

# National Renal Advisory Board Meeting

MEETING DETAILS	
<b>Date and time:</b>	9.30am to 2.30pm Wednesday 10 May 2017
<b>Venue:</b>	Ministry of Health, Room GN.7, 133 Molesworth St, Wellington

Committee Members	
Ian Dittmer (Chairperson), Murray Leikis, Kay McLaughlin, Fredric Doss, Chris Hood, John Schollum, Catherine Tracy, Kimberley Reimers, Mark Hodge, Max Reid, Tonya Kara	
<b>Apologies</b>	Jenny Walker, Nick Cross, Mardi Thompson
<b>Guests</b>	Kate Crawford (Ministry of Health), Tania Psathas (Ministry of Health),
<b>Minutes Taken By</b>	Annette Pack

No.	Item	Discussion/Action	Responsibility
<b>Minutes</b>			
<b>General Business</b>			
1.	Introduction	The Chair opened the meeting. Apologies were noted as above.	
2	Review of the minutes recorded at the previous meeting held on 8 March 2017	<p>The draft minutes of 8 March 2017 were accepted with amendments from Counties Manukau DHB about the PLA-2 antibody test.</p> <p>Open actions are included in agenda items (below) or identified as carried forward.</p>	
<b>Regional Roundup</b>			
3	<p>Regional Updates</p> <p><b>Northern</b></p>	<p>Northland DHB (Ian Dittmer)</p> <ul style="list-style-type: none"> <li>Clinical staff are encouraged to call the police if patient behaviour is unacceptable.</li> </ul> <p>Waitemata DHB (Ian Dittmer)</p> <ul style="list-style-type: none"> <li>Three clinical staff are required to dialyse a patient in the Mason Clinic.</li> </ul> <p>Auckland DHB (Ian Dittmer)</p> <ul style="list-style-type: none"> <li>The increasing number of deceased and live donor transplants is stretching the capacity of transplant services</li> <li>Approval has been gained for an additional locum physician from January 2018.</li> </ul>	

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		<p>Starship Hospital (Tonya Kara):</p> <ul style="list-style-type: none"> <li>• Business-as-usual.</li> </ul> <p>Counties Manukau DHB (Chris Hood, Catherine Tracy)</p> <ul style="list-style-type: none"> <li>• The new operational guidance about access to dialysis for non-residents hasn't been formally approved and therefore has not been implemented.</li> <li>• A business case for the refurbishment and extension of the acute dialysis unit at Middlemore Hospital has been developed and requires regional consultation.</li> <li>• Infection levels have been sub-optimal.</li> </ul> <p><b>Action:</b> Send copy of CMDHB's consent form to the Chair for distribution.</p> <ul style="list-style-type: none"> <li>• The PLA2 antibody testing for membranous nephropathy was discussed. Canterbury DHB uses the more sensitive immunofluorescent test to support a diagnosis. Both tests can be used if a diagnosis is required.</li> </ul> <p><b>Action:</b> Draft protocols for use of PLA2 test, with a view to presenting at a meeting of the NZ Chapter of ANZSN.</p> <p><b>Action:</b> Investigate testing for genetic kidney disease with Genetic Service.</p>	<p><b>Chris Hood / Catherine Tracy</b></p> <p><b>Chris Hood</b></p> <p><b>Ian Dittmer</b></p>
	<p><b>Midland</b></p>	<p>Waikato DHB (Mark Hodge)</p> <ul style="list-style-type: none"> <li>• A planning meeting was held on the future requirements for in-centre dialysis, as the unit built five years ago is already nearing capacity.</li> <li>• A new locum has been appointed.</li> <li>• A new renal physician has been appointed and starts in September.</li> <li>• Job sizing for another SMO position is being progressed, with possible flow-on affects for other positions. The ideal number of consultants in Waikato DHB's service is seven to eight.</li> <li>• Currently, consultants rotate every six weeks. Feedback from patients is that they want continuity with the same consultant.</li> </ul> <p>Taranaki DHB: (Ian Dittmer)</p> <ul style="list-style-type: none"> <li>• Patients are experiencing long waits to see a consultant.</li> <li>• A new vascular surgeon has been appointed and is starting soon.</li> </ul>	

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	<p><b>Central</b></p>	<p>Hawke's Bay DHB (Murray Leikis)</p> <ul style="list-style-type: none"> <li>• Business as usual.</li> </ul> <p>MidCentral DHB: (Murray Leikis)</p> <ul style="list-style-type: none"> <li>• A satellite unit in Levin situated in a GP practice has opened, with four chairs (three operational and one spare). Currently it is staffed with one nurse: three patients. It is open three mornings a week for self-care patients only. There are plans to extend the unit's operation to up to four shifts.</li> <li>• No progress to report on the establishment of a satellite unit in Whanganui.</li> <li>• Plans to address the current conditions in the dialysis unit at Palmerston North Hospital will be considered as part of the DHB's campus planning. There are clinical concerns that the conditions in the unit represent a risk to patient safety, but patient satisfaction with the service continues to be high.</li> <li>• An instance of the Palmerston North unit not accepting the transfer of a patient from Waikato was reported.</li> </ul> <p>Action: The Chair will consider sending a letter to all units reminding them of their responsibility to accept patients who are transferring into the area.</p> <p>Capital &amp; Coast DHB (Murray Leikis)</p> <ul style="list-style-type: none"> <li>• Demand for in-centre dialysis is challenging capacity. The last four chairs at the satellite unit have been opened.</li> <li>• The number of home HD patients is decreasing and the number of PD patients is stable.</li> <li>• Early planning on a new satellite unit in the Hutt Valley is occurring.</li> <li>• Three ultrasound machines help with vascular access.</li> <li>• Nelson Marlborough DHB is planning for a standalone dialysis unit (currently Capital &amp; Coast does the home training for HHD patients)</li> <li>• The Transplant Unit is on track to record its highest number of transplants.</li> </ul>	<p style="text-align: center;"><b>Ian Dittmer</b></p>
	<p><b>South Island</b></p>	<p>Canterbury DHB (Kimberley Reimers)</p> <ul style="list-style-type: none"> <li>• An internal process to credential the Nephrology service will occur later in May.</li> <li>• Canterbury DHB does not provide in-centre dialysis. HHD and HPD training were suspended temporarily because of risks to patient safety due to a shortage of dialysis nurses. Approval has been gained for two additional RNs.</li> <li>• The resignation of a pre-dialysis educator and a vascular educator has provided the opportunity to look at establishing new CKD Pathway Coordinator roles to review and improve pathways for CKD patients.</li> </ul>	







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16.	healthAlliance contracts	<p>healthAlliance has become part of New Zealand Health Partnerships.</p> <p>The procurement process for PD equipment and supplies, which excludes Canterbury and Southern DHBs, continues. There have been presentations from two companies. Each DHB is being asked to analyse the responses, including the financial implications for them. The process should be finalised by mid-year.</p> <p>A national procurement process for HD will be through New Zealand Health Partnerships or Pharmac.</p>	<b>Murray Leikis</b>
<b>Transplant</b>			
17.	National Transplant Activity	<ul style="list-style-type: none"> <li>Increased number of live and deceased donor transplants, including more deceased cardiac donors.</li> <li>The focus of the National Renal Transplant Service is data collection for reporting against Quality Improvement Metrics.</li> </ul>	<b>Ian Dittmer</b>
18.	Kidney Exchange	<ul style="list-style-type: none"> <li>Trans Tasman collaboration on kidney exchange is unlikely to happen before 2018 because of resignations of AKX's Clinical Director and Exchange Coordinator.</li> </ul>	<b>Ian Dittmer</b>
<b>Ministry of Health</b>			
19	Compensation for Live Organ Donors Act	<p>Tania Psathas, the Ministry's Project Manager for the implementation for the Compensation for Live Organ Donors Act, joined the meeting to discuss progress.</p> <ul style="list-style-type: none"> <li>The project is on track</li> <li>The Governance Group for the project has agreed to an approach using an IT solution for data repository and workflow tracking</li> <li>A communications plan is being developed.</li> <li>A consumer group has been established.</li> </ul>	<b>Tania Psathas Ministry of Health (invited guest)</b>
20.	Update from Kidney Health New Zealand	<p>KHNZ's advocacy role for CKD is working well. KHNZ's Board has approved the following areas of priority for the next year:</p> <ul style="list-style-type: none"> <li>Develop a Kidney Health election manifesto for use in lobbying Ministers and MPs</li> <li>Adequate financial support for the implementation of the Deceased Organ Donation Strategy</li> <li>Equitable access to dialysis</li> <li>Consistent support for HDD</li> <li>Access to free holiday dialysis.</li> </ul>	<b>Max Reid</b>

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<b>Standard Report Updates</b>			
21.	<p><b>Subcommittee reports</b></p> <p>1. Standards &amp; Audits</p> <p>2. RSA / Nursing Advisory Group</p> <p>3. NZ Board of Dialysis Practice</p>	<p>Nearing completion.</p> <p>Rachel Walker has been in contact with Suetonia Palmer about publishing the results of the workforce survey in the NZ chapter of the ANZDATA Annual Report. The current survey results will need updating before publication. It was noted that dieticians and social workers are not reported in Renal Services FTEs.</p> <p>A process could include a detailed survey every five years, with a quick annual update requested in the intervening years.</p> <ul style="list-style-type: none"> <li>• Board of Dialysis Practice will meet later in May</li> <li>• RSA NZ Branch Annual Symposium will be held in Dunedin on 27-28 October 2017.</li> <li>• The RSA Annual Conference will be hosted by New Zealand</li> <li>• Meetings are scheduled to progress the inclusion of neuro physiology and exercise physiology in the clinical physiology course</li> <li>• The Manukau Institute of Technology Dialysis course is under review, which will consider whether it is fit-for-purpose, interactive learning opportunities and online platforms.</li> </ul>	<p><b>Fredric Doss</b></p> <p><b>Mark Hodge / Kay McLaughlin</b></p> <p><b>Fredric Doss</b></p>

