



Service Priorities and Programmes
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A clinical audit on use of estimated glomerular filtration rate (eGFR) in the process of care for hypertensive patients in a primary care clinic

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Introduction

Glomerular filtration rate (GFR) can be used to assess the presence and severity of chronic kidney disease in hypertensive patients. Currently, it can be estimated from serum creatinine level by using the Modification of Diet in Renal Disease (MDRD) study equation that takes into account of age, sex, race, and body size. To assure good quality and standard of care for hypertensive patients, performing and documentation of eGFR becomes an important part in the process of managing hypertension.

Objectives

1. To assess the compliance in performing annual assessment of eGFR by clinical staff
2. To assess the compliance in documentation of eGFR by clinical staff
3. To evaluate the reasons of non-compliance in eGFR documentation
4. To improve documentation of eGFR and assessment of kidney function in hypertensive patients

Methodology

2 cycles of clinical audit on eGFR were carried out and completed from July 2013 to December 2013 in a General Outpatient clinic. Guideline on annual assessment of kidney function with eGFR calculated using MDRD study equation was set with reference to local and international standards. Reasons of non-compliance were identified Interventions including staff training, patient education on annual blood test monitoring, and information technology enhancement for generating latest eGFR result were implemented over a period of 6 months.

Result

508 and 413 random samples were reviewed in the 1st and 2nd cycle respectively. Compliance in documentation of eGFR was improved by 18.6% (from 73.3% to

86.9%). Two major reasons of non-compliance were identified. These include 1) Physicians fail to order serum creatinine at 1 year interval; 2) Physicians fail to input the serum creatinine data into CMS(Clinical Management System) despite serum creatinine have been performed. Conclusion: Significant improvement in performing and documentation of eGFR in the process of hypertensive care had been made in the above General Outpatient Clinic through 6 months intervention.