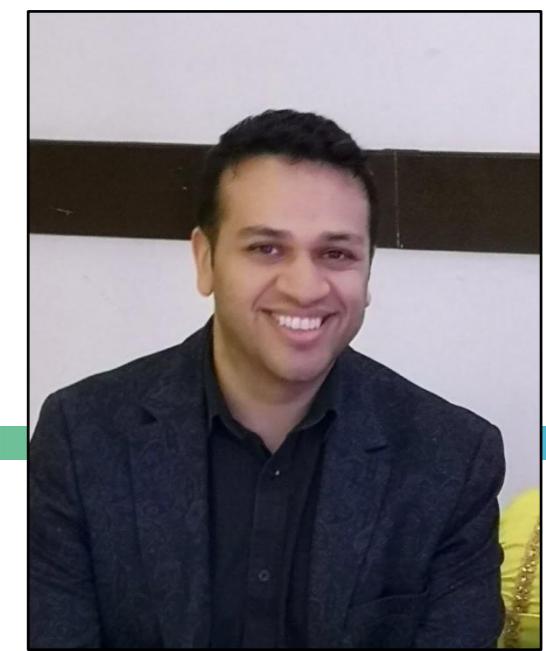


Chronic Kidney Disease Coding

Correct coding for the correct renoprotection



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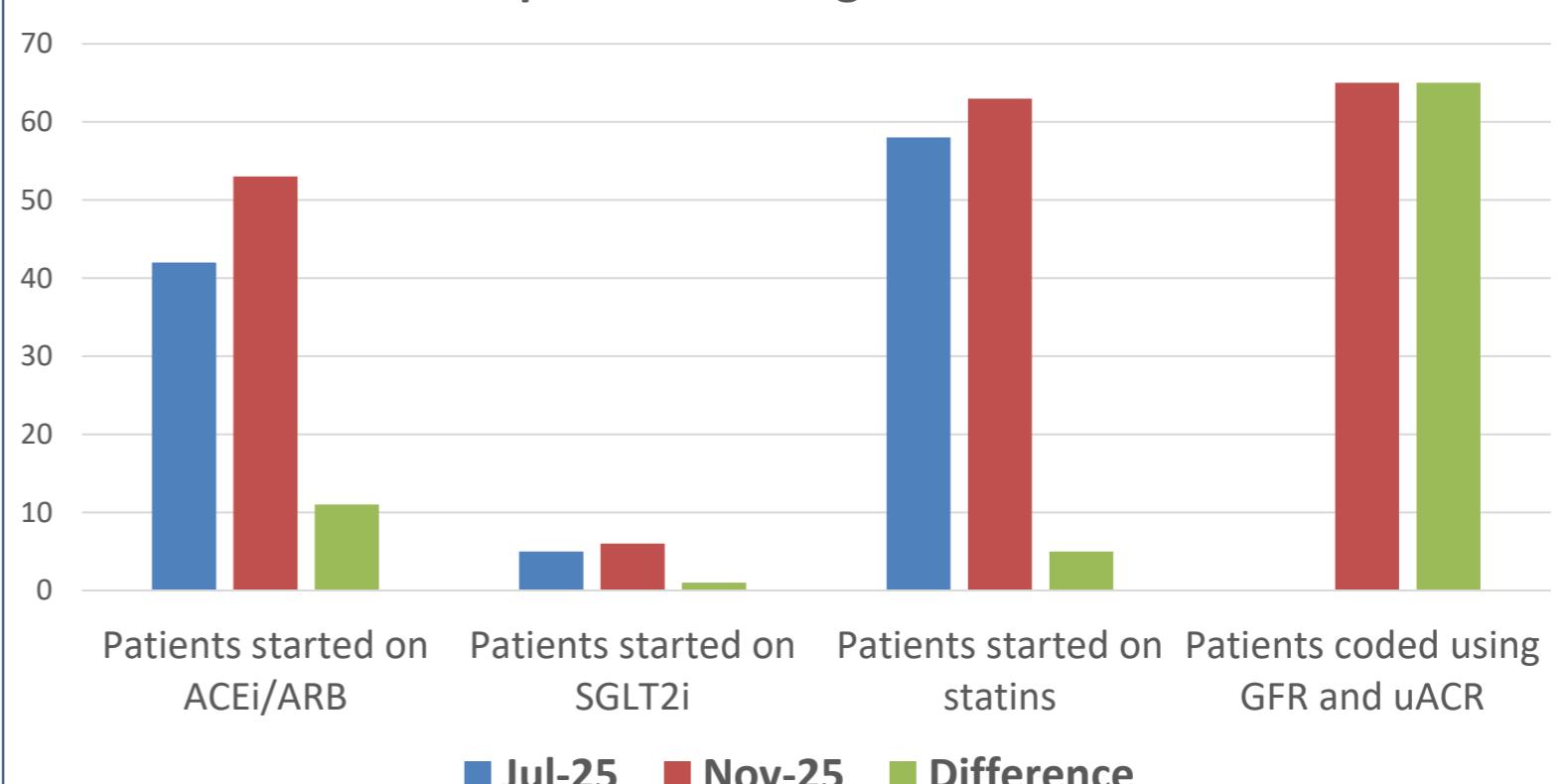
Aim

To review at least 80% of patients with a GFR of less than 60ml/min, ensuring the correct CKD class is coded on their record and that they are on the correct renoprotection.

Method

The Clinical Effectiveness Group (CEG) Active Patient Link (APL)-Renal Toolkit was used to identify non-diabetic patients with CKD stages 3–5. Patients were contacted for any outstanding blood and urine tests, and those with confirmed GFR <60 mL/min were coded as per the GFR and uACR results. Clinicians were encouraged to order follow-up tests. Patients were reviewed for possible renoprotective treatment.

Chart Showing The Changes in Prescribing Renoprotective Drugs After Review



Summary of Results

96 patients were identified with CKD stages 3-5.

42 on ACEi or ARBs

5 on SGLT2i

58 on statins

10 patients without updated GFR results

58 patients without updated urine ACR results

Currently reporting:

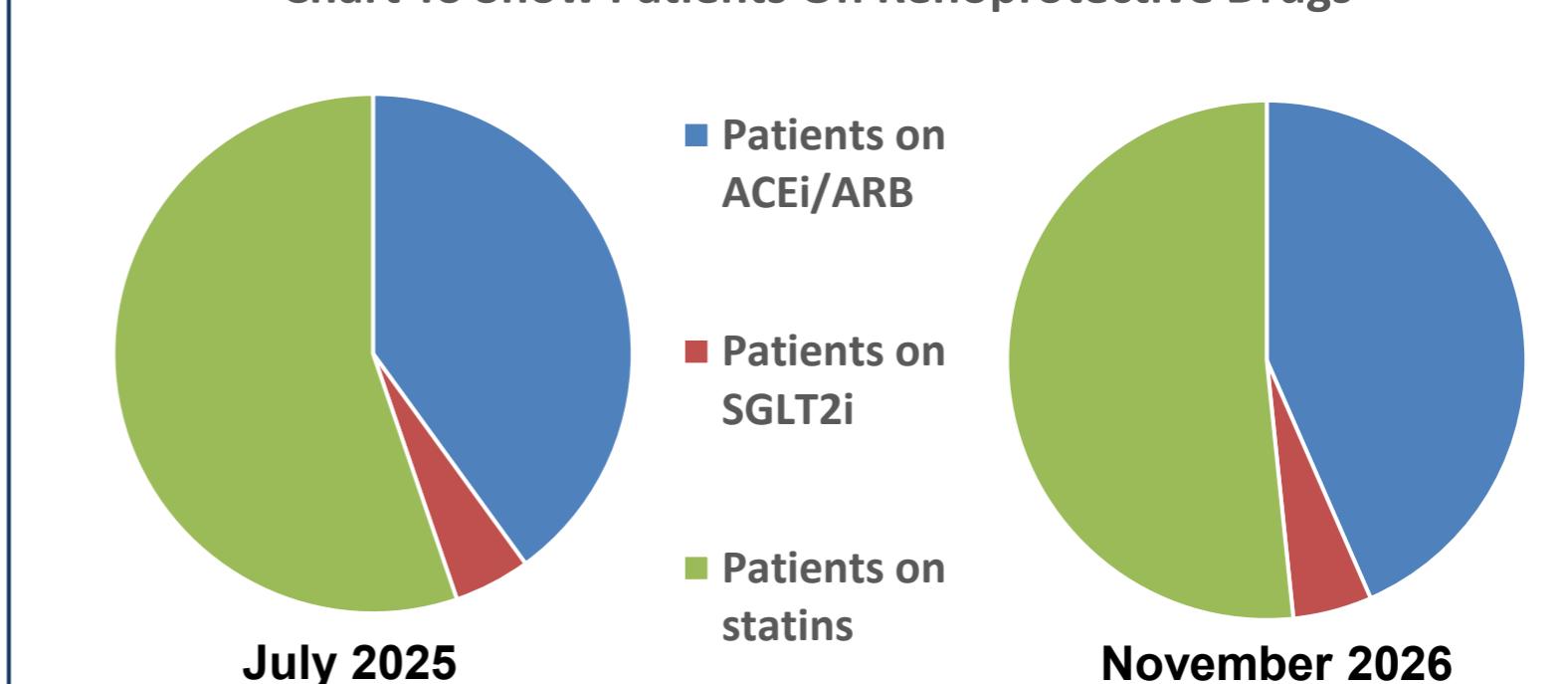
53 on ACEi or ARBs

6 on SGLT2i

63 on statins

65 patients reviewed and coded using GFR and uACR

Chart To Show Patients On Renoprotective Drugs



Sustaining the Change

- A protocol will be developed so that CKD can be coded using blood and urine test results.
- All clinicians will required training so that correct coding can be added and patients are invited for a review.
- Administrative staff will need to be trained so that the correct test forms can be generated.
- CKD champions will be identified so that the search tool can be used and actioned.

Learnings

- New processes should be discussed with the whole team regularly to be embedded.
- Patients should be counselled fully about CKD and encouraged to regularly complete the blood and urine tests.
- All administrative staff require training so that patients can be invited for their tests and forms can be ready without there being any need for clinician appointments.
- Patients must be informed of the new codes added to their records during reviews.

Staff feedback

It's important to code patients correctly as so many patients may have CKD for years without the correct renoprotection

Patient feedback

I didn't realise that my kidneys were beginning to suffer. I'm glad that the correct medication has been started to stop them from worsening.

KEY: CKD – chronic kidney disease; GFR – Glomerular filtration rate; ACEi - Angiotensin-Converting Enzyme inhibitors, SGLT2i - Sodium-Glucose Cotransporter-2 Inhibitors; uACR - Urine Albumin-Creatinine Ratio

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