

Advancing Kidney Care 2026

Two-year review report highlights

December 2020

1. Purpose

The aims of the two-year review were to:

1. Assess progress and outcomes of the constituent projects undertaken by AKC2026;
2. Assess AKC2026 progress against the AKC2026 Plan goals and terms of reference objectives; and
3. Identify if current or planned actions being undertaken by AKC2026, or the way in which AKC2026 undertakes its program of work, should be revised to enable AKC2026 objectives and goals to be met in a health system that has changed as a result of the COVID-19 pandemic response.

The review covered the period from the AKC2026 Collaborative (Collaborative) commencement in August 2018 to October 2020, and the activities undertaken solely or in partnership by AKC2026 or directed or overseen by AKC2026. It did not include activities being undertaken by other areas of the health system which may support the AKC2026 Plan goals and terms of reference objectives.

2. Background

In the *Statewide Renal Services Review* (August 2018), Prof Adeera Levin made the following ten key recommendations:

1. Strengthened consumer voice
2. An integrated data capture/information system
3. A system wide renal planning model with accountability and transparency of decision making, integration and collaboration amongst Hospital and Health Services (HHSs), including primary care to ensure early diagnosis, intervention, and prevention; and other specialist services (e.g., cardiology, endocrinology, etc.) as appropriate
4. Integration of research infrastructure to support renal innovation and programs
5. Implementation of quality standards and standardized approach to care pathways/profiles
6. A renal dashboard documenting variation in care to facilitate change initiatives and improvement
7. Alternative funding model for dialysis and chronic kidney disease (CKD) clinics, including focus on Indigenous, rural, and remote needs
8. Strengthened collaboration and integration with primary care and Aboriginal and Torres Strait Islanders communities, other marginalized patients from diverse cultural backgrounds, and Pacific Islanders, with attention to the unique challenges of all persons living in rural and remote locations
9. Recognition that multidisciplinary teams are important in the care of complex renal patients throughout the continuum
10. Empowered clinicians making use of all of the above, within an appropriate accountability framework.

In response to this external review the [AKC2026 Plan](#) was developed, with the following **four goals**:

1. Prevent chronic kidney disease
2. Detect chronic kidney disease earlier for better outcomes
3. Avoid or delay kidney failure from chronic kidney disease where possible
4. Constantly improve specialist kidney care to deliver the best access and outcomes for all Queenslanders

The Collaborative was established in August 2018 and prioritised foundational activities to support the provision of a consistent statewide approach to delivering high value specialist kidney services.

The activities the Collaborative have chosen to undertake to date have, on the whole, delivered on their planned outputs, contributing to the Collaborative objectives of improving access to care, quality of care, providing appropriate resources and delivering improved outcomes for patients, kidney services and the health system. They have also supported goal 4 of the AKC2026 Plan. Two years since the establishment of the Collaborative, it was timely to review how these activities are contributing to the AKC2026 Plan goals and overall intent of AKC2026 - are we doing the right things in the right way?

3. Progress to date

Key achievements of AKC2026 since its establishment include:

- 3.1. Development of the *Queensland Health framework for delivering quality care to people with kidney disease* ([the Framework](#)), co-designed by over 80 clinicians and consumers. It describes the care all Queensland patients should have access to, regardless of where they live.
- 3.2. Completion of a statewide baseline mapping and gap analysis to compare the care described in the Framework to current service delivery.
- 3.3. Establishment of the statewide Advancing Kidney Care Information Solution ([AKCIS](#)) to be used for planning and improvement, with Set 1 (kidney transplant, acute kidney injury and dialysis) delivered. AKCIS is a centralised information base that integrates data related to kidney care from multiple sources and presents it in a way that is relevant to various users.
- 3.4. Allocation of \$10 million additional recurrent funding from 2019-2020 in the target areas of vascular access, home haemodialysis, transplant coordination, kidney supportive care and the Western Cape chronic kidney disease model. This has facilitated the recruitment of over 48 additional frontline staff across 35 projects.
- 3.5. Securing and allocating \$8.4M additional recurrent funding from 2020-2021 for state dialysis services, facilitating the recruitment of over 40 additional staff to provide dialysis to over 100 additional patients.
- 3.6. Securing and allocating \$400,000 additional recurrent funding from 2020-2021 for the expansion of Queensland Kidney Transplant Service (QKTS) clinical education and support model.
- 3.7. Supporting the departmental planning process for the second state transplant facility considerations.
- 3.8. Partnering with Children's Health Queensland (CHQ) to develop an Adolescent and Young Adult Renal Transition Framework, which is expected to be finalised mid-2021.
- 3.9. Information sessions delivered to kidney service and HHS staff (16 face to face and 1 via videoconference) engaging over 300 clinicians and HHS executive staff, travelling over 15,000 km. This also provided an opportunity to hear about the challenges and solutions in the delivery of kidney care across diverse areas of the state.
- 3.10. Reinvestment of the 2019 Minister's Award for Excellence \$50,000 prize in the area of kidney supportive care, sponsoring 40 clinicians and consumers to attend the Metro North Kidney Supportive Care Symposium in March 2021, including registration, travel and accommodation where necessary; three renal service reverse Program of Experience in the Palliative Approach (PEPA) placements and eight individual standard PEPA placements.

4. Linkages with other programs, organisations and initiatives

AKC2026 has linked with the following programs, organisations and initiatives to seek input and support in progressing the aims of AKC2026:

- Statewide Renal Clinical Network (SReCN) has been essential in liaising with renal Heads of Department and the broader renal community
- Queensland public kidney service providers
- Healthcare Purchasing and System Performance Division (HPSP)
- Clinical and Business Intelligence Foundations (CBIF)
- Aboriginal and Torres Strait Islander Health Division, in particular in relation to the First Nations COVID-19 response
- Health and Wellbeing Queensland (HWQ)
- Australia and New Zealand Dialysis and Transplant Registry (ANZDATA)
- Health Consumers Queensland (HCQ)
- British Columbia Renal, in particular Professor Adeera Levin
- Apunipima, Cape York Health Council
- Brisbane South Primary Health Network
- Brisbane North Primary Health Network
- Cairns Diabetes Centre; Cairns and Hinterland Hospital and Health Service

- Queensland Aboriginal and Islander Health Council (QAIHC)
- Renal and Hypertension Service, St George and Sutherland Hospitals, NSW, through Professor Mark Brown
- Telehealth Support Unit, Clinical Excellence Queensland
- Renal Society of Australasia - Queensland Branch
- Program of Experience in the Palliative Approach (PEPA)

AKC2026 has linked with the following to provide input or support to these programs:

- The statewide patient reported outcome measures (PROMs) trial in the specialty of nephrology
- Aboriginal and Torres Strait Islander Health Division in regard to Queensland's alignment with the National Aboriginal and Torres Strait Islander Renal Health Roadmap
- Aboriginal and Torres Strait Islander Health Division support of COVID-19 funding allocations in support of renal health and COVID-19 First Nations response
- Advice to the Chief Health Officer's (CHO) office for the Organ and Tissue Authority's (OTA) Jurisdictional Advisory Group (JAG) meetings
- Advice to other ministerial priority areas in regards to the processes, governance and approach of AKC2026 as a collaborative and co-design model
- SReCN, in particular in response to COVID-19
- Queensland Treasury Corporation (QTC)
- Independent Hospital Pricing Authority (IHPA): peritoneal dialysis versus haemodialysis price harmonisation
- AKCIS provided input into the Corporate Clinic Codes (CCCs).

5. Contextual considerations: COVID-19

Between mid-March 2020 and 30 June 2020, with the exception of AKCIS development, most AKC2026 work went on hold as half of the AKC2026 Project Team combined resources with the Statewide Renal Clinical Network to support a coordinated response to prepare and respond to COVID-19, including liaising with the Pandemic Health Response Implementation Advisory Group (PHRIAG) and Statewide Health Emergency Coordination Centre (SHECC). This impacted the ability of AKC2026 to deliver on planned work.

With a return to the new normal there is currently no large impact of COVID-19 in terms of the availability of AKC2026 Collaborative members, project team and kidney service staff. However, this could change. COVID-19 will continue to have a significant impact on the financial position of the organisation and the ability to source funds to support expanded service delivery.

AKC2026 has and will continue to use technology to meet virtually to maintain continuity of Collaborative engagement, supporting initiatives under the AKC2026 Plan, goals and overall intent.

To contact AKC2026, please email AKC2026Collaborative@health.qld.gov.au or visit our website [here](#).