

Advancing Kidney Care 2026



February 2021 Communique

AKC2026 Collaborative - Chair's Message

“Nothing is as good as coming into the new year with zeal, hope and positive mind.”

Bamigboye Olurotimi

Our February Collaborative meeting was certainly positive and enthusiastic, and included a strategic review of 2021 priorities including Government kidney election commitments, models for dialysis forecasting, and program updates with highlights noted below.

This month's Communique also includes an overview of the Darling Downs innovative nocturnal haemodialysis program, with the exciting media release of Anthony's nocturnal haemodialysis story together with a 'special focus' on the Western Cape's AKC2026-funded 'Cape York Kidney Care' model, which is delivering specialist kidney care, on country, to some of our most remote communities.



Lisa Davies Jones
Chair, AKC2026 Collaborative

AKC2026 program update

- During the 2020 Queensland state election campaign, the Queensland Government committed \$27.8 million for additional dialysis capacity in rural and regional areas, and a further \$5.68 million for Yeppoon, informed from the AKC2026 regional, rural and remote dialysis work undertaken in early 2020. The AKC2026 Collaborative will follow the progress of the next steps to progress this work.
- The Advancing Kidney Care Information Solution (AKCIS) has been updated based on feedback from users. Improvements include the availability of facility-level information to all users, new visual objects, new filters for transplant reports, and some data quality improvements.

The next set of priority measures to be implemented into AKCIS is known as Set 2. This development began in October 2020 and will continue for the remainder of 2020-2021. Included in Set 2 are new data sources from the Queensland Registry of Births, Deaths and Marriages and The Viewer, as well as new reports on dialysis access, nephrology referrals and critical care dialysis.

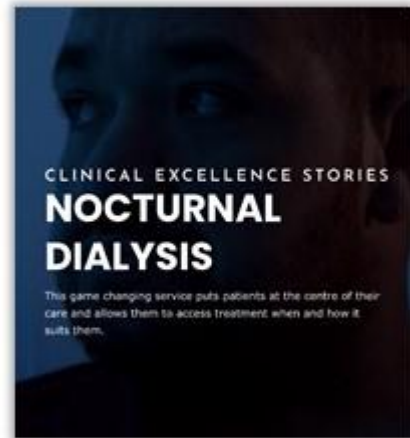
These interactive AKCIS reports are created to support improvements in kidney health service delivery and Queensland Health (clinical and non-clinical) staff are invited to apply for access, using the online form [here](#). A suite of quick reference and user guides are also available on QHEPS [here](#).

- Additional items discussed at the February 2021 AKC2026 Collaborative meeting included:
 - The Renal Transplant Expansion project, which invited Hospital and Health Services to submit expressions of interest to host a second kidney transplant site. Submissions have been assessed. No decision has been made on the site for the second kidney transplant site.
 - A presentation on the past growth in Queensland kidney replacement therapy and projected future dialysis demand in Queensland, which informs the Department's health system planning.
 - Discussion of what could be included in a decision support system to facilitate a chronic kidney disease integrated care model.
 - An update on the Patient Reported Outcomes Measures (PROMs) wave one implementation. The Symptom Monitoring with Feedback Trial ([SWIFT](#)) (an NHMRC funded registry-based cluster randomised controlled trial among Australia and New Zealand adults on haemodialysis) was noted as a complementary body of work.

Nocturnal dialysis: Anthony's story

Darling Downs Hospital and Health Service Kidney Service

Clinical Excellence Queensland (CEQ) has recently refreshed their Showcase website to include an inaugural documentary series. The first story in this series showcases the Darling Downs Hospital and Health Service (DDHHS) kidney services' nocturnal dialysis program. This innovative program has made available the use of their new home dialysis facility for patients where their own home is unsuitable for independent dialysis. This provides a valuable option for haemodialysis self-management and has been made possible by the specialised and dedicated DDHHS kidney service team who support patients to access care that responds to their personal situation and choice.



To see and hear Anthony's story, please visit:

<https://clinicalexcellence.qld.gov.au/showcase/documentaries/stories/nocturnal-dialysis.html>

For additional details, please visit the CEQ Improvement Exchange [here](#).

New model improving access to tertiary chronic kidney disease care in the Western Cape

Remote Indigenous communities of the Western Cape in far north Queensland have previously had difficulty accessing tertiary level kidney services. A new model being implemented by the Torres and Cape Hospital and Health Service (TCHHS), called “Cape York Kidney Care (CYKC)”, is now addressing this. CYKC utilises a Rural Generalist with advanced skills and a dedicated renal Nurse Practitioner, supporting a coordinated, multidisciplinary, community engagement approach.

Chronic disease, including chronic kidney disease (CKD), is a major health burden for Aboriginal and Torres Strait Islander people. Many of these people face difficulties attending specialist clinics because of travel distance for in-person appointments, transportation, cultural and community expectations.



CYKC commenced in mid-2019 with recurrent funding facilitated by Advancing Kidney Care 2026. The model includes face-to-face clinical services or county, telehealth a multidisciplinary approach with tertiary centres, and the delivery of kidney care to a the people of the Western Cape who are known to have CKD.

Dr Leanne Brown, CK D Nurse Practitioner, says “the ability to go to each community, walk around and be visible, helps to engage with community members and ensure good sometimes too good!...but we always manage) attendance at our clinics. We have achieved promising improvements in increased understanding and awareness of kidney disease, as well as reduced protein loss in urine, improved blood pressure and improved diabetes control. More broadly, additional benefits



CYKC team L>R: Dr. Leanne Brown (Renal Nurse Practitioner), Dr. Andrea Miller (Renal GP), Niccola Currie (Dietician), Bonnie Grant (Pharmacist), Catherine Mulvany (Project Officer)



Leanne Brown in Kowanyama with Fitzgerald Raymond, Noelene Cecil and David Raymond

include increased immunisations, cancer screening, smoking cessation, reduced medications discrepancies, and sharing of knowledge with local Primary Health Care Centres.

In the first 12 months of CYKC, 201 additional patients received specialist care, 171 of whom identified as Aboriginal or Torres Strait Islander.

There have been \$195,233 cost savings in the patient travel subsidy scheme (PTSS), which previously would have been spent on patients accessing specialist services in Cairns, and an increase in advance care planning which has helped prevent individuals being flown urgently to Cairns for treatment they did not wish for.

The CYKC program is being well received by patients, who have said “I am so happy with the results and blood pressure improvement”, “CYKC team explain everything (about my care), very happy” and “(the) CYKC team ask me and include me (in my decisions about my care)”.

Frank Grainer, Assistant Director of Nursing, Clinical Coordination TCHHS, notes that “rural and remote services need to be innovative about how they deliver specialist care. Ensuring a clinicians, whether they be General Practitioners, Nurse Practitioners, Allied Health, or Aboriginal and Torres Strait Islander Practitioners, working to their full scope and capability, allows the delivery of speciality services such as specialist kidney care. Maximising limited resources and ensuring an enhanced clinical capability of our rural and remote staff whilst improving access to culturally appropriate care closer to home leads to better outcome: both physiological and psychosocial.”

What's next? TCHHS is applying this model to other specialities such as ‘ear, nose and throa in addition to cardiology and endocrinology, supporting a wholistic disease management approach. The CYKC model has the potential to be implemented across the Northern Cape region, and other areas of Queensland.

For further details, please visit the CEQ Improvement Exchange [here](#).

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