Renal Society of Australasia

2022 RSA ANNUAL CONFERENCE DARWIN

ABSTRACTS

Reaching for the Top: Equity in Kidney Care

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Renal Society of Australasia

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PLENARY ABSTRACTS

Surviving and thriving in a challenging environment

Sarah Morse RN, Director[1]
[1]Unchained Solutions

Presentation type: Invited

The pandemic has changed all of us in some way. Readjusting to work can leave us feeling anxious, uncertain or just plain grumpy. How do we navigate this changing environment in the face of reverse culture shock? Reverse culture shock is when the return to the familiar feels unexpectedly foreign. It can leave us feeling burnt out, unmotivated and disorientated, causing a decline in engagement and productivity.

Sarah Morse, the 'Courageous People Reviver' teaches you how to identify reverse culture shock and the signs of a deteriorating team. Her approach to cultivating a culture of COURAGE will help you to not only survive, but thrive. Think of it like CPR for your team!

Sarah draws on her twenty years as a nurse and humanitarian to bring a uniquely global and deeply human perspective to the way humans think, work and behave. Intertwined with stories which will captivate and inspire you, Sarah delivers a message that is relevant for every person grappling with the changing workplace.

Kidney Health Australia – Side by side

Mr Chris Forbes, CEO[1]
[1]Kidney Health Australia

Presentation type: Invited

This presentation will outline Kidney Health Australia's work to support programs and services and ensure the sustainability and growth of Kidney Health Australia.

CKD Health Equity

Professor Rachael Morton PhD, MSc(Clin Epi)(Hons) [1, 2]
[1]NHMRC Clinical Trials Centre
[2]Faculty of Medicine and Health, University of Sydney

Presentation type: Invited

Chronic kidney disease (CKD) is a global health issue characterised by a high burden of comorbidities and mortality. The global prevalence of CKD has been estimated at 13.4% and is approximately 15% higher in low-income countries compared with high-income (industrialised) countries. A major contributor to the regional differences in CKD prevalence is social disadvantage (including place of residence, level of schooling, ethnicity, religion, employment and poverty). Persons with social disadvantage are more likely to develop risk factors for CKD, such as obesity, diabetes and hypertension, than those who are socially advantaged, which may explain their higher incidence rates of CKD and kidney failure.

This presentation will outline the latest research about assessing health equity in CKD. It will describe an 'equity focused' systematic review; highlight the impact of factors of social disadvantage on

CKD health outcomes such as cardiovascular events, disease progression, survival and access to care; and from a different angle, assess the impact of having CKD on a person's future economic prospects.

This presentation will then outline some of the opportunities to intervene and reduce health inequities, focusing on how current clinical trials (such as the Symptom monitoring With Feedback Trial [SWIFT]) can address health equity questions.

Indigenous Patient Mentoring

Rhanee Lester-Tsetsakos [1,2,3]
[1]'On Track' program, Port Augusta Renal Unit
[2]NHMRC Ideas Grant AKction 2 project
[3]South Australian Health and Medical Research Institute

Presentation type: Invited

Aim: Indigenous peer navigators aim to provide a more culturally appropriate and responsive model of care for, with and by First Nations renal patients.

Methods: Critical reflections and formal evaluations have been used to measure the outcomes of the NIKTT program 'On Track To Transplant' in Port Augusta, and the impact that peer navigators have had on Aboriginal patients kidney journeys.

Results: Peer navigators have been able to provide unique support and information for patients and their families, enabling them to make more fully informed decisions about their kidney care options and pathways, in the context of their lives, as well as their kidney disease.

Peer navigators have existing relationships and experiences with the health system, which provides them with specific insights into health care gaps, and the strategies needed to improve health care for Aboriginal people in the renal space.

Conclusion: This model has proven to work so well because of the lived experience of kidney disease and treatments by the peer navigator. They relate directly to the renal patients journey on a level that other health professionals cannot. Relationships between peer navigators and patients are based on trust, deep understanding, and a safe space for knowledge sharing. It has been said that navigators provide hope for a better quality of life

Cape York Kidney Care: Service description and baseline characteristics of an integrated transdisciplinary and patient-centred model of care that delivers a specialist kidney health service in western Cape York

Dr Andrea Miller[1], Dr Leanne Brown[1], Dr Alice Cairns[2]
[1] Torres and Cape Hospital and Health Service, Weipa, Australia
[2] Centre for Rural and Remote Health, James Cook University, Australia

Presentation type: Invited

Background and rationale: Chronic Kidney disease is overrepresented amongst First Nation people with more than triple the rate of CKD in those aged 15 years and over. The impact of colonisation, including harmful experiences of health practices and research, has contributed to these health inequities. To address a lack of access to specialty services, and improve kidney health outcomes, the Cape York Kidney Care (CYKC) model was created. CYKC is an outreach specialist service that aims to centre the consumer within a trans/multidisciplinary service that is integrated within the primary care setting of the remote health clinic, utilising teleconferencing technology to deliver tertiary input by means of multidisciplinary integrated case conferences. This research aims to describe the baseline service data collected in the first 18 months of service provision.

Methods: Evaluation of Cape York Kidney Care Program (CYKC) initial review in the first 18 months of service provision has been undertaken using key performance indicators (KPIs) to review clinic attendance and examine the clinical profile of people attending. Participants are adults (>18 years if age) with CKD grades 1 5 including those on kidney replacement therapy. Consumer demographic and kidney health measures have been collected on initial review by CYKC. This data has been de- identified and aggregated and approved by ethics under exemption as a quality assurance project.

Results: CYKC reviewed 204 individuals, with 182 not previously having access to specialist nephrology services. Attendance rates were high with an FTA rate of only 23%. A majority (91%) identified as Aboriginal and/or Torres Strait Islander. The average age was 55 with a slightly higher percentage of females accessing the service (54%). There was a high level of comorbidity, with 90% of consumers having a history of hypertension and three quarter of consumers with Type 2 diabetes (average Hba1c 8.7%). Just under one third had cardiovascular disease. A large proportion of people had either Grade 2 CKD (32%) or Grade 3 CKD (~30%), and over half had severely increased albuminuria, with diabetes being the predominant presumed cause of CKD. A high number of people on initial review did not meet evidence-based targets for diabetes, blood pressure or lipids.

Approximately half of consumers who accessed the service smoked.

Discussion: Baseline data for this service demonstrated a high burden of chronic disease in western Cape York. In addition (and consistent with previous research), people were seen to have more severe disease at younger ages, with a large number demonstrating risk factors for rapid progression of kidney disease including poorly controlled Type 2 diabetes and severe range albuminuria. Reasons for this could include lack of culturally appropriate and patient-centred education and care, the siloing of services, and high staff turnover. A successful model of care must mitigate these factors and promote empowerment of health and behavioural change. The focus of this research aims to align with decolonising health care practices that recognises strengths, capacity and resilience of consumers and communities and aims to provide a useful service that is guided by the consumer.

Ngurra! (On country)

Sarah Brown AM[1],
[1] Purple House, NT

Presentation type: Invited

As we meet in the Northern Territory for the RSA conference in 2022, what better place and time to explore the model of care that started in the desert in Central Australia, led by dialysis patients and their families and led to the creation of a new way of dialysis provision in remote Australia and a Medicare item number to support it.

With cultural priorities up front, being on country with family central to everything, Purple House now offers community-controlled dialysis in 18 remote communities, 2 mobile trucks as well as a bush balm business, Aged and disability services, a language app, cultural mentoring and support. When patients and their families are engaged and in control, magic happens!

Come for a wild ride to some beautiful parts of this vast country while we explore the last 21 years of the Purple House and our plans for the future.

Transition Models of Care for Adults Starting Dialysis

Professor Jaqui Hughes[1,]
[1]New Start Dialysis Transition Program, NT
Presentation type: Invited

In this presentation, Hughes shares how the impact of coronavirus pandemic locally in the Top End, created opportunity to innovate usual care, with service focus on extending culturally safe patient centred care, Physiotherapy restorative care, a frailty enabled patient transport service, and business intelligence service utility mapping.

Diabetes and the Renal Patient

Associate Professor William Majoni[1,2,3,]
[1]Top End Health Service, Royal Darwin and Palmerston Hospitals, Darwin, NT
[2]Menzies School of Health Research, NT
[3]Flinders University, NT Medical Program
Presentation type: Invited

Abstract not available.

Cardiac Screening Pre-Renal Transplantation

Associate Professor Matthew Worthley[1,2,3,]
[1]Royal Adelaide Hospital, SA
[2]South Australian Health and Medical Research Institute, SA
[3]University of Adelaide, SA
Presentation type: Invited

Cardiovascular disease remains a major cause of morbidity and mortality in renal transplant recipients. Identifying myocardial ischaemia in asymptomatic individuals prior to renal transplantation remains a contentious issue. This talk plans to summarise the evidence which established a South Australian myocardial ischaemia screening program prior to renal transplantation along with the outcomes of this program. Finally this talk will also discuss new evidence which questions the benefits of myocardial ischaemia screening and how this has modified this screening process in South Australia.

What's Happening in CKD II and III?

Graeme Turner RN, GradCert (Clinical Nursing)(Edith Cowan), MNursing (Nurse Practitioner) (Newcastle) [1,2]
[1]Northern NSW Local Health District, Lismore, NSW
[2]Southern Cross University School of Health and Human Sciences, Lismore, NSW
Presentation type: Invited

The link between early changes to renal haemodynamics leading to later kidney damage was established over 40 years ago. By the 1990s studies confirmed the efficacy of angiotensin converting enzyme inhibitors and angiotensin 2 receptor blocker medications in the treatment of diabetic kidney disease. The American National Kidney Foundation published a classification of CKD based on eGFR

in 2002, this has been refined to improve precision and is the framework used to classify CKD. The 2005 implementation of automatic reporting of eGFR on pathology requests in Australia lead to an increased awareness of early CKD and an increase in early referrals to nephrology services.

Screening for and management of early CKD principally occurs in general practice in Australia. Kidney Health Australia published the first edition of their guidelines for management of CKD in general practice in 2007, they are now in their 4th edition. They provide GPs guidance on detection, management and referral in early CKD. Despite these guidelines being available for 15 years early CKD remains under recognised and under treated and under referred in Australia. Meanwhile the burden of renal replacement therapies continues to rise.

With new medications being approved for management of early CKD in Australia in the last two years there is renewed interest in the early identification and management of CKD.

This presentation will review current best practice management of stage II and III CKD, look at current resources and programs aimed at management of stage II and III CKD in Australia and consider our role as kidney health professionals in early identification and management of CKD.

Renal Supportive Care Pathways in TEHS

Yvonne (Taffy) Tafirenyika RN[1]
[1]Top End Renal Service, NT
Presentation type: Invited

Renal Supportive Care is a ‘non-dialysis’ conservative pathway for the management of end stage kidney disease (ESKD) patients who are elderly, or may have significant comorbidities, poor functional status, malnutrition or those who reside in a nursing homes. It is a culturally appropriate, team orientated and client focused pathway offering holistic care to patients and their families in their comfortable dwellings. Studies have shown that many of these patients live much longer without dialysis than might have been expected with a substantial quality of life compare to those who commence dialysis. Despite having witnessed many positive outcomes in our patients on this pathway, we also face some challenges in our renal supportive care journey. These range from the availability of resources, decision-making process, cultural appropriateness, staffing, language barriers and many more. This presentation will outline our Renal Supportive Care journey in TERS, how we do our things slightly different from the others, our strengths and our challenges.

Sexuality and Fertility in Patients with CKD

Dr Leanne Brown PhD, MNSc (NP), Grad DipApplSc (Nephrology, Grad Appl Sc, Grad Dip Appl Sc (Nsg) Grad Cert HMgt, BSc, RN[1]
[1]Torres and Cape Hospital and Health Service, Weipa, QLD
Presentation type: Invited

Chronic Kidney Disease (CKD) can have an enormous impact on sexual functioning both for those with CKD and their partners. The alteration in sexual function can be a result of either physical or emotional changes.

Understanding the impact CKD has on sexual functioning and fertility is an important skill for health professionals who care for people with CKD. The prevalence of sexual dysfunction if high and is often neglected. Sexual dysfunction and alterations in fertility can impact quality of life and it is necessary to consider physiological changes and impact of medications for the individual with CKD and other illnesses. Assessment skills and understanding of interventions to support with experiencing sexual dysfunction will be outlined in this presentation.

Sexual dysfunction involves all three stages of the sexual-response cycle and physiological and emotional effects need to be understood. In addition, CKD comorbidities can have a profound impact sexual function and fertility. Assessment of sexual dysfunction and fertility should be key part of our clinical practice. Further research and understanding will help to improve the quality of life for this cohort.

Improving the Longevity of Peritoneal Dialysis

Dr Asanga Abeyaratne [1,2,3]
[1]Royal Darwin Hospital NT
[2]Territory Kidney Care, NT
[3]Flinders Medical School
Presentation type: Invited

Abstract not available.

ANZDATA

Professor Stephen McDonald [1,2]
[1]Central Northern Adelaide Renal and Transplantation Service, SA
[2]ANZDATA Registry
Presentation type: Invited

The ANZDATA Registry is a clinical quality registry that includes all people receiving long term dialysis and kidney transplantation across Australia and New Zealand. Based in Adelaide at the SA Health and Medical Research Institute, it has core roles in health service planning, safety and quality and clinical research. For many years it has produced a range of data and reports including Annual Reports, centre-specific safety & quality reports together with a variety of bespoke outputs.

In recent years the activities of the Registry have expanded substantially. These include the implementation of Registry-based randomised clinical trials; development of geospatial analytic capacity; COVID related data collections; an expanded suite of quality indicators and associated reports, and inclusion of consumers across the spectrum from data collection and analysis to report writing.

This presentation will highlight key trends in incidence and treatment patterns for people receiving dialysis and kidney transplantation across Australia and New Zealand, and highlight some key challenges. These will include variation in incidence and treatment patterns across regions, and across key demographic groups. Future developments in ANZDATA will be discussed, including the ongoing development of interfaces with other data sources (including electronic medical records) and patient-reported outcomes.


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My Kidney Journey
Your Guide to Living with Chronic Kidney Disease (CKD)
Find the Answers You Need

CONCURRENT AND POSTER ABSTRACTS

2. Random cross-over pilot feasibility study to measure efficacy of point-of-care ultrasound guided cannulation in haemodialysis vascular access

Monica Schoch[1]
Paul Bennett[2], **Judy Currey**[1], **Vicki Smith**[3], **Liliana Orellana**[1] **and Alison Hutchinson**[1]

[1] Deakin University
[2] University of South Australia
[3] Barwon Health

Accepted presentation type: Oral

Background: Standard cannulation practice for haemodialysis consists of inserting needles 'blindly' into an arteriovenous fistula (AVF). This 'blind' cannulation can damage the AVF. Point-of-care ultrasound (POCUS) guided cannulation has the potential to decrease damage, however efficacy of this technique has not been explored.

Aim: To assess the feasibility of a research design to measure the efficacy of POCUS-guided cannulation versus blind cannulation.

Methods: Random order crossover research design was implemented. Nine nurses, and 13 patients with functioning AVFs, were recruited from the local haemodialysis unit. All nurses cannulated all patients using both blind and POCUS-guided cannulation. Cannulation variables collected: time taken, nurse position, probe direction, machine pressures, patient satisfaction, pain scores. Ultrasound images of needle position were printed, and image assessor measured needle tip location inside the vessel. Nurses were surveyed at three time intervals and attended semi-structured interview. Clinical data were analysed for effects using linear mixed models, binary/feasibility data using descriptive statistics and transcribed interviews thematically analysed.

Results: Seven nurses and 11 patients completed the study. Feasibility was evidenced by protocol adherence (92.9%), and a cultural shift towards use of POCUS. Nurses felt their POCUS technique improved and confidence levels increased. Two miscannulations occurred during standard cannulation. Cannulation time using POCUS guidance was significantly higher than blind cannulation. All other variables showed no statistically significant difference.

Conclusions: Random order crossover is a feasible design to measure differences in POCUS-guided and standard cannulation. Whilst POCUS-guided cannulation takes longer, there are fewer miscannulations, and nurses gain confidence with persistent use.

4. The successful treatment of calciphylaxis in chronic renal failure

Ingrid MacRae[1]
[1] Epworth Geelong
Accepted presentation type: Poster

Context: Calciphylaxis is a painful disorder related to high morbidity and complex aetiology. Found usually in the chronic dialysis population, calciphylaxis is rare and requires a multidisciplinary response to assist in symptom management and resolution. With modern medication improvements and pain management, can we anticipate better outcomes for these people in 2022?

Objectives: In 2021, our unit cared for a 73-year-old female with chronic renal failure and who had a large circumferential lesion of calciphylaxis on her right lower leg. Over a 12-month period with

increased dialysis, surgical intervention and medication management, we successfully resolved the lesion. The use of Sodium Thiosulphate on dialysis, Cinacalcet for hyper-parathyroid management and improved dialysis all assisted to improve the lesion and quality of life.

Key Messages: With a coordinated approach, the outcomes for some people with calciphylaxis will be remarkable however we still have a lot to do to support chronic patients to dialyse adequately and to manage phosphate and hyperparathyroidism**.** There are challenges for all dialysis nurses in this area and with the use of modern medications and knowledge patient outcomes should improve.

Conclusion: The strategies outlined were used to assist our patient in the successful care of calciphylaxis. This is not the case for all chronic renal patients. Improving dialysis adequacy, phosphate and parathyroid management and vascular care will help to avoid other patients experiencing painful calciphylaxis episodes.

5. Energy conservation to manage fatigue: a pragmatic cluster randomised control trial

Sita Sharma[1]
Ann Bonner[2], **Min-Lin (Winnie) Wu**[2], **Kimberly E. Alexander**[3] **and Theresa Green**[4]
[1] School of Nursing and Midwifery, Griffith University
[2] Griffith University
[3] School of Nursing, Queensland University of Technology
[4] The University of Queensland

Accepted presentation type: Oral

Background: Fatigue is a common and debilitating symptom to those receiving haemodialysis (HD). Energy conservation is a strategy that has been used to manage fatigue in other chronic conditions such as multiple sclerosis, cancer, and stroke, however, such evidence is lacking in the HD population.

Aims: To test the effectiveness of an energy conservation education program on fatigue in the HD population.

Methods: A pragmatic cluster randomised controlled trial recruited 126 participants on HD and randomised into intervention and the control groups based on HD shifts. The intervention group received four face-to-face structured energy conservation education (ECE) sessions during HD treatment plus usual care over 12 weeks. The control group received usual care. The fatigue symptom inventory (FSI) was used to measure fatigue at baseline, weeks 4, 8, and 12 for both groups. It measures 4 aspects of fatigue (severity, interference, fatigue days, and percent of days being fatigued). Intention-to-treat analysis was used.

Results: At baseline, there were no significant differences in demographic, clinical, or FSI scores between groups. Total fatigue severity was significantly reduced in the intervention group from baseline to week 12 compared to the control ($p < .001$). Similar findings were observed for fatigue interference ($p < .001$), fatigue days ($p < .001$) and percent of days being fatigued ($p < .001$).

Conclusion: The ECE program, designed to be delivered by nurses during HD treatment, was effective in managing fatigue in an HD population. It could be incorporated into the routine care of people in dialysis units.

6. How effective is an energy conservation intervention in managing symptoms and improving health-related quality of life in people receiving haemodialysis?

Sita Sharma[1]
Ann Bonner[2]**, Min-Lin (Winnie) Wu**[2]**, Kimberly E. Alexander**[3] **and Theresa Green**[4]
[1] School of Nursing and Midwifery, Griffith University
[2] Griffith University
[3] School of Nursing, Queensland University of Technology
[4] The University of Queensland

Accepted presentation type: Oral

Background: Multiple symptoms occur in people with kidney failure receiving haemodialysis (HD) that adversely affects health-related quality of life (HRQoL). Energy conservation strategies have been shown to maintain the expected level of energy, reduce the symptom severity, which eventually improves HRQoL in cancer multiple sclerosis populations; however, evidence specific to the HD population is lacking.

Aim: To assess the efficacy of energy conservation intervention in managing symptoms and improving HRQoL in people receiving HD.

Methods: A cluster randomised controlled trial compared an energy conservation education program (12-weeks structured program) with usual care. A total of 126 participants with kidney failure receiving HD were recruited and cluster randomised based on HD shifts (intervention group, n = 63; control group, n = 63). Symptoms were measured using the integrated palliative care outcome scale renal version (IPOS-renal) while HRQoL was measured using the SF-36 questionnaire. Data were collected at baseline and week-12. Intention-to-treat analysis was used.

Results: There were no significant differences in socio-demographic, clinical characteristics, symptoms, and HRQoL score between groups at baseline. A significant improvement in weakness, pain, mobility, depression, anxiety, and IPOS-renal total score was observed in the intervention group from baseline to week-12 compared to the control (all $p<.001$). Both HRQoL physical and mental component summary scores were also significantly improved for the intervention compared to the control group ($p<.001$).

Conclusion: Energy conservation strategies could be valuable in managing symptoms and improving HRQoL in people receiving HD. Education about these strategies can be delivered by nurses during HD sessions.

7. Occupational performance improved by an energy conservation education program: findings from a cluster randomised control trial

Sita Sharma[1]
Ann Bonner[2]**, Min-Lin (Winnie) Wu**[2]**, Kimberly E. Alexander**[3] **and Theresa Green**[4]
[1] School of Nursing and Midwifery, Griffith University
[2] Griffith University
[3] School of Nursing, Queensland University of Technology
[4] The University of Queensland

Accepted presentation type: Oral

Background: Occupational performance is the ability to carry out self-care, work, and leisure tasks. Current evidence demonstrates that a high level of fatigue is associated with the poor occupational performance although this association has not yet been studied in people receiving haemodialysis (HD).

Aim: To evaluate the effectiveness of the energy conservation education (ECE) program to improve occupational performance.

Methods: A single-blinded, cluster randomised, trial with a usual care control group was used. Adults receiving HD were recruited (N=126). The intervention group received a 12-week structured educational program (4 sessions supplemented by an educational booklet) plus usual care. Occupational performance was measured at baseline and week-12 using the Canadian occupational performance measure (COPM). The COPM identifies the importance of occupational performance in self-care, work and leisure, occupational problems, and total COPM performance and COPM satisfaction.

Results: At baseline, there were no significant differences found between groups on socio-demographic, clinical characteristics and COPM scores. Personal care was rated as the most important occupational performance with a median of 10 (IQR 8 - 10). The top five occupational problems identified were related to cleaning (77.77%), cooking (71.42%), walking (70.63%), visiting family and friends (58.73%), and paid employment (53.96%). The intervention group showed significant improvements in both total COPM performance, and COPM satisfaction than the control group ($p<.001$).

Conclusion: Energy conservation is a simple strategy enabling individuals to make slight adjustments to daily activities. This strategy, provided by nurses during HD sessions, shows promise in improving everyday activities for those receiving HD.

8. Is it useable? Assessing the feasibility of a haemodialysis nursing audit tool.

David McIntyre[1]
Ann Bonner[2] **and Amanda McGuire**[2]
[1] Townsville University Hospital and Health Service
[2] Griffith University

Accepted presentation type: Oral

Background: Nurse sensitive indicators (NSI) assess the quality of nursing care provided to patients. Indicators assess the structures (supportive measures), processes (nursing actions) and outcomes (eventual impact of nursing acts or omissions) of healthcare. The McIntyre Audit Tool 20 (MAT-20) was created to measure previously identified haemodialysis specific NSI.

Aims: To test the feasibility of the MAT-20.

Methods: Nurses (n=30) were recruited from 5 in-centre and satellite haemodialysis units across metropolitan and regional Queensland. Audits of the haemodialysis NSI were completed for each shift over a one-week period. In addition, 4 questions sought information about how long and difficult the audit was, whether it was feasible to complete, and would they complete the MAT-20 if it was introduced. A descriptive analysis was then performed.

Results: There were 97 audits completed (response rate 80.1%). The audits revealed that 75% of structural NSI were achieved with some variation across sites, 73% of process NSI were achieved but the collection of haemodialysis NSI outcome data was variable (5.9% - 94.1%). Most nurses indicated that it took about 5 minutes or less to complete the audit (79%), that MAT-20 was easy to complete (91.7%), that it be could completed during a shift (83.3%), and that if haemodialysis NSI were introduced that they would complete the audit (79.2%).

Conclusions: The MAT-20 is a feasible audit tool to measure the quality of haemodialysis nursing practice. This tool promotes benchmarking between sites to ensure standards are being met. Further testing of the tool's reliability is required.

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9. Blood glucose sampling for haemodialysis

Kathy Hill[1]
Lee Tootell[2], Margaret Pummeroy[2] and Irene Atkins[3]
[1] University of South Australia
[2] Flinders Medical Centre
[3] SALHN SA Health

Accepted presentation type: Oral

Background: Blood glucose sampling during haemodialysis treatment is subject to a degree of variance and there are no formalised guidelines in relation to best practice. Most clinical units' sample for blood glucose from the extracorporeal circuit which may be a matter of convenience rather than based on research evidence. This process also exposes the haemodialysis nurse to several more high-risk situations for needle stick injury.

Aims: We sought to assess the agreement between blood glucose levels recorded in people receiving haemodialysis when using concurrent different sampling methods to develop a formal guideline recommending the most appropriate point of care sampling method.

Methods: Samples were taken concurrently (at the same time on the same day) via routine laboratory assay, capillary sample and via the extracorporeal circuit for all people diagnosed with diabetes in our haemodialysis clinic (n=16).

Results: There is significant variation between blood glucose measurements taken via the three different sample points. 94% of BGL samples recorded higher results in the extracorporeal circuit in comparison to the capillary sample (range -0.3-+2.5mmol). 94% of blood glucose results via the laboratory assay also recorded higher results (range -0.1-+2.5mmol). We conclude from our data that the capillary sampling method is not interchangeable with the extracorporeal sampling method.

Conclusion: People with diabetes make decisions regarding their treatment regimen based on capillary samples and given the large range of variance when sampled during haemodialysis via the extracorporeal circuit we are recommending that our unit change clinical practice and consistently sample via the capillary method.

10. The effectiveness of patient activation interventions in adults with chronic kidney disease: a systematic review and meta-analysis of randomized controlled trials.

Laura Lunardi[1]
Kathy Hill[2], Andie Xu[2], Richard Le Leu[3] and Paul Bennett[2]
[1] CNARTS
[2] University of South Australia
[3] Royal Adelaide Hospital

Accepted presentation type: Oral

Background: Chronic kidney disease (CKD) is a complex health condition with profound impact on an individual's general health. People with CKD require the knowledge, confidence, and skills to self-manage their health. This is referred to as patient activation.

Aim: The objective of this review was to examine the effectiveness of patient activation interventions on behavioural health-related outcomes among people with CKD stages 3-5.

Methods: We performed a systematic review and meta-analysis of Randomized Controlled Trails (RCTs) of patients with CKD stage 3-5. We searched Medline, Emcare, Embase and PshycINFO databases searched between 2005 and December 2020. Risk of bias was assessed using the Joanna Bridge Institute (JBI) critical appraisal tool.

Results: Nineteen RCTs that enrolled 4,414 participants were included for synthesis. Only one RCT reported patient activation using the validated 13-item patient activation instrument. Four studies showed strong evidence that the intervention group resulted in a higher level of self-management compared to the control group (standarised mean differences (SMD) of 1.12 (95% CI 0.36 to 1.87)). Eight RCTs led to a significant improvement on self-efficacy (SMD of 0.74, [95% CI 0.41, 1.08] $P< 0.0001$). There was weak evidence on the effect of the strategies showed on the physical component and mental component of health-related quality of life, and medication adherence.

Conclusion: Behavioural change strategies significatively improve self-management and self-efficacy behaviour in CKD population. Strategies did not consistently benefit all HRQoL domains or medication adherence.

11. Can nephrology nurse practitioners meet clinical targets and slow progression of kidney dysfunction? A 5-year review

Cassandra Stone[1]
Ann Bonner[2], Louise Purtell[3] and Kerri Gillespie[4]
[1] Nephrology Unit, Logan Hospital, Metro South Health
[2] Griffith University
[3] School of Nursing and Midwifery, Griffith University; & Kidney Health Service, Metro North Health
[4] School of Nursing and Midwifery, Griffith University

Accepted presentation type: Oral

Background: Globally, Chronic Kidney Disease (CKD) is growing, and more than 10% of Australian adults have CKD. Early intervention and lifestyle risk modification has been shown to halt or slow the progression of CKD. Nephrology nurse practitioners (NNP) have an extended scope of practice compared with other nurses; they can order and interpret diagnostic investigations, make patient referral to other health professionals, and prescribe medications, and could manage earlier CKD grades.

Aim: To describe the clinical outcomes of patients with CKD who are managed by a NNP.

Methods: A retrospective study was conducted of patients attending an NNP outpatient clinic, between 2012 and 2018. Demographic and clinical data were extracted from hospital records and analysed.

Results: Over this period 253 patients were solely managed by the NNP. Patients' mean age was 70.27 ± 10.48 years, most were in CKD grade 3B (41.5%), had renovascular disease (31.6%), and had a mean of 4.46 ± 2.57 comorbid conditions. At one year after entry to the NNP clinic, blood pressure, smoking status and triglyceride clinical targets were achieved by 82.6%, 81.1%, 66.1% of patients respectively although very few had healthy BMIs (6.9%). Also, one year after entry, eGFR had improved by ≥5ml/min/1.72min^2 in 24.4% of patients, remained stable in53.6% and had deteriorated by ≤5ml/min/1.72min^2 in 22%.

Conclusion: NNPs can be effective in meeting important clinical targets which slow the progression of CKD. Nurse practitioners can transform traditional medical models of healthcare delivery, freeing up medical practitioners to manage more complex or acute patients.

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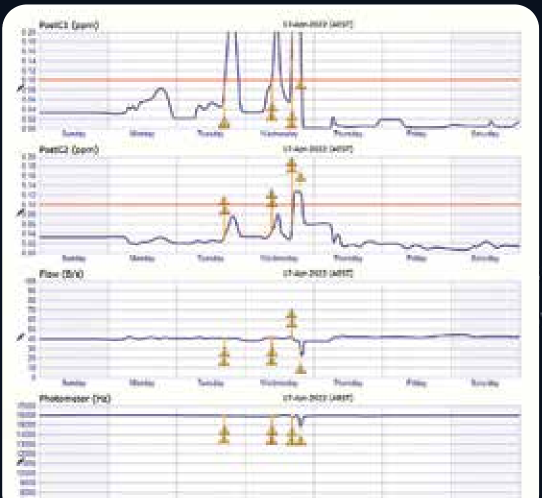
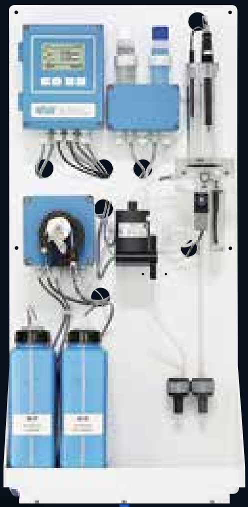


AMI Codes-II-TC Analyser

Continuous Total Chlorine Monitoring



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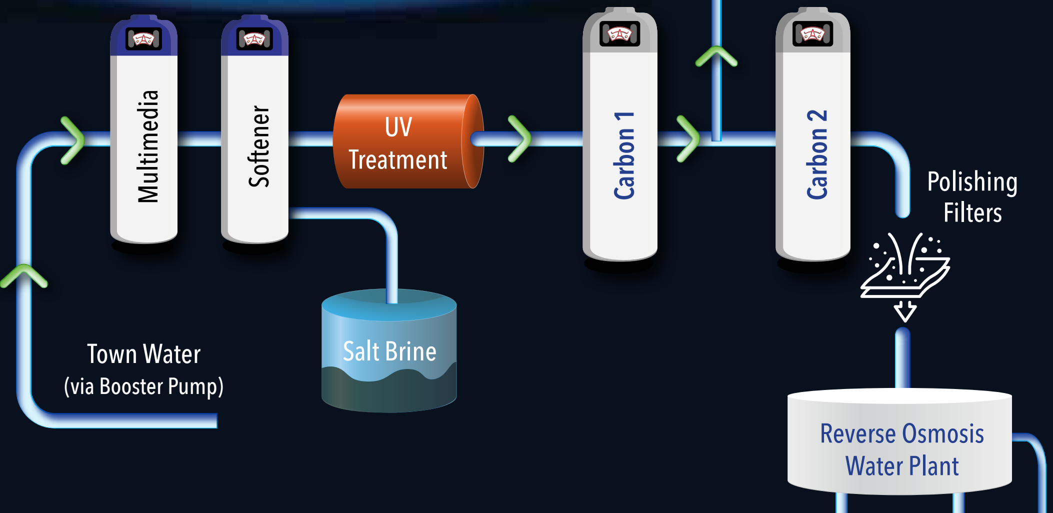

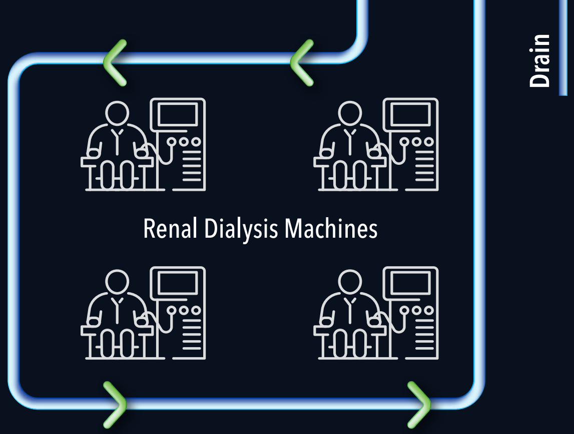

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13. A scoping review of the role of cultural and linguistic diversity on nephrology nursing practice

Sara Aryal[1]
Ann Bonner[1] **and Min-Lin (Winnie) Wu**[1]
[1] Griffith University

Accepted presentation type: Poster

Background: Global migration is creating culturally and linguistically diverse (CALD) populations in many countries which challenge the process of care delivery and healthcare access. While aspects of CALD healthcare has been extensively examined, there is a lack of investigation of this aspect in nephrology nursing practice.

Aim: To examine the aspects of CALD between individuals who are living with chronic kidney disease (CKD) and the nurses providing care to them.

Methods: A scoping review of studies including both quantitative and qualitative designs was conducted. Inclusion criteria were CALD adults with CKD or nephrology nurses and published in English between January 2010 and December 2021. Databases searched were CINAHL, MEDLINE, Embase, PsycINFO, ProQuest Nursing and Allied Health and Social services Abstracts. Findings are synthesised and presented in thematic form.

Results: Five studies met the inclusions criteria. Communication challenges was an overarching theme across all studies. Language barriers and communication gaps between the care provider (nurses) and the receiver (people with CKD) led to a lack of awareness and knowledge about CKD and treatment by patients. These studies also reported that there was a lack of emotional support and the development of effective therapeutic relationships between nurses and patients which was evident due to communication difficulties.

Conclusion: This review has revealed that both people with CKD and nurses perceived communication challenges as the key factors affecting care, however, as there is little evidence to inform practice, further research on the role of cultural and linguistic diversity on nephrology nursing practice is required.

14. What is the connection between knowledge and health literacy in chronic kidney disease?

Jennifer Mathias Shah[1]
Ann Bonner[2]**, Charrlotte Seib**[1]**, Joanne Ramsbotham**[3] **and Rachel Muir**[1]
[1] School of Nursing and Midwifery, Griffith University
[2] Griffith University
[3] School of Nursing, Queensland University of Technology

Accepted presentation type: Oral

Background: Chronic kidney disease (CKD) self-management requires disease-specific knowledge, adequate health literacy, and purposeful actions to support optimal health. Having CKD knowledge alone does not ensure that an individual can use it to undertake self-management.

Aims: To examine the association between CKD knowledge and health literacy.

Method: Using a cross-sectional design, 620 adults (≥ 18 years) with CKD grades 3-5 (G3-5) were recruited. Participants completed the 28-item Kidney disease Knowledge Survey (KiKS; range 0-28) and the 44-item Health Literacy Questionnaire (HLQ measures functional, communicative, and critical health literacy in 9 domains). Socio-demographic information (age, gender, and CKD grade) were also collected. Stepwise multiple linear regression with backward elimination was used to identify variables associated with the 9 domains of health literacy.

Results: The mean age of participants was 50.6 years (SD ± 17.3), and majority were male (61.1%) and in CKD grade 3-4 (61%). The mean knowledge score was 13.3 (SD = 4.5). The highest health literacy scores were for domains “actively managing my health” and “ability to actively engage with healthcare provider”. The lowest scores were obtained for “having sufficient information to manage my health and “navigating the healthcare system”. Having greater knowledge rather than demographic characteristics was a significant predictor for 7 health literacy domains ($p < .001$ to $p = .040$).

Conclusion: Knowledge appears to facilitate communicative and critical health literacy skills. Understanding both the level of CKD knowledge, and health literacy abilities is useful for delivering patient education.

15. Psychometric evaluation of the Nepalese chronic kidney disease self-management instrument

Jennifer Mathias Shah[1]
Ann Bonner[2], Charrlotte Seib[1], Joanne Ramsbotham[3] and Rachel Muir[1]
[1] School of Nursing and Midwifery, Griffith University
[2] Griffith University
[3] School of Nursing, Queensland University of Technology

Accepted presentation type: Poster

Background: Chronic kidney disease (CKD) is a progressive condition requiring long term management. The way in which individuals self-manage their CKD has a significant role in reducing disease progression. Despite this, there are limited patient-reported outcome measures (PROMS) to assess self-management, and few have been validated for use in non-English speaking populations.

Aims: To establish the psychometric properties of the Nepali version of the Chronic Kidney Disease-Self-Management (CKD-SM) instrument.

Method: A two-stage process was used. First, the English CKD-SM was translated into Nepali before being reviewed by an expert panel of renal clinicians and lay people to establish face and content validity. Second, the draft instrument was tested in a sample of 620 adults (aged ≥18 years) with CKD grade 3-5 completed the instrument. Finally, reliability and construct validity were assessed through Cronbach’s alpha and exploratory and confirmatory factor analysis (EFA and CFA) respectively.

Results: The tool showed good reliability (α=.85) and content validity (S-CVI/Ave score of 1.00). The EFA yielded a 13-item, three factor structure related to ‘problem solving’, ‘adherence to lifestyle modification’, and ‘seeking support’. The CFA showed the three-factor structure was an approximate fit for the data with differences by age (<50 versus > 50 years) and level of education (no versus some schooling).

Conclusions: The Nepalese version of the CKD-SM instrument is a useful PROM for assessing patients’ ability to self-manage. It can also be used for research with Nepali populations and diaspora communities.

16. Nephrology nurse practitioner service: evaluation of healthcare outcomes and enabling factors

Leanne Brown[1]
Ann Bonner[2], Bettina Douglas[3], Barbara Harvie[4], Anthony Lucas[5] and Melinda Tomlins[6]
[1] Torres and Cape Hospital and Health Service
[2] Griffith University
[3] School of Nursing, Midwifery and Social Work, University of Queensland
[4] University of Tasmania
[5] QLD Health
[6] Hunter New England Health District

Accepted presentation type: Oral

Background: Nurse practitioners are highly qualified, experienced and work within at an expanded practice level beyond other nurses. The nephrology nurse practitioners (NNP) role is to manage patients along the chronic kidney disease (CKD) trajectory by providing complete and autonomous episodes of care.

Objectives: To understand the NNP patient outcome indicators and identify the factors important to sustain the NNP healthcare model.

Methods: Cross-sectional online survey was distributed to NNP who were Renal Society of Australasia members (n=73). Demographic characteristics, outcome indicators and enabling factors were collected. Quantitative data was analysed using descriptive statistics, with content analysis used for qualitative data.

Results: The majority (73.3%) had >20 years' experience in nephrology nursing. NNP provided healthcare to patients receiving haemodialysis or peritoneal dialysis (37.8%), or in CKD grade 1-4 outpatient clinics settings (33.3%). Operational mean time of NNP services was 10.33 ± 3.1 years, with NNP service evaluation through audits (35.6%) and annual reports (33.3%). Only 52.4% reported having specific performance targets. Indicators measured were patient-reported outcomes (26.7%), clinical targets (24.4%), and service utilisation (22.2%).

Enabling factors for sustainability were: i) recognition of importance and contribution of this position: ii) support from nursing and medical leadership: and iii) demonstratable patient outcomes.

Conclusion: Evaluating healthcare service delivery is essential to improve the quality of patient care and to provide evidence to sustain innovative models of care. Given NNP roles in kidney care, robust and routine evaluation of this service is crucial to manage the growing burden of CKD on healthcare services.

17. Improving self-management for people with chronic kidney disease through a patient activation approach: a cross-sectional survey protocol

Laura Lunardi[1]
Richard Le Leu[2], Anne Britton[3], Andie Xu[4], Monique Borlace[3], Shilpanjali Jesudason[3] and Paul Bennett[4]
[1] CNARTS
[2] Royal Adelaide Hospital
[3] Central Northern Adelaide Renal and Transplantation Service
[4] University of South Australia

Accepted presentation type: Poster

Background: Globally, chronic kidney disease (CKD) is a leading cause of illness associated with high mortality, reduced quality of life and an important driver of health system utilisation and spending. The chronicity of this disease necessitates that individual actively self-manage to maximise health outcomes. CKD people require the knowledge, confidence, and skills to self-manage their health. This is referred to as patient activation. A better understanding of patient activation in CKD may improve patient activation and self-management.

Aim: To identify the current status of patient activation levels in people with CKD stage 5 and its association with patient sociodemographic characteristics and other health-related clinical variables.

Methods/design: We will use a prospective cross-sectional design to measure patient activation in 280 adults with CKD stage 5 not receiving dialysis over nine months in a large Australian renal service using the 13 item Patient Activation Measure (PAM-13) validated instrument. We will determine any associations with sociodemographic variables, immunisation and medication adherence, unattended renal appointments, and hospitalisation. Responses from participants and data extracted from medical records will be examined using univariate analysis, independent sample t-tests, Mann-Whitney tests, linear regression and generalised linear modelling where appropriate.

Results: There is no presentation of results in this protocol presentation.

Discussion: This study will serve as a platform for developing further studies to investigate components that work to increase patient engagement in positive health behaviours for an active role in self-manage their CKD and decision-making to negotiate their treatment to maximise health outcomes.

18. Examining renal nurses' confidence, knowledge, attitudes, and beliefs about sexual health

Amanda L. Mckie[1]
Ann Bonner[2], Theresa Green[3] and Amornrat Saito[2]
[1] Griffith University, University of Canberra
[2] Griffith University
[3] The University of Queensland

Accepted presentation type: Poster

Background: The impact of kidney failure on sexual function is complex and often distressing for people who are receiving haemodialysis (HD). As renal nurses develop a unique and long-term professional relationship with those receiving HD, it does create opportunities to discuss sensitive issues including sexual dysfunction (SD).

Aim: To examine renal nurses' confidence, knowledge, attitudes and beliefs towards discussing sexual health with patients.

Methods: A cross-sectional study using a secure online survey was distributed to the Renal Society of Australasia (RSA) members. Inclusion criteria were registered or enrolled nurses who are members of the RSA and providing care to people receiving HD. Participants completed the 71-item Sexual Health Educators Professional Scale (SHEPS) and provided demographic information. Data were analysed using descriptive statistics.

Results: Of the 22 nurses who completed the survey (73% female), 36% of nurses felt confident in discussing SD while 63% did not feel confident. Most nurses (91%) had never received any education about sexual health, 32% indicated they had some knowledge about SD but only 22% rated their level of knowledge as sufficient. Interestingly, 77% never provided any information about sexuality and 81% agreed that SD is a serious issue for patients that should be addressed.

Conclusion: A nurse's confidence and knowledge about sexual health are important factors in raising sexual concerns with patients. Tailored education and ongoing training are required for renal nurses, so they have the knowledge and confidence to address sexual issues with patients.

19. What is the knowledge of, barriers to and views on accountability of renal nurses regarding sexual dysfunction of people receiving haemodialysis?

Amanda L. Mckie[1]
Ann Bonner[2]**, Theresa Green**[3] **and Amornrat Saito**[2]
[1] Griffith University, University of Canberra
[2] Griffith University
[3] The University of Queensland

Accepted presentation type: Poster

Background: Sexual dysfunction (SD) is commonly experienced in people with kidney failure. Renal nurses while recognising the importance of assessing for SD, may feel unsure about whose role it is to discuss with patients.

Aim: To identify knowledge of and barriers experienced by nurses in discussing SD and also their views about whether it is their role to discuss SD with patients.

Methods: A cross-sectional study using a secure online survey was distributed to the Renal Society of Australasia (RSA) members. Inclusion criteria were enrolled or registered nurses who are current members of the RSA and providing care to people receiving haemodialysis (HD). Participants completed a 16-item survey previously developed by Van Ek to measure renal nurses' level of knowledge about SD, whether they would provide sexual healthcare, and their views on who ought to discuss SD with patients. Data were analysed descriptively.

Results: Of the 22 nurses who completed the survey, 73% were female. 32% indicated they had sufficient knowledge of SD, but only 31% felt competent to discuss sexual health matters with patients. The major barriers in discussing SD were insufficient training (79%) and a lack of time (59%). Interestingly, just over half identified that a nurse was accountable for discussing sexual health matters with patients (54%).

Conclusion: Barriers such as time and lack of training can affect whether renal nurses discuss SD with people receiving HD. Clarity and guidelines about renal nurses' role is needed.

21. Understanding the relationship between knowledge, health literacy and self-management among individuals with chronic kidney disease

Jennifer Mathias Shah[1]
Ann Bonner[2], Charrlotte Seib[1], Joanne Ramsbotham[3] and Rachel Muir[1]
[1] School of Nursing and Midwifery, Griffith University
[2] Griffith University
[3] School of Nursing, Queensland University of Technology

Accepted presentation type: Oral

Background: Undertaking effective self-management is crucial in managing chronic kidney disease (CKD) although the importance of having CKD knowledge, good health literacy and self-efficacy (confidence) on self-management is not well known.

Aims: To determine the relationship between CKD knowledge, health literacy, self-efficacy, and self-management.

Method: A cross-sectional design recruited 620 adults (≥18 years) with CKD grade 3-5 (G3-5). Participants completed four instruments - Kidney Disease Knowledge Survey; CKD Self-Management; Self-Efficacy for Managing Chronic Disease; and the Health Literacy Questionnaire. The Health Literacy Skills Framework was used for this study and was tested using structural equation modelling (SEM).

Results: Participants mean age was 50.6 years (SD ±17.3) and most had CKD G5 (39%). Nine distinct SEM models were generated for each of the nine domains of the HLQ. The SEM results showed that HLQ domains 1, 2, 5, 6 and 9 had a significant direct effect on self-management ($p< .001$). CKD knowledge also had a significant direct effect on self-management ($p< .05$). CKD knowledge mediated the relationship between two HLQ domains (6 and 9) and self-management ($p< .01$). Self-efficacy significantly mediated the relationship between four HLQ domains (3, 6, 8 and 9) and self-management ($p< .05$).

Conclusions: Ability to understand health information and communicate with healthcare providers were essential links between knowledge, self-efficacy, and self-management in the context of CKD. The results present an opportunity for clinicians to target interventions towards improving individuals' health literacy and self-management behaviours which may lead to improved adherence and health outcomes.

22. Understanding the practice patterns of nephrology nurse practitioners

Anthony Lucas[1]
Bonner Ann[2]**, Barbara Harvie**[3]**, Leanne Brown**[4]**, Bettina Douglas**[5]**, Melinda Tomlins**[6] **and Kerri Gillespie**[7]
[1] Cairns Hospital
[2] Griffith University and Kidney Health Service, Metro North Health, Brisbane
[3] University of Tasmania
[4] Torres and Cape Hospital and Health Service
[5] University of Queensland
[6] Hunter New England Health District
[7] Griffith University

Accepted presentation type: Oral

Background: Nurse practitioners are advanced practice nurses with an expanded scope of practice beyond that of a registered nurse. Nurse practitioners in Australia manage patients at various points along the chronic kidney disease (CKD) trajectory although there has been limited investigation into their current practice patterns.

Objectives: To describe the extent and nature of nephrology nurse practitioners (NNP) practice.

Methods: Cross-sectional online survey was distributed to 73 NNP who were members of the Renal Society of Australasia. Data collected were demographic characteristics, practice setting features, clinical service patterns and activities. Descriptive statistics were used to analyse data.

Results: Forty-five NNP completed the survey (response rate 61.6%). The majority were aged > 50 years (71.1%), female (88%) with a Masters level qualification (71.1%) and >20 years' experience in nephrology nursing (73.3%). NNP primarily worked in adult services (93.3%), managing those receiving haemodialysis or peritoneal dialysis (37.8%) or for those with CKD grades 1 - 4 (33.3%). Mean length of NNP service was 10.33 ± 3.1 years and they managed a median of 20 patients per week. Activities involved prescribing medications (86%), requesting diagnostic investigations (79.1%), and referring to other clinicians (83.7%).

Conclusion/Implications for Practice: NNP are providing care across the continuum of CKD. They are highly qualified and experienced, although older which raises concern for sustainability and succession planning. Advanced practice positions such as the NNP are an opportunity to offer a career pathway to maintain nurses in direct clinical roles and to expand the nephrology nursing workforce.

25. Factors influencing transplantation outcomes in culturally and linguistically diverse populations: a qualitative study

Kimberley Crawford[1]
Catherine Wilson[1] **and Mandy Truong**[1]
[1] Monash University

Accepted presentation type: Oral

Background: Research indicates that patients from culturally and linguistically diverse (CALD) backgrounds have a lower likelihood of kidney transplantation, poorer kidney transplant outcomes, and higher incidence of graft failure.

Aims: This study aimed to explore the factors influencing transplant outcomes, from the perspectives of kidney transplant recipients (KTR) from a CALD background and their caregivers

Methods: A descriptive qualitative design was utilised. Participants were recruited from two tertiary hospitals in Victoria. One-on-one interviews were conducted with KTR who were born overseas in a country where English was not the primary language and caregivers. Analysis was guided by the Framework Method and emergent themes were mapped onto the components identified in the Andersen's Health Service Utilization Model.

Results: Stories from 21 KTR and their caregivers informed the development of a framework that presents the factors influencing transplant outcomes. Participants believed their culture or religious beliefs did not impact their care or how they managed their transplant. Participants expressed satisfaction with their care, felt no inequity with how they were treated by the health professionals and expressed gratitude for the Australian health system. Language did not necessarily impact transplant outcomes but there was a reliance on interpreters for non-English speaking patients and written information was in English. Caregivers were instrumental in providing support and discussed some of the challenges that this brought.

Conclusion: Exploring these experiences uncovered the factors influencing transplant outcomes, which may contribute to a better understanding about how to deliver quality health care to patients from a CALD background.

26. Is dialysis always the best choice? an in-depth study of hospital admission of elderly patients with advanced kidney disease on dialysis versus renal supportive care.

Margaret Golding[1]
Natividad Miles[2]
[1] Royal Prince Alfred Hospital .NSW
[2] Royal Prince Alfred Hospital

Accepted presentation type: Poster

Background: Dialysis may be unlikely to improve quality or quantity of life. Frail and elderly patients with multiple comorbidities may live as long with renal supportive care (RSC) as with dialysis treatment.

Over a 12month period we compared hospital admissions (including outpatient dialysis days) between the two groups.

Aim / Method: To compare in-hospital days and intensity of care among four patients with kidney disease. A retrospective analysis of patients with advanced kidney disease (AKD) managed with haemodialysis (HD) and non-dialysis was performed. Number of hospital admission were collected for both groups. All patients have similar demographics and comorbidity. Interviews were conducted focusing on the impact of their chosen treatment to their quality of life.

Results: Comparative data results showed the patient on dialysis in a year spent an average 32% in-hospital days including outpatient dialysis, twice as likely to receive admissions to intensive care unit (ICU), and an average of 0.02% hospital admissions for the RSC patients.

Conclusion: Patient with AKD undergoing dialysis spent more days in hospital, had higher rates of intensive procedures and admissions to ICU. Furthermore, conservative management seemed to offer quality and quantity of life benefit compared to dialysis. Further investigations need to be conducted on the quality of life of patients on dialysis and non-dialysis using a larger population

27. The 2021 australian and new zealand dialysis workforce study

Kristen Schuck[1]
Paul Bennett[2], Liz McNeill[3], Jon Hosking[4] and Stephen Holt[5]
[1] Royal Melbourne Hospital
[2] University of South Australia
[3] Independent
[4] Renal Society of Australasia
[5] SEHA Kidney Care

Accepted presentation type: Oral

Background: Ongoing predictions for dialysis nursing workforce shortages and an unexpected pandemic have provided new challenges for workforce groups, managers, industry, education providers and government to plan future workforce strategies.

Aims: To measure characteristics and assess short and long term trends in the Australian and New Zealand (ANZ) dialysis workforce against a 2009 benchmark.

Methods: Using a cross-sectional exploratory design, a 21-question web-based survey was disseminated to all dialysis unit managers across ANZ.

Results: 149 responses were received representing 201 dialysis units (response rate 49.8%). The ANZ dialysis workforce consists of registered nurses (90.7%), enrolled nurses (5.5%) and clinical renal physiologists/patient care technicians (3.7%). Average age was 44.5 years. Most units have access to a renal educator (70.8%), though only 37% of staff have formal nationally accredited renal qualifications. A majority of units maintain staff to patient ratios (89.8% with an average of 1:3.3), however only around one third measure patient acuity (37.7%). Unit managers' report they always or usually have enough staff (68%), offering overtime (74.7%) and calling in current staff (63.3%) to cover vacancies.

Conclusion: In 2021, during the COVID pandemic, the majority of dialysis units had enough staff, although only one third had formal nationally accredited renal qualifications. Importantly, the ANZ dialysis workforce has aged over the past 10 years (from average 42yrs to 44.5yrs) which may have implications for future dialysis education and workforce planning.

28. One unit's experience: factors influencing patients transitioning from pd to home haemodialysis

Karen Liang[1]
Joanne Kok[1] **and Leanne Linehan**[1]
[1] Monash Health

Accepted presentation type: Poster

Background: In patients who discontinue peritoneal dialysis (Pd), the majority transition to facility-based haemodialysis and very few directly to home haemodialysis (HHDx). There is limited literature examining reasons to successful home haemodialysis transitions.

Aim: To report on the factors that influence successful home haemodialysis transitions.

Method: A scoping review was conducted evaluating current literature on peritoneal dialysis patients transitioning to home haemodialysis. We reviewed the data of patients transitioning from PD to home haemodialysis from the last 5 years.

Result: The scoping review identified positive predictors to home haemodialysis transitions: male, obesity, increased distance to facility haemodialysis units, non-infectious causes of technique failure, longer duration on peritoneal dialysis, Pacific Islander patients, and patients treated in New Zealand. Patients who were older, underweight, had diabetes or hypertension as primary cause of kidney failure, had cardiovascular disease, and were of Indigenous background (either Aboriginal, Torres Straits Islanders or Maori) were less likely to transition successfully. Other barriers included frailty, intercurrent illnesses, and newly developed co-morbidities.

Our unit's experience revealed that non-clinical factors including early introduction, repeated discussions, early transition planning, patients' ability to self-care and developing relationship with nursing staff members positively influenced successful transition.

Patient motivation factors include lifestyle commitments, family support and peer influence from other home haemodialysis patients.

The merging of peritoneal and home haemodialysis teams created a robust communication and collaboration which helped to identify potential home haemodialysis patients and minimised risks. Providing continued support to patients built familiarity and trust in the nursing team.

30. The role of clinical psychology (CP) in end stage kidney disease (ESKD)

Christine Theodossiou[1]
[1] Western Sydney Local Health District

Accepted presentation type: Oral

Context: Sufferers of chronic health conditions such as ESKD are more likely to report higher rates of depressive and/or anxiety disorders when compared to the general population. Depression and anxiety are known to negatively impact health outcomes such as increased risk of angina, hypertension, and cardiovascular events. Psychotherapy for depression and anxiety amongst renal patients has been shown to be efficacious in reducing mental health symptoms and can improve upon general health outcomes, treatment adherence and patient QoL.

Objectives: A report on the newly established role of CP in the renal department over a 24-month period will be provided to showcase CP input into renal patient care. The report provides preliminary data on number and type of referrals, mental health diagnoses, psychological treatments, and highlights the role of CP within a multidisciplinary team.

Key messages: Mental health disorders are overrepresented amongst patients with ESKD. Adverse health outcomes may be exacerbated by undiagnosed and untreated mental health conditions. Attending to mental wellbeing amongst this cohort can address maladaptive coping such as treatment avoidance and serve to increase positive behavioural change while reducing psychopathology.

Conclusion: CP is vitally important in supporting patients to adjust to their medical conditions in all stages of the patient journey. CP can help improve patient health outcomes through psychological interventions by targeting treatment to patient needs. Educating the multidisciplinary team on the role of mental illness in ESKD can widen systemic frameworks to better identify a broad spectrum of factors that negatively impact patient health outcomes.

31. Management of hypocalcaemia associated with Denosumab use for treating osteoporosis in haemodialysis patients

Lijun Zhong[1]
Light Casey[2]
[1] Armadale Health Service
[2] Armadale Health Service, WA

Accepted presentation type: Oral

Background: According to the literature, hypocalcaemia associated with Denosumab use for treating osteoporosis has been reported in 42% of the haemodialysis (HD) patients with 25% of patients showing symptoms. In our unit experience, because Denosumab was generally given at the GP clinics, the staff were not aware of its use until hypocalcaemia episodes were identified at routine monthly blood tests and the presentations of symptoms such as facial twitching and muscle spasms. Preventative strategies such as staff and patient education, administration of prophylactic oral calcium supplementation before GP visits for injections were implemented to mitigate the risk of hypocalcaemia.

Aim: To evaluate the effectiveness of management strategies in reducing the occurrence of hypocalcaemia effect of Denosumab in HD patients with osteoporosis.

Method: A retrospective study was performed from Jun 2018 to July 2021 in six HD patients (6F, 0M; Mean age=75) receiving Denosumab injection twice a year at GP clinics. Calcium levels were examined before and after the exposure of Denosumab, and comparisons were made between the first and subsequent exposures after the implementation of preventive strategies such as staff and patient education, and additional calcium supplements (Caltrate, Calcitriol).

Results: Our observation demonstrated that HD patients were particularly vulnerable to the hypocalcaemia effect of Denosumab. There were 26% to 33% drop in serum calcium levels before the introduction of preventive strategies. Positive outcomes were observed after staff and patient education and calcium supplementation showing normalised serum calcium results in all participants.

32. Plastic cannulae use in prevalent haemodialysis patients: a feasibility study

Vicki Smith[1]
Monica Schoch[2]**, Qunyan (Andie) Xu**[3] **and Paul N. Bennett**[3]
[1] Barwon Health
[2] Deakin University
[3] University South Australia

Accepted presentation type: Oral

Background: In Australia, plastic cannulae have been predominantly used for new arteriovenous fistulae and patients requiring specific needs. Plastic cannulae are generally not used in the prevalent haemodialysis population.

Aim: To determine the feasibility of the use of plastic cannulae in the prevalent haemodialysis population.

Method: Using a prospective feasibility crossover randomised design, participants were randomised to receive metal or plastic cannulation in opposite orders in 1:1 allocation ratio for 12 weeks each. Feasibility measures consisted of cannulation success rate, cannulation manipulation type, arterial and venous pressure, needle-related anxiety (Patient Health Questionnaire 4) Meditation in Dialysis Questionnaire and nurse satisfaction. Generalised linear mixed modelling and two-level multinominal logistic regression tests were applied using SPSS Version 26 and Stata 14.0.

Results: Eight patients (mean age, 74 years: median access vintage: 44 months) completed both plastic and metal cannulae groups. The use of plastic cannulae were less likely to be successful in cannulation compared to metal needles (odds ratio (OR) =0.15: 95% CI: 0.05-0.48, $P = 0.001$). Plastic cannulae did not require greater repositioning (relative risk (RR=0.94: 95% CI: 0.39 -3.09, P=0.871) or gauze pillow application (RR=0.94: 95% CI; 0.467-1.874, P=0.851) than metal needles, relative to no manipulation. The overall rates of psychological distress towards metal and plastic cannulae were low. 92% of nurse participants (n=12) agreed that plastic cannulae are beneficial for prevalent patients.

Conclusion: Plastic cannulae are feasible in prevalent haemodialysis patients in a haemodialysis centre that has historically used metal needles.

34. The role of dietary intervention and access to care: the perspectives of adults with stage 3-4 chronic kidney disease living in a rural area

Annette Shelley[1]
Kerith Duncanson[2] **and Kelly Lambert**[3]
[1] Orange Health Service
[2] Health Education and Training Institute, NSW Health
[3] University of Wollongong

Accepted presentation type: Poster

Background: Dietary intervention in chronic kidney disease (CKD) can slow disease progression, mitigate metabolic complications, and alleviate symptoms. The impact of limited dietetic services for people living with CKD in rural areas has not been investigated.

Aim: To understand the perspectives of people with CKD stage 3-4 about the role of dietary modification and access to care, to inform improvements in service delivery.

Method: 100 adults with stage 3-4 CKD attending renal specialist clinics Jan 2019 – Jun 2021 were invited to participate. Semi-structured interviews informed by Appreciative Inquiry were completed (n= 10, age 22 – 74 years, mean 62 years). Recordings were transcribed verbatim and thematically analysed.

Results: Participants reported that dietary modification contributed to a sense of control over their kidney disease and indicated a preference for information early after diagnosis. Consistent messaging from the renal team and explicit dietitian-delivered support for dietary intervention were valued. Initial face-to-face contact with the dietitian to establish relationships was preferred but follow up via phone or text was considered acceptable. Participants recommended allocation of more time to information sharing than answering questions during initial consultations. They expressed a desire for increased ongoing access to renal dietetic services, including dietitian-initiated contact to maintain accountability. Individualised advice and practical tools were desirable and highly valued.

Conclusion: Early, specialised dietary advice is considered by rural adults with CKD to be a critical component of comprehensive renal team support. Patient-oriented improvements to CKD dietetic service delivery and dietary management tools are achievable within existing resources.

35. Treatment-resistant dialysis-induced hypotension (DIH): a case study

Asha Blessan[1]
Edward Zimbudzi[1]
[1] Monash Health

Accepted presentation type: Poster

Context: Dialysis-induced hypotension (DIH) is a very serious clinical problem. If left untreated, DIH can lead to severe psychological impact on patients, poor health-related quality of life and death.

This case is of a 60-year-old male with end stage kidney disease secondary to IgA nephropathy who commenced haemodialysis in July 2021. His medical history includes cirrhosis, type 2 diabetes mellitus, hypertension, dyslipidemia, psoriasis, cholecystectomy, appendectomy and pancreatitis.

The patient has been experiencing treatment-resistant DIH associated with nausea, vomiting, and loss of hearing within 20 minutes of commencement of each dialysis session. Symptoms persist despite the use of multilevel strategies, which include accurate assessment of ‘dry weight’, reverse profiling, low pump speed of 150mls/min, fluid boluses, use of 20% concentrated albumin, pharmacological treatment (Midodrine, Maxalon and Ondansetron) and double priming of the extra corporeal circuit.

Objective: To describe interventions for managing a patient with complex DIH.

Key messages: This discussion will centre on the need for protocol-driven strategies and guidelines for managing patients with treatment-resistant DIH. Additionally, the role of the multidisciplinary team led by nephrologists and nurses in providing adequate therapy will be explored. To develop acceptable guidelines, the management of these rare cases of DIH need to be documented and published because there is a sparsity of evidence from comparative studies.

Conclusions: Despite advances in dialysis therapy, treatment-resistant DIH remains an important clinical problem that is associated with poor patient outcomes. Patient-centred interventions in combination with technology that can detect abnormalities in fluid status and tissue perfusion are needed.

36. Risk factors for hyperphosphatemia among haemodialysis patients: a cross sectional study

Edward Zimbudzi[1]
[1] Monash Health

Accepted presentation type: Oral

Background: Hyperphosphatemia is a known consequence of chronic kidney disease affecting approximately 50% of those treated with maintenance haemodialysis. If left untreated, hyperphosphatemia can lead to tissue calcification, bone disease, secondary hyperparathyroidism, cardiovascular mortality and morbidity.

Aims**:** The present study aimed to identify risk factors for hyperphosphatemia among adult patients on haemodialysis.

Methods: This retrospective cohort study of adult patients (over 18 years) treated with maintenance haemodialysis was conducted across five dialysis units in Australia. Demographic and clinical data were collected from electronic medical records. Hyperphosphatemia was defined as an abnormally high serum phosphate concentration of >1.77 mmol/L. Data was analysed using chi-squared test and logistic regression models.

Results: Two hundred and fifty seven patients (69% men and 53% under 65 years) were included in the analysis. Approximately 38% had hyperphosphatemia. In multivariate logistic regression models adjusted for comorbidities, socioeconomic status, language spoken and dialysis vintage, older age (OR, 0.42; 95% CI, 0.24 to 0.76; P < 0.001), haemoglobin level greater than 100 g/dL (OR 0.51; 95% CI, 0.29 to 0.89; P=0.02) and absence of cardiovascular disease (OR 0.54; 95% CI, 0.30 to 0.98; P=0.04) were all associated with lower odds of hyperphosphatemia. A unit increase in potassium was associated with a 1.7 times increase in serum phosphate (OR 1.71; 95% CI, 1.12 to 2.60; P=0.01).

Conclusion: A number of risk factors are associated with hyperphosphatemia. Targeted interventions focussing on improving phosphate control may improve cardiovascular mortality and morbidity for subgroups, which are at risk of hyperphosphatemia.

37. Perceptions and experiences of dialysis nurses regarding redeployment to other dialysis units during the COVID-19 pandemic

Edward Zimbudzi[1]
Denise Fraginal[1]
[1] Monash Health

Accepted presentation type: Oral

Introduction: Redeployment of healthcare workers is one of the strategies that has been successfully used to manage increased workload and shortage of staff during the COVID-19 pandemic. However, little is known about how best to do this in the pandemic and beyond.

Aims: Using experiences from a large metropolitan teaching hospital in southeast Melbourne, this qualitative study sought to understand and describe the experiences and perspectives of dialysis nurses who were redeployed across five haemodialysis units affiliated to this hospital during the COVID-19 pandemic.

Method: Sixteen interviews were conducted in March 2022 among nurses who had been redeployed to other dialysis units during the COVID-19 pandemic. Maximal variation sampling was used to ensure an even representation with regards to gender, dialysis nursing experience and primary place of work. Discussions were audiotaped and transcribed verbatim and inductive thematic analysis was performed using a computer-assisted qualitative analysis software, NVivo.

Results: Five main themes emerged: (a) immediate reaction (subthemes: anxiety, scared, nervous, uncertain and excitement); (b) barriers to redeployment (subthemes: travel and parking, unfamiliar clinical setting, personal circumstances, inadequate notice and communication and clinical handover); (c) benefits of redeployment (subthemes: professional growth and teamwork); (d) clinical and organisational support; (e) opportunities for improvement (subthemes: standardising practice, routine staff rotations and orientation).

Conclusion: Redeployment of nurses across different dialysis units is associated with personal and organisational benefits. However, there are a number of barriers that need to be addressed to improve the experience of redeployed nurses.

38. Allergic adverse events related to post-operative Tenckhoff catheter exit site dressing

Kylie Pegg[1]
Josie Mellick[1] **and Janette Hamilton**[1]
[1] Princess Alexandra Hospital

Accepted presentation type: Poster

Goal: To reduction of allergic contact dermatitis secondary to application of anti-microbial foam dressings to the Tenckhoff exit site.

Background: In 2014, the peritoneal dialysis unit (PDU) standardized the use of anti-microbial foam dressings during the post-operative period and patients undergoing insertion of Tenckhoff catheter had their dressings changed at day 7 and day 14, before graduating to either a daily gauze dressing or continuing with a smaller weekly anti-microbial dressing. In 2019 PDU noticed an increase in the amount of related allergic contact dermatitis adverse events correlating to extended exposure to these dressings. These adverse events increased in frequency over the course of six months, and PDU decided that to improve patient outcomes, we would examine our day 7 and day 14 dressing policy.

Actions: January 2020 PDU implemented an adverse reactions book to collect data for quality-improvement. This was supplemental to the data usually collected by PDU nursing staff at day 7 with our current practice of maintaining a First Dressing record book. When an allergic contact dermatitis reaction was noted, nursing staff document the exit site score according to the Twardowski scale. Nursing staff took into consideration other causes to these adverse events and it was noted that the only consistent component was the presence of the anti-microbial foam. Over the course of six months, data collected supported the change from an anti-microbial foam dressing as best practice. After extensive research into alternatives, nursing staff decided to replace this with a simple split gauze dressing, commencing June 2020.

39. LDL-A, a novel treatment for recurrence of FSGS in a paediatric renal transplant recipient: a case presentation

Yogarani Jeyakumar[1]
[1] Monash Health

Accepted presentation type: Poster

Context: Focal segmental glomerulosclerosis (FSGS) in children is often difficult to treat and will progress to end stage kidney disease. The incidence of recurrence of FSGS is at least 56% amongst those with their first kidney transplant and up to 100% in subsequent transplants. Despite the current treatment options, management of this group of patients remains a major challenge. Strategies for treatment to achieve remission of FSGS in kidney transplant recipients is central.

Objectives: This case presentation will highlight the effectiveness of Low Density Lipoprotein Apheresis (LDL-A), a novel treatment strategy used to treat an eleven-year-old kidney transplant recipient with recurrence of FSGS.

Key messages: LDL-A as a promising treatment strategy to induce remission of FSGS in paediatric transplant recipients. The safety and potential benefits of LDL-A in this case will be discussed. The technical and clinical challenges associated with this novel treatment need to be acknowledged.

Conclusion: LDL-A may be used successfully as a treatment strategy to achieve remission of FSGS in paediatric patients post-transplant. Protocols specific to the management of FSGS using this approach need to be developed. Case reports regarding this treatment need to be documented to build an evidence base. Additionally, randomized controlled trials are needed to investigate and evaluate the efficacy of LDL-A as a potential treatment for recurrence of FSGS post-transplant in the paediatric population.

40. Once we knew it, we couldn’t unknow it, nor would we want to – realisations of renal nurses working in indigenous kidney care

Melissa Arnold-Chamney[1]
Liz Rix[2]**, Kate Tyrell**[3] **and Janet Kelly**[1]
[1] University of Adelaide
[2] Southern Cross University
[3] Central Adelaide Local Health Network

Accepted presentation type: Poster

Context: As four non – Indigenous nurses working in kidney care, education, and research, we have realised that once you know something, you cannot un-know it. We all seek to improving kidney care experiences and outcomes for and with Indigenous patients, families, communities, and health professionals. We have each gone on individual learning journeys and learnt that working in true partnerships with Indigenous people is central to ensuring that the continuing impacts of colonisation are lessened, cultural safety is enabled, and decolonisation of our health care services occurs.

Objectives: To chronicle our learning, challenges, and our quandaries as we attempt to actively decolonise kidney care. We reflect on our role, positioning and how best to work in partnership and use our ‘positioning power’ for good.

Key messages: How can we as renal health professionals become brave enough to help instigate effective changes and walk forward with our eyes wide open, knowing fully what the implications might be. How do we ensure our actions are not just labelled as ‘being difficult’ but productively moving forward? We share our strategies including co-authoring a cultural bias document, revising cultural education training, establishing new models of care including dialysis in an Aboriginal hostel and CARI guidelines development.

Conclusion: Listening to Indigenous voices, and ensuring they are heard, advocating, and walking together are steps forward in ensuring Indigenous peoples experience better kidney care. We recognise the need to become clearer about what our roles are and what a shared vision could be.

41. Dying to talk: a clinical audit on uptake of advanced care directives among patients with kidney disease.

Normahdi Mohd Nor[1]
Laura Lunardi[1], Sarah Tan[1] and Susan Crail[2]
[1] CNARTS
[2] Royal Adelaide Hospital

Accepted presentation type: Poster

Background: The high mortality of patients with end-stage kidney disease (ESKD) is well-recognised. However, international studies have demonstrated that advanced care directive (ACD) uptake is poor, and few patients discuss end-of-life wishes with their treating teams.

Aims: We examined ACD uptake among a high-risk population of renal patients.

Methods: We performed a medical audit utilising electronic medical records of renal patients who died in a large tertiary centre between 2019-2021. We collected data regarding demographics, comorbidities, dialysis, ACD completion, and events occurring during the terminal admission.

Results: 90 patients were identified. The age range was 28-93 years with a median age of 72; 62.2% of patients were male. 91.0% of patients resided at home prior to admission; 20% of patients were from regional areas. Most were established haemodialysis patients (n = 51, 56.7%). Comorbidities were common: 56.7% had at least 3-4 comorbidities in addition to renal disease. We identified that only 10% (n = 9) of patients had completed an ACD prior to admission. All patients with an ACD had over 3 comorbidities and were over 61 years old at time of death. Of note, 32% of patients were initiated on dialysis during their terminal admission.

Conclusion: ACD uptake remains poor among renal patients. ACDs provide patients with an opportunity to document their values and wishes and may avoid unwanted interventions towards the end of life. ACD uptake should be encouraged among this high-risk cohort, particularly for those with ESKD on dialysis.

42. INFERR-iron infusion in haemodialysis study: intravenous iron polymaltose for first nation patients with high ferritin levels on haemodialysis: for the INFERR study group

Sandawana Majoni[1]
Jane Nelson[2]**, Stephanie Long**[2]**, Jessica Graham**[2]**, Sajiv Cherian**[3] **and Alan Cass**[2]
[1] Royal Darwin Hospital
[2] Menzies School of Health Research
[3] Alice Springs Hospital

Accepted presentation type: Oral

Background: The effectiveness of erythropoiesis-stimulating agents, which are the main stay of managing anaemia of chronic kidney disease (CKD), is largely dependent on adequate body iron stores. Levels of serum ferritin concentration and transferrin saturation, two surrogate markers of iron stores, are used to guide iron replacement therapy. Most First Nation Australians of the Northern Territory with end-stage kidney disease (ESKD) have ferritin levels higher than current guideline recommendations for iron therapy. There is no clear evidence to guide safe and effective treatment with iron in these patients.

Aim: To assess the impact of intravenous iron treatment on all-cause death and hospitalisation with a principal diagnosis of all-cause infection in First Nations patients on haemodialysis with anaemia, high ferritin levels and low transferrin saturation.

Methods: Using a prospective open-label blinded endpoint randomised controlled trial design, we aim to enrol 576 participants on maintenance haemodialysis with high ferritin (> 700 µg/L and ≤ 2000 µg/L) and low transferrin saturation (< 40%), from renal units across the Northern Territory, to receive intravenous iron polymaltose 400 mg monthly (200 mg during 2 consecutive haemodialysis sessions) (Arm A) or no IV iron treatment (standard treatment) (Arm B). Rescue therapy will be administered when the ferritin levels fall below 700µg/L or when clinically indicated.

Conclusion: The INFERR clinical trial will address significant uncertainty regarding the lack of evidence about the safety and efficacy of iron therapy in First Nations Australians with ESKD, who have hyperferritinaemia and evidence of iron deficiency.

43. Hospitalisation and mortality outcomes of ambulatory haemodialysis patients with COVID-19 managed with Sotrovimab: a single centre audit

Shari Ziganay[1]
Edward Zimbudzi[2]
[1] Monash Health
[2] Renal Society of Australasia

Accepted presentation type: Oral

Background: Patients with end-stage kidney disease receiving haemodialysis are susceptible to Coronavirus (COVID-19) infection and are predisposed to severe complications because of their comorbidities and impaired immune response. Sotrovimab, a pan-sarbecovirus monoclonal antibody, has been used to reduce the risk for severe disease progression among high-risk patients with mild-to-moderate COVID-19.

Aims: To report on hospitalisation, length of stay and mortality outcomes of ambulatory haemodialysis patients who received Sotrovimab to manage COVID-19.

Methods: This was a retrospective cohort study of ambulatory haemodialysis patients infected with COVID-19 who received Sotrovimab from October 2021 to February 2022. Hospitalisation, length of stay and mortality data were collected from electronic records. Comorbidity was assessed by the Charlson Comorbidity Index (CCI). Data was analysed descriptively.

Results: Twenty six patients were eligible to have Sotrovimab and 24 consented to receive the medication. The mean age was 63.9 years among those who received Sotrovimab, 16 were male, and half of them had moderate CCI scores. Eight percent (n=2) were hospitalised within a week of receiving Sotrovimab and there were no other related admissions within 30 days. Reasons for hospitalisation were multiple falls within 24 hours of administration of Sotrovimab and hypertension post administration respectively. The average length of stay was five days and no mortality was observed.

Conclusion: Among our cohort of ambulatory haemodialysis patients who received Sotrovimab following COVID-19 infection, severe symptoms leading to hospitalisation and death were not observed.

44. Seeking informed consent from first nation dialysis patients in central Australia during a randomised control trial: for the INFERR study group

Jessica Graham[1]
Lynette Liddle[1], Rose Mukula[1], William Majoni[1], Mark Mayo[1], Bronte Bista[1], Libby Hoppo[1], Lani Hewett[1], Cherian Sajiv[1] and David Fernandes[1]
[1] Menzies School of Health Research

Accepted presentation type: Poster

Context: Researchers conducting the INFERR randomised control trial are required to obtain informed consent from participants using ethically approved consenting materials. There are clear guidance documents around the content of these consenting materials however there is a lack of literature describing tools and processes used to create effective and culturally safe consenting material for First Nation participants.

Objectives: To describe the First Nations INFERR Research Assistants' pivotal role when designing resources for seeking individual informed consent from First Nations Haemodialysis patients. To outline the INFERR study team approach when evaluating the INFERR consenting process with dialysis patients, INFERR First Nations Reference Group Members and key community stakeholders in Central Australia.

Key Messages: First Nations Research Assistants have worked with First Nations dialysis patients, the INFERR First Nations Reference Group and other researchers, to amend patient facing documents and how participants are recruited into the study. A continuous evaluation process has been integrated into the INFERR study through the formation of the INFERR First Nations Reference group and the adoption of the teach back method during participant recruitment.

Conclusion: Communication aids, developed in partnership with local community members, the INFERR First Nations Reference group and local First Nations researchers, can assist with overcoming cultural and language barriers. Through continuously evaluating the consent process using the teach back technique, we have ensured the INFERR study is being conducted in a culturally appropriate manner and meets local and national requirements for the ethical conduct of research.

45. Psychological burden of transplantation delays due to COVID-19: a case study

Chihyun Park[1]
Biyi He[1]
[1] Monash Health

Accepted presentation type: Poster

Context: Kidney transplantation during the Coronavirus pandemic (COVID-19) was difficult and challenging. Kidney transplantation was delayed or suspended globally due to increased risks of severe COVID-19 in kidney transplant recipients associated with immunosuppression and comorbidities.

This is a case of a 46-year-old female patient with chronic kidney disease who was on a one year journey of being worked up for a pre-emptive kidney transplant to the point where she required renal replacement therapy during the COVID-19 pandemic.

She experienced a lot of complications associated with dialysis access and her dialysis modality was continuously changed between peritoneal dialysis (PD) and haemodialysis (HD). Initially, PD was unsuccessful due to leakage and HD was complicated by Permcath thrombosis. Her existing complex gynaecological condition which required surgical intervention was delayed for 7 months due to the COVID-19 pandemic and an extensive thrombus which required at least 3 months of therapeutic anticoagulation prior to any surgery was putting the transplant on hold.

Objective: To explore the psychological impact of delayed surgical procedures on a patient with CKD and other complex medical conditions.

Key Messages: This patient's journey to kidney transplantation was extended due to COVID-19, resulting in commencement of dialysis with associated complications and a negative impact on quality of life. The psychological impact of such delays can be significant, warranting appropriate assessment and support for affected patients.

Conclusion: This patient exemplifies how multiple factors associated with COVID-19 caused delays in kidney transplantation, contributing to increased physical and psychological burden among potential kidney transplant recipients.

46. Prioritising First Nations voices in kidney research - the Top End medicinal iron research & study advisory group: for the INFERR study group

Stephanie Long[1]
Ingrid Clarke[1], **Mark Mayo**[1], **Sandawana William Majoni**[1], **Jane Nelson**[1], **Alan Cass**[1], **Libby Hoppo**[1] **and Darren Germaine**[1]
[1] Menzies School of Health Research

Accepted presentation type: Oral

Context: Prioritising First Nations voice in kidney health is a fundamental aim of the INFERR Clinical trial. The INFERR study investigators are working with First Nations kidney patients through the formation of the Top End Medicinal Iron Research & Study Advisory Group. The purpose of the advisory group is to provide advice regarding culturally safe conduct of the INFERR research project and to advocate regarding social, cultural and health issues important for dialysis patients across the Top End. The advisory groups input is critical for each phase of the study from recruitment until publication of results.

Objectives: To disseminate learnings regarding the development of an inclusive and effective advisory group for clinical trials organsied by and consisting of First Nations people, and to present the key outcomes and achievements of the advisory group.

Key Messages: The development of the advisory group is dependent on the relationships between the INFERR study researchers and group members. The INFERR study's genuine support for this group, willingness to listen to and address their concerns, has seen in return true investment from members in which key goals for both parties have been achieved.

Conclusion: The advisory group members have ensured renal patients' standpoints are at the forefront of the INFERR study. The group have helped construct INFERR educational tools enabling better communication between dialysis patients and study researchers. The group have also given voice to key concerns of dialysis patients within their clinics for study doctors to advocate for changes in service delivery.

48. Vascular access – endovascular AVF (WavelinQ)- is this the future of renal access?

Amanda Luke[1]
[1] Flinders Medical Centre

Accepted presentation type: Oral

Context: AV fistulas have been created surgically for almost 60 years without many changes or innovations in this area. Endovascular AVF creation is used widely internationally but has not yet been used in Australia- until now. BD WavelinQ EndoAVF System is a non-surgical, less invasive way of AVF creation offering multiple options for access, creation, and cannulation, while also preserving future surgical AVF creation site options.

Objectives: This presentation outlines the differences and potential benefits of Endovascular AVF creation including case study data of the first WavelinQ case performed in the Southern Hemisphere.

Key messages: Endovascular AVF creation offers many benefits to patients including no surgical scars or wound healing, reduced infection risk, and may offer higher patency and lower re-intervention rates. Endovascular AVF can also be used when there are smaller vessels which may not be suitable for surgical AVF creation.

Conclusion: Endovascular AVF creation could be a game changer in the way we create vascular access for the dialysis population. AVF's created this way provide more cannulation options and potentially lower re-intervention rates providing a longer lasting AVF which can only be beneficial to this high-risk patient population.

49. A model of a renal research unit embedded into a renal department: one unit's experience

Helen Clayton[1]
Suh Wong[1] **and Amanda Siriwardana**[1]
[1] Royal North Shore Hospital

Accepted presentation type: Poster

Context: As the prevalence and burden of chronic kidney disease grows globally the profile of renal research has grown, with interest from focus and collaborative groups including Kidney Health Australia, The Red Cross and Pharmaceutical Groups.

The experience of a Renal Research Unit within a Sydney tertiary hospital over the past 5 years has been of support, large-scale expansion and investment into varied research to inform practice and improve patient outcomes. Furthermore, the Unit has grown to three full-time registered nurses and a Nephrologist as Clinical Research Lead.

The Renal Research Unit not only conducts trials and research (both pharmaceutical and collaborative), but also supports and facilitates the conduct and governance of research within sub-specialities of the Renal Department. These sub-specialties include vascular access, supportive care, haemodialysis, peritoneal dialysis and transplantation, and as such, the department's research portfolio is diverse.

Objectives: To provide an overview of how the Renal Research Unit at a Sydney tertiary hospital has developed to provide expert guidance and research conduct within our Department of Renal Medicine, with a particular focus on sub-speciality research coordination.

Key Messages: The Department of Renal Medicine is invested in supporting research to develop clinical knowledge, inform practice, improve patient outcomes and experiences, and broaden treatment options.

Conclusion: The Department of Renal Medicine at a Sydney tertiary hospital makes a significant contribution to renal research, future practice and our understanding of kidney disease, through a coordinated model of central research oversight from the Renal Research Unit and diverse renal sub-speciality involvement.

50. Do remote dialysis services really cost more? an economic analysis of hospital and dialysis modality costs associated with dialysis services in urban, rural and remote settings.

Gillian Gorham[1]
Kirsten Howard[2], **Joan Cunningham**[1], **Federica Barzi**[3], **Paul Lawton**[4] **and Alan Cass**[5]
[1] Menzies School of Health Research, Charles Darwin University
[2] Menzies Centre for Health Policy and Economics The University of Sydney
[3] UQ Poche Centre for Indigenous Health The University of Queensland
[4] Alfred Health and Monash University
[5] Menzies School of Health Research

Accepted presentation type: Oral

Background: The Northern Territory (NT) has the highest rates of kidney disease in Australia, with the burden heaviest in remote areas. The high cost of delivering dialysis services in remote areas has resulted in service centralisation and relocation of many people, with patients arguing, poorer health outcomes. Dialysis cost studies have not compared total health care costs associated with treatment in different locations.

Objective: To estimate and compare, from a payer perspective, the observed health service costs (all cause hospital admissions, emergency department presentations and maintenance dialysis) of dialysis models in urban, rural and remote locations.

Methods: Using diagnostic code cost weights in hospital data sets (2008-2014), we calculated the mean total annual health service costs by dialysis model for 995 patients. Generalized linear modeling with bootstrapping tested the marginal cost differences between explanatory variables to estimate 'low casemix /high casemix' cost scenarios.

Results: The mean annual patient hospital expenditure was highest for urban models at $97 928 (SD $21 261) and lowest for remote at $19 584 (SD $4 394). The incremental cost increase of dialysing in an urban area, compared with a rural area, for a relocated person was $5 648 more and increased to $10 785 and $15 118 for remote and very remote areas respectively.

Conclusion: When all health service costs are considered, the comparative cost differences between urban and remote models are significantly reduced. This study emphasises the importance of considering all health service costs and cost consequences of dialysis models to effectively inform policy.

51. Dialysis attendance patterns and health care utilisation of First Nation patients attending dialysis services in urban, rural and remote locations.

Gillian Gorham[1]
Kirsten Howard[2], **Joan Cunningham**[1], **AM Shamsir Ahmed**[3], **Federica Barzi**[4], **Paul Lawton**[5] **and Alan Cass**[6]
[1] Menzies School of Health Research, Charles Darwin University
[2] Menzies Centre for Health Policy and Economics The University of Sydney
[3] Primary Health Tasmania (Tasmania PHN)
[4] UQ Poche Centre for Indigenous Health The University of Queensland
[5] Alfred Health and Monash University
[6] Menzies School of Health Research

Accepted presentation type: Oral

Background: First Nation Territorians suffer the heaviest burden of kidney failure in Australia with most living in remote areas at time of dialysis commencement. With limited dialysis services in remote areas, many must permanently relocate, to access treatment. Missing dialysis treatments is not uncommon but the relationship between location of dialysis service and dialysis attendance has not been explored to date.

Aim: To examine the relationships between location of dialysis service, dialysis attendance patterns, hospital admissions and emergency department presentations.

Methods: Linked hospital and dialysis registry data was analysed using multivariate linear regression and negative binomial regression analyses for 896 First Nation dialysis patients in the NT between 2008-2014.

Results: Missing two or more dialysis treatments per month was more likely for First Nation patients attending urban services and this was associated with a two-fold increase in the rate of hospital admissions and more than three-fold increase in ED presentations. When adjusted for age, time on dialysis, region, comorbidities and residence pre-treatment, patients from remote areas dialysing in remote areas, had lower rates of hospitalisations (IRR 0.56; $P<0.001$) when compared to those who relocated and dialysed in urban areas.

Conclusion: There is a clear relationship between the location of dialysis services and subsequent health service utilisation. Our study suggests that low dialysis attendance associated with relocation and care in urban centres can potentially be ameliorated by access to rural and remote services. A rethinking of service delivery policy is warranted if providers are to deliver effective and equitable services.

52. Perspectives on a proposed patient navigator program for people with chronic kidney disease in rural communities: report from national workshops

Nicole Scholes-Robertson[1]
Martin Howell[1], **Simon Carter**[1], **Andrea Viecelli**[2], **Eric AU**[1], **Chanel Chong**[1], **Andrea Matus-Gonzalez**[1], **Anita van Zwieten**[1], **Donna Reidlinger**[2] **and Allison Tong**[1]
[1] The University of Sydney
[2] The University of Queensland

Accepted presentation type: Oral

Background: People who live in rural areas have reduced access to appropriate and timely healthcare, leading to poorer health outcomes than their metropolitan-based counterparts.

Aim: To ascertain participants' perspectives on barriers to access to dialysis and transplantation, identify and prioritize the roles of a rural patient navigator, the acceptability and feasibility of implementing this role and identify possible outcomes that could be used to measure the success of the program in a clinical trial.

Method: Rural patients (*n*=19), their caregivers (*n*=5) and health professionals (*n*=18) from Australia participated in three workshops. We analysed the data using thematic analysis.

Results: We identified four themes related to access to dialysis and transplantation: overwhelmed by separate and disconnected health systems, unprepared for emotional toll and isolation, lack of practical support and inability to develop trust and rapport. Four themes related to the role of the patient navigator program: valuing lived experience, offering cultural expertise, requiring a conduit, and flexibility of the job description. The key roles prioritized by participants were psychological support and networking, provision/consolidation of education, and provision of practical support.

Conclusion: These workshops have provided clear guidance from rural patients, caregivers and health professionals regarding the important roles and attributes of a rural patient navigator to assist in the reduction of health disparities experienced by rural patients with chronic kidney disease in a culturally safe and coordinated manner.

53. The symptom monitoring with feedback trial (SWIFT) pilot study: nurse champions promoting patient voices in kidney care

Paul Bennett[1]
Rachael Morton on behalf of the SWIFT Investigator Team[2]
[1] University of South Australia
[2] University of Sydney

Accepted presentation type: Oral

Background: People receiving haemodialysis often experience symptoms of fatigue, pain, nausea, itching, sleeping problems and depression that contribute to poor quality of life. Evidence that monitoring and acting on symptoms can improve quality of life is currently lacking.

Aim: To measure the feasibility and acceptability of the ANZDATA-Registry SWIFT intervention: tablet-based electronic patient reported outcome measures (e-PROMs) monitoring using the Integrated Palliative Outcome Scale-Renal (IPOS-Renal) symptom tool with electronic feedback to clinicians.

Methods: This pilot study was co-designed with consumers and conducted in four haemodialysis units in Australia. e-PROMs consisted of the EuroQOL 5 dimensions 5 levels (EQ-5D-5L) and/or the IPOS-Renal. Units were cluster randomised to either the intervention arm (3-month symptom monitoring [IPOS-Renal] and 6-month quality of life monitoring [EQ-5D-5L] with feedback to the treating nephrologist and nurse manager every 3 months) or the control arm (6-month quality of life monitoring [EQ-5D-5L] only). Feasibility was assessed by survey response rate, completion time and through qualitative interviews with people on dialysis and clinicians.

Results: 226 participants, mean age 62 years, 31% females. Response rate at 6 months was 70%. Median questionnaire completion time was 4 minutes (3.0, 5.6) for the EQ-5D-5L, and 11 minutes (8.0, 14.3) for the EQ-5D-5L plus IPOS-Renal. Qualitative interviews highlighted the importance of the SWIFT nurse champions to promote the completion of e-PROMs.

Conclusions: Electronic symptom monitoring in haemodialysis with feedback to clinicians is feasible. Nurses were critical to the collection and feedback of e-PROMs in the journey to promoting the patient voice.

54. Closing the information gap to provide effective renal care

Paul Kamler[1]
Bhavya Balasubramanya[2]**, Sophie Pascoe**[2]**, Mohammad Radwanur Talukder**[2]**, Alan Cass**[2]**,**
Asanga Abeyaratne[1] **and Gillian Gorham**[3]
[1] NT Department of Health
[2] Menzies School of Health Research
[3] Menzies School of Health Research, Charles Darwin University

Accepted presentation type: Oral

Context: Healthcare in the Northern Territory (NT) is complicated by remoteness and transient and dispersed populations. The delivery of healthcare is administered by both government and non-government services, which rely on disconnected information systems. Information gaps limit the effective management of renal patients who may access multiple health services across the NT.

Objectives: The development and implementation of the Territory Kidney Care (TKC) clinical support tool intends to bridge the information gap by collating patient summaries using the missing pieces of critical health data from participating health services. This initiative seeks to improve the management and care coordination of patients at risk of, or diagnosed with, CKD and to slow the progression to RRT by synthesising information into a single patient record.

Key messages: The collaboration of health services is integral to the successful implementation of TKC and the “two-way” sharing of related data. Since implementation began in 2019, we have established data participation agreements with nine ACCHS and, as of March 2022, there are 352 users of TKC. On average, TKC sends 50 patient summary reports per month, as well as health service reports every six months providing CQI data identifying the proportion of missing CKD diagnosis, proportion missing regular/annual screening for BP and HbA1c.

Conclusion: TKC provides an opportunity to bridge the information gap through strong partnerships and two-way data sharing, thereby supporting clinicians to provide the best standards of safe and coordinated clinical care for CKD.

55. Beyond clinical decision support – improving the quality and completeness of patient information using an integrated health information system in the Northern Territory of Australia

Bhavya Balasubramanya[1]
Gillian Gorham[2]**, Paul Kamler**[3]**, Mohammad Radwanur Talukder**[1]**, Patrick Coffey**[1]**, Winnie Chen**[1]**, Sophie Pascoe**[1]**, Asanga Abeyaratne**[4] **and Alan Cass**[1]
[1] Menzies School of Health Research
[2] Menzies School of Health Research, Charles Darwin University
[3] NT Health
[4] NT Department of Health

Accepted presentation type: Oral

Background: In the Northern Territory, integrated healthcare is challenged by a highly mobile population, siloed health services and lack of a unique identifier. Territory Kidney Care (TKC) is a digital clinical decision support tool that was developed to close this information gap. As patients often have multiple unconnected health records, data linkage is central to the functionality of TKC.

Aims: To validate the automatic linkage protocol in TKC, identify false negatives and co-design feedback mechanisms to improve the quality and completeness of patient information.

Methods: We examined audit reports to identify potential false negatives where patient records remain unlinked due to mismatch in name, date of birth (DoB), or health record number (HRN). This was checked by searching for corroborating information in source systems (corrected HRN or DoB) and establishing a feedback mechanism with health services.

Results: Of the 72159 TKC patients, 38096 (52.8%) had records from multiple systems consisting of 14,703 (20.4%), 18,104 (25.1%) and 5,289 (7.3%) from 2, 3 and ≥4 health systems respectively. 750 (2.0%) patients had multiple unlinked records requiring investigation. We co-designed an efficient and secure process to communicate demographic advice between services with 429 patients subsequently linked, 6 records adjudged never to be linked,144 patient records updated with a universal identifier and 174 awaiting additional information.

Conclusion: The TKC data linkage protocol improves the quality and completeness of patient information by enabling almost all available data to be linked, which generates a more comprehensive picture of the patient journey to inform clinical decision making.

56. Clinical pathway to ensure success urgent-start peritoneal dialysis in hospital

Liqiang Zeng[1]
Christie McKellar[1]
[1] Monash Health

Accepted presentation type: Poster

Context: Thirty five new patients started Peritoneal Dialysis (PD) in the Home Dialysis Unit of Monash Health in 2021. About 2% (n= 5) of new PD patients required urgent-start peritoneal dialysis (USPD). Although USPD is a safe and cost-effective option for unplanned dialysis initiation in patients with late-presenting ESKD, there is still associated risk of PD leakage, infection and failure ultrafiltration.

Objective: Our objective is to evaluate the peritoneal dialysis clinical pathway to manage patients requiring USPD in hospital ensuring patients have a successful and safe USPD that minimizes risks, and prolonged hospital stay and transition to PD training in out-patient setting.

Key Message: The peritoneal dialysis clinical pathway for USPD will be used to decrease and manage risks which include: 1) patient selection and education, 2) tummy marking for PD catheter placement, 3) dressing care of post Catheter insertion 4) Peritoneal Dialysis Leak Regimen and 5) PD infection, PD leakage and UF failure management flow chart.

Some barriers to USPD include fragmentation of care, nursing miscommunication and knowledge deficit. Utilizing a clinical pathway would minimize miscommunication and promote education of ward nursing staff on all aspects of USPD.

Conclusion: 5 patients have successfully transitioned from USPD in hospital to peritoneal dialysis training in our outpatient setting in 2021. We foresee that the USPD clinical pathway is able to ensure that patients receive successful USPD at the hospital.

57. Dialysis disequilibrium syndrome in end stage kidney disease: a case study

Louise Louise Patel[1]
[1] Royal North Shore Hospital

Accepted presentation type: Poster

Context: Dialysis Disequilibrium Syndrome (DDS) is a condition affecting the central nervous system associated with haemodialysis (HD). It comprises a set of neurological symptoms thought to stem from cerebral oedema from osmotic shifts in the brain due to rapid solute clearance during treatment. Incidence is low but it is possibly not as widely reported as research suggests. In the haemodialysis unit the new starter is recognised as particularly vulnerable to DDS, with clinical protocols guiding the initiation of treatment. It is less recognised in the established chronic haemodialysis patient.

Objectives: This case study reviews a complex 22-year-old patient on haemodialysis. Four months after transitioning onto HD he experienced ongoing severe dialysis associated headaches, hypertension and finally, a seizure. DDS was eventually proposed and management included individualisation of his dialysis prescription including sodium matching, higher glucose dialysate and tight blood pressure control.

Key Messages: DDS can occur in patients established on regular haemodialysis. Treatment is multifaceted but should remain patient-centred.

Conclusion: This case study aims to highlight that DDS can unexpectedly impact established HD patients and explores management strategies whilst emphasising the importance of holistic patient-centred care.

58. Patient teaching aid for automated peritoneal dialysis

Sarah Malone[1]
Michael Garrett[1], Angela Folpp[1], Jumar Villena[1] and Jennie Moore[1]
[1] Bendigo Health

Requested Presentation Type: Oral or Poster

Context: This regional home dialysis service provides care to around 40-45 patients on peritoneal dialysis who are located over a large geographical area. About 85% of the patients we support choose to dialyse overnight on Automated Peritoneal Dialysis (APD). A quality improvement project was initiated when the company supplying our APD machines introduced a new version of the machine. While the machine upgrade had some real benefits for patients, the main being modem connectivity, they unfortunately did not come with a usable patient instruction guide.

Objectives: To create a patient teaching aid to promote safe practice by patients in the home.

Key Message To achieve this we reviewed all documents associated with the new machine as well as previous versions, breaking the process down into key steps. The steps were then photographed for use as visual cues. Once a draft was prepared the document was trialled with a number of patients who were encouraged to provide as much feedback as possible. Finally critique was sought from both nursing staff and students with feedback and responses from all parties collated, and included where appropriate in the final version.

Ongoing feedback from patients has continued to inform the development of this guide- which is now up to version 3.

Conclusion: By partnering with consumers, our service has developed a user friendly APD guide that both patients and staff find extremely valuable.

59. Survival and analysis of risk factors of mortality among adult Filipino patients with polycystic kidney disease on renal replacement therapy: a single centre, retrospective cohort study

Vincent Nino Apelin[1]
[1] National Kidney and Transplant Institute

Accepted presentation type: Poster

Background: There is paucity of data with regards to risk factors of mortality among Filipino Polycystic Kidney Disease patients initiated on renal replacement therapy (RRT),

Aim: To determine the risk factors of death among patients with Adult Polycystic Kidney Disease on RRT

Methods: A retrospective cohort of polycystic kidney disease patients from 2010 to 2018 was reviewed to determine risk factors for early and overall mortality.

Results Included in the study were 138 PKD patients initiated on RRT. The most frequent renal manifestation is proteinuria while polycystic liver disease is the most common extrarenal manifestation. There were 32 recorded deaths, with 59% due to infection. Cumulative incidence of mortality was 45% after 5 years. Multivariate analysis showed intracranial aneurysm as a strong independent risk factor of mortality. Proteinuria as a renal manifestation is associated with less hazard for mortality. Patients with concomitant polycystic liver disease are twice as likely to die (aHR2.593, 95% CI 1.08-6.22, p = 0.033). Higher albumin levels are associated with decreased risk for mortality (aHR 0.558, 95% CI 0.36-0.85).

Conclusion: Death occurred in 20% of PKD patients initiated on RRT with more than half of patients died due to infection. The cumulative incidence of mortality is 48% at 5 years. Intracranial aneurysm is a strong independent predictor of overall mortality and early mortality. Proteinuria is associated with less hazard for mortality. Patients with concomitant polycystic liver disease are twice as likely to die while higher albumin levels are associated with decreased hazard for mortality.

60. Implementing a renal supportive care multidisciplinary meeting

Jenny Beavis[1]
Adam Steinberg[1]
[1] Royal Melbourne Hospital

Accepted presentation type: Oral

Context: Multidisciplinary care (MDC) is considered best practice in the treatment planning and care for patients with chronic disease. MDC is an integrated team approach to health care in which medical and allied health professionals consider all relevant treatment options and collaboratively develop an individual treatment and care plan for each patient. Mortality is higher in patients with chronic kidney disease (CKD) than in the general population. Co-morbidities, treatment burden, increasing age and frailty all affect quality of life.

In 2020, we implemented a renal supportive care multidisciplinary meeting (RSC MDM) to identify patients with complex care needs; to improve patient care and coordination; and to transition patients better from dialysis to end-of-life care.

Objectives: To report on the implementation and outcomes of monthly RSC MDM reviews within a nephrology service.

Key messages: Introduction of a new service-wide RSC MDM requires planning and open communication between all staff. The RSC MDM also serves as an important way to support each other within the service as we care for our complex patients.

Monthly meetings have resulted in a forum to discuss complex nephrology patients including:

- Symptom management and quality of life
- Psychosocial issues and support
- Assistance with advance care planning
- Increasing frailty with changing functional capacity
- Recurrent hospital presentations

Conclusion: The introduction of the RSC MDM has been an extremely positive experience. It requires ongoing collaboration and dissemination of information to all staff working across the nephrology service and has improved communication and teamwork in helping to improve overall patient outcomes.

61. Collaborative approach to introduce routine cognitive assessment and referral for cognitively impaired patients in south east Australian renal network

Mary Bodilsen[1]
Janelle Rae[1]**, Maxwell Sachikonye**[2]**, Julie Green**[2]**, Joyce Thanabal**[1]**, Linda McCorriston**[3]**, Koushik Gowda**[3] **and Girish Talaulikar**[1]
[1] Canberra Health Services
[2] Baxter Healthcare
[3] NSW Health

Accepted presentation type: Poster

Context: Patients over 65 years of age are the highest growth demographic in the dialysis population. Dialysis is a known risk for faster progression of dementia in these patients. Using a collaborative approach (including HD staff, renal clinicians, and a geriatrician) we formalised the process of cognitive assessment and referral across ACT and SNSW.

Objectives: Greater than 90% of at-risk patients will be screened annually. The Nurse Unit Manager and Nephrologist will be notified when patient's Abbreviated Mental Test Score (AMTS) is 7 or less. HD staff will generate a referral letter to a Geriatrician and the patient will be offered a bulk billed appointment within 30 days.

Key messages: A cognitive assessment pathway was developed to facilitate screening at HD units. It was implemented by educating staff, auditing rates of screening and referral, incorporating feedback and developing training materials. The pathway was adapted when some patients refused referral. The process was streamlined by embedding the screening tool, referral letter and a prompt to check Enduring Power of Attorney (EPOA) and Advance Care Planning (ACP) status in the Renal Electronic Medical Record (EMR).

Conclusion: Early recognition of cognitive decline in a regional tertiary care renal network benefits ESKD patients. Affordable and timely access to a Geriatrician can be achieved with a standardised cognitive screening and collaborative referral process.

62. Water conservation for dialysis in remote aboriginal communities

Michael Smith[1]
Mio Kuhnen[2]
[1] Western Desert Dialysis (Purple House)
[2] Department of Agriculture, Water, and the Environment

Accepted presentation type: Oral

As the changing climate puts increasing pressure on Central Australian aquifers, some remote Aboriginal communities have put restrictions on the building of new, water-intensive dialysis projects. While some dialysis units have made efforts towards conservation, most projects focus on re-using dialysis waste-water for garden irrigation, while other projects require collecting and carting of waste water to another location. It seems to be difficult to find a practical waste-water re-use strategy that is both co-located with a dialysis site and successful in offsetting an existing water use.

We demonstrate here a novel water conservation method for small-scale, remote Aboriginal dialysis units, where 100% of the spent reverse-osmosis (RO) brine is reclaimed, reducing the total water consumption by 50%. The design concentrates the brine using a high-pressure brackish-water-reverse-osmosis (BWRO) membrane set. The concentrated brine can then be reprocessed for further dialysis treatment or used for any other suitable purpose, including irrigation and greywater uses.

Our prototype water-treatment system produces output sufficient to run a two-chair remote dialysis unit. The design could be expanded to operate remote four-chair units or retro-fitted to existing units.

We hope that by incorporating this design into the architecture of new builds, dialysis services may be enabled in remote communities where water security risk is at a high level.

63. Do self-management education improve phosphate control in adult haemodialysis patients: a scoping review

Kalaiselvi Ganesh[1]
Edward Zimbudzi[2]
[1] Monash Health
[2] Renal Society of Australasia

Accepted presentation type: Poster

Background: Hyperphosphatemia is associated with hyperparathyroidism, renal osteodystrophy, cardiovascular disease, low FGF-23 levels and mortality among patients with ESKD. Hyperphosphatemia may be indicative of poor nutritional and pharmaceutical adherence to recommended therapy. Due to this, self-malmanagement educational interventions may play a vital role in achieving optimal phosphate control among patients on dialysis.

Objectives: This scoping review aims to synthesise evidence on the impact of self-management education interventions on phosphate control among adult patients on dialysis.

Method: Six electronic databases (PubMed, Ovid Emcare, Ovid MEDLINE, ProQuest, CINAHL Plus, and the Cochrane library) were searched for eligible publications using a pre-defined search strategy. The articles' titles and abstracts were examined first, followed by the full texts. Two reviewers independently assessed whether articles fulfilled the study's inclusion criteria.

Results: The effect of self-management education on the management of hyperphosphatemia among dialysis patients was evaluated by seven randomised controlled clinical trials. The studies were published in English between January 2012 and December 2021. The interventions included a range of patient education strategies and approaches on phosphate management. Five studies demonstrated a statistically significant improvement in phosphate control, whilst two trials revealed a non-significant trend towards a decrease in phosphorus levels.

Conclusion: This review demonstrates the breadth and complexity of educational techniques that have been tested to address hyperphosphatemia in dialysis patients. Over a ten-year period, only seven RCTs of multi-component educational interventions involving dialysis populations were found, indicating a paucity of published research on dialysis patients' relatively complex phosphate management.

65. Wiyarrinyi ngurrangka/dying on country: working together for a good, safe death at home.

Megan Neil[1]
[1] Purple House (Western Desert Nganampa Walytja Palyantjaku Tjutaku Aboriginal Corporation)

Accepted presentation type: Oral

Indigenous Australians are underrepresented in palliative care services, especially those living in remote areas. Limited access to palliative care resources often obstruct patients' preferences to die on Country. For haemodialysis patients approaching the end of life, options are even further diminished, considering the short time frame between withdrawal from dialysis and death. Such barriers result in a reliance on the acute care sector for providing end of life care. While this can ensure a 'safer' death in hospital, it can come at great expense to the patient's spiritual and cultural wellbeing. Dying on Country is so important to some, they opt to pass away without adequate palliative support, leading to a potentially painful, traumatic experience for both the patient and their family.

This presentation will report on a case study where through a collaborative effort between dialysis, palliative, primary health and aged care services, we were able to successfully facilitate a haemodialysis patient's wish to die on Country, some 800km west of Alice Springs.

Patients from remote communities should not have to choose between dying in hospital on the wrong Country and dying at home without adequate palliative support. This case study reveals that it is possible to achieve a good, safe death on Country, even for dialysis patients.

There is a need to improve health equity for remote Indigenous Australians who are coming to the end of their lives. This can be achieved through the development of more appropriate palliative care models that involve strong connections with remote communities.

66. Surfing the omicron wave: managing a health services' covid-19 positive haemodialysis patients during January and February 2022.

Ellen Ginnivan[1]
[1] Cairns and Hinterland Hospital and Health Service

Accepted presentation type: Poster

Context: COVID-19 has challenged the resources of every health service on the globe. Managing a vulnerable patient group, still requiring maintenance therapy through their infectious and isolation periods, put additional stress on health care systems. Through January and February 2022, the experience of one health service's coordination of care was examined.

Objectives: To examine the logistics and systems put in place to manage haemodialysis treatments during the Omicron surge of COVID-19 infections. These techniques were actioned by the dialysis team. The strategies implemented included mandatory screening of patients, daily manager conferences, logistics coordination, staffing mobility, and comprehensive database management. COVID-19 patients were identified and isolated from their usual dialysis location.

Key messages: A quarter of our patient population became infected with COVID-19 in this period, spread across 10 dialysis units. Their isolation periods varied, with many requiring only a week, and others, longer. These patients were managed within the incentre dialysis unit at our acute hospital. Positive patients were often placed in cohort, to ease the burden of staffing shortages.

Conclusion: The measures put in place were to reduce risk of in-centre outbreaks. Our data demonstrates we were able to avoid a major dialysis centre-based outbreak amongst our vulnerable population. Clear communication between dialysis units, allowed relocation management of available resources, through challenging workload demands.

67. Managing workflow and patient care during COVID-19 Delta pandemic: one rural unit's experience

Kathryn Anderson[1]
Melanie Laird[1]**, Lisa Phipps**[1] **and Karen Fogo**[1]
[1] NSW Health

Accepted presentation type: Poster

Context: Provision of dialysis in rural areas is challenging due to limited supply of specialist nurses, and geographical isolation. COVID-19 created an additional challenge. During our Delta outbreak 6.6 FTE of our 7.0 FTE haemodialysis floor staff required leave.

Objectives: To report on the successful management of a staffing crisis and secondary workforce activation when treating COVID-19 Delta patients. To share knowledge gained to provide recommendations for future practice. To discuss secondary workforce utilisation in initial crisis and returning staff management.

Key messages: Specialised workforces in rural areas are limited thus creating an additional burden on staffing. Ensuring staff health and wellbeing is vital. After identification of 2 positive patients in one unit we successfully prevented any further infections by managing staff flow and limiting interactions with other renal outpatients. Non-essential care was excluded. Secondary workforce were mobilised. A sector wide plan was implemented to manage COVID infected patients, in the context of limited isolation facilities in some units.

Conclusion: The COVID-19 pandemic requires rapid adaptations in the delivery of healthcare. Respiratory pandemic based care in renal units should be implemented based on current infection control practices to ensure patient and staff safety. District wide planning and design of units is important for future considerations. Following these principles we provided safe and effective haemodialysis, despite staff shortages without any further in-unit transmission of COVID.

68. Tracks to transplant: utilising peer to peer yarning to encourage progress towards kidney transplantation

Bronwyn Hayes[1]
[1] Cairns Hospital

Accepted presentation type: Poster

Lower transplant uptake among Aboriginal and Torres Strait Islander people has many causative factors, including lack of communication and education regarding kidney transplantation.

Aims: Through patient-to-patient yarning, the processes of kidney transplantation are explained in language understandable to the listener to improve knowledge levels and reduce fears patients may have regarding transplantation.

Methods: Four Aboriginal and/or Torres Strait Islander patient mentors were identified who had experience in the transplant workup process or had received a kidney transplant. Patients on dialysis who were identified as possibly suitable for transplant but had shown reluctance to proceed were then connected via invitation with mentors. The mentors then spent time with the dialysis patients to yarn about their experiences and share knowledge.

Results: The mentors reported back to the project lead that patients were most concerned about the amount of medication and how to manage medications post-transplant. Another area of concern raised was the need to move to a capital city for transplant, what that was like and the costs involved. The dialysis patients appreciated meeting patients who had successfully been through the transplantation process. As a result of the project, more patients have proceeded to the working up phase of renal transplantation and referral for transplantation.

Conclusions: Through face-to-face yarning and phone follow-up, the mentors have identified areas of patient concern regarding transplant. The dialysis patients have gained increased knowledge and motivation to proceed with transplant, with some going on to be referred for transplant.

69. From an Irish nurse to an Australian nurse practitioner-one nurses' journey

Donia George[1]
[1] Shoalhaven Hospital

Accepted presentation type: Poster

Context: A Nurse Practitioner is a registered nurse experienced in their clinical specialty, educated at master's level, endorsed by the Nurses and Midwifery board of Australia (NMBA), to provide advanced clinical care. After attaining their Masters in Nursing, nurses in Australia have to undergo a rigorous process to gain endorsement to work as a nurse practitioner.

Objectives: To report on the pathway followed and the obstacles encountered by an Irish nurse, who completed her Masters in Advanced Practice in Ireland, and then migrated to Australia and went on to attain endorsement as an Australian nurse practitioner. In spite of a great need for nurse practitioners in Australia, the process to attain endorsement can be a difficult task and often requires patience and perseverance. The nurse practitioner candidates in Australian universities get guidance on the application process for endorsement, whereas there isn't much guidance available to nurses qualified in other countries regarding the process of endorsement.

Key messages: It can be a very stressful task for nurses who obtain their master's degree abroad, to become endorsed as nurse practitioners in Australia. The NMBA has laid down guidelines to be followed with different pathways to be followed by nurse practitioner candidates qualified from non-Australian universities, however at times these guidelines are not enough.

Conclusion: Nurses qualified abroad need further guidance to attain endorsement as nurse practitioners in Australia. This can go a long way in improving patient care as the number of nurse practitioners increases and health care becomes more accessible.

71. Journey back to dialysis from transplant

Fiona Donnelly[1]
Sadia Jahan[1]**, Susan Crail**[1] **and Jarrod Hopkins**[1]
[1] Royal Adelaide Hospital

Accepted presentation type: Oral

Aims: Kidney transplants do not last forever for many patients and the right time to start discussing dialysis is unclear and not widely researched. This leads to heightened anxiety and poor timing for access creation and planning. What complicates matter is that the journey is not always consistent with patients on a chronic kidney disease pathway. This study aims to highlight characteristics of such patients to help improve their journey.

Methods: Single centre cohort study with retrospective review of patients who have transitioned from transplant to dialysis in the last 5 years.

Results: Between 2015 and 2020, 67 patients transitioned from transplant to dialysis. The number with pre-existing access and requiring new access were similar. 35/67 patients (52%) had AV fistula and 30/67 (45%) required insertion of tunnelled line. The remaining 2 patients had an immature fistula (therefore required a new line) and another had a pre-existing line.

Outpatient transition from transplant were due to decline in renal function or fluid overload. This contrasts with inpatient starts from sepsis or GI bleed.

Conclusion: The journey from having a functioning kidney transplant to requiring dialysis is often a difficult experience for the patient with associated loss of independence and freedom to travel. The sense of loss could be better managed if we understood reasons for transitioning back to dialysis. We can better plan dialysis for patients with slow deteriorating function so that they are started as an outpatient, with optimal understanding of their journey.

72. Improving the patient experience of transplantation health literacy

Cathryn Franklin[1]
[1] Port Augusta Hospital

Accepted presentation type: Oral

Aim: To improve Health literacy and access to education programs with a focus on transplantation work up process for Aboriginal and Torres Strait Islander clients.

Method: Providing regular meetings on a variety of topics with an emphasis on transplant work up process and living healthy pre and post transplantation. Informal group “yarning sessions” combined with activities provided the culturally safe space to deliver information and appeal to the target group. A “My track to transplant” card was developed for patients to follow their own journey. Patient Navigators provided the cultural conduit and the lived experience to guide the clinical explanation of the topics.

Results: Attendance rates to meetings were good and increased over time. Engagement at the sessions in comparison to delivery during a dialysis session was noted by allied health staff as far improved. Patients asked questions openly and fed back how they had put information into practice. The regular “meetings” provided networks between patients, Navigators and Nurses. The activities were popular and become an avenue to share culture between patients, Nurses and Navigators. Painting and campfire cooking were among the most popular.

Conclusion: The “On Track to Transplant” Project aimed to improve health literacy, equity, and access to transplantation. Evaluation methods of the health literacy did not enable good measures, however transplant work up rates have increased, patient attendance to work up review has improved. Meetings appear to provoke conversations and improve morale in the dialysis unit and evoke a hunger for social activities and learning.

73. Nurse perspective on education program on needle fear in haemodialysis patient

Fiona Donnelly[1]
Gorjana Radisic[1], Richard Le Leu[1], Kathy Hill[2], Anna Chur-Hansen[3], Kathryn Collins[1], Anne Burke[1], Luke Macauley[3], Stephen McDonald[1] and Shilpa Jesudason[1]
[1] Royal Adelaide Hospital
[2] University of South Australia
[3] University of Adelaide

Accepted presentation type: Oral

Needle fear is a common burden for patients receiving haemodialysis (HD). Nurses play a valuable role in this complex context of care. The absence of programs or guidelines on how to work with dialysis patients who experience needle fear poses a challenge for nurses who are often left to deal with this issue on their own. An education program was developed that consisted of 2 online modules that was mandatory for all nurses (n=137) involved in the cannulation of dialysis patients at four metropolitan sites in South Australia.

A pre-post survey-based assessment measured changes in 120 (97%) nurses' self-perceived confidence regarding their ability to recognise needle fear in dialysis patients and offer support to these patients is included in the analysis

Some key results included improvements in: nurses' confidence in their ability to discuss needle distress with their patients (60% vs 74%, p <0.001), their awareness of psychological strategies to support patients with needle fear (44% vs 73%, p <0.001), confidence in their ability to support patients to use self-management strategies (44% vs 61%, p<0.001), confidence in their ability to manage their own anxiety about cannulation (57% vs 65%, p=0.003) and nurses knowledge about the referral process for patients who require psychological support for needle fear (33% vs 58%, p<0.001).

The results from this study suggest that nurses can benefit from targeted educational interventions to address needle distress. The benefits of the intervention were observed in several groups particularly in the group of junior, less experienced nurses.

74. Dealing with complex behaviour issues in the haemodialysis settings: a scoping literature review

Nisha George[1]
Ahana Atteppallil Sebastian[1]
[1] Monash health

Accepted presentation type: Poster

Background: Dialysis units are facing a growing number of patients who exhibit challenging behaviours. Complex behaviours seriously impact nurses' ability to provide quality health care in addition to being stressful for all those involved and resource-intensive. An understanding of safe and effective management strategies for those with behaviours of concern is required.

Aims: Identify and examine challenging behaviours of concern among haemodialysis patients and strategies that can be used to minimise and manage challenging behaviours.

Methods: A scoping review was undertaken to examine the behaviour issues encountered by dialysis nurses and the management strategies. Databases that include CINHAL, MEDLINE and Google Scholar were searched for eligible articles published between 2005 and 2022 using a pre-defined search strategy. Key search terms were challenging behaviour, haemodialysis, and non-compliance. Two authors assessed articles for eligibility.

Results: Five studies met the criteria of the review. Challenging behaviours were mainly due to drug abuse, neurologic causes, personality disorders and other mental health conditions. The strategies identified to manage these behaviour issues were using de-escalation techniques, positive teamwork, maintaining professional responsibility and a multidisciplinary collaborative approach. Additionally, a patient-centred approach involving specific staff allocation, understanding patients' motivation for action and identifying triggers were possible strategies for managing challenging behaviour.

Conclusion: These findings can be used as a reference guide for haemodialysis nurses to develop specific person-centred strategies to manage challenging behaviours among haemodialysis patients.

75. Assisted, limited, self-care (als) – a new model of shared care helping towards independence

Fatima Anjum[1]
Keri-Lu Equinox[1]
[1] Cairns Hospital - CAIRNS, QLD

Accepted presentation type: Poster

Background: Facility based haemodialysis (FHD), where treatment is performed by nursing staff is considered standard practice in most dialysis unit. Home-dialysis presents improved clinical outcomes, patient satisfaction and cost when compared to FHD. Yet, dialysis patients display reluctance to home-dialysis for numerous reasons including home congestion and fear of cannulation. Through a paradigm shift to Assisted, Limited, Self-care (ALS) model, our unit displayed success in empowering haemodialysis (HD) patients to self-dialyse without

needing home placement and helped “free up” stations at the overcrowded FHD.

Aims: Change the culture to self-care and self-efficacy by engaging the patient in their treatment needs whilst addressing the persistent capacity issues at FHD and reduce institutionalization of patients.

Method: The pilot program comprised 7 (3 males and 4 females) adult HD patients. Training emulated home dialysis and was for 12 weeks. All participants were indigenous, 4 were from remote communities, staying in city for dialysis. 6 participants had Arterial Venous Fistula (AVF) requiring cannulation training and 1 had permcath access. Male participants had carers who underwent training.

Results: All participants completed the first phase of training (independently commencing and completing HD) before schedule and 5 advanced to self-care by 12 weeks. 3 participants

chose exit to Home HD, 1 Transplanted, 1 returned to satellite unit, 1 relocated to an external

facility, and 1 stayed in ALS unit.

Conclusion: The program proved successful and provided the opportunity to engage patients in their treatment. The reduced financial burden and transferability feature to external dialysis units was recognised.

76. A 6-year patient profile of an established kidney supportive care service

Laura Austin[1]
Kirsten Hepburn[2]**, Ann Bonner**[3]**, Ilse Berquier**[2]**, Helen Healy**[2] **and Louise Purtell**[1]
[1] Queensland Health
[2] Metro North Health
[3] Griffith University

Accepted presentation type: Oral

Background: Kidney supportive care (KSC) services are provided for people with advanced chronic kidney disease (CKD) grades. Patients who may or may not be on kidney replacement therapy (KRT) are referred for symptom management, decision making assistance, advance care planning and preparation for end-of-life care.

Aim: To examine the profile of patients attending a KSC service between 2016 and 2021.

Methods: Retrospective analysis of data extracted from hospital records of 971 patients attending a multi-site KSC service in Queensland. Data were analysed descriptively.

Results: The average age of patients was 75 ± 12.4 years, 54% were male, 3.3% identified as First Nations, and mean Charlson Comorbidity Index score was 7 ± 2. At time of referral, 37% were on a conservative pathway and 42% had already commenced KRT (88% haemodialysis, 13% peritoneal dialysis, 1% kidney transplantation). Of those referred for decision-making (n = 245), 111 subsequently chose conservative care, 38 KRT, 26 remained undecided, and 20 died before deciding. At first appointment with KSC, mean IPOS-Renal score was 14.8 ± 8.4. Over the study period, 38% had a completed Statement of Choices (QLD advance care planning document), Enduring Power of Attorney and/or an Advanced Health Directive. 172 (17.7%) died during this period and 79 (46%) died in their preferred place of death.

Conclusion: A large proportion of patients referred to KSC are on a KRT pathway with a substantial symptom burden. Enabling patients to formally document advance care planning wishes remains a challenge for the KSC team to implement.

77. Agile the dance of teams: COVID-19 experience across one service

Maria Safe[1]
Virginia O'Campo[1]**, Anthea White**[1] **and Yuan Chen**[1]
[1] The Royal Melbourne Hospital

Accepted presentation type: Poster

Background: This service has been at the frontline of the COVID-19 pandemic, providing nephrology services for >575 dialysis patients and 27 haemodialysis (HD) units across Victoria and southern NSW. The pandemic created unique pressures on patients with kidney disease. Dialysis patients, immunocompromised and moving between hospital and community, presented significant challenges in terms of infrastructure, transport and staffing.

Although the service had well prepared COVID-19 plans, the sudden surge of 61 COVID-19 positive dialysis patients over 7 weeks during the Omnicom wave, required swift development of further sites. In addition, the service managed 112 suspected COVID patients, with extreme staffing limitations, and coinciding with state-wide Code Brown.

Key messages: Relentless clinical pressure was managed by extremely agile and resilient workforce. Voluntarily, staff were re-deployed from different departments, to bridge staffing gaps and provide treatment across 7 locations, over 4 sites. Additionally, the service supported 20 regional HD units with COVID-19 strategies, clinical and technical services.

New inpatient and outpatient COVID-19 dialysis areas were established. New protocols for surveillance and clearance of patients were developed. Ongoing management of contact tracing, code yellow transfers, ventilation hoods, screening, PPE spotting, transport and specialist equipment required constant review. Communication pathways for patients and staff were developed, whilst prioritising the provision of quality patient care, excellence in clinical standards and staff wellbeing.

Conclusion: Despite enormous challenges, our teams provided high quality and safe care. Our agile and resilient workforce swiftly developed new sites and practices to meet unprecedented demands.

78. The impact of COVID-19 pandemic on psychological and socioeconomic well-being of haemodialysis patients in a tertiary hospital: an analytical cross-sectional study

Jane Angele Pasamante[1]
Frederick Verano[1]
[1] Makati Medical Center

Accepted presentation type: Poster

Background: Haemodialysis patients are one of the most vulnerable populations to the COVID-19 pandemic, due to their immunocompromised state, which is associated with disability, a significant financial burden, and low quality of life. They have a high burden of depression, anxiety, and stress.

Objectives: This study aimed to determine and assess the economic impact, prevalence of depression, anxiety, and stress of the COVID-19 pandemic among outpatient haemodialysis patients and the relationship to various sociodemographic and clinical factors.

Methods: An analytical, cross-sectional study was used and 69 subjects were enrolled. Sociodemographic data and laboratory parameters were determined and completed 4 sets of questionnaires including Patient Health Questionnaire 9 (PHQ-9), Generalized Anxiety Disorder 7 (GAD-7), Perceived Stress Scale 4 (PSS-4), and CoRonavIruS Health Impact Survey (CRISIS).

Results: Our study showed that the prevalence of anxiety, depression, and stress were 39%, 16%, and 51% respectively. There was an association between age and stress level, with older subjects reporting higher stress scores. Haemoglobin levels had a weak negative correlation with anxiety, depression, and stress. The distribution of anxiety scores was significantly different between patients with normal phosphorus levels and elevated phosphorus levels. Financial worries were less of a concern since almost two-thirds of our subjects were retired and unemployed.

Conclusion: Haemodialysis patients belong in high-risk populations with a high prevalence of psychological distress hence they are subjected to more severe psychological stress, depression, and anxiety.

Recommendation: Routine psychological screening programs in dialysis units must be integrated with dialysis units to reduce psychological distress.

79. Sleep problems and their relationship with health-related quality of life in chronic kidney disease

Louise Purtell[1]
Kerri Gillespie[1], Ilse Berquier[2], Laura Austin[2], Kirsten Hepburn[2], Katrina Kramer[2], Carol Douglas[2], Helen Healy[2] and Ann Bonner[1]
[1] Griffith University
[2] Metro North Health

Accepted presentation type: Oral

Background: Disordered sleep is common among people with chronic kidney disease (CKD). While it may compound the burden of CKD, there is a gap in the literature to address the specific role of disordered sleep.

Aims: To describe the sleep profile of people with CKD and explore associations with validated measures of well-being.

Methods: Participants with Grade 3-5 CKD were recruited from kidney outpatient clinics and dialysis units. Demographic and lifestyle data were collected. Sleep quality, symptom burden and quality of life were assessed using the Pittsburgh Sleep Quality Index, iPOS-Renal and EQ-5D-L validated instruments, respectively. Data were expressed descriptively and relationships between sleep quality and well-being analysed using multiple regression.

Results: Among 47 participants, 47% were female and the median age was 74 (interquartile range 67–80). The median sleep quality score was 6 (4–11) out of a possible 21 (with 0 representing no difficulty and 21 representing severe difficulty). Sleep-related symptoms were common, with 46%, 32% and 45% experiencing moderate or worse weakness, drowsiness and difficulty sleeping, respectively. Despite this, HRQoL was generally preserved, with a median score of 70 (50–88). Difficulty sleeping was associated with worse sleep quality ($p<0.001$) but neither age, overall symptom burden nor HRQoL showed significant associations with sleep quality.

Conclusion: In this cohort, self-reported sleep quality and HRQoL were generally high. Given the progressive nature of CKD, individuals with CKD may adapt their lifestyle to altered sleep patterns. The subset of people who report severe sleep symptoms may benefit from tailored interventions.

80. New program connects remote dialysis units

Karolynn Maurice[1]

[1] Purple House Dialysis

Accepted presentation type: Oral

Remote Dialysis Services face many challenges, a critical one being access to clinical information. Primary Health working alongside the dialysis units use a variety of systems which provide access to pathology, Dr's letters, electronic health records, billing and reporting. Communicare™ a Telstra programme traditionally for primary health, has the capacity to modify and create clinical items, design templates, create reports and build systems. These tools have been utilised to design an innovative new program which enables dialysis nurses to use Communicare™ to create dialysis sessions, prepare paperwork, report treatment summaries, document clinical handovers, screening tools and patient transfers – with the bonus of extra functionality. Information sits on one server which all staff have access to, enabling better clinical support and supervision. A training package was devised to support the-rollout of the program across 18 dialysis units, and to date 35 nurses have received training.

Demonstrate that an electronic primary health care system can be adapted to meet the needs of collecting and reporting clinical information. Clinical items, reports, templates, and qualifiers can be created to replace handwritten documents and reduce the need to transpose paper-based information.

Dialysis documentation is available to all staff across the service. Nurses are no longer working in isolation and have access to all patient records. There's also greater consistency in using the same system and processes with nurses moving between units.

Connecting data and leveraging existing systems is allowing remote dialysis nurses to access good clinical information in a timely way, supporting better patient outcomes.

81. Shingles the prickly evidence-lets reach for the top.

Debbie (Dawson)[1]
[1] Illawarra Shoalhaven local health district

Accepted presentation type: Poster

Context: 50% of the population in the > 60yrs age group will contract shingles. Our Dialysis units are filled with an aging population, with many in the over 60 years age range. The latest evidence on Shingles immunisation, is that it is recommended for: adults aged 60 years and over who have not previously received zoster vaccine. Our unit does not have a policy regarding the shingles vaccination. What does your unit recommend?

Aim: To present:

- 2 recent cases of shingles
- our audit and results

Following this audit we aim to:

- Educate the patients about shingles
- Inform them about the risks and the benefits of receiving the shingles vaccination through their GP
- Design an information program for patients, which is offered in different formats.
- These strategies could be used alongside teach-back techniques to educate the patients of the benefits of the shingles vaccination, which they can then discuss with their GP, to improve the uptake of the shingles vaccination.

Key Message: Shingles vaccination program is free and available in Australia, and has been since 2016.

We aim to encourage our patients, through a tailored education program, to get vaccinated.

Conclusion: By looking at the latest evidence about shingles and vaccinations in our dialysis and pre-dialysis cohort of patients, we aim to improve the uptake of the shingles vaccination through education. This will offer them protection and prevent poor outcomes for patients.

82. Being a clinical specialist haemodialysis nurse

Craig Hamilton[1]
[1] Eastern Health

Accepted presentation type: Poster

This presentation will primarily provide the audience with a insight into one nurses experiences as a Haemodialysis Nurse and the importance of tailoring haemodialysis to the individual's needs. Specific dialysis topics will include a breakdown of what haemodialysis does Vs. the usual fully functioning kidney; haemodialysis access; Ultrafiltration(UF) Goals, UF profiling, blood volume monitoring as a guide to supporting UF goals, dialysis electrolyte balance and phosphate removal.

The speaker will also finish with a perspective of how the power of empathy, humour and a peaceful dialysis environment can make a day on dialysis a little easier for a person with renal failure to cope with. The speaker does understand the true meaning of empathy and facing ones mortality, as this renal population does every day as the speaker also lives against the odds as he has a brain tumour: Astrocytoma Grade 3 and had survived for 10+ years since diagnosis.

Additional Note: Having been a member of RSA for almost 25 years, I feel this will be an excellent forum to share my experiences about both haemodialysis and, briefly, life.

83. Bushfire impact in one renal unit: a lived experience

Robyn Facchini[1]
[1] SNSWLHD

Accepted presentation type: Poster

Context: In 2019-2020 widespread areas of Australia experienced catastrophic fire conditions leading to devastating and unprecedented bushfire outbreaks. The impact of the bushfires compromised the operational capacity of the local renal unit necessitating activation of the emergency contingency plan and patient evacuations.

Objectives: To describe the impact of the bushfires on the renal unit including staff and patients psychological effects and identify strategies for future management of any like events

Key Message: Future devastating bushfires is a real risk and it has been beneficial to review and refine our emergency practices and contingency plan. The physical and psychological impact on patients and staff was immense. Health infrastructure needs to plan for sudden and increased pressure on resources, supplies, physical and psychological support and workforce during disasters. It needs to consider transporting of essential supplies, protection of vital communication lines and utilities and mobilizing of patients. We need to be able to recognise the behaviour of bushfires in order to plan and implement essential healthcare in future disasters.

Conclusion: The 2019-2020 bushfires will not be an isolated event. This reflection has enabled a review of current practices, physical and psychological impact and identifies recommendations in preparation for any future events. And then came floods, COVID and more floods……

84. Challenges encountered using digital photos to assist dietary assessment in patients commencing peritoneal dialysis

Michele Ryan[1]
Georgina Broinowski[2]**, Mary Ann Nicdao**[1]**, Katrina Chau**[1] **and Kelly Lambert**[3]
[1] Western Renal Service, Sydney
[2] New graduate
[3] University of Wollongong

Accepted presentation type: Poster

Background: Dietary intake is traditionally assessed using diet histories, food records or food frequency questionnaires. There are well documented limitations in these methods. Individuals with CKD stage 5 present further challenges when determining dietary intake, particularly as cognitive impairment is well recognised. Research has found that the use of digital photography can complement and increase the validity of dietary recalls. However, little is known about the use of this technology in the CKD population.

Aim: To evaluate the feasibility of using smartphone photographs to enhance dietary intake assessment in a group of adults commencing Peritoneal Dialysis (PD).

Methods: Participants were recruited from a large dialysis training centre in NSW. Consecutive participants who were attending PD training were invited by the renal dietitian to take photos of meals and snacks eaten for at least one day to supplement the dietary assessment process.

Results: Thirty-nine participants were invited to use smartphone photographs. Of these, twenty-six (67 %) provided digital photographs as requested. Challenges encountered when using digital photography included poor digital literacy, poor memory and language. Various strategies were utilised to overcome these challenges.

Conclusion: Digital photography is a feasible tool for enhancing dietary intake assessment. However, there are challenges to routine use. This group of participants will be invited again to capture their intake with smartphone photographs in nine to twelve months post commencement of PD. It will be interesting to learn whether there is any change in the challenges as encountered at baseline.

85. Statewide approach to management of COVID-19 positive haemodialysis patients

Fiona Donnelly[1]
[1] Royal Adelaide Hospital

Accepted presentation type: Oral

Haemodialysis units are particularly high-risk environments for cross infection owing to the critical nature of the treatments requiring close physical contact, the compromised immune status of the patients and the highly specialised and limited clinical workforce.

The safety of all patients and staff and the maintenance of best practice clinical care throughout increased health system demands and challenges is paramount.

In South Australia satellite haemodialysis units in metro and regional areas are at capacity and the impact of covid measures will require an abrupt change of patient treatment schedule to facilitate cohorting of positive patients.

As a state a decision was made to centrally manage COVID positive patients at one site.

A COVID Management Plan was developed with associated patient management pathways and protocols and reviewed by a working group consisting of clinical and managerial representatives from all SA Health Networks. It was decided that a Statewide flow coordinator for HD was necessary to ensure there is a single point of contact for rapid response management of COVID positive patient demand and flow, maximise treatment capacity across all units to efficiently meet the demand of COVID positive patient numbers.

The outcome of this management plan and a single point of contact role has made the management of COVID positive dialysis patients reduced the burden of flow from the dialysis units which are already at capacity. Ongoing discussions are in place to look at how we move forward to living with Covid and how all units can manage this patient group.

86. Dialysis start program - a multi-disciplinary approach

Fiona Donnelly[1]
[1] Royal Adelaide Hospital

Accepted presentation type: Poster

Background:

Starting dialysis is a period of intense medical, social, financial and emotional change. Patients are at high risk of complications, death and hospital admission. Care of these patients requires co-ordination of a complex and large multidisciplinary team and needs a systematic integrated approach.

There is no best practice standard for starting dialysis in the renal literature. In the Dialysis Start Program, we have defined a best practice standard for starting dialysis specific to our service and developed the service to meet this standard.

Goals: To improve the safety and quality of the process of starting dialysis at our service, through a:

1. Patient centred approach,
2. Using an agreed upon best practice standard,
3. Integrated with the patients supports, including family, community care, and allied health,
4. Supportive of the nephrology team responsible for patient care
5. Including an inbuilt audit processes with measurable outcomes

The Dialysis Start Program commences when a patient is eminently starting and continues for 4-6 weeks after commencement..

This program sets an exemplar for conceiving, developing and delivering a wholesale change in structures of care within a complex system or service.

Conclusion: The program has led to a palpable change in unit culture around transition to dialysis, translating into a major step forward in patient care. We have promoted communication and engagement within the service, and integration with community-based services. We have raised awareness of the challenges that patients face when starting dialysis and brought the team together to better support the patient and their family.

87. Sab to zero - takes a lot of time to learn to tango

Imelda De Guzman[1]
Glenda Rayment[1]
[1] South Western Sydney Local Health District

Requested Presentation Type: Oral

Introduction: The prevalence of staphylococcus aureus bacteraemia (SAB) is increased in patients on haemodialysis, particularly those who require a vascular catheter for access. Strategies and actions to reduce healthcare associated infections are paramount for providing safe, quality care.

Methodology: A local health district has over 500 haemodialysis patients and is one of the largest in NSW. In 2021, the district haemodialysis population had an average of 520 working haemodialysis access with 36% of patients utilising a tunnelled vascular (TVC) catheter for dialysis access. TVC insertion is unavoidable especially for a district with a growing dialysis population and a lower socio-economic status.

A robust surveillance and auditing program is in place to reduce the risk of acquiring such infections. Strict sterile technique, yearly accessing competency, educations to both nursing staff and patients, strict compliance of hand hygiene, use of antimicrobial agents played a crucial role to maintain a low to zero number of SAB in the district.

Results: Among the monthly average of 185 working vascular catheter as haemodialysis access, in 2021 SWSLHD haemodialysis have an average of only 0.10 episodes per 1000 catheter days compared to the widely published literature rates of 1.1-5.5 episodes per 1000 days.

Conclusion: The use of TVC's in a fast growing dialysis population is not ideal and requires ongoing surveillance, auditing and education of nursing staff technique and the environment to prevent SABs. Patients also need to be empowered through education to prevent infections to their access and promote referral for permanent vascular access.

88. Change management in action – haemodialysis during the COVID-19 Omicron outbreak

Glenda Rayment[1]
Jodie Ekholm[1], **Sheeba Mathew**[2], **Blancia Maricet**[3], **Jeanny Gando**[4], **Cheryll Villarosa**[4], **Binbin YI**[5] **and Phillip Nduku**[4]
[1] South Western Sydney Local Health District
[2] Bankstown Hospital
[3] Campbelltown Hospital
[4] Liverpool Hospital
[5] Fairfield Hospital

Accepted presentation type: Poster

Background: The COVID-19 Omicron outbreak provided a challenge for nursing management due to the rapid community transmission resulting in large numbers of positive cases among haemodialysis patients. The designated unit for COVID-19 patients for a district service could not meet the demand and urgent action was required to make immediate changes.

Aim: To provide haemodialysis for COVID-19 positive patients in all units in district renal service.

Method: The COVID-19 Omicron outbreak resulted in a large number of haemodialysis patients contracting the virus, peaking at 91 cases at one time. Patient flow across the district was chaotic as patients were moved to the designated unit from their home unit. Dissatisfaction and complaints were received together with nonattendance for treatment.

On consultation with hospital executives, it was decided all units would accommodate their own positive patients. Infection prevention was consulted to assist nursing managers on accommodating positive patients. The use of air purifiers, zip locks, alternate access and strict appointments ensured units were prepared for the change. Positive patients were cohorted in designated areas of the unit or on a dedicated shift.

Conclusion: The rapid transmission of the Omicron variant among haemodialysis patients resulted in the need for change in the district renal service. Within days, nursing managers planned and prepared their units to accept positive patients to ensure transmission within the unit did not occur. Following implementation, this practice is now firmly embedded in the service. Regular huddles to communicate the rapidly changing situation ensured staff were kept informed and supported.

89. Impact of COVID-19 to haemodialysis fistula

Imelda De Guzman[1]
Dannica Mae Berroya[2]
[1] South Western Sydney Local Health District
[2] Liverpool Hospital

Accepted presentation type: Poster

Purpose: To observe the effect of COVID-19 to haemodialysis patients access over the six months period in a district wide service.

Methodology: A retrospective audit was conducted from the vascular access database managed by the renal dialysis access nurse for the period of 24 July 2021 to 31 January 2022. Data collected from the very first haemodialysis patient who had COVID-19 infection in the district until the end of January 2022.

Missing data was manually entered from the district COVID-19 resource folder and manual search from the district eMR. Study inclusions are: patients who dialyse solely through Arteriovenous Fistula (AVF) or Arteriovenous Graft (AVG) whilst infected. Dialysis Access Flow study (AFS) result pre and post-infection and any episode of fistula thrombosis are used to identify the effect of CoVID-19 to patients dialysis access. Audit limitations: patients with AVF but still not in use during infection and patients who use TVC (Tunnelled Vascular Catheter) for blood return during dialysis.

Results: There were total of 117 COVID-19 positive patients with haemodialysis fistula during the study period. 116 (99.2%) patient are with AVF and 1 (0.8%) with AVG. A small percentage of patients developed an unexplained thrombosis during a symptomatic COVID-19 infection.

Conclusion: The haemodialysis access may or may not be affected by COVID-19 and soon after patient de-isolation. Data collection is still on going and it may require further review in the future to observe the long-term effect of COVID-19 to the patient dialysis access.

90. Drop the weight - positive outcomes of a weight management program for renal patients

Kim Pickering[1]
Helen McFarlane[2]
[1] The Canberra Hospital
[2] ACT Health

Accepted presentation type: Poster

In 2016, the leading cause of ESKD in Australia was diabetes, accounting for 35% of patients who started dialysis. This has steadily increased over the past 15 years and reflects the obesity pandemic within the population. Obesity is also associated with hypertension, dyslipidaemia and coronary heart disease which is linked to the development and progression of CKD.

Obesity services for CKD patients in Canberra had limited resources and expertise to manage patients with both obesity and severe CKD. This led to poor health outcomes. Sustained weight loss improves outcomes in the management of diabetes, hypertension and decline of renal function and achieving a BMI <30 increases the ability to go forward for kidney transplant.

Damaging health effects and evidence of poor outcomes was a driving force for the development and establishment of the ACT Health Renal Weight Management service.

In 2018, in a departmental collaboration with our nutrition service, we launched the Renal Weight Management program for patients with renal impairment (CKD 4-5) and obesity identifying over 260 patients.

Ten dialysis patients had been unable to receive a renal transplant due to obesity.

21 participants have 12-month data and 48% had >5% weight loss at 1 year. At 2 years there were 18 participants and 60% had >5% weight loss.

Of the 10 potential transplant recipients, 3 have been successfully transplanted after participating in the program.

The exciting future sees expansion in service access for other renal patients struggling with obesity, increased clinics, and the addition of a dedicated nurse.

91. Palliative care in haemodialysis: what’s being left unsaid?

Danielle Gorman[1]
[1] West Gippsland Healthcare Group

Accepted presentation type: Poster

Context: Patients receiving haemodialysis suffer significant symptom burden as a result of their treatment. Exploring the early introduction of palliative care to assist patients with complex needs requires an integrated approach from all healthcare professionals. The recent introduction of a Palliative Care Nurse Practitioner within our organisation has improved the quality of life for patients. Haemodialysis nurses are in the unique position where they advocate for improved patient wellbeing, especially in the transition to supportive care. In February 2020, 31 Haemodialysis nurses from across Victoria participated in a full day workshop to increase knowledge and communication skills in palliative care and advance care planning. This workshop was initiated upon reflection of a clinical incident where the end-of-life care needs of a patient were inadequate.

Objectives: To increase palliative care services for patients undergoing haemodialysis in a regional satellite Haemodialysis unit.

Key messages:

- The early introduction of palliative care improves quality of life for patients undergoing haemodialysis, preventing late referrals and potential hospital admissions.
- The stigma surrounding palliative care as an end-of-life treatment only needs to be removed.
- Palliative Care is imperative throughout a patient’s illness trajectory.
- Readiness to have difficult discussions can be supported with education for Haemodialysis nurses.

Conclusion: Early integration of palliative care as part of haemodialysis treatment will assist patients to decrease symptom burden and improve quality of life. It will also encourage conversations regarding advance care planning, whilst preventing life-prolonging treatment. These strategies will improve the lives of patients and their families.

92. High demand for skin surveillance within the renal dermatological service

Kim Pickering[1]
Marissa Bakker[1] **and Joy Radcliffe**[1]
[1] The Canberra Hospital

Requested Presentation Type: Oral

Lifelong immunosuppression treatment post renal transplant increases the risk of developing skin cancers such as squamous cell cancer, basal cell carcinoma andmelanoma. Other dermatological skin conditions have also been treated such as acute dermatitis (eczema), cysts, acne and tinea pedis.

The renal Dermatological service was initiated and commenced in October 2019. The public wait time for dermatological services was long and transplant patients did not attend regular dermatological skin checks due to the heavy financial burden. In response the renal and dermatological service have collaborated and was initiated to provide a new service for timely access to much needed dermatological expertise and intervention.

The services are to improve access to care, reduce mortality by early detection, early referral and procedures, and ongoing surveillance. The clinic consists of the Dermatologist Specialist, Dermatologist Registrars, Dermatology Advanced Practice Nurse and Renal Nurse.

Initially the eligibility criteria were for post-transplant patients, but this was expanded to include pre-transplant patients at a fortnightly clinic. The clinic involves consultation,minor procedures, and education.

It is imperative to maintain a high level of vigilance in our transplant cohort, early post transplant skin surveillance will assist in earlier detection of skin lesions.

Clinic started-10.10.2019- 24.3.2022
Transplant ranges from 1 to 22 years.
Total number of patients seen 81
Episodes (encounters) 238
Procedures-89

93. Developing a shared decision making intervention for patients, relatives and clinicians in the decision on dialysis or conservative kidney management

Jeanette Finderup[1]
Anna Winterbottom[2], Jens Kristian Madsen[1] and Hilary Bekker[2]
[1] Aarhus University Hospital
[2] University of Leeds

Accepted presentation type: Poster

Background: Most elderly patients with chronic kidney disease must decide on having dialysis or conservative kidney management (CKM). It is challenging to know how to present the options in a balanced way for people making such decisions at the start of these management pathways.

Aim: To develop a shared decision making (SDM) intervention involving patients, relatives, and clinicians in the decision on dialysis or CKM.

Methods: A user-design framework for developing patient decision aids guided by International Patient Decision Aid Standards (IPDAS). An iterative process working with six patients and relatives, healthcare professionals from eight hospitals in Denmark, and international experts. Content informed by a systematic review, and the decision aids: 'Living well with kidney disease', and 'Dialysis Choice'.

Results: The SDM intervention was developed over five iterations. The decision coaching training component integrates a patient decision aid for use within consultations, supporting: 1) Choice talk - an overview of symptoms, what matters to me, and a decision map of pathways and decision points, 2) Options talk - a description of short and long-term treatments, and an overview of frequently asked questions, 3) Decision talk - a value clarification tool. The decision aid meets 21/24 IPDAS criteria, and a readability score equal to magazines. The decision aid is framed to involve relatives in the decision making process.

Conclusion: We developed a shared decision making intervention acceptable to patients, relatives and health professionals for use within kidney services. It is ready for testing at eight hospitals in Denmark with multiple stakeholders.

94. Rekindle nurse’s interest in phosphate binder education: one unit’s experience

Lijun Zhong[1]
Casey Light[1]
[1] Armadale Health Service

Accepted presentation type: Poster

Context: Nurse led education has been identified as an effective strategy to improve haemodialysis patient’s adherence to phosphate binders, which forms an integral part of the mineral bone disease management. However, with the increasing variety of phosphate binders in use, confusion and uncertainties grew among nurses regarding differing administration requirements between various binders. Furthermore, the long-term repetition and reinforcement on phosphate binder adherence has led to increasing weariness affecting nurses’ commitment in the continuous provision of patient education.

Objectives: To improve nurses’ knowledge on phosphate binders and to rekindle their interest in patient education on phosphate binder adherence.

Key Messages: Through the prequestionnaire survey, significant knowledge gap was identified among nurses regarding the emerging phosphate binders and its administration requirement. Following the tailored education sessions, improvement in knowledge was observed according to the post-education survey conducted after eight weeks. Interestingly, with the conducted surveys and staff education, phosphate binder has become a popular topic for discussion among nurses with the noticeable rekindled interest in patient education.

Conclusions: From our unit’s experience, surveys and education sessions were effective to assess and improve nurses’ knowledge on phosphate binders. Based on the observation, though not measurable, nurses’ interest in the continuous provision of patient education on phosphate binder adherence has also been rekindled. To maintain nurses’ ongoing engagement, it might be helpful to incorporate the regular survey and education session on phosphate binders into the local annual training agenda.

95. An evaluation of a new haemodialysis nursing role: the dialysis support nurse

Lee Wiedermann[1]
Jane Crossett[1] **and Gethsy Jayaseelan**[1]
[1] Monash Health

Accepted presentation type: Poster

Background: The Covid-19 pandemic has presented many challenges to speciality nursing workforce groups especially haemodialysis nursing. To address these challenges, several strategies that include re-deployment of dialysis nurses and training of non-dialysis nurses can be utilised. This study presents learnings from a new and novel nursing role that was developed provide support for dialysis nurses in 2020

Aim: To evaluate the experiences of nurses recruited under the Dialysis Support Nurse (DSN) pathway.

Method: A survey was administered retrospectively to 12 nurses who had been recruited into the DSN pathway. The DSN pathway was implemented in July 2020 to meet the increased workforce demands in haemodialysis nursing care and in anticipation of Covid-19 related workforce deficits.

Data collected included previous nursing experience, training provided, their experience of the DSN role and future career goals.

Results: The nurses recruited were all motivated to support the current haemodialysis workforce demands due to Coivd19 with the additional goal of progressing to the full scope of practice of haemodialysis renal nursing care. The nurses' previous experience ranged from 1-30 years and they came from varied nursing backgrounds that include subacute rehabilitation, community care, acute intensive care and emergency nursing. 91% of DSNs expressed a desire to continue to work within the speciality area of haemodialysis nursing progressing to permanent roles.

Conclusion: The DSN pathway provides a unique opportunity to expand the haemodialysis nursing workforce.

96. When 'one-size-fits-all' no lon fits: a nurse-led change in prescribing pICU Medical e from conventional to incremental peritoneal dialysis

Maryann Nicdao[1]
Naw-Eh-Tha Blay Do[1]**, Emily Mission**[1]**, Vi-Chi Nhan**[1]**, Laraine Aw**[1] **and Maria Daraoay**[1]
[1] Western Renal Service (Western Sydney and Nepean Blue Mountains Local Health Districts)

Accepted presentation type: Poster

Context: As a matter of 'tradition', 'convention', 'norm', 'habit' or 'practice', incident peritoneal dialysis (PD) patients receive a 'one-size-fits-all' dose of 8 litres of dialysate a day. A large proportion of new patients however, require less than the conventional dose, based on their residual kidney function (RKF) and health needs at initiation of dialysis.

Objectives: To report on a nurse-led change in PD prescribing practice from conventional to incremental PD (IncrPD) at a large Australian home dialysis service.

Key messages: An evidence-based protocol for prescribing incremental PD (IncrPD) was developed and implemented by nursing staff within this service from June 2019. Incident patients were screened for IncrPD suitability based on their baseline RKF, symptomatology, biochemistry, hydration status and personal preferences. Out of the 301 incident PD patients from June 2019-February 2022, 205 (68%) IncrPD and 94 (32%) full-dose PD of 8 litres/day, tailored to individual patient's needs were prescribed. Resistance to change and increased workload were the main challenges faced by staff during the early stages of implementation. New ways of working and the staff's perseverance to promote IncrPD led to its present adaptation service-wide.

Conclusion: This nurse-led change demonstrates a bold step to break away from 'tradition', 'convention', 'norm', 'habit' or 'practice' and 'one-size-fits-all' method of PD prescribing. Despite some early challenges, the change resulted in a large proportion of incident patients receiving individualised PD dose and positive feedback from patients and staff.

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