

C. Wight  
B. Cohen  
B. Miranda  
M. Fernandez  
C. Beasley

## Hospital attitudes: preliminary findings from donor action pilot projects

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C. Wight  
Donor Action Secretariat, Cambridge,  
U.K.

B. Cohen  
Eurotransplant International Foundation,  
Leiden, The Netherlands

B. Miranda · M. Fernandez  
Organizacion Nacional de Trasplantes,  
Madrid, Spain

C. Beasley  
The Partnership for Organ Donation,  
Boston, MA, USA

**Abstract** *Purpose:* As part of the Donor Action collaboration (Eurotransplant Foundation, The Netherlands; Organización Nacional de Trasplantes, Spain; and The Partnership for Organ Donation, USA), a hospital survey was administered to gather baseline data on staff attitudes about organ donation and level of self-reported skills/confidence in performing a range of organ donation roles. *Methods:* A standard survey instrument was administered in two hospitals in Spain, two in The Netherlands and one in the UK. In four hospitals the survey was administered to all ICU staff; in one hospital it was administered to a random sample of hospital staff. The instrument was created in English, and translated into Spanish and Dutch for the hospitals in each country. *Results:* Data were analysed by country and showed consistently strong perceptions that organ donation saves lives (97%). Support for donation (95%) and willingness to donate one's own organs (82%) were high in all three country samples. Significant differences in belief were observed when respondents were asked whether they agreed that organ donation helps families with their grief. The UK respondents were more likely to agree (57%), with lower levels of agreement in Spain (47%) and The Netherlands (14%) ( $P < 0.0001$ ). Average ratings of skills/confidence

were highest for notifying the transplant coordinator (49%) and comforting the family (48%) with lower confidence reported regarding explaining brain death (34%), introducing organ donation (32%), and requesting organ donation (26%). Ratings varied widely across countries with UK respondents expressing the highest level of self-reported confidence, and Spanish respondents the lowest level. For example, 77% of UK respondents reported themselves skilled/confident explaining brain death, versus 47% of Dutch respondents and 11% of Spanish respondents ( $P < 0.0001$ ). Similar results were seen regarding requesting organ donation: UK 53%; The Netherlands 30%; Spain 13% ( $P < 0.0001$ ). *Conclusions:* There has been a lack of data about hospital staff attitudes and skills to allow for comparison across national systems, and to support the targeting of specific strategies to the needs within different countries. These results show the feasibility of collecting and comparing data across national systems. These pilot findings also suggest that there may be important differences in attitudes and self-perceived skills/confidence across countries. Work remains to correlate attitudes and self-perceived skills to actual performance. It is noteworthy that the sense of staff preparedness was lowest in Spain which has the highest dona-

tion rates. This may reflect the degree to which role specialization in donation has been successfully integrated into hospital practice. Ex-

pansion of the survey to additional hospitals will help to answer such questions.

**Key words** Organ donation practices · Professional skills · Family care · Education

## Introduction

It has been estimated that the average hospital misses as many as one-third of its potential donors because there is no clear process for organ donation [1, 2]. This is primarily because not all potential donors are identified and many families are not presented with the option of donation. Research confirms that, with better practices, hospitals can achieve measurable increase in donation [1, 3]. Three organizations, The Eurotransplant Foundation (The Netherlands), Organización Nacional de Trasplantes (Spain) and The Partnership for Organ Donation (USA), with extensive experience in organ donation have agreed to pool their expertise and take action towards a common goal: alleviating the worldwide critical shortage of donor organs. The result is Donor Action, combining the best practices from the United States and Europe into one package.

## What is Donor Action?

Donor Action provides a comprehensive package of tools, resources and guidelines to help a hospital diagnose its own potential for donation and develop its own total donation protocol. The programme calls for a hospital-based committee to use diagnostic tools to provide information on its current donation situation. These tools include a retrospective medical record review (MRR) and administration of a hospital attitude survey (HAS) to critical care staff. Among other data, the HAS gathers baseline data on staff attitudes about organ donation and level of self-reported confidence in performing a range of donation roles. A software package has been developed to analyse these findings. The database can also be used to store prospective MRR data for future analysis. Based on this analysis, the committee can identify specific areas for improvement and staff educational needs and put in place the appropriate Donor Action module(s). These "stand alone" modules correspond to the five major steps in the donation process: donor detection; referral to the transplant coordinator; family care and communication; organ maintenance and retrieval. Pilot evaluations of Donor Action are underway in 11 hospitals in The Netherlands, Spain, UK and Canada. The diagnostic phase is virtually complete.

## Results of the diagnostic phase

Preliminary results of the diagnostic review reveal that each hospital unit has specific needs and areas for improvement. Aggregated results of 579 medical records show significant potential for improvement [4]. Data from the HAS were analysed by country and showed consistently strong perceptions that organ donation saves lives (97 %). Support for donation (94 %) and willingness to donate one's own organs (79 %) were high in all country samples. Significant differences in belief were observed when respondents were asked whether they agreed that organ donation helps families with their grief. The Canadian respondents were more likely to agree (72 %), with lower levels of agreement in the UK (57 %), Spain (47 %) and The Netherlands (28 %). Average ratings of skills/confidence were highest for comforting the family (70 %) and notifying the transplant coordinator (60 %) with lower confidence reported regarding explaining brain death (44 %), introducing organ donation (38 %), and requesting organ donation (31 %). Ratings varied widely across countries, with UK respondents expressing the highest level of self-reported confidence, and Spanish respondents the lowest levels. For example, 77 % of UK respondents reported themselves skilled/confident explaining brain death, versus 57 % of Dutch respondents, 50 % of Canadian respondents and 12 % of Spanish respondents. Similar variations were seen regarding requesting organ donation: UK 52 %, The Netherlands 40 %, Canada 33 % and Spain 13 %.

## Conclusions

Donor Action provides opportunities to change donation practices and create appropriate education strategies in hospitals. MRR can effectively identify untapped donation potential and when matched with the HAS can be used to customize the programme for individual hospitals. There has been a lack of data about hospital staff attitudes and skills to allow for comparison across national systems, and to support the targeting of specific strategies to the needs within different countries. These results show the feasibility of collecting and comparing data across national systems. The pilot findings also suggest that there may be important differences in attitudes and self-perceived skills/confidence across countries. Work remains to correlate attitudes and self-perceived skills to actual performance. It is noteworthy that the

sense of staff preparedness was lowest in Spain which has the highest donation rates. This may reflect the degree to which role specialization in donation has been successfully integrated into hospital practice. Expansion of the survey to additional hospitals will help to answer such questions.

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