NURSING ADVISORY GROUP MEMBERS ON 7/04/2016

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**AGENDA ITEMS:**

**Welcome** and **Apologies**

Rachael welcomed group and Charissa Morrell as a new member representing Auckland DHB following this being the last meeting for Emma Marsh. Emma thanked for all her work on the NAG, during her tenure, and her much appreciated contribution to renal nursing through this forum. Sarah Moreton, Capital and Coast DHB, was welcomed to the meeting; attending on behalf of Janis Powell who was not able to attend.
Fredric Doss Chair of the New Zealand Dialysis Board of Practice and also Chair of RSA NZ Branch Executive Committee – welcomed to the meeting at approx. 2 pm.

**Apologies** from: Janis Powell; Sherryl Saunders-Dicks

**Present** – Rachael Walker, Mohana Varughese, Wendy Cuthill, Blair Donkin, Sarah Moreton, Mark Hodge, Jill Rengatch, Emma Marsh, Charissa Morrell, Fredric Doss.

**Minutes from last meetings 05/11/2015** – already sent to group via email and posted on website. Accepted by group.

**Agenda Items**

- **Executive update**
    - Conference organisation still coming together and to be shared with NZDBP.
      - Funding configuration being finalised
        - Conference committee stalled by lack of info re what’s permissible from Federal
  - Fredric Doss
    - Difficult with restructuring of RSA Fed
      - Inc. Soc. status is what is difficult
        - This needs to close -
          - Function on our own but then no $ and accounts b/c can’t have this without Inc. Soc. status
          - Or, we function as NZ Branch of Federal and transfer all $ to Federal
          - Technically NZ Branch has no members anyway as all payments go to Federal not to NZ Branch
          - For clarification of mins could Fredric summarise situation
            - AP FD to clarify and provide to BD who will circulate
          - Last week of May – special AGM that captures req. points in a resolution, that RSA NZ close as an Inc. Soc., for members to vote on.
            - Req. that residual funding distributed back to members; potentially through sponsorships and education grants
- New structure – NZ Branch RSA Fed.
  - Chair
  - Education officer
  - Secretary
- AP FD to get info out to RSA NZ members ASAP before meeting in May.
  - Quorum for meeting physical attendees and those that phone in
    - Decision by simple majority, of 51% vote, proxy votes will be taken.
  - Time frames to be firmed up ASAP
  - ? Thursday 19th May TBC

- **Knowledge and Skills Framework survey**
  - JR asked for clarification re this point – this was a reference to sending out the PowerPoint of MW that summarising the response to survey
    - AP BD to attach NNK&SF and power point, include flyer re benefit of joining RSA
      - All NAG members to send these to all educators, nursing staff and nurse managers
    - Ensuing discussion around wide variation as to service configuration, nursing educator roles and provision of education for new renal nurses and existing staff education
      - Some have, some have lost, some have regained this resource
      - Use of risk register to identify service / patient care impact for this
      - Group agreed above to be flagged to NRAB
        - AP RW to follow up with NRAB
      - Also issue that increasingly difficult to release staff and to get funding for attendance meetings therefore bring education to staff.
    - Variation in nursing support for education some DHB’s enable LIII-IV RN’s and scoped senior nursing staff to accumulate CME funds to attend conferences, purchase resources. Others don’t have this
    - Discussion around variation in how contractual education grants to services are managed by DHB’s and discrepancies in whether staff who are intended to be recipients based on contract benefit from such funding grants or not
      - NAG to write a generic letter to services re concerns around this – AP BD to draft
• **NZ Renal work force survey**
  - Nearly complete and read for dissemination
    - To be used to analyse data against NZ Standards and Audits report
    - Is data, as it relates to nursing, related to outcomes
  - AP – RW to send to units via NAG members and for members to provide data snapshot and to return to RW ASAP

• **CKD consensus statement & MOH update**
  - BPAC tool roll out delayed
  - BD briefly summarised B-PAC CKD rollout in Dunedin
  - KHNZ now have the K-Cat tools from KHA – sit alongside B-PAC: prepared education power point for renal services to primary care and to allow consistency nationally. There will be more updates regarding this when KHNZ completed these.

• **NRAB feedback**
  - Working on tier 2 document
    - Rachael discussed some of the items in this document that are being reviewed with group and whether any additional needed adding. Discussion re WINZ input re payment and it is covered by those on a benefit. Allowance is capped.
    - Some DHB’s contribute $440.00 p.a. towards home HD expenses on a ¼ basis
    - AP - RW to email David Semple re review of this and to what amount
    - Fistula coding is an issue to
      - Only two codes is it graft or native and upper arm is only location
      - AP-EM to email coding list to RW
      - Re-training coding and respite
        - Recoding as training once trained doesn’t work as funding only comes in once d/c to first HHD
  - To align to the 2 tier doc the NZ Renal Unit & Dialysis Stds (check title) doc is being updated
    - E.g HHD pts should not be disadvantages financially by being at home, access to SW, Diet, Psychologist, Cultural Support, Pharmacy suggested as an idea for NRAB to consider as well
      - Discussion around ratio of staff to pt numbers and acuity of pts
    - Added in section around end of life care, withdrawal from dialysis
• **NZPD**
  - Blair summarise issues with NZPD Registry use
    - Complex
    - Not intuitive
    - Doesn’t step user through
  - AP RW to ask staff at the NZPD meeting to discuss what issues are and formalise this

• **NAG National resources**
  - KHNZ may be able to offer a NAG / RSA folder
  - NAG would be responsible for managing this.
  - Wide discussion re what would be posted: not policies more around resources and information
    - Start with education resources for patients?
      - Contacts
      - E.g. training manuals for pts
        - Forms
          - Acute run sheets
          - Chronic dialysis Rx
          - Transfer of care
      - Staff training and orientation

• **Conference attendance and feedback**
  - Staff supported to conference req. to present or do a poster
    - How to encourage staff to engage in RSA and attend
      - Build it in to A/L plans
      - Issues around funding, accountability for attendance
      - Symposia regional – how to keep fresh and interesting and what do staff want
Other Business

- Managing the seriously non-compliant and aggressive, disruptive abusive patient
  - Group discussion regarding how other units have dealt with this. Group advised there should be hospital wide policies to adhere to, for example contacting security; if staff are feeling unsafe then NZNO should be contacted for advice.

- PD patient costs
  - Discussion had regarding inequity for home patients and travel etc. costs. Acknowledged this is being discussed at NRAB. Group advised to seek clarification re NTA criteria and also can contact WINZ and renal social workers for support.

- Anticoagulant use in HD
  - Question was asked as to whether any units using Clexane (injected into HD circuit) as an alternative to heparin infusions on HD. Reason for asking is that it seems simpler than training patients to draw up heparin infusions and it is funded.
    - Main questions raised in regards to its use were dose establishment and that it is not reversible.
    - Suggested that an alternative could be Fragmin; shorter half-life. Question as to whether it is funded for dialysis where as Clexane is.
    - Consensus was that there are no units using it or showing interest.

- Chargeable dialysis
  - Group discussed that there are significant discrepancies over practice
  - Confusion over the intent of the meaning of the reciprocal health agreement legislation between Australia and NZ with regards to whether elective HD is covered by the reciprocal health agreement or not
  - At this stage charges seem to be at DHB discretion – seems to be only one DHB at present charging visiting Australian HD patients
  - NSW offering 10 free replanned sessions - ? implications if any for NZ DHB’s
• **Plasma Exchange**
  o BD raised discussion around the possibility of having nationally consistent clinical practice for units that do hollow fibre plasma exchange. Some comment on whether this would be achievable at this point in time and various units offered to share their protocols with BD of Dunedin. AP BD to follow up JR – Whangarei; MV - Counties-Manukau; RW - Hawkes Bay re plasma exchange protocols.

• **Lippincott**
  o Some services have been advised to use Lipincott for policies etc. – the group confirmed there is nothing on offer via this service that is of specific use in dialysis

• **ACC and treatment injury**
  o Utilisation of ACC treatment forms for hospital acquired infections so for e.g. CVC’s, fistula – AP NAG members consider getting ACC to speak to services – re treatment injury.

• **World Kidney Day 2016**
  o Not discussed

**2016 meetings**

• **Thursday 27 October**
  o Ko Awatea Middlemore: AP MV to book please
Action point summary

1. Executive update
   a. For clarification of mins could Fredric summarise situation
      i. AP FD to clarify and provide to BD who will circulate
      ii. AP FD to get info out to RSA NZ members ASAP before meeting in May.

2. Knowledge and Skills Framework survey
   i. AP BD to attach NNK&SF and power point, include flyer re benefit of joining RSA
      1. All NAG members to send these to all educators, nursing staff and nurse managers

3. Ensuing discussion around wide variation as to service configuration, nursing educator roles and provision of education for new renal nurses and existing staff education
   i. Group agreed above to be flagged to NRAB
   ii. AP RW to follow up with NRAB

4. Variation in how contractual education grants to services are managed by DHB’s
   i. NAG to write a generic letter to services re concerns around this – AP BD to draft

5. NZ Renal work force survey
   i. AP – RW to send to units via NAG members and for members to provide data snapshot and to return to RW ASAP

6. NRAB feedback
   i. AP - RW to email David Semple re review of this and to what amount
   b. Fistula coding is an issue to
      i. AP-EM to email coding list to RW

7. NZPD
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2016 meetings

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