

Organ Donation and Transplantation: January 2018

Increasing organ donation and transplantation in New Zealand is a priority, supported by a range of organisations, service providers, and clinical teams. There are a number of operational initiatives underway. This newsletter gives a progress update on the Ministry of Health's current areas of focus and progress.

COMPENSATION FOR LIVE ORGAN DONORS

A private members' bill to increase financial assistance to living organ donors was introduced to Parliament and received cross-party support. As a result, the Compensation for Live Organ Donors Act was passed into legislation and enacted on 5 December 2016.

The purpose of the Act is to remove a financial deterrent to the donation of organs by live donors by providing earnings compensation to people who donate a kidney or a part of their liver for transplantation purposes.

The Act:

- sets out the criteria for prospective organ donors to be a qualifying donor for compensation
- gives qualifying donors an entitlement to compensation for 100% of foregone earnings from employment while they recuperate from their donor surgery, for a period of up to 12 weeks
- provides for discretionary earnings compensation in limited circumstances relating to loss of earnings during assessments in the lead up to donor surgery.

The Act commenced on 5 December 2017, supported by a compensation payment scheme being administered by the Ministry of Health.

Implementing the Act required a cross-sector approach to development of processes, systems and communications. The Ministry received excellent guidance and advice from a range of sector stakeholders via an Advisory Group, with strong co-design collaboration from a Donor Advisory Group (comprising past donors) and the Donor Liaison Coordinators within DHBs. Processes are complex and span the Ministry of Health, DHBs, Accident Compensation Corporation, Inland Revenue, and the Ministry of Social Development.

We are proud to advise that, as at mid-January 2018, more than 50 people have been supported with a Compensation claim.

<http://www.health.govt.nz/your-health/conditions-and-treatments/treatments-and-surgery/organ-donations-and-transplants/live-organ-donation>

IMPLEMENTING THE DECEASED ORGAN DONOR STRATEGY

Increasing Deceased Organ Donation and Transplantation: A National Strategy was published in July 2017. The strategy aims to increase deceased organ donation. The focus of the strategy is to make it easier for families to know what their family member wanted, and to make sure the possibility of donation is discussed with families of all potential donors in intensive care units at the time a decision must be made, and those conversations are conducted in the most sensitive way.

The strategy sets out actions to improve:

- a. public awareness and media engagement about organ donation and transplantation
- b. systems of registering and sharing donation intent for individuals, families and clinicians
- c. capability and consistency through improved training
- d. hospital-based capacity for deceased organ donation, and
- e. measurement of progress.



New Zealand has many of the elements of a successful deceased organ donation system, but not all. The strategy is about building on the existing frameworks and capabilities.

Organ Donation New Zealand (ODNZ) is the existing national donor coordination service. Their medical specialists and donor coordinators work with hospitals around New Zealand to assist with:

- identifying potential deceased donors
- discussing donation with the family and seeking agreement (or informed consent) to donation
- providing physiological support of the donors
- arranging retrieval and transport of organs.

The expertise and commitment of the ODNZ team has been critical in achieving successes to date, and should continue to be built on.

New Zealand's rate of deceased organ donation has increased over the last few years. In 2017, there were 73 deceased donors, over double the number in 2013, when there were 36 donors. That is an increase from 8.1 donors per million population to 15.3 donors per million people. However, New Zealand's rate is still relatively low compared with rates in other countries, and it has varied considerably over the years.

EXPANDED ICU LINK ROLES

There are link teams in every hospital with an ICU, consisting of ICU doctors and nurses, plus theatre nurses. Link teams discuss donation with families and provide physiological support of the donors (managing the donor's physical functions before organs are retrieved).

The Strategy highlighted the key role that link team members play, and recommended an expansion of existing staff time, both ICU nurses and medical staff.

Additional funding of \$500,000 a year has been made available to fund the expansion of these important roles.

Nineteen District Health Boards (all those with an ICU) have been advised of the additional funding to support further resourcing. Contracts are being finalised and local DHB appointments are being confirmed. It is expected that all units will have contracts finalised by early February.

NATIONAL DECEASED ORGAN DONATION AGENCY

The Strategy also recommended that a national agency be established to lead action on deceased organ donation, operationally separate from District Health Boards. The need for, and characteristics of, a national agency were identified from the experience of similar countries that have increased donation rates, where a single organisation has a clear mandate to increase donation and organise public awareness and promotional activity.

With the recent change of government, the Ministry sought confirmation prior to Christmas from the new Minister of Health, Hon Dr David Clark, on the Strategy, and in particular the timing and form of implementing the Strategy's recommendations.

The Minister confirmed his preference to establish a new national deceased organ donation agency to implement the strategy. This means assigning implementation of the strategy to an agency independent of DHBs and the Ministry, such as an existing (non-DHB) health Crown entity.

In February 2018, the Ministry will provide fuller advice to the new Minister of Health on the most suitable Crown entity to implement the strategy. To transition existing, and incorporate new, functions into a Crown entity requires Cabinet decisions and legislative change. At this time, the indicative 'go live' date is proposed for mid-2019, allowing time for these processes to be completed.

The Ministry will engage with sector stakeholders as it progresses development work to establish the national agency. Further progress updates will be provided as new information becomes available.