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NNSW INTEGRATED CARE MADE POSSIBLE BY STRONG LOCAL PARTNERSHIPS:

Renal Services – Benefits of a Nurse Practitioner and Supportive Care Service Model

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NNSW INTEGRATED CARE MADE POSSIBLE BY STRONG LOCAL PARTNERSHIPS:

Chronic Kidney Disease (CKD)

- Asymptomatic
- Slowed or halted with early detection

Dialysis

- Really expensive
- Adversely impacts quality of life
- Not for everyone
- Disproportionately affects frail and elderly – how do we support them?

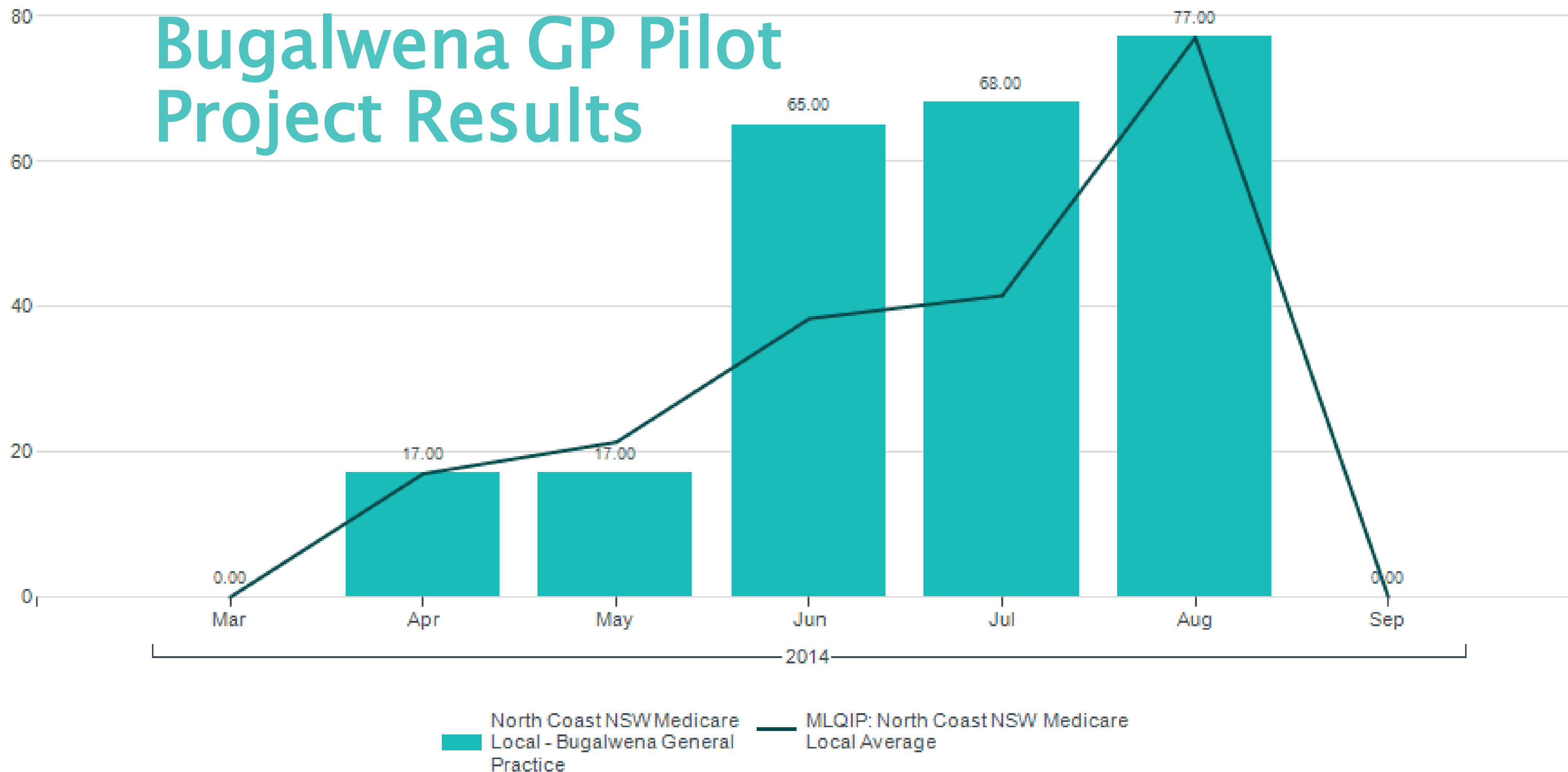
- Commenced in 2008
- GPs identified significant communication issues
- Co-location at Tintenbar Medical Centre and Prema House
- We had to sort out issues as we went
- It all made sense
- Clinics have continued and more commenced
- Co-location demonstration trials

Opportunities

- CKD Nurse working in Primary Care
- Access to different practices and facets of Primary Care

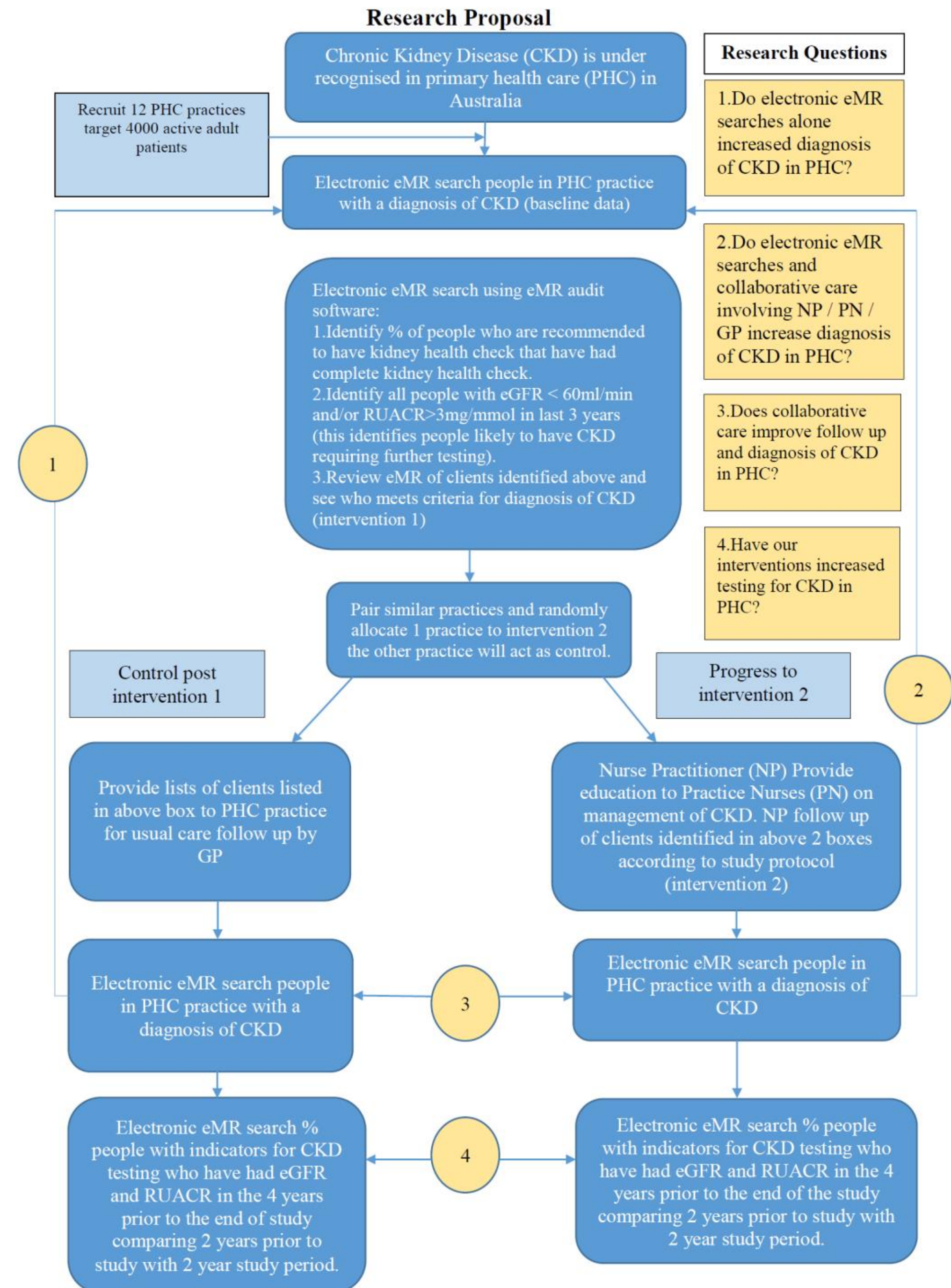
Key Learning Points

- Opportunities to work in Bugalwena General practice in Tweed
- Provided opportunities to test eMR interrogation
- Increasing participation of primary health care via identification and management of CKD



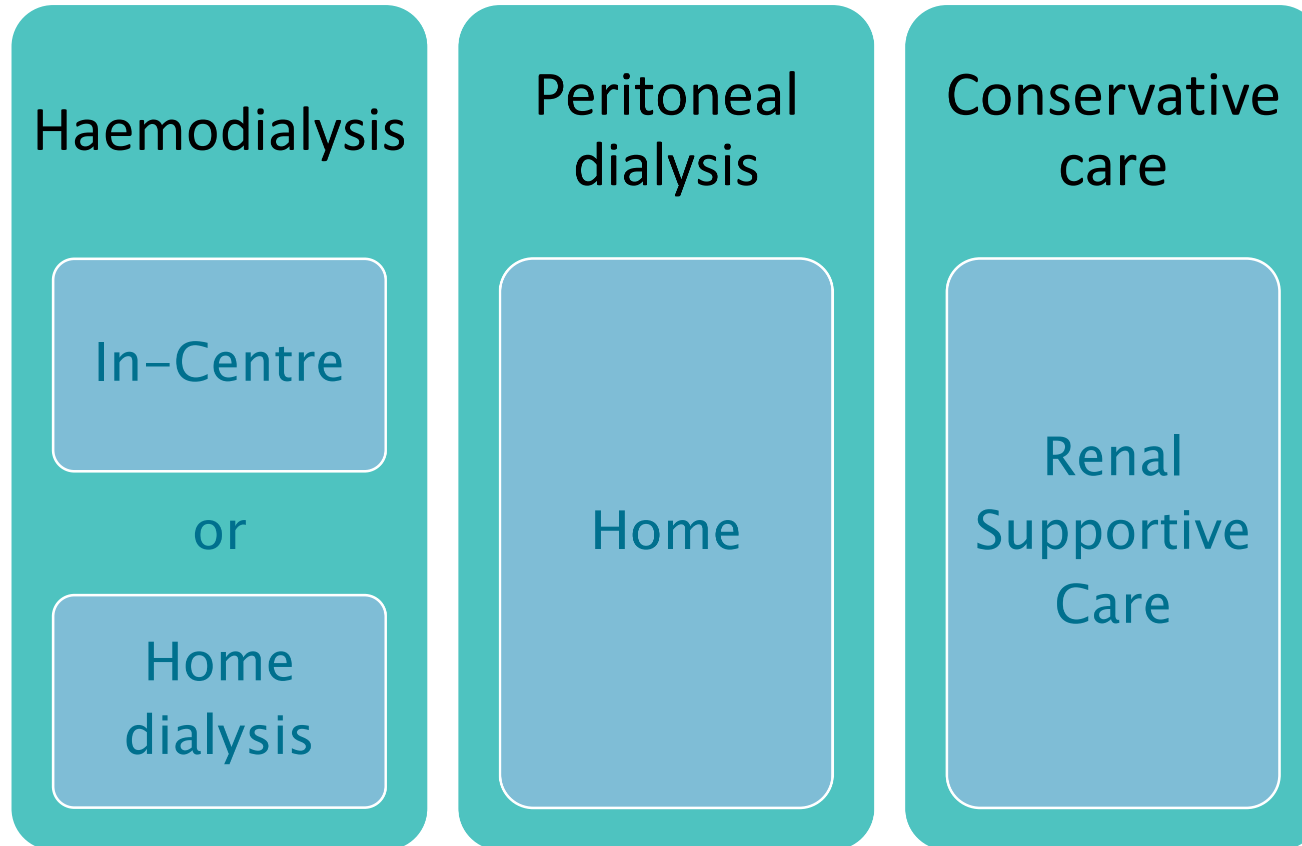
What's Next?

- Research
  - Benefits
  - scalability
  - sustainability
- Research proposal and research team in place
- Still seeking funding sources
- GP Practice recruitment ongoing 4 at this stage
- In the spirit of integrated care we have people from NNSW LHD, North Coast PHN, Local General Practices, Consumer Representation and Southern Cross University involved in our research proposal.



RENAL SUPPORTIVE CARE

Patient potential choices are:



Dialysis does not benefit every patient with CKD

The Renal Supportive Care (RSC) model of care

- To improve quality of life
- To improve clinical outcomes
- Manage symptom burden

- The Renal Supportive Care (RSC) service commenced in RCHSG in July 2015.
- We currently have 104 pts.
- A nurse-led model.
- Embedded within existing renal services.
- To be successful we need a good working relationship between RSC and primary Care.

The Renal Supportive Care service provides care and support to patients who choose conservative treatments for their renal disease.

The Renal Supportive Care service is made up of a Clinical Nurse Specialist, Social Worker and Dietician.

RSC provides:

- Pain and symptom monitoring and management
- Advocacy and referral to services as clients are often managed by multiple services
- Nutritional support and advice
- Assessment
- Advance care planning
- Home visits
- Ongoing support

Patient expectations:

- Progression
- Knowledge
- Self management
- Available resources
- Timely access to palliative care
- Effects of diet on Symptom management
- Person-centred care
  - Decision making and support

How do we sustain the RSC service?

- Continue to build professional working relationships with primary care.
- Build on other IC Initiatives such as the Orion Shared Care Tool.
- Addressing person-centred care will drive the evolution of the RSC

Thank You

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