Early identification and referral of organ donors in five private hospitals: a survey to determine the knowledge and views of critical care professional nurses pre and post a training intervention

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WHEN THERE IS A POTENTIAL ORGAN DONOR…

BACKGROUND

- 4500 South African on waiting lists ODF 2017
- International decline in organ donors Girland 2016
- Loss of donors due to non-referrals as result of various barriers/problems Rudge 2012; Folden 2011; Slabbert 2017; Kosieradzki 2014
- Lack of a national referral Policy Crymble 2017; Slabbert 2017; Martin-Loeches 2019

CRITICAL CARE PROFESSIONAL NURSES ARE ON THE FRONT LINE OF THE ORGAN DONOR PROCESS

- At the bedside to identify potential organ donors
- Barriers in referral process:
  - -inadequate collaboration between Doctors & Nurses
  - -no referral policy
  - -a lack of knowledge demonstrated by HCPs

Crymble, 2017; Slabbert 2017; Nair, 2017; Floden, 2017; Girlanda, 2016

WHY THIS STUDY?

A gap in knowledge was identified amongst CCPNs regarding the early identification and referral of organ donors

CCPNs = Critical care professional nurses

OBJECTIVE OF THE STUDY

To determine the knowledge and views of Critical Care Professional Nurses in the process of early identification and referral of potential organ donors

METHOD

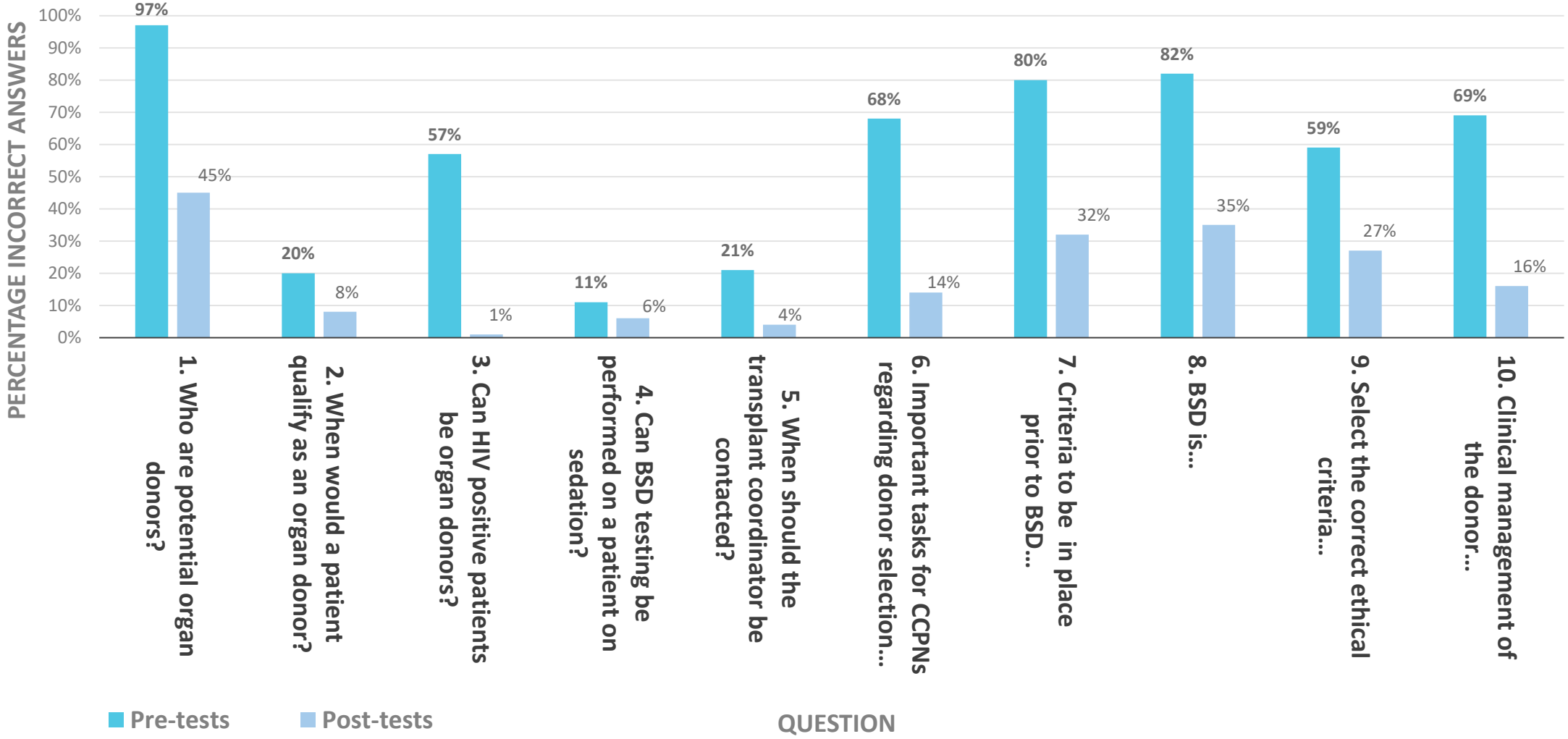
- An experimental, exploratory, descriptive study design
- Mixed-method: Triangulation of Quantitative & Qualitative questions
- In 7 ICUs of 5 private hospitals
- Obtained ethical approval

DATA COLLECTION

- Voluntary, anonymous participation
- n/N= 173/218 CCPNs
- Pre-test questionnaire - 11 Quantitative questions
- PowerPoint facilitated training intervention
- Post-test, same questionnaire - 11 Quantitative questions & 3 additional Qualitative questions

RESULTS & DISCUSSION

PERCENTAGE INCORRECT ANSWERS



QUESTION 5

When should the transplant coordinator be contacted?

- Notable was that 79% of participants answered this question correctly in the pre-test:

  -indicating insight and knowledge when to refer

  -but CCPNs were reluctant to refer due to barriers/problems…

Descriptive and inferential statistic

	All respondents n= 173	Hospital 1 n= 42	Hospital 2 n= 41	Hospital 3 n=45	Hospital 4 n=27	Hospital 5 n=18
Pre score median (IQR) (%)	**60.0** (48.0 – 76.0)	60.0 (48.0 – 72.0)	64.0 (48.0 – 72.0)	60.0 (44.0 – 76.0)	60.0 (52.0 – 72.0)	60.0 (48.0 – 72.0)
Post Score median (IQR) (%)	**96.0** (88.0 – 96.0)	94.0 (92.0 – 96.0)	96.0 (92.0 – 100.0)	96.0 (88.0 – 96.0)	88.0 (80.0 – 96.0)	96.0 (76.0 – 96.0)
*** P value**	**<0.0001**	**<0.0001**	**<0.0001**	**<0.0001**	**<0.0001**	**<0.0001**

QUALITATIVE QUESTIONS X 3

1. What are the most difficult/stressful aspects of organ donor process?

2. What are the problems experienced during the organ donor process?

3. Give recommendations to improve the donor programme

3 QUALITATIVE THEMES FROM COMMENTS OF CCPNS IN QUALITATIVE SECTION

1. **Stress in donor process**
   'the whole process is stressful'; 'dealing with the family'; 'managing the deceased donor'; 'to convince [the] doctor that patient is a potential organ donor'

2. **The need for a national policy and further training**
   'A policy is required'; 'educate doctors and nurses'

3. **Inadequate collaboration between Doctors and CCPNs**
   'Drs not keen and open to organ donation'; 'Drs are resistant'; 'Drs not committed to the process'; 'Drs not always approachable'

INADEQUATE COLLABORATION BETWEEN DOCTORS AND CCPNS

- Physicians argue that the living have a higher priority than end-of-life patients Slabbert 2017
- Close the case to avoid long procedure Matesanz 2002
- Avoid the purported extra work Macvean 2010
- 41% of physicians did not make BSD diagnosis due to lack of experience and fears about procurement process Kosieradzki 2014

STRENGTHS & LIMITATIONS

- Questionnaire has high level of internal consistency
- Questionnaire and PowerPoint facilitated training intervention can be used by other Transplant coordinators
- Study was strengthened by high response rate to the survey and high level of attendance to the training intervention
- Post test was administered immediately
- Limited generalisability of study - sampled only 7 ICUs in 5 hospitals of 1 hospital group

RECOMMENDATIONS

- Further research can be conducted utilising the Questionnaire and PowerPoint facilitated training intervention

- Further research is recommended to determine how to overcome the barriers/problems in the donor Process

- Collaboration between CCPNs and DRS must improve to promote referral of organ donors

CONCLUSION

Researchers` assumption…

Triangulation showed:

- CCPNs need more training & support by the Transplant coordinators
- CCPNs knew when to refer
- Barriers prevent them from referring
  - -Lack of a policy
  - -Inadequate collaboration - Drs resistant

Key role of physicians in the organ donation process must thus be optimised.

Thank you

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