# **Identifying Risk of Kidney Failure**

Utilising eGFR and urine ACR to identify risk of kidney failure

## Haleema Ahmed | Senior Clinical Pharmacist Haringey GP Federation

#### Aim

Identify and calculate Kidney Failure Risk Equation (KFRE) score for at least 70% of patients diagnosed with Chronic Kidney Disease (CKD) Stage 3 and above by 31st July 2024.

#### Method

Data was gathered using a dedicated EMIS search which targeted patients on the CKD register (Stage 3, eGFR < 60 ml/min) with an eGFR and urine Albumin to Creatinine Ratio (uACR) conducted between 1<sup>st</sup> April 2023 and 31<sup>st</sup> July 2024. Patients with outstanding measurements (i.e. missing eGFR and/or uACR) were contacted. The results were input into the 4-variable KFRE (takes into consideration gender, age, eGFR and uACR). A secondary EMIS search was used to identify patients with a 5-year KFRE score above 5%.

## **Summary of Results**

Prior to the project, no patients on the CKD register had a KFRE score calculated. After completion of the project, out of 290 patients on the CKD register, 225 (77.58%) had their KFRE score calculated as part of their CKD review. The remaining patients did not have KFRE scores due to the absence of albuminuria or eGFR assessment within the appropriate timeframe. Of the 30 patients with a 5-year KFRE score exceeding 5%, 29% (9 patients) were not under renal service care and were subsequently referred,



#### **Percentage of KFRE scores**

Percentage of patients without a KFRE score

Percentage of patients with a KFRE score above 5%

Percentage of patients with a KFRE score less than 5%

- Percentage of patients with a KFRE score of 5% or more and not under the renal service and have been referred
- Percentage of patients with a KFRE score of 5% and above and under the renal service



with all referrals being accepted.

### **Sustaining the Change**

- Abstract submission of the findings to UK Kidney Week 2025 to showcase proactive opportunities to reduce risk of kidney failure in primary care.
- Aim for future expansion of the KFRE quality improvement project in primary care to the wider pharmacy team in Haringey GP Federation through 1-2-1 discussions as well as education and training.

#### Learnings

- The project aim was met through engaging and updating key stakeholders in a timely manner regarding wider dissemination of findings and increasing patient access to specialist medication that requires initiation from the renal team through appropriate referrals.
- The importance of reflecting on the recall system for patients on the CKD register to ensure blood tests and uACR are requested promptly to identify at risk patients using the KFRE.
- The project has assisted in evaluating the quality of referrals to the local community CKD clinic.

#### Key stakeholder feedback

This project allows for closer collaboration between primary and secondary care to ensure the right patient is seen at the right time for the right management, reducing health inequalities and bringing care closer to home where possible.

Pooja Gudka, Senior Specialist Pharmacist - Renal services, Community CKD, Royal Free London NHS Foundation Trust

#### Key stakeholder feedback

This project has strengthened relationships between primary and secondary care teams, raising awareness of CKD and management guidelines and provided opportunities to deliver training and education to wider teams.

Sarah Milne, Kidney Nurse Consultant, Royal Free London NHS Foundation Trust

#### **Contact Details**

@UCLPartners
@UCLPartners
@UCLPartners
@UCLPartners
uclpartners.com





Funded by an independent grant from Daiichi Sankyo UK Ltd