

Acute Kidney Injury (AKI) A regional Quality Improvement Initiative

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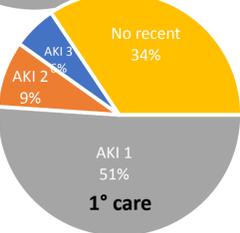
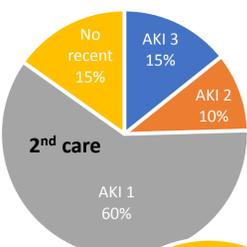
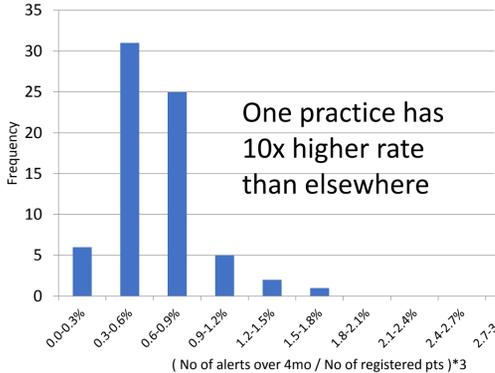
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Under the auspices of the Oxford AHSN, stakeholders from across the region have worked in partnership since September 2015, to share good practice, and develop resources with the aims of reducing incidence and harm from AKI. This has been a multifaceted response to two national patient safety alerts. As part of this several trusts had AKI CQUINs and/or targeted AKI as a quality priority.

Division / Directorate	Adm/day procs (n)	% emerg	Alerts (n)	%	AKI 2 or 3 (n)	%	Progressive (n)	%
Children's and Women's								
Children's	2005	40%	39	2%	10	26%	6	15%
Women's	2329	11%	24	1%	1	4%	0	
Clinical Support Services								
Critical Care, Anaesth	62	2%	1	2%	0		0	
Radiology	92	0%	0	0%				
Medicine, Rehab, Cardiac								
AMR	2961	96%	327	11%	111	34%	20	6%
Cardiac	896	19%	81	9%	23	28%	14	17%
Specialist Medicine	990	12%	21	2%	4	19%	1	5%
Neuro, Trauma, Spec Surg								
Neurosciences	445	28%	19	4%	9	47%	1	5%
Specialist Surgery	1629	24%	21	1%	4	19%	1	5%
Trauma & Orthopaedics	297	80%	53	18%	18	34%	3	6%
Surgery & Oncology								
Gastro, Endosc, Ch Theatr	1944	5%	15	1%	4	27%	1	7%
Oncology & Haematology	602	40%	91	15%	28	31%	16	18%
Surgery	1025	60%	34	3%	6	18%	0	
Urol (Renal & Tx excl.)	562	23%	28	5%	8	29%	4	14%
TOTALS	15839		754	5%	226	30%	67	9%

Targeting high risk areas with specific interventions

Primary care AKI e-alert rate by practice



Stage Three: Directive
Standardising the early identification of Acute Kidney Injury
9 June 2014

Alert reference number: NHS/PSA/2014/010
Alert stage: Three - Directive

Actions

- When: By 9 March 2015
- Bring this alert to the attention of Pathology staff with responsibility for the upgrading of LMS systems
- Work with local LMS supplier to integrate the AKI algorithm into LMS systems
- Work with local LMS supplier to ensure the test result goes to local patient management systems and into a data management system to a central point for national monitoring purposes
- Communicate with appropriate primary care providers to ensure they seek advice if test results are received
- Regulate access to NHS England web site where additional resources and information will be posted as developed
- For further information to support the implementation of this alert go to www.nhs.uk/alerts/algorithm

THINK KIDNEYS
Improvement

Patient Safety Alert
17 August 2016

Alert reference number: NHS/PSARE/2016/007
Alert stage: Two - Resources

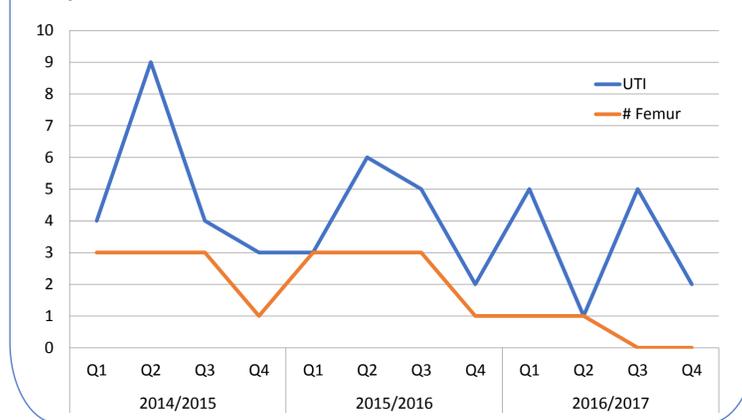
Resources to support the care of patients with acute kidney injury

Actions

- Who: Providers of NHS-funded care in all settings where patients may have AKI including acute, community and mental health care, general practice and community pharmacies
- When: To commence as soon as possible and to be completed no later than 17 February 2017
- Bring this alert to the attention of those holding the top roles for AKI in your organisation (eg medical directors in secondary care, lead GPs and lead pharmacists in primary care)
- Review the resources approved by this alert and identify how they can be used to ensure care provided by your organisation is in line with guidance
- Develop a plan to ensure that all staff are aware of the resources and how to access them
- By either circulating this alert or through local alternatives (such as newsletters, local awareness campaigns etc) ensure that all practice staff are aware of the key messages and any linked resources



Hydration in care homes to reduce UTI & #NOF



Acute Kidney Injury

4 streams of work: AKI prevention, recognition of AKI, AKI management and data

Management
David Lewis
Physician, OUHFT

Recognition
Tanaji Dasgupta
Nephrologist, Great Western Hospital

Intervention	Bucks	GWH	MKGH	RBH	OUH
Care bundles in 2° care	✓	✓	✓	✓	✓
Pharmacist's AKI tool	✗	✗	✗	✗	✓
Care bundles in 1° care	✗	?	soon	✓	✓
Educational materials incl. videos	✗	✗	✗	✗	✓

Care bundles for use in Oxfordshire primary care

Ongoing work analyses regional pooled data to ascertain the overall effectiveness of our interventions and improve our understanding of regional variation

Medicine Sick Day Rules

When you are unwell with any of the following:

- Vomiting or diarrhoea (unless only minor)
- Fevers, sweats and shaking

Then STOP taking the medicines listed overleaf
Restart when you are well (after 24-48 hours of eating and drinking normally)

If you are in any doubt, contact your Pharmacist, GP or nurse

Sick Day Rule Cards in AKI are contentious; cards were trialled before being withdrawn

Intervention	Bucks	GWH	MKGH	RBH	OUH
E-alerts in 2° care	✓	✓	✓	✓	✓
D/ch summons incl. AKI	?	?	✗	✓	½
E-alerts in 1° care	✓	?	soon	✓	✓
Rule cards	✗	✗	✗	✓	✓
Data to UKRR	✗	½	½	½	✗