

## Summary of broad discussion of TKC Show and Tell

Asanga explained that the TKC system is not an entirely complete and comprehensive record and is not intended to replicate an electronic health record. There will be some gaps and latency in the data and this mostly relates to lack of certain data tables currently unavailable (eg pathology/radiology) and how often each source system updates eg date of deaths. Confirmed that TKC will likely update nightly from DoH and weekly from non-government primary health services. More health services involved, more comprehensive the patient data.

It is likely that this will improve when the migration of the Legacy data is complete, and Acacia goes live in the Katherine Region – expected to be in 12 months' time.

Some discussion on missing patient cohorts such as high-risk adolescents/children, those attending private GPs or using source systems other than PCIS or Communicare eg Purple House.

Acknowledge that this was a gap but have attempted to keep GPs engaged (NTPHN on Steering Committee) and as a potential second stage if funding permitted – however children were out of scope.

Discussed the Cardiovascular risk calculator in use and latest research on calculator's accuracy in Indigenous population. Referred to study by Liz Barr – although this is not published yet. However are aware of article by Tran-Duy of calculator accuracy in remote indigenous population.

<https://www.sciencedirect.com/science/article/pii/S1443950619300812>

Asanga displayed potential Level 1 reports – look and content – Comments received included

- Need results and dates on advice in case data was old
- Need to have clear boundaries on advice – what is it based on; why is it a concern.
- Who has made the recommendation - need to include contact details.
- Don't indicate advice can be used as a referral back to Nephrologist.
- Need to consider impact of report format and content – marketing advice on presentation
- Consider how it also enters or is displayed in inbox – rating of concern and originator (ie TKC) – eg red kidney, orange kidney, green kidney.
- Graphs would be useful – consider how advice can be used to assist in the patient discussion.
- Synopsis report or summary of all know information – again presented in a format that can be used for discussion with patient.
- Need to consider how PH can respond to advice regarding appropriateness or validation so that a record is evident in the patient record.
- Is there a need for a phone number and generic email for TKC – who will monitor

## Next Steps

The TKC system is now in production and we have entered the next phase. It is in large part due to the collaboration and generous contribution from our stakeholders that we are at this point. To maintain the momentum and keep the project moving you may want to consider these next steps.

1. Talk about TKC with your colleagues. Through these discussions you may identify areas where TKC outputs may benefit your work, we would be very happy to receive your feedback.
2. Please review the evaluation framework we would be very happy to receive your feedback/ comments.
3. If you were at the show and tell as a representative of one of our partner health services we look forward to continuing to assist you with your implementation and begin validation and identification of TKC outputs that will support your renal programs along with the clinical decision support TKC offers.
4. If you were representing an organisation that is considering joining the TKC, let us know what further information or support we can provide your organisation through its decision process.
5. If you are a member of our steering committee or a policy maker in your organisation, information on your focus areas, key points to be addressed, and how we can address them will support the transition of the TKC system to sustainability.
6. As a member of the TKC Clinical Support Unit thank you for your continued engagement and feedback on the usability of the TKC system to facilitate integration into your current practices.
7. CQI and Chronic Disease Coordinators we encourage feedback on where you may currently have gaps in your information and ideas on how TKC reports may support your identified renal programs.

If you would like to provide any feedback, have questions or want further information, please do not hesitate to contact the project team. TKC regular Updates, FAQs and project information are available on the Menzies website:

[https://www.menzies.edu.au/page/Research/Projects/Kidney/territory\\_kidney\\_care/](https://www.menzies.edu.au/page/Research/Projects/Kidney/territory_kidney_care/)

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