

2024 Cardiometabolic Fellowship Improvement Collaborative session 3

Welcome! Please introduce yourself in the chat

Tuesday 17th September 2024

12.30 – 1.30pm

 @HINSouthLondon

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Housekeeping

Welcome!

- Feel free to introduce yourself in the chat
- Please change your name by clicking the three small buttons on top right of your video or clicking the three dots near your name
- We will be answering your questions today and sharing project updates- so place them in the chat or raise your hand to come off mute
- It would be great if everyone could have their cameras on



Introductions

- Pedro Bandiera
- Nathan Beencke
- Margaret Connolly
- Sally Irwin
- Claire Torkelson
- Rod Watson

Upcoming Improvement Collaborative Sessions

Topic	Date
Improvement Collaborative Session One Searches, setting up project and tracking project	Tuesday 11th June 12.30 - 1.30pm
Improvement Collaborative Session Two <ul style="list-style-type: none">- Stakeholder Mapping- Project plan	Tuesday 16th July 12.30 - 1.30pm
Improvement collaborative Session Three Drop-in session <ul style="list-style-type: none">- Progress of the project- Measuring and tracking	Wednesday 14th August 12.30 - 1.30pm
Improvement collaborative Session Four <ul style="list-style-type: none">- Learnings- Summary of results- Sustaining the change	Tuesday 24th September 12.30 - 1.30pm
Improvement collaborative Session Five Drop-in session: project form help	Wednesday 9th October 12.30 - 1.30pm

Learnings

Learnings from the project - Challenges / barriers faced

What was difficult and how did you try to overcome this?

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Learnings from the project - Successes

What worked well and why?

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Results and change

Summary of the results
What happened because of the project - both the data and other changes
How will the change be sustained
Patient or stakeholder story or feedback
Please share a story of the impact on patients, and / or share any feedback you received from patients or stakeholders

Sustaining Change

To consider...

- What are you doing that is **new or different** to how you normally work(ed)?
- What is working well?
- What is making a difference - for patients/ staff/ yourself/ others?
- What would you change if you continue the work?

**Share - What would you like to keep doing,
or do but do differently?**

Sustaining Change

Share - What are the barriers for you continuing to do the things that are new or different?

To consider...

- **Do you want to continue the QI work?**
- What do you need to continue?
- What would help you to overcome these barriers?
- Who can you engage for help?
- Who else can you share what you are doing with?
- Are there others who might want to deliver this as well?

Fellow name: Catherine Sedgwick

PCN: South West London

GP Practice: The Nelson Medical Practice

Clinical area: Chronic Kidney Disease and CVD Prevention



Follow-up eGFR Testing to Identify CKD in At-Risk Individuals

Problem statement

Prevalence of CKD within The Nelson Medical Practice is lower than the national average, indicating that there may be issues regarding diagnosis or coding.

Under diagnosis as well as incorrect coding can lead to lack of management of the disease - which puts the patient at higher risk of resulting sequelae, including cardiovascular disease.

77 patients were identified as having an eGFR <60 within the last year with no repeat eGFR. These patients require a second test to be coded as CKD and receive appropriate management.

Aim

By the end of February 2024 we will have a 75% reduction in the number of the patients who have not had a recorded follow-up eGFR test within 12 months of an initial eGFR result of <60.

Project plan

In order to address this problem I will invite batches of identified patients to undertake an eGFR and uACR test. I will then code them appropriately based on the results. I will send text messages to those who have mobile phone and call those who do not. The text message will have the ability for them to reply to text with any questions. Groups from list to be contacted weekly until all have been contacted once.

Summary of results

Of the 77 patients identified, 54 were contacted via text message or by phone and 6 patients records were reviewed without needing to contact them. 35 were found to have CKD and were coded appropriately, and 25 were found to not have CKD.

The data has enabled correct coding which means best management of their condition. Clinicians are already offering statins plus other suitable medication to those coded with CKD to reduce CVD risk. Renal damaging medications could be ceased for patients found to have CKD. Next time I will use a 'real time' excel spread sheet to log results as this will be much less time consuming than the handwritten charts I had to produce.

Learnings from the project

- Using personalised wording in the text message and ability to text back increased completion of the testing.
- For those without mobile phones (all age groups) - finding time to phone them takes longer. It can lead to conversations about many other health aspects.
- I needed a minimum of an hour a week to go through the list/send texts/check results which was not always available depending on timetabling.
- Clinicians have acknowledged usefulness of laminated poster re CKD in their rooms and highlighted my role in our January MDT clinical meeting.

Breakout rooms

- At the bottom of the window should be an option for breakout rooms
 - AF, lipids (inc FH), CKD
 - HTN, MH and Diabetes
- Shortly if everyone could join the breakout room assigned to you on the following page
- Plan for today is
 - Introductions
 - Discuss what you've completed so far, any problems your facing, difficulties, successes, quick wins
 - Finish up at 1.30pm



Please join the breakout room you are listed in below

Hypertension Breakout Group (Mags) :

- Amit Luthra
- Chinyere Ezewuzie
- Emma French
- Nizar Mawani
- Akalya Ravindrarajah
- Jane Dolega-Ossowski
- Sarah Bligh-Stewart
- Nirat Patel
- Rameeza babar
- Sumeet Banker
- Tuba Abdul
- Sylvie Keumajou
- Ioanna Kokkosi
- Barbara Segurado
- Sarah Bligh-Stewart
- Dr. Surinder Nehru

Lipids Breakout Group (Rod) :

- Sinthuja Visahan
- Christiana Osmond
- Shabaz Akhtar
- Iris Rogers
- Monica Sibal
- Wasim Miyanji
- Seye Sodipe
- Raghu Lall
- Olanike olalere
- Meera Patel
- Enoka Pamnani
- Aneal Aujla
- Dhulakshi Sachithananthan
- Minato Hata

AF and MH Breakout Group (Sally):

- Blagomira Stoyanova
- Nicky Adeyemi
- Shital Joshi
- Hayley Liu
- Amanda Versey-Featherston
- Dr Chamila Wijesinghe
- Jaouad (Joe) Slimani
- Sughraa Zaveri Sanallah
- Olufisayo Sotire
- Calista Tayo-Arikawe

CKD Breakout room (Nathan):

- Rebecca Thompson
- Chao Jiang
- Leanna Sewdatnarine
- Luqman Dawud
- Mei Chien Seit
- Latha SrinivasaRaghavan
- Valbona Gjura
- Kate Tebbs
- Haleemah Chowdhury
- Chinenye Helen Unegbe
- Sudeep Kalsi
- Tinuola Adepitan
- Martin Ho Yin Wong
- Chaandni Kay Devgon
- Elham Isa
- Dr Idress Said

Diabetes Breakout group (Claire):

- James Thambyrajah
- Hala Danoon
- Faiza Usama
- Akshala Sureshkumar
- Sameen Ahmed
- Tiina Lapinlampi
- Hariz Mohammed
- Laura Ilchyshyn
- Yomi Balogun
- Katherine Paterson
- Keira Chapman
- Ta Cooper
- Kapil Sadawana
- Ravi Patel
- Ritima Pradhan
- Onyiyoz Eneyiye Ozigi
- Thaarani Srisenthivel
- Risikat Oluwaseun Lawal
- Lauryn Murdoch