
POSTER ABSTRACT**A new model of Integrated care for rural and remote people impacted by renal disease**

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Checille Naig-Esma

North West Hospital And Health Service, Mount Isa, QLD, Australia

In North West Queensland, an estimated 400 people are affected with chronic kidney disease (CKD). Geography and transient staffing has made efforts towards primary and secondary prevention challenging. It is well known that CKD patients need extra support and strategies to increase engagement with renal services to prevent rapid progression to end stage renal disease. Disconnected care and disconnection from communities has led to people with CKD being disengaged with the service.

Client feedback has highlighted the need for culturally safe service delivery in a trusted setting, or “Renal Hub” integrating all kidney related services. This is being achieved by streamlining the model of care to ensure continuity of care for all people affected by CKD, stages one to five. This involves integrating primary care for CKD with the renal dialysis unit, creating one big team; fostering a working environment with shared vision and accountability for all renal patients. Renal dialysis and CKD nursing staff can upskill each other through knowledge sharing and skill building, to allow staff a wider scope of practice whilst increasing capacity for patient management on all stages of renal impairment. This model of care will optimise nursing staff coverage for all areas of renal care, which is often a challenge in rural and remote areas.

This model cultivates a collaborative approach between clients, communities, primary health providers, diabetes service, Aboriginal health workers, allied health and all stakeholders in improving patient outcomes. A unified effort in preventing, treating and managing CKD and ESRD demonstrates the health service’s commitment to integrated care and to advance kidney health in North West Queensland.