

**Minutes**

**National Renal Transplant Leadership Team Meeting**

**Strategic Leadership Group**

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| **Date:** | Friday 25 May 2018 |
| **Time:** | 9.45am – 3.30pm |
| **Location:** | Ministry of Health,  Room GN 8,  133 Molesworth St,  Wellington |
| **Attendees:** | Nick Cross – Canterbury DHB - **chair**  Jane Potiki – Ministry of Health  Dilip Naik – Capital & Coast DHB  Heather Dunckley – New Zealand Blood  Ian Dittmer – Auckland DHB  Janice Langlands – Auckland DHB  Jo Brown – Waitemata DHB  Jock Allison – consumer representative  John Irvine – Canterbury DHB  John Kearns - consumer representative  John Schollum – Southern DHB  Kristin Wilson - Auckland DHB  Chanel Prestidge – Auckland DHB  Claire Beckett Capital and Coast DHB  Denise Beechey – Counties Manukau DHB  Karen Lovelock – Auckland DHB  Tricia Casey – Auckland DHB |
| **Apologies:** | Philip Matheson – conference leave  Colin Hutchison – conference leave  Stephen Munn - call  Carl MuthuKumaraswamy – examiner commitment  Andy McNally – conference leave  Drew Henderson – conference leave  Chris Lowry – resigned  Justin Roake – clinical commitments  Ralph La Salle – leave  Kaye Hudson - Capital & Coast DHB |
| **Meeting minutes:** | Colette Meehan |

|  | **Agenda Item** | **Discussion** |
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| 1. | Welcome and Introductions | New and existing members briefly introduced themselves to the meeting group. |
| 2. | Conflicts of Interest | Reminder to disclose any conflicts of interest. Ministry policy attached. Use this form or contact [Colette.Meehan@cdhb.health.nz](mailto:Colette.Meehan@cdhb.health.nz) |
| 3. | NRTSL membership changes | Update on recent changes to Leadership membership changes.  Membership configuration is in draft proposed changes to TOR.  Names and positions are in this embedded / attached document.    Moved that new members be accepted:  John Schollum and Irvine  Seconded: John Irvine  **Action:** Trish Casey will talk with three new coordinators about which coordinators will attend Operational and Strategic meetings, and then advise NRTS of the names. |
| 4. | Proposed changes to Terms of Reference | Proposed changes to Terms of Reference to accommodate recent resignations, an extra Coordinator and new members.  **Action:** Jane will amend TOR according to agreed changes.  Moved: Kristin Wilson; seconded: Ian Dittmer  **Action:** NRTS as a group to consider any improvements on getting the consumer perspective as a second rep. is required following Jock Allison’s departure. |
| 5. | Minutes of previous meeting | Both sets of most recent Operational and Strategic meeting minutes were accepted as an accurate record.  Operational minutes – moved: Ian Dittmer; seconded: Kristin Wilson.  Strategic minutes - moved: Ian Dittmer; seconded: Kristin Wilson. |
| 6. | Actions update (items not otherwise on the agenda) | Actions not for further discussion at todays meeting covered.  Provide patient details on those delayed surgery (parathyroidectomy) so the circumstances can be investigated with the surgical DHB.  **Action:** Trisha Casey will send data to Nick Cross and Jane Potiki.  26/7/16 7. Review Long-term suspended list.  **Action:** Ian has a report which he will table at next meeting. |
| 7. | Correspondence | Kidney Transplant Activity 2017 report.  Distributed to Renal CDs and Renal DHB CEOs recently by Nick Cross on 8 May 2018.  **Action:** Distribute report to NRTLT Strategic Group. |
| 8. | NRTS Clinical Director’s Report | Reviewed data in Kidney Transplant Activity 2017 report.  **Summary:**   * Substantial increase in Tx 2017, record year * Dramatic increase in DD * Static/slight reduction in LD * Regional variations remain BUT discrepancy is less * CDHB was 3x, now 2x national per 100 dialysis * Waikato and Counties substantial increases on prior * Increased access for ARTG pts due to increased DD * ARTG/Wellington record years, above averagely busy Canterbury * 9/11 individual DHBs increased compared per 100 dialysis pts last 4 year * Mid central, Southern down slightly * ABOI/KE use high * More ABOI than KE   **Discussion** around transplant numbers goal setting; how to measure, e.g. per population rate; and inextricable link between Live Donor numbers and Deceased Donor numbers.  Discussion on allocation policy to only transplant one kidney from a DCD donor at any one unit. Required to minimise cold ischaemic time, but creates inequity (which becomes more important as the DCD proportion increases).  **Action:** Ian Dittmer will collect DCD allocation data prospectively and report to this group.  **Various other visits/talks**   * ARTG listing meeting * ODNZ * CDHB Board update * Media (TV/Radio interviews)   **Research** **projects**   * Suetonia Palmer – ANZDATA/SES/Ethnicity vs transplant access (early stages, likely next year) * Hari/Angela - NZ Risk Score performance study on DD transplanted pts (CMDHB/CDHB pts) * Completed with Ian Dittmer – Editorial for Transplantation |
| 9. | Avoid Antigens from Previous Transplants where no Antibody is Detected | Discussion. Agreed that previously transplanted antigens without subsequent antibodies would no longer be ‘avoids’.  **Action:** Ian will disseminate decision via email to physicians involved in DD kidney acceptance. |
| 10. | Process mapping project | **Update:**   * All 11 DHBs Live Donor and Recipient process maps have been drafted and compiled into an Atlas of Process Maps. Revisions will continue as remaining reviewed maps are returned by contributors. * Live Donor and Recipient tables containing information about the common components in a typical process was gathered and documented in the process;   This mapping phase has met Ministry deadline of 30 June 2018.  **Next:**  Discussion about how to make use of mapping information.  **Suggestions:**   * Identify similarities among 11 DHBs’ processes * Identify variations among 11 DHBs’ processes and decide of the differences are significant * Separate individual minor issues from individual system issues affecting more than one DHB * Do an audit on each DHB’s problem areas; identify issues and make a range of suggestions; identify ‘this works well’ – ‘try this’; offer help to sort out. * Develop a self-help / self-check resource book that identifies problems areas that can occur and provide a range of tools / suggestions to help shape solutions. This could be used to help clinic teams focus on quality improvement. * If a process problem is generic use networks to resolve. Provide some ‘how to’. * Develop a tool kit; CD goes to units with tool kit and maps; conversations about quality improvement based on maps information. * Develop a tool kit and take it to regional meeting (configured per Transplant Unit); * Develop a tool kit and take it to national meeting (all DHBs represent which would enable a wider mix of discussion than regional groups). * Get feedback on any proposed plan from likely attendees. * Focus support on smaller isolated DHBs * Test maps against consumer experience * Individual DHB feedback report on their processes as revealed in the maps.   **Action**: Develop plan for resource tool kit for discussion at next ops meeting |
| 11. | New Zealand Kidney Allocation Report | Reviewed data from Ian Dittmer’s report. |
| 12. | Kidney Exchange Allocation Software | **Current:**  NZ uses Histotrac (Tissue Typing Lab software ) for Deceased Donor list.  Earliest NZ can join Australia in KE is mid 2019, and remains uncertain whether will proceed. NZ needs secure software  **Problems with current NZ software:**  Bespoke software that requires multiple manual user steps which has potential for human error. Requires second operator to check all entries in real time.  **Solution:**  PKE module for Histotrac. Direct integration with tissue typing info from lab output, reduce error risk. NZ can set its own parameters.  **Cost:**  USD $25,000.  **Discussion:** Agreed that this was required change to reduce risk of errors and increase security of exchange planning  **Action:**  Heather/Ian to work out cost in NZ dollars and assess current funding and discuss with Jane any shortfall. |
| 13. | Hepatitis C deceased donors | Update on status of hepatitis C and treatment drugs. Discussion based on email from Dr Stephen Streat/presentation at ARTG by Ed Gane.   * Hepatitis C now curable * Expensive, PHARMAC access issues being resolved * Occasional NZ donor with Hepatitis C * There is no need for ‘the hep C list’ now. Recipients are now cured prior to transplant. * Dr Stephen Streat ODNZ * Proposes development of policy for acceptance of these donors for use once drugs available to treat (soon). * Transmission with donation expected * Post transplant treatment ok if infected * Pre-emptive treatment of recipient and cure feasible * Hep C will need to be discussed with each patient.   Discussion about consent agreed in principle:  Pre-consent discussion (at listing) including all currently on the list  Store indications at NZBS and avoid offer to patients not willing to have hep C positive kidney with treatment  Consent via offering nephrologist at the point of offer.  **Action:** Ian will work with SOT list to add an ‘alert’ column for information about patient getting Hep C treatment.  **Action:**  Nick to communicate result of discussion with Dr Streat |
| 14. | Incorrect entry into Histotrac | Discovery that 3 people on list had incorrect tissue types listed.  i.e. 3 manual entry errors.  Check of 3 done to see if they would have missed a kidney because of error. Patient 1 & 2 would not. Patient 3 check is in progress.  All DNA typing results electronically imported now.  Now when each patient is made ‘active’ lab uses checklist.  **Action:** Ian and Heather will send a written report on the matter.  **Action:** Colette/Nick log on the Allocation Protocol Register. |
| 15. | Projections of Transplant Activity in New Zealand | Discussion of data presented; how the data is measured; comparison with other countries.  There is still an opportunity to set a goal / target of transplant numbers for 2018/19; and 2019/20.  **Action:** Put this discussion on the agenda for the 20 July Teleconference. |
| 16. | Develop social media Apps for promotion of Live Donation | John Kearns gave an update on development of social media Apps for promotion of Live Donation idea already raised by the Auckland District Kidney Society.  Goal:  Education purposes only.  Information for potential donors.  Queries:  Could NRTLT support such a project? Yes  Could NRTLT check factual information on such an app? Yes  How would the information be maintained / updated once released on an app? Unclear – but agreement that would require consistent support to remain valid.  **Action:** John to progress discussions with Auckland District Kidney Society |
| 17. | Acceptance time for kidney offers | Current timeframes discussed. Agreed to reduce four hours to two hours.  **Action:** Nick/Ian will send to all documents involved in acceptance of offers. |
| 18. | Multiple Live Donors for a Single Recipient | Discussion about:   * Contexts where multiple live donors make offers; * Disadvantages for health service resources and potential live donors if too many are tested for one recipient; * Where variations work well: e.g. Counties Manukau find commencing some early parts of assessment on more than one donor at a time works well for the population type.   **Action:**  Denise Beechey will check current draft and suggest changes. |
| 19. | Assessing Live Donors for donation at non-local centres | Current practice reviewed and explained.  Confirmation that work-up nephrologist should present patient at MDM.  **Action:** Nick to update and circulate (agenda for TC) |
| 20. | NZ Survival after Deceased Donor Kidney - Calculator Website | Website calculator is available. Spreadsheet calculator is currently used.  Website calculator is good but provides too much information. Only result needed is the 5 year survival rate.  **Action**: Nick will contact developer to  1) Modify to have only the above preference  2) Enquire if the result can be saved on pdf for later reference.  3) Enquire if more than one user can be on the site calculator at any one time; (i.e. does one user ‘lock’ the calculator?) |
| 21. | Recommendations to DHBs for Support of Overseas Based Live Donors - draft | Discussion about intent and wording of draft.  **Action:** Jo Brown will provide tracked changes for Nick to incorporate and circulate. |
| 22. | Live Donor / overseas tissue typing billing | **Decision:**  Blood Services will continue to bill at its discretion, agreed that this has limited if any effect on kidney transplant operations. |
| 23. | Australian RTAC TOR | Two (self-funding) representatives are invited to join as nominated by NRAB subcommittee which no longer exists but is still referred to in the RTAC TOR. Agreed that NRTLT should nominate reps, but as was subcommittee of NRAB which still exists, NRAB should also approve change  **Action:** Nick/Ian to circulate wording change to NRAB for approval prior to notification to ARTAC |
|  |  | Meeting closed at 3.30pm |

**Next Meeting:**

**NRTLT Operational - Teleconference**

**Friday 20 July 2018; 2-3pm**

**Apologies from:**

John Irvine

Carl MuthuKumaraswamy