

Victorian Renal Health Clinical Network News

March 2009

Welcome

Welcome to the inaugural Victorian Renal Health Clinical Network (RHCN) newsletter. We plan to publish this newsletter quarterly to provide an update for renal stakeholders and to increase broader health sector awareness of RHCN activities and achievements. We therefore invite you to circulate this newsletter widely to colleagues, associations or interested parties.

Message from the Chair

The Victorian RHCN represents an important achievement in the care of Victorians with kidney disease. Like any new venture, our initial progress was very much a process of finding our way. I am hopeful that our current composition, from working parties to Leadership group, provides a sound structure for achieving our goals, and is truly representative of all stakeholders of the Victorian renal fraternity.

The challenges we face are significant, not surprising given the complexity of the needs of people with kidney disease. I am grateful for the time and energy being offered by all who participate, hopeful that rewards will come in the form of better outcomes for the renal community. I look forward to providing updates on our future progress.

Robyn Langham

Progress so far

In 2008, the RHCN has focused on:

- increasing rural/metropolitan multi-disciplinary and consumer representation, (membership available at www.health.vic.gov.au/clinicalnetworks/renalgroup)
- establishing an executive committee and three subcommittees (chronic kidney disease, dialysis and transplantation)
- appointing a RHCN manager
- obtaining Department of Human Services endorsement for the development of a Renal Health Strategic Plan for Victoria
- fostering collaboration with VICNISS on the Haemodialysis Infection Surveillance project.

Important dates:

WCKD Subcommittee meeting

Wednesday
8 April 2009

Transplant and Dialysis Subcommittee meeting

Wednesday
15 April 2009

Executive Committee meeting

Wednesday
22 April 2009

Leadership Group meeting

Wednesday
6 May 2009

Renal Health Strategic Plan (RHSP) for Victoria

The RHCN Leadership Group has identified that the development of a RHSP for Victoria is a must. This will aim to identify key priorities and activities that will guide the work of the RHCN in the coming years. In order to progress the RHSP, a background paper will be written to provide an overview of renal health issues in Victoria. The background paper is currently being drafted by Dr Nigel Toussaint with assistance from Dr Hilton Gock and advice from the RHCN.

Once completed this background paper will assist to inform department Executive, and stakeholders including, (renal, consumers and the greater community). This paper will be used as a consultation paper when developing the RHSP. Be assured that all stakeholders will be provided an opportunity to contribute in the strategic planning process.

Victorian Nosocomial Infection Surveillance Scheme (VICNISS) Haemodialysis Infection Surveillance Project

In July 2008 the VICNISS Coordinating Centre introduced a new Haemodialysis (HD) module for both the Type one (larger sites) and Type two (smaller sites) programs. The new module collects information that includes positive blood cultures, antibiotic starts, and hospitalisations' in dialysis outpatients.

Haemodialysis patients are vulnerable to infections because they are immunosuppressed, need to puncture their vascular access site routinely, and require frequent hospitalisation that may require long courses of antimicrobials. They are therefore at risk of developing multi resistant organisms (MRO) such as methicillin resistant staphylococcus aureus (MRSA), and vancomycin resistant enterococci (VRE).

Other factors associated with infection development include co-morbidities such as diabetes, standards of line care, infection control practice, water quality, staff training and staff levels plus the mode of vascular access for haemodialysis.

For example, risk is greatest if vascular catheters (non-cuffed temporary catheters and cuffed long term tunnelled catheters placed in central veins) rather than arteriovenous fistulas are used, (native fistula or prosthetic graft). Consequently early patient referral for assessment and investigation for appropriate access and timely surgery (current best practice being three-four months before haemodialysis) enables patients to begin dialysis with their vascular access established and functioning and is critical to patient long-term outcomes.

Monitoring haemodialysis infection is an important component of improving patient safety and quality of health care.

In recognition of the aforementioned, the RHCN is collaborating with the VICNISS Coordinating Centre team to:

- strengthen the specificity of VICNISS haemodialysis data collection
- seek opportunity as arises to add to the dataset to obtain further information on risk factors, practice, antibiotic usage and antibiotic resistance
- ensure care is integrated between the infection control teams (who are collecting the data) and the renal clinicians, to embed the surveillance scheme in renal clinical practice as local knowledge and ownership of the data at a unit level is critical to generating change and quality improvement.

Joint work has already been undertaken on the VICNISS data collection form and the first report following the amendments will be presented to the RHCN in May 2009.

Special thanks to the VICNISS team, Associate Professor Mike Richards and Ms Judy Brett for their drive, hard work and commitment to this project. The VICNISS can be accessed at:

<http://www.health.vic.gov.au/healthstatus/vhiss/index.htm>

2009 work plans

2009 promises to be a year of achievement with agreed work plans identified. All the subcommittees will advise on the development of the RHSP for Victoria. In addition the following work plans have been agreed to.

The dialysis subcommittee has agreed to:

- identify gaps in state-wide data, both from a metropolitan and regional perspective
- develop strategies to address gaps, including identifying, or developing, a questionnaire to assess consumer needs and preferences
- commence before October 2009, a project to define clinical standards, by dialysis modality.

The transplant subcommittee has agreed to:

- advise on a Funding Policy review for Live Renal Transplants (LRTx)
- advise on a Renal Transplant System review to identify barriers to LRTx – specifically surgical workforce and LRTx donor reimbursement
- align with activities undertaken by the Australian Organ Tissue Donation and Transplantation Authority with a focus on increasing organ donation.

The Chronic Kidney Disease (CKD) subcommittee has agreed to:

- develop strategies to increase early identification and intervention in CKD
- develop a renal conservative care pathway for end stage renal disease.

It should be noted that these work plans were agreed to at the first meeting of 2009 and the detail of how these projects will be progressed is currently being developed. We aim to provide updates on key milestones and developments in subsequent editions.

Consumer participation

Participation occurs when consumers, carers and community members are meaningfully involved in decision making about health policy and planning, and care and treatment. The health system should involve consumers at all levels if it is to have a population focus and it is equally important that consumers are engaged in advising on renal health planning.

The RHCN have been exceptionally fortunate to have consumers from relevant diverse backgrounds and experiences on all their committees to date. We are pleased to advise that the RHCN consumer representatives have been supported through the mentorship of Mr Bernie Farrell and an orientation forum undertaken by DHS staff. A repeat consumer member forum will be scheduled for later in the year. Special thanks to Mr Bernie Farrell for his ongoing commitment to renal health and supporting consumers. Should you wish to contact our consumer representative please feel free to at: berniefarrell@csso.com.au

RHCN Advisory Role

Promoting innovation and collaboration is a key principle of the network, and network collaboration and activity can benefit individuals, network participants, health services and the greater community interested in renal health reciprocally over time.

The RHCN has to date provided expert advice for the following:

- The department, who sought clinical advice on the Inpatient Forecasting Model 2009.
- The Nurses Board Victoria, who sought feedback from a range of stakeholders on the proposed Renal Care Nurse Practitioner Drug Formulary.
- The Smart Water fund to support Melbourne's Health funding (successful) application.
- The Community Services & Health Industry Council who requested comment on the Renal Care Units Competency and Skill Set for EN/Div 2 nurses.

Important Dates

Meetings:

- CKD Subcommittee Meeting – Wednesday 8 April 2009
- Transplant and Dialysis Subcommittee Meetings – Wednesday 15 April 2009
- Executive Committee Meeting – Wednesday 22 April 2009
- Leadership Group Meeting – Wednesday 6 May 2009.

Useful links

- Australia and New Zealand Dialysis and Transplant Registry (ANZDATA)
www.anzdata.org.au
- Kidney Health Australia
www.kidney.org.au
- Transplant Australia
www.transplant.org.au
- Australia and New Zealand Society of Nephrology
www.nephrology.edu.au
- The Transplantation Society of Australia and New Zealand
www.tsanz.com.au
- Renalinfo.com
australasia.renalinfo.com

- Nocturnal Dialysis
www.nocturnaldialysis.org
- Caring for Australian's with Renal Impairment Guidelines (CARI)
www.cari.org.au

Future updates

This is the first in a series of information updates which we intend to produce on a quarterly basis.

"Someone once said that the greatest problem in communication is the illusion it has been achieved"

We aim to consult and involve consumers and clinicians in service planning to ensure that services are improved and developed to meet the needs of people who use them.

To help us achieve this we are keen to receive your feedback. Please contact Alice Gleeson ph: 9096 0510 or by email at alice.gleeson@dhs.vic.gov.au

For further information regarding the RHCN please the RHCN website
www.health.vic.gov.au/clinicalnetworks/renal

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