

Acute Kidney Injury

Acute Kidney Injury (AKI) is a common and potentially life-threatening condition that frequently occurs in acutely unwell patients in both hospital and community settings. Around one in five emergency admissions have AKI.

Subsequently, AKI became a national priority in June 2014.

The AKI Programme was launched regionally to improve the care of people with or at risk of, AKI through a collaborative approach leading to better prevention, recognition and management. With a portfolio of combined hospital and community interventions to monitor the burden of AKI across the region, the programme focusses on:

- Compliance**
Adherence to the NHS England AKI Programme.
- Prevention**
The implementation of the “Hydration Project” within care homes and the associated training and advice for care home staff, pharmacists, GPs and at-risk patients.
- Recognition**
The use of AKI care bundles in acute and community settings as well as the implementation of AKI Alerts.
- Management**
Introduction of a medicines review alert within 24 hours of a blood test trigger.

The programme has successfully secured data agreements from five regional hospitals and worked with laboratory leads to analyse the burden of AKI, including outcomes such as mortality and the length of stay for the region.

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“I valued the hydration training because it made me realise that we are not just giving drinks because we do a “tea” round but I now understand the effect a lack of fluids has on the body and how a resident can become ill from it”

Benny

Care Home Staff Member
Hydration in Care Homes



On average, project hospitals receive 1483 AKI alerts per month



Of 1483 monthly AKI alerts, 65% are community acquired



The average length of stay is 9 days



Patients increased their AKI Level Alert during their stay

“The pharmacy review tool has been well received and pharmacists do not find it burdensome to complete.”

Pharmacist

Oxford University Hospitals
NHS Foundation Trust



A summary of the medications that the pharmacy review tool covers.

Oxford

**Patient
Safety
Collaborative**

The burden of Acute Kidney Injury ...

AKI is associated with 100,000 deaths per year and in some patients, it could be preventable. One in five patients admitted as an emergency has a diagnosis of AKI and 65% are thought to start in the community.

There is a considerable financial cost to the whole health economy as well as an increased use of resource and prolonged length of hospital stay.

This could be avoidable in some of the population.

Oxford University Hospitals NHS Foundation

Trust focussed on the design, testing and implementation of an electronic review tool for all patients who triggered an AKI alert Level 2 or 3 in hospital. This is monitored on a daily basis by the ward pharmacists and demonstrated that 62% of alerts had a pharmacy review within 24 hours (82% of these within 24 hours). This timely review ensures that patients have the benefit of their medications being stopped / decreased to assist in the recovery of their kidneys and reduce the risk of chronic kidney disease.

Royal Berkshire NHS Foundation Trust

undertook a quality improvement project to meet an NHS England care quality standard. When transferring patients who have had an AKI alert back to primary care, four items of information should be included on the electronic discharge letter:

- Stage of AKI
- Evidence of medicines review
- Type of blood tests
- Frequency of blood tests

Over a 12-month period, the hospital saw an improvement in all four aspects; achieving over 90% compliance from a baseline of 22%. A paper was published on this in the BMJ Open Quality. DOI: 10.1136