

# **APL-Renal tool** User guide for EMIS Web

ceg

Clinical Effectiveness Group Queen Mary University of London

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### About

# Helping practices manage their patients with chronic kidney disease

The CEG APL-Renal tool highlights critical falls in renal function and helps GP practice teams to manage their patients with early or late chronic kidney disease (CKD).

The tool willsupport you to:



#### List all adults with key indicators of CKD and filter the list into cohorts to take action

- Identify patients for follow-up for overdue measures
  - Export a list of patients to send appointment messages, or key information to send with a referral
- Improve CKD coding for accurate disease registers



#### Review critical falls in eGFR or uncontrolled blood pressure



#### Tailor your approach

See eGFR trend over time, urine ACR, and key medications for each patient

#### **Supporting elements**

The APL-Renal tool is part of a wider programme of support that CEG provides to GP practices in the North East London NHS region, including data entry templates and training and guidance from our team of facilitators. The tool is intended for use with these supporting elements in place.



Practices using the east London Community Renal Service can incorporate the tool into their processes for this. (APL-Renal replaces CEG's former 'Falling eGFR trigger tool').

### About

### Definitions

With no filters selected, APL-Renal will list all patients in your records who are aged 18+ and ever had:

- an estimated glomerular filtration rate (eGFR) reading of less than 60ml/min, or
- a urine albumin to creatinine ratio (ACR) showing proteinuria of 3mg/mmol or more.

There may be patients with a one-off eGFR or ACR value meeting the criteria above, who do not have CKD.

Latest eGFR	Most recent eGFR reading within the last two years (prior to the search date). The Patient Information view displays up to six values and shows trend over time.
Highest eGFR	Highest of the six most recent eGFR readings within the last two years.
Fall in eGFR	The difference between the Latest eGFR and Highest eGFR values. Patients are automatically listed from greatest to smallest eGFR fall.
Urine ACR	Most recent urine ACR value within the last two years.
Comorbidities	"Yes" if the patient has been coded with chronic kidney disease stage 3-5 ("CKD"), cardiovascular disease ("CVD"), type 1 or type 2 diabetes ("Diab T1/T2"), hypertension ("HTN"), heart failure ("HF") or atrial fibrillation ("AF").
ВР	Most recent blood pressure value recorded (no maximum timeframe).
Medications	Prescribed within the last six months. Including SGLT2 inhibitors, ACE inhibitors/ ARBs, statins. The Patient Information view includes doses.

#### Values in red

The laboratories in North East London are changing GFR calculation from MDRD to CKD-EPI. Where a value shown in the tool is derived from a mixture of these methods, we have flagged it in red.

The tool uses **QOF indicator codes** for all variables unless indicated otherwise. Codesets are available on request - please speak to your CEG facilitator.

### About

#### **Example cohorts**

The tool will support practices to meet the contractual requirements for renal health. For example, you could use the filters to identify people with:

- Significant fall in eGFR
- Very low eGFR
- Latest eGFR <30 + No repeat eGFR
- No CKD code

- CKD (3-5) code
  - + no urine ACR in last 12 months
  - + diabetes + urine ACR ≥30
  - + hypertension + BP <140/90mmHg
  - + hypertension + prescribed ACE/ARB
  - + diabetes + urine ACR ≥30 + prescribed SGLT2
  - + prescribed statins

You can **exclude people who have already been reviewed** since their last eGFR reading using the filter: '**Referral or Review after latest eGFR**'. For this feature to work, practices must enter the correct codes for renal review, renal referral or Structured Medication Review (SMR), which are included in the CKD section of the CEG Long Term Conditions template.

### Limitations

#### The CEG APL-Renal tool is not a diagnostic tool or intended to replace clinical judgement

The tool selects people for whom there may be issues of clinical concern and displays their data. The tool does not make management recommendations – these are entirely a matter for the clinician.

#### Information in the tool may be incomplete

- APL-Renal only displays medications selected as relevant to the tool, it does not show all
  prescribed medication.
- The tool only presents information that is **coded** in the patient health record using standard codes described by NHS Digital. If clinicians use free text or non-standard codes for eGFR values, demographic information or referral status, these will not display in the Renal tool.
- Clinicians' decisions must be based on review of the full EMIS or SystmOne record to check all indicators, prescribing, and any other relevant information.

#### The tool should be used in conjunction with CEG templates

Our templates will support you to code activity correctly and ensure the tool has high quality data to draw from.

### Step-by-step: Downloading the tool

You only need to do this once

### Step 1: Download

**1.1** Download the EMIS zip file.

**1.2** Double click the zipped file, then double click again.

#### CEG APL-Renal - EMIS.zip 866 KB

### Step 2: Extract

Click 'Extract all' to extract the files.



### Step 3: Save

Save the files in a secure device or network that is accessible to other practice staff, including clinicians reviewing your work. **Choose a secure device or network if you intend to save exports of patient identifiable data in the same place**.

## Step 4: Unblock macros

Microsoft has introduced a security feature that blocks Excel macros by default. Macros are automated actions that the tool uses to run - without them, it will not work.

**4.1** Right click on the '**APL-Renal TOOL**' XLSM file and select '**Properties**'.

4.2 In the 'General' tab, tick the box to 'Unblock'

**4.3** Click '**Apply**'. You must click 'Apply' before 'OK', otherwise the change won't take affect.

If you accidentally click 'OK' without clicking 'Apply', the option will no longer be visible and you will need to download the file again.



### **Step 1: Run the search in EMIS**

1.1 Open EMIS Web and click 'Population Reporting' in the Quick Launch Menu.

**1.2** Choose a destination folder and click '**Import**':



1.3 Navigate to APL-Renal SEARCH - EMIS.xml, select the REPORT and click 'Run':



### **Step 2: Export the search results**

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Cut Copy

🗶 Delete 😫 Import

New priority Workflow Items received - Tasks
Tower Hamlets Clinical Effectiveness Group

Example folder

Add / Edit

Tasks - 1 (1)

Population Reporting Enquiry Manager FP34D Reports

Export

邀

4

MIQUEST Batch Data Manager SNOMED CT inactive code

2

APL-Renal SEARCH - EMIS.xml APL-Renal REPORT

Name

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Run Report

Patien

2.1 When the run is complete, select the **APL-Renal REPORT** (it has a grid icon rather than a magnifying glass):



**2.2** Click '**View Results**' in the top ribbon. When the table of patients has loaded, click '**Export**'.

2.3 Choose to export it as a CSV and tick the bottom checkbox: 'Override hidden patients where possible':



**2.4** Save your export in a location where you can find it easily and include the export date in the file name.

The APL-Renal download includes a set of empty folders that you can use to organise your files if you wish.



**Important:** Patient identifiable data should always be stored on a secure device or network.

### **Step 3: Import data into the tool**

3.1 Open APL-Renal TOOL.xlsm (Excel file).

3.2 Select 'EMIS Web' as your clinical system:

ceeg	eGF	APL Renal Too R < 60 ml/min OR urine ACR ≥ 3mg/r	nmol ever recorded	EG), Queen Mary University of London. All rights rese	NVEd.	Queen Mary University of London
Select Clinical System	EMIS Web	🔿 SystmOne			Attribution-NonComme	rclal-ShareAlike CC BY-NC-SA
Import CSV file(s)		Export patient list	Export for Accurx	Export NHS number	Clear all data 🛛 😉	Date of last run: 03/November/2023
Practice Code:		The labora	tories are changing GFR calculation from MDRD to CKD-EPI. When	e the values used in this tool are derived fron	n a mixture of these methods, we have	flagged the value in RED <u>Click the link for more information</u> .

3.3 Click 'Press to locate CSV file' and find and select the file you just exported from EMIS Web:

ceg	eGFF	APL Re < 60 ml/min OR urine A	nal Tool CR ≥ 3mg/mmol ever record	ed © Clinical Effectiveness Grou	r (CEG), Queen Mary University of London. All rights res	erved.	Queen Mary
Select Clinical System	e EMIS Web	SystmOne				Attribution-NonComr	nercial-ShareAlike CC BY-NC-SA
Import CSV file(s)		Export patient list	Export for Acc		Export NHS number	Clear all data 😡	Date of last run: 03/November/2023
Practice Code:			The laboratories are changing GFR cale	culation from MDRD to CKD-EPI. Wh	ere the values used in this tool are derived from	n a mixture of these methods, we hav	re flagged the value in RED <u>Click the link for more information</u>

The tool will list the patients from your search and display relevant information from their record.

With no filters selected, APL-Renal will list all patients in your records who are aged 18+ and **ever had**:

- an estimated glomerular filtration rate (eGFR) reading of less than 60ml/min, or
- a urine albumin to creatinine ratio (ACR) showing proteinuria of 3mg/mmol or more.

There may be patients with a one-off eGFR or ACR value meeting the criteria above, who do not have CKD.

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Filters																			Summary			
																			Entire cohort			800
Fall in eGFR	□≥10 □≥15		lo repeat eG	iFR Latest	eGFR (mi	./min) 🔲 <	30	< 45 🗌 No	eGFR in 12n	n U	rine ACR (I	mg/mmol		≥ 30	3 - 29	] < 3	No uACR i	n 12m	% CKD (3-5)			37%
																			% CKD (3-5) with u	ACR within 12m		53%
BP (mmHg)	□ < 130/80 □	< 140	/90	140/90 - 159/	/99 🔲 :	≥ 160/100	SGLT2 is	sued	res 🗌 N	o AC	Ei/ARB iss	ued	Yes	□ No	Statin is	sued	Yes	□ No	% CKD (3-5) + Diat	$v + uACR \ge 30$ with S	GLT2	23%
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And the disate			1																% CKD (3-5) + HTN + uACR ≥ 70 with BP < 130/80 40%			
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Freeze Panes	<b>A</b>								"eGFR fa	ll from H	iahest of	fupto6	eGFR v	alues w	ithin 2 ve	ears to ti	ne most r	ecent valu	Je			
				Patient	Lat	est eGFR	High	est eGFR	Fall in	ACR	СКД		Diab					SGLT2	ACEi/ARB Issued	Statin Issued	Renal referral	GP review
Full	Name	Age	Gender	no.	Value	Date (2y)	Value	Date (2y)	eGFR* ↓	ng/mm ol	(3-5)	CVD	T1/T2	HIN	HF	AF	BP	(6m)	(6m)	(6m)	(latest ever)	(latest ever)
Patient.1		75	Female	11200	31	22-02-2023	90	29-03-2022	59		No	Yes	No	No	No	Yes	85/58	No	No	Yes		
Patient.2		67	Male	11201	40	07-02-2023	90	09-01-2023	50	7.1	No	No	No	No	No	No	128/69	No	Yes	No		13-01-2023
Patient.3		54	Male	11202	54	10-08-2022	90	31-03-2021	36	584.4	No	No	Yes	Yes	No	No	147791	No	Yes	Yes		

The screenshots in this guide show a dummy dataset, not real patients.

#### Summary

The tool also shows a summary for the whole patient list (irrespective of filters), so you can see an overview of your practice's performance.

### **Step 4: Filter the patient list**

**4.1** Use the **checkboxes** to filter your list and create a cohort of patients to focus on. The tool will list all patients who meet the criteria you select. You can use multiple filters at once. Click the same checkbox again to deselect it.

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Practice Code:	F8000	00	re changing	GFR ca	lculation fro	om MDF	D to CKD-E	PI. Where	e the valu	les used	in this	tool are	derived	from a rr	ixture o	f these m	iethods, w	e have flagged th	ne value in RED	Click the link for	more informatio	
Filters											_							Summary				
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CKD (3-5) Yes No	C	VD (IHD/Sti	oke/TIA/PAD)	🗌 Yes	□ No	Diab	etes 🔲	Yes 🗌 M	lo Hy	pertension		Yes 🗌	No	Heart Fail	ure [	Yes	] No	% CKD (3-5) + HTN	+ uACR ≥ 30 (No Di	ab) with ACEi/ARB	86%	
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Full Name	Age	Gender	Reference no.	Value	Date (2y)	Value	Date (2y)	eGFR* ↓	ngimm ol	(3-5)	CVD	T1/T2	HTN	HF	AF	BP	lssued (6m)	(6m)	(6m)	(latest ever)	(latest ever)	
Patient_1	75	Female	11200	31	22-02-2023	90	29-03-2022	59		No	Yes	No	No	No	Yes	85958	No	No	Yes			
Patient.2	67	Male	11201	40	07-02-2023	90	09-01-2023	50	7.1	1 No	No	No	No	No	No	128/69	No	Yes	No		13-01-2023	
Patient.3	54	Male	11202	54	10-08-2022	90	31-03-2021	36	584.4	No	No	Yes	Yes	No	No	147/91	No	Yes	Yes			

### Step 5: View more information about an individual patient

**5.1 Click on a name** in your list to view the Patient Information page for that individual. This view displays more detail, including eGFR trend over time and prescribed dosage of relevant medications.

Click **back** to return to the patient list.

inical Effectiveness Group O				Univer	rsity of London			_	/			
Patient Information						Export	Patient	nfo	-			
Full Name	Patient, 1		Gender		Female	POF						
Date of Birth	26/03/1948		Age		75	M	be		Ĩ			
NHS Number	111111110		Patient record #		11200	This too	shows t	he correct CKD Clas	sification sta	age based on age,	sex, eGFR and	
Ethnicity	White British - ethnic ca	ategory 2001 census				Urine A	R and t	e patients risk of p	ogression t	o end-stage disea	ie.	
The laboratories are changing GFR cal have flagged the highest and most re	culation from MDRD to CK cent eGFR values within 2	KD-EPI. Where the values used in years in RED	this tool are derived from a	a mixture o	f these methods, we					All	ouminuria categori	es
eGFR value (mL/min)	Date Recorded (last 2y)									41	42	42
31	22-Feb-2023					Pro	nosis o	f CKD by GFR		Normalia	na .	~
54	30-Jan-2023	78	8	<u> </u>		anu	Album	nuna categories		mildly increased	increased	increased
46	23-Jan-2023	/min 89								<30 mg/g <3 mg/mmol	30-299 mg/g 3-29 mg/mmol	≥300 mg/g ≥30 mg/mm
83	09-Aug-2022	¥ 50 48					G	1 Normal or high	290			
90	29-Mar-2022	38				Ű E	G	2 Mildly decreased	60-90			
87	09-Sep-2021	09-5EP-21 09-DEC-21 09-	MAR-22 09-JUN-22	09-5EP-22	09-DEC-22	nin/1.		Mildly to	45.50			
CKD coding		Code Description			Date Recorded	(ml/n		decreased	43.33			
CKD stages 3 – 5						ategorie	Gi Gi	b severely decreased	30-44			
Clinical data		Value			Date Recorded	GFR o	G	4 Severely decreased	15-29			
Urine Albumin/Creatinine Ratio ACR	(latest 2y)						G	5 Kidney failure	<15			
Systolic/Diastolic BP (latest)		85/58 mmHg			06-Mar-2023	Greek	: low risk	if no other markers of ki	iney disease, r	o CKD); Yellow: moder	ately increased risk; (	Drange: high risk;
QRisk score (latest)		29.99%			11-Jul-2017	KDIG	2012					
Risk Factors		Code Description			Date Recorded	KDIGO	2012 Cli	nical Practice Guide	line		/	
CVD (IHD/Stroke/TIA/PAD)		Peripheral vascular disease			06-Sep-2022	Kidney	allure R	isk Score		) (		
Hypertension						NICE R	enal reco	mmendations.				
Heart Failure											·	
Diabetes (T1/T2)						Lege	nd					
AF		Atrial fibrillation			06-Mar-2023		ска	(3-5) or Other Cor	norbidity			
Medications		Dosage name			Date Recorded							
SGLT2 (6m)												
ACEI/ARB (6m)												
Statin (6m)	Yes	Atorvastatin 80mg tablets			06-Mar-2023							
Other Lipid Lowering Therapy (6m)												
Renal Referral		Code Description			Date Recorded							

#### **Export Patient Info**

You can generate a PDF of the Patient Information page, which could be sent with a referral.

#### Links to external resources

Includes a static chart showing CKD prognosis according to eGFR and urine ACR values, and a link to a validated kidney failure risk calculator (hosted by the University of Leicester) that can help with classifying CKD stage.

### Step 6: Print or export your list



Ways to use your filtered list outside of the tool:



#### How to import NHS numbers into EMIS (for advanced users)

**1** Follow **Option 4** above to export your list as NHS numbers.

2 Open EMIS Web and click 'Population Reporting'.

**3** Select a folder of your choosing. Click '**Add**', '**Patient**', '**List of Patients**'.

**4** Click '**Import**' and navigate to your .txt file of NHS numbers (repeat if you have multiple lists) then click '**OK**'.



New List of Patient	Report		×
Name Description			< >
🛟 Add 🗶 Remo	Search Resu	ults	
Patient No.	Patient Name	NHS Number	
Patient list.	txt		
L		OK Cano	el

### Troubleshooting

### **Frequently Asked Questions**

#### Why do some patients have blank eGFR or ACR results?

If a patient has no eGFR / urine ACR reading in the last two years, that field will be blank - you should check the individual's patient record to see if there are any results, and to check if this is an issue of concern.

#### My patient's CKD or proteinuria is resolved but they are still showing up in the tool, why is this?

Adults with previous CKD or proteinuria will be picked up by the tool even if these conditions have resolved. The tool does not exclude such people.

#### Can I select multiple filters at once?

Yes – For example you could choose BP ≥160/100 + Hypertension + No ACE/ARB

#### How do I deselect a filter?

Click the individual checkbox again to untick the filter. Or click 'Reset filters' to deselect all.

#### What does the 'Reset to clear' button do?

This will remove all patients from the tool – you will have to reimport your search results to use the tool again.

#### Can I save the tool with a patient list within it?

If you want to save a particular cohort, export it using the instructions on page 10. Save the export in a suitably secure location as it will contain patient identifiable data.

#### Who do I contact for help?

Practices in North East London should contact their <u>local CEG facilitator</u>. They can help you to install the tool and use it effectively.

#### **Contact us**

If you have any questions or feedback about our APL-Renal tool or this user guide, please get in touch:

**CEG-Feedback@qmul.ac.uk** <u>qmul.ac.uk/ceg/about-us/contact-us</u>

#### By post:

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