Welcome to the DNT 2015 Workshop
Thanks

• Sponsors

  – Platinum: Amgen, Roche, Shire
  – Gold: Baxter-Gambro, Fresenius,
Thanks - Workers

• Organising Committee
  – Matt Jose
  – Jeff Barbara

• PCO
  – Dinamics
  – Alastair and Jade
The primary function of the DNT committee is to **improve the health outcomes** for patients with kidney disease by developing and reviewing both policy and clinical practice in relevant domains of **nephrology, dialysis and kidney transplantation**.

This includes areas of **education and quality** in clinical nephrological practice across the spectrum of all individuals involved in the care of patients with kidney disease.
Thank DNT Members

- **ANZSN Representatives**
  - Hilton Gock 2011- 2015
  - Robert Walker 2014- 2018
  - Steven McTaggart 2011- 2015
  - Jeffrey Barbara 2013- 2017

- **Kidney Health Australia Representatives**
  - Stephen May (Chair) 2011- 2014
  - Evan Eggins 2008- (Consumer representative)
  - Allyson Manley 2011- 2015(Nurse representative)
  - **Matthew Jose 2013- 2017 (ANZDATA Representative)**
  - Henry Pless 2013- 2017

- **Others - ex officio**
  - Fiona Brown - Chair, Home Dialysis Advisory Committee
  - Martin Gallagher - Chair, CARI Steering Committee
  - Tim Mathew - Medical Director, Kidney Health Australia
  - Carmel Hawley- AKTN
  - John Kanellis - RTAC
Workshop

• Participate, Share Ideas, Accumulate knowledge, Disseminate back to units
  – You are representing your unit

• Feedback forms
  – Suggestions for change, future topics

• Future of Workshop Survey
<table>
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<tr>
<th>Year</th>
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<td>2015</td>
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<td>Ballarat- Vic</td>
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Housekeeping

• Emergency- Exit
  – Follow instructions of Hotel staff

• Meals and Dinners
Non Dialysis Pathway
Action Points

• Refer final position paper to ANZSN council and KHA for ratification ✓
  – Publish on ANZSN/ KHA website ✓
  – Publish exec summary in Nephrology with DNT badge along with individual chapters as opinion pieces ✓

• Explore addition of surprise question on ANZDATA form ✓
Training - Action Points - 2013 SAC

- Embrace 3 core clinical years – consider mechanisms/ flexibility for academic pathway

- Develop a dedicated co-ordinated 'training program' (eg at a national level) to guarantee the 3rd year of training/ rural rotations

- Modify curriculum with priorities that are more relevant to patient care (e.g. decrease the importance of Tx training and increase importance of CKD exposure)

- Need to align assessment with curriculum
  - supervisors to assess specific skill sets or modules eg trainee is competent to manage a patient on HD etc
  - Possibly develop and use of web based assessment tools
Workforce Action points 2013

• ANZSN council to explore ways of improving data collection on current numbers of practising nephrologists

• ANZSN to develop position paper on future options for CPD

• ANZSN to develop predictive models for future numbers for nephrologists and allied staff
Interventional Nephrology- Action Points 2013

• ANZSN/ SAC – ratify ANZSIN’s role in developing standards, credentialing training units and certification of procedural nephrologists
  – Percutaneous dialysis access
  – PD catheter insertion
  – Renal Biopsy

• ANZSIN develop a fistula specific interventional certification process with conjoint committee

• ANZSIN explore cystoscopy as an interventional nephrological procedure
AKTN – Action points - 2013

• Explore mechanisms and barriers to change culture of involvement in trials

• Improve ethics approval process

• Explore mechanisms for more increasing research in private rooms and rural areas
Live donor Registry
Action Points 2013

• Notify ANZSN membership that workshop supports registry – reasons [older donors etc]
• DNT / Registry develop data set required to develop a KPI
• DNT / Registry explore funding options to improve data collection? use clinical networks funding
• Develop a consent and information document in conjunction with RACS including information re follow up/ live donor registry
PKE programme – Action Points

• Develop information package for non transplanting centres about suitability for program
• Define criteria for accepting compatible pairs into programme as a method of gaining better outcomes for all
• Seek input from consumers ?KHA what they want from PKE program
Action Points Transplantation
ECD and Modeling

• Development of allocation criteria for SCD/ECD kidneys including policy on use of kidneys as double kidney allografts

• Incorporation of analysis on the effect of utility based allocation algorithm on HLA antibody formation using HLA matchmaker
  – Incorporation of Eplet based allocation system in the proposed models
Hypertension Session – Action Points

- **Develop position statement on Renal Nerve Ablation**
  - Patient criteria including ABPM
  - Expected indications on current knowledge
  - Minimum criteria for society endorsement as therapy

- **Consider guideline on resistant hypertension**
KHA CARI- Action Points

- Support to progress international guideline collaborative process
- Need to develop alternative funding streams, such as peer reviewed funding
- Continue work at improving processes around guideline development
- Support for commentaries upon KDIGO guidelines to go on ISN website.
- Additional risk factor detail in background to CI-AKI section of AKI adaptation
Infectious Disease – Transplant
Action points

• Develop CARI guidelines for infection / antibiotics/ vaccination management in transplantation
• Develop travel guidelines for patient with transplants including medical tourism aspects
• Incorporate antimicrobial prescribing in Syllabus
Infectious issues in dialysis
Action Points

• Establish a working group to work with ID Physicians on dialysis specific issues
  – VRE management
  – Routine screening
  – Isolation
MRI Guideline
Action Point

• ANZSN members to read and comment
  – Add box in flow diagram to study without contrast if possible

• Badge as DNT/ RANZCR position statement once ratified by council and KHA
HDAC – action points

• HDAC to consider the issue of targets for home therapy
  – Position statement developed
The HDAC believes that all patients with end stage kidney failure should be educated in, and be able to discuss all suitable treatment options. This should include dialysis which includes home based dialysis, such as peritoneal dialysis and home haemodialysis, kidney transplantation and supportive care.

It is recognized that home dialysis is not suitable for all patients and that the decision to dialyse at home should be a joint decision after discussion between the patient, their family and the treating nephrology team.

However we do strongly recommend that all appropriate patients be encouraged to dialyse at home whenever possible, and that a home dialysis first policy be instituted at all ANZ nephrology units.
ANZ HDAC statement on a KPI for the Percentage of Dialysis patients on Home Dialysis

Thus we would recommend a key performance indicator target for home dialysis to be that 100% of all ESKF patients are fully educated on all treatment options and when medically appropriate have access to all forms of ESKF treatment.

We would not recommend a KPI target for the percentage of dialysis patients on home dialysis as this is a shared decision process made by the individual patient and the treating nephrology team based on the individual’s medical condition and their right to choose. It could be harmful to individual patients if their decision to be treated with home based therapies is influenced by such a KPI when the patient is not medically appropriate or fully motivated and committed to this decision.
ANZ Consent to Dialysis Template

A national consent to dialysis form should include the following concepts
1. I have received education on the treatment options for end stage kidney failure including home based peritoneal dialysis and home haemodialysis, and conservative care, and fully understand the nature and potential side effects or risks of this treatment.

2. I was able to participate in the decision about which dialysis treatment would be the most suitable for me, and am able to be involved in ongoing discussions about my dialysis treatment.

3. I am aware of, and agree to abide by, the shared rights and responsibilities of a dialysis patient and the dialysis service.

4. I have read and understand the ANZDATA registry privacy information and consent to non-identified data related to my renal disease being provided to the ANZDATA registry for use in a national database.
ANZDATA - KPI

- Publish identified unit HD starting access KPI on ANZDATA website

- Explore addition of pre dialysis education tick box to ANZDATA form
KPI – Action Points

• Continue with real time unit reporting of KPIs
  – Not for publication

• Develop benchmarks for KPI

• Publish identified unit reports including end of year KPIs on ANZDATA website
  – Consider reporting averages over longer time period eg 5 years

• DNT to develop procedures to assist units who ask for assistance

• Explore mechanism to improve reporting
  – Incentives for nurses to attend home therapy conference
  – Wide spread unit access to real time data
Discussion Points

• Do we need to revise the existing ANZDATA KPIs?
  - If so, who should do it?

• Should there be more KPIs now?
  - If so, who should design them?

• What structures / framework are needed to provide ongoing input / leadership in the KPI area
ESRF in ATSI- Action Points

• Approach TSANZ to set up a workshop to develop better transplant strategies, better data re different indigenous populations, different immunosuppressive regimes, explore deceased donor rates etc in ATSI group
Workshop – Action Points

• Exclude Non financial members

• More female speakers/ chairs [3/12]

• Coffee machine ✓
Enjoy the workshop
Live long and prosper
Best Wishes to Matt and Committee

"My secret is putting the toil in first and adding the trouble just as it comes to a boil."