

KHA-CARI Guidelines



Annual Report 2016



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REPORT FROM THE CHAIR

Kidney Health Australia – Caring for Australasians with Renal Impairment (KHA-CARI) Guidelines is now in its 18th year of existence and has focused on strengthening its relationship with Kidney Health Australia (KHA) and the Renal Society of Australasia (RSA), and improving the engagement with patients and caregivers. KHA-CARI Guidelines has continued to facilitate the development, dissemination and implementation of high quality clinical practice guidelines to improve the quality of care and outcomes for patients with chronic kidney disease in Australia and New Zealand.

KHA-CARI Guidelines is in its 6th year of new governance arrangements that have ensured that KHA has an active leadership role in the work of KHA-CARI Guidelines. We welcome KHA's new CEO Mikaela Stafrace and KHA's General Manager of Health Outcomes, Marie Ludlow, to the KHA-CARI Steering Committee. Furthermore, 2016 has brought the opportunity to work more closely with KHA. A Memorandum of Understanding between the two organisations has been agreed upon for the development of the 'Management of Chronic Kidney Disease in Aboriginal and Torres Strait Islander Peoples and Māori' Guidelines. Extensive community consultation in Australia and New Zealand in 2017 will inform the development of this guideline to ensure it meets the community's needs. The different skills of the two organisations will be drawn on to ensure the development of a clinical practice guideline focussed on improving the health and quality of life of indigenous patients.

The KHA-CARI guideline development process has begun to involve patients and caregivers with kidney disease, by getting their input into the development of consumer guidelines. The 'Autosomal Dominant Polycystic Kidney Disease' working group are the first working group to have developed a consumer version of the guidelines. These will have a clear format with lay language to ensure that they are easy to read and understand by patients and their caregivers.

As part of the development of the 'Screening and Management of Infectious Diseases in Haemodialysis Units' guideline, a workshop was held in June 2015 with adult patients with current or previous experience with in-centre haemodialysis and some of their caregivers. A paper detailing the findings of this engagement process was published online in *Hemodialysis International* in July 2016. The findings identified from the workshop have been reported back to the guideline working group and used to inform the range of topics covered in the guidelines to ensure they are relevant to patients' needs. These guidelines are due for completion in 2017.

To further collaboration, KHA-CARI Guidelines has strengthened its relationship with both national and international guideline developers. Nationally, KHA-CARI has provided feedback on the National Health and Medical Research Council (NHMRC) Guideline Development discussion paper, and David Tunnicliffe, a KHA-CARI staff member, attended the NHMRC Guideline Developers Meeting in Melbourne in June 2016. This gave an opportunity for KHA-CARI Guidelines to provide feedback on the national endorsed guideline development standards. KHA-CARI are committed to being involved in the national discussion surrounding guideline development, and will be actively involved in forthcoming workshops in 2017. Internationally, KHA-CARI Guidelines and the European Renal Best Practice (ERBP) guidelines organisation have drafted a Memorandum of Understanding on a process for working together that will help provide a solution to the challenges of updating and producing clinical practice guidelines. These arrangements began in 2015, with KHA-CARI Guidelines providing assistance in the development of ERBP's 'Vascular Access' guideline that is set to be published in 2017. Additionally, KHA-CARI Guidelines will continue to review the KDIGO guidelines as they are published and assess whether an adaptation or commentary is the best means of building upon their work.

KHA-CARI Guidelines is one of the partners in the NHMRC Partnership Project called 'REDUcing the burden of dialysis Catheter ComplicaTIONS: a National approach (REDUCCTION). The Chief Investigators for the project are A/Prof Martin Gallagher, A/Prof Kevan Polkinghorne, Prof Alan Cass, Prof Stephen McDonald and A/Prof Nicholas Gray. KHA-CARI's role will be to gather and appraise the scientific evidence, in order to help guide the design of the range interventions that will implemented to reduce bacteraemia rates across dialysis units in Australia.

KHA-CARI Guidelines is greatly appreciative of the significant support it received in 2016 from Kidney Health Australia, the Australian and New Zealand Society of Nephrology, NHMRC Program Grant – BEAT-CKD, Amgen Australia and Roche Products Pty Ltd, without which KHA-CARI Guidelines could not continue.

The mission of KHA-CARI Guidelines is to improve the quality of care and outcomes for patients with chronic kidney disease in Australia and New Zealand by facilitating the development, dissemination and implementation of high quality clinical practice guidelines that are based on the best available evidence. Without the contribution of various stakeholders this would not be possible. The voluntary contribution of many nephrologists, nurses and allied health staff underpins the whole process and is recognised and appreciated. I would also like to thank the KHA-CARI staff for their hard work in supporting the many writers in the guideline groups. I would like to welcome Karine Manera to the team and congratulate two of the team members, Martin Howell and Denise Campbell, for being awarded their PhDs. In addition to Mikaela Stafrace and Marie Ludlow from KHA, we also welcome two nursing representatives, Wendi Bradshaw and Debbie Fortnum to the Steering Committee. Wendi and Debbie are both renal nurse consultants and will represent the Renal Society of Australasia on the Steering Committee. I would like to make special mention of the Steering Committee in helping to direct and guide the work of KHA-CARI Guidelines, particularly the outgoing members Luke Toy (KHA) and Dr Deirdre Fetherstonhaugh.

A handwritten signature in black ink, appearing to read 'M Gallagher', with a large, stylized initial 'M'.

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

Summary of KHA-CARI Guideline topics being developed and published in 2016

Guidelines	No. of subtopics	In development	Published
Chronic Kidney Disease			
Autosomal Dominant Polycystic Kidney Disease	13		✓
Management of Chronic Kidney Disease among Aboriginal and Torres Strait Islander Peoples and Māori	n/a	✓	
Renal biopsy	n/a	✓	
Dialysis			
Screening and Management of Infectious Diseases in Haemodialysis Units	4	✓	
Transplantation			
No guidelines in development			
Adaptation of KDIGO Guidelines			
Living kidney donor assessment and care	n/a	✓	
Commentary on KDIGO Guidelines			
Mineral bone disease	n/a	✓	

Chronic Kidney Disease

Autosomal Dominant Polycystic Kidney Disease

The convenors of this guideline group are A/Prof Gopala Rangan and Prof Judy Savige and its guideline group members include Dr Michel Tchan, Dr Chirag Patel, A/Prof Allison Tong, Dr Andrew Mallett, Prof Stephen Alexander, Dr Vincent Lee, Dr Jun Mai, Dr Katrina Campbell, Dr Pamela Lopez-Vargas, Dr Mark Dexter, Dr Manish Patel, Dr Philip Vladica and Mr David Tunnicliffe.

The guideline was completed in 2015, with the following subtopics published in *Seminars in Nephrology*, 35(6): 521-622:

1. Imaging approaches for diagnosis
2. Genetic testing for diagnosis
3. Genetics and genetic counselling
4. Screening for polycystic kidney disease
5. Monitoring disease progression
6. Diet and lifestyle management
7. Pharmacological management
8. Psychosocial care
9. Management of end-stage kidney disease
10. Management of renal stones
11. Management of chronic pain
12. Management of intracranial aneurysms
13. Management of polycystic liver disease

A guideline summary was published in *Nephrology* August 2016 issue.

A report documenting the findings from a consumer group meeting held in September 2014 was published in the 2016 February issue of *Nephrology*. Following on from this engagement with patients and caregivers, a consumer-friendly version of the autosomal dominant polycystic kidney disease guidelines was drafted in 2016. These consumer guidelines have been developed by the working group in partnership with patients and caregivers. An accessible language will be used to ensure that all patients and caregivers can

understand the guidelines. The draft of these guidelines will undergo review by consumers and public consultation in 2017. The guidelines are due for completion in 2017

Management of Chronic Kidney Disease among Aboriginal and Torres Strait Islander Peoples and Māori

A Memorandum of Understanding between Kidney Health Australia and KHA-CARI Guidelines was developed in 2016. This outlines the aims and expectations of both organisations regarding the engagement of Aboriginal and Torres Strait Islander people. A consultation process which aims to identify the needs of the community to inform the scope of these guidelines will begin in 2017.

Renal Biopsy

The convener of the guideline group is A/Prof Robert MacGinley and its guideline group members include A/Prof Solomon Menahem, Dr Paul J Champion de Crespigny, Dr John Saunders, Dr Emily See, Dr David Voss, and Dr Jeff Wong.

The working group was formed in 2016 and initial discussions around subtopics have occurred. The group will have their first teleconference in March 2017.

Transplantation

No guidelines in development.

Dialysis

Screening and Management of Infectious Diseases in Haemodialysis Units

The Co-Convenors for this group are A/Prof Meg Jardine and A/Prof Eugene Athan with guideline group members being Dr Carolyn van Eps, Dr Robert Commons, A/Prof Rhonda Stuart, Dr Nicky Gilroy, Belinda Henderson, Dr Janak de Zoysa, Dr Muh Geot Wong and Julianne Greene.

A report documenting the findings from a consumer group meeting held in July 2015 was accepted for publication in *Haemodialysis International* in July 2016.

The following subtopics have been drafted and are currently undergoing peer review:

1. The epidemiology of blood-borne viruses.
2. Screening for blood-borne viruses and multidrug resistant organisms.
3. Transmission-based precautions.
4. Environmental controls: cleaning and disinfection.

The guidelines are due for completion in 2017.

Adaptation of KDIGO Guidelines

Adaptation of the KDIGO Guideline for Living Kidney Donor Assessment and Care

The potential guideline convenors and guideline group members were discussed in 2016 and guideline development will commence in 2017.

Commentary on KDIGO Guidelines

We aim for commentaries to be completed and ready for publication within six months of publication of the KDIGO guideline. The commentary writers are appointed by the KHA-CARI Steering Committee and the

format of an editorial is followed. Draft commentaries are reviewed by the Steering Committee and edited by the KHA-CARI Office prior to publication in the journal *Nephrology*.

Commentary on the KDIGO Guideline for Mineral Bone Disease

The KDIGO guideline for Mineral Bone Disease is expected to be published in early 2017.

The writer of this commentary is A/Prof Suetonia Palmer. Additional writers will be confirmed in early 2017.

IMPLEMENTATION OF GUIDELINES

There are no implementation projects in progress currently.

DISSEMINATION STRATEGIES

KHA-CARI Guidelines has continued to ensure that engagement with the nephrology community and circulation of evidence-based guidelines has been a prime focus of 2016.

KHA-CARI Guidelines has been engaging with clinicians, patients and caregivers using twitter for the past three years. During 2016, the @KHACARI profile saw an increase from 112 followers to 197 followers.

Dissemination and promotion of the KHA-CARI Guidelines continued to be a priority for us. Communications to all members of the Australian New Zealand Society of Nephrology, Transplant Society of Australia and New Zealand and the Renal Society of Australasia was an integral part of this process. To engage with the nephrology community, KHA-CARI Guidelines were represented at the joint congress of the 15th Asian Pacific Conference of Nephrology (the Asian Pacific Society of Nephrology and the Australian and New Zealand Society of Nephrology), held in Perth, September 2016. KHA-CARI Guidelines shared an exhibition stand with the Australasian Kidney Trials Network (AKTN) at this congress. KHA-CARI gave the many members who visited our stand a USB memory card containing all of the KHA-CARI published and accepted guidelines to date. KHA-CARI staff developed and presented promotional material on guideline development, expressions of interest, and new guideline proposals. Visitors to the stand were informed of current guidelines in development and encouraged to sign up to participate in a guideline work group or to act as peer reviewers.

All guidelines were made freely available on the KHA-CARI website and promoted via twitter. From 2014 to 2016 there has been an increase of 7.9% in the number of unique visitors, and a 7.8% increase in the number of visits to the website; while there has been little change in the number of unique visitors, and visits to the website in 2016 compared with 2015.

CONSUMER ENGAGEMENT

In 2016, KHA-CARI Guidelines have undertaken a new measure to improve our engagement with patients and caregivers. The autosomal dominant polycystic kidney disease guideline working group have drafted consumer guidelines that are based on the clinical practice guidelines. These consumer guidelines have been written to help patients and caregivers understand what the best clinical care for patients with autosomal dominant polycystic kidney disease is. The language employed throughout the guidelines will avoid the use of clinical jargon, with particular emphasis on readability to ensure that all patients and caregivers can understand the guidelines, including those with a low level of health literacy. Patient and caregivers have been involved in the consumer guideline development process throughout, they have provided feedback and identified further topics that will form the basis of these guidelines. The draft of these guidelines will be reviewed by consumers and undergo public consultation in 2017. The guidelines will be made available to patients and caregivers via the KHA-CARI website, Kidney Health Australia (KHA) and The Polycystic Kidney Disease (PKD) Foundation of Australia.

Extensive community consultation will be undertaken as part of the development of the 'Management of Chronic Kidney Disease among Aboriginal and Torres Strait Islander Peoples and Māori' guidelines. KHA-CARI Guidelines and KHA have developed a Memorandum of Understanding outlining the aims and expectations of both organisations regarding this community engagement. The consultation process aims to identify the needs of the community to inform the scope of the clinical practice guidelines and will begin in 2017.

A patient and caregiver workshop was held in 2015 to inform the 'Screening and Management of Infectious Diseases in Haemodialysis Units' guideline. The findings from the workshop have been used to improve the entire guideline development process from the searching and appraisal of scientific literature to the guideline recommendations, in order to ensure that clinical practice guidelines address the needs and concerns of

patients and caregivers. A paper describing the process and outcomes of the consumer workshop was accepted for publication in *Hemodialysis International* in July 2016.

COLLABORATION ON GUIDELINE DEVELOPMENT

KHA-CARI Guidelines continues to be actively involved in the discussion surrounding guideline development in Australia. In 2016, KHA-CARI Guidelines in partnership with KHA provided comment and feedback on the NHMRC draft discussion paper 'Better informed health care through better clinical guidelines'. KHA-CARI Guidelines also were invited and attended a NHMRC Guideline Development Meeting held in Melbourne, on the 29th June 2016. Attendance at this meeting allowed KHA-CARI Guidelines to ensure that Australian standards reflect international best practice, consumers are actively engaged in guideline development, and an efficient process for NHMRC endorsement is made available to all Australian guideline developers. The NHMRC guideline development handbook is set to be published in 2017.

KHA-CARI and the European Renal Best Practice (ERBP) guideline group have drafted a Memorandum of Understanding as the basis for the two groups to work together on chronic kidney disease guideline development and implementation. As part of this agreement, KHA-CARI Guidelines and ERBP has collaborated and shared evidence tables and population intervention comparator outcome methodology (PICOM) tables as part of ERBP's development of the vascular access guideline, which will be published in 2017. It is expected that this collaboration between KHA-CARI Guidelines and ERBP will help avoid duplication of effort and provide a solution to the challenges of producing and updating renal guidelines.

PUBLICATIONS

1. Tong A, Tunnicliffe DJ, Lopez-Vargas P, Mallett A, Patel C, Savige J, Campbell K, Patel M, Tchan MC, Alexander SI, Lee V, Craig JC, Fassett R, Rangan GK. Identifying and integrating consumer perspectives in clinical practice guidelines on autosomal-dominant polycystic kidney disease. *Nephrology*. 2016. 21(2): p. 122-132.
2. Rangan GK, Alexander SI, Campbell KL, Dexter MAJ, Lee VW, Lopez-Vargas P, Mai J, Mallett A, Patel C, Patel M, Tchan M, Tong A, Tunnicliffe DJ, Vladica P, Savige J. KHA-CARI guideline recommendations for the diagnosis and management of autosomal dominant polycystic kidney disease. *Nephrology*. 2016. 21(8): p. 705-716.
3. Campbell DJ, Brown FG, Craig JC, Gallagher MP, Johnson DW, Kirkland GS, et al. Assessment of current practice and barriers to antimicrobial prophylaxis in peritoneal dialysis patients. *Nephrol Dial Transplant* 2016. 31(4): p. 619-627.
4. Miller HM, Tong A, Tunnicliffe DJ, Campbell D, Pinter J, Commons RJ, Athan E, Craig JC, Gilroy N, Green J, Henderson B, Howell M, Stuart RL, van Eps C, Wong MG, de Zoysa J, Jardine MJ. Identifying and integrating patient and caregiver perspectives for clinical practice guidelines on the screening and management of infectious microorganisms in hemodialysis units. *Hemodialysis International*, accepted 8th July 2016.

MEETINGS AND CONFERENCES

15th Asian Pacific Congress of Nephrology & 52nd Annual Scientific Meeting — Australian and New Zealand Society of Nephrology, Perth, Australia

Martin Howell, Allison Tong and David Tunnicliffe attended the 15th Asian Pacific Congress of Nephrology and 52nd Annual Scientific Meeting of the Australian and New Zealand Society of Nephrology in Perth in September 2016.

All members had oral and some poster presentations. David Mudge presented the findings of a patient interview study focused on the prevention and treatment of peritonitis in peritoneal dialysis. Martin presented his work on kidney transplantation. Allison presented her work on haemodialysis outcomes. David presented his work on the Specialists' perspectives on management of managing patients with systemic lupus erythematosus.

The following are the abstract titles for the individual presentations:

PATIENTS' PERSPECTIVES ON THE PREVENTION AND TREATMENT OF PERITONITIS IN PERITONEAL DIALYSIS: A SEMI-STRUCTURED INTERVIEW STUDY. Campbell D, Craig J, Mudge D, Brown F, Wong G, Tong A.

COMPLETENESS OF REPORTING OF ADVERSE EVENTS IN TRIALS OF MAINTENANCE IMMUNOSUPPRESSION IN KIDNEY TRANSPLANTATION: A SYSTEMATIC REVIEW. Howell M, Yeo R, Tong A, Craig J, Howard K, Wong G.

STANDARDISED OUTCOME MEASURES FOR FATIGUE IN PATIENTS ON HAEMODIALYSIS. Ju A, Craig J, Tong A.

LIVING KIDNEY DONOR PRIORITIES FOR OUTCOMES: A NOMINAL GROUP TECHNIQUE STUDY. Hanson C, Kanellis J, Wong G, Pinter J, Chadban S, Chapman J, Craig J, Gill J, Garg A, Lewis J, Tong A.

DEVELOPING A SET OF CORE OUTCOMES FOR TRIALS IN HAEMODIALYSIS: AN INTERNATIONAL DELPHI SURVEY Evangelidis N, Tong A, Manns B, Hemmelgarn B, Wheeler D, Tugwell P, Crowe S, Harris T, Van Biesen W, Winkelmayer W, Sautenet B, O'donoghue D, Tam-Tham H, Youssouf S, Mandayam S, Ju A, Hawley C, Pollock C, Harris D, Johnson D, Rifkin D, Tentori F, Agar J, Polkinghorne K, Gallagher M, Kerr P, McDonald S, Howell M, Craig J

SPECIALISTS' PERSPECTIVES ABOUT DECISION-MAKING IN THE MANAGEMENT OF PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS: A SEMI-STRUCTURED INTERVIEW STUDY. Tunnicliffe D, Singh-Grewal D, Jesudason S, Lin M, O'Neill S, Sumpton D, Craig J, Tong A.

KIDNEY TRANSPLANT PATIENT PREFERENCES AND TRADE-OFFS FOR OUTCOMES AFTER TRANSPLANTATION. Howell M, Wong G, Rose J, Tong A, Craig J, Howard K.

The Transplantation Society of Australia and New Zealand — 2016 Annual Scientific Meeting, Canberra, Australia

Martin Howell and Allison Tong attended the Transplant Society of Australia and New Zealand's Annual Scientific Meeting in Sydney in April 2016.

Martin presented his work on patient preferences and trade-offs for outcomes after transplantation.

American Society of Nephrology – Kidney Week, 2016, Chicago, USA

Martin Howell and Allison Tong attended the American Society of Nephrology Kidney Week meeting held in Chicago, USA, in November 2016.

Martin presented his work on outcomes in kidney transplantation and Allison's work on haemodialysis outcomes was presented by co-authors.

National Health and Medical Research Council – Guideline Developers Meeting, 2016, Melbourne, Australia

David Tunnicliffe attended the NHMRC Guideline Development Meeting held in Melbourne, on the 29th June 2016. David provided feedback on the NHMRC Guideline Development handbook and the following aspects of guideline development were discussed:

- 1) Adaptation and adoption of guidelines
- 2) Public and stakeholder involvement
- 3) Consumer involvement and engagement
- 4) Implementation of guidelines
- 5) Updating of guidelines

The NHMRC Guideline Development handbook will be published in 2017.

16th Congress of the International Society for Peritoneal Dialysis, Melbourne, Australia

David Mudge attended the ISPD meeting in Melbourne in February. He presented the key findings of the KHA-CARI Peritoneal Dialysis implementation project which focused on the uptake of clinical practice guideline recommendations regarding antimicrobial prophylaxis in peritoneal dialysis patients.

5th Annual NHMRC Symposium on Research Translation, Melbourne, Australia

Denise Campbell attended the NHMRC Research Translation meeting in Melbourne in November. Denise presented the key findings of the CARI Peritoneal Dialysis implementation project which focused on the uptake of clinical practice guideline recommendations regarding antimicrobial prophylaxis in peritoneal dialysis patients.

WEBSITE STATISTICS

KHA-CARI Guidelines Website

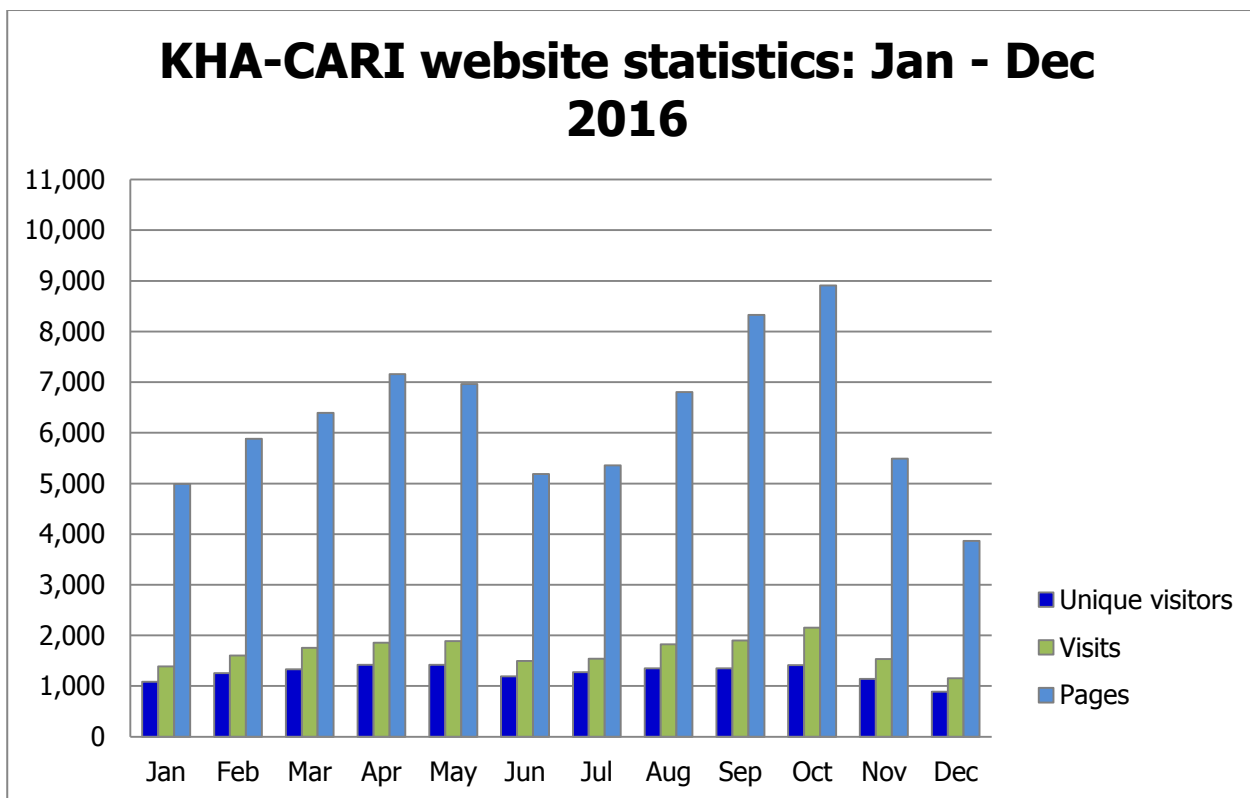
Definitions

Unique visitors: a person or computer (host) who has made at least one hit on one page on the website within a specified period of time. Unique visitors are counted only once no matter how many times they visit the site during this period. Visitors are tracked by IP address, so if multiple users are accessing the site from the same IP address, they will be counted as a single unique visitor.

Visits: represents the number of visits made by all visitors. All of the pages accessed within a single session, are included in the site visit. Therefore there will be multiple pages per visit and multiple visits per unique visitor.

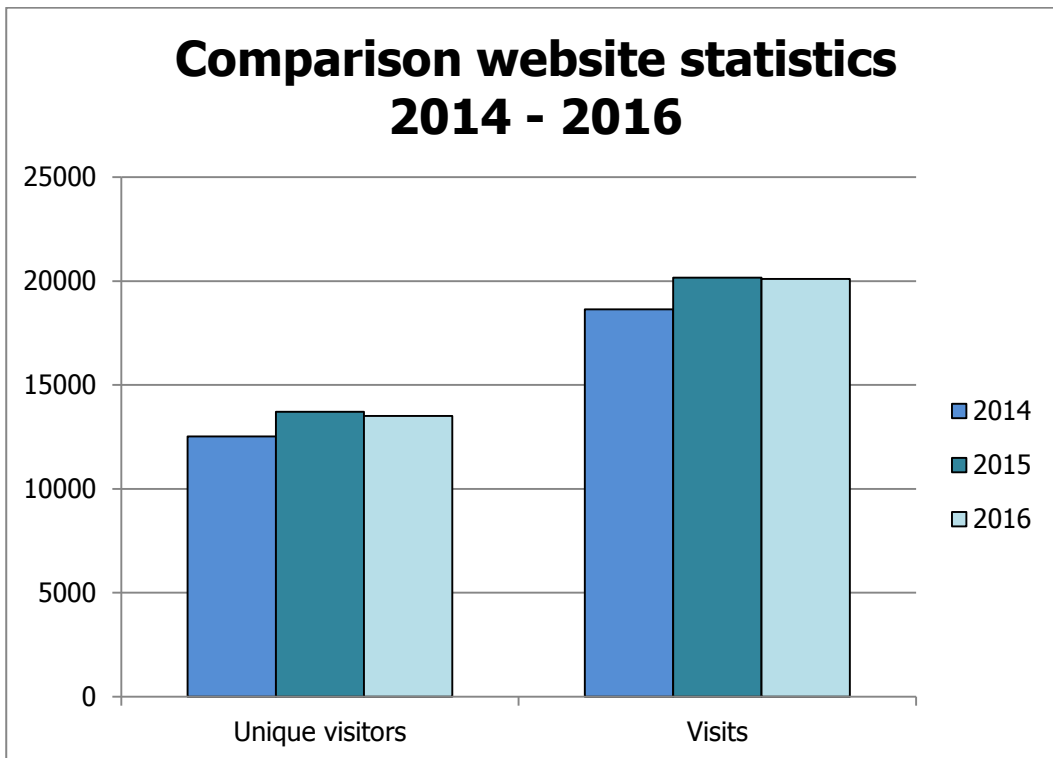
Pages: represents the number of pages viewed by visitors. Pages are usually HTML, PHP or ASP files only.

The graph below shows the number of unique visitors, visits, and pages viewed by month for the year Jan - Dec 2016. The highest number of unique visitors was recorded in April (1420), while October recorded the highest number of site visits (2150) and pages viewed (8910). All other months, with the exception of December, had over 1000 unique visitors to the website.



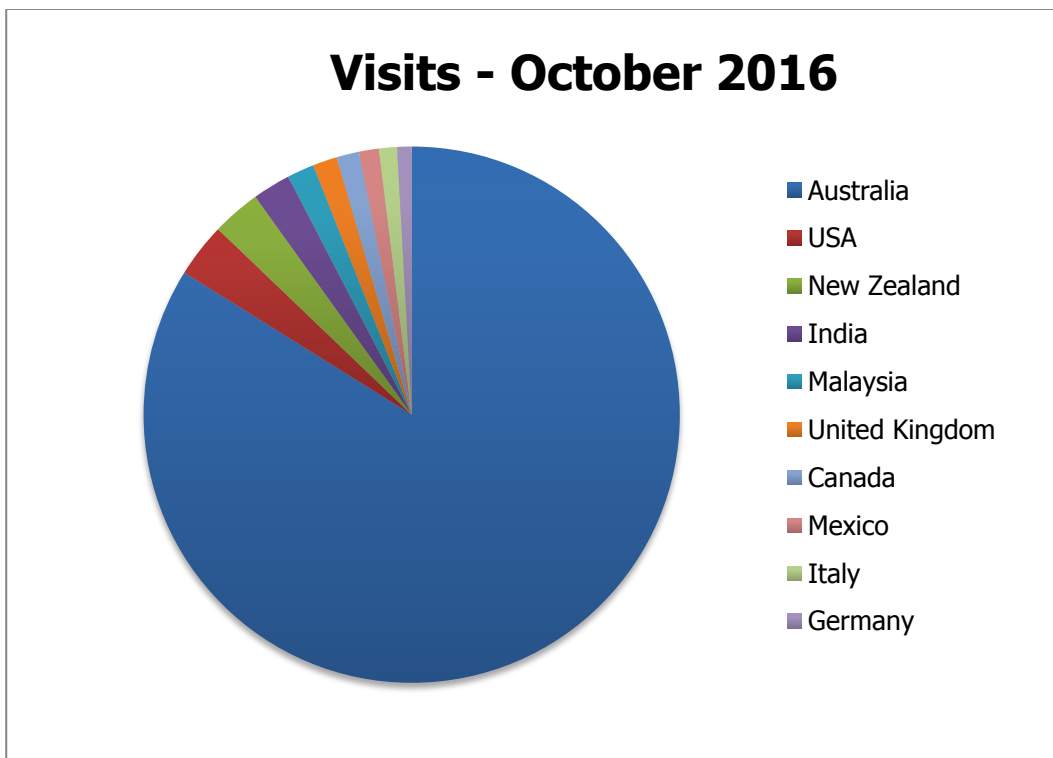
Statistics reported from Google analytics

The graph below shows the number of unique visitors and visits since the inception of the new KHA-CARI Guidelines website (January 2014 – December 2016). In 2016, there has been a 7.9% increase in unique visitors and a 7.8% increase in the number of visits to the KHA-CARI Guidelines website.



Statistics reported from Google analytics

The figure below shows the top 10 countries which accessed the KHA-CARI website during October, a sample month for the 2016 year.



Statistics reported from Google Analytics

The table below shows the top 20 KHA-CARI articles downloaded via the *Nephrology* website in 2016.

KHA-CARI Guideline Title	Year published	Number of full text downloads
KHA-CARI guideline: Diagnosis and treatment of urinary tract infection in children	2015	569
KHA-CARI Guideline: Early chronic kidney disease: Detection, prevention and management	2013	560
KHA-CARI guideline: KHA-CARI adaptation of the KDIGO Clinical Practice Guideline for Acute Kidney Injury	2014	472
Prevention of Progression of Kidney Disease - Smoking	2006	295
Acceptance Onto Dialysis: Ethical considerations	2010	267
Prevention and management of chronic kidney disease in type 2 diabetes	2010	234
KHA-CARI guideline recommendations for the diagnosis and management of autosomal dominant polycystic kidney disease	2016	204
Urine Protein as Diagnostic Test - Evaluation of proteinuria in children	2004	174
Peritoneal dialysis versus haemodialysis (adult)	2010	158
Peritonitis Treatment and Prophylaxis - Indications for the removal of peritoneal dialysis catheters	2004	149
Peritonitis Treatment and Prophylaxis - Indications for the use of urokinase in peritoneal dialysis-associated peritonitis	2004	144
Assessment of kidney function in type 2 diabetes	2010	139
Biochemical and Haematological Targets - Haemoglobin	2008	138
Prevention of Progression of Kidney Disease - Acidosis	2006	135
Peritonitis Treatment and Prophylaxis - Type of peritoneal dialysis catheter	2004	121
Peritonitis Treatment and Prophylaxis - The influence of peritoneal dialysis systems and solutions on the incidence of peritonitis and catheter-related infections	2004	118
KHA-CARI Guideline: Vascular access – central venous catheters, arteriovenous fistulae and arteriovenous grafts	2013	117
Acceptance onto Dialysis - Diabetes	2010	111
Peritonitis Treatment and Prophylaxis - Prophylactic antibiotics for insertion of peritoneal dialysis catheter	2004	109
Living Kidney Donor - Psychosocial care of living kidney donors	2009	108

FINANCES AND FUNDING

The following is a summary of the income and expenditure associated with KHA-CARI Guidelines for the 2016 calendar year.

Financial Activities: 1 January to 31 December 2016

TOTAL INCOME	\$ 225,000
Kidney Health Australia	\$ 100,000
ANZSN	\$ 50,000
BEAT-CKD program grant	\$ 75,000
TOTAL EXPENDITURE	\$ 194,200
Salaries (including 18% oncost)	\$ 175,000
Goods & Services	\$ 12,000
Guideline Implementation	nil
Guideline Dissemination	nil
Guideline Writer Training Workshop	nil
Guideline Publication	nil
Teleconferences – Steering Committee & Guideline Groups	\$ 2400
Face-to-Face meetings – Steering Committee & Guideline Groups	\$ 4800
KDIGO Meetings	nil
BALANCE OF FUNDS	\$ 30,800

CONTRIBUTORS TO KHA-CARI

KHA-CARI Guidelines Steering Committee

Martin Gallagher, Chair, KHA-CARI Steering Committee, University of Sydney, Concord Hospital, Concord, NSW

Jonathan Craig, University of Sydney, Centre for Kidney Research, Sydney Children's Hospital Network (Westmead), Westmead, NSW

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David Mudge, University of Queensland, Princess Alexandra Hospital, Woolloongabba, QLD

Debbie Fortnum, Sir Charles Gairdner Hospital & University of Western Australia, Perth, WA

Suetonia Palmer, University of Otago, Christchurch, New Zealand

Kevan Polkinghorne, Monash University, Monash Medical Centre, Clayton, VIC

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Denise Campbell, Centre for Kidney Research, Sydney Children's Hospital Network (Westmead), Westmead, NSW

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Karine Manera
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Research Fellow

David Tunnicliffe
Research Officer

Guideline Group Members

Chronic Kidney Disease	
<p>Autosomal Dominant Polycystic Kidney Disease A/Prof Gopala Rangan (Convenor) Prof Judy Savige (Convenor) Prof Stephen Alexander A/Prof Katrina Campbell Dr Mark Dexter Dr Vincent Lee Dr Pamela Lopez-Vargas Dr Jun Mai Dr Andrew Mallett Dr Chirag Patel A/Prof Manish Patel Dr Michel Tchan A/Prof Allison Tong David Tunnicliffe Dr Philip Vladica</p>	<p>Management of Chronic Kidney Disease among Aboriginal and Torres Strait Islander Peoples and Māori A/Prof John Collins (convenor) Dr Jaqui Hughes (convenor) Dr Richard Phoon (convenor) Dr Curtis Walker (convenor) Dr Tonya Kara Dr William Majoni Dr Janet Kelly Dr Liz Rix Dr Helen Rodenburg A/Prof Suetonia Palmer Rachel Walker</p>
<p>Renal Biopsy A/Prof Robert MacGinley (convenor) A/Prof Solomon Menahem Dr Paul J Champion de Crespigny Dr John Saunders Dr Emily See Dr David Voss Dr Jeff Wong</p>	
Dialysis	

<p>Screening and Management of Infectious Diseases in Haemodialysis Units A/Prof Meg Jardine (Convenor) A/Prof Eugene Athan (Convenor) Dr Robert Commons Dr Janak de Zoysa Dr Nicky Gilroy Julianne Greene Belinda Henderson A/Prof Rhonda Stuart Dr Carolyn van Eps Dr Muh Geot Wong</p>	
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