Activities of a Clinical Specialty Nurse (CSN) Role in Organ Donation: The First 12 Months in Post

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Introduction

New Zealand has a relatively low rate of organ donation in an international context (Gomez, 2013). Initiatives have been introduced by Organ Donation New Zealand (ODNZ) to recognize donation opportunities and provide local expertise, advocacy, and education to hospital staff and the public. One such initiative is the organ donation link nurse role which has been running since 1997.

In New Zealand each hospital has established an organ donation Intensive Care Unit (ICU) link nurse role to meet local need. The Wellington ICU link nurse role has developed and evolved over the years (Figure 1). For the past 10 years in Wellington ICU, a link nurse has been on-call to facilitate organ donation. The link nurse worked alongside nursing and medical staff, and donor families, at this crucial time and was the key contact person with ODNZ to streamline the process.

Wellington ICU is an 18 bed tertiary referral centre providing intensive care for seven District Health Boards across the lower North Island and upper South Island of New Zealand. Into this unit there are approximately 1800 admissions per year. The mortality rate is 8.2%.

Resultant from addition funding from ODNZ in 2014, a CSN-OD role was developed to support one of ODNZ’s guiding principles:

‘Every opportunity for deceased organ donation should be recognised by the ICU staff and every family should have donation discussed with them by a health professional with compassion, respect and appropriate knowledge’ (www.donor.co.nz).

The scope of the CSN-OD role was to co-ordinate organ donation on the unit, develop quality initiatives based on feedback and audit of practices, and set the strategic direction for organ and tissue donation locally. This poster presents first year activity of this role and details future work streams. On-going evaluation is required to determine long-term impact.

Study Objectives

To identify priority working areas of the CSN-OD a survey was undertaken to assess the attitudes, behaviour and knowledge of nursing staff about organ and tissue donation in the ICU. The survey results were used to inform the development of educational strategies in the organ donation area. This approach was undertaken as education is known to make a difference in changing nurses’ attitudes and behaviour intentions in organ donation advocacy (O’Meara et al., 2012).

Method

The survey comprised of 11 closed questions rating respondent’s knowledge and confidence in specific areas of organ and tissue donation (e.g. Brain death, Donation after Circulatory Death and Tissue Donation). In addition, there were three free-text questions asking about additional areas for development in organ donation practice.

12 surveys were distributed to all nursing staff on shift. Completed surveys were collected at the end of shift by one of the organ donation link nurses or were returned and placed in a sealed box.

The numeric data were manually analysed. The qualitative data were collated into themes.

Results

64 completed surveys were returned. No demographic data was collected on respondents. When asked about understanding of brain death, donation after circulatory death and tissue donation, results demonstrated that the majority of nurses (n=48, 75%) reported knowing a ‘moderate amount’ to ‘a lot’ about brain death. The majority of nurses (n=41, 64.6%) reported knowing ‘not much’ or ‘almost nothing’ about donation after circulatory death and only 20% (n=13) of nurses reported knowing a ‘moderate amount’ to ‘a lot’ about tissue donation. The majority of nurses identified ICU link nurses and the ODNZ folder in the unit as being key resources in this area.

Free-text data identified that increased public awareness and increased education in the ICU were seen as important by nursing staff to increase awareness of organ donation issues.

Furthermore, there were specific comments made on providing education to medical registrars and to integrate organ donation with the unit’s Core Competency teaching.

Abstract

ICU Link nurses with special responsibility for organ donation were established by Organ Donation New Zealand (ODNZ) in 1997. These roles provide education to staff and facilitate the process of donation. As a result of additional ODNZ funding provided by the Minister of Health, ODNZ funded a pilot 0.3 FTE CSN Organ Donation (CSN-OD) position in July 2014 for Wellington ICU. This poster presents first year activity data of this post.

To inform work streams of the CSN OD post, a staff survey was undertaken to identify ICU nurses’ educational needs about tissue and organ donation in October 2014. Using a 5 point Likert scale nurses were asked to rate knowledge and confidence in 12 specific areas of organ donation.

92 surveys were distributed with 64 completed surveys returned. Results indicated that 75% (n=48) of nurses reported knowing ‘a moderate amount’ to ‘a lot’ about brain death. In contrast 64% (n=41) of nurses reported knowing ‘not much’ or ‘almost nothing’ about donation after circulatory death. Whilst most nurses were ‘confident’ or ‘very confident’ about caring for a potential organ donor (76%, n=49) and would be ‘comfortable’ or ‘very comfortable’ raising donation with medical staff (75%, n=48), only 20% (n=13) of nurses reported knowing a ‘moderate amount’ or ‘a lot’ about tissue donation. Results from this survey, together with identified service development opportunities informed priority projects to improve donation practices. Over the past 12 months the following has been undertook: monthly teaching sessions with staff on donation, CSN OD attendance at the weekly Mortality and Morbidity meetings, improved OD auditing processes and development of a tissue donation protocol.

The CSN-OD role has increased the profile of donation in ICU and increased the number of referrals to ODNZ and discussions with families. On-going evaluation is required to determine long-term impact.

Work streams Post-Survey

Survey results demonstrated that the majority of nurses did not feel knowledgeable about donation after circulatory death or tissue donation. This became a clear focus for follow-on educational sessions. The survey data, alongside discussions with senior nursing and medical leads and stakeholders in ODNZ, was used to inform a strategic work plan for the CSN-OD role. The activities undertaken and the strategic work plan for the past 12 months are reflected in Table 1.

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The First 12 Months in Post

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The establishment of a CSN-OD role has led to an increased profile of organ donation in the Wellington ICU. The presence of the CSN-OD at medical handovers and Mortality and Morbidity meetings has improved clinician engagement and auditing processes. Initial activity data demonstrates an increase in organ donation related activity since the establishment of this role. Ongoing evaluation is required to determine long-term impact.

References