

Improving kidney care in general practice

Detecting and managing chronic kidney disease

What?

Practice-led quality improvement activities aimed at better detection and management of chronic kidney disease (CKD) are an important means of improving kidney health in the general public.

Most CKD is managed by GPs in the primary health care setting. Working in collaboration with kidney health experts and taking a shared care approach to identify, screen, stage and monitor patients with previously undetected CKD can lead to significantly improved outcomes for practices and patients alike.

How?

Funding from COORDINARE supported Worrigeer Street Medical Centre – a general practice located in Nowra – to work in partnership with the Illawarra Shoalhaven Local Health District (ISLHD) to implement a quality improvement activity through Kidney Health Australia (KHA).

The practice's Clinical Services Manager carried out data cleansing, using the PenCat tool to identify patients at risk of CKD, then worked closely with ISLHD's chronic kidney disease Clinical Nurse Consultant as part of the KHA Ambassador Program's quality improvement activity, based on a PDSA cycle (Plan, Do, Study and Act). This led to the diagnosis of a large number of new cases of CKD in the existing patient cohort.

Why?

One in 10 Australian adults have indicators of kidney damage. According to the State of the Nation 2016 report, the Illawarra Shoalhaven is the number one hotspot for CKD, with double the national average incidence.

A 'silent disease', CKD is largely asymptomatic and often goes undiagnosed until it has reached the late stages, by which point up to 90% of kidney function may have been lost. People with CKD are also at significantly elevated risk of cardiac death. These facts highlight the importance of raising public awareness about CKD, including risk factors, warning signs, and the need for early intervention.

General practices play a vital role in detecting and managing CKD, as well as in educating their patients about kidney disease. If CKD is managed appropriately, the otherwise inevitable deterioration in kidney function can be reduced by as much as 50%, and may even be reversible.

Newly diagnosed patients had a chronic disease management plan put in place and were provided with CKD education materials, while reminders were set up in the practice's software to facilitate patient follow up and avoid prescription of nephrotoxic drugs.



"Our practice and patients really benefited from this program."

Outcomes

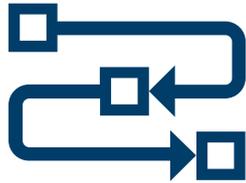
Patients:

Early detection of **CKD**

>400% increase in CKD detection (proportion of patients diagnosed with CKD increased from 3.5% to 15.3%)



68% of new cases detected were early stage (Stage 1-3a)



Improved awareness of CKD



Increased ability to self-manage their condition



Clinicians:

Upskilling in CKD detection, staging, monitoring and management



Professional development and multidisciplinary support



Practice:

Improved data / data cleansing



Improved ability to stage and monitor CKD



Avoidance of inappropriate prescription of nephrotoxic drugs



Debbie Pugh

CKD Clinical Nurse Consultant at Illawarra Shoalhaven Local Health District (ISLHD)



An important part of my role with the Local Health District is to raise awareness of chronic kidney disease and support primary health care in this space, so I was more than happy to work alongside Worrigeer Street Medical Centre on this quality improvement program.

One of the best things about this program from my perspective was the strong communication between primary health care providers and the kidney health specialists. We are trying to build relationships and work together, and I have to say that the collaboration has been fantastic.

Since the program began, the whole practice has been a lot more aware of CKD. It's a real team effort to successfully raise patient awareness of CKD and improve patient outcomes, and it's been great to see all the staff so involved.

Natalie Sleeman

Clinical Services Manager at Worrigeer Street Medical Centre



More than half of our patients are aged over 60, with a high incidence of diabetes and cardiovascular disease. Our practice is big on proactive medicine and health promotion, and we were aware that our management of CKD had been suboptimal, so it was great to have the opportunity to do this quality improvement program.

The program promoted a real shared care approach, with everyone working together, including nurses, doctors, renal physicians and Debbie's team. Doing this, we were able to achieve some really worthwhile outcomes, particularly in terms of improved detection, staging and monitoring of CKD, and empowering patients with education and tools to self-manage.

I found the whole program a great experience. Our practice and our patients have really benefited from it.