Chronic Kidney Disease (CKD) - Primary Care Case Finding

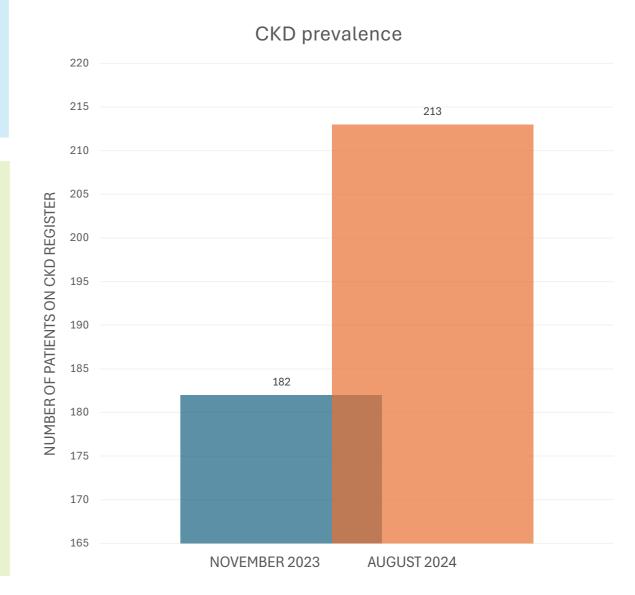
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Aim

To review all patients in the Ardens case finders CKD search run on 20/11/23 and to correctly code patients that may be classed as CKD3a-CKD5 by 01/04/2024.

Method

- Data Extraction From Electronic Health Records (EMIS) using Estimated Glomerular Filtration Rate (eGFR) and Urine Albumin-Creatinine Ratio (uACR) results
- Desktop review Data Cleansing and identification of patients requiring further interventions
- Implementation review of records, development of communication materials, contact support and follow-up
- Update of electronic health records (EMIS) with a standardised set of snomed CT codes



Summary of Results

The project successfully identified 31 patients who were subsequently added to the Chronic Kidney Disease (CKD) register.

Sustaining the Change

- Early detection and accurate diagnosis can help prevent disease prognosis through early intervention
- Proactive re-auditing
- Refresher education and actioning "system alerts" that suggest CKD may be undiagnosed

Learnings

- Early detection and accurate diagnosis can help prevent disease prognosis through early intervention
- The process of identifying and categorising CKD is relatively straightforward however, the process of proactively carrying out the steps involved in detection is the rate limiting step
- Embedding the detection process as a focussed workstream helps ensure change is sustained
- Raising awareness and changes in approach to documentation will help improve processes
- Standardising practice with respect to documentation and coding will help make databases more reliable and accurate

Patient feedback

I didn't realise the severity of my condition until our consultation. I am glad I have now started treatment

Staff feedback

The project has been beneficial for the quality of care we provide. We didn't realise the scale of the problem until the project finished

Contact Details





