KIMBERLEY RENAL SERVICES – RENAL HEALTHCARE IN THE KIMBERLEY TAKING PEOPLE HOME TO COUNTRY

PRESENTERS

JENNY CUTTER
KIMBERLEY RENAL SERVICES MANAGER
&
AMANDA ELZINI
KUNUNURRA/FITZROY CROSSING RENAL HEALTH CENTRE MANAGER
OVERVIEW

- INTRODUCTION TO THE KIMBERLEY ABORIGINAL MEDICAL SERVICE LTD AND KIMBERLEY RENAL SERVICES PTY

- WHO WE ARE AND WHAT WE DO

- HOW THE KRS CARES FOR RENAL PATIENTS IN THE KIMBERLEY
PHILOSOPHY
The association has been established by Aboriginal people for Aboriginal people. Empowerment in illness prevention, health promotion, planning and service delivery requires participation in decision making by Aboriginal people from the communities they serve.

VISION STATEMENT
The Kimberley Aboriginal Medical Services (KAMS) is managed and controlled by Kimberley Aboriginal people and is locally and nationally recognised as a leader in the provision and support of holistic and culturally appropriate comprehensive primary health care services for Aboriginal people.

MISSION STATEMENT
KAMS exists as a responsible Aboriginal Community Controlled Council to improve Aboriginal health in the Kimberley region of Western Australia by providing continually improving essential cooperative services along with a unified voice and representation for existing and developing comprehensive primary health care services and community health services.

In achieving its Mission KAMS will:
Provide Aboriginal Community Controlled Health Services (ACCHS) essential centralised services, which are not otherwise available to them.
Contribute to policy development and representation at a community (community clinic), district (ACCHS, regional (KAMS), State (AHCWA) and national (NACCHO).

Regularly monitor and report its achievements in improving Aboriginal health.
Provide a single and accepted voice which represents all of its Kimberley Aboriginal constituents.
Be accountable in all of its dealings with its co-operative Board members and other stakeholders.

An Organisation of Aboriginal people, for Aboriginal people controlled by Aboriginal people.
KIMBERLEY RENAL SERVICES PTY
October 2014 KRS became a company in its own right.

Nearly 63 staff on the payroll.

Have infrastructure in Broome, Derby, Fitzroy Crossing and Kununurra.

Also operate the Mobile Dialysis Unit
KRS WORKFORCE

CLINICAL STAFF

- Aboriginal Health Workers
- Renal General Practitioners
- Registered & Enrolled Nurses
- Aboriginal Care Coordinators
- Patient Care Assistants
- Social Worker
KRS WORKFORCE

NON CLINICAL STAFF

- KRS Manager
- Renal Unit Managers
- Business Manager
- Quality Coordinator
WHAT NOW FOR KRS

- A review of the renal service was conducted in April 2015.

- Identified gaps in the service.

- Services being delivered on a visiting model service not working.

- Staff having to travel to different areas meant limited time on the ground to provide the support and education required.

- Translating into poor outcomes for patients in the region.
WHAT DO WE KNOW

- KRS the work that has been done over many years have recognised and documented the high rates of renal disease in the region.

- 1500 in the region with some form of renal disease, this figure is under reported.

- Recorded 95 people in the region in Stage 4 – 5 Kidney disease who will require renal replacement therapy in the next 12-18 months

- Rising numbers throughout the region.
We looked at what we had.

Identified that particular areas of the service were inefficient.

Asked people what they wanted rather than what we thought they needed.

Working on a Model of Care that was 10 years old.

No longer fitted into what was required in the region.
KEEP CALM AND KEEP MOVING FORWARD
GROWTH OF THE SERVICE

still
becoming

www.bravegirlisclub.com
WHERE TO NOW?

Big things often have small beginnings.
DISTRIBUTION OF TREATMENT MODALITIES

CURRENT PATIENT MODE OF TREATMENT

- SATELLITE DIALYSIS (107)
- HOME HAEMODIALYSIS (6)
- TRANSPLANT (12)
- PERITONEAL DIALYSIS (6)
RENAL HEALTH CENTRES

- Broome
- Derby
- Fitzroy Crossing
- Kununurra
RENAL HEALTH CENTRES

- Nurse lead units
- Renal GP based in Broome & Derby
- FIFO support to Kununurra and FX
- Primary Care supported by local Aboriginal Medical Services
HOME THERAPIES

- Currently 6 patients on HHD in the Kimberley
- Currently 6 patients on Peritoneal Dialysis
- Fresenius Medical Care have the WA contract to provide this service
HOME THERAPIES- THE GAP

- Would like to bring this contract back under KRS so patients don't have to return to Perth for 3 months of training

- Push for patients to take this option of care to ensure the patients who are unable to can come back home also
TRANSPLANT COORDINATOR

- Transplant is not suited for everyone
- There are 12 patients living in the Kimberley with a transplanted kidney
- They are supported by the transplant coordinator, nephrologist and primary health care provider
1 IN 3 AUSTRALIANS IS AT INCREASED RISK OF KIDNEY DISEASE.
CHRONIC KIDNEY DISEASE EDUCATORS

The bar chart compares the distribution of CKD 1 & 2 and CKD 3 cases between EAST and WEST regions. The y-axis represents the number of cases ranging from 0 to 1000, and the x-axis represents the stages of CKD (CKD 1 & 2, CKD 3). The chart indicates a significantly higher number of cases in the EAST region compared to the WEST region, particularly in CKD 1 & 2.
One registered nurse in Broome, Derby & Kununurra

Responsible for Stage 1, 2 & 3 of Chronic Kidney Disease

Work in conjunction with and to support the Primary Health Care Provider
PRE DIALYSIS/ACCESS COORDINATOR

- Responsible for Stages 4 & 5 of Kidney disease
- Monitors decline of kidney function with aim to slow the progression
- Organises vascular access
- Prepares the patient for dialysis

<table>
<thead>
<tr>
<th>Stage</th>
<th>Qualitative Description</th>
<th>Renal Function (mL/min/1.73 m²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Kidney damage-normal GFR</td>
<td>≥90</td>
</tr>
<tr>
<td>2</td>
<td>Kidney damage-mild ↓ GFR</td>
<td>60-89</td>
</tr>
<tr>
<td>3</td>
<td>Moderate ↓ GFR</td>
<td>30-59</td>
</tr>
<tr>
<td>4</td>
<td>Severe ↓ GFR</td>
<td>15-29</td>
</tr>
<tr>
<td>5</td>
<td>End-stage renal disease</td>
<td>&lt;15 (or dialysis)</td>
</tr>
</tbody>
</table>
PRE DIALYSIS/ACCESS COORDINATOR

Stage 4: WEST

Stage 5: WEST

Palliative: WEST

Start in 12-18 months: WEST
MOBILE DIALYSIS UNIT - BRINGING PEOPLE BACK TO COUNTRY

- Dialyse up to 4 patients/day
- 2 Machines (+ 1 spare)
- Communities where the MDU can access:
  - Bidgyadanga
  - Balgo/ Billiluna/ Mulan
  - Fitzroy Crossing region (includes communities)
  - Halls Creek
  - Looma
  - Dampier Peninsula
  - Warmun
  - Wyndham
  - Noonkanbah
  - Wangkatjungka
PATIENTS WAITING


- With the opening of FX, Derby and Kununurra, there are currently only 8 patients waiting to come home.

- However, reality is the number is growing again as our Kimberley Units are getting towards capacity.

- Major focus for 2016 and beyond- Preventing people needing Dialysis!
AIM OF THE KIMBERLEY RENAL SERVICES

- **STOP THE PROGRESSION OF RENAL DISEASE IN THE KIMBERLEY**

  - To provide a first class service delivering all aspects of renal healthcare in the Kimberley.

  - To provide support and education to prevent, detect and manage the effects of renal disease on clients.

  - To educate local health professionals in best practice management through the use of chronic disease protocols mainly proteinuria and chronic kidney disease.

  - To work in collaboration with local primary and secondary health care services.

  - To conduct business ethically and demonstrate leadership, in satisfying our responsibilities to our community.
HOW

- Identified that services are best delivered in the communities, rather than a visiting service being provided.

- Recent restructure of the KRS has enabled us to place key positions in the Renal Health Centres.

- Key stakeholders will now have better access to vital services which will help them to manage those people with renal disease.
A team of renal experts, working in collaboration with local primary and secondary health care services to drive improvements in the management of renal clients.

Strengthening health staffs renal knowledge and skill through ongoing education, training and onsite support, around awareness, prevention and early detection and management of kidney disease.
THANK YOU FOR LISTENING