

# 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.

### 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 Showing The Changes in Prescribing Renoprotective Drugs After Review

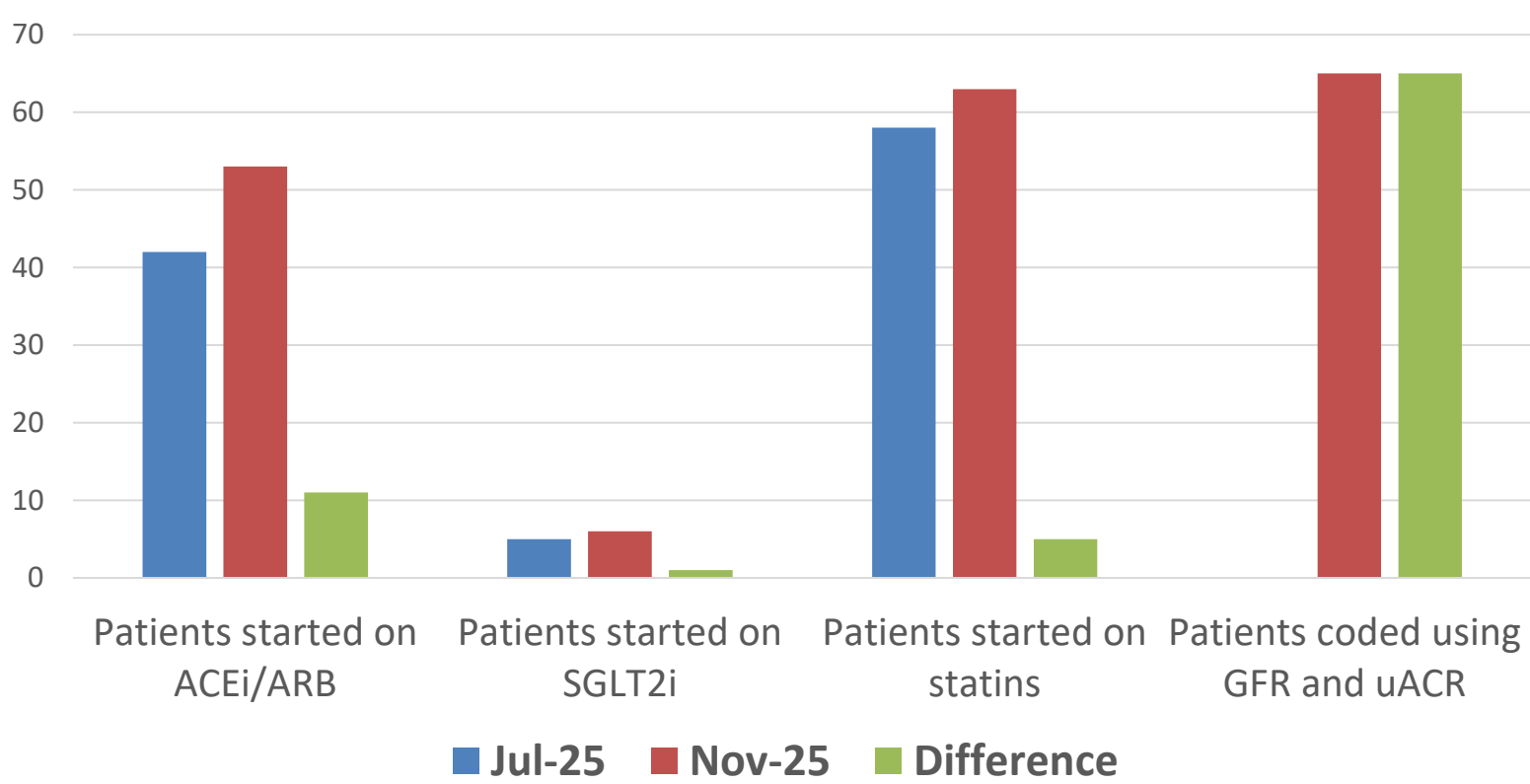
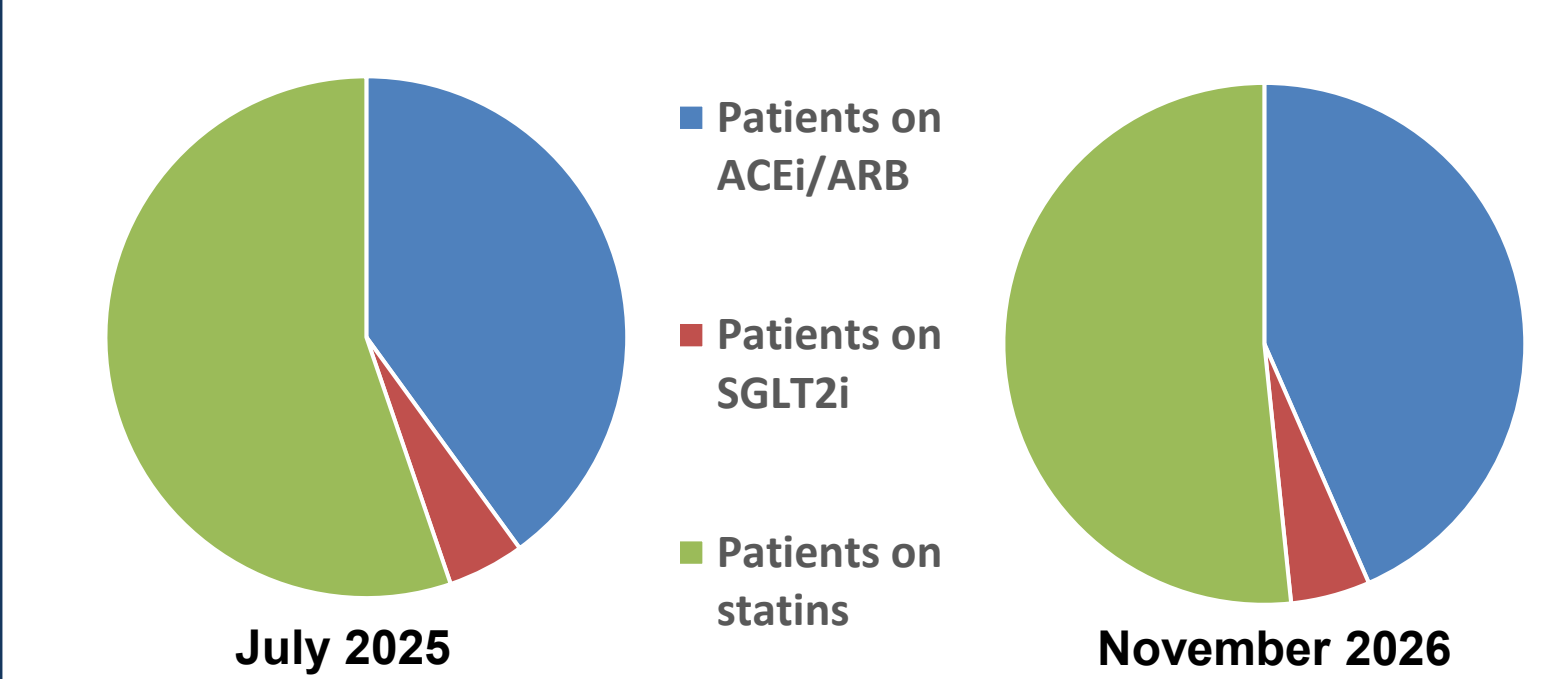


Chart To Show Patients On Renoprotective Drugs



### 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

### Contact Details

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