

Agenda

12 June 2024

12:00 pm - 5:00 pm **Workshop Registration Open**

Pre-Conference Workshop - [Workshop](#) - Outside Plaza Auditorium Foyer

12 June 2024

12:30 pm - 2:30 pm **Pre-Conference Workshop - Renal Pharmacology**

Pre-Conference Workshop - [Workshop](#) - P8

12:30 pm

[Renal Pharmacology](#)

[Carla Scuderi](#), [Tahira Scott](#), [Leanne Brown](#), [Lesley Salem](#), [Saskia Leibowitz](#), [Rebecca Hudson](#), [Claudia Jahnigen](#)

RSA pharmacology workshop is directed nurse practitioner prescribers as well as advanced practice nurses. The workshop will be delivered by Three Nephrologists, two renal pharmacists and two senior nurse practitioners.

The content will focus on the pharmacology/medication management of a patient journey with beginning with CKD, Diabetes, Hypertension, oedema, then transitioning through to Dialysis, myocardial infarction and heart failure and ends on management of symptoms i.e. renal itch and restless legs.

This session is aimed at Nurse Practitioner (prescriber level), and will follow a patients CKD, dialysis and symptom control journey and discuss medications used, especially the newer medications.

There will be a combination of dyadic and interactive sessions.

Facilitators:

Dr Tahira Scott

Dr Saskia Leibowitz

Dr Rebecca Hudson

Carla Scuderi

Claudia Jahnigen

Dr Leanne Brown

Lesley Salem

12:30 pm - 2:30 pm **Pre-Conference Workshop - Vascular Access**

Pre-Conference Workshop - [Workshop](#) - P6 & P7

12:30 pm

[Vascular Access](#)

[Liz Coroneos](#)

The Vascular Access Workshop offers a unique learning experience that combines a range of pre-recorded

lectures for pre learning and a greater emphasis of hands-on teaching.

Participants will have the opportunity to learn from leading experts in the field of vascular access for haemodialysis through recorded sessions, allowing them to study at their own pace and convenience.

The hands-on component of the workshop will provide a practical learning experience with live patients and use of point-of-care ultrasound that will reinforce the concepts covered in the pre-recorded sessions.

Through this workshop, participants will gain a deeper understanding of the importance of vascular access in haemodialysis, as well as the skills necessary to provide effective and safe access for patients undergoing haemodialysis treatment.

Facilitator:

Liz Coroneos

Support:

Chanelle Osbourne

Kimberly Withers

Karolynn Maurice

Lisa Gordon

Amamda Luke

Chad Cherland

Mechelle Seneviratne

Amy Swinbank

12 June 2024

2:30 pm - 3:00 pm

Afternoon Tea

Pre-Conference Workshop Break - [Workshop](#) - Exhibition Area (Plaza Foyer)

Join us for afternoon tea and meet our sponsors

12 June 2024

3:00 pm - 5:00 pm

Pre-Conference Workshop - Renal Pharmacology, cont.

Pre-Conference Workshop - [Workshop](#) - P8

3:00 pm

[Renal Pharmacology Cont.](#)

[Carla Scuderi](#), [Tahira Scott](#), [Leanne Brown](#), [Lesley Salem](#), [Saskia Leibowitz](#), [Rebecca Hudson](#), [Claudia Jahnigen](#)

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Dr Saskia Leibowitz
Dr Rebecca Hudson

Carla Scuderi
Claudia Jahnigen
Dr Leanne Brown
Lesley Salem

3:00 pm - 5:00 pm **Pre-Conference Workshop - Vascular Access, cont.**

Pre-Conference Workshop - [Workshop](#) - P6 & P7

3:00 pm

[Vascular Access Cont.](#)

[Liz Coroneos](#)

The Vascular Access Workshop offers a unique learning experience that combines a range of pre-recorded lectures for pre learning and a greater emphasis of hands-on teaching.

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13 June 2024

7:00 am - 4:15 pm **Registration Open**

Plenary - [RSA Conference 2024](#) - Outside Plaza Auditorium Foyer

13 June 2024

7:30 am - 8:00 am
First Timers Session

Plenary - [RSA Conference 2024](#) - RSA Booth #13

7:30 am

[Navigating Your Conference Experience](#)

Are you attending our RSA conference for the first time? We're thrilled to have you join us for what promises to be an enlightening and enriching experience! To ensure you make the most of your time here, join us for our First-Timers Session before the conference opening.

This session is designed to help you navigate the conference with ease, connect with fellow newcomers, meet some of the RSA team and get insider tips on how to maximize your conference experience.

13 June 2024

8:00 am - 6:30 pm
Exhibition Open

Break - [RSA Conference 2024](#)

13 June 2024

8:30 am - 10:15 am
Session 1: Plenary

Plenary - [Recorded Session](#), [RSA Conference 2024](#) - Plaza Auditorium

8:30 am

[Welcome to country](#)

[Billy Cummings](#)

Welcome to country and didgeridoo performance by Turrbal Dippil.

Turrbal Dippil is committed to ensuring the survival and continuous sharing of Turrbal culture, and to developing self-sustaining communities. We hope that both Indigenous and non-Indigenous people will be able to celebrate the rich culture and history of the Turrbal Tribe.

<https://www.turrbal.com.au/turrbal-dippil>

8:45 am

[Official Opening](#)

[Edward Zimbudzi](#), [Sarah Russo](#), [Jon Hosking](#)

RSA President, Jon Hosking along with Board member and conference committee chair, Edward Zimbudzi and Board member and conference committee member, Sarah Russo, will officially open the conference by welcoming our delegates, acknowledging our sponsors and introducing our MC who has driven all the way from Darwin to be part of this exciting conference program!

9:00 am

[Keynote: The Renal Rollercoaster meets the Renal Rolls Royce](#)

[Robert Smith](#)

Robert Smith takes us through his own personal journey of pushing the boundaries of renal treatment, his new normal and gives a true consumer view about life on dialysis, with a focus on his treatment of choice and favourite soapbox subject - home nocturnal haemodialysis

9:45 am

[Changing Landscape in the management of CKD](#)

[Rathika Krishnasamy](#)

Burden of CKD, therapies to reduce disease progression and emerging therapies

13 June 2024

10:15 am - 10:45 am
Morning Tea

Break - [RSA Conference 2024](#) - Exhibition Area (Plaza Foyer)

Join us for morning tea in the exhibition area, meet our exhibitors and visit the poster displays

13 June 2024

10:45 am - 12:45 pm
Session 2: Plenary & Provocative Panel

Panel Discussion - [Recorded Session](#), [Health Equity](#) - Plaza Auditorium

10:45 am

[Keynote: Health Equity](#)

[Jaquelyne Hughes](#)

Speaker:

Prof Jaqui Hughes

11:30 am

[Provocative Panel: Health Equity](#)

[Rathika Krishnasamy](#), [Jamen Wilcox](#), [Catherine Wilkinson](#), [Melanie Beacroft](#), [Jaquelyne Hughes](#)

Provoking the status quo, to achieve kidney health for all

Our expert panellist will explore pressing issues surrounding access to healthcare, disparities in treatment, and the urgent need for systemic change. Our diverse panel of experts will challenge conventional thinking, spark meaningful dialogue, and inspire actionable solutions to ensure health equity for all.

Panelists:

Dr Rathika Krishnasamy

Prof Jaqui Hughes

Dr Catherine Wilkinson

Dr Melanie Beacroft

Chair:

Jamen Wilcox

13 June 2024

12:45 pm - 1:45 pm Lunch & Poster Presentations

Break - [RSA Conference 2024](#) - Outside P8, P9 and P10

Join us for a stand-up lunch in the exhibition area, meet our exhibitors and the visit the poster displays.

12:45 pm

[7 - Health Literacy Tailored Self-Management Intervention to Improve Fluid Adherence in People Receiving Haemodialysis: Protocol for a Feasibility Pragmatic Cluster Randomised Controlled Trial](#)
[Hemamali Jagodage](#)

Adherence to fluid restriction remains a challenge for people with kidney failure undergoing haemodialysis (HD) and fluid overload is associated with increased mortality and morbidity.

12:45 pm

[67 - Effect of education as an intervention to slow disease progression in Chronic Kidney Disease](#)
[Jayne Wentworth](#)

Like many chronic diseases, chronic kidney disease has lifestyle risk factors that through behavioural changes, may abate the disease progression and/or severity. Patient education plays a significant role in guiding these changes.

This review explores the association of education as an intervention with slowing the progression of chronic kidney disease in the pre-dialysis population and improving renal patient outcomes.

12:45 pm

[101 - The effects of implementing the afferent limb of a rapid response system in an outpatient healthcare setting - A Systematic Review](#)
[Mbololwa Nancy Mwauluka, RN, BNSc, Gradcert \(Renal\), MAdvNur](#)

Background: Registered nurses (RNs) play a significant role in detecting patients at high risk of deteriorating in healthcare settings. Despite that, the inefficiency of RNs to escalate deteriorating patients seeking healthcare services in outpatient units by alerting the associate nurse unit manager (ANUM) or Medical Officer (DR), calls for the implementation of a patient safety initiative such as the afferent limb of a rapid response system (RRS). The literature asserts that as a patient safety initiative, created to warrant early recognition and care of deteriorating patients the afferent limb has universal interest. This led to the following question:

▷ **Question:** Will implementing an afferent limb of a RRS in an outpatient healthcare setting improve nurses' clinical performance, judgement and communication, to be able to recognise and care for deteriorating patients?

12:45 pm

[199 - A multidisciplinary patient centred approach to manage a pregnant ESKD patient to 39 weeks: a case study](#)
[Biyi He](#)

Pregnancy in women with end-stage kidney disease (ESKD) undergoing haemodialysis presents unique management challenges that necessitate individualised treatment plans and close surveillance. This case study examines the successful completion of a 39-week pregnancy in a woman receiving haemodialysis treatment, highlighting the importance of tailored approaches and multidisciplinary care.

12:45 pm

[265 - Enhancing Renal nursing care in a standalone heart hospital: An Evaluation of education effectiveness](#)
[Karen Xiaodong Liang](#)

Delivering comprehensive renal nursing care to patients at the newly opened standalone heart hospital in Victoria is a key outcome along the patients' journey. However, most of the nurses working in this cardiac hospital have limited experience in renal nursing. Therefore, upskilling registered nurses in the heart hospital with knowledge and skills required to provide optimal care to renal patients is important.

12:45 pm

[365 - A Case of Scurvy: To treat or not to treat](#)

[Jodie Ridley](#)

A case of scurvy is identified in a dialysis patient. Treatment leads to an elevated reading, putting the patient at risk of oxalosis.

12:45 pm

[397 - Steele Syndrome leads to gangrenous finger A patient perspective on sound wound care principles – a case study](#)

[sherry Lipschinski](#)

Patient develops steal syndrome, following commencement of haemodialysis, leading to a secondary diagnosis of gangrene. Fistula was ligated to resolve the steal syndrome, but despite involvement from plastics surgeons, patient was sent home with thick black eschar surrounding nail bed to ring finger, with nil intervention to resolve the issue other than a nitrile cream. Patient visited GP numerous times, and was 'fobbed off' (as per patient) from plastics medicos at the tertiary centre where first examined. Patient's mental status declined over this period. Patient was waiting to transition to peritoneal dialysis but was concerned they would not be able to manage it, due to the ongoing pain and limited movability of fingers and hand. Nurse Y, with extensive wound care experience, suggested a wound care treatment plan to remove the eschar, for the finger to heal. Following 2 weeks of applying a debridement gel, the wound bed was cleared of necrotic debris and the healing process began. Since considerable improvement in the patient's finger and hand, they have now been able to transition to PD, is pain free and with full movement of hand again. This demonstrates the impact of sound wound care principles being applied, as well as engaging the patient, to support the patient to achieve an effective outcome. Haemodialysis nursing does not just constitute cannulation, connecting and disconnecting from dialysis machines but involves engaging and supporting the patient throughout their treatment journey to support a quality of life that best meets their wishes.

12:45 pm

[398 - INTEGRATING RENAL AND PALLIATIVE CARE. DOES IT MAKE A DIFFERENCE IN PATIENT'S QUALITY OF LIFE?](#)

[Natividad Miles](#)

Patients with advanced chronic kidney disease (CKD) who are older, frail and have multiple comorbidities with poor functional status are increasing in numbers. Patients with advanced CKD with or without dialysis are suffering from high symptom burden and if untreated leads to a decreased quality of life (QoL). Integration of palliative care in CKD care had demonstrated to be effective in addressing the high symptom burden of the CKD population. Renal Supportive Care (RSC) is a nurse-led model of care which has been developed to address the palliative care needs of the CKD population.

12:45 pm

[399 - Quick response to early stroke signs is vital in a community-based hemodialysis unit: A case study in a six-chair dialysis unit](#)

[Jingyun Lu](#)

Background: Hemodialysis patients with multiple comorbidities have a higher risk of suffering a stroke, which can cause cognitive and functional decline.

12:45 pm

[403 - Establishing the inaugural Australian and New Zealand Renal Social Work Network](#)

[Linh Pham](#)

The Renal Social Worker (RSW) role is complex and specialised, and involved across the trajectory of kidney disease. RSW's in diverse geographical areas face common clinical challenges, however there are no standardised models of care or RSW specific networks in Australia or New Zealand.

This led to the establishment of the inaugural Australian and New Zealand Renal Social Work Network (ANZRSWN) (the Network) in October 2022, providing:

1. Professional collaboration and peer support across Australia and New Zealand, by sharing knowledge and resources online, and
2. A forum to explore the highest quality evidence based RSW practice

12:45 pm

[405 - Dialysis Dynamos - Accelerating Regional Nurse Training](#)

[Bianca Newbery](#)

Regional dialysis staff are becoming harder to secure, junior/graduate staff being used to increase staffing. An improved guide for new dialysis staff needed to give prospective staff the tools needed to be confident in working independently within a short period of time.

There was inconsistency in training and willingness of senior nurses to train new staff, many were not confident to take on the responsibility. Resulting in inconsistent outcomes or staff not feeling confident or prepared to independently or missing important information. There was heavy reliance on one or two staff members to provide the majority of training, resulting in burn out.

Working together, a new orientation workbook was developed built on previous pathways and recommendations from all staff and students. The workbook gave both senior staff and new staff/students clear pathway and standardised education to help instil confidence and the best outcomes for new staff and students.

12:45 pm

[438 - Evaluating Patient and Carer Satisfaction with a Kidney Supportive Care service.](#)

[Catriona Bisset](#)

The Kidney Supportive Care (KSC) service has a person-centred approach to care for those living with advanced kidney disease. Patient satisfaction is an important and commonly used indicator for measuring quality in healthcare.

13 June 2024

1:45 pm - 3:30 pm

Session 3: Concurrent 1.1

Concurrent Session - [Recorded Session](#), [Kidney Health Australia](#), [Leadership & Workforce](#) - P6

Session Chair: Debbie Fortnum

1:45 pm

[From Paris to the Pilbara](#)

[Estelle Triquet](#)

402Q - Research Paper

Abstract

Aim:

Propose solutions to enhance recruitment strategies for international nurses coming to remote Australia.

Method:

After sharing my journey from leaving Europe to arriving in a remote community to work, I will be discussing three main points. The first one is the obstacles that can prevent nurses from making the decision to move country and come to Australia (animals, weather, language, visa...). The second point will be discussing the positive aspects of the different lifestyle this kind of work can offer (environment, culture, changing habits, quality of life, financial...). Finally, I will be explaining how the working conditions and the quality of care that we provide can motivate new nurses who are often driven by passion and are seeking to make a difference in people's lives.

Results:

How strong visual storytelling can highlight the breathtaking landscapes to inspire and engage nurses who are up for a change of lifestyle and to encourage them to take the leap into this kind of adventure.

Conclusion:

The conclusion will summarise the ideas about how to improve future recruitment strategies from

destination marketing, emphasis on work life balance to the unique experience of a lifetime.

2:00 pm

[Striving for Nephrology Nurse Education](#)

[Lynn Brown](#)

436Q - Research Paper

Abstract:

Aim:

Background In early 2023, we were asked to consider developing and delivering a nephrology specialty course for Palestinian nurses as part of a Project Rozana initiative. Project Rozana is an international organisation whose mission is to create access to quality healthcare for communities in conflict areas. In addition to the online theoretical learning, nurses would attend clinical placements to provide practical training in partnering hospitals in Israel. At that time, there were nursing courses for other specialties but no nephrology course, so a bespoke program was needed. Aim To develop and deliver an evidence based, peer reviewed online nephrology nursing course for nurses in the Project Rozana program.

Method:

Following discussion with the hospitals involved, we agreed on a curriculum. We also agreed timelines for development, peer review and publication of the courses to the WCEA* education platform. This would enable nurses to access the course from the broader global community as well. We developed content, had it reviewed/revised as needed, then recorded each module. On completion, the modules were uploaded to WCEA*. *World Continuing Education Association

Results:

At the beginning of September 2023, the Project Rozana Nephrology Nursing course went live on WCEA. On October 7, the Israeli – Hamas conflict started. Despite this, nurses participating in the program have completed online modules, as have many others.

Conclusion:

At the time of abstract submission, there have been 504 module completions from nurses internationally, including USA (90), Palestine (29), Israel (195) and Spain (28).

2:15 pm

[Engng Ubanyj - Health equity, cultural safety and quality haemodialysis care in remote Cape York](#)

[Daniel Winters-McAppion](#)

490Q - Research Paper

Abstract

Aim:

Provide clinically and culturally safe haemodialysis care in a very remote community. Increased quality of life for haemodialysis patients and their families by providing care closer to home. Increase opportunities for a greater proportion of care being provided by a local First Nation's workforce. Greater recognition of A&T;SI HPs role in providing health care.

Method:

Project development guided by Legislative change, health equity strategies and infrastructure capacity. Provide care closer to home and in response to local community needs. Develop a robust clinical governance structure for Aboriginal and Torres Strait Island Health Practitioners (A&T;SIHPs) providing haemodialysis care. Develop a structured, competence-based training program for A&T;SIHPs within a developing model of care. Provide ongoing clinical supervision for A&T;SIHPs working in an in-centre haemodialysis unit.

Results:

The movement of patients from major cities and regional centres back home. Governance that is compliant with legislation. Governance that is compliant with medicines regulations. Provision of care consistent with thrust of current health equity strategies. Competent health workers providing care that is culturally safe, promoting better quality of life and improved health outcomes for haemodialysis patients and their families.

Conclusion:

The Kowanyama Project may provide direction for the development of A&T;SIHPs for the 4 existing

haemodialysis services on Cape York and Torres Strait and for future dialysis services being planned on Torres Strait Islands. The development of the A&T;SIHP roles to practice to their full scope of practice may provide solutions across Queensland, and nationally.

2:30 pm

[Growing future nurse leaders](#)

[Liz Tomlinson](#)

475C - Research Paper

Abstract

Case Description:

The nursing workforce is constantly evolving, planning for the future of renal nursing specialists requires forward planning and an environment which is supportive to role and professional development. Mentoring in the workforce provides an opportunity for experienced healthcare workers to share their knowledge and offer guidance to colleagues resulting in the overall development of mentees.

Discussion:

Over the last two years 12 staff have participated in a locally based mentoring project. This group consisted of a Nurse Practitioner, Clinical Nurse Consultants and Registered Nurses. Through an expression of interest and interview process, candidates were selected to participate. Mentees selected preferences for a renal stream and matched up with a mentor from renal specialties including, peritoneal dialysis, renal transplantation, renal supportive care, CKD and haemodialysis. Based on the NSW Clinical Nurse Consultant domains of practice, regular education sessions, and a skills practice framework was used as a professional development guide. Opportunities to act in the Clinical Nurse Consultant roles was also supported during this project.

Conclusion:

Renal units and services have an opportunity to draw from senior experienced nursing workforce while at the same time develop robust succession plans through direct mentorship of Registered Nurses. This project has had positive outcomes for both the mentor and mentee. Mentors have benefited from the partnerships through increased creativity, sharing career success and satisfaction. Mentees experiencing increased confidence and competence, and assistance with career planning and psychosocial support.

2:45 pm

[Working together for the future of patient care - connecting with Kidney Health Australia.](#)

[Claire Sheekey, Breonny Robson](#)

This workshop will equip you with practical tips and tools, resources and education that can support your clinical practices and drive team-based care; along with an understanding of the programs, services, and resources available to support your patients with kidney disease.

1:45 pm - 3:30 pm

Session 3: Concurrent 1.2

Concurrent Session - [Recorded Session](#), [Kidney Supportive Care](#) - Plaza Auditorium

Session Chair: Jo Jones

1:45 pm

[Documented advance care plans in people with chronic kidney disease](#)

[Ilse Berquier](#)

428R - Research Paper

Abstract:

Aim:

To assess rates of documented ACP in CKD populations.

Method:

A systematic review of English language studies published between January 2011 and December 2023 retrieved from Medline, PubMed and Cumulative Index to Nursing and Allied Health Literature databases.

Inclusion criteria were adults with CKD and reporting ACP (including directives, enduring power of attorney). Two review authors identified studies for full review, data extraction and quality assessment. Data synthesis and quality assessment followed the Joanna Briggs Institute quality appraisal checklist.

Results:

Twenty-one studies met the inclusion criteria with n= 305,033 participants. Three studies were randomised control trials, 14 cross-sectional and the remaining 4 were either case-control or qualitative descriptive designs. Rates of documented ACP ranged from 5% to 89% (median 37%). Challenges to completing ACPs were length of time to complete, clinician role ambiguity and lack of reimbursement attached to the ACP process.

Conclusion:

Documented ACP rates for patients with CKD are suboptimal. This is a significant gap in current care of people with CKD, with understanding current rates and challenges associated, an important first step to improvement.

2:00 pm

[A Nurse Practitioner \(NP\) led home visit model in kidney supportive care](#)

[Ilse Berquier](#)

416R - Research Paper

Abstract

Aim:

To improve access to KSC care for people with advanced kidney failure who are unable to attend outpatient clinics due to frailty.

Method:

During the period October 2023-April 2024, data on demographic profile, number and frequency of appointments, Charlson Comorbidity Index (CCI), Clinical Frailty Scale (CFS); symptom experience and management (IPOS-Renal); health-related quality of life (EQ5D5L); patient/carer satisfaction and completed advance care planning were extracted from REDCap data management system.

Results:

Sixteen patients received a home visit, on average, every 3 months, (average age 81; range 67-91 years). Average clinician-reported scores were 7 for CCI and 6 for CFS, while average patient-reported scores were 10 for IPOS-Renal and 50 for EQ5D5L. Patient/carer satisfaction was high and 100% of visited patients have documented some form of ACP. All the patients who have met the home visiting criteria have agreed to the initial and ongoing NP visits.

Conclusion:

The NP led home visiting KSC service allows access to care that, until now, was beyond reach for those who were unable to attend clinic appointments due to frailty. Evaluation of the home visiting service is ongoing and will be reported on at 6 months.

2:15 pm

[Improving information provision and shared-care planning in Kidney Supportive Care \(KSC\): a consumer engagement project.](#)

[Jenny Kirby, Laura Austin](#)

437Q - Research Paper

Abstract

Aim:

The project aimed to co-design a clinical tool to improve the way in which consumers receive health care information and advice in KSC.

Method:

The QI change cycle was structured using a Knowledge-to-Action (KA) framework. A co-design approach, using interviews and focus groups, aimed to incorporate the lived experiences of consumers into designing a consumer-centred solution. Consumer surveys, project reports, staff consultation and administrative data was used to evaluate the QI implementation (fidelity, appropriateness and adoption) and outcome measures (effectiveness and satisfaction).

Results:

6 consumers (5 patients, 1 carer), including 2 First Nations people, co-designed a clinical template to record symptoms, treatments and plans, naming it an Appointment Summary. Consultation with front-line clinicians ensured clinical appropriateness. It has been adopted in 4 (N=6) MN KSC clinics. Preliminary feedback indicates positive rates of patient and staff satisfaction and effectiveness.

Conclusion:

This QI project has successfully co-designed and implemented a template for providing an individualised appointment summary for people attending a KSC clinic. Further research into the impact on patient care and clinical outcomes is required.

2:30 pm

[Working Aged Adults need Kidney Supportive Care](#)

[Louise Purtell](#)

421R - Research Paper

Abstract:

Aim:

To understand the characteristics of working aged adults with advanced CKD referred for KSC.

Method:

Using a cross-sectional design, adults (18-64 years) with advanced CKD referred between February 2016 and July 2021 were included. Data extracted from hospital records were demographic, clinical, symptoms (Integrated Palliative Care Outcome Scale Renal [IPOS-Renal]), health-related quality of life (HRQoL; European quality of life [EQ-5D-5L]), and advance care plan (ACP) completion.

Results:

Of 856 people referred during the study period, 156 (18%) were working aged adults (median age 57 years) with 69% receiving kidney replacement therapy. The majority were referred for symptom management (53%). The most prevalent symptoms were weakness (92%), poor mobility (83%), and pain (82%). Those on dialysis had significantly higher symptom scores than those not receiving dialysis ($p < 0.05$). In terms of HRQoL, more than 90% reported problems with mobility and pain, and 11.7% reported that they were unable to conduct usual activities. Completion of an ACP was low (29%).

Conclusion:

Regular monitoring and early identification of symptoms in all patients with advanced CKD—regardless of age and whether on dialysis or not—is necessary. An ACP should not be considered only for older people, and that leaving ACP discussion to a later time may cause rushed and late decision-making that is detrimental to wellbeing.

2:45 pm

[Withdrawal from Dialysis](#)

[Kirsten Hepburn](#)

An overview of withdrawal from dialysis and the role of kidney supportive care.

1:45 pm - 3:30 pm

Session 3: Concurrent 1.3

Concurrent Session - [Consumer Perspectives & Experiences](#) - P7

Session Chair: Prof Paul Bennett

1:45 pm

[Predictors of quality of life among caregivers of patients with moderate to severe kidney disease: an Australian cross-sectional study](#)

[Edward Zimbudzi](#)

234R - Research Paper

Abstract:

Aim:

We examined factors associated with the QoL of caregivers across different stages of CKD and investigated the relationship between the QoL of caregivers and severity of kidney disease.

Method:

A cross sectional study was performed among adult patients with CKD (eGFR <60 mL/min/1.73m²) and their caregivers recruited from the renal clinic of a large tertiary referral hospital. Demographic and clinical characteristics of patients were collected from medical records. Caregivers completed the Adult Carer Quality of Life Questionnaire, which measures QoL in eight separate domains with possible scores ranging from 0 to 15 with higher values indicating better QoL. Logistic regression analyses were performed to determine factors associated with low QoL among caregivers.

Results:

A total of 278 dyads of caregivers and patients with CKD were studied. The mean age (SD) of caregivers and patients was 56.6 (15.2) and 63.7 (15.3) years respectively. Mean QoL scores for caregivers across the 8 domains ranged from 8.1 to 11.7 and the overall QoL score was 80.7 (19.2). Female gender of caregivers and patients, longer caregiving time, diagnosis of diabetes and lower socioeconomic status of patients were all associated with lower scores in one or more domains.

Conclusion:

In caregivers of patients with CKD, female gender of both caregivers and patients, longer caregiving time, lower socioeconomic status and a diagnosis of diabetes among patients were independently associated with low QoL. An understanding of these factors provides insight into the development of targeted interventions to improve QoL of caregivers.

2:00 pm

[An online peer-support group to improve social support and psychosocial wellbeing in haemodialysis patients. A pre-post pilot study](#)

[Karina Murphy](#)

409R - Research Paper

Abstract

Aim:

This was a feasibility pilot study to assess patient interest and engagement. The initiative provided insight into what does and does not work when implementing an online peer support group for haemodialysis patients.

Method:

A single site study was conducted at a 23-chair dialysis unit dialysing 99 adult patients. All haemodialysis patients were invited to participate. Data was also collected to measure social psychosocial outcomes using validated tools pre and post intervention.

Results:

Out of 99 patients approached 26 agreed to enrol and 9 withdrew. Pre and post QoL and HADS surveys were collected for analysis. Results are pending.

Conclusion:

This pilot study provided insights into an online peer-support group for haemodialysis patients, indicating potential benefits for social support and psychosocial wellbeing despite participation challenges. Individual needs must be considered in intervention design. Further analysis of the pre- and post-intervention data will shed light on the potential impact of the online support group.

2:15 pm

['What about Work?' Employment and Dialysis: A Qualitative study](#)

[Carla Silva, Sarah Russo](#)

417R - Research Paper

Abstract

Aim:

To better understand the facilitators, supports and barriers to maintaining or obtaining employment for people with kidney disease who are treated with dialysis in a regional health district in Australia.

Method:

Qualitative study design using semi-structured interviews, demographics and field notes. A convenience sampling of 20 participants recruited from community based and home-based dialysis therapies.

Results:

Grounded theory approach was used to perform the data analysis, coding and theming was attended by three research team members. Grounded in data themes were revealed such as type of employment, employer support and dialysis therapy choice. Family support. Financial implications and access to financial support. Psychosocial burden and physical kidney failure/dialysis symptoms.

Conclusion:

The study results explore the barriers and enablers of maintaining employment with people on dialysis treatments allowing clinicians to better understand the immense challenges faced by those working and attending dialysis treatments.

2:30 pm

[Understanding nurse's perceptions of sexual dysfunction in people receiving haemodialysis](#)

[Amanda Mckie](#)

299R - Research Paper

Abstract

Aim:

This study aimed to identify renal nurse's attitudes towards providing sexual healthcare and determine levels of confidence in discussing sexual dysfunction with people who are receiving haemodialysis

Method:

Using a cross-sectional design, renal nurse members of the Renal Society of Australasia completed an anonymous, online survey. The survey included demographic items and instruments designed to measure nurses' attitudes and confidence towards discussing sexual dysfunction. Data were analysed using descriptive statistics and non-parametric techniques.

Results:

Overall, most renal nurses were confident (n = 30, 42.9%) and had positive attitudes (n = 54, 77.2%) towards discussing sexual health concerns with patients although they rarely did so (n = 45, 64.4%). Male nurses reported having significantly higher levels of confidence in communication (p <.05) and confidence in practical knowledge (p <.05) compared to female nurses. However, many nurses indicated that they were less likely to discuss sexual concerns with older people (n = 55, 78.6%) compared to younger people (n = 30, 42.9%). A lack of practical training, lack of time, and patients' culture, religion, language, and ethnicity were identified as barriers to discussing sexual concerns.

Conclusion:

Renal nurses have a key role in providing care to people receiving haemodialysis where discussions about sexual concerns should be occurring, however many nurses still struggle to do so. This may lead to sexual health matters being overlooked or not addressed at all.

2:45 pm

[Clinical & Cultural safety – Managing culturally challenged dialysis patient.](#)

[Shaiju Thaikandy](#)

514Q - Research Paper

Abstract

Aim:

To describe significant challenges, we faced to strike a delicate balance between cultural sensitivity and clinical safety while we sought to provide dialysis treatment to a patient exhibiting challenging and aggressive behavior.

Method:

Description about the repercussions of managing a challenging patient, its ramifications on the renal staff, and our strategies for restoring a positive atmosphere within the service.

Results:

Despite the numerous hurdles encountered, we successfully administered dialysis treatment to a verbally aggressive and physically intimidating patient for a span of seven months

Conclusion:

Recognition of the necessity for the organization to establish stringent guidelines to prioritize the safety and well-being of staff in situations where cultural considerations supersede clinical concerns and staff safety.

3:00 pm

[Promoting psycho-existential wellbeing in a haemodialysis unit using live, therapeutic harp music](#)
[Maureen O'Brien](#)

499Q - Quality Improvement Paper

Abstract

Aim:

To assess whether there is an association between live harp music and anxiety, stress, depression symptoms amongst clients having in-centre haemodialysis.

Method:

Proxy measurements for stress/anxiety, such as BP and pulse and symptom scores from the Integrated Palliative care Outcome Scale – Renal (IPOS) and the Psycho-existential Wellbeing Symptom Assessment Scale (PESAS) are used to determine whether there is a correlation between harp music and wellbeing for participants.

Results:

Of the eleven participants, at pre-intervention, 81% were taking antihypertensives. 54% reported depression with 18.8% prescribed antidepressants. 72.7% reported anxiety, with 9.9% prescribed anxiolytics. Post-intervention results are being collected and analysed for presentation at the RSA conference.

Conclusion:

Although final results are pending, this project holds promise that haemodialysis nurses can promote innovative approaches to enhance care and wellbeing in a technological environment. Future projects could compare differences with recorded harp music and improve control of confounding variables.

3:15 pm

[Improving mental health outcomes for haemodialysis consumers](#)
[Sky Martin](#)

474Q - Research Paper

Abstracts

Aim:

Improve mental health outcomes of those receiving Haemodialysis rurally through improved screening, early identification of deterioration in mental state and appropriate escalation of care.

Method:

Implementation of a validated tool used to screen 100% of consumers that allows for a report of change by the consumer and for clinician assessment. Healthcare practitioners were trained in appropriate use of the risk screening tools, screening frequency and symptoms of mental state deterioration. A pathway for escalation of care was implemented and the role of healthcare practitioners identified. Multiple audits to review the screening results were conducted comparing pre and post implementation outcomes.

Results:

22 patients were screened utilising the newly sourced tool, 3 consumers who were previously not at risk through historic methods, were flagged as being at risk of deteriorating mental health. One consumer who had previously been treated for a mental health condition and was previously deemed as 'doing well' was rescreened and further deterioration was identified. Risk identification enabled early referral to appropriate services and interventional care to commence.

Conclusion:

Deterioration in mental health has been noted as a common occurrence in the chronic health setting. Improved screening processes enhanced our ability to promptly identify changes in mental state and

improve the mental health outcomes of consumers otherwise experiencing barriers in accessing care.

1:45 pm - 3:30 pm

Session 3: Concurrent 1.4

Concurrent Session - [Health Equity](#) - P8

Session Chair: Leanne Brown

1:45 pm

[A call to action: Interventions in improving equity in kidney health](#)

[Louise Purtell](#)

422R - Research Paper

Abstract

Aim:
To identify recent interventions to improve kidney health equity that focus on social determinants of health.

Method:

A narrative literature review of PUBMED, MEDLINE and Scopus for interventions published in English between 2021-2023 which sought to improve kidney health equity using approaches that specifically addressed social determinants of health. After screening, 19 studies were included. Data were extracted and collated using content analysis.

Results:

Important sources of inequity identified were race/ethnicity, gender, healthcare access and environmental contamination. We identified five levels of care at which kidney health equity interventions could be targeted: 1) patients, families, and caregivers; 2) healthcare teams; 3) health systems; 4) communities; and 5) health policy. Across these levels, approaches were classified into peer support, education, nutrition, financial, workforce, technology, data coding, community engagement, clinical guidelines, policy, and research interventions. Examples of these included culturally-tailored exercise/diet plans, antiracist health curricula, and a research scorecard to improve representation of minority communities.

Conclusion:

The engagement of diverse patients, families, caregivers and communities in healthcare research and implementation, as well as clinical care delivery, is vital to counteracting the deleterious effects of social determinants of kidney health.

2:00 pm

[Redesigning a specialist kidney care service to meet the needs of rural patients](#)

[Belinda Englebright](#)

510Q - Research Paper

Abstract

Aim:
To improve workforce and service delivery models in an attempt to streamline kidney care and reduce travel for rural patients

Method:

Traditionally patients would need to come to tertiary centres for renal specialist care. We redesigned this pathway through a number of initiatives starting with agreements with rural health services. We have 3 nurses training, educating and clinically supporting satellite staff and patients. Additionally, 6 Nurse Practitioners compliment care in the regional setting. Rural home dialysis patients are trained and managed by 3 'Link' nurses and 4 Dialysis Service technicians. We established outpatient clinics in larger regional cities and our team travel to sites, to support clinics, supplemented by telehealth. Our in-house proprietary electronic medical records reports data on all rural patients, with tailored algorithms and audit tools. We work closely with our rural partners on capability frameworks, patient flow and emergency plans.

Results:

The objective of this initiative achieved its primary goal of providing rural patients with specialist renal

health care. The uptake of services from clinics, education and links to tertiary renal specialist centre exceeded expected growth throughout the region. With many centres and clinics fully utilised, there has been ongoing development of services with rural partners to meet increasing needs.

Conclusion:

These service changes resulted in streamlined referrals, transfers and efficiencies in kidney care management. Local and telehealth consultations have allowed patients to remain in their communities and dramatically reduce the cost of travel and angst for patients undergoing an already burdensome treatment

2:15 pm

[The Roads More Travelled](#)

[Bianca Newbery](#)

406C - Research Paper

Abstract

Case Description:

The case follows the journey of an Aboriginal person in regional Australia and his acute start to dialysis and the challenges faced due to his complex situation, dealing with various agencies, and social complexities.

Discussion:

Following the journey of the patient, it became apparent there was a lack of understanding of the dialysis commencement process when multiple agencies become involved. The complexities of someone for whom English is a second language and the large distances patients need to travel in regional areas. The large distances are also impacted by limited public transport as well as the expense of travel in regional areas, often with limited return benefits. Importantly there is also discussion on how many remain displaced from where they call home as a result of requiring dialysis treatment.

Conclusion:

The case study reviews the distance travelled by dialysis patients when starting their dialysis journey and how this could be improved by combining multiple treatments required when patients are having to attend metropolitan centres for treatment. This became especially important during the covid pandemic when public transport options became limited as well as access to Aboriginal Communities. Through the study it was also noted that ANZDATA do not record those who have had to remain displaced as a result of requiring dialysis treatment and the importance of including this information to get accurate data on where the need for treatment is and monitor the ongoing distance patients need to travel.

2:30 pm

[Indigenous health in remote areas](#)

[Jamen Wilcox](#)

Working closely with indigenous communities across Australia, Jamen shares his knowledge and experience of Indigenous health in remote areas across this vast country.

2:45 pm

[Government Doing Things Differently: partnering to build dialysis units in remote First Nations communities](#)

[Melanie Beacroft](#)

The Australian Government Department of Health and Aged Care has prioritised partnership and community to guide the implementation of a \$45 million commitment to build up to 30 four-chair dialysis units in remote First Nations communities. By putting the Priority Reforms of the National Agreement on Closing the Gap at the centre, this project highlights that governments can do things differently and in genuine partnership to improve health outcomes for First Nations people.

1:45 pm - 3:30 pm

Session 3: Concurrent 1.5

Concurrent Session - [Vascular Access](#) - P9

Session Chair: Ignatius Abraham

1:45 pm

[Evaluating the Impact of Arteriovenous Fistula Dysfunction and Surgical Interventions on Quality of Life](#)

Abstract

Aim:

We aimed to evaluate the effects of AVF dysfunction and repeated surgical interventions on the quality of life of haemodialysis patients, and to identify strategies that balance maintaining quality of life and prolonging life.

Method:

This project utilised patient surveys to assess the impact of AVF dysfunction and the frequency of surgical interventions on quality of life. The rationale was that these interventions could potentially address the identified problems by reducing complications and enhancing patient well-being.

Results:

The surveys revealed four main themes: the effects of dialysis, treatment priorities, consequences of frequent surgeries, and satisfaction with AVFs. Dialysis mainly impacted patients' independence. Survival was the top priority for patients, followed by a desire to reduce dialysis sessions. The major issue with repeated surgeries was the disruption of daily activities. In terms of AVF satisfaction, the main problem was its failure, and the most frequent complaint was pain during use.

Conclusion:

The findings support the notion that minimising AVF complications and the need for repeated surgeries can significantly enhance the quality of life for haemodialysis patients. This project underscores the importance of considering patient well-being alongside the extension of life. Future directions include broader implementation of less invasive techniques and ongoing evaluation of their impact on patient outcomes.

2:00 pm

[Integration of Point-of-Care Ultrasound \(POCUS\) for assessing and cannulation of arteriovenous fistulas \(AVF's\)- a regional South Australian dialysis units experience.](#)

[Sarah McFeeters](#)

455Q - Research Paper

Abstract

Aim:

This initiative aimed to improve surveillance of AVFs, where early identification of problematic or failing AVF's, ensured intervention was timely, non-disruptive for the patient, and reduced the requirement for central venous access devices (CVAD's).

Method:

The clinical lead became an experienced USGC training provider for the team. The first statewide clinical procedure in USGC was developed and fully endorsed through quality systems. A task trainer model was used to "practice" USGC prior to cannulating patients AVF's. Logbooks of all USGC's enabled self reflection, aimed at improving skill and building confidence. Logs also provided the experience of USGC from the patients perspective. "Needle-Viz", "Bi-plane" and "Teleguidance" in POCUS have all been integrated into the USGC technologies in the unit.

Results:

Staff gained knowledge and confidence in using POCUS and USGC. Demonstrated 100% accuracy in all USGC's.

Increased number of "new" sites being cannulated reducing associated complications. Positive patient and staff feedback of their experiences with USGC.

Conclusion:

POCUS assists to improve surveillance of AVF's at a unit level, and if problems are identified early, it reduces unnecessary cost to healthcare services and inconvenience for the patient. USGC promotes longevity of AVF's with precision of cannulation, reduced number of missed cannulations, and new sites being cannulated. The limitations of this project is generalisability to larger units which may differ. The author declares no conflict of interest in regards to authorship.

2:15 pm

[Educational and behavioural interventions to improve long-term haemodialysis vascular access self-management: A systematic review.](#)

[Colette Wembenyui](#)

133R - Research Paper

Abstract

Aim:

To examine the effectiveness of educational and behavioural interventions designed to improve self-management of long-term vascular access in adults receiving haemodialysis.

Method:

A systematic review of English language publications from January 2013 to May 2023 retrieved from PubMed, Embase, CINAHL, Cochrane Library, PsycINFO and Joanna Briggs Institute (JBI) databases was undertaken. Two review authors identified studies for full review, data extraction and quality assessment. Data synthesis and quality assessment followed the JBI guideline for quantitative review and JBI critical appraisal tool. The review was prospectively registered with PROSPERO (CRD42023414193).

Results:

Seven studies involving 540 participants were included; two studies were randomised control trials and five were quasi-experimental. All studies involved patient education, predominately provided by nurses, and employing a variety of teaching resources such as education booklets, practical demonstrations, videos, and other patients' experiences. The self-management assessment tools varied among the studies. Outcomes measured included vascular access self-management behaviours, self-efficacy, and vascular access knowledge, and results revealed significant improvements post educational interventions.

Conclusion:

Educational and behavioural interventions improved self-management behaviours of patients with long-term vascular access. However, there were inconsistencies in self-management interventions. An evidence-based nurse-led self-management education intervention could lead to improvements in vascular self-management.

2:30 pm

[Left Brachio-Basilic Arteriovenous fistula \(BB AVF \) Pseudoaneurysm immediately post fistula needle insertion: A Case Study](#)

[Mechelle Seneviratne](#)

477C - Research Paper

Abstract

Case Description:

84 female presented to emergency department with left BB AVF swelling, pain, hematoma, unable to have dialysis. Day of presentation patient attended regular HD treatment at satellite unit, experienced acute pain and left breast swelling on venous needle insertion, unable to progress cannulation and haemodialysis. Patient transferred to acute tertiary hospital for management and treatment.

Discussion:

On arrival to emergency department, urgent chest x-ray, left BB AVF USS performed – demonstrated large hematoma and stent fracture. Angio fistuloplasty intervention demonstrated blown fistula pseudoaneurysm on stent site. Fistuloplasty intervention with sedation, Wrapsody covered stent was successfully performed, with needling location sites marked. Patient had haemodialysis treatment following intervention, and inpatient admission post dialysis.

Conclusion:

This case demonstrates the high risk involved with cannulating a vascular access where multiple interventions including stenting have been performed. The importance of AVF assessment, site selection, US guidance for cannulation and resources available in and after hours for immediacy of patient care & intervention when things don't go to plan.

2:45 pm

[Optimising Vascular Access for Elderly Patients](#)

[Monica Shahid](#)

431Q - Research Paper

Abstract

Aim:

We aimed to evaluate the impact of various VA options on the outcomes of elderly patients undergoing HD, focusing on identifying the most effective and safe VA methods.

Method:

This study employed a comprehensive evaluation of elderly HD patients' outcomes following different VA interventions, including arteriovenous grafts (AVG) and central venous catheters (CVC), as alternatives to fistula creation. The rationale behind these interventions was the high risk of fistula failure and the potential for non-use due to patient mortality before dialysis initiation.

Result:

The findings indicated an understanding of VA efficacy in elderly HD patients, showing that while traditional fistula creation remains a gold standard, alternative VA methods like AVGs or CVCs can offer viable solutions for patients with significant comorbidities or those at a higher risk of not utilising a fistula. These alternatives demonstrated varying degrees of success.

Conclusion:

While arteriovenous fistula creation should not be disregarded for elderly patients, individualised assessments are crucial to determining the most appropriate VA option. This tailored approach could significantly enhance treatment outcomes and quality of life for elderly HD patients.

3:00 pm

[Removal of tunnelled central venous catheters: extending nursing scope of practice](#)

[Kay McLaughlin](#)

Speaker: Kay McLaughlin

3:15 pm

[Endo AVF - Where are we now?](#)

[Amanda Luke](#)

Presenter: Amanda Luke

1:45 pm - 3:30 pm

Session 3: Concurrent 1.6

Concurrent Session - [Chronic Kidney Disease](#) - P10

Session Chair: Elaine Abery

1:45 pm

[Improving CKD detection in primary care through team-based education and practice data reports](#)

[Claire Sheeky](#), [Breonny Robson](#)

447Q - Research Paper

Abstract

Aim:

To provide a structured framework for detecting and managing CKD that will improve the coding of CKD diagnosis in primary care practices.

Method:

In 2023, we undertook a clinical audit program in primary care across Australia. The program introduced a framework to evaluate CKD data and identify improvements for systems. Practices undertook data collection and analysis, CKD education, practice team meetings, and review of associated practice systems. Participants reviewed their practice data 3 times across a 6-month period. Data gaps in CKD diagnosis were highlighted, benchmarked against local data and end point data. The findings were discussed and benchmarked against the other participating practices (anonymously). Participants were given lists of people to review over the 6-month period. Whole of practice quality improvement plans were discussed and implemented to address the CKD diagnosis gaps.

Results:

Across the program 958 new patients were identified as having CKD, this represents an increase in coded diagnosis of 124%. Other results indicate that practice systems such as recall protocols were improved, knowledge and understanding of CKD improved by 60% driving behaviour change in primary care.

Conclusion:

Implementing a formal framework for detection and managing CKD using practice data leads to improvements in coded CKD diagnosis, health practitioner knowledge and understanding of CKD and improved practice systems.

2:05 pm

[New Recommendations and Guidelines in the Detection and Management of Chronic Kidney Disease \(CKD\)](#)
[Breonny Robson](#)

448C - Research Paper

Abstract

Case Description:

There have been unprecedented advances in the recommendations and care for people with CKD over the last 18 months with the PBS listing of new medications and release of new guidelines. This presentation will highlight key information from the new handbook, provide an overview of what has changed in CKD detection and management, and discuss new data in the context of practice implications for renal nurses. We will provide practical examples of ways in which renal nurses can engage with their local primary care practices to provide education on the new recommendations, get involved in CKD initiatives, support patients and foster a link between care delivered in the community and that delivered in the renal unit.

Discussion:

Nurses will gain and understanding of the new recommendations for detecting and managing CKD and how they can support the implementation of these in their local area. We will provide nurses with practical tools, resources and education that can be assist them to build connections with primary care practices.

Conclusion:

Renal Nurses are well positioned to support the implementation of the new guidelines in practice and have the opportunity to positively impact on patient outcomes.

2:30 pm

[Exploring Cardiometabolic Drugs and Kidney Function: Insights from a Drug-Target Mendelian Randomization Study](#)

[Aristomo Andries](#)

435R - Research Paper

Abstract

Aim:

This study employs a drug-target Mendelian randomisation (MR) approach¹ in the general population to investigate the effect of cardiometabolic drugs for improving kidney function.

Method:

We identified single nucleotide polymorphisms as proxies for anti-hypertensive (Ca-channel blockers, beta-blockers, ACE inhibitors); anti-diabetic (SGLT2-inhibitors, metformin); and cholesterol-lowering (evolocumab, statins, and ezetimibe) drug targets. Their intermediate effects on systolic blood pressure, HbA1c, and low-density lipoprotein (LDL) cholesterol level were used as exposures, while the outcome was annual decline of creatinine-based estimated glomerular filtration rate (eGFR) in 343339 individuals (74% European ancestry)². We implemented several two-sample MR methods (inverse variance weighted, weighted median, weighted mode, MR-Egger).

Results:

A one standard deviation (SD) unit reduction in HbA1c (6.75 mmol/mol) via SGLT2 (target of SGLT2-inhibitors) caused an improvement in annual eGFR by $\beta=0.40$ (95%CI 0.22; 0.59). A one SD reduction in LDL cholesterol (38.7 mg/dL) via PCSK9 (target of evolocumab) decreased annual eGFR by $\beta=-0.07$ (95%CI -0.13; -0.02). Inference for antihypertensive drug targets was inconclusive.

Conclusion:

Our study underscores the potential of SGLT2-inhibitors in preserving kidney function. The effect of

decreasing eGFR was specific to evolocumab/alirocumab but not the other cholesterol-lowering drugs. The results support personalized treatment for cardiometabolic patients at risk of kidney impairment. Further studies are required to validate results in CKD cases. 1 Burgess, et.al. <https://doi.org/10.1016/j.ajhg.2022.12.0172>
Gorski, et.al. <https://doi.org/10.1016/j.kint.2022.05.021>

2:45 pm

[Invention, Innovation, and Implementation: redefining the role of Renal Nurse Navigator: Nurse Practitioner in the West Moreton Health Service](#)

[Fungai MPOFU](#)

266Q - Research Paper

Abstract

Aim:

To implement a Nurse Navigator: Nurse Practitioner (NN:NP) led project to improve management of CKD at West Moreton Health Service (WMHS). The aim is to early review, risk factor management and intervention to slow disease progression through comprehensive assessment, education, lifestyle modifications, and supporting self-management.

Method:

NN: NP conceptual framework was developed and implemented as a practice guide to provide quality care for CKD patients either by face to face or through telehealth. Practitioners visited rural hospitals to scope, understand challenges and develop partnerships prior to commencement. Establishment of telenephrology clusters, according to patient's demographic area to provide care closer to their homes. Commencement of NP led clinics to target "early CKD" patients. Navigation of patients with complex needs referred from inpatients, dialysis unit, outpatients, community, and other health services. Quantitative data was collected and analysed to measure the effectiveness of the project. Data is retrieved from databases such as WMHS Datahub, Nurse Navigator COMPASS, smart referrals and ieMR.

Results:

A total of 147 (NN), 128 (NP clinic) and 111 (telenephrology) patients were seen since 2019 through to Jan 2024. This includes 856 encounters as NN, (348 face to face and 508 phone calls) 352 as NP (F2F) and 491 at telenephrology clinics. Failed to attend rates have improved with 7.2% at telenephrology and 18.4% at NP clinics. Significant reduction noted in CKD waiting list, from 459 in 2021 to 93 in Jan 2024 despite the CKD population growth. Other benefits included less travel time and costs for patients and families, care closer home, better clinic attendance rate and improved health outcomes. 26 patients were discharged back to GPs for ongoing management as their risk factors had improved.

Conclusion:

The Role on NN:NP has improved patient outcomes for CKD patients and facilitated system improvement within the WMHHS.

3:00 pm

[Nurse Practitioner impact on CKD patients at ACCHS: Learnings from review of first 12 months of service provision](#)

[Sonia Mupotaringa](#)

513Q - Research Paper

Abstract

Aim:

Early interventions in Chronic Kidney Disease (CKD) have demonstrated notable improvements in health outcomes. Despite these advances, widespread disparities persist in accessing nephrology care. Nurse practitioners have emerged as pivotal contributors to enhancing care accessibility. However, uncertainties persist regarding the quality and outcomes of nurse practitioner-led care for CKD. This study focuses on the role of nurse practitioners in Aboriginal Community Controlled Health Services (ACCHS) and their potential to support CKD patients.

Method:

In 2023, a CKD Nurse Practitioner-led model of care was implemented, marking a significant stride towards addressing existing gaps. This quality improvement activity conducts a comprehensive review of the initial 12 months of service provision, encompassing the collection of de-identified and aggregated baseline data on client demographics and clinical profiles, including crucial kidney health measures such as pathology ordered (n-urine ACR, renal function), prescriptions (ACEI/ArB, flozins), referrals to nephrologists and

Improvements in ACR, HbA1c, BP.

Results:

The Renal Specialised Nurse Practitioner model of care, particularly within the ACCHS, has proven instrumental in optimising the utilisation of limited specialist resources. There was increase and improvements in pathology ordered (n-urine ACR, renal function), prescriptions (ACEI/ArB, flozins), referrals to nephrologists and Improvements in ACR, HbA1c, BP. This strategic deployment enables nephrologists to allocate more time to patients with complex or advanced CKD, thereby leveraging their expertise. Concurrently, nurse practitioners extend their care to patients in the early stages of CKD, surpassing the capabilities of primary care providers alone.

Conclusion:

This innovative model reveals that Renal Specialised Nurse Practitioners embody an untapped potential, uniquely positioned to administer optimal Indigenous-specialised CKD management programs in rural and remote communities. Their multifaceted role includes seamless integration with primary care, comprehensive case management with intensive follow-up, adept medication management, addressing social barriers to adherence, and delivering culturally safe and appropriate healthcare.

3:15 pm

[Kidney Health for All. Early Detection and Screening - Awareness day , Auckland Hospital Renal Services](#)

[Rajeev Kumar](#)

488Q - Research Paper

Abstract

Aim:

To raise awareness about "Amazing Kidneys" highlights that diabetes and hypertension are key risk factors for CKD. encourage systemic screening of all patients/visitors/whanau in hospital population with diabetes, hypertension, urinalysis, eGFR and specialist consultation.

Method:

Quantitative method adopted during data collection, Number of visitors, age group, sex, Ethnic background, past and current medical history

Results:

People from various ethnic background like European, India, Chinese, Pacific islanders and Maori screened for their kidney health. 65% of the visitors were female and 35% were the male. 23% of the visitors those who got their screening done were diabetic, 34% of them had hypertension and 11% of the visitors were with both diabetes and hypertension. 8% of the total visitors consulted with kidney specialist.

Conclusion:

Renal Services is committed to provide Education, early Detection, Screening & awareness of CKD. Events like kidney health awareness day can make a huge difference for those who are sitting on early stage of kidney disease.

13 June 2024

3:30 pm - 4:00 pm
Afternoon Tea

Break - [RSA Conference 2024](#) - Exhibition Area (Plaza Foyer)

Join us for afternoon tea in the exhibition area, meet our exhibitors and the visit the poster displays.

13 June 2024

4:00 pm - 5:15 pm

Session 4: Plenary

Plenary - [Recorded Session](#), [Resilience](#) - Plaza Auditorium

4:00 pm

[New initiatives at RSA - Lucy Scorer, Manager - Membership and Governance, RSA Lucy Scorer](#)

Are you across the new member offerings at RSA? Hear about RSA Thrive, our new Community platform where you can share files, ask questions and connect with your peers. The new membership categories on offer, and how you can pay for your membership in monthly instalment fees!

4:15 pm

[Keynote: Building your Resilience Shield Dan Pronk](#)

Studies from Australia and around the world show that working in healthcare is a high-stress role, with increased rates of compassion fatigue, burnout, and mental health injuries as a result. This presentation explores the stress-mitigating and resilience building techniques used by Special Operations soldiers, which can equally be employed by healthcare professionals to manage stress, build and maintain resilience, and thrive.

13 June 2024

5:15 pm - 5:30 pm Conference Close

Plenary - [RSA Conference 2024](#) - Plaza Auditorium

13 June 2024

5:30 pm - 6:30 pm Welcome Reception

Social Event - [RSA Conference 2024](#)

Join us at the close of Day 1 in the Exhibition Area for Welcome Drinks.

This is a great networking opportunity in a relaxed atmosphere, meet our sponsors and spend time with colleagues.

Your ticket to the Welcome Drinks is included in a full registration and by attending you will enhance your overall conference experience and feel more engaged in the conference community.

If you have a Thursday only registration and would like to attend the welcome drinks, you can still purchase tickets by contacting the RSA Team events@renalsociety.org

Additional tickets are \$25 each.

14 June 2024

6:15 am - 6:45 am

Morning Walk

Social Event - [RSA Conference 2024](#)

6:15 am

[Morning Walk with RSA Membership Team](#)

Join RSA Membership Manager, Lucy Scorer and kick start your day on the right foot, with a morning walk around Southbank and Brisbane gardens.

Meet at the Rydges Hotel Lobby at 6.15am.

If the weather is not on our side and it is raining, we will meet for a coffee at Coffee Head Co <http://www.coffeeheadco.com/> which opens at 6am.

14 June 2024

7:00 am - 8:00 am

CSL Seqirus Sponsored Breakfast

Social Event - [RSA Conference 2024](#) - P10

7:00 am

[CKD-associated Pruritus is more than just an itch](#)

[Sarah Russo](#)

Presenter: Sarah Russo

7:10 am

[Understanding the patient journey](#)

[Janine Hale](#)

Presenter: Janine Hale

7:20 am

[Advocating for patients](#)

[Gemma Blake](#)

Presenter: Gemma Blake

7:35 am

[Turning awareness into action](#)

[Sarah Russo](#)

Presenter: Sarah Russo

7:45 am

[Questions and discussion](#)

[Sarah Russo](#), [Janine Hale](#), [Gemma Blake](#)

Presenters: Sarah Russo, Janine Hale and Gemma Blake

7:00 am - 5:00 pm

Registration Open

Plenary - [RSA Conference 2024](#) - Outside Plaza Auditorium Foyer

14 June 2024

8:15 am - 9:15 am
Session 5a: Plenary

Plenary - [Recorded Session](#), [RSA Conference 2024](#) - Plaza Auditorium

8:15 am

[To choose to do the hard things](#)

[Dinesh Palipana](#)

Our world has been shaped by a willingness to do things, as it was said, "not because they are easy, but because they are hard". Today, more than ever, tackling the hard things remains critical for humanity. This is the story of a journey that forced a human to embrace hardship, to learn from it and hopefully, to become better.

14 June 2024

9:15 am - 10:45 am
Session 5b: Concurrent 2.1

Concurrent Session - [Haemodialysis](#) - P10

Session Chair: Rajeev Kumar

9:15 am

[Turmeric an Unexpected Cause of Hyperkalaemia in a Chronic Haemodialysis Patient](#)

[Genevieve McLoughlin](#)

418C - Research Paper

Abstract:

Case Description:

A clinical review of vascular access, diet, medications, dialysis prescription, and residual kidney function was conducted for an 82-year-old gentleman to investigate the cause of his ongoing hyperkalaemia. The potential causes were addressed individually, but he remained hyperkalaemic and asymptomatic. He then presented to dialysis with severe leg weakness, and a life-threatening spike in serum potassium to 8.1 mmol/L. Thorough re-examination and a literature search led to a connection with a previously undisclosed turmeric/glucosamine preparation that the patient was taking for arthritic pain.

Discussion:

This case study highlights the potential risks associated with the use of over-the-counter medications by patients with CKD on haemodialysis. It also emphasises the importance of scrutinising all patient's medications including over-the-counter and herbal supplements and educating patients about the possible harmful effects of these preparations.

Conclusion:

Timely and thorough investigation of hyperkalaemia and patient education are essential to prevent these life-threatening situations.

9:30 am

[The futility of post-haemodialysis blood glucose levels: A retrospective cohort study](#)

[Jing Zhang](#)

411 - Research Paper

Abstract

Aim:

To determine the rate of out-of-range post-haemodialysis blood glucose levels, the rate of out-of-range post-haemodialysis blood glucose levels that are clinically acted upon, the type of intervention and outcome of each intervention, and the associations between post-haemodialysis blood glucose levels and relevant clinical predictors.

Method:

We conducted a 12-month retrospective cohort medical record review in one Australian haemodialysis centre. Post-haemodialysis blood glucose levels, pre-haemodialysis blood glucose levels, time of treatment, diabetes medications, intradialytic fluid removal, dialysate dextrose concentration, clinical actions, interventions, and outcomes on out-of-range blood glucose levels were retrieved.

Results:

1703 haemodialysis sessions were analysed from 22 participants aged 67 + 12 years, with a median time receiving dialysis 3.1 years (IQR 2.3-4.7). The proportion of out-of-range post-haemodialysis blood glucose levels was estimated to be 87.3% (95% CI, 86.1% to 88.5%). No out-of-range post-haemodialysis blood glucose levels were clinically acted upon and there were no intervention episodes or outcomes of these interventions in the study sample. Out-of-range post-haemodialysis blood glucose levels were 4.6 times more likely if a 2g/l compared to a 1g/l dextrose bath was used (95% CI:3.3; 6.3. p<0.001). The odds of the post-haemodialysis blood glucose levels being out-of-range increased by 34% as the pre-haemodialysis blood glucose levels increased by each 1 mmol/L. Intradialytic fluid removal, dialysate dextrose concentration, sex, dialysis time, anti-hyperglycaemic agents were also associated with out-of-range post-haemodialysis blood glucose levels.

Conclusion:

Routine post-haemodialysis blood glucose levels testing has limited clinical utility in the routine care for people with diabetes receiving haemodialysis. Higher dextrose dialysate may require individual titration depending on pre- and post-haemodialysis blood glucose levels.

9:45 am

[Establishing a Successful Nephrology Service at a Standalone Heart Hospital](#)

[Annette Jamieson](#)

454Q - Research Paper

Abstract

Aim:

To establish a Nephrology service at a stand-alone heart hospital, to allow for the provision of a haemodialysis service.

Method:

Development of the model of care for the service including processes, leadership and governance. The development of the Renal – Cardio Clinical Nurse Consultant (CNC) role to provide a liaison between the service and the offsite main nephrology unit. Education and training of staff from both sites. Set up of haemodialysis compatible bed spaces, implementing storage and supply processes. Clear communication of service capabilities and limitations. Streamlined communication between the main dialysis unit and the renal-cardio CNC.

Results:

The establishment of 8 haemodialysis rooms and the successful provision of 124 haemodialysis treatments. We have seen no increase in on call demands since commencement. Key success has been linked to the defined role of the Renal-Cardio CNC. The ability of the CNC to provide key relationship building between all stakeholders, to be the visible point of reference for the nephrology service on site.

Conclusion:

Whilst there has been challenges in setting up and providing haemodialysis services without a dedicated unit, we have been able to successfully implement a “fly in fly out” service led by the Renal-Cardio CNC, Nephrology team and the Acute Haemodialysis unit.

10:00 am

[Haemodialysis for Pacific People; The National Kidney Foundation of Samoa Journey](#)

[Christina Poloai](#)

449Q - Research Paper

Abstract

Aim:

Presentation will highlight the establishment of NKFSamoa, its essential services and identifying challenges and innovations experienced by the NKFSamoa in a resource constraint environment while ensuring these essential services are sustained for the people of Samoa.

Method:

NKFS recent evaluation of statistics gathered from its medical screenings and outreach programs, suggests a prevalence of CKD in Samoa of 34.6%. This estimate suggests that given a population of about 200,000, there would be 42,212 people living with CKD in Samoa. This is a very high number compared to global rates

Results:

Currently the number of patients requiring dialysis increased dramatically and the conditions these patients presented with were well advanced in kidney failure that there was no other intervention needed except initiating dialysis. From NKFS data for the 443 people that were on dialysis during the 10 years, 2012 – 2022, over 80% of them had End Stage Renal Failure due to unmanaged or poorly managed diabetes and/or hypertension. Haemodialysis patients increased by 200%, more than 80% of patients in the pre-dialysis clinic were lost to follow up and our screening program was effective in detecting however lacking in management of people identified with CKD.

Conclusion:

These numbers would suggest that Samoa will continue to experience a constant increase in people needing renal replacement therapy. This assumption is held true by having a new high of 66 new dialysis patients for the Financial Year ending 30 June 2023.

10:15 am

[Relationship between socioeconomic status and interdialytic weight gain in haemodialysis patients.](#)

[Asha Blessan](#)

400Q - Research Paper

Abstract

Aim:

This study examined the predictors of suboptimal interdialytic weight gain among haemodialysis patients.

Method:

A cross-sectional study was conducted among haemodialysis patients from five dialysis units affiliated to a large metropolitan hospital in Melbourne, Australia. Demographic and clinical data were collected from electronic medical records. Interdialytic weight gain was calculated from a midweek run. Regression analysis were performed to determine factors associated with suboptimal interdialytic weight gain

Results:

A total of 269 patients (62% female) with a mean (SD) age of 65.8 (14.8) years participated. Sixty percent were from culturally and linguistically diverse background (CALD) and 44% had severe comorbidity status based on the Charlson Comorbidity Index. With respect to socioeconomic status, 114 (42.4%), 65 (24.1%) and 90 (33.5%) of patients belonged to the most disadvantaged, intermediate and most advantaged groups respectively. The mean (SD) absolute and relative IDWG was 1.68 (0.97) kilograms and 2.17 (1.34) % respectively. The relative IDWG for patients from CALD backgrounds was 43% higher compared to those from non-CALD background and patients who dialysed with arteriovenous fistulas had higher relative IDWG compared to those who had other forms of access. Base weight was negatively correlated to relative weight gain (all p values in adjusted analyses <0.05).

Conclusion:

Among patients on hemodialysis, being from CALD background and dialysing with an access other than an arteriovenous fistula was associated with higher relative IDWG derived from a midweek run. Identifying these factors will inform the timely implementation of interventions targeted at subgroups who experience suboptimal IDWG such as those from CALD backgrounds .

10:30 am

[Glucagon like peptide-1 receptor agonists \(Ozempic\) use in a haemodialysis unit: Not the golden ticket for weight loss.](#)

[Kirsty Musgrave](#)

507C - Research Paper

Abstract

Case Description:

59yo man on HD 3x week with Class 2 obesity (BMI 35.4kg/m²) attended the metabolic rehabilitation clinic and was commenced on OzempicR as part of his weight loss program with the plan to be listed for a renal transplant. A fortnight after commencing OzempicR he began complaining of increasing abdominal pain. Upon investigation he informed the staff he had not moved his bowels in 15days.

Discussion:

Despite the GLP-1Ras being hailed as the golden ticket for people struggling with obesity they are not without their risks and cannot be used in isolation. The underlying cause of obesity is multifaceted including but not limited to lower levels of education, poverty, food deserts, and therefore the treatment of obesity should be multifaceted. The task for the dialysis staff then became how to manage dialysis treatment – with unrealistic weight loss expectations and associated side effects

Conclusion:

Patients are looking for the “golden ticket” to assist with weight loss and the GLP-Ras are being hailed as such, however they must be viewed as part of a suite of interventions. The challenge for the dialysis team is how to support the patient while they explore these options and maintain a safe treatment environment.

9:15 am - 10:45 am

Session 5b: Concurrent 2.2

Concurrent Session - [Leadership & Workforce](#) - P8

Session Chair: Prof Ann Bonner

9:15 am

[Reshaping a renal service - one nurse practitioner at a time](#)

[Denise Marie Friginal](#)

511C - Research Paper

Abstract

Case Description:

The health service caters to approximately 900,000 individuals, with a rising demand for dialysis care. The introduction of the NP aimed to address gaps in timely and accessible care, particularly in activating transplant waitlist (TWL) candidates. As this was the first time that an NP was introduced to the renal service, the model of care (MOC) was drafted by the medical workforce. However, this draft was ill-informed and has placed some limitations on NP capabilities. Through a review and gap analysis, the NP refined the MOC to better suit patient needs.

Discussion:

The gap analysis highlighted issues such as irregular patient reviews and delays in transplant assessments. The NP's interventions, including increased dialysis unit rounds, enhanced transplant service models, and heightened presence in renal clinics, significantly improved patient care. In 2023, the NP provided 812 dialysis episodes of care, conducted 108 transplant workups, and contributed to 60 TWL activations and 26 transplants.

Conclusion:

The integration of NP services complements nephrologists' roles, fostering collaboration and significantly improving patient access to timely and convenient care.

9:30 am

[Clinical Renal Physiologist: A Registered Nurse's Perspective](#)

[April Jephcott](#)

401Q - Research Paper

Abstract

Aim:

The aim of this project is to outline how complementary workforces can collaborate to provide holistic patient-centred care in satellite dialysis units.

Method:

The model of care used in our metropolitan satellite dialysis units is unique in Australia as all clinical staff are CRPs with oversight by an RN. The RNs and CRPs have extensive renal specific education and training and defined scope of practice, allowing them to work collaboratively and independently with clearly defined lines of escalation.

Results:

The CRP workforce enables the RN to concentrate on all aspects of clinical care, focusing on holistic patient outcomes and resulting in excellent care for patients. Utilising a complementary workforce reinforces our organisational values and contributes to meeting the demands of an ever-changing dialysis population.

Conclusion:

Working collaboratively with CRPs has been a rewarding experience as an RN and has allowed the opportunity for both workforces to contribute optimally to their scope of practice. Our institution has confidence and fully supports the workforce model and subsequent excellent patient outcomes.

9:45 am

[Empower the Yolngu vision to develop and grow local workforce](#)

[Nathan Garrawurra, Natasha Gibbins](#)

364Q - Research Paper

Abstract

Aim:

To foster community self-determination and align program strategies with community priorities by establishing community reference groups in the EA Region2.

Method:

Renal community reference groups were established in three communities at 6-month intervals. Feedback received from these meetings informed program development and supported advocacy to empower Yolngu workforce and development of community-based workers.

Results:

Increasing Yolngu health workforce, retention rates and improving development pathways were identified by the renal community reference groups and Yolngu staff as key priorities in strengthening current program delivery. Historically, there has been a high turnover of community support workers (CSW) at Miwatj Health. Numerous enablers for staff retention were identified.

Conclusion:

By imbedding identified enablers into program activities, staff retention improved as CSW felt valued, empowered, and safe. The CSW are passionate about their role in delivering the renal story to community and feel supported to continue to develop their skills.

10:00 am

[Assessing the quality of haemodialysis nursing care](#)

[David McIntyre](#)

166Q - Research Paper

Abstract

Aim:

This multi-phase study sought to: i) develop haemodialysis nurse sensitive indicators (HD-NSIs), ii) create an audit tool to measure these indicators; and iii) test the validity and feasibility of measuring the quality of HD nursing care.

Method:

Study 1 used a Delphi iterative research process to attain consensus from an expert panel. Study 2 tested the validity of the McIntyre Audit Tool (MAT). A panel of (n=13) nurses participated in two focus groups. Nurses (n=10) then rated each item, and the overall scale level content. Testing feasibility involved nurses (n=30) completing the MAT for each shift they worked over a period of 1 week, followed by a short

questionnaire.

Results:

Study one identified 26 HD-NSIs, study 2 reduced these to 20. The MAT demonstrated excellent scale-content validity index average of 0.92. During study 3, 97 audits were completed, and most nurses completed this within 5 minutes (79%). Furthermore, the MAT was easy to complete (91.7%), could be conducted during a normal shift (83.3%), and nurses would complete audits (79.2%).

Conclusion:

It is feasible to evaluate the quality of nursing care using HD-NSIs. Each unit can establish internal benchmarks to improve the quality of care provided to patients by monitoring MAT scores. Furthermore, it assists with demonstrating the staffing levels needs to achieve quality outcomes. Lastly, local, and national benchmarking could be possible to promote improved practice.

10:15 am

[A new model dialysis unit: Our experience](#)

[Franco Peri](#)

471Q - Research Paper

Abstract:

Aim:

To establish a haemodialysis unit equipped to accommodate higher acuity patients otherwise not suitable for satellite dialysis, thereby effectively utilising resources and creating capacity in the acute unit.

Method:

With increasing patient numbers and acuity demands, our service required a new and innovative type of dialysis unit. With the assistance of a generous donation, a unit was purposely designed for the increasing needs. After extensive research, consultation, workforce modelling, and several iterations of business cases: the unit was opened to treat higher acuity and wait listed patients, and those requiring additional precautions.

Results:

The unit was opened late October 2023 using a mixed-model workforce composed of registered nurses and clinical renal physiologists. To date, the unit has provided 731 dialysis treatments including 48 COVID positive treatments, many of whom would otherwise be dialysing in a COVID positive or acute unit. The unit is not yet at full capacity but is equipped to treat 15 patients per shift with three isolation bays.

Conclusion:

We have found the unit has had a positive impact on our patients, staff, and the wider nephrology department. It allowed the closure of an inefficient COVID positive area and diverted patients from the acute unit.

10:30 am

[Growing teams for growing services](#)

[Karolynn Maurice](#)

451Q - Research Paper

Abstract

Aim:

To establish a Nephrology service at a stand-alone heart hospital, to allow for the provision of a haemodialysis service.

Method:

Development of the model of care for the service including processes, leadership and governance. The development of the Renal – Cardio Clinical Nurse Consultant (CNC) role to provide a liaison between the service and the offsite main nephrology unit. Education and training of staff from both sites. Set up of haemodialysis compatible bed spaces, implementing storage and supply processes. Clear communication of service capabilities and limitations. Streamlined communication between the main dialysis unit and the renal-cardio CNC.

Results:

The establishment of 8 haemodialysis rooms and the successful provision of 124 haemodialysis treatments.

We have seen no increase in on call demands since commencement. Key success has been linked to the defined role of the Renal-Cardio CNC. The ability of the CNC to provide key relationship building between all stakeholders, to be the visible point of reference for the nephrology service on site.

Conclusion:

Whilst there has been challenges in setting up and providing haemodialysis services without a dedicated unit, we have been able to successful implement a “fly in fly out” service led by the Renal-Cardio CNC, Nephrology team and the Acute Haemodialysis unit.

9:15 am - 10:45 am

Session 5b: Concurrent 2.3

Concurrent Session - [Innovation & Technology / Future Focus](#) - P7

Session Chair: Debbie Fortnum

9:15 am

[Does the integration of an electronic clinical decision support system tool within medical records increase diagnosis of Chronic Kidney Disease \(CKD\) in Primary Care Practices \(PCPs\)?](#)

[Janine Hale](#)

508R - Research Paper

Abstract

Aim:

To determine whether the integration of an electronic clinical decision support tool (eCDSS) within electronic medical records could increase diagnosis and management of CKD in Australian PCPs.

Method:

A systematic literature review was conducted across three databases targeted toward studies that involved eCDSS use in PCPs with specific focus on diagnosis, documentation and management of CKD.

Results:

A total of 17 studies met inclusion criteria. Of these, 8 identified CKD diagnostic coding as primary or secondary outcome. 4 demonstrated statistically significant increase in coding following integration of eCDSS tool. Improvement in measurement of urinary albumin-creatinine ratio was demonstrated in 3 of 4 studies but improvement in guideline recommended management was only demonstrated in 3 of 16 studies.

Conclusion:

This review was inconclusive and further studies are required to investigate whether eCDSS tools can prompt improved identification and guideline recommended management of CKD in PCPs

9:30 am

[An audit on ambulatory blood pressure monitoring in chronic kidney disease](#)

[Albert R, Susan Curry](#)

430Q - Research Paper

Abstract

Aim:

The aim of our audit was to distinguish subclasses of HTN that were identified by the ABPM results.

Method:

Retrospective audit: inclusion of patients with CKD stages 4-5, home-dialysis, or transplant with OBP >140/90 and patients who had symptoms of low BP on multiple antihypertensives. Data was collected from ABPM reports.

Results:

A total of 28 ABPM reports were reviewed. Mean age of patients was 63. Female 35.7%. Patients with diabetes 21.4%, and Maori and Pacifica 21.4%. White coat HTN 35.7%, uncontrolled day time BP 78.5%, uncontrolled night-time BP 85.7%, nocturnal dipper 35.8%, non-dipper 46.4%, reverse dippers 17.8%.

Interestingly there were 0% cases of masked HTN.

Conclusion:

ABPM is a useful tool to detect sub-classes of HTN, this helps to optimise HTN treatments. Referral criteria is modified to identify patients with masked HTN. Data showed patients with diabetes, Maori & Pacifica background were underrepresented. We are considering rural HTN clinics to address the issue of inequity in service delivery.

9:45 am

[Queensland Health's Advancing Kidney Care Information Solution \(AKCIS\)](#)

[Santhiya Rajendra](#)

444Q - Research Paper

Abstract

Aim:

The purpose of the AKCIS project is to develop a digitally integrated kidney care data source that is secure, standardised and represents meaningful information to assist users in facilitating health care improvement.

Method:

Commissioned by the Queensland State-wide Renal Clinical Network, an external review of renal services was undertaken which resulted in the establishment of AKCIS in 2020. The kidney care community has continued to influence the selection of included information and how insights are presented.

Results:

AKCIS provides reports on kidney transplantation, acute kidney injuries, dialysis provision (chronic centre-based, home and independent haemodialysis (HD) and peritoneal dialysis (PD)), distance and time travel and (early 2024) advance care planning. Reporting can be filtered by age, gender, Aboriginal and Torres Strait Islander status and other data. Reports assist understanding of the provision of kidney health care services specific to Hospital and Healthcare Services.

Conclusion:

AKCIS receives recurrent funding for the ongoing maintenance, expansion of reporting, and ongoing utility assessments of the platform in meeting Queensland's renal community and State needs, and currently has exciting new reports in train.

10:00 am

[Establishing a new renal service database for Mackay Hospital and Health Service \(MHHS\).](#)

[Dolores Ramsamy](#)

600 - Research Paper

Abstract

Aim

The database will:

1. Capture the entire Renal Service patient population.
2. Tool to improve patient flow.
3. Provide data for research and reporting.
4. Support workflow and workforce planning.
5. Improve staff transition across the different renal service models (Chronic Kidney Disease, Kidney Supportive Care, Haemodialysis, Peritoneal Dialysis, Home Haemodialysis and Transplant).

Methods:

Successful establishment of the database required but was not limited to:

- a clinical governance framework
- an evaluation of existing excel spreadsheets to identify the data collection criteria
- a Software-Purchase-and-Installation-Request (SPIR), and
- Memorandum of Understanding (MoU).

Results:

MHHS anticipates the development of a REDCap database will support accessible data capture and reporting for the entire service in the provision of best patient care.

Conclusion:

The MHHS Renal Service is keen to share the learnings and pragmatics of its database to support considerations of other Renal Service providers and potentially optimise similar data collection mechanisms.

10:15 am

[Evaluation of the virtual multidisciplinary team meeting model for adult patients on haemodialysis](#)
[Edward Zimbudzi](#)

233R - Research Paper

Abstract

Aim:

To explore the experiences and perceptions of members of the MDT managing people with kidney disease regarding virtual meetings, in the setting of a single adult acute dialysis unit affiliated to a large metropolitan teaching hospital.

Method:

Semi-structured interviews were conducted amongst MDT members to explore their experiences and perspectives of virtual MDT meetings. Maximal variation sampling was used to ensure adequate representation by gender and professional roles. All interviews were audiotaped and transcribed verbatim, before being analysed by two researchers independently using the Theoretical Domains Framework (TDF). Disagreements were resolved by a third researcher.

Results:

Of the nine participants interviewed, six were females and the majority were nurses. Three main themes emerged within the three primary TDF domains: impact on staff and patient outcomes; limited technological skills, and opportunities for improvement. From the four intermediate TDF domains, another four themes were captured: professional responsibility; impact on engagement; barriers to participation; and desire to provide optimal patient care.

Conclusion:

Healthcare professionals reported that virtual MDT meetings overcame geographic barriers and infection control restrictions and they offered possibilities for broader inclusivity. However, strategies are needed to overcome technological issues, improve participants' skills to navigate technology, and optimise active participation.

9:15 am - 10:45 am

Session 5b: Concurrent 2.4

Concurrent Session - [Recorded Session](#), [Health & Wellbeing](#) - P6

Session Chair: Elaine Abery

9:25 am

[Strategies for optimising frail patients living with CKD](#)
[Shannon King](#)

Presenter: Shannon King

9:45 am

[How nurses can identify frailty in a busy clinical setting](#)
[Paul Bennett](#)

Presenter: Prof Paul Bennett

10:05 am

[Opportunity gone in less than 60 seconds](#)
[Grant Turner](#)

Presenter: Grant Turner

10:25 am

9:15 am - 10:45 am

Session 5b: Concurrent 2.5

Concurrent Session - [Peritoneal Dialysis](#) - P9

Session Chair: Ignatius Abraham

9:15 am

[Improving the pathway for Peritoneal Dialysis Catheter access](#)

[Claire Reed](#)

446Q - Research Paper

Abstract

Aim:

To provide improved wait time for PDC insertion by re-introducing insertion via Interventional Radiology (IR) alongside the surgical pathway.

Method:

Patient review for PDC insertion was included in the established, Vascular Access Nurse (VAN) led, Dialysis Access Clinic. Home Dialysis Nurses worked with the VAN coordinating patient referral and review for PDC insertion. Interventional Radiology (IR) and Surgical (Urology) were invited to participate in this Dialysis Access Clinic with the aim to streamline patient pathway for PDC insertions.

Results:

IR was successfully integrated into the Dialysis Access Clinic and IR PDC insertions recommenced in March 2023. Median time for referral to insertion via IR in 2023 was 31.5 days. IR insertion has since become the predominant pathway for referrals. The Surgical unit declined to participate in the Dialysis Access Clinic but remain an option for referral, one patient was referred in 2023 for surgical insertion.

Conclusion:

Inclusion of IR to the Dialysis Access Clinic has improved timely access to PDC insertion for our patient group. It has also provided an opportunity to build interdepartmental relationships with a view to continue to audit and improve patient outcome and experience for PDC insertion.

9:30 am

[On Peritoneal Dialysis? Can travel!](#)

[Jo-anne Moodie](#)

478C - Research Paper

Abstract

Case Description:

Given the portability of PD, it is not surprising that people travel to domestic locations frequently but many patients are hesitant to travel internationally due to perceived risks and challenges. Between June 2022 and February 2024, our PD unit assisted 14 PD patients to plan and successfully undertake 22 international trips, for both work and leisure related reasons. Travel destinations include North and Central America, Europe, Asia and the Middle East.

Discussion:

Our PD staff prepare patients for international travel through communication of travel plans, stock ordering and prescription management to facilitate travel, and helping to manage risk through education of different connections systems and supplies available at their destination as well as emergency management plans while overseas. Travel for all patients did not involve any adverse events with delivery of supplies and management of automated PD (APD) machines. One patient who developed peritonitis while overseas due to a disconnection contamination was managed successfully.

Conclusion:

With careful planning and support from PD staff, patients can successfully navigate arranging international travel while on PD.

9:45 am

[Observational study on peritoneal dialysis effluent sampling method and its outcome on peritonitis episodes](#)

[Henry Tran](#)

419Q - Research Paper

Abstract:

Aim:

To investigate the effect of increased peritoneal dialysate flush volumes on peritonitis episodes

Method:

Clinical data was collected over a period of 11 months (February 2023-January 2024), for each episode where suspected peritonitis or sampling was indicated. These included factors such as use of Icodextrin solution, abdominal symptoms, and flush volumes prior to sampling. A change of protocol from 500ml x2 dialysate flushes to 1000ml x2 were performed prior to administration of 1L dialysate for a minimum two-hour dwell period prior to sampling. Samples were analysed for total white cell count, differential count and culture results.

Results:

A total of 26 suspected peritonitis episodes were observed of which three (12%) of these were confirmed peritonitis. There were zero episodes of culture-negative peritonitis over this time period.

Conclusion:

An increase in flush volume prior to sampling resulted in reduced peritonitis episodes and an absence of culture-negative peritonitis across the study period. This has helped our organisation to achieve the updated International Society of Peritoneal Dialysis culture negative peritonitis targets.

10:00 am

[Performing Peritoneal Dialysis outside of the Renal Ward by Non-Renal Staff](#)

[Lisa Tienstra](#)

439Q - Research Paper

Abstract

Aim:

To show that non-renal nurses were able to perform CAPD on admitted patients with no increase in episode of peritonitis.

Method:

Statistics were kept from 2017 – 2023 for all admitted renal patients on PD. This included length of stay, reason for admission, ward placement and movement, episodes of peritonitis as an inpatient and within 7 days of discharge. An education program was established that was aimed at the ward Clinical Nurse Educators (CNE) to ensure competency and familiarity with CAPD. The CNE's then implemented a train the trainer program so they could educate and accredit ward staff. This was all accomplished with the oversight of the Renal Clinical Nurse Consultant and Renal CNE.

Results:

Overall, at least 50% of PD patients admitted to our hospital were not admitted to the Renal Ward. There were episodes of peritonitis recorded during admission but the episodes that were attributed to technique were minimal. Therefore it was included that this would not make us change our practice.

Conclusion:

PD patients can be admitted to non-renal wards and have their PD performed without detriment. They are able to receive quality care related to the reason for their admission without concern for their PD.

10:15 am

[The implementation of urgent start peritoneal dialysis: the benefits and complications](#)

[Siobhan Knight](#)

331R - Research Paper

Abstract

Aim:

The goal of this project was to examine the available research regarding implementation of urgent-start Peritoneal Dialysis and the benefits, complications to determine if it a safe alternative to urgent-start Haemodialysis.

Method:

An integrative review was undertaken to review current research on this topic and involved analysis on a combination of ten qualitative and quantitative papers.

Results:

Urgent-start Peritoneal Dialysis is not associated with higher rates of mortality than urgent-start HD. While urgent-start Peritoneal Dialysis does have a higher risk of complications, such as dialysate leak, it ultimately works towards preservation of renal function and reduces the number of procedures and central venous line complications associated with haemodialysis.

Conclusion:

The themes of benefits, risk, the need for further research and the implications for future practice of urgent-start Peritoneal Dialysis are discussed. With the right management and knowledge, urgent-start Peritoneal Dialysis can be a practical alternative to urgent-start HD for patients requiring immediate dialysis.

10:30 am

[Pleuroperitoneal Leak- Is there hope?](#)

[Donia George](#)

505 - Research Paper

Abstract

Case Description:

Reporting a case of a 77-year-old male patient on APD, presenting with SOB, low ultrafiltration on APD & pleural effusion. Initial investigations including imaging studies revealed bilateral pleural effusions without apparent aetiology. Further evaluation with diagnostic paracentesis confirmed the presence of pleuroperitoneal leak. The patient underwent therapeutic thoracentesis to relieve symptoms and had to go on haemodialysis temporarily for a month. Follow-up imaging confirmed the successful closure of the pleuroperitoneal communication, and the patient successfully resumed APD.

Discussion:

Pleuroperitoneal leak is a rare but important consideration in the differential diagnosis of unexplained SOB, low UF & pleural effusion. Prompt recognition and appropriate management, often involving surgical intervention, are crucial in achieving favourable outcomes. This case highlights the clinical presentation, diagnostic approach, and therapeutic management of pleuroperitoneal leak, emphasizing the importance of a multidisciplinary approach.

Conclusion:

Pleuroperitoneal leak is a rare entity that requires a high index of suspicion for diagnosis. Timely recognition and intervention are essential for effective management and favourable patient outcomes.

9:15 am - 10:45 am

Session 5b: Concurrent 2.6

Concurrent Session - [Recorded Session](#), [Environmental Sustainability](#) - Plaza Auditorium

Session Chair: Lucy Scorer

9:15 am

[Sustainability in Dialysis, a decade in the making](#)

[Annette Jamieson](#)

472Q - Research Paper

Abstract

Aim:

To improve waste management by reviewing current practices, finding new and innovative ways to reduce, repurpose and recycle waste. To decrease our environmental impact, whilst maintaining the highest level of patient care. To engage key suppliers, to educate and promote change within our department and throughout Monash Health and beyond.

Method:

Baseline data collection to understand current state. This included staff knowledge, quantities of wastes produced, current policy and processes both internal and external to our organisation. Staff education, better infrastructure, support and easy to use displays were key. Engagement was improved by using visual tools, key data, evidence and feedback. It is important to highlight that correct waste management does not increase staff workload.

Results:

A decrease in the amount of waste to landfill. An increase in volume of waste recycled or repurposed. Improved staff compliance with waste separation. Key suppliers' reduction of packaging and improved understanding of how to best dispose of the waste their product creates.

Conclusion:

The move to being a sustainable dialysis unit is ongoing. As policy and technology improve, so do our plans. How we recycle and repurpose our waste is just the beginning. By in from organisations, staff and key suppliers is fundamental to the success of sustainability improvement within healthcare.

9:30 am

[Water-efficient dialysis in the driest state on the driest continent](#)

[Michael Smith](#)

480C - Research Paper

Abstract:

Case Description:

A closed-circuit Reverse Osmosis system was developed for a four-chair dialysis unit in Coober Pedy, reducing the demand on the local town-water supply by up to 50%. We present here an improved design, intended for the remote South Australian site of Yalata: a rainwater-fed 4-chair dialysis unit on the nullarbor plain. The design will enable zero-water on-country dialysis for Aboriginal people.

Discussion:

We discuss the three water demands of dialysis treatment: Dialysis water, Reverse-Osmosis (RO) brine, system backwashing. Our established prototypes reclaim RO waste to offset around 50% of the total demand. Our newest design treats rainwater to increase the water recovery and reduce the backwash demand. We discuss the limit in dialysis water consumption our goal of zero-water dialysis in remote communities.

Conclusion:

Water-efficient dialysis has the potential to improve Aboriginal patient outcomes through on-country dialysis in increasingly dry and remote locations.

9:45 am

[Current water conservation methods in clinical haemodialysis: A scoping review](#)

[Kiren Bhatia, Arnie Sen](#)

485R - Research Paper

Abstract

Aim:

The review aims to examine the existing literature for haemodialysis water conservation practices globally. Providing a range of practical examples of water conservation approaches and their cost-effectiveness may encourage more sustainable haemodialysis in homes and in-patient settings.

Method:

PubMed and Embase databases were searched in March and October 2022. An expert in the field was also consulted to provide additional articles not captured in these searches. Using PRISMA guidelines, several researchers screened abstracts to include 25 articles. Eligible studies discussed water conservation methods in haemodialysis across different sites. All study types including personal statements were included. Non-English articles were excluded.

Results:

The review highlighted various water conservation strategies. It discussed reusing Reverse Osmosis Reject Water (RORW) for sanitation, sterilization, and irrigation purposes. Additionally, it explored reducing overall water production, reusing post-dialysis effluent, and innovating haemodialysis unit designs. While financial benefits may be limited presently, these approaches offered potential long-term advantages.

Conclusion:

RORW, a valuable yet underutilized resource, holds promise for greywater use. Repurposing it for sanitation and sterilization is sustainable and cost-effective. Although further research is needed for its use in agricultural irrigation, adopting sustainable water approaches in haemodialysis is crucial to combat present water scarcity.

10:00 am

[Turning Dialysis Waste into Treasure](#)

[Kelly Adams](#)

473Q - Research Paper

Abstract

Aim:

Achieve diversion of dialysis waste from landfill into usable items that is sustainable long term.

Method:

Utilise a collaborate partnership approach to quantify and then develop workable solutions to waste problems including issues of manual handling, correct plastic for use and market development.

Results:

A long-term solution with a local recycling company has diverted over 16,000 pieces of dialysis related plastic from landfill in 8 months and has been successfully made Health District Quality Awards, Pots, Coffee Tables and play equipment.

Conclusion:

Partnering with local companies and working though problems together allows sustainable diversion of waste into usable everyday items.

10:15 am

[ANZSN \(Green Dialysis\): Reducing waste in nephrology](#)

[Jane Waugh](#)

Update from ANZSN's Environmental Sustainability Committee Targets to reduce waste in haemodialysis
Developing a "green network" and a bank of sustainable initiatives in nephrology

14 June 2024

10:45 am - 11:15 am
Morning Tea

Break - [RSA Conference 2024](#) - Exhibition Area (Plaza Foyer)

Join us for morning tea in the exhibition area, meet our exhibitors and visit the poster displays.

14 June 2024

11:15 am - 12:45 pm
Session 6a: Plenary

Plenary - [Recorded Session](#), [RSA Conference 2024](#) - Plaza Auditorium

11:15 am

[Keynote: Resilience, Stress and Coping: Thriving, not just surviving!](#)

[Elisabeth Hamernik](#)

Stressful and adverse events at work can affect our physical and psychological health. To enhance psychological wellbeing, a number of cognitive and behavioral strategies will be presented

Speaker:

Elisabeth Hamernik

11:45 am

[Keynote: First Comes Courage](#)

[Sonia McDonald](#)

Impactful and highly motivating keynote that explores the Courage Compass around Self, Kindness, Impact, Purpose and Resilience. Sonia will take your audience through the virtues and keys to courageous leadership and discover the 5 rules of courage and how they can change your life.

14 June 2024

12:45 pm - 1:15 pm

Session 6b: RSA Annual General Meeting

AGM - [RSA Conference 2024](#) - Plaza Auditorium

12:45 pm

[Annual General Meeting of the Members of Renal Society of Australasia Limited](#)

[Jon Hosking](#)

The Annual General Meeting of the Members of Renal Society of Australasia Limited will be held on Friday, 14 June 2024 at 12.45pm AEST. The AGM will be held in person at the RSA Conference 2024 and via zoom, for those members that want to attend virtually.

AGENDA

1. Welcome by Jon Hosking, President
2. Attendance, apologies and proxies
3. Receipt of Reports
 1. President
 2. Finance Report: To receive and consider the Society's Financial Report, the Directors' Report and the Auditor's Report for the year ended 31 March 2024.
4. Appointment of Auditor: Appointment of Auditor – Collins & Co, of Footscray Victoria as the auditor for the 2024-25 period.
5. Declaration of 2024-25 Board of Directors
6. Remuneration of Directors

A Members' Open Forum will follow.

14 June 2024

1:15 pm - 2:00 pm

Lunch & Poster Presentations

Break - [RSA Conference 2024](#) - Outside P8, P9 and P10

Join us for a stand-up lunch in the exhibition area, meet our exhibitors and the visit the poster displays.

1:15 pm

[410 - Prospective Randomised Feasibility Trial Investigating Bulk-Forming Laxative Adherence and Effectiveness in Peritoneal Dialysis Patients \(FIBRE-PD\).](#)

[William Masley, Gayle Drego, Melisa Mlambo, Chloe Howard](#)

Constipation in patients receiving peritoneal dialysis (PD) remains a major problem and is associated with increased risks of mechanical and infectious complications. Psyllium husk has been identified as a potential alternative therapy for constipation. There have been several studies conducted on the benefits on psyllium husk in the general population, however its efficacy, safety and tolerability in patients receiving PD remain unknown.

1:15 pm

[412 - A working partnership. A combined chronic kidney disease and renal supportive care clinic: Supporting older adults with Advanced Chronic Kidney Disease in shared decision making. Margaret Golding, CKD CNC and Natividad Miles, RSC CNC](#)

[Margaret Golding](#)

The combined chronic kidney disease (CKD) and renal supportive care (RSC) clinic was organised to support and assist older people with advanced CKD in shared decision making (SDM).

1:15 pm

[414 - Quality Improvement initiatives to enhance ward nursing management of central venous access devices \(CVADs\) including haemodialysis catheters](#)

[Guoxi \(Tim\) Yang, Ignatius Abraham](#)

A sentinel event in 2023 highlighted deficiencies in the assessment and documentation of central venous access devices (CVADs), including haemodialysis catheters, by ward nurses. This prompted the implementation of ward-based initiatives to enhance patient safety and outcomes.

1:15 pm

[415 - Strengthening Falls Prevention Strategies amongst Renal Patients: A Quality Improvement Initiative in Renal Ward](#)

[Rodalyn Montemayor](#)

Falls is a common complication experienced by patients with kidney disease due to the illness decreasing individual's physical function. An investigative analysis using an incident reporting tool was conducted which identified that majority of falls occurrence involves renal patients needing overnight toileting. A collaborative project between nursing and allied health team was develop to improve this outcome.

1:15 pm

[440 - Haemodialysis Central Venous Catheter Dressing – variations due to skin irritation](#)

[Lisa Gordon](#)

Skin irritation related to Haemodialysis Central Venous Cather (HD CVC) dressings and cleaning solutions was observed to be more common in, but not exclusive to, patients of Asian and Polynesian ethnicity with moderately-brown skin. Management of this condition is challenging especially in humid and hot climates. A flowchart to assist with the management of HD CVC related skin irritation was designed, implemented, and evaluated.

1:15 pm

[452 - The impact of dialysis adequacy on patient outcomes](#)

[mujeeb ullah](#)

The impact of dialysis adequacy on patient outcomes

Abstract:

This abstract underscores the pivotal connection between dialysis adequacy and patient outcomes in end-stage renal disease (ESRD) individuals. The metric Kt/V, which assesses dialysis adequacy, emerges as a critical determinant influencing patient survival, healthcare resource utilisation, and overall quality of life. Historically, Kt/V monitoring has been selectively applied to specific patients within our dialysis unit. However, this article strongly advocates a paradigm shift towards the universal implementation of Kt/V

monitoring for all patients requiring dialysis.

Through comprehensive Kt/V monitoring, we can introduce personalised, evidence-based care tailored to the unique needs of each patient undergoing dialysis. This approach aims to optimise patient outcomes and elevate the overall quality of care across diverse patient profiles.

We can foster a proactive and preventative healthcare approach by extending the application of Kt/V monitoring to encompass all individuals needing dialysis. This strategy has the potential to mitigate adverse outcomes, reduce healthcare resource utilisation, and enhance the overall well-being of ESRD patients. In conclusion, the universal adoption of Kt/V monitoring stands as a transformative initiative with far-reaching implications, promising to significantly improve the standard of care within dialysis units and positively impact the lives of those navigating the challenges of end-stage renal disease (Dunbar, Badr, Moukalled, & Mezher, 2023).

Reference

Dunbar, G. B., Badr, L. K., Moukalled, Z., & Mezher, H. (2023). Effects of Exercise on Physiologic and Psychologic Outcomes in Patients with End Stage Kidney Disease on Hemodialysis: A Quasi-Experimental Study. *Nephrol Nurs J*, 50(2), 123-130.

1:15 pm

[442 - Nutrition risk profile of patients on haemodialysis at satellite units at RMH Kidney Care Services](#)

KDOQI Clinical Practice Guidelines recommend biannual nutrition screening for patients on haemodialysis. Routine nutrition screening at the Royal Melbourne Hospital (RMH) satellite dialysis units is not routine care and the nutrition risk profile in this cohort is unknown. Malnutrition is associated with decreased quality-of-life, and higher rates of morbidity and mortality. Effective nutrition risk identification will ensure timely access to nutrition care.

1:15 pm

[481 - "Calciphylaxis Management in Hemodialysis: Meeting Unmet Needs."](#)

[Gayathri Devi Rathinam Gobi](#)

This unique case involves a 53-year-old woman of New Zealand European/Pakeha descent with end-stage renal disease on maintenance Hemodialysis who successfully managed Calciphylaxis through a combination of increased dialysis, diligent wound care, debridement, and sodium thiosulfate infusion. The rarity of Calciphylaxis in this population, coupled with the effective treatment approach, makes this case particularly noteworthy for healthcare professionals.

1:15 pm

[484 - First Nations Kidney Transplant Outreach Education](#)

[Linh Pham](#), [Gary Torrens](#), [Brett Mooney](#)

Indigenous led Outreach Education for First Nations people of Queensland, focused on improving access to and equity in Kidney Transplantation.

1:15 pm

[408 - Implementation of a Nurse Practitioner Model of Care for Remote Renal Service](#)

Kimberley Renal Services provides services for early stages of CKD and also dialysis for 165 people. Historically the model of care included a renal GP in each centre to provide CKD care in remote communities and management of dialysis patients in each centre. Since 2020 KRS has struggled to recruit a renal GP to each centre relying on the renal SMO working part time to cover the work of 3 full time renal GPs.

14 June 2024

2:00 pm - 4:00 pm **Session 7: Learning Lab #01**

Learning Lab - [Leadership & Workforce](#) - Plaza Auditorium

Session Chair: Danielle Gorman

2:00 pm

[Leadership – The leader within and mentoring](#)

[Liz Tomlinson](#), [Lynn Brown](#), [Sonia McDonald](#), [Debbie Fortnum](#)

Part one:

Leadership Attitude Workshop

Based on Sonia's cutting-edge book Leadership Attitude, which explores how you can be a leader through your attitude, values, actions, mindset and behaviour. This workshop has been transformational for thousands of leaders worldwide, leaving the audience inspired to be the leader they want to be. This workshop will cover the why, what and how of great leaders and leadership. Leadership isn't a title, it is a choice and attitude. This workshop will be a practical, interactive and motivational and will cover the 5 keys to leadership with actions.

Facilitator (Part 1): Sonia McDonald

Part two:

Will review the value of mentoring, include interactive discussion on the options for RSA supported mentoring programmes and review other leadership strategies being conducted by the RSA workforce taskforce.

Facilitator (Part 2): Debbie Fortnum

2:00 pm - 4:00 pm **Session 7: Learning Lab #02**

Learning Lab - [Water & Dialysis](#) - P9

2:00 pm

[Diving Deep into Water for Haemodialysis – treatment, testing and tracking.](#)

[Anne Salisbury](#), [Quynh Vu](#), [Stephen Finlayson](#), [Scott Turner](#), [Lawrence Ariotti](#), [Mangala \(Mari\) Doss](#)

This learning lab will support awareness and understanding of key components of water for dialysis via an interactive session with content informative for the novice to experienced clinician.

The lab will include an overview of water treatment components, a review of ISO standards and guidelines, and excitingly, will include a presentation from Forensic and Scientific Services on sampling requirements for testing, laboratory testing, results and interpretation followed by a "You Can't Ask That" panel session.

Delegates will also have the opportunity for hands-on learning at multiple learning stations, including practical use of Charles River point-of-care endotoxin testing plus MORE!

Facilitator: Anne Salisbury

Presentater/s: Mari Doss, Quynh Vu, Stephen Finalyson, Scott Turner and Lawrence Ariotti.

Supporters: Josie Skewes, Meike Mitchell, Samantha Granato, Trish Murphy, Cathy Hurst and Steve Cabot

Charles River (Sponsors): Jaye Diaz and Nicole Moyle

2:00 pm - 4:00 pm **Session 7: Learning Lab #03**

Learning Lab - [Peritoneal Dialysis](#) - P10

2:00 pm

[A perfect day for Peritoneal Dialysis – Automated PD the future is now](#)

[Melisa Mlambo](#), [Chloe Howard](#), [Angela Henson](#), [Joanne Jones](#), [Sally Webb](#), [Stephanie Fisk](#), [Belinda Dooley](#)

Automatic Peritoneal Dialysis is becoming increasingly popular with greater flexibility and adaptability to provide individualisation of treatments. This session moves beyond the basic skills of treatment set-up and focusses upon the variations to care: hybrid therapy, incremental treatment, modifying prescriptions and managing alarms in the complex inpatient environment. Presentation of case studies reflecting changes to regimes for paediatrics, adolescents and adults will be explored. Rotations to view the equipment and see how modifications are created in relation to treatment adjustments, programming and remote management will support learner engagement.

Facilitators: Jo Jones and Angela Henson

Presenters: Stephanie Fisk, Melisa Mlambo, Sally Webb, Belinda Dooley, Chloe Howard and Cathy Dobson

2:00 pm - 4:00 pm

Session 7: Learning Lab #04

Learning Lab - [Diet & Nutrition](#) - P8

2:00 pm

[Putting the K+ back into CKD: a new era for managing hyperkalaemia](#)

[Helen MacLaughlin](#), [Jessica Dawson](#), [Erynn Mcauley](#)

Hyperkalaemia is a frequent clinical complication in people with advanced chronic kidney disease and kidney failure. Dietary restrictions are frequently imposed on patients, however these are complex and overwhelming for people to follow and are not always indicated. In recent years there has been a shift in our understanding of how potassium is metabolised and factors that effect the bioavailability potassium. This has led to a new paradigm in potassium management, particularly regarding the dietary sources that are more likely to contribute to hyperkalaemia.

2:00 pm - 4:00 pm

Session 7: Learning Lab #05

Learning Lab - [Imaging](#) - P6 & P7

2:00 pm

[Imagining a world without a picture, why medical imaging is essential for optimal care](#)

[Shaun Chandler](#)

Medical imaging is a key component of care within the kidney specialty. This session provides an overview of the common radiological investigations including:

- Imaging used for diagnosis of kidney disease
- Optimal PD catheter placement and what happens when it all goes wrong
- Investigations for PD related complications
- HD vascular access
- Short term and long-term challenges and complications
- Fluid overload and other clinical challenges commonly encountered

Presenter: Dr Shaun Chandler

14 June 2024

4:00 pm - 4:30 pm
Afternoon Tea

Break - [RSA Conference 2024](#) - Exhibition Area (Plaza Foyer)

Join us for afternoon tea in the exhibition area, meet our exhibitors and the visit the poster displays.

14 June 2024

4:30 pm - 5:30 pm
Session 8: Provocative Panel

Panel Discussion - [Recorded Session](#), [Home Therapies](#) - Plaza Auditorium

4:30 pm

[Provocative Panel: Home Therapies](#)

[Robert Smith](#), [Elisabeth Hamernik](#), [Leanne Linehan](#), [Carly Thomas](#), [Janice McNeil \(ADHB\)](#), [Daniel Spain](#)

Focusing on various aspects of managing kidney disease outside of traditional clinical settings, our team of experts give their insights and discuss the benefits, challenges, and outcomes of home-based dialysis treatments.

Panellists:

Janice McNeil

Carly Thomas

Leanne Linehan

Elisabeth Hamernik

Daniel Spain

Chair:

Robert Smith

14 June 2024

5:30 pm - 5:45 pm
Conference Close Friday

Plenary - [RSA Conference 2024](#) - Plaza Auditorium

14 June 2024

6:30 pm - 10:30 pm
RSA Celebration and Awards Evening

Social Event - [RSA Conference 2024](#) - Rydges Hotel, Southbank

Lets all come together in a relaxed and festive atmosphere for our BrisVEGAS RSA Celebration and Awards

Evening.

This cocktail style event is not to be missed and will leave you with lasting memories from your conference experience.

Your ticket to this event is included in a full registration. If you have a day registration only and would like to attend the RSA Celebration and Awards Evening you can still purchase tickets by contacting the RSA Team events@renalsociety.org

Additional tickets are \$125 each.

[Dress – Cocktail/After 5](#)

15 June 2024

7:00 am - 7:45 am
Yoga

Social Event - [RSA Conference 2024](#) - P10

7:00 am

[Yoga with Jo](#)

Join Jo for a revitalizing morning yoga session as we bid farewell to the conference with a serene start.

Awaken your body, mind, and spirit as we stretch, breathe, and flow through gentle movements designed to refresh and recharge. Whether you're a seasoned yogi or new to the practice, this session welcomes all levels. Let's embrace the tranquillity of the morning together, setting the tone for a day of balance and inspiration. See you on the mat!

15 June 2024

8:15 am - 2:30 pm
Registration Open

Plenary - [RSA Conference 2024](#) - Outside Plaza Auditorium Foyer

15 June 2024

8:40 am - 9:35 am
Session 9a: Plenary

Plenary - [Recorded Session](#), [Diversity and Mindset](#) - Plaza Auditorium

8:40 am

[Keynote: Burned Out to Brilliant](#)
[Jenny Wynter](#)

This fun and energising session with internationally award-winning comedian Jenny Wynter will help you to reset and recharge. With fresh ideas on how to care for yourself and how to embrace a diversity-focused mindset, you'll leave feeling lighter and re-inspired to bring your best.

15 June 2024

9:40 am - 10:40 am
Session 9b: Concurrent 3.1

Concurrent Session - [Haemodialysis](#) - P10

Session Chair: Rajeev Kumar

9:40 am

[Once-per-week haemodialysis: Impact on patients with kidney failure](#)

[Hemamali Jagodage](#)

8R - Research Paper

Abstract

Aim:

To investigate the health profile of a cohort of people receiving HD in Sri Lanka and to identify factors associated with interdialytic weight gain (IDWG).

Method:

Cross-sectional study of 166 adults receiving haemodialysis. A structured chart audit form collected demographic and HD treatment characteristics, and recent biochemical and haematological results. Odds ratios were calculated to identify independent risk factors for IDWG.

Results:

Mean age was 52 years (SD = 12.5), over half were male (60.2%, n = 100), and most were receiving four hours of HD once per week (87.3%, n = 145). Approximately half (51.8%, n = 86) had an IDWG > 2%. Being female (OR = 3.39; 95% CI, 1.51–7.61), increased comorbidities (OR = 1.50; 95% CI, 1.22 – 1.84) and having body mass index outside of the normal range (overweight/obese [OR = 8.49; 95% CI, 3.58–20.13] or underweight [OR = 4.61; 95% CI, 1.39–15.31]) were independent risk factors for increased IDWG.

Conclusion:

Only modest alterations in potassium, phosphate, and fluid status were observed even though most patients were receiving four hours of HD once per week. Targeted, low-cost self-management interventions for 'at risk' groups could reduce the consequences of inadequate HD during times of war, climate, or financial challenges.

9:55 am

[Managing multiple diagnoses and treatments: a case study of a patient with lupus and end stage kidney disease.](#)

[Lelise Gute](#)

497C - Research Paper

Abstract

Case Description:

This is a case of 36-year-old man with a past medical history of Systemic lupus erythematosus, which was diagnosed in 2011 and later flared up in 2015 leading to a number of complications such as pancytopenia and thrombolytic microangiopathy. They were treated with plasma exchange, Intravenous immune globulin, IV cyclophosphamide, rituximab and eculizumab. Creatinine was 228 mmol/l, eGFR 32 ml/min/1.73m² and platelet count was 142 x 10⁹/L. In 2017, they later developed fatty liver disease and subclinical hypothyroidism. Creatinine and eGFR improved to 189 mmol/l and 40 ml/min/1.73m² respectively. In 2021, they had another flare up requiring plasma exchange and eGFR continued to deteriorate. In 2023, hemodialysis was started using a permcath.

Description:

Successful management of this patient required collaboration across multiple disciplines such as nephrology, haematology, neurology, infectious diseases and nursing. Medical management involved innovative treatment approaches which required regular monitoring and intervention. Most importantly, the patient and caregiver involvement was crucial when navigating complex healthcare settings. Even though the patient was known in the hospital system for over 10 years, they started dialysis with a permcath. Reasons for this include the competing needs in managing this complex condition.

Conclusion:

Effective collaboration among healthcare professionals is crucial when managing patients with complex diagnoses. Participation of patients and caregivers need to be promoted.

10:10 am

[An Intervention to Improve Health Literacy, Self-management, and Fluid Adherence in Adults Receiving Haemodialysis: Feasibility Trial Results](#)

[Hemamali Jagodage](#)

434R - Research Paper

Abstract

Aim:

To evaluate the feasibility of an intervention to improve health literacy, self-management and fluid adherence in adults receiving HD

Method:

A pragmatic, cluster, randomised control feasibility trial involving adults on HD for at least 3 months. Control group participants received standard care with the intervention group receiving standard care plus a 12-week self-management education program. The intervention included four face-to-face individual teach-back sessions and health education by a registered nurse. Primary outcomes were feasibility of participant recruitment, completion rates of patient-reported outcome measures (PROM), and retention rate.

Results:

The study recruitment rate was 53.2% (50/94 screened). Fifty participants (mean age 52 years) were randomly allocated to intervention (n = 25) and control groups (n = 25). Overall PROM completion rates at baseline and 12 weeks were 88% and 90% respectively. After 12 weeks, retention rates for the intervention and control groups were 96% and 92% respectively.

Conclusion:

The successful recruitment and retention of participants suggest that the intervention is feasible to deliver in the clinical setting during HD treatment for people with varying health literacy abilities. Evidence from this study will inform the design of a larger efficacy trial.

10:25 am

[Low socioeconomic status is tied to hyperkalaemia among adult hemodialysis patients](#)

[Edward Zimbudzi](#)

483R - Research Paper

Abstract

Aim:

The review aims to examine the existing literature for haemodialysis water conservation practices globally. Providing a range of practical examples of water conservation approaches and their cost-effectiveness may encourage more sustainable haemodialysis in homes and in-patient settings.

Method:

PubMed and Embase databases were searched in March and October 2022. An expert in the field was also consulted to provide additional articles not captured in these searches. Using PRISMA guidelines, several researchers screened abstracts to include 25 articles. Eligible studies discussed water conservation methods in haemodialysis across different sites. All study types including personal statements were included. Non-English articles were excluded.

Results:

The review highlighted various water conservation strategies. It discussed reusing Reverse Osmosis Reject Water (RORW) for sanitation, sterilization, and irrigation purposes. Additionally, it explored reducing overall water production, reusing post-dialysis effluent, and innovating haemodialysis unit designs. While financial

benefits may be limited presently, these approaches offered potential long-term advantages.

Conclusion:

RORW, a valuable yet underutilized resource, holds promise for greywater use. Repurposing it for sanitation and sterilization is sustainable and cost-effective. Although further research is needed for its use in agricultural irrigation, adopting sustainable water approaches in haemodialysis is crucial to combat present water scarcity.

9:40 am - 10:40 am **Session 9b: Concurrent 3.2**

Concurrent Session - [Recorded Session](#), [Paediatrics](#) - P6

Session Chair: Belinda Dooley

9:40 am

[Double trouble. A case of haemodialysis catheter failure in a teenager.....twice!](#)

[Joanne Jones](#)

Presenter: Jo Jones

9:55 am

[Teenage troubles: arachnids or Amoebas? Navigating peritoneal dialysis pathology](#)

[Joanne Jones](#)

Presenter: Jo Jones

10:10 am

[Transition from Adult renal to paediatric renal nursing.](#)

[Deborah Gray McDonald](#)

Presenter: Deborah Gray McDonald

9:40 am - 10:40 am **Session 9b: Concurrent 3.3**

Concurrent Session - [Research](#) - P7

Session Chair: Kim Withers

9:40 am

[Research tips for renal clinicians and researchers](#)

[Ann Bonner](#), [Jing Zhang](#), [Paul Bennett](#)

Research can be intimidating for health professionals who have had limited research education and experience. The complex research jargon, methods and analysis can be a barrier for nurses wanting to apply, explore and produce evidence that results in improved patient care.

This workshop will begin to de-mystify and provide techniques for reviewing the quality of current evidence and provide tips on where to start or how to progress your research study. This will include reviewing common qualitative, quantitative and mixed methods research approaches.

Three key takeaways from the learning lab will be:

1. Understand how to interpret a research article
2. Know how to commence a clinical research project
3. Understand what resources are available for researchers

Prof Paul Bennett RN PhD

Prof Ann Bonner RN PhD

Ms Jing Zhang RN MN

9:40 am - 10:40 am
Session 9b: Concurrent 3.4

Concurrent Session - [Chronic Kidney Disease](#), [Vascular Access](#) - P8

Session Chair: Jill Crow

9:40 am

[Parenthood and Kidney Disease: 'Can I have a baby?'](#)
[Amber Williamson, Shilpanjali Jesudason](#)

Patients living with Kidney Disease look to their kidney healthcare professionals to provide parenthood and pregnancy support. We've got you covered...how to answer your patients pregnancy questions?

Includes pre-recorded presentation: Shilpa Jesudason

10:10 am

[Efficacy of 4% tetrasodium ethylenediaminetetraacetic acid \(T-EDTA\) as a catheter lock solution in haemodialysis: a quality improvement evaluation](#)
[Kate McKey](#)

A quality improvement evaluation, assessing the efficacy of 4% T-EDTA as a catheter lock solution, for haemodialysis central venous catheters used in Christchurch dialysis units.

9:40 am - 10:40 am
Session 9b: Concurrent 3.5

Concurrent Session - [Transplant](#) - P9

Session Chair: Elaine Abery

9:40 am

[Treating Large Plasma Volumes with Immunoabsorption](#)
[Jamie rutherford](#)

501C - Research Paper

Abstract

Case Description:

We describe a case where despite frequent plasma exchange, anti-A antibody titres continued to rise after transplant and antibody mediated rejection developed. Using a glucosorb column we treated 7 plasma volumes during 9 hours . We repeated this a further 4 times over 10 days.

Discussion:

A 50 year old male with a history of Polycystic Kidney disease received a Living related ABO incompatible transplant. Despite conventional treatment the antibody titre continued to rise. It was decided to perform large volume plasma exchange with specific antibody adsorbing columns. Large volume exchange is not without its complications. The patient experienced alkalosis . hypocalcaemia and fluid gain . Despite these initial complications the patient recovered and remains off dialysis

Conclusion:

High volume plasma exchange with immunoadsorption is effective in reducing antibody titres where conventional plasma exchange has failed. It is tolerated by the patient. It requires trained, skilled and motivated staff

9:55 am

[Health service access for culturally and linguistically diverse \(CALD\) kidney transplant patients compared to non-CALD kidney transplant patients: a pilot study](#)
[Kimberley Crawford](#)

445R - Research Paper

Abstract

Aim:

This project investigated health service access for CALD kidney transplant patients compared to non-CALD and the potential impact of telehealth during COVID-19.

Method:

A pilot matched retrospective case-control study at a large Victorian health service was conducted. The sample included kidney transplant patients born in Australia (Controls, n=10), from a CALD background requiring an interpreter (Cases 2, n=10) and those not requiring an interpreter (Cases 1, n=10). Outpatient clinic attendance, emergency department (ED) attendance, and rates of hospital admissions (≥ 24 hours) were collected for a 5-year period, from 2017-2019 (pre-COVID-19) and 2020-2021 (COVID-19). Within-group and between-group comparisons were made.

Results:

From 2017-2021, patients from a CALD background not requiring an interpreter (Cases 1) had a greater mean number of hospital admissions (2.9+3.1), compared to controls (1.4+1.6) and Cases 2 (1.5+2.0). More ED attendances were recorded for Cases 1 (mean, 3.9+5.3), compared to controls (2.0+ 2.8) and Cases 2 (2.4+ 2.2). Cases 1 also had more clinic appointments and greater failure to attend clinic. The introduction of telehealth in 2020 did not have an impact on health service access for any of the groups.

Conclusion:

This current project provides insights into health service access for kidney transplant patients from a CALD and non-CALD background over a 5-year period, including the introduction of telehealth.

10:10 am

[Correspondence between recipients and donor families](#)

[Diane Murphy](#)

502Q - Research Paper

Abstract

Aim:

To improve the current practices of a major transplanting hospital in the provision of information surrounding correspondence to donor families from recipients.

Method:

Meetings were held with QKTS, NUMs, transplant Coordinators to identify current practices and a review of resources and information provided pre and post transplant, in the inpatient and the outpatient setting was completed.

Results:

The major gaps identified was the timing of when correspondence resources were given to recipients, minimal visual posters around the hospital, health professionals not discussing correspondence as part of common practice post transplantation. The Queensland Family Support Coordinator and the QKTS Social Worker worked together this year to address the gaps.

Conclusion:

It is anticipated that this joint work between DonateLife and QKTS will improve both the recipient and donor correspondence rates and their psychological healing.

10:25 am

["I can't afford a transplant": The financial burden of transplantation for regional and rural patients](#)

[Bronwyn Hayes](#)

443Q - Research Paper

Abstract

Aim:

To understand the out-of-pocket expenses at the time of renal transplantation

Methods:

Patients who received a renal transplant from May 2023-Dec 2023 were invited to participate in a simple questionnaire on return to their regional caring hospital. Questions regarding demographics and costs incurred while at the transplant hospital were asked.

Results:

12 patients completed the questionnaire. Half of the patients were on no income or Centrelink payments at the time of transplant. The average out-of-pocket expense was \$3390 (Range \$740-\$8810). Food and accommodation were the leading cause of expenditure.

Conclusion:

Patients incur significant costs during the peri-transplant time which may prevent those on low incomes proceeding to transplant.

9:40 am - 10:40 am
Session 9b: Concurrent 3.6

Concurrent Session - [Recorded Session](#), [Pharmacology](#) - Plaza Auditorium

Session Chair: Leanne Brown

9:40 am

[New, new and new! So many new drugs in kidneyland. What they are and how to use them?](#)
[Prue James, Carla Scuderi](#)

Cationion exchange resins (patiromer), MRAs (finerorone) , KappaORA (difelikefalin) SGLT2(flozins), GLP1 (glutides). A cooks tour of some of the new drugs (and guidelines) in kidneyland –how to say and how to use them.

15 June 2024

10:40 am - 11:00 am
Morning Tea

Break - [RSA Conference 2024](#) - Exhibition Area (Plaza Foyer)

Join us for morning tea in the exhibition area, meet our exhibitors and visit the poster displays.

15 June 2024

11:00 am - 12:00 pm
Session 10: Plenary

Plenary - [Recorded Session](#), [RSA Conference 2024](#) - Plaza Auditorium

11:00 am

[Keynote: We Strive! We Thrive!](#)
[Padmini Pai](#)

Speaker:

Dr Padmini Pai

11:40 am

[RSA Conference Awards and final announcements](#)
[Lenny Jacoby, Jon Hosking](#)

As the conference is drawing to a close, we come together one last time to announce our Conference Award Winners, thank our 2024 conference committee members, introduce our 2025 conference committee members and announce the all important details of where and when we will be together again in 2025!

15 June 2024

12:00 pm - 12:30 pm
Lunch & Poster Presentations

Break - [RSA Conference 2024](#) - Outside P8, P9 and P10

Join us for a stand-up lunch in the exhibition area, meet our exhibitors and the visit the poster displays.

12:00 pm

[486 - If It's Not Written, It Didn't Happen – Communication For Safety](#)
[Madeleine Bleasel, Cindy Zhao](#)

Poor documentation poses significant challenges, particularly during care transitions and high workload periods. This leads to delays and errors in treatment, ultimately compromising patient care quality. Our project aims to address this issue by investigating the root causes of poor documentation in a metropolitan hospital's dialysis unit, using National Safety and Quality Health Services Standards (NSQHS) and hospital policies to enhance documentation compliance and quality.

12:00 pm

[492 - Locally Developed Education Resources for Patients receiving Haemodialysis](#)

An array of patient resources is required to support patient care. These are often developed locally to meet the needs of certain patient cohorts. All patient information material must meet specific prerequisites including health literacy requirements and consideration for culturally and linguistically diverse groups. Once consumer input has been sought, these brochures will be available to patients. Investing the time into getting these 'right' is important to ensure the final product is clear, correct and user-friendly. As consumer involvement and multi-disciplinary team input becomes more commonplace, a clearer process has been developed.

12:00 pm

[498 - Primary Care: A model of care](#)
[Natalie Waters](#)

Adapting our primary care process by using a model of care to allocate tasks to each week, ensuring all nurses are responsible for completing those tasks on the patients they are directly looking after each shift.

12:00 pm

[509 - The role of patient education in the Management of hyperphosphatemia](#)
[Tina Chang](#)

Patients with kidney disease are at risk of developing hyperphosphatemia, it may be due to:

- Lack of awareness in renal dietary requirements, leading patients to eating foods rich in phosphate.
- Lack of knowledge on how to take phosphate binders correctly.

We would like to improve renal patients' hyperphosphatemia status in our unit by providing more face-to-face education between nursing staff and patients.

12:00 pm

[601 - A unique patient centered approach to facilitate return to country.](#)

DNA rates at the centre were averaging 10% each month which led to poorer health outcomes for patients and sometimes resulting in transfer to tertiary hospital for treatment and care away from their local community.

12:00 pm

[Can caregivers play a role in improving person-centred dietary care of people with Chronic Kidney Disease?](#)
Caregivers often play an important role in food preparation and supporting adherence to dietary recommendations, which may slow disease progression and reduce complications of chronic kidney disease (CKD).

15 June 2024

12:30 pm - 2:30 pm
Session 11: Learning Lab #06

Learning Lab - [Renal Pathology](#) - Plaza Auditorium

12:30 pm

[Renal Pathology: Making sense of renal patients' blood results, what they mean, and when should I escalate?](#)

[Sarah Russo](#), [Leanne Brown](#), [Lesley Salem](#)

This interactive learning lab is designed to provide renal nurses with a deeper understanding of their renal patients' blood panel and microbiology test results, connecting the numbers to the underlying pathophysiology and knowing when to escalate and treatments to correct results.

With a focus on the blood panel and microbiology interpretation of patients with chronic kidney disease and those on haemodialysis and peritoneal dialysis.

Facilitator: Sarah Russo

Presenters: Dr Leanne Brown

Lesley Salem

12:30 pm - 2:30 pm
Session 11: Learning Lab #07

Learning Lab - [Toolkits for NUMS](#) - P6

12:30 pm

[Toolkits for Nurse Managers](#)

[Edward Zimbudzi](#), [Leanne Linehan](#)

This learning lab is designed for Nurse Managers and nurses aspiring to be in this role to learn and apply innovative skills needed to succeed. The focus is on hands-on approaches to empower, engage and advocate for the team, mentorship and role modelling. The lab promotes regular self-care for Nurse Managers to enable them to influence positive social change by role modeling healthy coping skills to nurses.

By the end of the learning lab, delegates will be able to:

- Embrace intentional leadership
- Develop strategies to achieve work life balance
- Empower their team

Presenters: Leanne Linehan and Edward Zimbudzi

12:30 pm - 2:30 pm
Session 11: Learning Lab #08

Learning Lab - [Plasmapheresis](#) - P8

12:30 pm

[Reaching the full potential of plasmapheresis treatment](#)

[Angela Henson](#), [Joanne Jones](#), [Alison Greer](#)

Introduction to the principles of plasma exchange including recommended treatment and regimes. Variations in treatment including tandem, isolated ultrafiltration and secondary processing device use will be explored. Case study review and participant interaction. The focus for this session is for competent PE practitioners/clinicians, already possessing skills in setting up and basic problem solving, with an aim to develop confidence and exposure to various clinical scenarios.

Facilitator: Jo Jones and Angela Henson

Presenters: Jo Jones, Angela Henson and Alison Greer

12:30 pm - 2:30 pm

Session 11: Learning Lab #09

Learning Lab - [ECGs](#) - P9

12:30 pm

[Waves, Rhythms and ECG's](#)

[Kylee McMahon](#), [Nicole New](#)

ECG abnormalities are common in patients with kidney disease but not all Nurses receive training in ECG interpretation in the nephrology setting. This session is designed to review the basics of electrocardiography and provide a systematic approach for rhythm analysis and 12 lead ECG interpretation.

Facilitator: Nicole New

Presenters: Kylee McMahon

12:30 pm - 2:30 pm

Session 11: Learning Lab #10

Learning Lab - [Renal 101](#) - P10

12:30 pm

[Renal nursing – getting back to basics](#)

[Lenny Jacoby](#)

This learning lab is pitched for novice renal nurses who want a better understanding of their patients disease process, complications of chronic kidney disease and how best to empower patients to self-manage.

Focusing on the pathophysiology of renal disease including common reasons for patients progressing to end stage kidney disease.

Participants will walk away with understanding acid base balance, how to interpret pathology regarding metabolic acidosis, medication management and why restrictions are used for some patients and much more!

Facilitator: Lenny Jacoby

15 June 2024

2:25 pm - 2:30 pm

Conference Concludes
