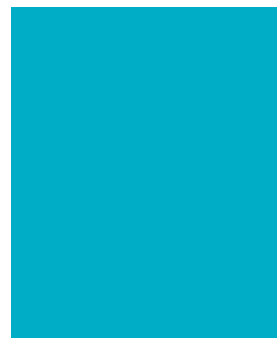


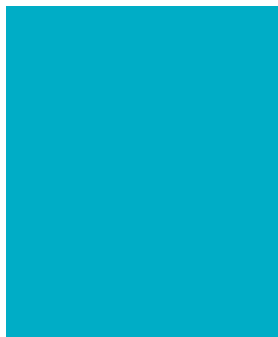
Strategic Clinical Network for Yorkshire and the Humber

SCN-CVD-Nephrology-AKI



John Stoves

Hatfield Hall
13th February 2015



Strategic Clinical Networks

SCNs operate as engines for change across complex systems of care, maintaining and or improving quality and outcomes. They bring primary, secondary and tertiary care clinicians together with commissioners, partners from social care, the third sector and patients

SCNs are nationally mandated, hosted by NHS England and will receive funding for their core functions



A profile for Nephrology within a regional CVD Network

- Promote current and future regional priorities
- Strengthen links with primary care, CCGs and Collaborative Commissioning Groups (SYCOM, NEYCOM, 10CC)
- Liaise with renal units, National Clinical Director, other SCN renal leads, specialty leads (cardiac, diabetes, stroke), CRG leads
- Involve patients and patient representatives – Linda Pickering, NKF regional representative

A profile for Nephrology within a regional CVD Network

- Summarise care quality indicators – Public Health England, QOF, Renal Registry/HES, Service Specifications (best practice, current initiatives, barriers to change)
- Renal Clinical Expert Group, subregional CVD Strategy Groups
- MDT Regional Forums (AKI, transplant, home therapies and shared care, conservative care)
- Linkages with Academic Health Sciences Networks

Key renal priorities for Yorkshire and the Humber in 2014-15

- **Acute Kidney Injury**
- Access to Renal Transplantation
- Assessing and managing variation

Not forgetting

- Shared haemodialysis care
- Home therapies
- Conservative and palliative care
- Work Force Planning
- Care Planning
- Primary Care capacity, quality and expertise
- E-consultation
- Anaemia Management
- Emergency Planning
- Capacity Planning for Dialysis
- Transport
- Dialysis Away From Base
- Education (undergraduate, postgraduate, multidisciplinary)

... and other areas of interest

- Shared Decision Making – YoDDA
- Adolescent Link Worker/ Adult Support Worker
- Greener healthcare - procurement
- **Sharing of patient electronic medical records between primary and secondary care**

AKI- drivers for service improvement

- Reports, guidelines, structures and pathways
- NSF, NCEPOD, NICE, RCP Edinburgh Consensus Conference, Francis, Berwick
- A new regional CVD network with broad support for a regional programme
- CCG, primary care and secondary care collaboration with patient involvement
- Advances in IT - laboratory e-alerts, primary care systems
- AKIPP in West Yorkshire, initiatives in all parts of the region, national initiatives (Pathfinder, Renal Registry, CQUIN)

AKIPCI

A Yorkshire and the Humber forum for sharing and developing best practice

Sharing successes, challenges and barriers to change from
across the region and beyond

Wakefield 3/14, Leeds 6/14, Wakefield 10/14

A multidisciplinary and multifaceted approach

- Staff and patient education
- IT initiatives – e-alerts, prompts, checklists and metrics
- Risk awareness in both primary and secondary care (patients, staff)
- Medication review at the time of acute illness
- Peri-operative medicines management
- Prevention of contrast-induced AKI
- Fluid balance and physiological observations

Regional representation

- Airedale
- Barnsley
- Bradford
- Calderdale and Huddersfield
- Chesterfield
- Doncaster and Bassetlaw
- Harrogate and District
- Hull and East Yorkshire
- Leeds
- Mid Yorkshire
- North Lincolnshire and Goole
- Rotherham
- Sheffield
- York

AKIPCI – sharing of best practice (1)

- 1. Electronic NEWS reporting and escalation of care for the acutely deteriorating patient
- 2. AKI e-alerts linked to prompts, care bundles and an audit trail
- 3. Automated Sick Day alerts at point of accessing the electronic patient record (home, surgery, front door of hospital), local primary care CVD forums

Sick Day Advice to prevent AKI

Prototype algorithm in SystemOne to remind clinicians to suspend medication to prevent acute kidney injury in high risk patients.

Updated November 2014 JC/JS



Sick-day algorithm for patients at risk of acute kidney injury (AKI)

This protocol aims to help clinicians intervene early when patients likely to be at risk of AKI present with acute illness.

The patient whose record you have retrieved is known to have either **CKD stages 3-5** or a previous episode of, or risk factors for, **AKI**

Choose **CONTINUE** to follow the nephrologist's algorithm to manage acute illness in this patient.

This will remind you about acute illnesses which often precipitate AKI (**heart failure; sepsis; diarrhoea/vomiting; hypovolaemia**)

It will prompt you to consider suspending certain regular medications (**ACEI/ARB; antihypertensives; NSAIDs; diuretics**)

CONTINUE

EXIT

MORE INFORMATION

Pause



This patient is known to have either CKD stages 3-5 or previous episode of, or risk factors for AKI.

Such patients are at greater risk of developing AKI when they have acute illness especially:

heart failure

sepsis (including urinary tract infection)

diarrhoea and vomiting

other acute illness causing hypovolaemia or dehydration

If this patient's current illness is causing concern for developing AKI you should consider **further checks and suspend certain medications** which could exacerbate this risk.

Choose CONTINUE if this is the case. Otherwise choose EXIT

CONTINUE

EXIT

Pause



When patients at risk of acute-on-chronic kidney disease develop acute illness which increases this risk, the following medications should be reviewed and may need to be suspended:

ACE inhibitors ('prils)

ARB's ('sartans)

Antihypertensives

Diuretics (including spironolactone)

NSAIDs

Please review this patient's current medication, including items not prescribed here, and consider **suspending** therapy if relevant.

Please check volume status including BP.

Ok

Pause



Further assessment.

In these circumstances, face-to-face clinical review is recommended and renal function tests including blood AND urine are indicated urgently.

Where these tests raise further concern then urgent advice from nephrologist is recommended.

Thank you for using the Sick Day Protocol for acute-on-chronic kidney disease.

Choose EXIT to end the protocol

or choose MORE to read more about the purpose of this protocol.

EXIT

MORE

Pause

AKIPCI – sharing of best practice (2)

- Cardiology
- Diabetes
- Primary care
- Prescribing practice
- Education
- Care bundles
- National detection algorithm and risk prediction tools

AKIPCI – sharing of best practice (3)

- **West Sussex**
- An alert system to identify patients at risk of AKI developed with the support of vital signs system Patientrack
- Algorithm then calculates a patient's score, based on their risk factors, to identify patients who have or may develop AKI
- **East Kent** rolls out Notify alert system (Chris Farmer)
- Real-time alerts about AKI patients to staff at East Kent Hospitals
- Notify application from DocCom sends medical staff real-time alerts to their mobile devices if a patient with a specified condition is admitted

AKIPCI – sharing of best practice 3

- **A letter to the Chief Executives** of all 14 Trusts in Yorkshire and the Humber to gauge compliance with NICE guidance
- **A regional dashboard of metrics**
- AKI stage 3 incidence for each Trust, hospital and community-acquired, run charts (self care, pre-emptive transplantation)

AKIPCI – sharing of best practice 3

1. **Sharing of care bundles/ management prompts linked to AKI e-alerts**
2. **Sharing of AKI patient pathways to produce a regional document**
 - To agree a final core content for a patient pathway for all centres in Yorkshire and the Humber.
3. **Sharing of a primary care-facing e-learning package**
 - Nick Selby has given permission to share the Derby e-learning package for primary care teams, http://www.uhl-library.nhs.uk/aki_gp/index.html

AKIPCI – sharing of best practice 3

4. Sharing of a secondary care-facing e-learning package

- Russell Roberts to modify the e-learning package in Bradford for generic use in other centres - scope to produce a regional module, perhaps including a few slides that are specific to each Trust where variation is unavoidable because of IT configurations etc

5. Sharing of details of a new e-Renal Drug Database (to complement the Renal Drug Handbook)

- Accessed via desktop, tablet and smart phone. It holds up-to-date, accurate and trustworthy information. It is sold on an annual subscription at a range of different pricing points depending on the total number of required users:

Today's presentations

Other key events and activities

- AKI Quality Standards
- AKI Treated with Dialysis tariff
- Regional AKI metric
- Generic Slide sets for Target Days
- Nurse Forum
- SCN CVD Prevention Workstream

Y and H CVD Prevention Work Programme

- This is a CCG-led project with the aim of developing, validating and rolling out a CVD prevention strategy across Yorkshire and the Humber.
- We have recommended the inclusion of a primary care acute/acute-on-chronic kidney injury staff and patient education programme, in conjunction with the planned extension of the AKI e-alert to primary care, the option of Sick Day alerts, and the development of AKI reporting and linkage to HES statistics.
- Further discussion at the next AKI forum in February.

Research opportunities

- Health Foundation Scaling Up Programme (led by Nick Selby, Derby) – impact of education, e-alerts and care bundles
- Newcastle – review of implementation strategies across the UK
- Local – regional funding to support projects in one or more centres that are transferrable to other centres in Yorkshire and the Humber
 - Sick Day alerts in SystemOne practices
 - Care bundles linked to AKI risk assessment and e-alerts, e-NEWS and sepsis screening tools in York

Sustainability

- Longitudinal metrics – AKI stage 3 incidence
- Clinical and patient champions – STOP-AKI, AKI Nurses Forum
- Sustainability through local Primary Care Nephrology/CVD Forums/ SCN Prevention Workstream
- AHSN involvement, National CKD Audit and Quality Improvement Programme
- ‘Think Kidneys’ national programme
- Future AKIPCI meetings in Yorkshire and the Humber