

Kiōney Health

NEW ZEALAND

Prevention • Support • Research

Spring 2010

I can't believe it is only a few weeks until Christmas. The year feels to have flown by. I'm not sure whether it is because I am getting older or if life is just



busier.

President of Diabetes NZ, Chris Baty, addresses the annual senior renal nurse's conference held in Auckland in September.

We at KHNZ have been kept busy with a variety of activities including attending and organising conferences and kidney information forums; some of which I will report on in this newsletter.

We are based in Christchurch but were all fortunate enough to sustain only minor damage to our office and our homes, and so consider ourselves very lucky when we drive around our lovely city and see so many of our buildings either destroyed or with significant damage.

I would like to acknowledge the incredible work of the staff at the Christchurch Dialysis Unit. Following the earthquake they went above and beyond the call of duty to ensure their patients were all OK. They worked long hours dialysing patients who were unable to dialyse at home due to lack of power, water and damage. To quote Gillian Tait from Christchurch Dialysis services “Enduring impressions from the week are not only the destruction but also of the resilience, compassion and charity of the community.”

Renal Society of Australasia Conference – Cairns 2010 Report

I was fortunate enough to attend the 38th National Conference of the RSA, this year held in Cairns. The theme this year was “Making Waves through Rising Tides of Innovation”. There were a large number of Keynote and Guest Speakers, with a wide variety of experience in number of different areas. Below is only a small summary from some of the many sessions I attended.

Motivating and managing different generations – *Avril Henry* has a management consultancy business focusing on leadership, change management, talent management, diversity, recruitment and retention strategies. Avril was a finalist in the Sydney Business Review Business Woman of the Year in 2005. She is probably one of the most innovative speakers I have heard; amazingly she managed to maintain the full attention of around 490 people, for one and a half hours without referring to notes or using any visuals aids.

Avril talked about the skill shortage in medical care and the importance of looking after and managing staff. Retention of staff is more important than attraction and recruitment, particularly as it is far more economical. Avril is renowned for her love of statistics, quoting some impressive figures throughout her talk. As an example, in the next decade in Europe 50 million people will retire and the concern is that the birth rate has decreased so much that it won't be enough to replace the current population. The birth rate in Australia has decreased to 1.8 children per couple, but it needs to be 2.1 to replace the current population.

Avril talked about the differences in the generations; firstly the baby Boomers, those born between 1948 and 1964. The women in this generation were the first to go out to work as well as have a family. Baby Boomers are more risk

adverse preferring job security, financial security and recognition for their loyalty. Generation X (Gen X) is those born between 1965 and 1980. Many of the women in this group have chosen not to have children, putting their career first and Generation Y (Gen Y) are those born from 1980. People from X and Y generations are risk takers, being financially secure isn't so important. They want to be better managers than their current managers!

The main message I took home from this presentation was that in general, management skills training is poor which of course results in poor managers. They need to know how to **manage people**. It is important that training and development for those taking up management positions is provided in the healthcare industry. An excellent nurse does not necessarily make a good manager. They need to be given the tools to assist them in this role.

This conference had an amazing number of papers making it difficult to decide which concurrent sessions to attend. Some of the sessions I did attend included;

How many Australians have CKD? An overview of the latest statistics on Chronic Kidney Disease (CKD) in Australia was very interesting, despite obviously the much larger population. With funds from the Australian Government, in 2007, the National Centre for Monitoring Chronic Kidney Disease was set up to collect the data required to measure kidney disease in Australia, with Prof Tim Mathew from Kidney Health Australia on the advisory committee.

Some statistics for kidney disease in Australia; 1 in 7 Australians have CKD which contributes to 10% of deaths and over 1.1 million hospitalisations annually. CKD is especially common in Indigenous Australians, who are up to 11 times more likely than other Australians to be hospitalised for CKD, and five times more likely to die from it. There has been a significant increase in the number of new cases being treated for end stage kidney disease, particularly in those aged – 55 years and over.

Nearly \$900 million was spent on renal disease in 2004 – 2005. This accounted for 1.7% of total health expenditure in Australia. CKD was up 33% compared with 17% for other health conditions. The number of people being treated for

end stage kidney disease continues to rise, with the indigenous groups experiencing the largest rise

Partnership + Education = Support: The experience of building a consumer driven support group through organisational partnership and consumer education, was presented by *Kidney Health Australia (KHA)*. They talked about the patient forums held throughout the various states. These were run by KHA and held in places such as the local bowling club, to make them less formal and encourage more people to attend. Patients and their caregivers/family were invited to attend via advertisements in their local renal units and clinics. The forums were patient driven and included talks on a variety of topics including medication management, transplantation and support services. Prizes were given out as an incentive for completing evaluation forms at the end of the sessions, participants were also asked to identify whether they were a patient, a carer or family member. The results were collated for future forums. It was good to know that Kidney Health New Zealand has already commenced a similar initiative which has had positive feedback.

“Organic Growth: Optimising the living donor pool”, presented by Lisa Burnapp, Consultant Nurse in Living Donor Transplantation at Guys and St Thomas NHS Trust in London. Lisa focussed on the living donor programme in the UK. Lisa talked about the importance of living kidney donation because of the better organs, post transplant recovery and survival. Like New Zealand the living donor transplant numbers are increasing while the deceased donor rate has declined. Living donor programme in the UK makes up 50 -60% of transplants. Currently there are 3-4 living donor transplant operations performed each week at Guys. Pre-emptive transplantation is increasing, with initiatives in place to commence the workup process earlier. Since the Human Tissue Act, in January 2007, there have been 44 paired exchange and 32 non – directed donor transplants performed.

Dialysis by remote control - Bev Hamerton Topic Coordinator for Remote Health Practice gave an entertaining and fascinating presentation of her experience working as a remote area nurse on Murray Island in the Torres Strait. Her passion and commitment was evident as she talked about her work. Murray Island has a population of 600 with 30% having some form of chronic disease. Poverty is a big problem and the life expectancy is 18 years less than

for a non Torres Strait Islander. There are 3 Indigenous Health Workers with a Doctor visiting 2 days a month. Bev talked about the importance of communication in this remote location for a successful service, particularly between the main centre and those looking after the patients when they return home.

Diabetes Care in Indigenous Australians - Dr Ashim K Sinha highlighted the need for the multidisciplinary team to leave the hospitals and get out into the community to promote early intervention and prevention. According to Dr Sinha one in ten Torres Strait Islanders have Type 2 diabetes (DM2); Type 1 diabetes is very rare in this group of people. Type 2 diabetes is almost 4 times as common as in other indigenous groups: he attributed this to post Westernisation. There has been a significant increase in the onset of DM2 among the Torres Strait youth with a mean age at diagnosis of 12 years. There is usually a strong family history of diabetes i.e. both parents affected. Fifteen out of 20 women develop diabetes during pregnancy. The incidence of diabetes in pregnancy has risen from 4.4% in 1999 to 14% in 2008. Twenty four percent of adults over the age of 25 have Type 2 diabetes in the Torres Strait community!

Dr Sinha talked about the Diabetes Specialist Outreach Teams, these teams go out into the communities in Far North Queensland where they provide education, screening and promote self management. They have a web based database for distance evaluations and health profiling. Blister packs are provided to encourage medication to be taken. Training opportunities are provided for GPs with generalist staff being trained to identify those at high risk of foot disease/infections in an effort to decrease the high amputation rate. The ultimate goals are prevention both primary and secondary; prevent childhood obesity and diabetes in pregnancy and to provide quality use of medication and access to health services.

The average life expectancy of a Torres Strait Islander is only mid 50!!!

Chronic disease profiles in remote aboriginal settings and implication for health service delivery - Dr Wendy Hoy, Professor of Medicine and Director of the Centre for Chronic Disease at the University of Queensland. Dr Hoy told us there were 500,000 Aboriginals and Torres Strait Islanders living in Australia,

she talked about the barriers to treatment for these people including limited storage space, no locks, often no refrigeration. These people often move and have limited transportation available. There is a different level of resource needed in these areas. Integrated chronic disease screening needs to occur.

Needless to say the social events provided an opportunity to meet delegates attending the conference from around Australia and New Zealand; a little dancing was done interspersed of course with a lot of networking with our renal colleagues.

As always I came back from the RSA conference inspired and motivated to continue working to make a difference in the management of renal disease and its impact.

Senior Renal Nurses Conference



Jubeda Shah, Middlemore Renal Unit, speaks at the conference

The annual senior renal nurses' conference was held in Auckland in September, the weekend of the earthquake. Once we had established family and friends were safe we were able to enjoy another successful workshop. As usual, the presentations were of a high standard with nurses sharing their knowledge and experiences with the group.

Chris Baty, President of Diabetes NZ, gave a very interesting, if not sobering, talk highlighting the predicted rise in diabetes, particularly Type 2. Currently there are 200,000 people diagnosed with diabetes in New Zealand, although it

is estimated there are at least 70,000 who are not diagnosed yet! The motto for Diabetes NZ is Diabetes: Contained, Controlled, Cured.

Rachael Walker talked about her pathway to become the first (and youngest) nurse practitioner in the area of renal medicine in New Zealand. It has taken years of hard work and dedication to achieve this role, so congratulations Rachael.

Jo Burton, renal recipient transplant coordinator at Auckland Hospital, spoke about what is new in transplantation. This included ABO incompatible transplantation, the paired exchange programme and non heart beating donors.

Kidney Information Forums

These continue to be very popular. Kelvin and I have travelled to Rotorua, Tauranga (with Auckland District Kidney Society), Nelson and Invercargill in the last month and will be in Wellington in November to speak to both patients and people wanting information about kidney disease and treatment and also prevention. These sessions are provided to the local groups as we feel it is a much better way to provide information and to raise awareness at the same time. We have been pleased with the numbers attending these forums with an average of 30 - 40 people.

Having people from the local area involved has been great with local pharmacists and dietitians being able to give useful advice. They also tell us they learn a lot about kidneys as they research for their talks.

We plan to continue on with future kidney forums planned for 2011.

0800 information line and website – www.kidneys.co.nz

We continue to work on our website to keep it as up to date as possible, the feedback from the Ministry of Health resources has been positive, it has also been very helpful to refer people to this site to check out the information appropriate to their needs. We are currently working on a second round of information brochures for the Ministry and will have more information available in the next issue.

The 0800 information line remains a useful resource for people, information around kidney disease; treatment and particularly live kidney donation continue to be the most commonly sought after topics.

Upcoming events and activities

Kidney Health Week, incorporating National Just Water Week will be 7th – 13th March 2011, World Kidney Day is Thursday 10th March, and we have commenced planning for this week. The following information is from the official World Kidney Day website www.worldkidneyday.org

The mission of World Kidney Day is to raise awareness of the importance of our kidneys to our overall health and to reduce the frequency and impact of kidney disease and its associated health problems worldwide.

The objectives are:

- [Raise awareness about our "amazing kidneys"](#)
- Highlight that [diabetes and high blood pressure](#) are key risk factors for Chronic Kidney Disease (CKD)
- Encourage systematic screening of all patients with diabetes and hypertension for CKD
- [Encourage preventive behaviours](#)
- Educate all medical professionals about their key role in detecting and reducing the risk of CKD, particularly in high risk populations.
- Stress the important role of local and national health authorities in controlling the CKD epidemic. Health authorities worldwide will have to deal with high and escalating costs if no action is taken to treat the growing number of people with CKD. On World Kidney Day all governments are encouraged to take action and invest in further kidney screening

If detected early, Chronic Kidney Diseases can be treated--thereby reducing other complications and dramatically reduce the growing burden of deaths and disability from chronic renal and cardiovascular disease worldwide.

Any ideas or suggestions as to how we can help raise awareness during Kidney Health Week throughout New Zealand are always welcome so feel free to email me at carmel@kidneys.co.nz



CONGRATULATIONS RACHAEL WALKER the first Nurse Practitioner for Kidney Disease, we wish you all the very best for your future work Rachel and for being a “pioneer” for renal nursing.

From the medical Director KHNZ Kelvin Lynn

Good news for live organ donors and a further advance in deceased organ donation

More than half of the kidney transplants carried out each year in New Zealand are from living donors. Carrying out major surgery on healthy people has been justified by the excellent outcomes for the recipients, much better than from deceased donors, and the understanding that there is no long term risk for the donor. The comprehensive assessment potential living kidney donors undergo ensures that these donors have healthy kidneys and do not suffer from other conditions that would increase their risk of kidney disease and death in later life. Nevertheless, there are a small number of kidney donors that have subsequently died prematurely or developed kidney failure. This is regrettable, but the important question is “was this more likely because they had been a kidney donor?”

A study from the United States (*Segev, D. L. et al. Perioperative mortality and long-term survival following live kidney donation. JAMA 303, 959–966 2010*) compared the survival of 80,347 live kidney donors between 1994 and 2009 with the normal healthy population. The authors concluded that live donor nephrectomy (removal of a kidney) is “one of the safest operations one can undergo and that live kidney donation did not increase risk of mortality during the study period”.

In the early days of transplantation, organs were not removed from deceased donors until after the heartbeat had stopped. Further research and the

introduction of trusted brain death protocols in the early 1980s allowed removal of organs from heart-beating donors as it was understood that brain death indicated that the donor had sustained an irreversible loss of brain function. The organs removed from such heart-beating donors worked better and for longer than those from non-heart beating donors did. The number of deceased donor kidneys that are now available from brain-death donors has declined because of safer driving and improvements in the care of people with head injuries. The ongoing shortage of donor organs has prompted a rethink about using organs from donors after a heart, rather than a brain, death. In the UK the use of organs from non-heart beating donors has risen from 3% in 2000 to 32% in 2009. In New Zealand, Organ Donation New Zealand has introduced a new protocol to allow Zealand organ donation when a person is on a ventilator in an intensive care unit with a non-survivable head injury but is not brain dead. In some circumstances organ donation can occur immediately after death and this is known as Donation after Cardiac Death. You can read more about this at www.donor.co.nz

In a paper published in the Lancet (www.thelancet.com) in August, researchers from the UK report on 9,134 kidney transplants – 8,289 kidneys were donated after brain death and 845 after heart death. The kidneys from the heart death donors worked as well and for as long as those from the brain death donors. The study also provides other valuable information that should help to increase donation after cardiac death.

Chronic kidney disease is common, harmful and treatable.

Yes, I want to help in the fight against kidney disease and support
Kidney Health New Zealand

\$100 \$50 \$20 \$10 or Other
\$.....

Enclosed is a cheque payable to the Kidney Health NZ, or please charge:-
 Mastercard Visa

Account number:

Expiry Date: Signature:

Please indicate if you would like:-

- A receipt for your donation
- Information about making a gift to Kidney Health NZ in my Will.
- Information about kidney donation/transplants.
- More information on general kidney health.
- To become a member of Kidney Health NZ

Name:.....

Address:

Thank you for your support.

Please return this form to: 24 St Asaph Street, Christchurch 8011

Ph 0800 543639 - www.kidneys.co.nz

