Action Points

Sessions

Training Issues
Transplantation
Dialysis in the Elderly / Palliative Care
CARI
AKTN
KHA Consumer Surveys
Dialysis outcomes
KPIs and League Tables
HT &Proteinuria – RAAS and SNS blockade

Training Issues

- Curriculum – seemed to be accepted
  - Concern that acute transplant experience is mandated
- SAC /TSANZ - Trainees & workforce
  - Increasing numbers of trainees, <50% expect to be FT
    - Need to have state health authority work out numbers of nephrologists required in future. Difficulty in restricting trainee numbers
  - Inability to guarantee training a major concern
    - Need to co-ordinate training system either state or national so that ad hoc training system is eliminated. Current system is not acceptable. Must be able to guarantee that a trainee that is accepted onto the program can complete training

- Actions
  - Need to reconsider mandated specific target exposures in training program
  - Need for state/national trainee program
  - ? Need for workforce survey/planning

Training Issues

- Curriculum – seemed to be accepted
- SAC /TSANZ - Trainees & workforce
    - Increasing numbers of trainees, <50% expect to be FT
    - Inability to guarantee training
        - Training v service tensions
    - Eventual long-term employment implications
  - ? Regarding SAC requirements – Acute Tx, procedures

- Actions
  - ?? Need for specific target exposures in training
  - ? Need for state/national trainee allocation
  - ? Need for workforce survey/planning

Transplantation

- Quo Vadis
  - "Non-Immunological" Matching
    - Kidney Donor Profile Index / Candidate Estimated Post Tx Survival
      - "left shifts" allocation age distribution
      - Avoids older to young grafts
  - Luminex for sensitized recipient, acceptable mismatches
- PKE
  - Low match rate – but early days
    - Stringent HLA Ab allocation, sensitization, no ABOi
    - ? Change DSA threshold, include ABOi/unsensitized pairs/altruistic
- ABOi
  - Good outcomes, increases donor pool by 10% (30/300)
  - Move to lesser immunosuppression

    no Rituximab, no PE in low risk)
  - ? Should there be standardized protocols reporting

Transplantation

- Living Donor Registry
  - Multiple concerns
    - Donor work-up – GFR measures, DM assessment, 1/5 obese
    - High morbidity and mortality
      - 10% complication rate, 2/2051 deaths
    - Poor long-term data
      - 72% lost to follow-up - ? patient/unit/system failure
      - Anecdotal reports of donors on dialysis
- Action Points
  - Need for Mortality Review reporting to ?RTAC/other
  - Need some mechanism to improve current loss to follow-up of patients

Dialysis in the Elderly / Palliative Care

- General population
  - ESKD incidence 20:100,000/year
  - 1:1 Rx to non-Rx, 70% of those untreated >80yo
- Dialysis in the elderly
  - Big problem getting bigger , variable outcomes,
  - Who to start – comorbidities/surprise question
  - What to do – ”SplitEnz” Marshall – give it a whirl
- Palliative Care
  - Integration into clinical practice, symptom control
  - End-of-life issues, advance directives
  - Non-dialysis palliative care pathways

Dialysis in the Elderly / Palliative Care

- Action Points
  - Do we need more information?
    - RCT / NZ observational cohort
  - Development of treatment protocols
  - Increasing awareness knowledge
    - St George Seminar, Pall Care Meeting, other

CARI

- Process
  - Lean, efficient, productive, well reviewed
- Guidelines
  - CKD – BP targets , referral
  - CVD –
- Action Points
  - Updating / timeliness of guidelines

AKTN

- Summary
  - has grown, large number of trials
  - Need to “bring them in” and also for a “whao factor” trial to maintain viability
  - Building ties to improve recruitment
  - Inability of smaller units / private to recruit
    - Trials staffing
- Action Points
  - Explore ability to support smaller / private

KHA Consumer Surveys

- Physicians
    - All think HHD / EH-EF Dialysis better
    - Why the low rates of HHD?
- Nurses
    - Generally believe they have physician/physical resources
    - Need more support for patients / reimbursement of costs
- Patients
    - 40-60% recall having choice in modality selection
    - 1/3 do not want to self care
    - Few (5-15%) want to change modality
- Action Points:

Dialysis

- IDEAL – safe to start late
- PINOT – late education, 15% palliative
- SHARP – lowering LDL works - ? Changes practice
- Access Implemention – late surgical referral
- Surgical – ‘goldilocks” phenomenon
- Interventional - >95% AVF
- Question on increased catheter use with AVF first approach

- Action Point
  - Lift our game
  - Audit process – local or KPI or other

Dialysis

- PD
  - Bad outcomes, poor treatment compliance
  - Large variation
  - Implementation study
    - Insertion/Exit site antibiotic guidelines
    - Further data
- Action Point
  - ? Watch the space

KPIs

- Action Point
  - Identified unit reporting
    - Increase data reportingĺ