

**Minutes**

**National Renal Transplant Leadership Team Meeting**

**Operational Group**

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| **Date:** | 21 September 2018 |
| **Time:** | 10.10 am – 3.15 pm |
| **Location:** | Jet Park near Airport, Address: 63 Westney Rd, Mangere, Auckland 2022 |
| **Attendees:** | Nick Cross (Chair)Ian DittmerJane PotikiJohn IrvineJohn SchollumJustin RoakeKaye HudsonKristin WilsonPhilip MathesonRalph La salleClaire BeckettDenise Beechey |
| **Apologies:** | Stephen Munn (Sabbatical leave)Karen LovelockDilip Naik |
| **Guest:** | Prakash Rao PhD, MBA, FACHE, HCLDVP/COO, Diagnostics & Research OperationsDirector, Transplant Laboratory691 Central Avenue, New Providence, NJ 07974 |
| **Minutes:** | Colette Meehan |

|  | **Agenda Item** | **Discussion** |
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| 1. | Start time and introductions | Start delayed to 10.10am because of flight delays.Introductions.New members – Ralph La salle Guest speaker - Dr Prakash Rao |
| 2. | Minutes | Accepted Ian Dittmer; seconded Jane Potiki |
| 3. | Actions | Reviewed four ongoing items:1. Error checking in NZKAS Waitlist – issue is with software vendor. No progress to date resolving issue despite follow up.

 Nick Cross will send advice about resolution to coordinators when resolved.1. Avoid Antigens from Previous Transplants where no antibody is detected

Item is awaiting software change (as above). Review October 2018.1. Kidney Exchange Allocation Software. Item is awaiting software change (as above).
2. Acceptance time for kidneys. Agreed time frame will change from 4 hours to 2 hours to accept an offer from ODNZ. Nick/Ian were to advise all doctors involved, but resolved today representatives of units will advise clinicians at their centres.
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| 4. | Conflict of interest | Conflict of interest – reminder to complete declaration (if not already done.)Form and guidelines document are available with this meeting’s agenda documents. |
| 4.1 | Correspondence  | No correspondence to discuss. |
| 5. | Process mapping project;Feedback document(Continuous improvement resource) | Maps drafting is complete.Next step has been how to make use the information.Reminder that all feedback is derived from observations made during the process mapping meetings, and there is no intent to prescribe how recipient and donors processes should be. Sensible variations exist.Discussion about key insights of the mapping project and how to develop the feedback / resource document further.Suggestions:* Provide an executive summary section at the beginning.
* More emphasis that the perspective is from the referring centre (not transplant unit).
* Expand information on key insights.
* Include some actions to improve equity/access for Māori and Pasifika as different strategies and approaches will be needed to get the same outcomes.
* Provide some technical illustration of the processes based on Nick’s train metaphor journey.
* Critique / edit whole document with HDC in mind ensuring information is a clear and useful reference point for the recipient and donor processes in the event that it needs to be consulted by HDC.
* Include some case studies for illustration.
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| 6. | QIM 4Recipient ‘work-up’ time | Review data from q1 2015 to q2 2018.Three sets:#1. Numbers in assessment – by DHB and all NZ#2. YTD completed assessments all NZ. Suitable and not suitable.#3. YTD completed assessment by DHB Suitable and not suitableNick described the challenge of dealing with incoming data errors; inconsistencies; clean up process.Discussion about what’s driving the numbers. Are they a real reflection?Suggestions:* Standardise the *y* axis for consistent views of the data;
* Have a column in the data capture for ‘died during assessment’. (Could be useful for HDC enquiries.)
* Expand the data picture by using Ministry of Health indices.

**Action:**Nick will send Jane a list of NHIs.Jane will then send Nick Ministry data on deprivation, DHB of domicile, ethnicity and other demographics. Jane will return information in 2 batches. NHI separate from the other data for data security.**Action:**Nick will send the graph data to the referring centres to advise if it matches their own sense of what the numbers are like.**Action:**When data is checked, Nick will send all data for all DHBs to all CEOs in one document. |
| 7. | Personalized Transplant Medicine- Solving the transplant crisis | Prakash Rao PhD, MBA, FACHE, HCLDVP/COO, Diagnostics & Research OperationsDirector, Transplant Laboratory691 Central Avenue, New Providence, NJ 07974 |
| 8. | Projections of Transplant Activity in New Zealand | Discussion:Two potential goals1. Aspirational – how many transplants are ‘good’
2. “Production planning” – how many transplants are we going to have to deal with.

Options1. Political” approach – pluck a figure, move ahead
2. Comparative approach

Suggestion:Possible goal creation - add 10 to last year’s plan though not to last year’s actual. **Action:**Nick will give Jane principles of what NRTLT wants and she will do some distribution modelling. I.e. give the parameters.**Action:** Nick and Jane will meet in October for setting goals for next financial year.**Action:**When goals are finalised MoH (Jane) will send a letter to DHB referring centres signalling there is an expectation of some improvement in the next 2-3 years. Content would be like: based on your population size, the number on dialysis, and the waiting list you need to do x transplants. Main message is encouragement to remove barriers to access. |
| 9. | Allocation of DCD Donor Kidneys document | Document needs some change; should have the following content.**Action:**Colette will send the changed Word document and Jane will arrange upload to MoH website. |
| 10. | Pre-emptive deceased donor listing criteria | Item arose from SITG case (Southern).How can NRTLT nationally define who goes on the Pre-emptive Deceased Donor list? Discussion centred on the <15ml GFR.**Action:**Nick will make relevant changes to the allocation document, circulate to group for checking prior to upload. |
| 11. | Directed donation from deceased donors | Input to ODNZ Policy from Nick and Ian discussed.Aims:Largely prohibit direction to or away from identified groups or individual ‘celebrities’Donate only where:* ‘personal, long standing’ relationship between deceased or family of deceased and recipient
* Medically suitable
* Recipient on W/L for organ

ODNZ will offer donation without conditions where this is suggested by a family. |
| 12. | Australia’s National review of paediatric kidney transplant recipients | Email from Fiona MacKie, Paediatric Nephrologist.Not for NRTLT.Nick will invite NZ paediatric nephrologists to be involved if they wish.**Action:**Nick has already referred email to Chantal Prestige Paediatric Nephrologist Star Ship Hospital. |
| 13. | Printing the LKD and recipient books | Led by Denise Beechey, Transplant Coordinator.Publications are available at MoH in print-ready format.Denise wants them to be batch-printed and bound into booklets. Would improve access to the information. ‘Discussion about cost etc.Licencing is owned by MoH.**Action:**Denise will liaise with Kristen and advise Nick of a preferred publisher for DHBs to order printed materials from. This publisher should be contacted to see if they will produce books and confirm method of DHBs ordering them.**Action:**NRTLT letter by Nick to DHBs to purchase publications from a preferred publication provider. |
| 14. | Review allocation protocol issues register | An update from Ian that there was a second issue with information (listing date) overwritten in Histotrak incorrectly that needed correcting**Action:**Ian will provide updated reportIan/Colette to collaborate on reporting format |
| 15. | Consumer rep NRTLT | 2nd rep needed. Donor preferred, and a potential representative has been identified. Process of identification by current committee member preferred over formal process.**Action:**John Schollum will follow up an informal nominee and ask that person to send in a CV. Nick will check if there are other potential representatives identified.**Action:**Jane will locate MOH consumer rep training guidance document. |
| 16. | DHB Support for travel for overseas based donors | Document has had several iterations.**Action:**Jane will adjust wording as discussed via track changes and send to Nick.**Action:**Nick will check changes with Jo Brown of NRTLT Strategic Group.**Action:**Jane will put the document on the GM’s of P&F meeting agenda, with Jo +/- Nick/Jane to attend to discuss. |
| 17. | Reporting of waiting list data to WHO including death on the waiting list | Current NZ entry on wait list data is deficient.**Action:**Nick will send Jane table and question to ask ANZDATA to release numbers only. |
| 18. | Other Business1. AKX/NZKE Cooperation
2. TSANZ Council representative
3. Immunisation information
4. NZKE
 | 1. AKX/NZKE Cooperation:

Ian has a face-to-face meeting scheduled (Ian/Jo/Nick/Jane to attend)1. TSANZ Council representative

Nick will relinquish this position in mid 2019. NZ rep will be needed.1. Immunisations info (with NRAB)

NRTLT input complete. Action: Nick/Ian to circulate email alerting coords and CDs to it.1. Including compatible pairs in NZKE (question from Carl M)

Action:Ian proposed he model the idea for review. |
| 19. | Close meeting | 3.15 pm |

**Next Meeting:**

**Friday 30 November 2018**

**Jet Park Conference Venue,**

**63 Westney Rd, Mangere, Auckland 2022**