

SFHRenOP6

Influence critical care staff to identify potential donors



Overview

The rate of organ donation depends on staff in critical care units recognising potential donors and being prepared to initiate and follow through the organ donation process. This competence describes what practitioners experienced in donation may do to raise the awareness of critical care staff to ensure identification and referral of all potential organ/tissue donors.

Users of this standard will need to ensure that practice reflects up to date information and policies.

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Performance criteria

You must be able to:

- P1 find opportunities to speak to individuals and groups of staff (e.g. at routine meetings or training sessions, during care for potential donors)
- P2 prioritise your efforts on units where there are most missed opportunities of donation and on practitioners who can be influential on unit practice
- P3 describe the potential of their unit to provide organ donors, given the right approach, with reference to measures of performance (e.g. Potential Donor Audit, patients who donated valves and could have donated organs)
- P4 explain the right of donors' families to be offered the choice of donation
- P5 coach practitioners in the approach that is needed and the support provided by the Donor Coordination Service (e.g. organ donation criteria, donor management protocols, psychological support for patients' families)
- P6 encourage practitioners to routinely evaluate the potential of patients as heart beating and non heart beating donors (e.g. whenever the initial indications are positive)
- P7 address objections and emphasise the benefits of donation, using both statistics and individual examples (e.g. involve them in case reviews, Potential Donor Audit)
- P8 encourage staff to separate their personal responses to donation from the family's choice (e.g. create a safe space in which staff can talk about their feelings)
- P9 deal with the fear of causing distress to the patient's family and the practitioner's own discomfort while seeking agreement to donate
- P10 provide follow-up and contact information and support material (e.g. UK Hospital Policy for Organ and Tissue Donation, donor management protocols)
- P11 identify key supporters and provide them with encouragement and feedback (e.g. link nurses)

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Knowledge and understanding

You need to know and understand:

- K1 anatomy and physiology of the human body
- K2 psychological care skills/loss counselling
- K3 how organs are obtained (e.g. living donation, deceased heart beating and non heart beating donation)
- K4 how organs are selected and matched (living and deceased donors)
- K5 the risks and benefits of transplantation (e.g. enhanced life prospects and lifestyle, side effects of immunosuppression, rejection, psychological issues)
- K6 objections to transplantation and how to probe underlying thinking and how to counter it
- K7 procedures and criteria associated with the National Transplant Register
- K8 legal requirements for transplantation (e.g. Human Organ Transplants Act 1989, The Human Organ Transplants [Unrelated Persons] Regulations, 1989)
- K9 guidance on The Microbiological Safety of Organ and Tissues for Transplantation(NHS Executive 2000)
- K10 the Human Tissue Act 2004 and its definition of consent
- K11 the Human Tissue Act 1961
- K12 the role of the coroner or procurator fiscal in consenting for organ donation
- K13 circumstances when reference should be made to coroner or procurator fiscal
- K14 information to be given to the coroner when seeking agreement to organ or tissue donation
- K15 the legal frameworks used to protect organ donors, their families and the recipients
- K16 legal, ethical and consent issues for organ and tissue donation for transplantation and research
- K17 issues of maintenance of patient confidentiality in the critical care and donation contexts
- K18 beliefs about donation and transplantation among informed and uninformed religious and cultural groups (e.g. typical mistaken beliefs that a religion opposes transplantation, religious pronouncements such as Muslim fatwa in favour of transplantation)
- K19 criteria for heart beating and non heart beating donation
- K20 national documentation for donor assessment
- K21 criteria for potential organ donors/criteria for organ donation and contraindications to donation
- K22 the referral process and sequence of events for referring potential donors
- K23 use of and interpretation of invasive monitoring systems to assess suitability of potential organ donor

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- K24 how to carry out an examination of a potential organ donor
- K25 how to take a medical history of the potential organ donor
- K26 anatomy and physiology of brain stem death
- K27 preconditions to testing for brain stem death
- K28 reversible causes of coma
- K29 clinical tests for brain stem death (inc. absence of brainstem reflexes confirmed by absence of papillary response to light, corneal reflex, vestibulo-ocular reflex, motor response to supraorbital pressure, gag reflex, cough reflex, respiratory movement when the patient is disconnected from the ventilator - consistent with the UK Code of Practice for the diagnosis of brain stem death and the recommendations of the ICS Working Group on Organ Donation)
- K30 legal definitions of death
- K31 procedures for certification of death
- K32 procedures for determination of death by cardio respiratory arrest
- K33 clinical management of an intensive care patient
- K34 clinical management of a potential heart beating donor
- K35 clinical management of a potential non heart beating donor
- K36 supporting an organ donor (e.g. cardiovascular support, endocrine support, respiratory support, renal support, haematological support, temperature support)
- K37 guidelines for withdrawal of treatment
- K38 how to break bad news
- K39 critical understanding of how to explain brain stem death
- K40 legal requirements for establishing consent/lack of objection
- K41 how to gain lack of objection/the family interview/how to approach a family about organ donation
- K42 UKT standards for interview
- K43 UKT family care protocol
- K44 UKT lack of objection documentation/national documentation for gaining lack of objection
- K45 psychology of altruistic action
- K46 beliefs about death and dying
- K47 evidence on techniques of requesting donation and dealing with objections (e.g. Gortmaker, Verble and Worth)
- K48 sources of on-going support to families of organ donors at the time of donation
- K49 availability of bereavement services both locally and nationally
- K50 procedures and protocols of the allocation and matching of organs in the UK
- K51 the donation pathway
- K52 laboratory tests required
- K53 local guidelines and protocols in relation to organ and tissue donation
- K54 national potential donor audit and local performance
- K55 roles of other members of the multidisciplinary team (e.g. donor

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- transplant coordinators, local donor liaison nurses)
- K56 who's who in different units and hospitals
- K57 how to adapt communication styles in ways which are appropriate to different people (e.g. culture, language or special needs)
- K58 the importance of establishing rapport and how to do so
- K59 the importance of encouraging individuals to ask questions and how to do so
- K60 the religious beliefs of different cultures
- K61 the effects of different cultures and religions on care management
- K62 the principle of confidentiality and what information may be given to whom
- K63 the importance of involving individuals in discussions, and how to do so
- K64 how to negotiate effectively with individuals, families and other professionals
- K65 the principles of evidence-based practice, and how to apply them
- K66 coaching skills
- K67 how to explain difficult subjects in an emotional context

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Additional Information

External links

This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: G8 Public relations and marketing

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