



# Quality Improvement Scenario 1: Patients at Risk of CKD

Patients are at risk of Chronic Kidney Disease if they have risk factors, including Smoking, Diabetes, Hypertension, Obesity, CVD Diagnosis or Indigenous aged >30, Obesity, undiagnosed Diabetes and/or Hypertension, are aged 60 and older, have a history of acute kidney injury or a family history of kidney failure, and/or hypertensive disorders in pregnancy including pre-eclampsia (may increase the risk of hypertension and CKD later in life). [Kidney Health Australia, Chronic Kidney Disease Management in Primary Care, 4<sup>th</sup> ed. 2020](#)

## Who is at risk of CKD?

Adult Australians are at increased risk of developing CKD if they have any of the following risk factors:



Diabetes



Hypertension



Established cardiovascular disease



Family history of kidney failure



Obese (body mass index  $\geq 30$  kg/m<sup>2</sup>)



Smoker



60 years or older



Aboriginal or Torres Strait Islander origin



History of acute kidney injury (AKI)

Quick reference guide - CKD essentials 7

### Early detection of CKD using Kidney Health Check<sup>14, 15</sup>

Indications for assessment*	Recommended assessments	Frequency
Diabetes	Urine ACR, eGFR, blood pressure.	Every 1-2 years <sup>1</sup>
Hypertension	<b>If urine ACR positive repeat twice over 3 months (preferably first morning void).</b>	
Established cardiovascular disease**		
Family history of kidney failure	<b>If eGFR &lt;60mL/min/1.73m<sup>2</sup> repeat within 7 days.</b>	
Obesity (BMI $\geq 30$ kg/m <sup>2</sup> )		
Smoker		
Aboriginal or Torres Strait Islander origin aged $\geq 30$ years <sup>1</sup>		
History of acute kidney injury	See recommendations on page 53	

\* Whilst being aged 60 years of age or over is considered to be a risk factor for CKD, in the absence of other risk factors it is not necessary to routinely assess these individuals for kidney disease.

\*\* Established cardiovascular disease is defined as a previous diagnosis of coronary heart disease, cerebrovascular disease or peripheral vascular disease.

<sup>1</sup> Annually for individuals with diabetes or hypertension.

<sup>1</sup> See page 23 for more detail regarding recommendations for testing in Aboriginal and Torres Strait Islander peoples.

### Recommendations for CKD detection in Aboriginal and Torres Strait Islander peoples<sup>17</sup>

Indications for assessment	Recommended assessments	Frequency
People aged 18-29 years without any CKD risk factors.	Screen for CKD risk factors (see page 19 for list of CKD risk factors).	As part of annual health assessment.
All people $\geq 30$ years and People 18-29 years with one or more CKD risk factors.	Urine ACR, eGFR, blood pressure. <b>If urine ACR positive repeat twice over 3 months (preferably first morning void).</b> <b>If eGFR &lt;60mL/min/1.73m<sup>2</sup> repeat within 7 days.</b>	Every two years (or more frequently if CVD risk is elevated).

For further detailed information refer to the National Guide to a Preventive Health Assessment for Aboriginal and Torres Strait Islander People ([www.naccho.org.au](http://www.naccho.org.au)).

The Practice chooses Assessment of Patients At-Risk of CKD as a Quality Improvement Activity and creates a **Model for Improvement** for the PIP QI Quarter.

**SMART goal:** 100% of patients on the practice's **PenCS CAT4 CKD At-Risk List** will have a Kidney Health Check by end of QI PIP quarter.

**Data Baseline:** 4059 patients have risk factors and no CKD diagnosis on the CAT4 CKD At-Risk Report

**Review Date:** End of QI PIP Quarter.



# PLAN:

## Idea 1: Contact patients with risk factors for CKD without a coded diagnosis in **CAT4 CKD At-Risk**.



**TIP:** Select red “Has this risk factor” box in Graph or in Legend. Note that the black section “Risk Factor Not Recorded” selection means that an entry is not recorded for that risk factor and needs to be.

**Idea 2:** Select Worksheet. Set a Kidney Health Check recall in patient record. Other methods include: Send a **CAT4 SMS Recall, Voicemail Recall or TopBar Prompt** to patient record. [Recall CAT - Setting up your Account - CAT GUIDES - PenCS Help](#) [Recall CAT - Sending SMS Messages - CAT GUIDES - PenCS Help](#) [Recall CAT - Sending Voice Messages - CAT GUIDES - PenCS Help](#) [RACGP SMS webpage.pdf \(racgp.org.au\)](#) [CAT PLUS Prompts App - USER GUIDES TOPBAR - PenCS Help](#)

**TIP:** Particular patients with risk factors or pathology on the Worksheet can be selected by pressing the Refine Selection button.

ID	Surname	First Name	Sex
1001	Sumner	Frederick	F
1002	Sumner	Frederick	F
1003	Sumner	Frederick	F
1004	Sumner	Frederick	F
1005	Sumner	Frederick	F
1006	Sumner	Frederick	F
1007	Sumner	Frederick	F
1008	Sumner	Frederick	F
1009	Sumner	Frederick	F
1010	Sumner	Frederick	F
1011	Sumner	Frederick	F
1012	Sumner	Frederick	F
1013	Sumner	Frederick	F
1014	Sumner	Frederick	F
1015	Sumner	Frederick	F
1016	Sumner	Frederick	F
1017	Sumner	Frederick	F
1018	Sumner	Frederick	F
1019	Sumner	Frederick	F
1020	Sumner	Frederick	F

SMS Recall      Voicemail Recall      Topbar Prompt

At the end of quarter, the Quality Improvement Team complete the Improvement Cycle:

**DO:** What did you do?

**STUDY:** What were the reviewed results?

**ACT:** What can be added, continued, and removed from process?