

THE FUTURE OF THE ODT MICROSITE

The role and challenges of the microsite

The ODT microsite should primarily be a resource provided by NHSBT to the wider donation and transplantation community. It serves a similar purpose to an intranet within an NHS organisation, but there are a number of important differences:

- the target user group is geographically diverse, and will be able to access the microsite from a number of different devices and operating systems
- the general public will also have access to most or all of the site; this group includes current and potential transplant patients, potential organ donors and bereaved relatives of deceased donors
- unless IP address-based geolocation restrictions are used, the site is also accessible to users outside the United Kingdom, including professionals, patients, the general public and also commercial altruistic donor matching organisations in the United States

The site therefore needs to take steps to meet the needs of all its potential users, but in order to do so effectively there must be some degree of prioritisation of those users.

The ODT microsite is the only resource provided by NHSBT for donation and transplant professionals, while there is also an intranet for NHSBT staff and public-facing sites such as www.organdonation.nhs.uk for the general public. I would therefore argue that the primary target audience is the professionals, and the site should be structured to meet professional needs primarily, while also providing patient/public content.

The designers of an intranet within an average NHS Trust have the advantage of knowing their site will always be used with desktop computers, generally running a single version of Windows with a single version of Internet Explorer. For the ODT microsite we do not have that luxury and must ensure the site works with various different browser applications on a wide range of different computer and mobile device operating systems, including the aging versions of Windows and Internet Explorer still found on many NHS computers.

Meeting the needs of our users

Microsite structure

The current content of the ODT microsite is best suited for reference rather than casual browsing, so most visitors will come for a specific purpose and our aim must be for them to find what they are looking for as quickly as possible. This is best achieved with consistent site navigation links working intuitively for the different types of user, and where appropriate providing more than one route to the same content.

However, when changing the structure, we also need to provide for those who are already familiar with the site structure and avoid breaking the routes they are currently using.

Additionally, we need to cater for users who prefer to use search tools by improving the existing Google custom search functionality by adding semantic metadata to the pages, ideally using the schema.org format implemented either with Microdata or LD+JSON. There is more information at <https://developers.google.com/schemas/>

Site navigation

I would suggest that a logical approach to cater for different visitors is a top level menu only slightly changed from the current one:

- "Home"
- "Donation"
- "Retrieval"
- "Transplantation"
- "Statistics & Reports"
- "Patient information"
- "ODT & Research"

The second level menus then provide a logical subdivision, e.g. "Donation" has separate links for living and deceased donation, then links for donor management advice, procedures and further links.

As stated above, this is only a fairly minor change from the current top level menu and submenus. The bigger change is that we would aim to provide as many different routes to a particular page as we think people are likely to logically use. For example, a page on SaBTO guidelines might be read by an intensivist wondering "*will a transplant centre really want organs from my unstable potential donor?*", an SNOD or retrieval surgeon thinking "*should I make sure the recipient centre are aware of this donor's history?*" or a transplant surgeon pondering "*should I really accept this organ offer for this recipient?*" so to ensure all can access it easily, there needs to be a route to this document from each of the Donation, NORS and Transplantation links.

The biggest proposed change is to the "Transplantation" link on the top level menu which would then offer a second level menu item for each organ. Third level menus for each organ could then provide further intuitive categorisation.

Example: I want to find the tool for predicting my patient's chance of a deceased donor kidney transplant within certain time periods.

Currently the path is *Transplantation > Guidance & Policies* then *Tools* is selected from the separate sidebar menu, then the link is found half way down the page after the MELD calculator.

A more intuitive route might be *Transplantation > Kidney > Tools*

The MELD calculator would be found at *Transplantation > Liver > Tools* and needs to be compatible with mobile devices

An illustration of a modified structure and modernised layout can be seen on a prototype site at odtpilot.iatros.co.uk and compared with the existing www.odt.nhs.uk site.

Microsite content

The site is currently an excellent repository of reference information, and is commendably up to date with regards to matter such as Advisory Group meeting minutes. It remains a little unfriendly to those new to donation or transplantation who want to understand how things work at the NHSBT level.

In addition to the current content, it is proposed to add:

- Pages describing the role of NHSBT and the various parts and personnel of ODT
- A description of the National Organ Retrieval Service, including in broad terms who provides it, what their roles are and what can or cannot reasonably be expected from them
- Information about the members of the ODT Medical Team and their roles

- Better information about transplantation tailored for intensivists and other members of the donation community, so that they can better understand the perspective of transplant clinicians and perhaps be less frustrated by what might sometimes seem to be odd decisions
- Descriptions of the organ offering and matching processes, with different versions tailored to transplant clinicians, donation professionals and patients

Compared with many areas of specialist hospital practice, transplant units have a lot of senior trainees with extensive experience gained outside the UK, who can hit the ground running clinically, perform retrieval independently but do not necessarily understand how things work here in terms of logistics, expectations and communication. The ODT microsite could and should form an excellent induction tool for this sometimes forgotten stakeholder group.

I had considered adding additional clinical tools to the microsite, such as a UKKDRI calculator. However, it has since come to my attention that if such calculators were used to inform clinical decision making, then they may be considered to be medical devices, which brings up a range of regulatory issues that NHSBT might reasonably prefer to avoid.

Private area

It is also proposed to include a private area of the microsite protected by a requirement for usernames and passwords. This area could include such functions as:

- An area for discussion of morbidity, mortality and challenging cases to allow wider sharing of lessons learnt. The challenging cases could include instances of successful transplantation of organs declined by other centres due to damage or anatomical anomalies, with photographs of any surgical reconstruction
- Contact details for members of the ODT Medical Team and transplant unit leads; possibly for all transplant surgeons

With the aim of maintaining transparency, all information currently on the ODT microsite should remain publicly accessible; it is only this newer set of functions that should be private.

Taking this further

I would argue that we must define the structure of the site and agree how to optimise the coding before digital performs the migration from hand coded HTML to a content management system. This can be developed on the prototype site and then the files handed over to digital to use as a model for conversion.

As the microsite is primarily a professional resource rather than a public-facing publicity website, the NHSBT board may be willing to grant some latitude in the look and feel of this microsite being different to the corporate website, which would give us more flexibility in structuring the site to meet the needs of our main stakeholders.

ODT has recently gained the services of a professional web editor on a short term contract to help with the transition to a more user friendly site. To help with this transition, transplant clinicians are asked to complete a short survey on what the clinical community want from the microsite at www.surveymonkey.co.uk/r/J3GGWJM

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