

**DonateLife Network Meeting  
Butchers Paper Collated Responses**

<b>Strengths</b>	<b>Areas for Improvement</b>
<ul style="list-style-type: none"> <li>• Diversity</li> <li>• Multidisciplinary</li> <li>• Committed</li> <li>• Adaptable/agile</li> <li>• Collaborative</li> <li>• People (our passionate workforce)</li> <li>• Our teamwork/collaboration (on the ground)</li> <li>• KPIs consistency (national)</li> <li>• Open to change + improvement (safe space)</li> <li>• More in common than not (shared challenges)</li> <li>• Passionate about donation sector</li> <li>• Common goal/mission</li> <li>• Network supported by community</li> <li>• Diversity of workforce</li> <li>• Good-will staff/dedicated network (above and beyond)</li> <li>• Believing in what we do</li> <li>• Having each other's backs</li> <li>• Takes a village</li> <li>• Teamwork</li> <li>• Owning mistakes</li> <li>• Willingness to continue to improve</li> <li>• Technical expertise – highly qualified</li> <li>• Consistent national standard – don't ignore</li> <li>• Interstate collaboration</li> <li>• Getting the job done</li> <li>• Lack of ego – a 'can do' attitude</li> <li>• Commitment to the cause</li> <li>• Shared vision</li> <li>• United</li> <li>• Different skills</li> <li>• Supportive</li> <li>• Understanding</li> <li>• Diverse</li> <li>• Passionate</li> </ul>	<ul style="list-style-type: none"> <li>• 100% AODR check before FDC</li> <li>• Communication</li> <li>• Meeting KPIs</li> <li>• Learn more from each other (different states)</li> <li>• Bringing 'rogues' into fold</li> <li>• Building trust between areas of expertise e.g., consultants + DSNs</li> <li>• Siloed working (comms + clinical)</li> <li>• Prioritise time for education (multi-model)</li> <li>• Access to data/better understanding of local and national data</li> <li>• Variance in practice between jurisdictions – share information</li> <li>• Segregation of donation/transplantation sectors; more collaboration</li> <li>• Better nursing and doctor collaboration</li> <li>• Formalised</li> <li>• Dissemination of information between teams</li> <li>• Data sharing</li> <li>• Imaging</li> <li>• Evolving</li> <li>• Experience</li> <li>• Empathetic</li> <li>• Further collaboration with the transplant sector</li> <li>• Research</li> <li>• Furthering international connections</li> <li>• Formal education for DSMs</li> <li>• Further sharing of knowledge to prevent 're-inventing the wheel'</li> </ul>

<ul style="list-style-type: none"> <li>• Committed</li> <li>• Passionate people</li> <li>• OTA leadership</li> <li>• Common goal</li> <li>• Interesting and engaging field</li> <li>• Ability to collaborate nationally</li> <li>• Education and development</li> <li>• Standardisation and consistency</li> <li>• Wealth of knowledge and experience</li> <li>• Purpose of the organisation</li> <li>• Hardworking/dedicated people</li> <li>• Passionate</li> <li>• Considerate/flexible</li> <li>• Team-centric/work</li> <li>• Shared purpose and vision</li> <li>• Passion for quality EOLC and organ donation</li> <li>• Networking and building relationships</li> <li>• Empowering autonomy</li> <li>• Medical and nursing collaboration</li> <li>• Well structured</li> <li>• Team-oriented</li> <li>• Nice place to work</li> <li>• Genuine embracing of newcomers</li> <li>• Collaboration</li> <li>• Passion and dedication</li> <li>• Flexibility/adaptability</li> <li>• Supportive</li> <li>• Medical and nursing staff work so closely</li> <li>• Appreciation of different skillsets from end to end of the donation – transplantation process</li> <li>• Dedicated, talented people</li> <li>• Common goals/objectives</li> <li>• Collaborative approach</li> <li>• Can do – innovative</li> <li>• Resilient</li> </ul>	<ul style="list-style-type: none"> <li>• Corporate partnership that's more widely applicable</li> <li>• More collaboration required</li> <li>• Fatigue management</li> <li>• Succession planning</li> <li>• Increase collaboration and networking among states/boards (e.g., OTA/DLV)</li> <li>• Funding</li> <li>• System to be developed for transplant</li> <li>• Inconsistencies re medical suitability</li> <li>• Retaining staff (variable)</li> <li>• Cross-sharing between states</li> <li>• Harmonisation</li> <li>• Collaboration and shared understanding</li> <li>• Retention of skilled/knowledgeable people</li> <li>• Opportunities for growth in role</li> <li>• Feeling of doing more with less</li> <li>• Collaboration</li> <li>• Engagement/feedback</li> <li>• Use of data for research</li> <li>• More standardised approach – legislative instruments, registration onto the AODR</li> <li>• Align CPIP (KPIs) with NSQHS standards</li> <li>• Review funding</li> <li>• Cross-jurisdictional networking/opportunity</li> <li>• Isolated in regions</li> <li>• Improve link with *tx colleagues + improve collaboration</li> <li>• Need more of a national strategy – ensure all states are the same</li> <li>• More collaboration nationally between comms teams (ongoing)</li> </ul>
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<ul style="list-style-type: none"> <li>• Quality/practice improvement</li> <li>• Flexible</li> <li>• Organised/structured</li> <li>• Resources – education</li> <li>• Strong at the coal face</li> <li>• Ability to explore the potential</li> <li>• Motivated</li> <li>• National structure – governance and engagement</li> <li>• Implementation of IT</li> <li>• Passion and dedication of staff</li> <li>• Teamwork/collaboration</li> <li>• Shared sense of purpose</li> <li>• Camaraderie</li> <li>• Connection/connectedness</li>   <li>• Contribution to shared vision</li> <li>• Consistency of process – everyone doing the same thing</li> <li>• Experience/staff retention</li> <li>• Commitment to families and patients</li> <li>• Onboarding/orientation</li> <li>• Passion and dedication</li> <li>• Common goal</li> <li>• Open to change/learning attitude</li> <li>• Evidence-based practice</li> <li>• Passionate people</li> <li>• Resources</li> <li>• Communication</li> <li>• Team collaboration</li> <li>• Diverse experience</li> <li>• Knowledge</li> <li>• Lateral thinking – particularly around problem solving</li> <li>• High investment in what we do</li> <li>• Community engagement</li> <li>• Legitimacy</li> <li>• Knowledge</li> <li>• Uniformity</li> <li>• International links</li> <li>• Passion</li> <li>• Best practice</li> </ul>	<ul style="list-style-type: none"> <li>• Support – developing staff, and mental health support</li> <li>• Collaboration</li> <li>• Cohesion in processes</li> <li>• Removing extremes</li> <li>• More specific markers around cultural areas</li> <li>• Cultural sensitivities</li> <li>• Sharing of ideas</li> <li>• Cross-cultural communication</li> <li>• Different measures of success (NOT consent rate)</li> <li>• Measure processes of opposed to outcomes</li> <li>• End-to-end buy in – giving community more tools to have conversations regarding donation pre EOL.</li> <li>• Role clarity/expectations</li> <li>• Collaboration between jurisdictions</li> <li>• Relationships with transplant sector</li> <li>• Consent rate – training, resources, communication</li> <li>• Legitimacy</li> <li>• Harmonise legislation</li> <li>• Uniformity</li> <li>• “That 10% AODR check!!”</li> <li>• Streamline data platforms</li> <li>• Legislation – data collection, sharing stories</li> <li>• Increasing AODR</li> <li>• Sharing imaging</li> <li>• More consistent medical suitability</li> <li>• I.S logistics – LAB CABS*</li> <li>• Transparency: what works, what doesn’t work in different parts of Network</li> <li>• Resourcing – staff, fatigue management, staff wellbeing, less medical support</li> <li>• Increasing referrals</li> <li>• Communication</li> </ul>
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<ul style="list-style-type: none"> <li>• Evidence based</li> <li>• Resilience</li> <li>• EOL care</li> <li>• National collaboration</li> <li>• Courage</li> <li>• Embrace change</li> <li>• Shared experience</li> <li>• “we are a network”</li> <li>• Common goal</li> <li>• Flexibility</li> <li>• Big brains – diversity</li> <li>• Collaboration - “extended workforce”</li> <li>• Support/empathetic/friendly colleagues</li> <li>• Competent</li> <li>• EBP (evidence-based practice)</li> <li>• Openness to learning from others</li> <li>• Teamwork (donation &lt;-&gt; transplantation)</li> <li>• Passionate and committed</li> <li>• Focus on clinical practice</li> <li>• Adaptability</li> <li>• Communication</li> <li>• Well established processes</li> <li>• Agents for change and influencers</li> <li>• National training program</li> <li>• Empathy and compassion</li> <li>• Our people</li> <li>• Our diversity</li> <li>• Community support</li> <li>• Our passion</li> <li>• Unwavering commitment</li> <li>• Knowledge and experience</li> <li>• Flexibility and professionalism</li> <li>• Teamwork</li> <li>• Sharing of knowledge</li> <li>• Embedded processes</li> <li>• Data and evidence</li> <li>• Evidence-based practice</li> <li>• Diversity</li> <li>• Shared experiences</li> <li>• Cooperative</li> <li>• Small team = tight knit</li> <li>• Knowledge/skills</li> </ul>	<ul style="list-style-type: none"> <li>• Sharing of ideas and resources between s/t - collaboration</li> <li>• National retrieval teams</li> <li>• Post meeting FDC (KPI) - further training</li> <li>• Training for post donation communication with families</li> <li>• Debriefing (external and internal)</li> <li>• Increasing national consistency of practice and training – DSNC training, connection day, cross-jurisdictional support</li> <li>• Resource sharing between states</li> <li>• Better connection between donation and transplant teams</li> <li>• National and state consistency</li> <li>• Free up use of data</li> <li>• More collaboration with clinical aspects with other jurisdictions</li> <li>• Spend *supernumerary time interest – exchange program</li> <li>• Better collaboration with hospital clinicians</li> <li>• Refining MDS/DSM role</li> <li>• Annual meeting – all of sector – eye, tissue, organ</li> <li>• Donation and transplant collaboration</li> <li>• More nationally consistent guidelines</li> <li>• Board towns challenges</li> <li>• Continued focus to improve educational consistency</li> <li>• Communication generally</li> <li>• Agenda of DL and the ICU directors in hospitals</li> <li>• More nursing resources</li> <li>• Matching bureaucracy to medicine – ensuring synchronicity</li> </ul>
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<ul style="list-style-type: none"> <li>• Adaptability</li> <li>• Female dominated industry (smiley face)</li> <li>• Staff – shared common interest</li> <li>• Hospital embedded staff</li> <li>• Good systems</li> <li>• Real data to work with</li> <li>• Good collaboration *(unsure symbol) tissue/eye banks</li> <li>• Passionate</li> <li>• Common goal</li> <li>• Communication</li> <li>• Small group of people to build relationships with</li> <li>• Good purpose</li> <li>• Divergence of skills</li> <li>• Collaboration in IT I.e., EDR, OM, AODR</li> <li>• National allocation</li> <li>• Needs based and evidence based</li> <li>• Strong education development and focus</li> <li>• The vibe</li> <li>• Passion/commitment to a common cause</li> <li>• Experience</li> <li>• Open to feedback and change</li> <li>• Resilience</li> <li>• Problem solving</li> <li>• Diversity</li> <li>• Experience</li> <li>• Dedication</li> <li>• Common purpose</li> <li>• Connected</li> <li>• Unity</li> <li>• Communication</li> <li>• National led</li> <li>• Local jurisdictional variation</li> <li>• Commitment</li> <li>• Passion</li> <li>• Opportunities</li> <li>• Networking</li> </ul>	<ul style="list-style-type: none"> <li>• Increased community awareness</li> <li>• Get registration on driver's licence</li> <li>• Getting stuff in HS to be attracted to DL work</li> <li>• Cohesion between states and territories</li> <li>• More opportunities for collaboration, on local and national level</li> <li>• External trust</li> <li>• Federation</li> <li>• Change mx</li> <li>• Communication</li> <li>• Jurisdictional variation – training, HTA, guidelines, practice variation</li> <li>• Accountability</li> <li>• What do we do now clinically</li> <li>• Role of DSMs – clinical change?</li> </ul>
<p><b>Emerging Trends, Social Behaviours, Technology to Change Environment</b></p>	<p><b>Further Actions</b></p>

<ul style="list-style-type: none"> <li>• Transmission of images</li> <li>• Apps – education and clinical</li> <li>• 3D printing</li> <li>• Machine profusion</li> <li>• Assisted dying</li> <li>• Use of electronic medical record at bedside – integration of advanced care directives</li> <li>• Digital media (awareness) e.g., social for young people</li> <li>• Challenge in keeping up with emerging trends</li> <li>• Chronic disease – COVID, Monkey Pox, Climate Change, Cost of Planes</li> <li>• Phones – privacy issues</li> <li>• Social media – mental health</li> <li>• Improvements with tech – sharing data</li> <li>• Ex Vivo Boxes – portable and cost effective</li> <li>• National Disaster Plan – Open Borders</li> <li>• Understaffing – retaining staff</li> <li>• International recognition to bulk workforce</li> <li>• More awareness to access the Register - drop age from 16-1 (IMG 80)</li> <li>• Mandatory registration, First Person Consent</li> <li>• Flexibility – WFH but training/education suffers</li> <li>• New platforms – allows WFH but isolation</li> <li>• Technology – transmission – autopopulation</li> <li>• Develop DL App – organ allocation – automatic function (85)</li> <li>• Social media/comms platforms (in large part positive, but potentially negative)</li> <li>• Ex vivo machines (to increase Tx opps)</li> </ul>	<ul style="list-style-type: none"> <li>• Apps</li> <li>• Systematising sharing of organs – equity</li> <li>• Uniformity in medical suitability</li> <li>• Further collaboration with transplant units</li> <li>• Fellowships – donation</li> <li>• Advertising (money)</li> <li>• Health and educational system</li> <li>• Driver’s licences</li> <li>• Check the register</li> <li>• Early referrals</li> <li>• Pooling resources</li> <li>• Integration of platforms/systems</li> <li>• National Human Tissue Act</li> <li>• National Process DCD (79)</li> <li>• Consistency of practice</li> <li>• Feeling valued</li> <li>• Staff retention</li> <li>• Ethical conundrums</li> <li>• Understanding roles (Agency/OTA)</li> <li>• Understanding evolution (practice change/education)</li> <li>• Community awareness (diverse communities)</li> <li>• Communication</li> <li>• Knowledge sharing</li> <li>• Consistency of donor management</li> <li>• Keeping all clinicians engaged to keep normalising end of life discussions with/in* families (88)</li> <li>• AODR increase registrations</li> <li>• Ensure message is going to CALD communities</li> <li>• Opt out</li> <li>• More flexible way to register</li> <li>• Look at engaging with networks more, particularly ED</li> </ul>
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- New ICU technologies could lead to changed patient outcomes (either way)
- viral risk benefit is changing donor pool
- Technologies using alternative non-human organs
- 3D printing of organs – potential impact
- Xeno transplantation – sits in both (trends and tech?) – good impact
- Social isolation – living for longer - no \*NOK + people dying alone
- Suitability for more fragile population
- Social media propagation of messages – promotion, detraction related to exposure
- Social media – opportunity (spread a message) + risk (if something goes wrong)
- Risk – different legislation through states
- Increasing bureaucracy
- Different governance over transplant and donation sector
- More feedback – why transplants may decline
- The use of perfusion machines
- Opt out system
- Organ systems
- Registrations via new technologies
- Organ Match
- Social media – donor family/contact/recipient
- Change of government
- Transplants innovation – xeno transplantation, stem cell – 3D printing
- VAD
- Outdated legislation
- AI development

- Community awareness/campaigns/school - bigger
- Targeted groups – cultural
- Opt out
- Older transplant recipients/older donors
- AODR registrations
- Planning for EOLC (timing)
- Actions to improve donation rates = expand donor pool: delayed \*lung cold perfusion in ED/Pis at home (98), community engagement, normalise donation – open and transparent with families about role.
- 2007 = Rudd (labour) government – ideal political opportunity for harmonisation of national program e.g., National Transplant Anatomy Act!
- Better avenues for registration
- Education – access
- System improvement – routine practices to support awareness of donation wishes
- Increasing research in social behaviour
- Increasing advertising budget
- Easier registration – e.g., driver's licence
- Make it easier to register – reduce confusion e.g., licence
- Meeting community expectation with hospital/jurisdictions' processes
- Increasing education opportunities – FDC attendance, refresher of \*pFDC

- Increasing use of all social media platforms for better and for worse
- Organ Match increasing rollout
- Increasing use of EDR potential
- Perfusion technologies
- More integrated with technology – better connected online + worse – increasing among of fake news, access to the internet
- Organ Match – game changer
- Reframing of what a ‘marginal donor’ is
- Organ perfusion machines
- Increased donor pool from mental health patients
- Euthanasia
- Vaping/drug use – increased organ demand
- Covid vaccination
- Social media (good and evil). Good – DLW camp. Evil – bad publicity spreading too quickly.
- Way SM is being used (\*social media?)
- Animal and 3D printing for organs
- Transmitting images
- Driver’s licence/similar platform
- Society’s perceptions
- Social media
- Differing attitudes towards what is acceptable
- Biotechnology/artificial manufacturing
- Technology for preserving organ viability
- Healthy aging population
- Adapt messaging
- Evolving strategies
- Recycling
- Digital connectedness – Organ Match \*vs D/R families meetx\*

- Having access to rapid retrieval teams for smaller jurisdictions
- Increase AODR checks before FDC
- Train more surgeons
- Increase in donor capacity needs to be matched with transplant capacity
- More myth busting required
- Better messaging across donation to CALD communities
- Targeting and tailoring – approaches – education – resources
- Funds
- Is/or should be donation rates be our measure of success???
- MONEY MONEY!!
- Registration
- Visibility
- Risk assessment
- Accessibility
- Normalise EOL conversations to include donation
- Revisit clinical governance of TGA for tissue donation
- Funding/access to perfusion \*rigs – logistics, time
- More jets/pilots
- More retrieval surgeons/services
- Specialist panel in every state
- Collaboration/engagement with the community – schools, increasing consent rates
- Surgeon/theatre time
- Neonatal donation
- Transplant acceptance...’best practice’
- Medical culture/ethics?
- MAID
- Donor pool at extremes of age



<ul style="list-style-type: none"> <li>• OD more accepted/positive - pride/altruistic</li> <li>• Inclusive</li> <li>• More people moving rurally</li> <li>• Using 'reel' technology – targeted messaging</li> <li>• Xenotransplantation – 3D printing...</li> <li>• Opt out</li> <li>• Organ perfusion/preservation technologies – more marginal donors</li> <li>• MAID [does this mean medical assistance in dying?]</li> <li>• Good: Organ Match, EDR, EMR, My Health Record, awareness and normalising OD, perfusion technologies</li> <li>• Social media is good and bad</li> <li>• Bad: paper medical records, different EMR systems</li> <li>• COVID – AODR viral videos.</li> <li>• Medicare App – better</li> <li>• Organ Match – better</li> <li>• Social Media platforms – better</li> <li>• Privacy Act issues state to state – worse</li> <li>• Better: social engagement/registration rates. MyGov/Medicare App, Teams/Webex/Zoom (could also be negative)</li> <li>• Worse: Tiktok. FB page (closed for donor families)</li> <li>• How to communicate the message when media has changed</li> <li>• Reduction in the nursing workforce</li> <li>• Higher risk use of organs</li> <li>• 3D printing and artificial organs</li> <li>• Organ Match</li> <li>• Greater use of high-risk lifestyle donors e.g., HIV, Hep B</li> </ul>	<ul style="list-style-type: none"> <li>• Community awareness</li> <li>• Donation specialists in every FDC</li> <li>• Lower risk averse (tx teams)</li> <li>• National dedicated courier to decrease ischaemic times</li> <li>• Consistency across whole donation process</li> <li>• Resourcing for perfusion machines – retrieval surgeons, logistical challenges</li> <li>• Partnerships that will prompt AODR registration more frequently e.g., ATO, Vic Roads</li> <li>• Education – clinical, community</li> <li>• Normalise</li> <li>• More funds</li> <li>• App – organ/tissue/eyes</li> <li>• Opt out</li> <li>• Ads on TV</li> <li>• Put a further focus on improvement processes outside of data</li> <li>• More targeted focus – CALD, First Nations</li> <li>• Accountability for missed referrals</li> <li>• Image transfer</li> <li>• Increased messaging on s/m</li> <li>• Get Department of Education to agree to include organ donation into curriculum</li> <li>• Push for Cat 1 conversations to get 90% consent</li> <li>• Avoid missed opportunities upstream</li> <li>• Routine referral</li> <li>• AODR check pre FDC</li> <li>• DSNC in FDC</li> <li>• Comms – increasing budget = increasing messaging</li> <li>• Engage diverse groups</li> </ul>
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<ul style="list-style-type: none"> <li>• Increased health awareness in the general public</li> <li>• Health fatigue – people seem more receptive to health messaging</li> <li>• Austerity</li> <li>• Social media</li> <li>• Wellbeing</li> <li>• Pandemics</li> <li>• Virtual platforms</li> <li>• Demographic changing</li> <li>• Medical advancements – drugs i.e. C – Hep C</li> <li>• Supply v demand</li> <li>• Social media trends</li> <li>• Machine perfusion – increasing donor pool and acceptance</li> <li>• *Xeno transplantation</li> <li>• ‘pigs’</li> <li>• Machine perfusion</li> <li>• DCD liver &gt;75 y/o</li> <li>• FWIT</li> <li>• Trust and engagement</li> <li>• Storytelling – younger generation awareness</li> <li>• Research? - funding</li> <li>• Emerging trends – exp HIV donors</li> <li>• Organ Match utilisation</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing Indigenous voice</li> <li>• Transparency of transplant units</li> <li>• Licence checks</li> <li>• Living donors</li> <li>• Drivers licences – YES BOX ONLY!</li> <li>• My Gov app</li> <li>• Normalising donation – chat, expected end of life option</li> <li>• Tissue – exclusions</li> <li>• Transplant acceptance</li> <li>• Increasing consent...DNS, registration</li> <li>• Opt out model</li> <li>• Development/utilisation - donation/tx team – widening donor pool – extending criteria</li> </ul>
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