Introducing the Think Kidneys programme
Overview presentation
Version 1.0
12th January 2015

Prepared by Karen Thomas - Think Kidneys team
The primary aim of Think Kidneys is to ensure avoidable harm related to acute kidney injury is prevented in all care settings.
Acute Kidney Injury

In the UK up to **100,000** deaths each year in hospital are associated with acute kidney injury. Up to **30%** could be prevented with the right care and treatment.

One in five people admitted to hospital in the UK each year as an emergency has acute kidney injury.

Just one in two people know their kidneys make urine.

About 65% of acute kidney injury starts in the community.

NCEPOD
Adding Insult to Injury
2009

Wang et al
2012

Ipsos MORI survey
July 2014

Selby et al
2012
Design principles for the Think Kidneys programme

- Global
- Primary, secondary and social care
- Multi-professional, with patients and across specialties
- Inclusive
- Measurement underpins evidence
  - Simplify data flows
  - Use to evidence change
- Strategy not tactics
Think Kidneys programme – what it is not about

Bad doctors or nurses
- AKI is a patient safety issue and it is recognised that clinicians need the support of robust systems, education, risk assessment, improved diagnosis and reliable interventions

It is not a failing of the NHS
- This is a global healthcare issue
- The NHS will have the first national system to measure the problem and to improve outcomes for patients
Think Kidneys’ programme objectives

The primary aim of the National Programme is to ensure avoidable harm related to AKI is prevented in all care settings.

It will aim to do this by ensuring that:

- A variety of tools and interventions are developed and implemented to support the prevention, early detection, treatment and enhanced recovery of patients with AKI

- Patients who develop AKI are appropriately managed to reduce further deterioration, long term disability and death

- Appropriate education and training programmes are developed for all health professionals based on best available evidence.
Think Kidneys programme objectives

- Ensuring that commissioners, health care professionals and managers are aware of the importance and risks of AKI, and that appropriate local strategies to reduce the burden of AKI are developed.

- Developing a national registry and audit for AKI leading to an improvement strategy on a national and local basis to reduce variation in care.

- Involving patients and the public in understanding the risk of AKI and preventative measures through education and appropriate access to personal information.

- Supporting the development of a commissioning structure to allow local service configuration to provide quality care to individuals with AKI.

- Identifying the research agenda for AKI (including basic science, clinical care and service delivery).
Think Kidneys programme ambition

- This transformation will lead to well informed, proactive multi-professional teams, supporting patients, carers and the public. They will understand risk, prevention, recognition and recovery for their patients and for their organisations and be provided with appropriate tools and resources. Patients and their carers will understand their personal risk, be empowered to understand when to seek support and be provided with appropriate access.

- At organisational and national level agreed data will be collected and continuous national audit will be embedded into the learning process. Research and quality improvement for AKI will be established and robust.

- As AKI is a global health care issue, the NHS has the opportunity to lead on improving outcomes, providing systems and evidence for improvement in healthcare.
Introducing the Think Kidneys campaign | Karen Thomas

Acute Kidney Injury National Programme

NHS England Patient Safety Steering Group

UK Renal Registry

Acute Kidney Injury National Programme Board

Risk workstream

Education workstream

Detection workstream

Intervention workstream

Implementation workstream

Measurement workstream

Algorithm Sub-Group

Expert Reference Group

Hydration Theme
Think Kidneys’ Programme Board members

Richard Fluck (Chair)
National Clinical Director – Renal, NHS England

Caroline Ashley
Renal Pharmacists Group & Co-Chair Intervention Workstream

Tom Blakeman
GP and Co-Chair of the Intervention Workstream

Sue Carr
Consultant, Leicester Hospital and Health Education England

Fergus Caskey
North Bristol Trust and Chair of the Measurement Workstream

Ron Cullen
UK Renal Registry – Director

Ron Daniels
UK Sepsis Trust

Kathryn Griffith
RCGP CKD Lead

Sarah Harding
GP NHS Leeds & East CCG and Co-Chair of the Risk Workstream

Nesta Hawker
NHS England – Pathfinder Project and Chair of the Implementation Workstream

Robert Hill
Consultant Clinical Biochemist, Chair of the Detection Workstream

Mike Jones
County Durham & Darlington NHS Trust/Society for Acute Medicine Representative and Chair of the Education Workstream

Nitin Kolhe
Royal Derby Hospital and Co-Chair of the Measurement Workstream

Chris Laing
Royal Free Hospital and Co-Chair Education Workstream.

Caroline Lecko
NHS England – Patient Safety Lead Nutrition and Hydration, Chair of the Hydration Sub-Group

Andrew Lewington
Leeds NHS Trust and Chair of the Risk Workstream

Fiona Loud
Lay Representative and Co-Chair of the Risk Workstream

David Milford
Paediatric Renal Physician, Birmingham Children’s Hospital

Peter Naish
Lay Representative

Chas Newstead
Leeds Teaching Hospital – Pathfinder Project and Co-Chair of the Implementation Workstream

Lorraine Oldridge
Public Health England

Carol Peden
Academic Health Sciences Network

Joan Russell
NHS England – Head of Patient Safety

Nick Selby
Consultant Nephrologist, Royal Derby Hospital and Co-Chair of the Detection Workstream

Karen Thomas
Think Kidneys Programme Manager, UK Renal Registry

Fiona Thow
NHS Improving Quality

Charlie Tomson
North Bristol Trust and Chair of the Intervention Workstream

Michael Wise
Lay Representative

Lynn Woods
South Derbyshire CCG and Co-Chair of the Implementation Workstream
How we work

- Making use of expertise and enthusiasm from a wide range of professionals in the teams
- Co-production approach
- Learning by including lay representatives in all our work
- Understanding patient experience
- Making use of technology
Think Kidneys Detection workstream

Priorities

- Algorithm agreed and in place
- Education re algorithm
- Communicating with LIMS providers
- Messaging for primary care and the impact
Transmitting AKI Warning Stage Data to the UK Renal Registry
Best Practice Guidance

Julie Slevin
Think Kidneys Programme Development Officer

George Swinnerton
Senior Programming Lead
UK Renal Registry

Publication date 19.01.2015
Think Kidneys Risk workstream

Priorities

- Identify at risk groups
- Gain an understanding of at risk communities from existing data stores
- Identify events that mean AKI is more likely to happen
- Develop a matrix around the risk and the event
- Identify risk tools in use – are they fit for purpose or are new ones commissioned
Think Kidneys Education workstream

Priorities

- Identify educational tools in use – are they fit for purpose or are new ones commissioned
- Educational materials for health professionals particularly primary care on what AKI is and what steps to take including hospitalisation or not
- Educational materials for patients and carers on what AKI is and how to manage condition and any reoccurrences
- Endorsement of existing tools in use
- Develop a website
- Develop a publicity campaign to raise awareness
Think Kidneys Intervention workstream

Priorities

폰-Produce a range of Care Bundles designed around such things as medicines management, hydration etc.
폰-Develop a decision tree for what action to be taken by healthcare professionals ie hydration, medicines management, tests and retesting, refer to specialists etc.
폰-Consider good practice guidance around communicating AKI to GP with next steps, suggested follow ups, medicines review etc.
## Intervention workstream – what we are doing next

<table>
<thead>
<tr>
<th>What</th>
<th>When</th>
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<tbody>
<tr>
<td>Guidance document – how to transmit AKI Warning Stage data to the UK Renal Registry</td>
<td>End of Jan 2015</td>
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<td>Produce 1&lt;sup&gt;st&lt;/sup&gt; report of AKI data captured</td>
<td>April 2015</td>
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<tr>
<td>Develop linkages with other data sets</td>
<td>June 2015</td>
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Think Kidneys Measurement workstream

Priorities

- Demographic information demonstrating the size of the AKI problem – need to define national AKI ‘message’ content
- Establish data items and linkage for ‘Registry’
- Demographic information demonstrating size of at risk group
- Measure adherence of acute sector to care bundles
- Consider downstream consequences for AKI
## Measurement workstream – what we are doing next

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Think Kidneys Implementation workstream

Priorities

- Develop commissioning tools – service specifications, CQUINs, enhanced service agreements
- Provide evidence that tools work
- Collect baseline data from the pilot projects
## Implementation workstream – what we are doing next

<table>
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<tr>
<td>Signing up additional CCGS to the AKI Pathfinder Project</td>
<td>End of Jan 2015</td>
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<tr>
<td>Produce a Lessons learned by Southern Derbyshire CCG</td>
<td>March 2015</td>
</tr>
<tr>
<td>Analysing baseline data from Southern Derbyshire</td>
<td>April 2015</td>
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Think Kidneys Programme – Key deliverables

- Primary Care package
- Secondary Care package
- Measurement
- Commissioning levers
- Healthcare System Change
- Public Campaign
## Think Kidneys Programme – Key milestones

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<td>DETECTION WORKSTREAM</td>
<td>Implement Secondary Care AKI Warning Test</td>
<td></td>
<td>Test Primaries Care Data in shadow form</td>
<td></td>
<td>Launch AKI Warning test to Primary Care</td>
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<tr>
<td>EDUCATION WORKSTREAM</td>
<td>Develop Secondary Care education packages including pilot testing</td>
<td>Launch Secondary Care education packages</td>
<td>Develop Primary Care education packages including pilot testing</td>
<td>Test Education packages for Primary Care</td>
<td>Refine Primary Care Education packages</td>
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<td>INTERVENTION WORKSTREAM</td>
<td>Develop Secondary Care package including development of tools and pilot testing</td>
<td>Launch Secondary Care package</td>
<td>Develop Primary Care package including development of tools and pilot testing</td>
<td>Test Primary Care package and tools</td>
<td>Refine Primary Care package and tools</td>
<td>Launch Primary Care package</td>
</tr>
<tr>
<td>RISK WORKSTREAM</td>
<td>Develop Secondary Care Risk Assessment tools and pilot tools</td>
<td>Launch Secondary Care Risk Assessment Tools and pilot testing</td>
<td>Test Primary Care Risk Assessment tools and pilot testing</td>
<td>Refine Primary Care Risk Assessment tools</td>
<td>Launch Primary Care Risk Assessment tools</td>
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<td>MEASUREMENT WORKSTREAM</td>
<td>CCG Level report on initiation of Secondary Care AKI Warning Test</td>
<td>Design Quarterly Reports at CCG level for Primary Care</td>
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<td>Commence Quarterly Reports at CCG level based on shadow form results from Primary Care Data</td>
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<tr>
<td>IMPLEMENTATION WORKSTREAM</td>
<td>Development of Primary care Commissioning levers and tools</td>
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<td></td>
<td>Development of Secondary Care Commissioning levers and tools</td>
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Think Kidneys Programme – What have we achieved so far

- Established a Programme Board
- Recruited a Programme Manager
- Established 6 workstreams, identified and commenced work on workstream priorities
- Issued an NHS England Patient Safety Alert for the Detection of AKI in secondary care settings
- Agreed a brand for the programme – Think Kidneys
- Launched the Think Kidneys website
Think Kidneys Programme – What have we achieved so far

- Launch event for internal stakeholders
- Major event for healthcare professionals on educational resources required
- Educational event for Trusts who have not already implemented a detection system for acute kidney injury
- Published an Acute Kidney Injury Warning Algorithm Best Practice Guidance tool
- Commenced work on a secondary care package and an educational tools package, to be published March 2015
- Arranged a consultation event with primary care and commissioners March 2015
Think Kidneys Programme - Summary

- The NHS England AKI programme is well established
- It will deliver change in 2-3 years
- A national system of measurement will commence in summer 2014
- As part of the NHS England Patient Safety group it will aim to make the NHS the safest healthcare system in the world.
Visit our website at www.thinkkidneys.nhs.uk

Contact Think Kidneys or find out more

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