



The DonateLife State Medical Directors' Committee

Communiqué 22 July 2010

The third meeting of the DonateLife State Medical Directors' Committee was held on Thursday 22 July 2010.

DonateLife is an Australia wide network of organ and tissue donation agencies and hospital based staff dedicated to organ and tissue donation. Under the leadership of the Organ and Tissue Authority, State Medical Directors (SMDs) in every state and territory are responsible for delivery of the national reform program in their respective jurisdictions.

The DonateLife State Medical Directors' Committee has been established by the acting Chief Executive Officer (CEO) of the Organ and Tissue Authority as a governance committee to consider and make recommendations to the Authority in respect of the strategic priorities, clinical and data governance, planning and leadership of the DonateLife Network, and the implementation at a state-based level of the World's Best Practice Approach National Reform Package on Organ and Tissue Donation for Transplantation.

The DonateLife State Medical Directors' Committee comprises the a/g CEO (Chair), the National Medical Director (NMD) and the SMDs of each State and Territory, including:

Ms Liz Cain (A/g CEO)
Dr Gerry O'Callaghan (NMD)
Dr Jonathan Gillis (NSW)
Dr Imogen Mitchell (ACT)
Dr Helen Opdam (Vic)
Dr Phillip Sargent (Qld)
Dr Dianne Stephens (NT)
Dr Sally Tideman (SA)
Dr Andrew Turner (TAS)
Dr Kevin Yuen (WA)

The third meeting was attended by all SMDs or their representatives and by senior officials from the State and Territory Health Departments as well as the Department of Health and Ageing. The addition of officials from all health departments ensures that the efforts of the DonateLife staff reflect state and Australian government policies and processes, that legislative and funding implications are well understood by relevant departments and to promote a nationally consistent and coordinated approach to increasing organ donor rates in Australia.

The Secretary of the Department of Health and Ageing, Ms Jane Halton PSM, attended part of the meeting to reiterate the Australian Government's commitment to establish a World's Best Practice Approach to Organ and Tissue Donation for Transplantation and the important role SMDs play in collectively and individually implementing and achieving change under the national reform agenda. SMDs discussed some of the challenges they have faced so far and confirmed their commitment to achieving reforms.



Progress with the National Reform Agenda

The DonateLife SMD Committee reviewed progress against the nine Measures which comprise the Australian Government's reform agenda. The Committee focussed particularly on the importance and role of the DonateLife SMD Committee in effecting change in both the clinical and bureaucratic sectors and the most effective processes to achieve this outcome.

Measure 1: A new national approach and system – a national Authority and network of organ and tissue donation agencies

The intent of Measure 1 is to increase organ and tissue donation rates in Australia by establishing for the first time in Australia, a nationally coordinated approach to organ retrieval based on world's best practice models.

The Organ and Tissue Authority has been established as a new, independent authority to provide national leadership to the organ and tissue sector and to drive, implement and monitor national reform initiatives and programs. In addition, Organ and Tissue Agencies have been established in each State and Territory, headed by a State or Territory Medical Director and funded by the Authority to coordinate, oversee, lead and report to the Authority on actions taken in each state and territory under the reform program.

Committees of the Authority

The Committee considered the discussion paper presented by mp consulting in respect of the role and structure of the Authority's committees. The Committee agreed that the DonateLife SMD Committee should be responsible for considering the day to day workings of the reform agenda. The Committee also agreed that matters for information or decision by jurisdictional health departments would be most effectively dealt with by jurisdictions briefing their health departments and Chief Health Officers on non-contentious matters, and through referral to the Clinical Technical Ethical Principal Committee (CTEPC) or the Australian Health Ministers Advisory Council (AHMAC) for matters that require higher level consideration.

The Committee agreed that matters for consideration under the national reform agenda should be considered by the Committee collectively as a group rather than individually, and that clear priorities and leads for each project should be established. The Committee agreed that if additional expertise outside of the Committee is required then referrals should be made as appropriate to existing bodies.

The Committee noted the Chair's advice that the Authority was planning on continued monthly meetings of the Committee until November 2010, with the Committee to then meet every second month, subject to the views of the permanently appointed CEO. The Chair advised that she has asked the Authority to ensure that funding for travel to these meetings was delegated to jurisdictions so that each jurisdiction can make the travel arrangements that best suits individual members. The Committee agreed that SMDs should caucus and develop advice on clinical issues with discussions to occur as often as necessary to progress these matters but that these discussions would not be decision-making discussions.

The Committee agreed to reconsider the paper, revised to reflect this discussion, at the next meeting.

Measure 2: Specialist hospital staff and systems dedicated to organ donation

The intent of Measure 2 is to increase organ and tissue donation rates in Australia by providing funding for selected public and private hospitals to employ trained, medical specialists dedicated to organ donation. Since 1 January 2009 the Authority has made available funding to each State and Territory Government, with the effect that 160 doctors and nurses in 76 key hospitals throughout Australia now work as specialist organ and tissue donation clinicians, leading improved clinical staff education and awareness to increase organ and tissue donation rates in hospitals. The State Medical Directors and their DonateLife staff in each jurisdiction work closely with these hospital based staff to implement the hospital based reforms, monitoring and guiding the performance of each hospital.

The Committee endorsed the business planning template prepared by the Authority following the decision of the Committee at its meeting of 24 June 2010 that the DonateLife Network needs business plans which are jurisdictional specific but consistent nationally and reflective of the primary objective of the Network which is increasing organ and tissue donation rates. The Committee committed to completing the template and returning it to the Authority by 13 August 2010.

Measure 3: New funding for hospitals

The intent of Measure 3 is to increase organ and tissue donation rates in Australia by providing new funding to public and private hospitals to address the additional staffing, bed and other infrastructure costs associated with organ and tissue donation. The Authority has been providing States and Territories with this additional funding, based on the activities within hospitals, since July 2009.

On 24 June 2010, the Committee agreed that the process used in NSW for the identification of potential donors within the hospital system should be explored for national use and tested in each jurisdiction, with the objective being a definition which will enable subsequent auditing to verify payment claims.

On 22 July 2010, the Committee considered a revised Activity Based Funding (ABF) model proposed by Victoria which was developed in light of this review and which proposes three funding points which are verifiable by either the death audit or by ANZOD. The Committee endorsed the model proposed by Victoria and agreed to commence using this model from the second quarter of this financial year. The Committee endorsed the proposal to amend the name "Activity Based Funding" to "Organ and Tissue Hospital Support Funding" following feedback from jurisdictions that the name Activity Based Funding may relate to a number of initiatives.

Measure 4: Coordinated, Ongoing Professional Awareness and Education

The intent of Measure 4 is to increase organ and tissue donation rates in Australia through an ongoing, nationally consistent and targeted program of recognised professional development and training, coordinated by the Authority.

The Committee considers that the key priorities for professional development and training are the hospital based and DonateLife staff. Inclusion of nationally consistent material in schools curricula for Year 11 and 12 students is also considered to be a priority in raising awareness for organ donation.

On 20 May 2010, the Committee agreed on priority education activities for 2010-11. These include DonateLife Network Orientation and Induction, Targeted Training and Support, the ADAPT Program, Training Skills Workshops and Family Consent Discussion Workshops.

National Education Resources

- The Committee noted the suite of 12 PowerPoint presentations (PPP) which has been under development for some time, with considerable input from jurisdictions.

On 24 June 2010, the Committee agreed to provide any final comments to South Australia on Sets 2 and 4, noting that the Authority would work with South Australia to finalise and distribute the resources for national implementation no later than August 2010.

The Committee agreed that notwithstanding efforts by SMDs and particularly SA over the past 12 months, further work is required on the presentations.

The NMD agreed to take the lead to finalise the content of the presentations in collaboration with SMDs and relevant staff of the Authority. The revised presentations would go to the September meeting of the Committee.

Medical ADAPT –

The Committee discussed the review of medical ADAPT Program specifically the bereavement component and delivery of the Program during the transition from prior arrangements to the Authority. The Committee agreed that, by the end of this calendar year, the Authority will endeavour to have completed:

- a) The review of medical ADAPT. The Authority will prepare terms of reference in consultation with the SMDs and provide them to the Chair of the ANZICS sub-committee;
- b) A Request for Tender process will be entered into for the delivery bereavement component of both the nursing and medical ADAPT Program. The Authority will develop documentation for this in consultation with nominated SMDs, and the College of Intensive Care Medicine. The tender will specify that the intellectual property for the bereavement component rests with the Authority; and
- c) Ensuring that the work undertaken by an external consultant to review the delivery of ADAPT and create contemporary learning tools for the program is in line with the future direction of ADAPT.

Schools education

A paper prepared by the Queensland SMD on schools education was circulated to the Committee for consideration at the next SMD meeting ^.

Measure 5: National Community Awareness and Education Program

Held over to next meeting

The intent of Measure 5 is to increase organ and tissue donation rates in Australia through an ongoing, coordinated and evidence based national community awareness and education program which will increase knowledge about organ and tissue donation and transplantation and build public confidence in Australia's new donation system. The program includes phased advertising campaign activity together with other community awareness and education initiatives.

The key aim of the National Community Awareness and Education Program is to increase Australia's low family consent rate from 58% to 75% by 30 June 2012.

Measure 6: Donor Family Support Service

Held over to next meeting

The intent of Measure 6 is that through a nationally coordinated approach deceased donor families will be provided with respectful support which is responsive to the needs of each family.

Measure 7: Safe, equitable and transparent national transplantation process

Held over to next meeting

Under this measure, the Authority, in collaboration with the relevant professional societies, is responsible for maintaining and auditing the implementation of approved national transplantation protocols and standards. This will ensure that the management of transplant waiting lists and the allocation of organs and tissues is effective, equitable and transparent, regardless of where the donor and recipient reside.

Prior to the Authority's establishment, the Transplant Society of Australia and New Zealand were engaged to develop nationally consistent, safe, equitable and transparent process for the management of transplantation waiting lists and the allocation of donated organs across Australia.

TSANZ has now completed the work required of it and provided a protocol to the Authority. The National Medical Director noted that TSANZ had identified some ethical and technical issues (such as the need or otherwise for an appeals mechanism, the need or otherwise for an alternate list) that were beyond the scope of their work. The Acting CEO advised she would refer issues that could not be resolved by TSANZ to the Transplantation Expert Advisory Committee.

Measure 8 – National Eye and Tissue Donation and Transplantation Network

Held over to next meeting

The intent of Measure 8 is to increase organ and tissue donation rates in Australia by introducing systems that will deliver a coordinated, accountable, national tissue transplantation service for patients across Australia.

Measure 9 Additional national initiatives, including living donation programs

The intent of Measure 9 is to increase organ and tissue donation rates in Australia by establishing national protocols to guide initiatives including the practice of 'paired kidney exchange' between living donors and recipients, and living donor liver transplantation.

The two major items in Measure 9 are the Australian Paired Kidney Exchange (AKX) Program and the Donation after Cardiac Death protocol (DCD).

The AKX Program aims to maximise the number of live donor kidney transplants that can be performed in Australia by identifying biologically compatible donor/recipient pairs.

Donation after Cardiac Death Protocol (DCD)

The development of the DCD protocol was as a result of a recommendation from of the Australian Health Ministers Conference (AHMC). The protocol was developed by the National Institute for Clinical Studies which is an Institute of the National Health Medical Research Council (NHMRC). The NHMRC Advisory Council have formally endorsed the Protocol and released it to the Authority for implementation as described in the Implementation Plan.

Professor John McCallum, Executive Director, Health Evidence and Advice Branch, NHMRC attended the meeting to provide an update on the development and future implementation of the DCD Protocol. The Committee commended the NHMRC for their work in progressing the successful development of the Protocol.

The Committee discussed the variation in DCD practice at both a jurisdictional and hospital based level. The Committee agreed that each jurisdiction would consider the implications of the protocol on a jurisdictional basis, including plans to implement and monitor as well as ramifications for practice and costs, to enable detailed discussions as the September meeting leading to agreement on what needs to be covered off in a briefing to the Australian Health Ministers' Advisory Council. Professor McCallum agreed to come back to the Committee on the question of accreditation of hospitals to commence DCD. This issue will also be covered at the September meeting.

The Committee agreed that jurisdictional implementation plans in respect of the DCD Protocol would be submitted the Authority with the Business Management Plan, which is due to the Authority by 13 August 2010.

Next meeting

The Committee agreed that the next meeting will be held in Canberra on 26 August 2010 and that officials be invited to attend.