A Study to Evaluate the Feasibility and Impact of Introducing Organ Donation Awareness into Basic Life Support Training in an Acute Hospital Trust

#conversations

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Teesside Extra Life
Principle Sounds

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2. Study Summary

This research aims to raise awareness and encourage discussions between colleagues, friends and family members around organ donation. Although 90% of the UK population agree with organ donation in principle this is not reflected in the number of people signed up to the organ donation register and people's opinions are not often shared with others. If people have not signed up to the register or discussed their thoughts and feelings with family members, should a situation arise; it can be very difficult for family to make the decision on what to do.

We have created a short video to highlight the importance of talking about organ donation. This pilot study will take place at South Tees Hospitals NHS Foundation Trust and all staff who attend basic life support (BLS) training will be invited to participate. Staff will be invited to answer a short questionnaire prior to the video about their feelings towards organ donation and another following the film sent 3-5 working days after the training. After the second questionnaire participants who are willing to discuss how they felt about the video may be asked to take part in a longer interview.

3. Background

On average 3 people die each day in the UK because an organ donor cannot be found for them. Analysis of data from NHS Blood and Transplant indicates that the vast majority of the population are in favour of donation in principle, however only 35% of the population are on the organ donor register. Currently in England when someone who has recently died is thought to be a potential organ donor, consent is requested from their family. Permission is given in 57% of cases, but this increases dramatically to 96% if the potential donor has previously spoken to family members about their desire to be an organ donor. This is likely to reflect the difference between what an individual might wish to happen and the reality that faces a grieving family. It highlights the importance of communicating an individual's wishes about organ donation with their friends and family.

The current situation of organ donation is likely to change from an 'opt in' to an 'opt out' system for organ donation within England, however understanding the wishes of the deceased person will remain hugely significant for the family/friends of the potential donor. In addition there's a particular need for more people of African, African-Caribbean and South Asian ethnicities to engage with conversations about organ donation. This is because donation rates among these ethnic groups are low but the need is great. For example people from black, asian and ethnic minority communities are more likely to develop health conditions that can lead to kidney failure, and on average they will wait a year longer for a kidney transplant than a caucasian patient. Concern about moving to an 'opt out' system has been

significant among certain ethnic groups within the UK so creating open dialogue about organ donation is of great importance.

One of the key aims of the NHS 2013 strategy 'Taking Organ Transplantation to 2020' is to change public attitude so that donation becomes a normal and expected part of end of life care. Educational packages around organ donation delivered in the work place have been shown to be effective in changing behaviour and promoting organ donation registration in the USA, however in previous research the intervention was costly and time consuming to deliver, therefore not sustainable.

The NHS employs around 1.2 million staff in England and ethnic diversity within the NHS is higher than the average in England (nhsemployers.org). Basic Life Support training is mandatory for all staff with direct patient contact and it offers a unique opportunity to educate participants about the benefits of organ donation. This study is to evaluate the effect of a short film on attitudes to organ donation.

4. **Study Objectives and Outcome Measures**

4.1 Primary Objective

To determine if a short film introduced at the end of BLS training can positively influence people's thoughts and conversations about organ donation.

4.2 Primary Outcome Measure

The number of participants who, following the intervention have;

1. Spoken about organ donation with a friend or family member.
2. Discussed their wishes about if they would want to donate their organs after death with a family member or friend.
3. The number of participants who feel more positive about organ donation after the intervention.

4.3 Secondary Objective

To determine whether the method of delivery is optimal for this intervention for a future study.

4.4 Secondary Outcome Measure

The number of staff overall who engage with the research project.

5. Study Design and Procedures

5.1 Study Overview

All staff attending BLS training during the study period (2-4 weeks depending upon the response) will be eligible to participate and will be given information about the study and invited to participate.

The study will be carried out in South Tees Hospitals NHS Foundation Trust across 2 sites (The Friarage Hospital and The James Cook University Hospital). BLS training is mandatory for all staff with direct patient contact, it occurs each morning of the working week for 2 hours in the education departments of the two hospitals. On average 100-150 staff attend the training each week across the 2 sites. BLS training starts with a joint lecture, participants are asked to attend 10 minutes early to register and then wait in their seats for the training to begin. After the joint lecture staff separate into smaller groups for manikin training then have a further short talk before finishing the training. They have to register to gain their certificate of attendance.

Pre-study information and first questionnaire:

A study information leaflet, pre-study questionnaire and consent form will be placed on each chair in BLS training room prior to event starting. While waiting for the course to start there will be an opening slide set running which will include information about the study. At the start of the training the BLS trainer will mention the study and refer staff to information leaflet and questionnaire. The pre-study questionnaire will be collected by the BLS trainer prior to the manikin work. The number of staff registered and the number of pre-questionnaires collected will be recorded.

Film intervention:

At the end of the manikin work the BLS trainer will give staff the option to leave. Those who remain will be prompted by BLS trainer to sign the consent form if they are willing to receive the second email survey. The number of people staying to watch the film will be recorded.

Second questionnaire:

Those who signed the consent form and gave their email address will be sent the second questionnaire 3-5 working days after the training. Respondents will be asked if they would be willing to be interviewed at a time convenient to them for in depth qualitative analysis.

Interview:

Those who agree to take part in an interview to share their thoughts on the film and organ donation will provide the study team with their email address after completion of the second questionnaire. The study team will contact the participant to arrange a convenient time for them to participate in the telephone interview. Dr Yitka Graham and Dr Natasha Newell will carry out the interviews, these will be audio recorded and transcribed verbatim.

The data collected above will be analysed for the effectiveness of the intervention.

5.2 Inclusion Criteria

All members of staff at South Tees NHS Foundation Trust who attend basic life support training during the study period.

5.3 Exclusion Criteria

Any staff under the age of 18.

5.4 Ethical Considerations

There are 2 potential ethical considerations; the first is how we obtain consent to watch the film due to the time pressure of the BLS course. The second is that the footage shown needed to be sensitive and thought provoking rather than shocking or distressing so that it did not adversely affect those who watch it, and those whose stories were filmed were comfortable with the final content and public viewing of the film.

We have addressed the first concern by designing a protocol which gives those attending BLS training an opportunity to opt out of both the questionnaire and watching the film. This allows the BLS training to run interrupted without affecting the course delivery. We discussed the options for consent with the consumer staff panel and BLS staff trainers. The second issue was central during the creation of the film. Each of those interviewed in the film were given the opportunity to view the final product and were happy. The staff consumer panel were also comfortable with the content.

5.5 Participant Recruitment Plan and Consent Process

All staff who attend BLS Training during the study period will be invited to participate at the beginning of the BLS training session. This training is mandatory for all staff who work directly with patients. In South Tees Hospitals NHS Foundation Trust the training runs daily and on average 100-150 staff attend training on a weekly basis.

Potential participants (typically 20-30 attendees per session) will find information about the study and the initial questionnaire on each seat in the BLS training room (this will be laid out at the end of the working day before). Prior to the BLS course starting staff attending training watch 5 minutes of information slides. This slide set will include information about the study. In addition, the BLS trainer will give a very brief explanation of the study.

Consent for the first questionnaire will be assumed if completed by participants, consent for watching the film will also be assumed if the participants choose to stay and watch the film and consent for the second questionnaire will be collected in writing after the manikin work (this is done in smaller groups of 6-8 participants). BLS trainers will ask participants to read the information sheet but will not take individual consent (this is to allow the flow of the training to be delivered without adversely affecting the time of the training). Consent forms will be collated at the end of the BLS training by the BLS trainers and collected by research staff working on the study after training finishes.

5.6 Study Risks and Benefits

There are no anticipated risks to participants as this is a questionnaire/interview based study. A potential burden for participants is the completion of the questionnaires and a possible interview. The first questionnaire is paper based, the second is web-based and the link will be emailed to participants. These questionnaires will only take 2-5 minutes. Any participant who is willing to be interviewed will be interviewed at a time and place convenient to them so that it minimises any potential burden.

There is no immediate benefit to the research participants. The aim of this study is to ascertain if we can use a film intervention to encourage people to talk to their families about organ donation; which in turn may increase the sign up to the organ donation register. This would have a potential benefit to everyone who needs an organ in the future.

6. **Study Analysis**

6.1 Sample Size Determination

The intervention will run until we have 40 responses to the 2nd Questionnaire. There are approximately 100-150 members of staff who attend BLS training per week, we expect recruitment to last for 2 weeks. We have anticipated that 70% of people will complete the first questionnaire as there is a short waiting time before the BLS training begins and the questionnaire is brief and anonymised. We estimate that 30% of those attending BLS will be willing to stay and watch the film and 15% (half of those who stay to

watch the film) will consent to a second email survey. This is based on a positive response to engaging with the film from the 2 staff consumer groups we held.

6.2 Analysis Plan

The data analysis will use a constant comparative analytic framework, which is an established qualitative method of analysis. The anonymised transcripts will be analysed for and coded for concepts based on participants' narratives, compared with other transcripts, going back and forth between the data to establish a core set of conceptual themes. Constant comparative analysis enables researchers to reflect on the data to ensure a more in-depth analysis which reflects the meaning and actions taken by the participants are represented in the emergent themes. A consensus of the core themes will be agreed by the research team, with the individual transcripts merged into one dataset. The findings will then be written up.

7. Safety and Adverse Events

Due to the nature of the study no adverse events are to be expected from a questionnaire based study. One safety consideration is if the interviews for the study are held offsite. Should this be the case lone worker policies in place in the Trust will be followed.

8. Data Handling and Record Keeping

All data relating to the study will be stored securely. The questionnaire responses will be collated into an excel worksheet which will be stored on a password protected computer. Participant interview recordings will be anonymised and transcribed verbatim. These transcripts will be stored on a password protected computer. Participant's email addresses will be stored on a password protected excel spreadsheet on an NHS computer.

9. References

UK Organ donation strategy:
http://www.nhsbt.nhs.uk/to2020/get-the-strategy/

http://www.nhsbt.nhs.uk/to2020/about-the-strategy/changing-behaviour/NHSBT_Organ_Donation_Public_Behaviour_Change_Strategy.pdf

UK Transplant activity report 2017/18
https://nhsbtdbe.blob.core.windows.net/umbraco-assets/1848/transplant-activity-report-2017-2018.pdf

NHSBT Optima Quantitative Questionnaire (NHSBT UK national survey 2014)
www.organdonation.nhs.uk/news-and-campaigns/news/tinder

Opt out/opt in consultation
https://www.gov.uk/government/consultations/introducing-opt-out-consent-for-organ-and-tissue-donation-in-england

Relevant papers:
McGlade *et al*, Regional and temporal variations in organ donation cross the UK, BMJ 2011

Quinn *et al*, Progress in transplantation, September 2006, Design and evaluation of a workplace intervention to promote organ donation.