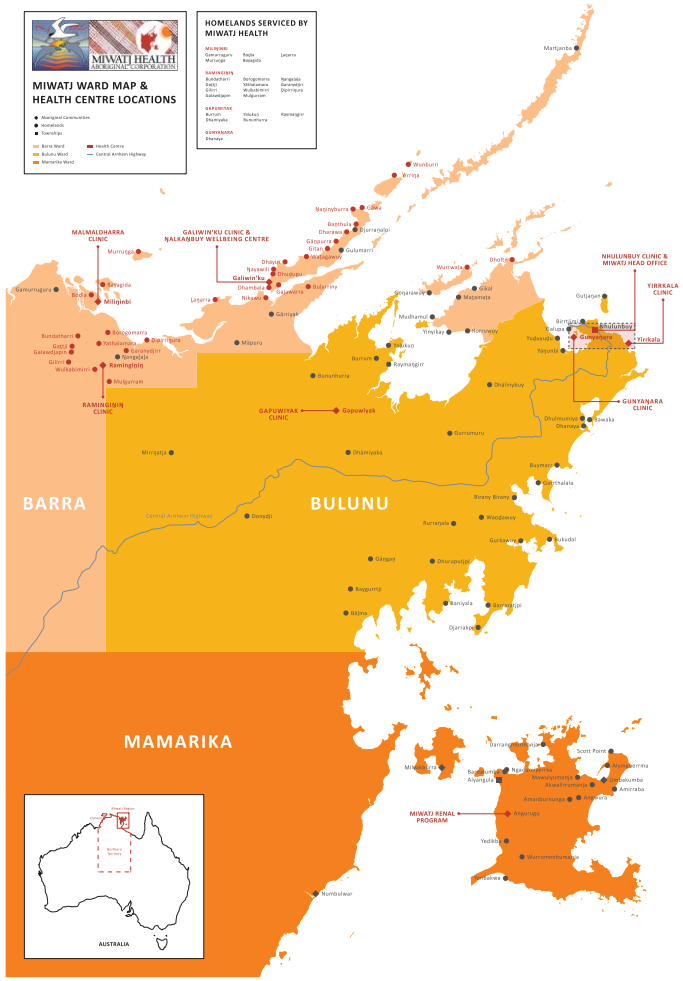
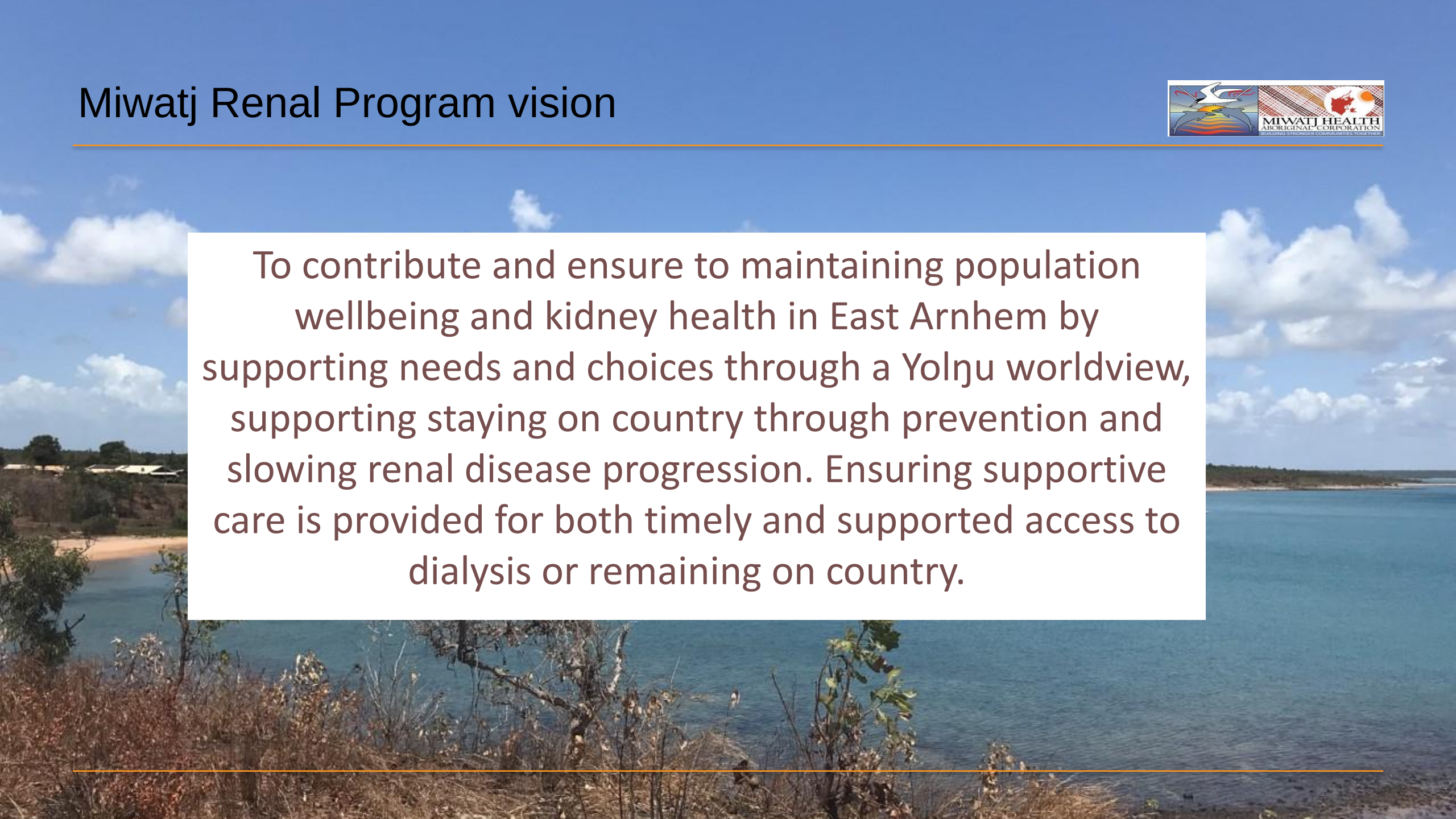
MIWATJ HEALTH ABORIGINAL CORPORATION

EMBEDDING TKC INTO THE MIWATJ RENAL PROGRAM: EVALUATION THROUGH COMMUNITY CONSULTATION



Miwatj Renal Program vision



To contribute and ensure to maintaining population wellbeing and kidney health in East Arnhem by supporting needs and choices through a Yolŋu worldview, supporting staying on country through prevention and slowing renal disease progression. Ensuring supportive care is provided for both timely and supported access to dialysis or remaining on country.

IMBEDDING TKC INTO RENAL PROGRAM- INITIAL COMMUNITY CONSULTATION

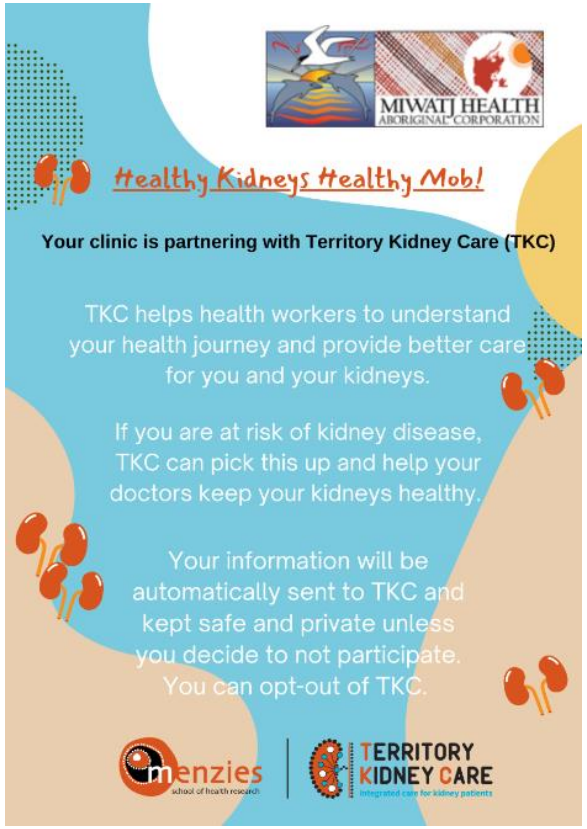
- TKC and Miwatj Community BBQs
- TKC visits to PHC visits to assist with education and onboarding
- Renal Team brainstorming: how can TKC be used in the primary health care center setting? How can TKC assist us in meeting program objectives?
- Miwatj GP feedback on their understanding of TKC and the barriers to using this platform
- Collaborate with Purple House and NTG Renal on how TKC can be used during renal case conference meetings
- Yolngu Primary Health Care staff feedback on current TKC education resources

MIWATJ REGIONAL RENAL PROGRAM- HOW TKC FITS INTO OUR OBJECTIVES

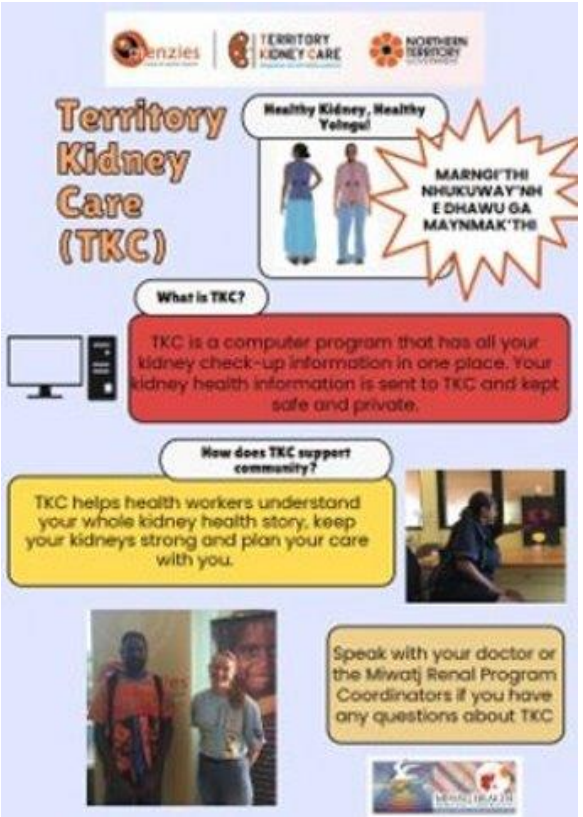
Renal Program Objectives	Use of TKC to meet Program Objectives
Support clinical care including health checks, blood collection and education alongside Yolngu staff in primary healthcare settings	Identification of people with significant deterioration of renal function requiring GP review and investigations
Support attendance during the Renal Specialist Clinics through pre-clinic work-up and education	Used as a tool to collate Renal Specialist Clinic lists
Support ongoing case management for people living with end stage kidney disease in community alongside complex care and primary health care staff	TKC used as a tool during renal case conference meeting to cross reference information and update care plans
Work with Allied Health and Public Health teams to develop health promotion activities	TKC used to identify groups of people living with CKD to invite to participate in activities
Facilitate Community Reference Groups for people living with CKD and their families and use their feedback to strengthen renal program activities and advocate for services that support client journey navigation	TKC data used to support advocacy letters
Yarn with people about kidney health and how to keep kidneys strong with the community	TKC used as an education tool using data graphs that show trends in renal function
Improve renal program systems and activities through regular auditing of data from Communicare and TKC	TKC Priority 1 Audits CQI work for demographics and data correction

Territory Kidney Care (TKC) at Miwatj

- TKC- Priority 1 Audits
- Renal Case Conference Meetings
- Send TKC summaries to Communicare for people who have been recently admitted to GDH or RDH
- Patient Education- poster and video
- TKC imbedded in Chronic Disease orientation manual
- TKC staff education during Primary Health Care clinic morning meetings and GP meetings



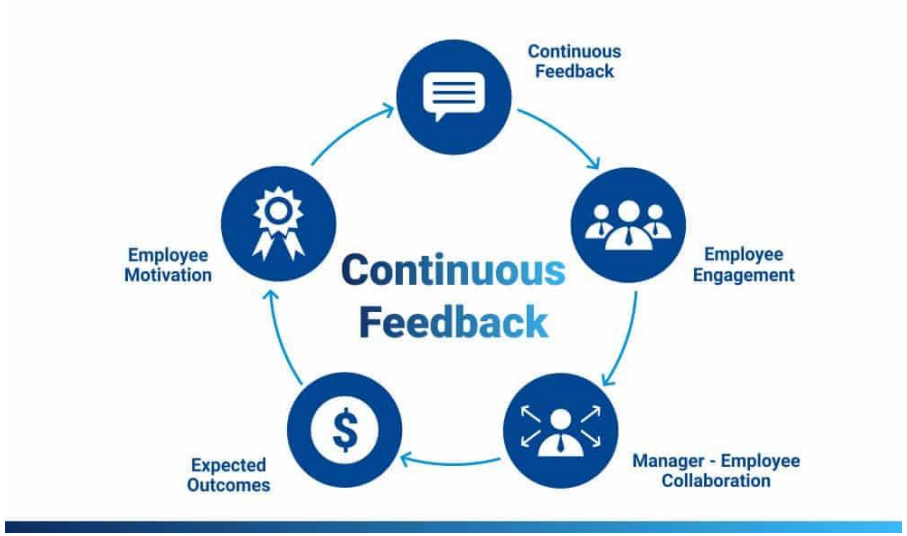
Original TKC Poster- March 2023



Version 2 of TKC Poster- March 2023

Territory Kidney Care (TKC) Miwatj Video

TKC EVALUATION- TKC USER STATS AND COMMUNITY FEEDBACK (SEPT 2023)



TKC use within Miwatj:

- Total Number of TKC Users at Miwatj: 25
- Total Number of system interactions by Miwatj Staff: 335
- Staff members accessing TKC most frequently at Miwatj: Regional Renal Program Coordinator and RANs (Chronic Disease Portfolio Holders)

Renal Case Conference Meeting Evaluation:

- "The use of TKC has added value to the meeting by allowing health professionals to cross-check information".
- "Uploading case conference letters to TKC has improved patient journey visibility between renal services and staff feel follow-up care has been actioned quicker due to this".

TKC Resources Review:

- "People are associating all posters with COVID-19 messaging- language should be all Yolŋu Matha"
- "Opt-out consent model should be explained in the video"
- "Female video needed"
- "Video needs to be shared more widely"

TKC- Future work at Miwatj

- Red Flag Report
- Community TKC drives to increase awareness of TKC and its use
- Female TKC Video in Yolŋu Matha
- Use more Yolŋu Matha in TKC poster
- Increase GP staff uptake of TKC
  - ➢ take on learnings from other TKC implementation officers
  - ➢ Imbed TKC into GP orientation manual
  - ➢ Advise GP's that TKC now easier to access with new updates.

Kidney specialist referral

Kidney specialist consult straight away for anyone with

- High potassium level — more than 6mmol/L on pathology test
  - Recheck with POC Test. If still more than 6mmol/L — ECG and consult
- Unwell with signs of acute kidney injury — oliguria (low urine output), blood in urine, acute high BP, peripheral swelling
- 25% reduction in eGFR at any risk level

Consider referral to kidney specialist if

- More than 20% reduction in eGFR
- Ongoing protein and blood in urine

Refer for shared care with kidney specialist if

- eGFR less than 15 for first time
- Urine ACR more than 300mg/mmol (or 3+ protein on U/A) *AND* swollen legs — may be nephrotic syndrome
- High CKD risk level — routine referrals for planned care
- eGFR less than 45 for first time
- Check if further tests or results needed before appointment
- **Renal biopsy** rarely needed
- Follow-up appointments can be telehealth case conference

- CARPA 8th Ed. (2022) p.284