

Quality Improvement Metric 1

Proportion of living donor-recipient pairs who receive surgery within 4 months of being both accepted by transplant service AND ready to proceed.

Definitions

Living donor-recipient pairs: living donors with identified recipients (either directed donations or non-directed donors who have been paired with a recipient by the transplant services). Excludes transplants that are part of a live donor chain (two or more transplants contingent on other transplants proceeding).

Receive surgery: donor undergoes nephrectomy, recipient undergoes living donor transplantation.

Accepted by transplant service: Clinical Director of Nephrology/Renal Medicine/Renal Transplant at relevant transplanting District Health Board (DHB) (Auckland, Capital and Coast or Canterbury), or locally established proxy, accepts donor and recipient as suitable for undergoing respective operations. Occurs after locally defined multidisciplinary assessment processes and testing.

Ready to proceed: Both 1) Recipient requires transplant within next four months as determined by the Clinical Director of Nephrology/Renal Medicine/Renal Transplant at relevant transplanting DHB, or locally established proxy (either already dialysis dependent or estimated to require dialysis within that period or shortly after) and, when established, 2) Donor and recipient agree to proceed in that timeframe.

Objective

Ensure pairs who are ready for their transplant have their transplant in a timely fashion, thereby avoiding delays leading to unnecessarily prolonged dialysis for recipient and uncertainty for donor/recipient.

Target

100%

Reporting

Quarterly, by Transplant Unit, by provision of updated spreadsheet designed by National Renal Transplant Service (NRTS) in consultation with transplanting units to Clinical Director, National Renal Transplant Service.

Publication

Quarterly, by NRTS. Provided to Clinical Directors of Renal Units nationally, and the Ministry of Health via National Health Board.