



Live and Let Die: A to Z of Renal Care Planning. Renal Society of Australasia (New Zealand Branch) Annual Conference

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Abstract – foot care in dialysis patients

Pauline Sanders-Telfer
August, 2012

Patients with diabetes are at high risk for foot disease due to the damaging effects of hyperglycaemia on vasculature. While chronic hyperglycaemia contributes to a slower healing process, chronic levels of uraemia exacerbate this delay. Therefore, diabetic patients with chronic kidney disease and end stage renal disease are at even higher risk of diabetic-related complications and further delays in recovery and wellness.

Pacific and Maori dialysis patients have been disproportionately represented in diabetic-related amputations for the last two years. Ethnically, dialysis patients comprise of forty-eight percent Pacific and twenty-seven percent Maori where collectively, seventy percent have diabetes as the main cause of renal failure. The current delivery of podiatry care is contributing to widening the gap of health disparities in these ethnic populations. There are three main barriers to the access of necessary and appropriate care for dialysis patients: (1) high non-attendance to clinic appointments other than dialysis treatments, (2) markedly low engagement with primary care services and (3) absence of a seamless care continuum across the Primary and Secondary care sectors.

Recognition of the severity of diabetic-related foot disease and associated complications not only has a significant impact on patient quality of life and mortality, there is a substantial cost to healthcare providers. A solid preventative programme would significantly reduce costs to the patient and the provider. Secondary care Podiatry services currently only offer high-risk services and Primary Care Podiatry services are sporadic in availability highlighting weak linkages between the two sectors and a disconnect with population needs. Within the dialysis units there was a need for a comprehensive assessment tool and referral structure, awareness of the importance of checking feet regularly, up-skill diabetes resource nurses in foot assessment expertise and the need for strong links with Podiatrists in Secondary and Primary sectors.

From these findings there has been the development of an assessment tool and standardized practice of use, diabetes resource nurse development in foot ulcer assessments, a strengthening in secondary Podiatry relationships with the renal service, engagement with the renal team & management, engagement with allied health management and linkage with the local podiatry school head of department. There connection with Primary health Podiatry services continues to be developed. A business case is been written providing options of service delivery which has included collecting data of Primary Health Organization enrolment and level of engagement by patients, canvassing service delivery of local District Health Board's and successful programmes currently being used in New Zealand alongside a cost analysis.

Measurable outcomes can be seen in the reduction in lower limb amputations and reduction in hospitalisations due to diabetic foot-related complications. The true impact will be seen in a five year time frame. To create a sustainable future in the provision of health care services requires patient risk identification, a comprehensive assessment tool, timely and effective management of issues with feet which includes a free, appropriate, accessible service for dialysis patients.

A Specialty Framework for Nephrology Nursing Skills and Knowledge in New Zealand

M. L. Walker
Diabetes CNS, Capital and
Coast District Health Board
Director, MW Consulting Ltd
President, Renal Society of
Australasia (NZ Branch)

In 2009 the National Nursing Consortium established a process to recognize and endorse specialist nursing service provision and development. Between 2009 and July 2012, two professional development frameworks were endorsed by the NNC – Respiratory Nursing and Addiction Nursing.

The RSA (NZ Branch) Nursing Advisory Group (NAG) is about to submit the New Zealand Nephrology Nursing Knowledge and Skills Framework (NZNNKSF) to the National Nursing Consortium (NNC) for endorsement as standards for specialty nephrology nursing practice in New Zealand. This paper will outline the background context of specialty nursing service provision in New Zealand, before describing the development of the NZNNKSF. The expected benefits that such a framework would offer nephrology patients, nurses and health providers will be explained. Finally, ways in which the framework may be implemented within renal services will be explored.

Just Because We Can.....Does It Mean We Should?

Mary Mallon
Service Leader – Renal
Capital & Coast District Health
Board

This is the story of Edith, a ninety three year old lady who lived alone, and presented to accident and emergency, anxious and short of breath. She was subsequently commenced on haemodialysis, plasmapheresis and steroids (methylprednisolone and cyclophosphamide) as treatment for Good Pastures Syndrome. She died in hospital twenty-four days later. Of her last twenty four days, she spent twenty three of them in hospital, had blood taken on all but six of them, had seven haemodialysis sessions, three plasma exchange sessions, ten doses of calcium resonium, endured a 1 L fluid restriction and low potassium diet, enema's, incontinence and blurred, double vision.

Janis Powell
Renal Clinical Nurse Specialist
Wellington Regional Hospital

Edith's choices, plan of care, and the journey she travelled challenged us as individual health professionals and as a renal service.

Portable duplex ultrasound use for arteriovenous fistula cannulation and management

K. McLaughlin (presenter)
Clinical Nurse Coordinator
Renal Service
Capital and Coast District Health Board

Cannulation of an arteriovenous fistula is often described by patients as the most stressful and anxiety provoking part of a haemodialysis treatment. The development of portable ultrasound technology has potentially introduced new opportunities to improve the assessment and cannulation of arteriovenous fistula and grafts for haemodialysis. After purchasing a Sonosite Nanomax portable ultrasound machine the nursing staff in a regional renal unit underwent education and training in its use. Over a period of 18 months the nurses became skilled in the use of the ultrasound as an additional tool for assessment and cannulation of arteriovenous fistulae in both the acute and satellite haemodialysis setting.

S. Morten
Associate Clinical Nurse Manager
Renal Service
Capital and Coast District Health Board

The ultrasound machine in the satellite unit was unavailable for a period of time due to technical issues and during the time it took to secure a new machine a survey was conducted that reported how often there were problems associated with cannulation and how often staff felt ultrasound assistance would have been beneficial. This was compared with a survey following the installation of the new ultrasound machine that reported problems with cannulation and how often ultrasound was actually used to assess and cannulate arteriovenous fistulae.

The survey indicated that ultrasound use for assessment and cannulation of arteriovenous fistula for haemodialysis may improve fistula management and reduce associated vascular access complications. It also highlights the need for more formal studies to provide evidence that the use of this technology clearly provides better treatment delivery to the patient.

Does size really matter?!

E. C. Gregan-Ford, National Education
Manager
Kidney Health New Zealand

Things have certainly conspired against us in recent times. Our office was in the red zone post February earthquake, we have had to deal with continuous aftershocks to keep us on our toes and several engineering inspections on our current building, as one by one all the buildings surrounding us are demolished. We still keep a spare pair of shoes in our cars just in case we have to walk home! On the up side the new Police station is now being built around us, and in the new central city plan, we are going to have a state of the art aquatic and fitness centre built across the road from us, so we'll be safe and fit in no time.

So what hasn't killed us has made us stronger. Kidney Health New Zealand is one of the few national organisations based in Christchurch, we have a very small team of staff, but to use another cliché its quality not quantity that matters.

Unfortunately Kidney disease isn't considered Sexy, and it seems to have the reputation of being socially unattractive, unlike our cousins Diabetes and heart disease who get a much better rap, and Cancer is of course even more popular given that most of us know someone who is affected by it. But that doesn't mean we aren't important, in fact one of our roles is to let people know how important our kidneys are, and how important it is to look after them, as well as what to do when your kidneys aren't working so well.

Let me tell you about how we do this.....

W. Stewart RN, Clinical Nurse
Specialist Vascular Access, Speciality
Clinical Nurse Home Dialysis Training.
Te Tai Tokerau District Health Board
Renal Unit

This presentation:

Will offer a definition of Health Literacy and explores the history of how we as a culture have defined literacy.

Will outline the range of levels of Health Literacy in New Zealand, looking at cultural, gender and age discrepancies.

Will explore the consequences to the individual, the Health Sector and the wider society of poor levels of Health Literacy,

Will discuss how Health Literacy influences health outcomes for individuals, with particular reference to people with chronic conditions in this case End Stage Renal Failure on Dialysis.

Will reflect on the work we are currently involved in at Tai Tokerau District Health Board Renal Unit to assess and improve our critical documents including our physical environment.

Will challenge delegates to analyse critically their own unit's methods of communicating with their patients.

The anticipated outcome is to raise awareness in the Renal community of New Zealand of the important place an understanding of Health Literacy has in the delivery of excellent care to our patients and whanau.



NURSING GRANTS

Closing August 30 2013

Kidney Health Australia provides grants for Registered Nurses in Australia wishing to study Masters Degrees in Nursing.

The aim of the program is to encourage nurses to pursue a career in renal nursing in any of its components – clinical practice, education or research – across the continuum of chronic kidney disease from prevention and early detection to renal replacement.

The amount of the grant will be up to \$3,000 per year for a maximum period of up to 3 years. Maximum \$9,000.

For further information go to:

<http://www.kidney.org.au/HealthProfessionals/MedicalResearchFunding/tabid/633/Default.aspx>

or contact KHA by phoning 08 8334 7555 or email teresa.taylor@kidney.org.au