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# Kidney Supportive Care program (KSCp)

Initiative Type

Model of Care

Status

Deliver

Added

15 August 2017

Last updated

10 September 2022

URL

<https://test.clinicalexcclence.qld.gov.au/improvement-exchange/kscp>

## Summary

We report the outcome of an innovative proof of concept care pathway centred on this vulnerable cohort – KSCp. The KSCp is in addition to the historical pathway of dialysis, but targets those people where the literature is reporting poor quality of life and no survival benefit in this care pathway. It is modelled on the palliative care pathway in cancer sufferers, where we are learning that the burden of disease is less. It is cognizant of the uncertainty of remaining life span, recognising that patients may

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remain in the KSCp for 12 months or more. The KSCp is an interdisciplinary, community-based program and comprises a team of clinicians and researchers from Metro North Hospital and Health Service (MNHHS), Queensland University of Technology (QUT) and University of Queensland (UQ). It is designed to educate, coach and support patients, families and carers making complex health decisions, including advanced care planning, suitability of dialysis, etc. In parallel the team aims to deliver care to reduce the high symptom burden and alleviate the distress experienced by these patients, their families and carers. The pilot was funded by MNHHS SEED Innovation funding and it is currently negotiating transition to sustainable funding as a business as usual service. MNHHS is evaluating the implementation of the program and its outcomes using embedded implementation science research methodology.

### Key dates

Dec 2015

Aug 2017

### Implementation sites

Metro North Hospital and Health Service

### Partnerships

Queensland University of Technology, University of Queensland

## Key Contacts

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## **Aim**

To provide supportive care should to all patients with advanced Chronic Kidney Disease and their families throughout the entire course of illness.

## **Benefits**

- Linkages with community providers
- Uptake in advance care planning
- Less futile treatment
- Increased patient and clinician satisfaction

## **Background**

Chronic Kidney Disease (CKD) is a common chronic disease, affecting 12 percent of the population. It has an excess of premature death accounting for 10 percent of all deaths in the National Mortality Database. Emerging literature is reporting that, for some patients and carers, experience of the last weeks and months is poor, notwithstanding a high utilization of the acute healthcare sector. This group of patients can be identified in terms of age, burden of chronic disease, co-morbidities and frailty, all powerful measures for survival.

## **Evaluation and Results**

129 patients were referred to the KSCp in its first 12 months of operation (mean age 71.6 years [range 27-91], 52 per cent men, 53 per cent on dialysis), compared with 27 referrals to a palliative care service in the preceding 12 months. Patients and carers were highly satisfied (95 per cent and 100 per cent respectively) with the care received. The program has high stakeholder acceptability and early economic modelling reports cost effectiveness and service efficiency. At least one other service for managing terminal organ failure in MNHHS is adapting the program to the needs of its

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patients, and we have had queries and site visits from other kidney services across Queensland.

## **Further Reading**

[University of Queensland Research: Evaluating the implementation of Kidney Supportive Care Program](#)

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