

# KHA-CARI

## Guidelines



2011

2011 Annual Report 1

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## REPORT FROM THE CHAIR

KHA-CARI Guidelines has had a busy and productive year. The organisation is now in its 11<sup>th</sup> year and it would be fair to say is alive and well.

The Steering Committee met five times during the year and had a face to face meeting at the ANZSN Annual Scientific Meeting in Adelaide in September.

The change to governance arrangements that followed the review of CARI is now well in place – the key elements being more robust reporting structures for the KHA-CARI Steering Committee and guaranteed funding of \$250,000/year for the next 3 years. A formal 'Sponsorship and Support Agreement' was signed by both parties in January 2011 which sees decisions on content of the KHA-CARI work plan remaining in the hands of the KHA-CARI Steering Committee which submit an annual plan, along with updates on progress against the plans, to the KHA Board.

The KHA-CARI work plan for new Guidelines currently being developed includes:

- Diagnosis and Treatment of Urinary Tract Infection in Children (Convenor: Steven McTaggart)
- Early Chronic Kidney Disease (Convenor: David Johnson)
- Recipient Assessment for Transplantation (Convenor: Scott Campbell)
- Cardiovascular Risk Factors (Convenor: Vlado Perkovic)

And updates to existing Guidelines on:

- Peritonitis Treatment & Prophylaxis (Convenor: Amanda Walker)
- Vascular Access (Convenor: Kevan Polkinghorne)
- Dialysis Membranes (Writers: Peter Kerr, Nigel Toussaint)
- Haematological Targets: Iron (Writers: Rob MacGinley, Rowan Walker)

In addition, CARI adaptations or commentaries on KDIGO Guidelines are in progress/planned on:

- Acute Kidney Injury - adaptation (Convenor: Robyn Langham)
- Glomerulonephritis – commentary (Writer: Chen Au Peh)
- Blood Pressure Management in CKD – commentary (Writers: Sharan Dogra, Matthew Roberts)
- Anemia in CKD – commentary (Writers: Rob MacGinley, Rowan Walker)

In November 2011, the 'CMV Disease and Kidney Transplantation' guideline was published in the journal *Nephrology* (Writers: Helen Pilmore, Bruce Pussell, David Goodman). Two other guidelines - the updated 'Haemoglobin' guideline (Writers: Lawrie McMahon, Rob MacGinley) and the adapted guideline 'Care of Kidney Transplant Recipients' (Convenor: Steve Chadban) were also finalised for publication in early 2012.

The team is acutely aware that for KHA-CARI to add value to KDIGO products, the adaptations and commentaries on published KDIGO Guidelines must be timely and relevant. The Australian version of the 'Care of Kidney Transplant Recipients' has been our first experience of a formal adaptation process and has gone well under the leadership of Steve Chadban. We continue to review each of the KDIGO guidelines and decide on a case-by-case basis whether a formal adaptation or a commentary, which involves considerably less work, is the best approach.

An important and growing facet of KHA-CARI is its work in the area of implementation. Current areas of focus include infection rates and the use of antibiotic prophylaxis in PD patients, building upon the almost completed dialysis vascular access project led by Kevan Polkinghorne. A project involving implementation of the KHA-CARI Iron guideline into clinical practice in 3 rural nephrology practices is also being conducted, led by Michelle Irving with the support of an NHMRC Translating Research into Practice (TRIP) fellowship which she commenced in 2010. The KHA-CARI implementation work is truly novel, few guideline organizations do it, and we are keen to develop it further in the future.

KHA-CARI continues to depend heavily on sponsorship - in practice from the pharmaceutical industry – whose support is in the nature of unrestricted grants. The strength of KHA-CARI is its independence and integrity, which is enhanced by the new governance arrangements. KHA-CARI is greatly appreciative of the

significant support it currently receives from Amgen, Roche, Janssen-Cilag, Genzyme and Shire, and from Baxter, and Novartis in the past, without which KHA-CARI Guidelines could not have flourished.

KHA-CARI is committed to continuing to produce high quality Guidelines and to seek ways of improving their uptake through implementation programs. The voluntary contribution of many nephrologists, nurses and allied health staff is appreciated and recognised as underpinning the whole process. I would also like to thank the KHA-CARI staff in the office, who work hard on a never-ending array of tasks and without whom we would not be able to continue the work of enhancing evidence uptake into clinical care.

A handwritten signature in black ink, appearing to read 'M Gallagher', enclosed within a thin black rectangular border.

**Martin Gallagher**

Chair

KHA-CARI Guidelines Steering Committee

## GUIDELINE ACTIVITIES

The KHA-CARI Guidelines are divided into three disease stages: Chronic Kidney Disease, Dialysis, and Transplantation. A complete listing of guidelines and subtopics and their current status can be found under the Guidelines section on the KHA-CARI website ([www.cari.org.au](http://www.cari.org.au))

### Summary of KHA-CARI Guideline topics being developed and published in 2011

Guidelines	No. of subtopics	In development	Published
<b>Chronic Kidney Disease</b>			
Diagnosis and Treatment of Urinary Tract Infection in Children	5	✓	
Cardiovascular Risk Factors	5	✓	
Early Chronic Kidney Disease	12	✓	
<b>Transplantation</b>			
CMV Disease and Kidney Transplantation	4	✓	✓
Recipient Assessment for Transplantation	7	✓	
<b>Dialysis</b>			
Dialysis Adequacy (HD)	1	✓	
Peritonitis Treatment and Prophylaxis	10	✓	
Vascular Access	10	✓	
Haemoglobin	1	✓	
Iron	1	✓	
<b>Adaptation of KDIGO Guidelines</b>			
Care of Kidney Transplant Recipients	19	✓	

### Chronic Kidney Disease

#### Diagnosis and Treatment of Urinary Tract Infection in Children

The convenor of this guideline group is Dr Steven McTaggart, and its guideline group members include Dr Joshua Kausman, Dr Margie Danchin, Dr Peter Trnka, Dr Michael Ditchfield, Dr Sean Kennedy, Dr Ian Hewitt, Dr Gabrielle Williams, Dr Peter Borzi and Dr David Winkle.

This group had its first face-to-face guideline group meeting on 18 February 2011. The members started writing their first drafts in early 2011. A revised timeline was sent to the guideline group in mid-2011. The KHA-CARI office has commenced preparation of the evidence tables using GRADE and emailed the guideline group the American Academy Guidelines that were recently published in Paediatrics. The KHA-CARI office is preparing evidence tables for all subtopics. By late 2011, 4 drafts had been received by the office with one subtopic still needing to be written.

The following guidelines are in development:

1. Diagnosis of UTI
2. Acute management
3. Radiological investigation following UTI
1. Management and investigation of recurrent UTI/VUR
4. Surgical interventions for recurrent UTI/VUR

#### Cardiovascular risk factors

The convenor of this guideline group is Prof Vlado Perkovic and its guideline group members include Dr Helen Pilmore, Dr Sharan Dogra, Dr Hiddo Lambers Heerspink, Dr Toshiharu Ninomiya, Dr Rachel Huxley, Prof Rob Walker and Dr Matthew Roberts.

Four subtopics have been written with one subtopic 'Lipid-lowering therapy in patients with CKD' still needing to be updated. In early 2011, documents for three subtopics were written, sent for peer review and public consultation. The writers have revised their drafts in response to peer and public review. The guideline group had teleconferences in July and August to discuss their planned changes. The guideline will be published in early 2012.

The following subtopics are covered:

1. Cardiovascular disease: revascularisation
2. Medical management of coronary artery disease
3. Cardiovascular effects of blood pressure lowering in patients with chronic kidney disease
4. Heart failure

### **Early chronic kidney disease**

The convenor of this guideline group is Prof. David Johnson and its guideline group members include Ms Maria Chan, Dr Richard Phoon, Dr Kate Wiggins, Dr Nigel Toussaint, Dr Tim Usherwood, Mr Graeme Turner, and Ms Emelia Atai.

In early 2011, all 12 drafts were received by the KHA-CARI office and evidence tables have been developed for them. These drafts have been sent for peer review and public and Nephrology community consultation.

Changes were made to the following 6 subtopics to synchronise with the new RACGP 'Red Book' guidelines, KCAT guidelines and NVDPA guidelines:

- Risk factors for early chronic kidney disease
- Screening for early chronic kidney disease
- Diagnosis, classification and staging of chronic kidney disease
- When to refer for specialist renal care
- Education strategies, and
- Medical therapies.

The following guidelines are in development:

1. Symptoms, natural history and outcomes of early chronic kidney disease
2. Risk factors for early chronic kidney disease
  - 3.1 Primary prevention of chronic kidney disease: modification of lifestyle factors
  - 3.2 Primary prevention of chronic kidney disease: blood pressure targets
  - 3.3 Primary prevention of chronic kidney disease: managing diabetes mellitus to reduce the risk of progression to CKD
4. Screening for early chronic kidney disease
5. Diagnosis, classification and staging of chronic kidney disease
6. When to refer for specialist renal care
7. Education strategies
8. Modification of lifestyle and nutrition interventions for management of early chronic kidney disease
  - 9.1 Medical therapies to reduce chronic kidney disease progression and cardiovascular risk: anti-hypertensive/anti-proteinuric agents
  - 9.2 Medical therapies to reduce chronic kidney disease progression and cardiovascular risk: lipid-lowering therapy
  - 9.3 Medical therapies to reduce chronic kidney disease progression and cardiovascular risk: glycaemic control
  - 9.4 Medical therapies to reduce chronic kidney disease progression and cardiovascular risk: anti-platelet therapy
  - 9.5 Medical therapies to reduce chronic kidney disease progression and cardiovascular risk: uric acid-lowering agents
10. Vitamin D therapy (supplementation) in early chronic kidney disease
11. Pregnancy and early chronic kidney disease
12. Multidisciplinary or multifaceted renal care in early chronic kidney disease

## **Transplantation**

### **CMV Disease and Kidney Transplantation**

The Convenor for this guideline group is Dr Helen Pilmore and its group members include Prof Bruce Pussell and Dr David Goodman.

In 2011, four subtopics were written, sent for peer review and public/nephrology community consultation. All drafts were edited in May/June for publication in Nephrology. A summary of the guideline was published in the journal Nephrology in November 2011.

The following subtopics were updated:

1. Diagnostic tests for cytomegalovirus in renal transplantation
2. Prophylaxis for cytomegalovirus infection in patients following renal transplantation
3. Pre-emptive treatment of cytomegalovirus
4. Treatment of cytomegalovirus disease in renal transplant recipients.

### **Recipient assessment for transplantation**

The convenor of this guideline group is Dr Scott Campbell and its guideline group members include Dr Helen Pilmore, Dr Steven McTaggart, Dr Bill Mulley, Dr Christine Russell, Prof Frank Ierino and Dr David Gracey.

This guideline group had a teleconference on 20 April 2011 to discuss their drafts. Six drafts were received by the KHA-CARI office and work on developing the evidence tables commenced. One draft is still being written as a new writer has taken over the writing of this subtopic after a member withdrew from the group. The KHA-CARI office edited all six drafts to meet the requirements of GRADE and these have been sent to the writers for their review. Peer review comments have been received and sent to the writers. Revised drafts are to be sent to the KHA-CARI office in early 2012. These will then be edited and a summary published in Nephrology in mid-2012.

The following subtopics are in development:

1. Cardiovascular disease
2. Diabetes mellitus
3. Paediatric recipients
4. Malignancy
5. Obesity in renal transplantation
6. Assessing risk of recurrent disease in potential recipients
7. HIV, HBV and HCV infection

## **Dialysis**

### **Dialysis Membranes**

The two writers of this update are Prof Peter Kerr and Dr Nigel Toussaint. Work on this update started in 2009 and is nearly completed. It will be published in 2012.

### **Peritonitis Treatment and Prophylaxis**

The convenor for this group is Dr Amanda Walker and its guideline group members include Dr Kym Bannister, Clin A/Prof Charles George, A/Prof David Mudge, Dr Maha Yehia, Dr Maureen Lonergan and A/Prof Josephine Chow.

All 10 draft subtopics have been written and sent out for peer review and public/nephrology community consultation. The revised documents should be ready to be sent for publication in early 2012.

The following subtopics are being updated:

1. The influence of peritoneal dialysis systems and solutions on the incidence of peritonitis and catheter-related infections
2. Management of PD-associated peritonitis in adults and children
3. Catheter removal, adjunct therapies and timing of reinsertion of PD catheter after peritonitis
4. Type of PD catheter
5. Technique of insertion of PD catheter
6. Prophylactic antibiotics for insertion of PD catheter
7. Timing of commencement of dialysis after PD catheter insertion
8. Treatment of PD-associated fungal peritonitis
9. PD catheter-related infection: exit site and tunnel
10. Prophylaxis for exit site/ tunnel infections using mupirocin.

## **Vascular Access**

The convenor is Dr Kevan Polkinghorne, and its guideline group members include Pamela Lopez-Vargas, Dr Christine Russell, Edwina Vale, Dr Girish Talaulikar, Dr George Chin and Dr Rob MacGinley.

Ten subtopics are being updated/ developed. Two of the subtopics relate to nursing aspects of care and there has been some trouble recruiting and retaining someone to write these 2 subtopics. Writers have now been found for the 'Nursing Care of Catheters' and the 'Nursing Care of the AVF/AVG' subtopics and we expect them to be finalised in mid-2012.

Between July and September 2011, KHA-CARI office completed most of the evidence tables for the drafts. One subtopic - 'Insertion of central venous catheter' is still to be written.

The following subtopics are currently in development:

### **Placement of permanent vascular access**

1. Selection of appropriate vascular access
2. Pre-operative examination of the vessels
3. Preparation and placement of vascular access
4. Nursing care of the arteriovenous fistula/ arteriovenous graft

### **Treatment of dysfunctional AV access**

5. Treatment of the thrombosed AVF/AVG: surgical vs radiological therapy
6. Treatment of vascular steal syndrome

### **Central venous catheters**

7. Insertion of central venous catheter
8. Nursing care of catheters
9. Prevention of dialysis catheter infection
10. Treatment of dialysis catheter infection.

## **Haemoglobin**

The guideline group members include Dr Rob MacGinley and Dr Lawrie McMahon.

The KHA-CARI office revised evidence tables and reviewed evidence in accordance with the GRADE system to suggest grades for the recommendations for review by the writers. The revised draft was posted on the KHA-CARI website for public/nephrology community comments with a deadline of end July 2011. Public and peer review comments were provided to the writers and the document was finalised in August. The summary of the subtopic is due to be published in Nephrology in early 2012.

## **Iron**

The guideline group members include Dr Rob MacGinley and Prof Rowan Walker.

This subtopic was last published in April 2006. As a Cochrane Review on the topic was recently completed, this will form the evidence base for the updated guideline. A teleconference was held in November 2011 to discuss the scope of work to be done, work allocation and timelines. An updated literature search has been done and was sent to the writers in early December 2011. We expect the update will be ready for publication in the latter part of 2012.

## **Adaptation of the KDIGO Guidelines**

### **Adaptation of KDIGO Guideline for the Care of Kidney Transplant Recipients**

The convenor of the guideline group is Prof Steve Chadban and its guideline group members include Dr Shlomo Cohney, Dr Josette Eris, Dr Graeme Russ, Dr Scott Campbell, Dr John Kanellis, Prof Phil O'Connell, Dr Nick Cross, Dr Toby Coates, Dr Helen Pilmore, Dr Nicole Isbel, Dr Angela Webster, Dr Kate Wyburn, Prof Rowan Walker, Dr Kate Wiggins, Dr Bobby Chacko, Dr Katherine Barraclough, Dr Germaine Wong, Dr Sradha



Kotwal, Dr Natasha Rogers, Dr Paul Manley, Dr Carolyn Clark, Dr Rosemary Masterson, Dr Bill Mulley, Dr K M Murali, Dr Lorna Henderson and Dr Martin Howell.

The KHA-CARI office prepared a single document with an introductory section describing the adaptation process. A summary table showing a comparison of the KHA-CARI adapted recommendation with the KDIGO recommendation was prepared to assist with review and public comment. The document was peer reviewed, and took some time to complete given the large number of subtopics. A peer review checklist relevant to adapted guidelines was prepared. A complete document was posted on the KHA-CARI website for public comment in July 2011. Public and peer review comments were provided to the writers to enable finalisation of the document during August. Final editing prior to publication was performed and the summary was sent for publication in the journal Nephrology. The pre-print publication version was posted on the Nephrology website in December 2011. The print publication will occur in the first quarter of 2012.

The following KDIGO chapters were reviewed and adapted:

- Chapter 1: Induction therapy
- Chapter 2: Initial maintenance of immunosuppressive medication
- Chapter 3: Long-term maintenance immunosuppressive medications
- Chapter 5: Monitoring immunosuppressive medications
- Chapter 6: Treatment of acute rejection
- Chapter 7: Treatment of chronic allograft injury
- Chapter 8: Monitoring kidney allograft function
- Chapter 9: Kidney allograft biopsy
- Chapter 10: Recurrent kidney disease
- Chapter 11: Preventing, detecting and treating non-adherence
- Chapter 12: Vaccination
- Chapter 13: Viral diseases
- Chapter 14: Other infections
- Chapter 15: Diabetes mellitus
- Chapter 16: Hypertension, dyslipidemia, tobacco use and obesity
- Chapter 17: Atherosclerotic cardiovascular disease management
- Chapter 18: Cancer of the skin and lip
- Chapter 19: Non-skin malignancies
- Chapter 20: Managing cancer with reduction of immunosuppressive medication

## IMPLEMENTATION OF GUIDELINES

### **Improving the quality of nephrology care in rural Australia: Implementation of the KHA-CARI iron guideline into clinical practice in rural or remote nephrology practices**

The steering committee for this project consists of: Dr Rob MacGinley, Dr Martin Gallagher, Prof Jonathan Craig, Dr Deirdre Fetherstonhaugh, Dr Nick Cross and Dr Germaine Wong.

Michelle Irving was the recipient of an NHMRC Translating Research into Practice (TRIP) fellowship (0.5FTE) in January 2010. The aim of the project that Michelle is co-ordinating during her fellowship will be to improve the proportion of patients who attain KHA-CARI guideline targets for iron in a number of rural dialysis settings. This will be done through barrier and enabler analysis, audit and feedback, peer mentoring, the use of a decision aid and patient checklist. In 2011, three rural dialysis units were chosen from a group that expressed interest in the project and these are located in Bendigo, Ballarat and Dubbo. In 2011, Michelle had meetings with the heads of these units to thoroughly investigate the barriers and enablers for improved iron management practices in these units. A protocol for the study was written, a manual of operations for the study sites was written and a database was set up to aid data collection.

Between July and September, on-site visits to all three rural dialysis units were completed. Process mapping of each unit's management iron practices were done and qualitative interviews were carried out with Nursing and Nephrology staff on iron management issues. Baseline data was beginning to be collected by units and sent to Michelle.

Between October and December, baseline data for all three dialysis units were completed and reports sent to each unit. Teleconferences were conducted with staff from all units to discuss baseline data and suggestions for guideline implementation. Combined baseline data was analysed and a baseline manuscript will be written.

### **Peritoneal Dialysis Implementation Project**

The Steering Committee for this project was set up in late 2010 and consists of Dr David Mudge (Convenor), Dr Martin Gallagher, Prof Jonathan Craig, Prof Rowan Walker, Dr Dwarakanathan Ranganathan, Dr Wai Hon Lim, and Dr Walaa Saweirs. Denise Campbell is the Project Officer responsible for the day-to-day running of the project.

A call for 'Expressions of Interest' letter was sent out via the ANZSN in August 2010 inviting renal units to be involved in this implementation project. Thirteen responses were received from renal units wanting to participate. The project will focus on implementing two KHA-CARI guidelines concerned with preventing infection in new PD patients. The Steering Committee met in December 2010 to discuss the applications received and to decide which units would be selected to participate in the project.

In March 2011, the Steering Committee held a teleconference and finalised selection of the units. Eight units were selected (7 in Australia, 1 in New Zealand). A face-to-face meeting was held in April 2011 at which the Steering Committee and 2 representatives from each unit were present. The selected units are: Princess Alexandra Hospital, QLD; Royal Brisbane & Women's Hospital, QLD; Gosford Renal Unit, NSW; Western Sydney Renal Dialysis Centre, NSW; Western Hospital, VIC; Monash Medical Centre, VIC; Royal Hobart Hospital, TAS; Auckland City Hospital, VIC. The meeting consisted of Introductions, Overview of Project status, Quality Improvement presentation, explanation of Overall Project plan, and background presentations by each unit. In May-June 2011, the Project Officer visited the 8 units to learn about the procedures in place and created a process map for each unit. In mid-June 2011, the Steering Committee had a face to face meeting to review the process maps, plan components of the project, develop the data collection tool, and develop a barriers/enablers table.

Regular Steering Committee teleconferences were held during the year. A data collection tool has been developed and was trialled for a few weeks at two renal units in November. A central database for the project has been set up in Access and a survey about unit practice was developed and mailed out to the 8 unit heads. Baseline data collection from the 8 units commenced in mid- December 2011. This will continue for 4 months.

## DISSEMINATION STRATEGIES

Emphasis on the dissemination and promotion of the KHA-CARI guidelines has been a focus in 2011. Communications to all members of the ANZSN will be an integral part of the dissemination process.

KHA-CARI Guidelines had an exhibition stand at the ANZSN ASM in Adelaide in September. KHA-CARI staff developed and presented marketing material on guideline development, expressions of interest, all guidelines, and new guideline proposals. We also handed out USB sticks containing all KHA-CARI guidelines published to date. Due to the positive responses we received to the USBs, we were asked to distribute them to all renal units in Australia and New Zealand. A number of people expressed their interest in participating in the development of KHA-CARI guidelines or in being peer reviewers.



The response was very good and many of the people we contacted are now in the process of completing reviews for KHA-CARI. The aim for 2012 is to improve our marketing material, and produce more USBs for distribution at the ANZSN, TSANZ and RSA meetings.

## GRADE EVIDENCE RATING SYSTEM

### Key challenges in using GRADE

GRADE (Grading of Recommendations Assessment, Development and Evaluation) is an evidence rating system that provides guidance on how to grade the quality of underlying evidence and the strength of recommendations. The GRADE working group commenced in 2000 as an informal collaboration of people with an interest in addressing the shortcomings of grading systems in health care. The aim was to develop a common, sensible approach to grading quality of evidence and strength of recommendation.

KHA-CARI Guidelines has begun using this system and has found that the process is not easy to learn. It is a more rigorous process than the adapted NHMRC system we have been using, and it demands that the guideline writer has a higher level of critical appraisal skills.

The GRADE process also takes longer to do. The assessment of a study will take more time than was needed with our previous, simpler process. Guideline organisations may need to establish evidence review teams to support the groups in the evidence assessment task. For example, KDIGO have been paying an Evidence Review team to review studies, assess them and develop the evidence tables for each guideline. . With KHA-CARI, the guideline documents are written by doctors and allied health individuals on a volunteer basis and for the KHA-CARI office to add this role (developing the GRADE tables) to its existing support – literature searching, editing of drafts, administration/ meeting liaison, compiling of simple evidence tables etc. would represent a significant additional workload.

The advantages of using Grade include it is more comprehensive, rigorous, has a standardised format to use, and it reduces the subjectivity involved when assigning an evidence grade to a guideline recommendation. This system is now accepted by a number of international guideline groups including KDIGO and NICE, and it makes sense for KHA-CARI Guidelines to also use this system. It will help guidelines produced by different organisations to be more easily compared because the various guideline groups are using the same evidence rating method.

## PUBLICATIONS

### **Barriers to timely arteriovenous fistula creation: a study of providers and patients**

Lopez-Vargas PA, Craig JC, Gallagher MP, Walker RG, Snelling PL, Pedagogos E et al. *AJKD* 2011, 57(6):873-882

This manuscript encompasses the results for the baseline phase of the vascular access implementation project.

**Results:** 319 patients started hemodialysis therapy during the 6-month period, 39% with an AVF and 59% with a catheter. Perceived barriers to access creation included lack of formal policies for patient referral, long wait times for surgical review and access placement, and lack of a patient database for management purposes. eGFR thresholds at referral for and creation of vascular accesses were considerably lower than appreciated (in both cases, median eGFR of 7 mL/min/1.73 m<sup>2</sup>), with median wait times for access creation of only 3.7 weeks. First assessment by a nephrologist less than 12 months before dialysis therapy start was an independent predictor of catheter use (OR,8.71; *P* 0.001). Characteristics of the best performing centres included the presence of a formalised predialysis pathway with a centralised patient database and low nephrologist and surgeon to patient ratios.

### **Consumer involvement in topic and outcome selection in the development of clinical practice guidelines**

Tong A, Lopez-Vargas P, Howell M, Phoon R, Johnson D, Campbell D, Walker RG, Craig JC.

A consumer involvement in guideline development paper was published online in February 2011. The paper was published in *Health Expectations* 2011. doi: 10.1111/j.1369-7625.2011.00676.x.

**Results:** The participants actively engaged in the workshop discussions and articulated topics and outcomes they perceived should be included in clinical guidelines. Four main changes to guideline-related outputs were observed. A new guideline subtopic was introduced, guidelines were consumer-endorsed, guideline recommendations and suggestions for clinical care were augmented with consumer-focused issues, and plain English guidelines were developed.

## MEETINGS AND CONFERENCES

### **Dialysis Nephrology & Transplantation (DNT)**

Denise Campbell and Martin Gallagher attended the Dialysis Nephrology & Transplantation Meeting in the Hunter Valley in late March. KHA-CARI presentations made at the meeting included a Summary of the KDIGO Transplantation adapted guideline by Steve Chadban, a discussion about the development of KDIGO and KHA-CARI's role in relation to this group, the change in the evidence grading system to be used by KHA-CARI and KHA-CARI's experience with using the ADAPTE tool, which was presented by Martin Gallagher. A presentation of the guideline recommendations for the Early CKD guideline group was given by David Johnson (convenor) and a presentation of the guideline recommendations for the Cardiovascular Disease group, were given by group members and the convenor, Vlado Perkovic. In addition, there were two sessions that related to KHA-CARI implementation activity – one given by Kevan Polkinghorne about the findings of the Vascular Access project and one led by David Mudge about the poor outcomes for PD patients in Australia and New Zealand compared with other countries. He explained how the planned implementation project will work to assess unit's processes and actively implement the relevant KHA-CARI guidelines re prophylactic antibiotic use to prevent infection in these patients.

### **47<sup>th</sup> Annual Scientific Meeting - Australian New Zealand Society of Nephrology**

Pamela Lopez-Vargas, Allison Tong and Martin Howell attended the 2011 47<sup>th</sup> Annual Scientific Meeting of the ANZSN in Adelaide, South Australia. They also manned the KHA-CARI exhibition stand at the meeting. Pamela was funded by KHA to attend the meeting while Martin and Allison obtained funding from other sources.

The following abstract was presented:

**Pamela Lopez-Vargas**

Implementation of a predialysis pathway to increase arteriovenous fistula use at the commencement of haemodialysis: The KHA-CARI vascular access implementation project.

Summary: The final results of the vascular access implementation project were presented. There were some significant improvements in the referral for surgical assessment and for access creation. However, these changes were not clinically significant. There was no overall improvement in the use of AVF at first dialysis.

Benefit: The nine centres were grateful for taking part in the project, as it improved knowledge, attitudes, awareness and communication about patient preparation and arteriovenous access formation.

Comment about the event: This presentation was selected to be presented during the Kidney Health Australia Clinical Science Award session. It was well received.

### **NHMRC - Australian Guideline Developers Network Workshop**

Pamela Lopez-Vargas, Martin Howell and Ionut Nistor (visiting nephrologist working with the European Renal Best Practice Guidelines group) attended the Australian Guideline Developers Network Workshop in Canberra on 15 December 2011. The meeting was titled "Strengthening Clinical Guideline Methodology to Meet the 2011 NHMRC Standard". The NHMRC explained their revised evidence grading system and their endorsement process for guidelines. Under their endorsement process, they will also accept guidelines that have been developed using the GRADE system.

On 7-8<sup>th</sup> June 2011, Michelle Irving attended the NHMRC NICS leadership program master class in Melbourne, which is part of her Translating Research into Practice (TRIP) fellowship. Sessions included content on leadership styles, the art of leadership, power and influence as well as an advanced presentation course. She also attended the guidelines development network workshop on the 9<sup>th</sup> June, which focused on improving, prioritising and ensuring cultural relevance of guidelines. Michelle attended the 7<sup>th</sup> Health Services & Policy Research conference in Adelaide on the 5-7<sup>th</sup> December. This conference was titled: 'Opportunities for Health Services Research: to Improve and Inspire'.

# WEBSITE STATISTICS

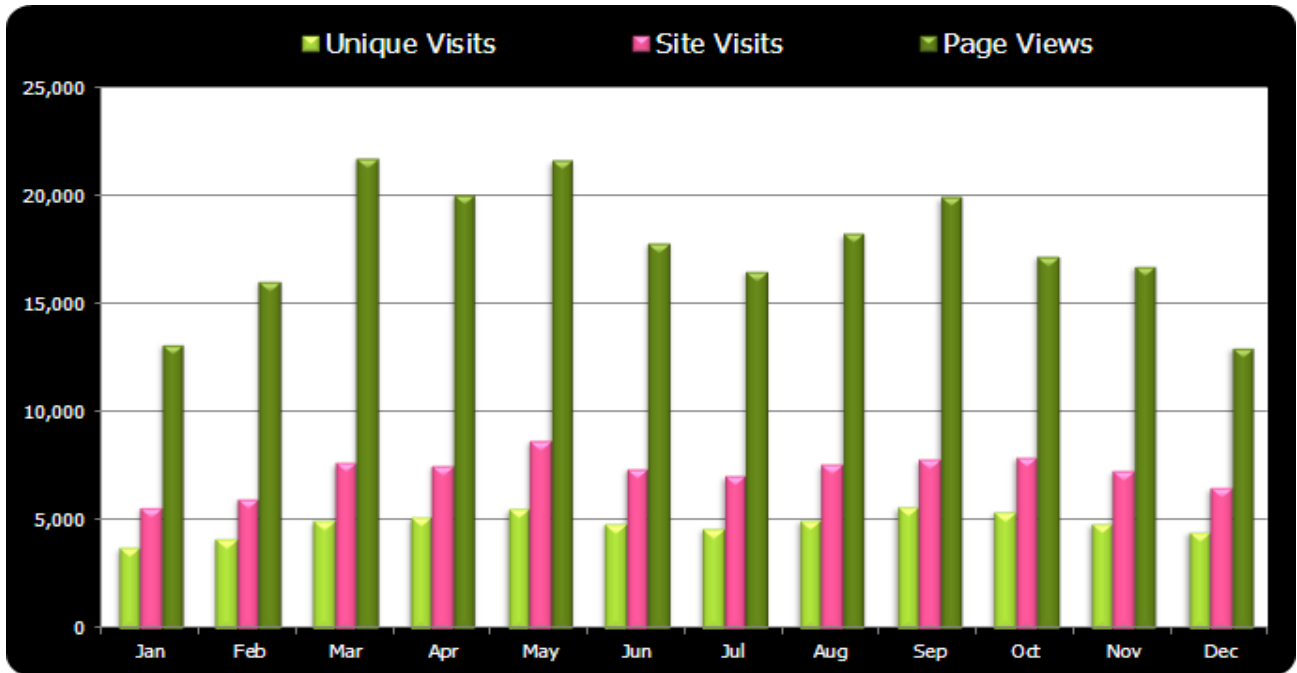
## KHA-CARI Guidelines Website

**Unique visitors:** a person who visits a website more than once within a specified period of time. Unique visitors are counted only once no matter how many times they visit the site.

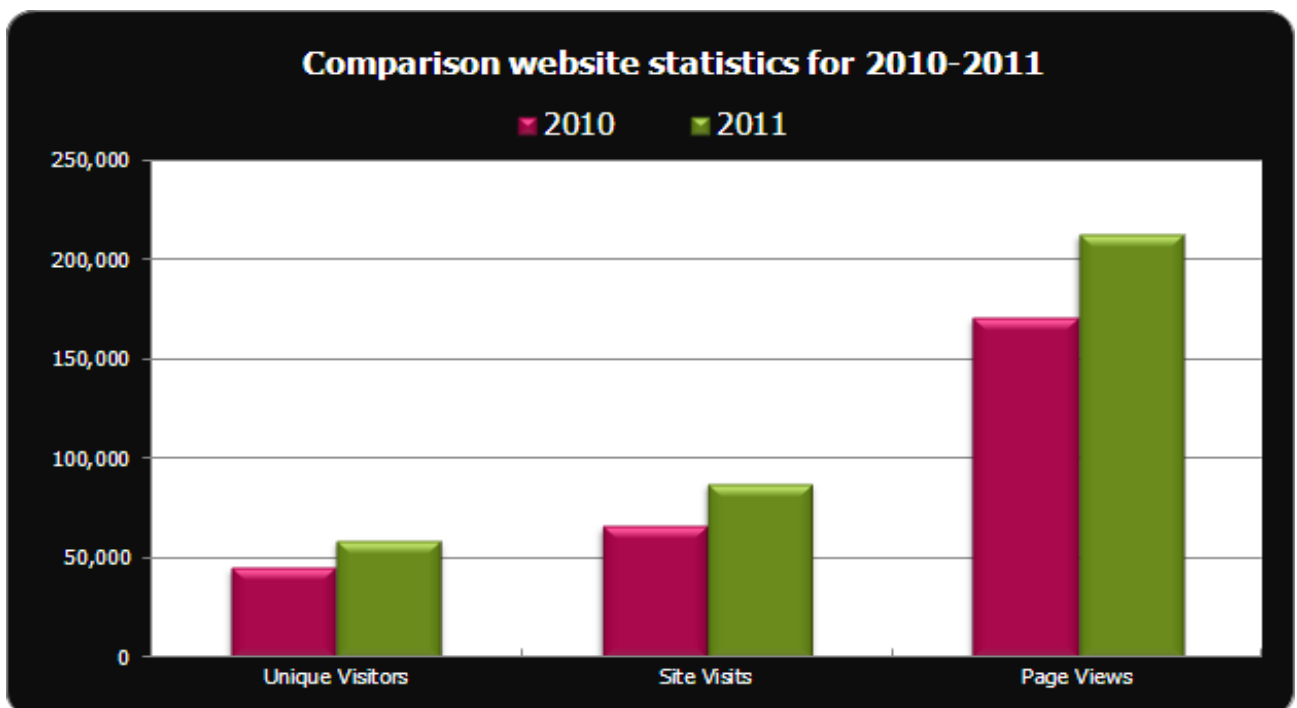
**Site visits:** represents the number of times someone interacted with your website.

**Page views:** how many pages were requested during the site visits.

The graph below shows the number of unique visits, site visits, and page views by month for the period January to December 2011. The highest number of site visits were recorded for March and May.



The graph below shows the number of unique visitors, site visits, and page views that occurred in 2010 and 2011.



## FINANCES AND FUNDING

The following is a summary of the income and expenditure associated with KHA-CARI Guidelines for the 2011 calendar year.

### Financial Activities: 1 January to 31 December 2011

<b>TOTAL INCOME</b>	A\$ 250,000
<b>TOTAL EXPENDITURE</b>	A\$ 250,000
Salaries & Wages	A\$ 214,000
Goods & Services	A\$ 6,500
Guideline Implementation project costs	A\$ 15,000
Steering Committee meetings	A\$ 7,500
KD:IGO Meetings	nil
Critical Appraisal Training	nil
Guideline Publication	nil
Guideline Dissemination	(covered by KHA)
Guideline Group meetings	A\$ 7,000
<b>BALANCE OF FUNDS</b>	nil

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