



The DonateLife State Medical Directors' Committee

Communiqué 20 May 2010

The first meeting of the DonateLife State Medical Directors' Committee was held on Tuesday 20 May 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 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)

In addition, senior officials from the State and Territory Health Departments as well as the Department of Health and Ageing will be invited to attend meetings of the DonateLife State Medical Directors' Committee to ensure that the efforts of the DonateLife staff reflect state 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.

Senior staff from the Department of Prime Minister and Cabinet attended the first 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 to address the



shortage of organ and tissue donations in Australia. Discussion centred around the fact that over the past 12 months the Australian Government had commenced implementation of a well researched plan based on proven best practice which includes funding:

- 159 doctors and nurses in 76 key hospitals throughout Australia to provide specialist organ and tissue donation clinicians to lead an increase in clinical staff education and awareness and increase organ and tissue donation rates in hospitals; and
- 60 staff in organ and tissue donation agencies around Australia to support the specialist clinical staff through the provision of organ and tissue donation coordination services.

These staff, headed by the DonateLife State Medical Directors in each state and territory, are the front line of the Australian Government's reform agenda. Through these staff it should be possible for every potential donor in each of the 76 hospitals to be identified and the families of potential donors be well supported, lifting Australia's rate of organ and tissue donation. The employment of these staff lays a strong foundation for system reform within the 76 hospitals.

The foundations within hospitals is the first of two key elements of reform. The second relates to improving the rate at which Australian's consent to donation of organs by their loved ones. Although the majority of Australians support organ and tissue donation, family consent for donation to process is less than 60 percent. To address this, the Authority is leading on delivering an integrated and coordinated public education and awareness program, in cooperation with Non-Government Organisations (NGOs) and the DonateLife sector.

Role of National Medical Director and State Medical Directors

The acting CEO acknowledged the important role that the NMD and each of the SMDs has in implementing the national reform agenda, including in relation to leading, guiding and monitoring the performance of the 159 hospital based staff and the 60 non-hospital staff that comprise the DonateLife Network. The SMDs also play a critical role in terms of maintaining open and clear communication with the State and Territory Health bureaucracies, as well as with the Organ and Tissue Authority.

It was agreed that given the pivotal role of the NMD and SMDs,

- the a/g CEO would form the DonateLife SMD Committee comprising the Authority's CEO, the NMD and the SMDs, to meet as a governance committee for the DonateLife Network initially on a monthly basis with the meeting of 20 May 2010 being the inaugural meeting of the committee;
- as many of the issues considered by the Committee will interface with the State and Territory bureaucratic arms (for example, funding agreements, matters requiring the consideration of Directors General or Health Ministers) the a/g CEO would invite participation by representatives of the Jurisdictional Working Group as appropriate;
- the SMDs would be welcome to be accompanied by a second representative of the DonateLife Network, with SMDs to determine who this should be.

Proposed new structure for the Authority

The acting CEO outlined a proposed new structure for the Authority, reflecting an enhanced focus within the Authority on:

- delivering the Australian Government's reform agenda;
- supporting the DonateLife Network, particularly the SMDs; and
- efficient and prioritised work focus within budget allocations.

As part of the proposed new structure, the a/g CEO identified that a senior person within the Authority would, from 1 July 2010, be responsible for managing the day-to-day exchange of information between the Authority and the DonateLife Network. SMDs welcomed this proposal.

Support within jurisdictions for the SMD

SMDs also reflected that within each jurisdiction there is a need for SMDs to be well supported in terms of monitoring the effectiveness of the new Network. This would entail gathering quantitative and qualitative information to enable continuous improvement within jurisdictions and across the Network, and sharing of information and best practice experience.

It was agreed that the Authority would work with SMDs to redefine and provide appropriate specificity to all positions within the Network to enable the funding agreements between the Authority and each State and Territory to be clear about responsibilities and accountabilities.

Review of Authority's committee structure

The a/g CEO referenced the review of the Authority's committee structure recommended by the Advisory Council (refer Communiqué of meeting of 20 April 2010 for further information) and sought advice from the SMDs about appropriate structures.

The SMDs agreed that the a/g CEO should pursue:

- including organ and tissue donation as a standing item on the agenda of Chief Medical Officers, obviating the need for a separate meeting of the Authority's Principal Committee;
- better integration between the new DonateLife State Medical Directors' Committee and the Jurisdictional Working Group, which comprises representatives of the bureaucratic arms within State and Territory Health Departments.

SMDs also agreed with the a/g CEO's suggestion that the next meeting of the DonateLife Expert Advisory Committee (EAC) should be held over pending the outcome of the review of the committee structure, but that the Authority should maintain its communication with Agency Managers. The SMDs and a/g CEO agreed that the Agency Managers could meet as a group with an Authority representative attending to ensure effective transparency.

The a/g CEO noted that under the *Australian Organ and Tissue Donation and Transplantation Authority Act 2008*, EACs can be established by the CEO to provide advice to the CEO on matters referred to the Committee. The a/g CEO sought advice from SMDs about issues which, at this time, should be referred to a DonateLife EAC. SMDs concurred that there are currently no such matters.

Robust data set

SMDs noted that to date, data has primarily been collected to inform an education process. It was a general view of SMDs that data also needs to be collected to inform stakeholders that are interested in the work of the network, on what progress there has been in view of the infrequent nature of organ donation itself.

SMDs confirmed that the Death Audit is being implemented variously nationally and that training to ensure consistent reporting of data from 1 July 2010 would assist.

All SMDs agreed to identify (0.5 FTE (at most) from within existing resources and budgets) a data auditor to:

- ensure that the conduct of the audit within each of their jurisdictions is consistent with the national process;
- provide oversight, support and training to Hospital Senior Nurses (HSNs) of Organ and Tissue Donation in performing the audit and ensure consistent use of the data audit tool, including patient classification by HSNs;
- coordinate and run the jurisdictional case review meetings and provide feedback and outcomes to hospital-based staff; and
- meet regularly with the National Audit Manager, jurisdictional counterparts and audit experts to review the audit process and ensure consistency of practice.

On the basis of SMD advice that Victoria is best placed to provide training and ongoing support to the jurisdictional data auditors, the a/g CEO agreed to fund a National Audit Supervisor position in Victoria. The functions of this position include:

- creating processes to promote and ensure nationally consistent conduct of the audit;
- overseeing, advising and supporting the jurisdictional data auditors;
- working with the Authority, Dr Helen Opdam, Mr David Pilcher and IT experts in the creation of the web-based data collection tool;
- reviewing data as it is submitted to the Authority, and vetting it for consistency and accuracy; and
- providing and verifying the required data elements to the Authority for reporting and publishing (e.g. formal reports, web-site report card).

All SMDs agreed that data must be collected in a nationally consistent way from the beginning of the 2010-11 financial year.

Activity Based Funding

SMDs agreed that the funding under the Authority's Activity Based Funding agreement should be linked to the data collected through the Death Audit preferably from the beginning of 2010-11. Until that time the current formula would be applied.

Enhanced education and professional development

SMDs emphasised the need to ensure professional training continues throughout the transition of ADAPT. The a/g CEO agreed that the Authority would fund the delivery of ADAPT training by existing consultants pending commencement of new delivery arrangements to be in place for 1 July 2010. SMDs agreed to notify the Authority of the number of courses required in their jurisdiction. The Authority's Project Manager for Education would schedule workshops in consultation with the jurisdictions.

An intensive round of re-engagement with the DonateLife Network will commence in July 2010. Two induction sessions per annum will be held for all staff, either new to the network or looking for a refresher. The International course for Organ Donor and Transplant Recipient Coordinators conducted by DonateLife SA will proceed but will have a new name.

Performance framework

SMDs agreed a more robust performance framework would clarify roles and responsibilities of DonateLife Network staff, and improve cohesion and performance of the Network. SMDs agreed their responsibility is for the function of hospital staff and for the operation of the Organ Donation Tissue Agencies and their managers. SMDs also agreed they should lead on maintaining links back to the Department and for performance reporting back to the Authority.

SMDs agreed that operations managers within the organ and tissue donation agencies would liaise directly with the Authority's Director of Clinical Practice in respect of issues that may need to be referred to the Department of Health and Ageing. They also agreed to provide monthly exception reporting to the Authority. In addition, Operations managers would report to the Director of Clinical Practice, and share their experience of work load, challenges and best practice.

SMDs agreed that Communications Managers within the organ and tissue donation agencies would liaise directly with the Authority's Director of Marketing and Communications.

Next meeting

The A/g CEO will establish a date for the next meeting in four weeks time.