Giving life to the DonateLife Clinical Trigger

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Introduction

Ballarat Health Services (BHS) has been involved with the Australian Organ and Tissue Donation and Transplantation Authority’s (AOTDA) national reform program since November 2009 and is funded to have a 0.5 FTE Nurse Donation Specialist (NDS). As part of the national reform BHS introduced the nationally recommended and endorsed GIVE clinical trigger within the emergency department and intensive care unit.

The AOTDA continues to monitor the effectiveness of the GIVE clinical trigger and a key performance indicator (KPI) is to have 100% of new relevant staff to be educated on the GIVE trigger. This at times can prove difficult. In the hope of reaching this KPI target BHS has now brought to life the GIVE trigger as part of its medical education website’s interactive case studies known as case in the spotlight.

The BHS medical education website was implemented in 2012 with the hope of engaging medical and non medical staff through free and open access education.

Materials and methods

The AOTDA has provided many resources to assist with the implementation of the GIVE clinical trigger including visual materials, power point training presentations and an online training module through Edmore. These resources have been excellent, however engaging 100% of relevant medical staff has proven difficult due to staff rotations, accessibility, education time and education opportunities. The BHS medical education website provided BHS’s NDS the opportunity of attempting to engage more of the medical staff through established online learning pathways.

An actual case from BHS was de-identified and written up as a case in the spotlight. This was then sent out to 105 medical staff across the hospital including Consultants, Registrars and JMO.

Unfortunately the response rate was fairly low at 22%.

The overall responses from the Registrars and Consultant demonstrated a competent understanding of the process at BHS, with an average score of 3.4. While the JMO’s indicated they were less confident in the process, as expected, with an average pre-survey score of 1.1. The gathered responses demonstrated adequate level of knowledge expected for each level of training/experience. The post survey questionnaire indicated an increase in understanding from an average of level of understanding 2 to 4 (where 1 was no knowledge and 5 was confident in process).

The survey was mailed to medical staff over a two week period and the ‘click rate’ was recorded via Mail Chimp. It was demonstrated that the number of medical staff accessing the tutorial page was disproportional to the number of responses collected.

Results

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Conclusions

Continuous engagement on triggers and initiatives can be difficult. Especially in a health service that incorporates a variety of services, external referrals/transfers and where donation is a rare occurrence. By being able to incorporate all ready developed education material and presenting it in many different ways, participants can be continuously engaged.

Using this online platform to deliver this information demonstrated a lower than expected level of engagement. However, it showed an increased understanding of the donation process assessed by the participants completing a pre and post questionnaire.

Possible limitations to this platform of education were perhaps because we were targeting doctors new to BHS and unfamiliar with our education programs. Also there is a demonstrated reluctance of participation when identification is required. Perhaps future surveys could allow for anonymity. Additional feedback given, indicated that instant access to the results and discussion after the completion of the tutorial would have been more desirable to embed the learning.

We were satisfied that this online learning platform was able to demonstrate that this technique does increase knowledge on the focus area. It also provided the NDS with target education areas when gaps of knowledge were highlighted within the answers of the asked questions.

The AOTDA has recently started to seek feedback on how the GIVE clinical trigger can be improved. This will potentially result in broadening the existing tool or creating a complementary tool. If this occurs BHS will again use this opportunity to run further education through the medical education website to promote the changes to its medical staff.

Acknowledgments

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Literature cited

National Clinical Taskforce on Organ + Tissue Donation Supporting Evidence: Final Report - 2008

Further information

The BHS education resource is open and free. It provides free resources for pre-vocational doctors, especially those interested in emergency medicine, critical care and hospital based medicine. Feel free to check it out: http://educationresource.bhs.org.au/home and other online tutorial:

For further information on the GIVE clinical trigger http://donatelife.gov.au