CKD in the Community.
Details of process + guide for the use of eMed and Renal Reporting.

November 2016.
Dr Johann Nicholas

This document describes all the steps required to review and resolve the CKD in the Community issues for patients.
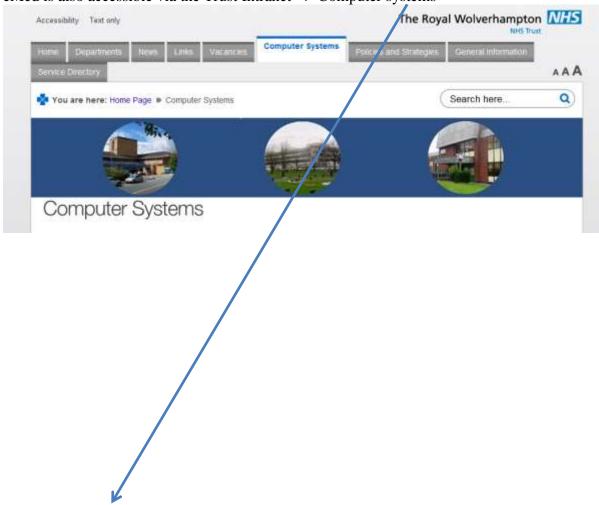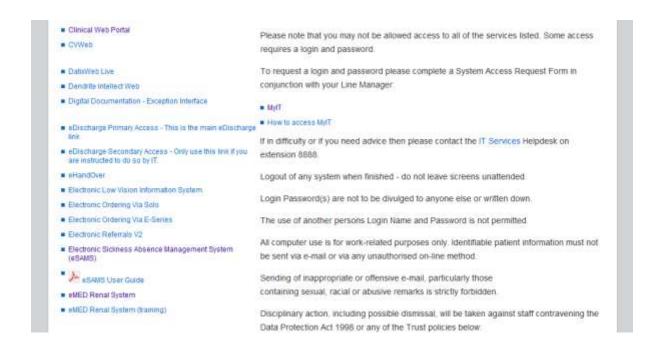
Contents

1. CKD in the community patients - eMed access from the desktop

All CKD in the community patient records are registered on eMed which can be accessed from the desktop icon:

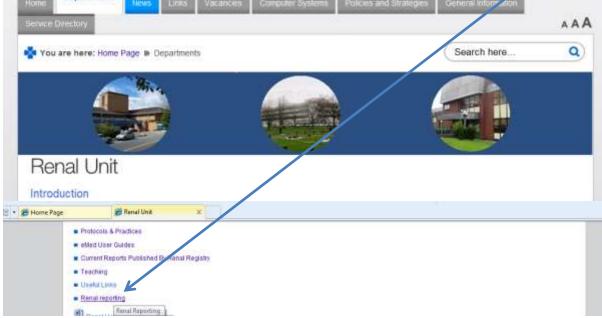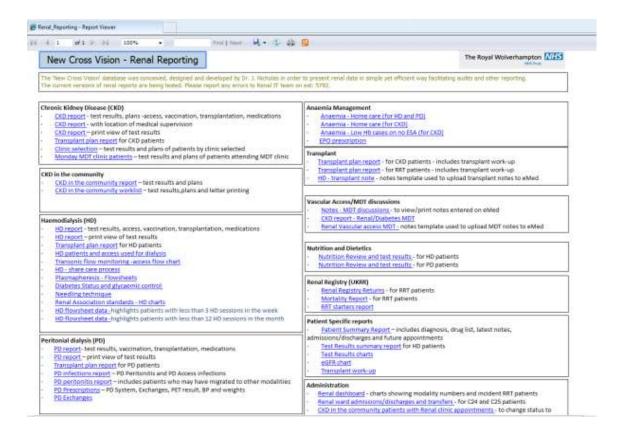eMed is also accessible via the Trust Intranet - > Computer systems

- Clinical Web Portal
- CVWeb

- DatinWeb Live
- Dendrite Intellect Web
- Digital Documentation - Exception Interface

- eDischarge Primary Access - This is the main eDischarge link.
- eDischarge Secondary Access - Only use this link if you are instructed to do so by IT.
- eHandOver
- Electronic Low Vision Information System
- Electronic Ordering Via Solo
- Electronic Ordering Via E-Series
- Electronic Referrals V2
- Electronic Sickness Absence Management System (eSAMS)
- eSAMS User Guide
- eMED Renal System
- eMED Renal System (training)

Please note that you may not be allowed access to all of the services listed. Some access requires a login and password.

To request a login and password please complete a System Access Request Form in conjunction with your Line Manager.

- MyIT
- How to access MyIT

If in difficulty or if you need advice then please contact the IT Services Helpdesk on extension 8888.

Logout of any system when finished - do not leave screens unattended.

Login Password(s) are not to be divulged to anyone else or written down.

The use of another persons Login Name and Password is not permitted.

All computer use is for work-related purposes only. Identifiable patient information must not be sent via e-mail or via any unauthorised on-line method.

Sending of inappropriate or offensive e-mail, particularly those containing sexual, racial or abusive remarks is strictly forbidden.

Disciplinary action, including possible dismissal, will be taken against staff contravening the Data Protection Act 1998 or any of the Trust policies below:

2. Renal Reporting

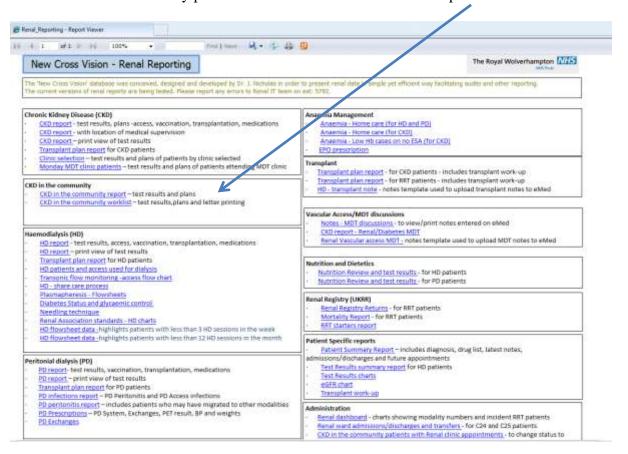Renal Reporting is accessible via the Trust intranet -> Departments -> Renal unit -> Renal Reporting

CKD in the Community – Renal Unit Processes document

Renal_Reporting - Report Viewer

| 1 of 1 | 100% ▼ | First | Next |

New Cross Vision - Renal Reporting

The Royal Wolverhampton NHS

The 'New Cross Vision' database was conceived, designed and developed by Dr. J. Nicholas in order to present renal data in simple yet efficient way facilitating audits and other reporting. The current versions of renal reports are being tested. Please report any errors to Renal IT team on ext: 5792.

Chronic Kidney Disease (CKD)
- CKD report - test results, plans -access, vaccination, transplantation, medications
- CKD report - with location of medical supervision
- CKD report – print view of test results
- Transplant plan report for CKD patients
- Clinic selection – test results and plans of patients by clinic selected
- Monday MDT clinic patients – test results and plans of patients attending MDT clinic

CKD in the community
- CKD in the community report – test results and plans
- CKD in the community worklist – test results, plans and letter printing

Haemodialysis (HD)
- HD report - test results, access, vaccination, transplantation, medications
- HD report – print view of test results
- Transplant plan report for HD patients
- HD patients and access used for dialysis
- Transonic flow monitoring - access flow chart
- HD – share care process
- Plasmapheresis - Flowsheets
- Diabetes Status and glycaemic control
- Needling technique
- Renal Association standards – HD charts
- HD flowsheet data - highlights patients with less than 3 HD sessions in the week
- HD flowsheet data - highlights patients with less than 12 HD sessions in the month

Peritoneal dialysis (PD)
- PD report - test results, vaccination, transplantation, medications
- PD report – print view of test results
- Transplant plan report for PD patients
- PD infections report – PD Peritonitis and PD Access infections
- PD peritonitis report – includes patients who may have migrated to other modalities
- PD Prescriptions – PD System, Exchanges, PET result, BP and weights
- PD Exchanges

Anaemia Management
- Anaemia - Home care (for HD and PD)
- Anaemia - Home care (for CKD)
- Anaemia - Low Hb cases on no ESA (for CKD)
- EPO prescription

Transplant
- Transplant plan report - for CKD patients - includes transplant work-up
- Transplant plan report - for RRT patients - includes transplant work-up
- HD - transplant note - notes template used to upload transplant notes to eMed

Vascular Access/MDT discussions
- Notes - MDT discussions - to view/print notes entered on eMed
- CKD report - Renal/Diabetes MDT
- Renal Vascular access MDT - notes template used to upload MDT notes to eMed

Nutrition and Dietetics
- Nutrition Review and test results - for HD patients
- Nutrition Review and test results - for PD patients

Renal Registry (UKRR)
- Renal Registry Returns - for RRT patients
- Mortality Report - for RRT patients
- RRT starters report

Patient Specific reports
- Patient Summary Report – includes diagnosis, drug list, latest notes, admissions/discharges and future appointments
- Test Results summary report for HD patients
- Test Results charts
- eGFR chart
- Transplant work-up

Administration
- Renal dashboard - charts showing modality numbers and incident RRT patients
- Renal ward admissions/discharges and transfers - for C24 and C25 patients
- CKD in the community patients with Renal clinic appointments - to change status to

3. CKD in the Community Reports

The CKD in the community patients on eMed are identified in the reports:

CKD in the Community – Renal Unit Processes document

4. **CKD in the Community report** is sorted by GFR change (ml/min/mth).
The patients with GFR change < -1.25 ml/min/mth are highlighted in the report.

eGFR [click o open eGFR chart]	GFR change (ml/min/mth)
18.7	-26.2
25.1	-11.3
26.9	-6.15
22.2	-5.85
25.9	-5.6
22.9	-5.27

The report lists the decision/action entered on eMed:

Date of CKD Community event	Last CKD Community event
01/04/16	CKD community: Letter sent to GP
29/01/16	CKD community: Letter sent to GP
30/04/16	CKD community: Letter sent to GP
10/06/15	CKD community: Letter sent to GP
15/01/16	CKD community: Letter sent to GP
22/01/16	CKD community: Service not required
22/01/16	CKD community: Letter sent to GP

CKD in the Community – Renal Unit Processes document

5. **CKD in the Community worklist report** lists patient records from eMed without any decisions/actions.

The patients listed in the report will need to be reviewed and decision/action will need to be entered on eMed.

6. Coding decisions/events re GP communications in eMed

Select the patient on eMed and in the Clinical Data Management

Add a new event:

Please select the event from the dop down list:

If the patient does not require any further input, please code on eMed –
CKD community: service not required.

If the patient's GP needs to be notified, please code on eMed –
CKD community: Letter sent to GP.

CKD in the Community – Renal Unit Processes document

7. To print GP letter after review

Please select the CKD in the community worklist report:

- CKD in the community worklist – test results, plans and letter printing

In order to view the letter, click on the link (column CKD in the community)

Status [click to open letter to GP]

CKD in the community

To print the letter, please click on the print icon:

| ◁ | ◁ | 1 | | of 1 | ▷ | ▷| | | 100% | ▼ | | | Find | Next | 🖫 ▾ | ⟳ | 🖨 | 📙 |

Dear Doctor,

The Royal Wolverhampton NHS Trust

Following guidance from NHS England, NICE recommendations and The Wolverhampton CCG, the CKD alert system has been devised.
This patient has been identified as suffering from chronic kidney disease (based upon at least two tests), taken over a period of time, with an EGFR being less than 60ml/min and sustaining a rapid decline in kidney function of greater than 15ml/min/ year.
These patients may benefit from nephrological input and this letter is designed as an alert to assist you. If you require any further assistance or information, you can contact the Renal Unit in Wolverhampton .

In addition you can refer to the NICE guidance : http://www.nice.org.uk/guidance/CG182 to assist you.
Thank you

Doctor: _____

Dr. J NICHOLAS

eGFR chart
Y axis - GFR - ml/min
X- Axis - time

26/05/2016

CKD in the Community – Renal Unit Processes document

The Renal Secretaries will post the letters to the GP.

Please code on eMed CKD community: Letter sent to GP.

The letter will only be available on Renal Reporting if the code 'CKD community: Letter sent to GP' is entered on eMed.

8. Future developments

We are in discussion with the IT team in the Trust to derive a process to send all the relevant letters to Primary Care by email. Once designed, this process will be documented and all informed.

Any queries, please contact Renal IT on ext. 5792.

9. Outline of Process

1. Detection of all abnormal renal function patients in the Trust, who are not registered in the Renal EPR (eMed)
    a. SQL table of all serum creatinine results from the lab is now automatically available for electronic review.
    b. Semi-automated query of these test to detect reduced GFR cases unknown to renal. eMed Administrators (Shweta Menon) runs a standardised query and presents the details to the eMed system. System embedded in eMed and Renal Reporting.
    c. Automated upload of patient registration details to eMed will then occur.
    d. PAS/lab feeds then automatically updates EPR (eMed) test results.
    e. System designed by Dr Nicholas.

2. Onward CKD in the community monitoring process as identified in this document:
    a. This document identifies all CKD in the community patients with declining kidney function and the information is presented in the Renal Reporting Website
    b. Process of review has been specified and the persons to perform the review results are the renal consultants.
    c. On review, the Renal electronic record (eMed) is to be used to update the decisions and the process is described in this document.
    d. Consultants to print the letters to GPs from the website reports at the time of review (details described earlier).
    e. Secretaries will then post letters to GPs.
    f. Referrals from GPs are then awaited.
    g. Once the 'CKD in the Community' patients have been referred to renal clinics they will be assigned clinic slots. The clinic assignation is managed by the Outpatient Clinic service.
    h. The Administrative Team (Dalia Simpson) will then review an automated report to identify these referred patients. This action is performed weekly to monthly. The Admin team will then change the status of patients in eMed from "CKD in the Community" to "Nephrology Outpatients".
    i. Patients can be tracked through their journey within the service, by the use of their status codes. Subsequent change in status will be adjusted using the standardised processes present.