POSITION STATEMENT

ON DIALYSIS CAPACITY

AUGUST 2024

We acknowledge the Traditional Custodians of Country throughout Australia, recognise their unique cultural and spiritual relationships to the land, waters and seas and their immense contributions to society, and pay respects to Ancestors and Elders, past and present. We acknowledge and respect iwi and hapū as tangata whenua of Aotearoa and are committed to upholding the principles of Te Tiriti o Waitangi (the Treaty of Waitangi). To read the ANZSN statement on Indigenous Health click here.

The Australian and New Zealand Society of Nephrology, Kidney Health Australia, Kidney Health New Zealand, the Renal Society of Australasia and the Australian and New Zealand Society of Paediatric Nephrology are committed to the vision of optimal kidney care for all people and believe that equitable access to health care, including kidney replacement therapy, is a fundamental human right.

WHAT THIS STATEMENT IS ABOUT

Dialysis is an essential lifesaving service that cannot be deferred or wait-listed. This statement aims to set expectations around dialysis capacity and the level of care that will provide optimal kidney health for all people. It will provide a framework by which health services can understand dialysis capacity constraints and advocate for increased capacity and resourcing.

WHAT ARE “DIALYSIS CAPACITY” AND “DIALYSIS CAPACITY CONSTRAINTS”?

Dialysis capacity is the maximum ability of resources, infrastructure, staffing, and funding to sustainably provide dialysis services in a timely, lifesaving, clinically appropriate and person-centred manner with optimal outcomes.

Dialysis capacity constraints are where demand for dialysis services exceeds capacity and compromises patient care, quality and longevity of life, and places unsustainable pressure on workforce and existing resources that could compromise standards of clinical care and safety.

Capacity constraints can arise in all aspects of dialysis provision and impact all dialysis modalities. The impact of these constraints disproportionately affects those at risk of inequity especially individuals from priority groups such indigenous, rural and remote patients and their families (whānau).

Capacity requirements for dialysis vary across different units, spanning local, regional, and national levels. These needs fluctuate daily, may change rapidly, even within a single shift, and are influenced by various factors, including those outlined below:

- Dialysis units typically cater to patients with ongoing dialysis needs (chronic dialysis). Some dialysis units also need to provide acute start dialysis or regular dialysis during hospitalisation (acute dialysis). Predicting the daily capacity for acute dialysis is often more challenging than for chronic dialysis.
- Increased patient comorbidities and complex clinical conditions increase the level of staffing necessary for each individual.
- The team composition and availability of staff including nursing, renal physiologists, allied health, medical, psychology, pharmacy, Indigenous support workers and administrative support, directly impacts the unit's ability to accommodate more complex patients.
- Factors such as dialysis infrastructure (public and private), regional population growth, demographic shifts, and resource allocation within a specific unit influence the changing demand and availability of dialysis chairs.
- The adequacy of resources and accessibility to alternative treatment modalities for kidney failure, such as home dialysis therapies, kidney transplantation, and kidney supportive care, affect dialysis demand and play a crucial role.
- Ensuring adequate resources for auxiliary services required by dialysis patients, such as vascular access creation and maintenance, and treatment option education is paramount for comprehensive care delivery.

Given the complexity of dialysis capacity, there is no one single metric that defines adequate capacity of a unit.

WHAT DOES SUFFICIENT DIALYSIS CAPACITY LOOK LIKE?

Patient-centred care involves an on-going discussion between patients with kidney failure along-side their support network and medical professionals regarding the most suitable care options – whether it be (pre-emptive) transplantation, dialysis, kidney supportive care or some combination of these. This dialogue should focus on achieving the best outcomes for the patient by considering their personal circumstances, life ambitions, and anticipated medical outcomes from various forms of Kidney Replacement Therapy (KRT). Capacity constraints may exist within any of these areas of KRT.

In this context, a dialysis capacity constraint occurs when a patient who has opted for dialysis as their treatment option doesn't receive sufficient dialysis to meet their optimal wellbeing and health requirements in a safe and patient-centred manner, due to a deficiency in existing supplies, infrastructure, or staffing.

The presentation of a capacity constraint in any given unit varies based on its context, but can include situations such as:

- Inability to provide the required amount of dialysis to patients with chronic kidney failure in a clinically appropriate timeframe.
- Inability to provide acute start dialysis, in a timeframe that avoids deterioration in patient condition.
- Inability to make treatment modality changes based on clinical necessity, such as the inability to transition a patient from home-based therapy to centre-based dialysis for increased supervision needs.
- Inability to transition to preferred home-based therapies once dialysis has commenced.
- Inability to provide comprehensive care required for paediatric patients, including appropriate paediatric specific environments and staffing for provision of in-centre dialysis, scheduling flexibility to minimise disruption to school attendance, access to learning and psychological supports.
- Imposition of unreasonable conditions on patients regarding travel distance, time, and dialysis scheduling.
- Providing dialysis with inadequate staffing ratios that do not support both staff and patient safety and well-being.
- Staffing units with inadequately experienced and trained personnel.
- Insufficient staffing capacity, including nursing, medical, allied health, psychology, and auxiliary services crucial to provide support for effective dialysis.
- Limited access to “away from home” dialysis for significant life or cultural events.
- Lack of timely and equitable access to alternative treatments for kidney failure due to resource redistribution to maintain adequate and safe dialysis, impacting kidney transplantation and kidney supportive care availability.

A dialysis capacity constraint can be considered not only in terms of an immediate gap between required and available resources, but also a forecast gap in the near future.

PLANNING AND MEASURING FOR APPROPRIATE DIALYSIS CAPACITY

To better plan for and understand dialysis capacity, we recommend the following:

- Incorporating capacity as a primary consideration in dialysis centre guidelines, supported by factors such as chair availability, staffing levels, facility size, and adequate funding for auxiliary services and alternative treatment options for kidney failure.
- Ensuring patients have guaranteed access to treatment at their closest/preferred centre on a routine basis
- Ensuring that guidelines include reference to the diverse variables encountered across different units that may affect capacity.
- Ensuring that capacity planning actively considers any existing and anticipated future under-provision of dialysis services.
- Evaluating the effectiveness of various capacity measurement approaches.
- Implementing regular and longitudinal capacity assessments at a local, regional, and national level using multiple measures to gauge capacity accurately.
- Evaluating and standardising the recommended staff to patient ratios, based on acuity measurements, to ensure equity in care for individual patients
- Provision of extended health care personnel to support all patient vulnerabilities
- Engaging the use of technology and culturally appropriate workforce to ensure that rural and remote patients are not disadvantaged compared to metropolitan counterparts

POSITION ON DIALYSIS CAPACITY CONSTRAINTS

Dialysis is an essential life preserving and life extending treatment. Any gap in dialysis capacity, in any modality, is unacceptable. It is the responsibility of the relevant health authorities, working closely with clinical staff and patient representatives, to plan and provide for adequate and sustainable dialysis capacity both now and into the future.

In addressing immediate capacity challenges, we prioritise patient and staff wellbeing and safety, opposing measures such as:

- Relying on cancelled dialysis appointments or patient non-attendance to meet dialysis needs for other patients.
- Shortening a patient's dialysis duration unless clinically warranted.
- Compromising resource allocation, including diverting staff from other renal service areas, to maintain adequate and safe dialysis staffing.
- Requiring patients to attend alternate centres or to dialysise overnight when this is not their preferred option.
- Altering treatment modalities unless clinically justified and decided upon in collaboration with patients.
- Prescribing incremental dialysis, hybrid dialysis or any model of treatment that is not clinically indicated, solely for the purpose of addressing capacity shortfalls.
- Undertaking dialysis with patient to nursing ratios beyond which is deemed clinically safe and risks the professional safety of clinical staff.

Where a dialysis capacity constraint exists, or is forecast to arise, clinical staff must raise their concerns and proposed solutions to their respective health authorities.

When there is an immediate or ongoing risk to the provision of dialysis services that is not adequately addressed by health authorities, clinical staff should engage the assistance of their representative Society or organisation to make appropriate representation to the health authorities and decision-makers at the administrative or political level as necessary.

The Society or organisation will assist as appropriate to advocate for increased resources as needed by engaging with health administrators, government officials, and media outlets to drive action and effect change.

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