Australian Commission on **Safety and Quality** in Health Care

MedicineInsight

Kidney Health® Australia

Continuing Professional Development Guide:

Practice Report – Chronic Kidney Disease: Detection and Diagnosis

Name:	
CPD Provider	
ID Number	

Your MedicineInsight ***Practice Report: Chronic Kidney Disease (CKD) Detection and Diagnosis*** offers valuable insights for improving patient care while earning Continuing Professional Development (CPD) hours.

This activity is based on your practice data and is easy to document for CPD purposes.

The key to success in continuous quality improvement is small, practical steps. For CKD, this might involve strengthening processes to ensure patients identified as high risk receive a complete Kidney Health Check at the recommended intervals.

By choosing one area to focus on, making targeted changes, and measuring the results, you can deliver even better care for your patients with CKD.

How to use this Quality Improvement (QI) Guide

You can use your *Practice Report* and QI Guide individually or present it at your next practice meeting. Involving the whole team will enable all participating GPs to claim CPD hours, allow collective brainstorming, and promote coordinated action.

This CPD activity covers the PLAN and DO parts of a PDSA (Plan, Do, Study, Act) cycle.

RACGP CPD Approved Activity

Educational Activities	Reviewing Performance	Measuring Outcomes
2 hours	5 hours	10 hours

ACRRM CPD ACCREDITED ACTIVITY 2026-2028

This activity is accredited for **17 CPD hours** under the RACGP and ACRRM CPD Programs and can be accessed and uploaded via the online portal.

Quality Improvement CPD Activity Structure

Four simple steps

1. Review your MedicineInsight *Practice Report: CKD Detection and Diagnosis*
2. Use the included "Kidney Health Check" Quality Improvement activity, or design your own
3. Complete the activity using our template
4. Submit documentation to either RACGP or ACRRM or your CPD home as a Quick Log activity for 17 CPD hours.

What you can claim:

- **Measuring Outcomes (MO): 10 hours**
  - Analysing and reflecting on your patient data
- **Reviewing Performance (RP): 5 hours**
  - Comparing your current care to guidelines and peers
  - Reflecting on areas for improvement
- **Educational Activities (EA): 2 hours**
  - Using current guidelines and standards

After two to three months, we suggest you review your latest *CKD Practice Report* data via your secure MedicineInsight online portal. This review allows the completion of the PDSA cycle to assess the outcome of the planned intervention.

Sequential review of the *CKD Practice Report* data can also contribute to additional CPD hours (we suggest 10 MO hours, 5 RP hours, 2 EA hours).

As a MedicineInsight participant, you will have received an invitation to access this portal via email. If you have not received it or need support onboarding to the portal, please contact MedicineInsight on 1300 721 726 or email medicineinsight@safetyandquality.gov.au.

Key points you could reflect on:

- GPs are well positioned to detect and diagnose CKD early.
- Early detection of probable CKD is achieved through targeted screening of individuals with specific risk factors through a regular Kidney Health Check. These risk factors include cardiovascular disease (CVD), hypertension, diabetes, smoking and obesity.[1]
- A complete Kidney Health Check consists of all the following three components[1]:
  1. blood test for serum creatinine to calculate estimated glomerular filtration rate (eGFR*)
  2. urine albumin–creatinine ratio (ACR*) test and
  3. blood pressure (BP) check.

Here are some possible goals to consider:

- **Improve CKD identification and documentation**
  Ensure patients with a recorded CKD diagnosis have completed a Kidney Health Check and have their CKD stage documented in the practice software.
- **Increase screening for patients with risk factors**
  Identify patients with CKD risk factors but no diagnosis and ensure they receive a complete Kidney Health Check within the recommended timeframe.
- **Enhance early detection and recall systems**
  Identify patients with biomarkers indicating probable CKD and implement a recall/reminder system to support early detection and ongoing screening.

Alternatively, your MedicineInsight report data may have inspired you to pursue a small but high impact change focused on another area, such as other risk factors including family history of kidney failure. Use the blank template provided at the end of this guide to help design your own QI CPD Activity.

For more information visit safetyandquality.gov.au/MedicineInsight or contact MedicineInsight@safetyandquality.gov.au.

*** Glossary**

Acronym	Full term
eGFR	Estimated Glomerular Filtration Rate
ACR	Albumin-to-Creatinine Ratio

Recommended intervals for Kidney Health Check[1]

Indications for Assessment	Recommended frequency
Diabetes	Annually
Hypertension	Annually
Established cardiovascular disease	Every 2 years
Obesity	Every 2 years
Smoking/vaping	Every 2 years

Reference

1. Kidney Health Australia. *Chronic Kidney Disease (CKD) Management in Primary Care* [Internet]. Australia: Kidney Health Australia; 2024 [cited 2 April 2026]. Available from: https://kidney.org.au/wp-content/uploads/2025/11/KHA-CKD-Handbook-5th-Ed-July2024.pdf

MedicineInsight *Practice Report: CKD Detection and Diagnosis* CPD Guide

Quality Improvement Planning Template:

Kidney Health Checks for patients at high risk of developing CKD

PLAN	Plan the activity	
	What are you trying to achieve? *By answering this question, you will develop your GOAL for improvement.* *It is important to establish a S.M.A.R.T. (Specific, Measurable, Achievable, Relevant, Time bound) and people-crafted aim that clearly states what you are trying to achieve.*	**MedicineInsight data shows ___% of our patients without a recorded diagnosis of CKD who have one or more selected risk factors for developing CKD, who have had a *complete* Kidney Health Check.** **MedicineInsight data shows ___ % of our patients without a recorded diagnosis of CKD who have one or more selected risk factors for developing CKD, who have had an *incomplete* Kidney Health Check.** **Choose this specific goal, or develop your own:** *E.g. Within the next 3 months, increase the uptake of Kidney Health Checks for patients with hypertension and/or obesity by ____ %*
	What will you do to achieve it? (What changes will you make? Who will do it and when?) *By answering these questions, you will develop IDEAS for change.* *Tip: Engage the whole team in formulating change ideas using tools such as brainstorming, driver diagrams or process mapping. Include any predictions and measure their effect quickly.*	**Consider these ideas or develop your own:** • *Team Meeting: Discuss current MI report data, Kidney Health Australia guidelines including recommended testing intervals. Review barriers to completing a Kidney Health Check and agree on goal and actions.* • *Opportunistic screening/review: Within the next **3 months**, upskill GPs and Practice Nurses to opportunistically identify patients with CKD risk factors during routine and chronic condition reviews (e.g. CCMP), and offer a Kidney Health Check, aiming to increase completion of Kidney Health Checks within appropriate screening intervals.*

DO	Do the activity on a small scale	
	Was the plan completed? *Consider what worked well and why.* *Document any unexpected observations, events or problems.* *For example:* *"Held team meeting, brainstormed ways to identify patients diagnosed with CKD. Downloaded Kidney Health Australia guidelines. Initiated recall/flagging system".* *"Worked well: KHA poster on wall in the waiting room, the Practice team found the 'Kidney Health Australia' guide useful and are enthusiastic about the initiative".* *"Challenges: Completing all three components of the kidney health check was a challenge - some patients took the urine jar but perhaps forgot to complete it. Record audit showed stage of CKD not recorded."*	

STUDY	Analyse the results	
	What do the results tell you? *Analyse results, compare them to predictions, and reflect on what you learned.* *For example:* *"We successfully offered Kidney Health Checks to [Number] patients during their routine CCMP appointments, and [Number] of these completed a Kidney Health Check. [Number] patients with CKD were reviewed to see whether they have received a recent Kidney Health Check and review whether the stage of CKD is recorded.* *"We accessed an updated MI report 3 months later, which showed the percentage of patients with risk factors for developing CKD without a diagnosis of CKD and a complete Kidney Health Check changed from [Current %] to [New %]. In this period we have identified [Number] patients with a diagnosis of CKD. The report also showed that for our patients with a diagnosis of CKD, [Current %] to [New %] had stage of CKD recorded.* *"Learnings: Patient education on modifiable risk factors in stages 1 and 2 is an opportunity for early intervention. We need a consistent practice-wide strategy to educate patients on the benefits of lifestyle interventions for addressing early CKD".*	

ACT	Plan for the next step	
	Based on your learnings from the test, what will you do next (e.g. adapt, adopt or abandon)? *How does this inform the plan for your next PDSA?* *For example:* *"Adapt: Review patient CKD education material from Kidney Health Australia and consider ways to make it readily available to patients. Investigate other local resources to support patient education (e.g.: referral for dietary or exercise support.)"* *"Adopt: Continue opportunistic review of all patients with CKD or at risk of developing CKD, to check Kidney Health Check intervals and completeness."* *"Next PDSA Cycle: Focus on the identified issue: Develop a rigorous recall reminder system, ensuring all patients already identified as having CKD or at increased risk of developing CKD, are educated and captured on the recall list such they can be tested at appropriate screening intervals."*	

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Quality Improvement Planning Template:

[Insert your own project title here – for example: ["CKD Detection and Diagnosis – Kidney Health Check"]

	Plan the activity	
PLAN	**What are you trying to achieve?** *By answering this question, you will develop your GOAL for improvement.* *It is important to establish a S.M.A.R.T. (Specific, Measurable, Achievable, Relevant, Time bound) and people-crafted aim that clearly states what you are trying to achieve.*	
	What will you do to achieve it? (What changes will you make? Who will do it and when?) *By answering these questions, you will develop IDEAS for change.* *Tip: Engage the whole team in formulating change ideas using tools such as brainstorming, driver diagrams or process mapping. Include any predictions and measure their effect quickly.*	

DO	Do the activity on a small scale	
	Was the plan completed? *Consider what worked well and why.* *Document any unexpected observations, events or problems.*	

STUDY	Analyse the results	
	What do the results tell you? *Analyse results, compare them to predictions, and reflect on what you learned.*	

ACT	Plan for the next step	
	Based on your learnings from the test, what will you do next (e.g. adapt, adopt or abandon)? *How does this inform the plan for your next PDSA?*	

For more information

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