemorrhagic stroke (including non-traumatic SAH) ☐ Ischaemic stroke ☐ Anoxic brain injury ☐ Infective disease of the CNS - non-abscess ☐ Brain Abscess ☐ Space occupying lesion of brain - non abscess ☐ Traumatic Brain Injury ☐ Other ☐Unknown ☐Cause of death not identified after review of medical record	Self-explanatory
Was this patient an actual DCD donor or have the potential to become a DCD donor	Yes =1/No =2	See Absolute Medical Contraindications
Sex	Male = 1, Female = 2, Unknown = 3	The patient's sex assigned at birth
“Is the gender the patient identified with the same as sex registered at birth?”	Yes =1/No =2, please specify	Gender identity refers to a person’s sense of their own gender, whether male, female or another category such as non-binary. This may or may not be the same as their sex registered at birth.
If no, please specify		Self-explanatory

Religion	No religion = 0 Roman Catholic =1 Church of Ireland =2 Islam =3 Orthodox Christian =4 Presbyterian =5 Jehovah's Witness =6 Other, write in religion =7 Unknown =8	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	White - Irish =1 White - Irish traveller =2 White - Roma =3 White - Any other White background =4 Black or Black Irish - African =5 Black or Back Irish - Any other Black background =6 Asian or Asian Irish - Chinese =7 Asian or Asian Irish - Indian / Pakistani / Bangladeshi =8 Asian or Asian Irish - Any other Asian background =9 Arabic =10 Mixed, write in description =11 Other, write in description =12 Unknown =13	Self-explanatory
Did the patient meet the criteria for brainstem testing	Yes =1/No =2	Each of the criteria for brainstem testing (ICSI, 2025) must be met in order to answer a "yes " response: to establish that coma is due to a condition which can cause irreversible brain damage, o exclude reversible factors 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).

Did brainstem and / or ancillary testing occur	Yes =1/No =2	For brainstem testing to be complete, two sets of brainstem tests must be performed according to the ICSI (2024) guidelines.
Please select reason why brainstem and / or ancillary testing did not occur?	• Not identified as a potential organ donor • Absolute medical contraindication(s) • Locally-determined medical contraindication(s) • Patient did not wish to become an organ donor • ICU resource issue • Cardiac arrest before brainstem testing • Patient thought to be outside age criteria for organ donation • Reluctance to approach family • Family had already expressed a wish not to donate • Cardiorespiratory instability • Not identified as potentially brainstem dead • Reversible causes of coma and / or apnea could not be excluded • Unable to examine all brain stem reflexes • Unable to undertake ancillary tests • One or more brainstem reflexes remained intact • Family reasons not to brainstem test • Other, please specify	See Appendix 2 of User Guide: Additional guidance for IPODA audit coordinators and clinical leads
Was there active resuscitation to maintain the possibility of brainstem testing?	Yes =1/No =2	Evidence of efforts to achieve haemodynamic goals and targets recommended by the ICSI 2018 to optimise organ perfusion in the potential organ donor.
Was death by neurological criteria confirmed?	Yes =1/No =2	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 =1/No =2	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?	Response options: Extubation =1 Reduction or withdrawal of supports but not extubated =2 Decision to remain on current level of intervention with no further escalation =3	Self-explanatory
Date of Withdrawal of Life Sustaining Therapy?	MMM-DD-YYYY	Please note the date of commencement of Withdrawal of Life Sustaining Therapy
Time of Withdrawal of Life Sustaining Therapy?	HH:MM	Please note the date of commencement of Withdrawal of Life Sustaining Therapy
Was the patient referred to organ donation personnel?	Yes =1/No =2	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, phone call 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?	• Prior to brainstem testing • Between the first and second sets of brainstem tests • After brainstem tests have been completed and death has been confirmed • Between a decision to Withdraw Life Sustaining Therapy and Withdrawal of Life Sustaining Therapy • Following Withdrawal of Life Sustaining Therapy	Self-explanatory

Please identify reason(s) for not referring to organ donation personnel	Not identified as a potential organ donor (i.e. not considered) =1 Patient thought to be medically unsuitable for organ donation. Please specify_____ =2 Patient thought to be outside the age criteria =3 Reluctance to approach the family =4 Coroner's refusal (No other options can be selected) =5 Ward of court (No other options can be selected) =6 Known patient wish not to be a donor =7 Family declined donation =8 Patient was not expected to die within the timeframe compatible with organ donation =9 The nature of the withdrawal or limitation of treatment was not compatible with DCD =10 ICU resource issue =11 Cardiac arrest prior to referral (No other options can be selected) =12 Patient unidentified (No other options can be selected) =13 No family/next of kin (No other options can be selected) =14 Clinician chose not to refer (No other options can be selected) =15 Other: Please specify =16	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 See User Manual: Additional guidance for IPODA audit coordinators and clinical
Did the patient have an absolute medical contraindication to organ donation?	Yes =1/No =2	Absolute medical contraindications (to organ donation) are medical conditions in a potential organ donor which preclude organ donation due to the risk of harm to transplant recipients. To operationalise the development project, medical conditions were identified by organ donation personnel in accordance with McGowan's (2019) and the European Directorate for the Quality of Medicines & HealthCare's (2022) guidelines for the audit's operation.
When was the organ donation opt-out register checked	0. Register was not checked 1. Prior to the formal family approach regarding consent to organ donation.	Organ Donation Opt Out Register is part of the Human Tissue (Transplantation, Post-Mortem, Anatomical Examination and Public Display) Act 2024, which came into effect on June 17, 2025. The

	2. After the formal family approach regarding consent to organ donation 3. Unknown	effect of this legislation change on the organ donation rates in Ireland will be measured by this audit
Was the patient on the opt out register	Yes = 1 (form ends) No= 2 (form continues)	Organ Donation Opt Out Register is part of the Human Tissue (Transplantation, Post-Mortem, Anatomical Examination and Public Display) Act 2024, which came into effect on June 17, 2025. The effect of this legislation change on the organ donation rates in Ireland will be measured by this audit
Were the family approached regarding organ donation	Yes =1/No =2	The family approach refers to the formal, planned family discussion with the ICU MDT about organ donation. Learning from IPODA: Assent can only happen in the context of an approach. If a family raise it, it is not an approach; this is an "other discussion". When does it become an approach?? Has to meet the definition of planned and MDT involvement.

Please identify reason(s) for not formally approaching the family about organ donation?	☐Not identified as a potential organ donor ☐Locally-determined medical contraindication(s), please specify ☐Transplant centre determined medical contraindication ☐Patient did not wish to become an organ donor ☐ICU resource issue ☐Cardiac arrest before approach was made ☐Patient thought to be outside age criteria for organ donation ☐Reluctance to approach family ☐Family had already expressed wish not to donate ☐Coroner refusal ☐Ward of court ☐No family/next of kin ☐Unable to contact the family ☐Patient was not expected to die within the timeframe compatible with organ donation ☐Patient unidentified ☐Clinician chose not to approach ☐The nature of the withdrawal or limitation of treatment was not compatible with DCD ☐Other: please specify ☐The Patient was on the Opt Out register	See User Manual: Additional guidance for IPODA audit coordinators and clinical leads
When was the family formally approached?	• During the prognosis conversation • Separate to the prognosis conversation but before brainstem testing • After the first set of brainstem tests and before the second set of brainstem tests • Within the second brainstem test results conversation	Self-explanatory

	• Following brainstem tests or Withdrawal of Life Sustaining Therapy conversation	
Who was present for the formal approach?	Response options: Hospital group organ donation personnel =1 ICU Consultant =2 Primary Team Consultant =3 ICU NCHD =4 Primary Team NCHD =5 Bed-side nurse =6 Nurse-in-charge =7 Faith representative =8 Professional interpreter =9	Self-explanatory
Who was the lead person for the formal approach?	Response options: Hospital group organ donation personnel =1 ICU Consultant =2 Primary Team Consultant =3 ICU NCHD =4 Primary Team NCHD =5 Bed-side nurse =6 Nurse-in-charge =7	Who was driving the conversation? Lead person from the auditors' perspective from the start (not necessarily the person who got the form signed)?
Were there any informal discussions held	Yes =1/No =2	Was the topic of organ donation raised before the family approached?
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 =1/No =2	Did the family verbally agree to organ donation

Please select reason(s) why the family did not assent	• Family unsure about patient's wishes • Patient did not wish to become an organ donor • Family concerned that organ donation would delay post-mortem or funeral • Cultural / Religious reasons • Family not prepared to wait the time required for organ donation • Family uncomfortable with the organ donation process • Family did not accept death by neurological criteria or that death was imminent (broader than UK version which covers only neurological death) • Family dissatisfied with patient care • Family felt that the patient has "suffered" or been through enough • Family divided over the decision • Family wanted to stay with patient after patient death • Family felt that the body should be buried whole (unrelated to religious / cultural reasons) • Strong refusal, probing not appropriate • Other: Please specify	See User Manual : Additional guidance for IPODA audit coordinators and clinical leads
Did organ donation occur?	Yes =1/No =2	The occurrence of organ donation is measured as knife-to-skin
What type of organ donation occurred?	Response options: Donation after death by neurological criteria =1 Donation after death by circulatory criteria =2	Self-explanatory
Please select reason(s) for non-that organ donation outcome did not proceed	☐Cardiac arrest ☐Did not die in the timeframe required for organ donation ☐Family withdrew consent after initial assent, please specify reason family withdrew ☐Absolute medical contraindication(s)	See User Manual: Additional guidance for IPODA audit coordinators and clinical leads

	☐Transplant centre determined medical contraindication(s) ☐Coroner refusal ☐Other non-medical reasons	
Reasons why transplant centre declined potential donor, if known	NA	Free text field that hospitals view themselves as recording reasons why transplant centres decline a potential donor (if known)
Audit notes	NA	Do not record personal or identifiable information relating to patients, their relatives or staff within this audit teaching notes box.

Appendix 4 IPODA Governance Committee Attendance

IPODA Governance Committee attendance 2024			Meeting			
Member	**Role**	**Representative Organisation**	**1**	**2**	**3**	**4**
Dr Philip Crowley (Chair)	National Director for Strategy and Research	Health Service Executive (HSE)	X	√	√	√
Maria Messitt/Maria Kehoe	Audit Manager/ Audit Development	National Office of Clinical Audit (NOCA)	√	√	√	√
Dr Alan Gaffney	Clinical Lead of the PDA Development Project; Clinical Lead in Organ Donation (CLOD), RCSI Hospital Group; Consultant Intensivist and Anaesthesiologist, Beaumont Hospital	Hospital Group CLOD	√	√	√	√
Karen Healy	Organ Donation Nurse Manager (ODNM), RCSI Hospital Group	Hospital Group ODNM	√	√	√	√
John Walsh	Chief Operations Officer	Organ Donation Transplant Ireland (ODTI)	√	√	√	√
Dr Brian O'Brien	Director of ODTI; Consultant Anaesthesiologist and Intensive care Medicine Specialist, Cork University Hospital	ODTI	√	√	√	√
Majella Daly	Assistant National Director (Deputy Chair)	HSE National Quality and Patient Safety Directorate	√	X	√	√
Prof. George Mellotte	Clinical Lead of the National Renal Office/Consultant Nephrologist	HSE Acute Operations	NA	NA	√	√
Dr Colman O'Loughlin	President	Intensive Care Society of Ireland	X	√	√	X
Breda Doyle	Intensive Care Unit (ICU) Nurse	Irish Association of Critical Care Nurses	√	√	√	√
Tony Gavigan	Public and Patient Interest Representative	Public and patient interest	NA	√	√	√
Martina Goggin	Public and Patient Interest Representative	Strange Boat Donor Foundation	√	√	√	√
Mary O'Dwyer Baggot	INICUA Audit Manager	Irish National ICU Audit (INICUA)	√	√	√	√
Emma Corrigan	Donor Coordinator	National Organ Procurement Service	X	√	√	X

Professor Adrian Murphy	Consultant in Emergency Medicine; CLOD, South/South West Hospital Group	Irish Association for Emergency Medicine	NA	√	√	X
Brid Moran	Information Manager	NOCA	√	√	√	√
Paul Gallagher	Group Chief DON IEHG	Group Chief DON IEHG	NA	√	√	√
1. Dr. Martina Healy / 2. Derek Gribbin	1. Consultant in Intensive care medicine (CHI-Crumlin) 2.Nurse Lead Intensive Care Programme	Critical Care Programme	X	√	√	X
Prof. Adrian Murphy	Consultant in Emergency Medicine (CUH); CLOD, South/South West Hospital Group	Emergency Medicine Programme	X	√	√	X
Paul Hendrick	Quality Director	Organ Donation Transplant Ireland (ODTI)	NA	NA	√	√
Jonathan Roddy	Clinical Lead in Organ Donation, University Hospital Limerick	Clinical Lead in Organ Donation	NA	NA	√	√
Laura Eilllis Morgan	NHSBT Head of Clinical Informatics	NHSBT PDA	NA	NA	√	√
Dr Maria Kehoe	Potential Donor Audit (PDA) Development Project Lead	NOCA	√	√	√	√
Dr Suzanne Crowe	Consultant Paediatric Intensivist, Children's Health Ireland at Crumlin	Children's Health Ireland	DNA	DNA	DNA	DNA

Potential Donor Audit Development Project Steering Committee and meeting attendance 2023

Representative organisation	**Role(s)**	**Name**	**Meeting**			
			1	**2**	**3[a]**	**4**
Health Service Executive (HSE)	National Director for Strategy and Research	Dr Philip Crowley (Chair)	X	√	√	√
National Office of Clinical Audit (NOCA)	Potential Donor Audit (PDA) Development Project Lead	Dr Maria Kehoe, PhD	√	√	X	X
RCSI group CLOD	Clinical Lead of the PDA Development Project; Clinical Lead in Organ Donation (CLOD), RCSI Hospital Group; Consultant Intensivist, Beaumont Hospital	Dr Alan Gaffney	√	√	√	√
RCSI group ODNM	Organ Donation Nurse Manager (ODNM), RCSI Hospital Group	Karen Healy	√	√	√	√

Organ Donation Transplant Ireland (ODTI)	Chief Operations Officer	John Walsh	√	√	√	√
ODTI	Director of ODTI; Consultant Lung Transplant Physician	Prof. Jim Egan	√	√	X	X
HSE National Quality and Patient Safety Directorate	Assistant National Director (Deputy Chair)	Maria Lordan Dunphy	√	√	X	√
HSE Acute Operations	Clinical Lead of the National Renal Office/Consultant Nephrologist	Prof. George Mellotte	√	√	X	√
Intensive Care Society of Ireland	President	Dr Colman O'Loughlin	√	X	√	√
Irish Association of Critical Care Nurses	Intensive Care Unit (ICU) Nurse	Breda Doyle	√	√	√	√
Public and patient interest	Public and Patient Interest Representative	Louise Galvin	X	X	X	X
Strange Boat Donor Foundation	Public and Patient Interest Representative	Martina Goggin	√	√	√	√
Irish National ICU Audit (INICUA)	INICUA Audit Manager	Mary O'Dwyer Baggot	√	√	√	X
National Organ Procurement Service	Donor Coordinator	Emma Corrigan	X	√	√	√
Irish Association for Emergency Medicine	Consultant in Emergency Medicine; CLOD, South/South West Hospital Group	Professor Adrian Murphy	X	X	X	√
Children's Health Ireland	Consultant Paediatric Intensivist, Children's Health Ireland at Crumlin	Dr Suzanne Crowe	X	X	X	√
Transplant Centre	Consultant Liver Transplant Surgeon; Responsible Person, National Liver Transplant Programme, St Vincent's University Hospital	Professor Emir Hoti	X	√	X	X
Ireland East Hospital Group Chief Executive Officers (CEOs)	CEO, Ireland East Hospital Group	Declan Lyons	√	√	√	√
NOCA	Head of Quality and Development	Marina Cronin	√	√	√	√
[a]Fionnuala Treanor, National ICU Bed Information System Manager and Brid Moran, NOCA Information Manager attended meeting 3.						

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