

**Audit Template**

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| **Audit Title:**  Thames Audit Group Audit on Chronic Kidney Disease | |
| **Lead Auditor:**  **Dr Emily Leach** | **Audit date(s):**  Issued: 26/08/2016  Return date: 30/09/2016  Analysis: October 2016 |
| Please indicate if **Local / Regional / National Audit**  Please indicate which hospital & location or region  **Regional** | **Report Author:**  Name: Dr Emily Leach  Email: Emily.leach@meht.nhs.uk |
| **Aims of the Audit:**  To determine the practise of compliance with NICE guideline (CG 182) being provided by Biochemistry laboratories within the Thames Region. | |
| **Audit Method and Outcome(s):**  A detailed questionnaire was sent out examining each recommendation made by NICE. The main aim was to determine the practise of the laboratories rather than the interpretation and diagnosis made, which is a clinical matter made by the clinician.  In total there were 21 responses.  There werea mix of hospitals (DGH through to Tertiary referral) that returned with the majority having renal departments. Most hospitals had limited input into advising clinicians of the importance of pre-analytical affects and little information was provided by the laboratories to the users about the importance of sample collection and certain patient facts such as pregnancy or amputation.  There was an even split of creatinine methodology with most offering enzymatic creatinine in some form. Cystatin C played a minimal role in the diagnosis despite its recommendation of use in certain scenarios.  One of the important recommendations of the guideline in July 2014 was the move from the MDRD eGFR equation to EPI. From the 21 responders only 1 site routinely reported eGFR by EPI. The cause of this slow uptake was reported as LIMS limited and equipment/LIMS upgrades. There was a variety of responses in the top concentration of eGFR that was reported from 60 and up to no upper limited. The cause of this variation could not be determined and appeared to be entirely lab specific.  The use of albumin creatinine ratio (ACR) and protein creatinine ratio (PCR) was standard across most labs, with ACR being offered as first line and PCR suggested/reflexed when appropriate. The use of POCT dipsticks was widespread across the responses and commonly appeared to be used for diagnosis of proteinuria despite the clear guidance that this should not occur. | |
| **Audit Recommendations / Standards:**   1. Better information to users about pre-analytic effects e.g. Pathology guides, masks, education  * Meat consumption * Samples to labs in a timely fashion * Extremes of body mass detailed  1. Use of a more specific creatinine assay such as enzymatic 2. LIMS should be more intuitive  * Incorporate ethnicity * Assist with EPI  1. If ethnicity cannot be recorded then to provide information with the factor 2. To be more engaged with the renal teams and GP users 3. Implementation of EPI equation | |
| **Please indicate to whom and when audit presented &/or circulated&/or published:**  This audit was presented on Monday 28th November at Great Ormond Street and was opened to everyone that wished to attend. The invitation was sent out by email to everyone on the mailing list. | |
| **Audit recommendations / standards ratified by … and when:**  Thames audit Committee. The recommendations are currently in draft. | |
| **Date of audit report:**  07/12/16 | |
| **Audit documents for upload to http://www.acb.org.uk/whatwedo/science/audit.aspx**  *Please include as attachments with this Audit Summary form if authors and the organising committee would like information to be publicly accessible on the ACB website Audit section.* | |