

# Agenda

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13 June 2024

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

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Plenary - [Recorded Session](#) - 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

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13 June 2024

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

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Panel Discussion - [Recorded Session](#) - 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

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13 June 2024

**1:45 pm - 3:30 pm**

**Session 3: Concurrent 1.1**

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

Session Chair: Debbie Fortnum

1:45 pm

[From Paris to the Pilbara](#)

[Estelle Triquet](#)

402Q - Research Paper

Abstract

*Aim:*

Propose solutions to enhance recruitments 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](#)

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 Sheeky, 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**

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Concurrent Session - [Recorded Session](#) - 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.

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13 June 2024

**4:00 pm - 5:15 pm**  
**Session 4: Plenary**

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Plenary - [Recorded Session](#) - 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.

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14 June 2024

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

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Plenary - [Recorded Session](#) - 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.

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14 June 2024

**9:15 am - 10:45 am**  
**Session 5b: Concurrent 2.4**

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

Session Chair: Elaine Aberly

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

[The intersection of frailty and nutrition: Role of upper GI symptoms](#)

[Jessica Dawson](#)

Presenter: Dr Jess Dawson

**9:15 am - 10:45 am**  
**Session 5b: Concurrent 2.6**

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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

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14 June 2024

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

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Plenary - [Recorded Session](#) - 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.

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14 June 2024

**4:30 pm - 5:30 pm**

**Session 8: Provocative Panel**

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Panel Discussion - [Recorded Session](#) - 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

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15 June 2024

**8:40 am - 9:35 am**

**Session 9a: Plenary**

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Plenary - [Recorded Session](#) - 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.

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15 June 2024

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

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Concurrent Session - [Recorded Session](#) - 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 3.6**

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Concurrent Session - [Recorded Session](#) - 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.

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15 June 2024

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

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Plenary - [Recorded Session](#) - 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!

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