

# Improving identification and management of patients with chronic kidney disease

***The NIHR CLAHRC for Greater Manchester  
Chronic Kidney Disease Collaborative***

*September 2009 – September 2010*

# Key points

- Our approach to implementing research
- The evidence base for improving CKD care
- What the CKD Collaborative achieved
- Lessons learnt for sustainable, continuing improvement

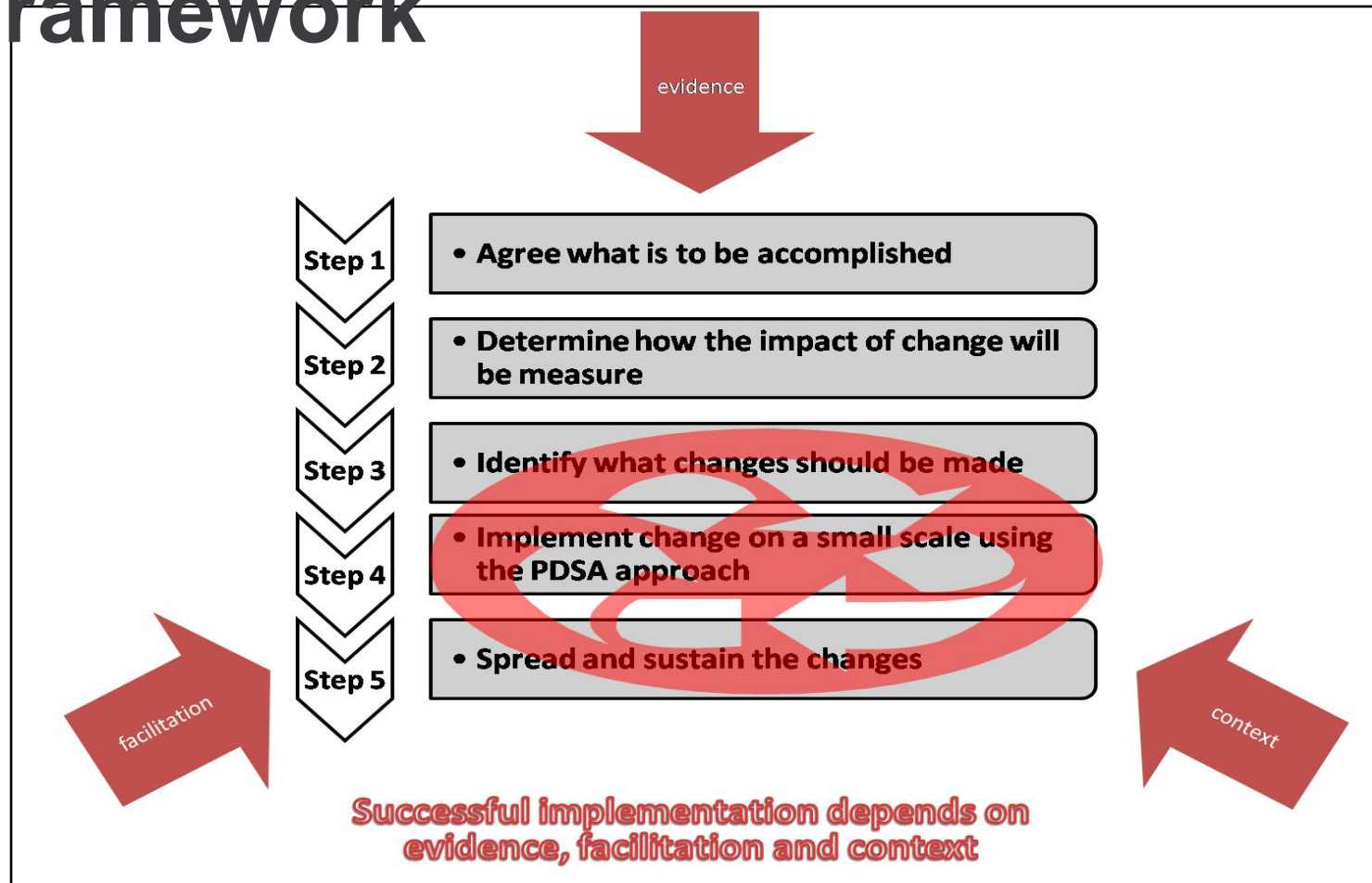
# Evidence underpinning our approach to implementation

- Evidence is broader than research
- Good research is not enough to guarantee its uptake in practice
- Rational/linear models are inadequate in planning and undertaking implementation
- Acknowledgement of and responsiveness to the context of implementation
- Need for tailored, multi-faceted approaches to implementation
- Importance of forming networks and building good relationships
- Individuals are needed in designated roles to lead and facilitate the implementation process
- Integrated approach to the production and use of evidence about implementation

# Building blocks of our implementation approach

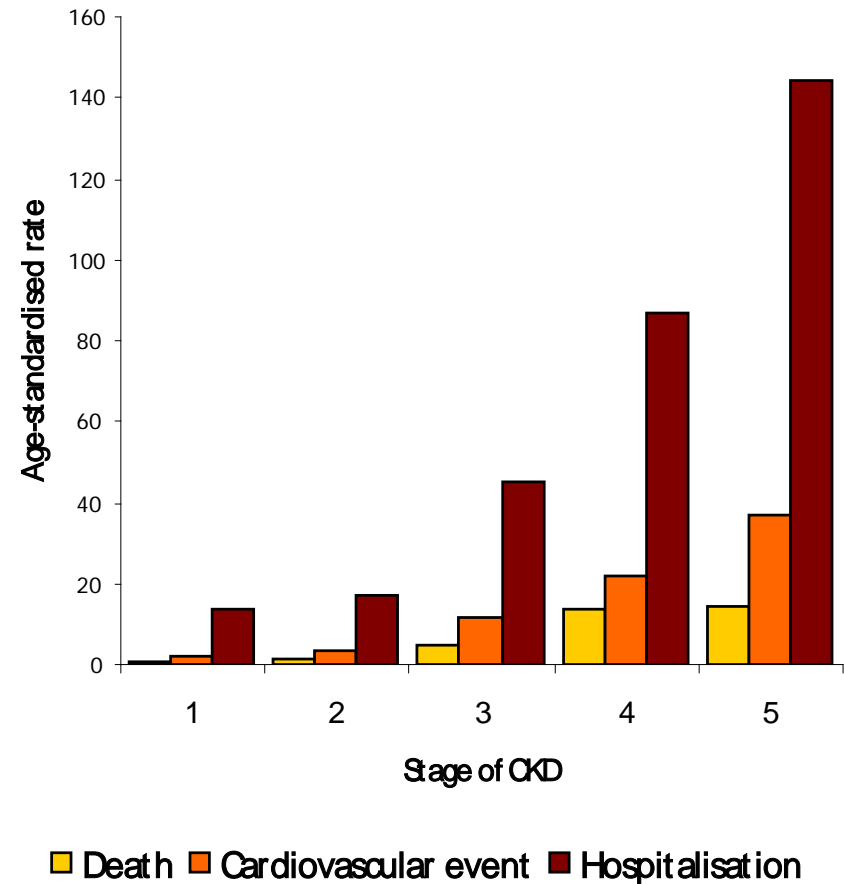
- The PARIHS framework as an underpinning conceptual model representing the complexity of implementation and the interplay of evidence, context and facilitation (Kitson et al 1998 and 2008)
- A modified version of the model of improvement, providing an actionable set of steps for implementation, with inherent flexibility (Langley et al, 1996)
- Multi-professional teams with designated roles to lead, influence and guide the process of implementation
- Embedded evaluation and learning, in the form of cooperative inquiry and internal evaluation

# The implementation framework



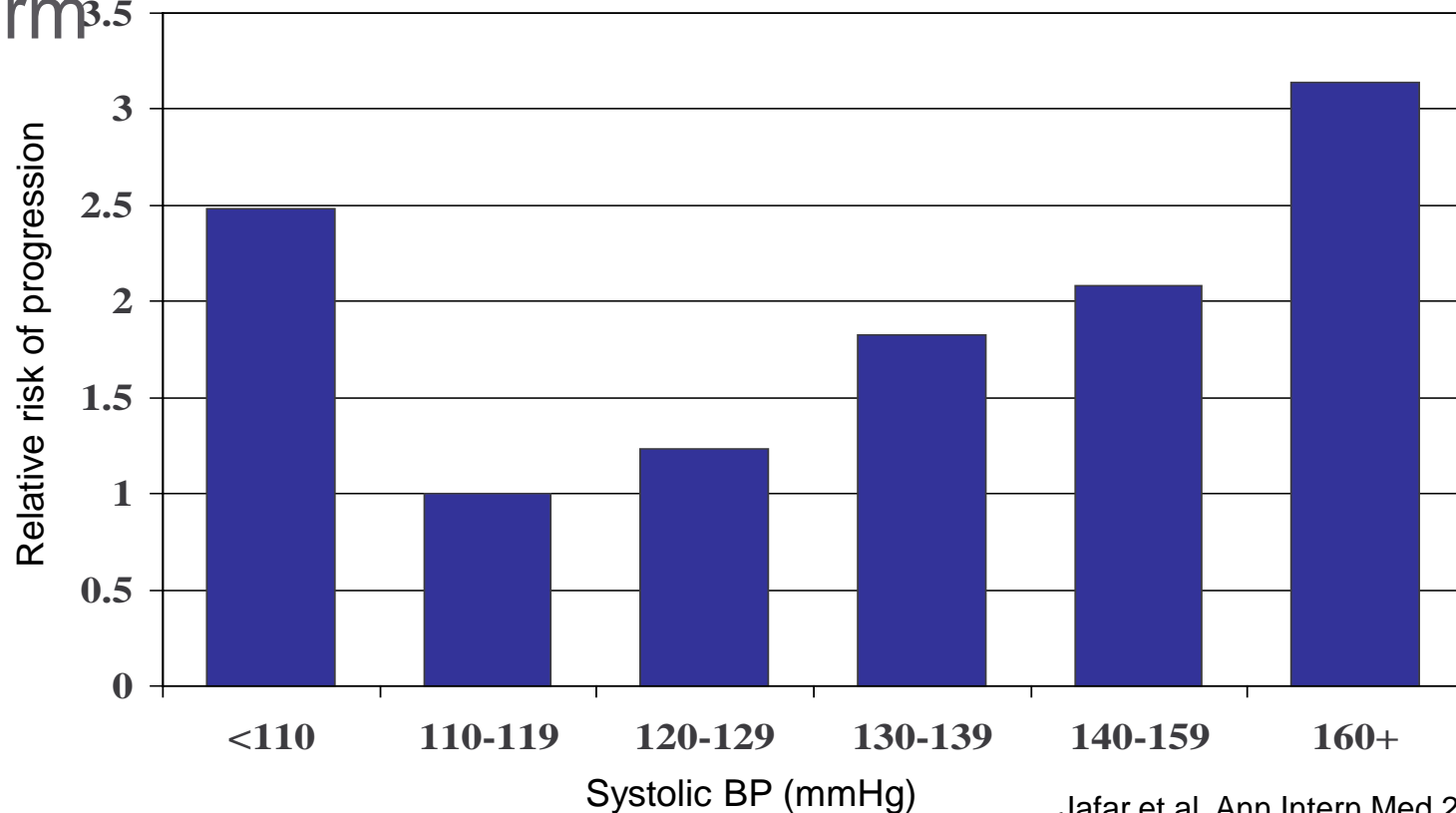
# Chronic kidney disease (CKD)

- Affects about 6% of adults in the UK
- May progress to end stage renal failure, requiring transplant or dialysis
- Greatly increases a person's risk of suffering a stroke, heart attack or death
  - Patients with stage 4 CKD are expected to have only a 55% chance of survival over 5 years



# Preventing progression

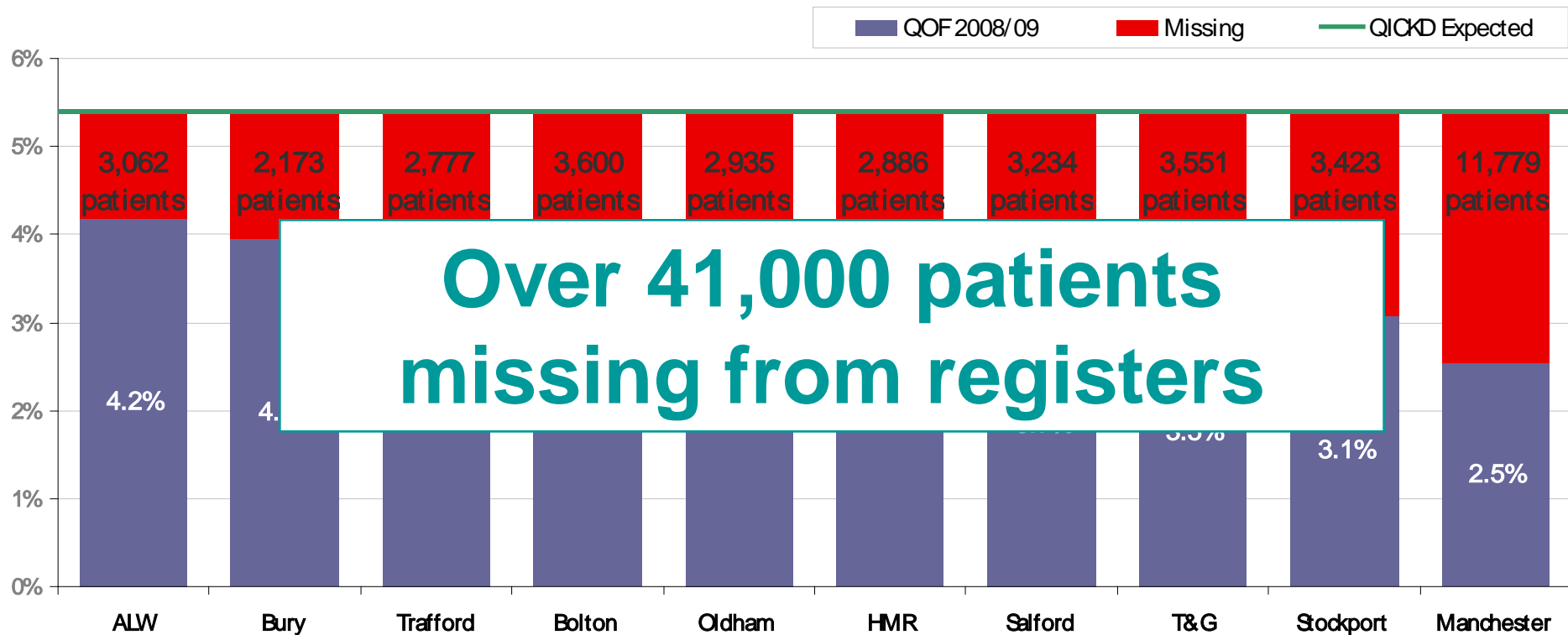
Early diagnosis and careful management – focusing on blood pressure - can significantly reduce the risk of harm<sup>3.5</sup>



Jafar et al, Ann Intern Med 2003;139:244-

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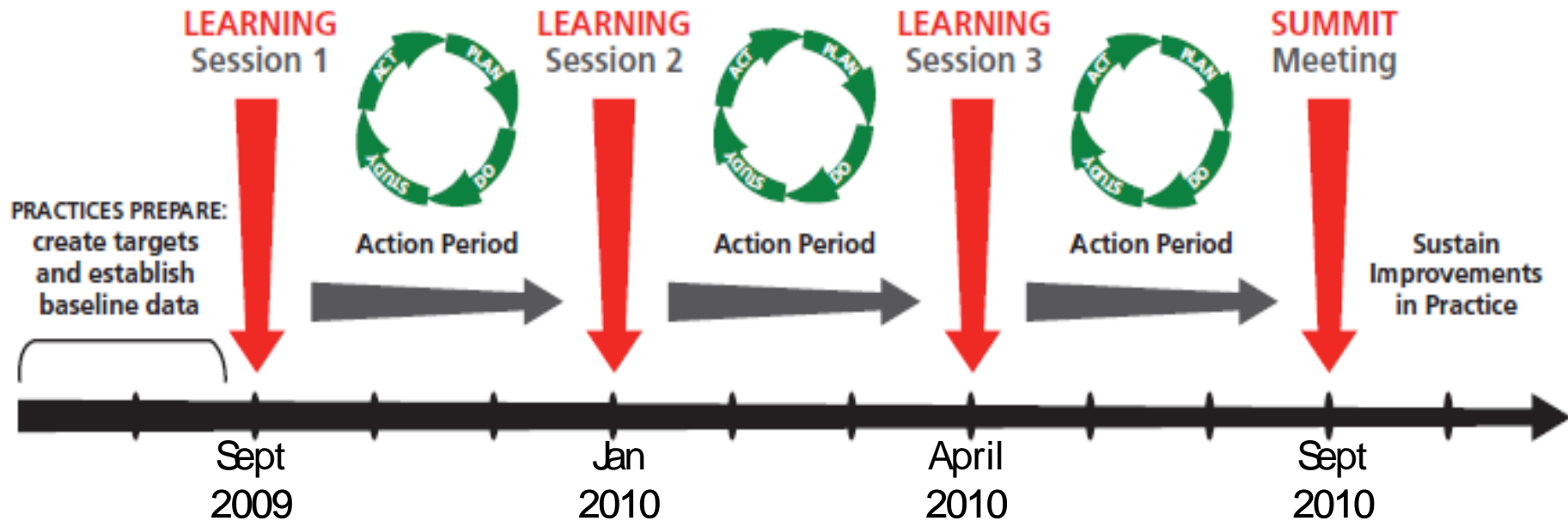
# Identification of patients with CKD



Using QICKD expected prevalence of 5.4% (18+ prevalence from QOF 2008/09)

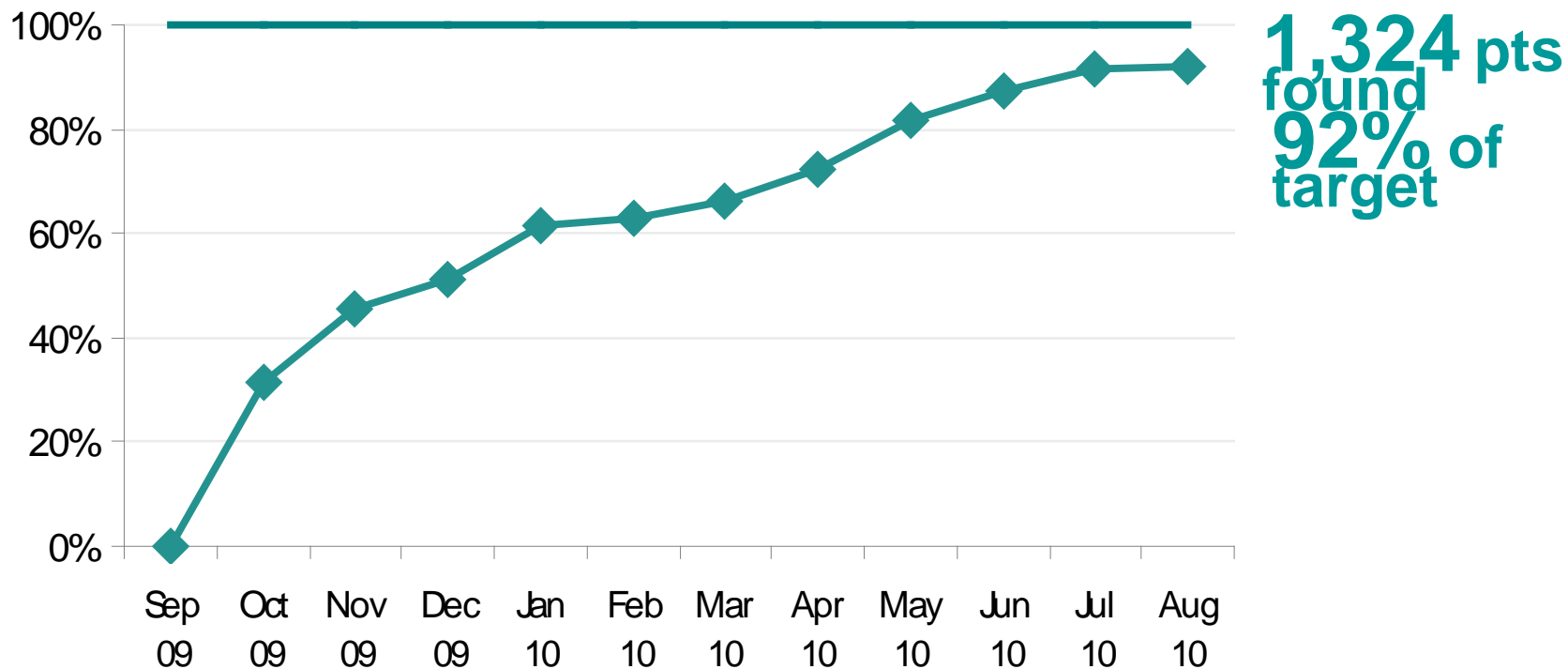


# The CLAHRC CKD Collaborative

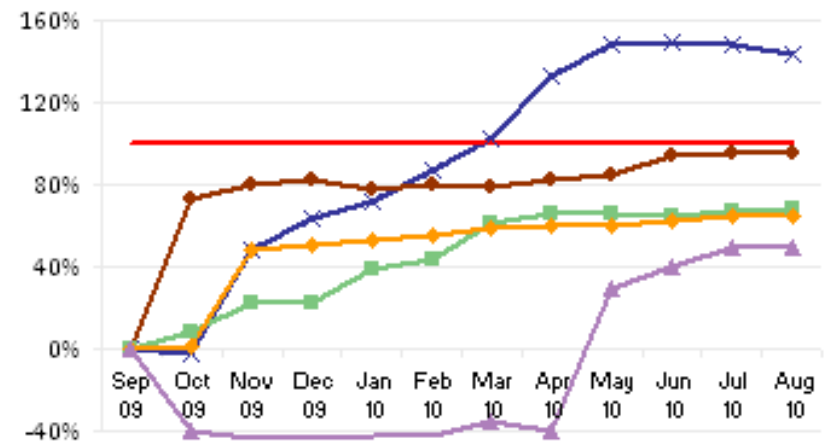
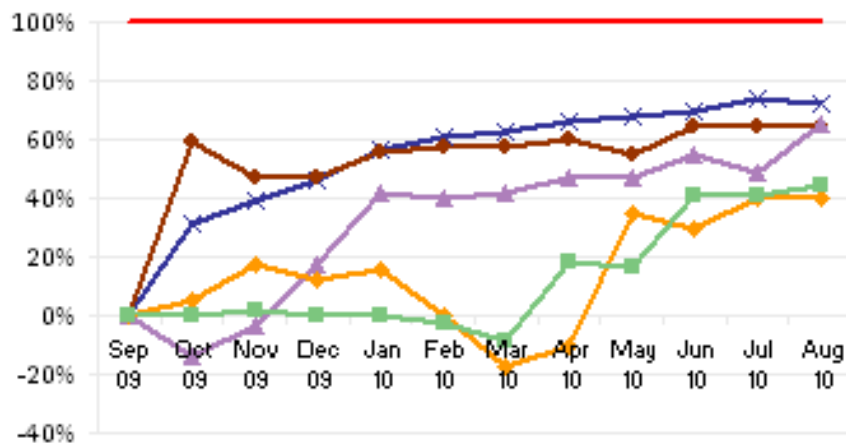
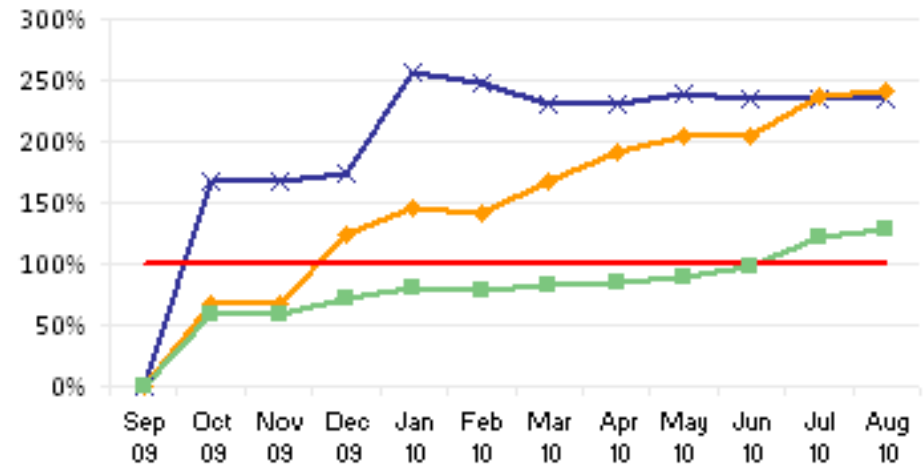
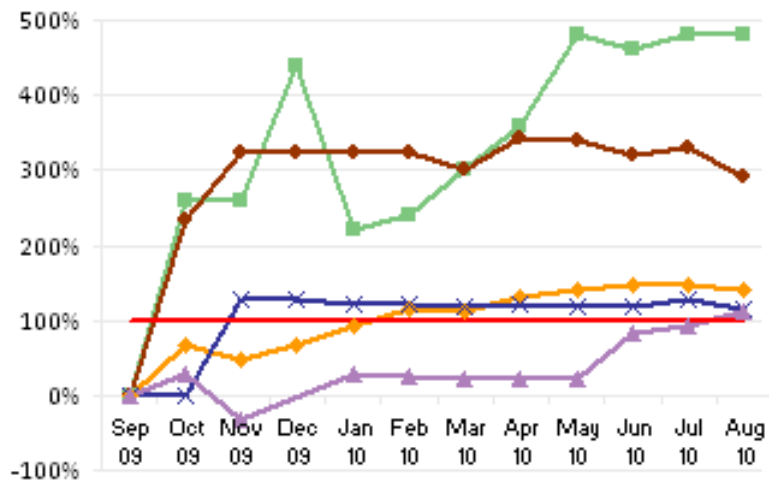


**Identify half the 'missing' patients and ensure 75% of all registered CKD patients are treated to NICE recommended blood pressure targets**

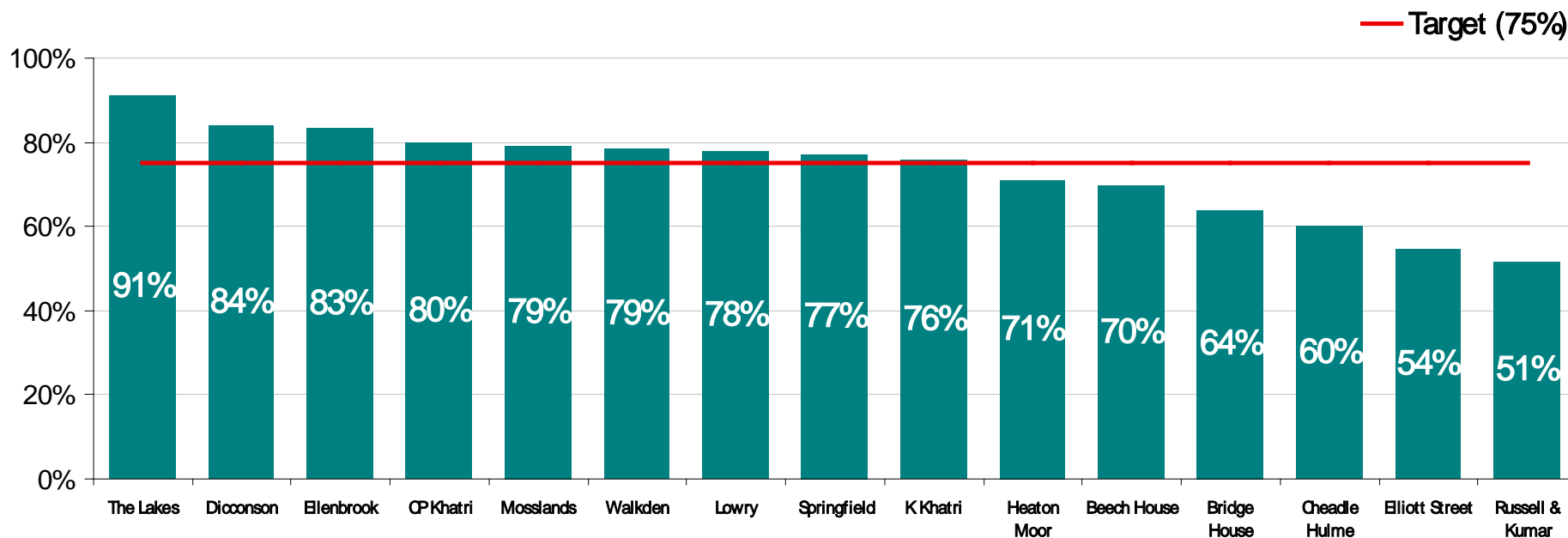
# Collective achievement in finding patients



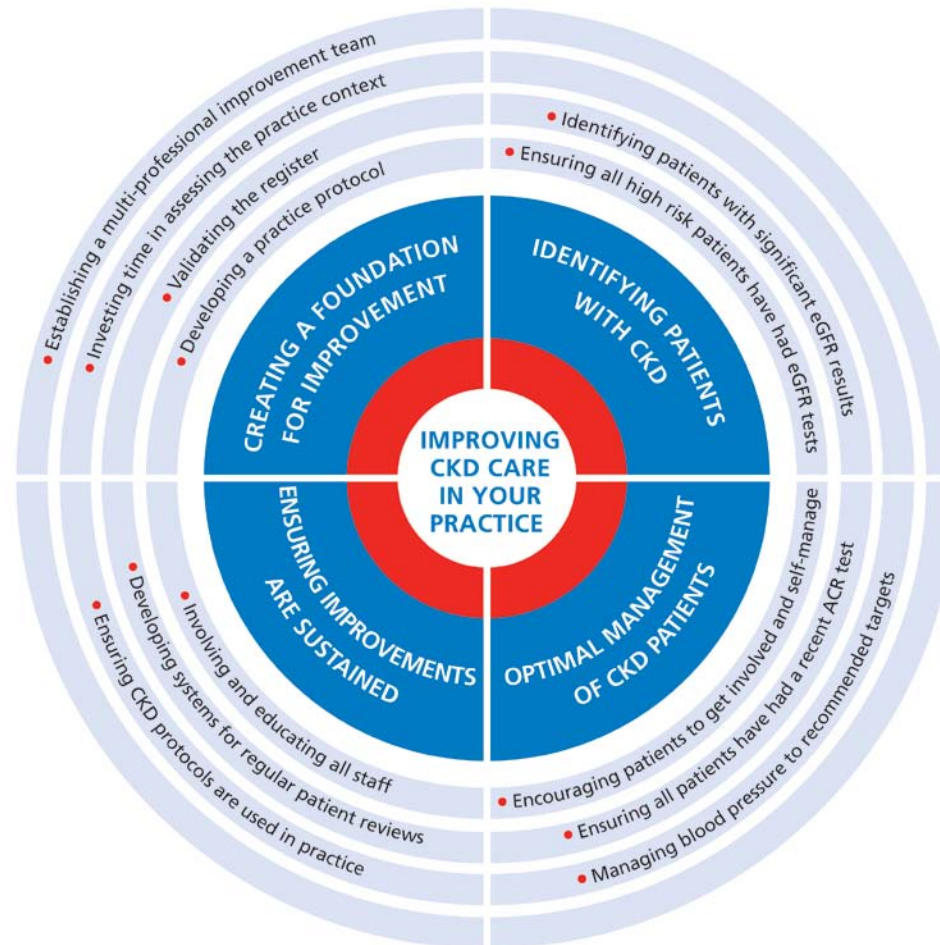
# Variation between practices



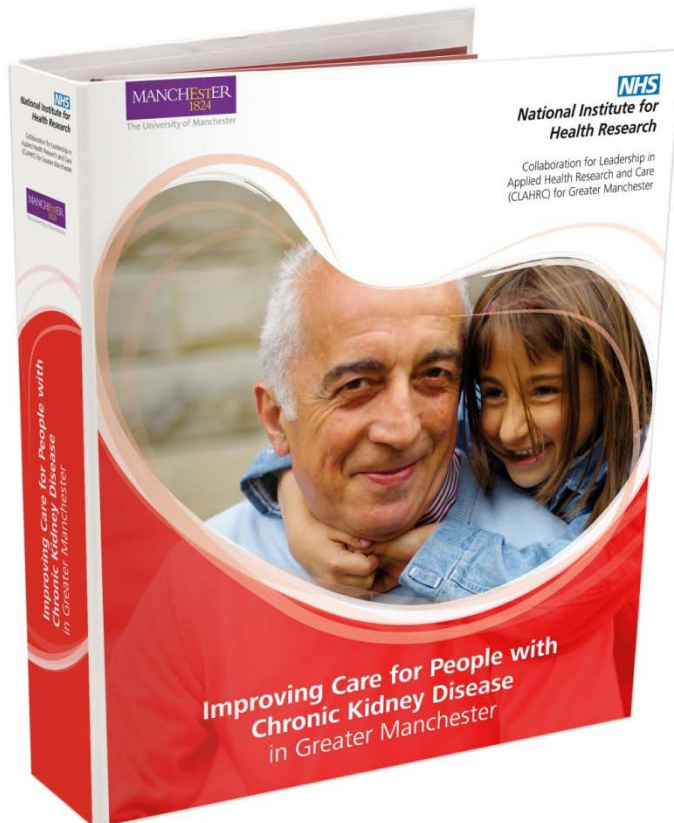
# BP target – achievement by practice



# The four key elements for improvement



# CKD Improvement Guide



- Improvement resources for practices
- Information resources for patients
- Summarises the key lessons from the Collaborative
- Available to download from the GM CLAHRC website

# Thank You Any Questions?

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