

Yorkshire & the Humber Acute Kidney Injury Patient Care Initiative (AKIPCI)

Friday 13th February 2015 1330-1700

Hatfeild Hall, Normanton Golf Club, Aberford Road, Wakefield, WF3 4JP

Notes

1. Welcome, Introductions, Overview & Discussion

Dr John Stoves, Y&H Renal SCN Clinical Lead & Consultant Nephrologist, BTHFT

John welcomed everyone to the meeting and gave an especial welcome to international speaker Mitchell H Rosner.

John reminded the forum that the renal network is part of the wider CVD network in Yorkshire and the Humber and also advised the forum that the Renal Network undertakes work in a number of other work areas such as transplantation, conservative care etc. John reiterated the importance of the AKI forum and its links to high profile work programme commitments.

John advised the group of the importance of using the forum and network to build relationships across Yorkshire and the Humber with Providers, GPs, CCGs and the Academic Health Science Networks (AHSN). John also advised of the good collaborative work being undertaken at the Renal Clinical Expert Group (CEG) and Local Implementation Groups (LIG).

John also advised the group of progress being made with regards to the collection of renal metrics across Yorkshire and the Humber.

John reminded the attendees of the drivers for this forum and reiterated that the focus is on service improvement, education and having a multidisciplinary approach.

John refreshed the group on what had been discussed at previous forums and highlighted the work that has been shared so far.

In terms of upcoming areas of interest for the forum John and Andy advised that two new CQUINs would shortly be released one around discharge for AKI and the other around sepsis.

The group were notified that presentations are available on the Yorkshire and the Humber SCN website accessible here:

<http://www.yhscn.nhs.uk/cardiovascular/Renal/renal-documents-and-links.php>

Comments, Questions and Actions:

Comment: Mohammed Kanaa and Mohammed Awais fed back to the group that Doncaster is currently undertaking target day education. They are approaching CCG board members and reaching out to other GPs to educate them about AKI.

Question: Are Doncaster using an e-learning package also?

Answer: Yes.

Comments: The group discussed the possibility of having a regional e-learning package as there is a significant transfer of staff around the region during junior doctor rotations.

Leeds fed back that a regional package would be good. Sheffield stated that they would be interested in discussing but believed that their own package had been developed. York advised that a package from Richard Fluck had been circulated in York but that there would be interest in supporting a regional one. Doncaster would be happy to support a regional package. Airedale stated that they would want to share in what Bradford are currently doing due to geographical area and shared patient pathways.

ACTION: Sarah Boul/Rebecca Campbell to circulate the current Bradford e-learning package to the forum for comments on the potential to adapt this to a regional model. John Stoves will also include this in a communication to all regional AKI leads.

2. Actions from the last meeting

Dr John Stoves, Y&H Renal SCN Clinical Lead & Consultant Nephrologist, BTHFT

i. Care bundles/ management prompts linked to AKI e-alerts

John reminded the group of previous discussions around care bundles and management prompts linked to AKI e-alerts. Donald Richardson at York is developing an interruptive care bundle in York (see Section 8).

ii. Regional AKI patient pathways

Andy Lewington presented to the group regarding a patient pathway document that had been developed. Andy was interested in members of the forum reviewing the proposed patient pathway document and if it could be considered as being used as a regional document.

Andy advised the group that the West Yorkshire AKI Patient Pathway is available on the website: www.aki.org.uk for review and use.

Comments, Questions and Actions:

Comment: York advised that they have adopted a single page pathway but were impressed with the pathway developed by Andy and were interested in adapting this. Additionally, York would be happy to be involved in developing the regional pathway.

Comment: Andy stated to the group that the idea of the regional patient pathway was not to supersede internal policy rather it was about giving people the option to look at further information.

Comment: Airedale advised that they have developed a single page sepsis document and they would be very interested in seeing the single page document developed by York document and further information on the West Yorkshire pathway.

ACTION: Dave Border to share the single page pathway document developed by York (NB: the West Yorkshire pathway is available at: www.aki.org.uk)

Comment: Doncaster advised the forum that they have invested time in producing a sepsis pathway but would take back the document provided by Andy, discuss in Doncaster and potentially incorporate into what has been developed there.

Comment: Mid-Yorks advised that they have put the West Yorkshire guidelines online but that they require further development.

Question: Andrea Fox enquired if the current patient pathway document could be shared with her students at the University of Sheffield.

Answer: Andy Lewington agreed that the documents could be shared.

ACTION: All in the forum are to review the proposed pathway with a view to it being adopted across the Yorkshire and Humber region. Sarah Boul/Rebecca Campbell to circulate the document for comments.

iii. Primary care-facing e-learning package

John reminded the group that a primary care e-learning package has been developed in Derby. This was shared at the last meeting and a web link will be recirculated.

ACTION: Rebecca Campbell/Sarah Boul to re-circulate the web link to the primary care e-learning package.

iv. Secondary care facing e-learning package

John briefly discussed that trusts were developing these packages and referred back to the earlier discussion around developing a regional e-learning tool.

v. Sick Day alert

John advised the group of the development in Bradford of a prototype algorithm in SystemOne to remind clinicians to suspend medication to prevent acute kidney injury in high risk patients. John stated that he would provide further updates as the work developed.

3. Prevention of AKI Following Cardiac Surgery

Guest Speaker: Mitchell H. Rosner, the Henry B. Mulholland Professor of Medicine Chairman, Department of Medicine, Division of Nephrology, University of Virginia Health System USA

Andy Lewington introduced Mitch to the forum advising that Mitch was very influential in the field of AKI and had over 100 publications.

Please see the presentation slides for more information.

Comments, Questions and Answers:

Question: With regards to renal replacement therapy (RRT) following an insult would you suggest that initially we use continuous RRT and then when the patient is haemodynamically stable change to intermittent RRT?

Answer: No. I would recommend that you continue with your current practice of continuous RRT.

Question: Often with hospital protocols nursing staff will follow protocols, such as fluid balance, but medical staff do not always follow the protocols in place. So for fluid outcomes how do we get a balance here?

Answer: I wouldn't recommend using a protocol here it is about getting the staff to not just focus on doing the same thing repeatedly. If giving a patient fluid is not producing any urine output then the nursing staff and junior doctors need to question what is going on, think about what is happening and consider that if they are not getting the desired outcomes from the treatment given why this might be the case.

Comment: I teach on care of critically ill surgical patients and there is much focus on giving patients fluid. However, I agree with Mitch in that what we need to focus on is how we get people to stop and think about discontinuing fluid rather than repeatedly giving fluid.

Question: The Rivers' paper says that anaemia patients' should be given blood transfusions but this is not something that we do should we be doing it?

Answer: We do not routinely give anaemia patients' transfusion either. We only do it when it is in combination with other factors for sepsis.

Question: Which is more effective HD or HDF?

Answer: There has not been any research conducted that shows one is better than the other.

4. The National Picture: An Update on the NHS England AKI Programme

Dr Andrew Lewington, Consultant Nephrologist, LTHT

Andy provided the forum with an overview of the current Think Kidneys programme.

Please see the presentation slides for further information.

Comments, Questions and Actions:

Question: When is the public education campaign due to start?

Answer: We have not yet been advised of the timescales for this.

Question: It is important that there is flexibility around local work programmes that Think Kidneys could then endorse. For example, locally we might want to make use of the Think Kidneys logo on our own local work. Can we link back in via this forum to ascertain if the Think Kidneys logo can be used on local work?

Answer: The idea behind Think Kidneys is to work collaboratively and the use of the logo will be checked out.

ACTION: Andy Lewington to enquire with Karen Thomas if local trusts can utilise the Think Kidney's logo.

5. Audit Responses

Sarah Boul, Quality Improvement Lead, Y&H SCN

Sarah presented the results of the recent AKI Audit to the forum.

Please see the presentation slides for more information.

Comments, Questions and Actions:

Comment: Mid Yorks advised that they do not have a renal centre and feel that this could be a barrier to engagement on issues such as AKI.

Question: Andy Lewington enquired if it would be helpful if he or John Stoves visited Mid Yorks to possibly advise on AKI during Grand Rounds.

Answer: Yes this would be very helpful.

ACTION: Andy Lewington/John Stoves to liaise with Frank Phelan at Mid Yorks to discuss regional representation at a Grand Round meeting to highlight AKI developments.

6. Health Foundation Scaling Up Programme

Dr Andrew Lewington, Consultant Nephrologist, LTHT

Andy advised the group that Leeds and Bradford (who share the same laboratory information management system) are part of a group of clinicians and managers who had been successful in gaining Health Foundation funding for AKI. Andy and the team were one of seven teams nationally who were successful in gaining funding.

Please see the presentation slides for more information.

Comments, Questions and Answers:

Comment: AKI is a key priority for the AHSN and NHS IQ are going to commission some behaviour change training and the AHSN could offer places on this training to this forum.

ACTION: Rebecca Campbell/Sarah Boul to liaise with Beverley Slater regarding attendance of the behaviour change training for colleagues in the Yorkshire and the Humber region.

Question: Reflecting on the fact that only one in two people know that their kidneys make urine should we be using AKI as a means to engage with patients to enhance their understanding? Should we be using more local language i.e. kidney attack?

Answer: AKI is a very difficult term and even medical colleagues think AKI is trauma based. We, as renal physicians, need to work on this to increase people's understanding of how everything works.

Comment: Patient education is very important and we should have patients at the AKI Forum also.

(NB: Patients and patient representatives are invited to the AKI forum but unfortunately on this occasion no one was available to attend).

7. Any Other Business

- AKI Quality Standards

Andy Lewington advised the forum that he has been involved in setting these standards to ensure that everything is in place correctly. There is no release date for the standards as yet.

ACTION: Rebecca Campbell/Sarah Boul to circulate the AKI NICE Quality Standards.

- AKI Treated with Dialysis Tariff

John advised the group that the AKI treated with dialysis tariff has not yet been agreed. As yet no figure has been put forward.

- Regional AKI Metric

John advised the group that in order to measure the success of the AKI prevention work metrics needed to be collected. Bradford, Leeds, and Calderdale are trialling a metric collection system and currently have identified that data collection is not as straight forward as was originally anticipated. Additionally, the metric criteria are still under discussion in terms of the focus of data collection: should this included AKI that developed in the community or purely hospital-acquired AKI. John advised that he will feedback how this is working in Bradford, Leeds and Calderdale but would also gratefully receive any ideas or help from trusts across the region.

ACTION: John Stoves to feedback to the forum on progress with the regional AKI metric.

- Regional Target Day Education Slide Set

John advised the group that Andy Lewington had been undertaking GP education target days in Leeds alongside Dr Sara Harding, who has been excellent at engaging with GPs. John also advised that Doncaster are undertaking GP training too. Andy Lewington has agreed to share his slides with the region, which can then be adapted by each area as necessary.

ACTION: Andy Lewington to gain agreement from Dr Sara Harding regarding sharing of the GP Target Day slide pack on AKI. Once agreement has been gained Andy Lewington will circulate the slide pack.

- Nurses AKI Forum

Andrea Fox advised the group that a Nurses AKI forum is being developed and the focus will be on sharing best practice. The first AKI Nurses Forum will be held on 23rd April

2015, 10:00-14:00 at Samuel Fox House, Northern General Hospital, Sheffield. Andrea Fox will feedback to the AKI forum regarding the Nurse forum. Mansoor advised that a similar forum had been set up in Bradford and that he would be happy to discuss further.

ACTION: Andrea Fox to feedback at the next AKI Forum on the success of the Nurses AKI Forum taking place in Sheffield.

- Prevention SCN

John advised the group that the SCN is currently involved in developing a CVD prevention strategy across Yorkshire and the Humber. This is a CCG led project with the aim of developing, validating and rolling out an agreed prevention strategy.

John has 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.

ACTION: John Stoves to invite Dr Katherine Griffith (GP in York, RCGP Renal Champion and National CKD Audit Lead) to a future meeting.

8. Sharing Ideas, Research Opportunities and Next Steps

Dr John Stoves & Dr Andy Lewington

John advised that in terms of upcoming research opportunities and ideas sharing the following items were being undertaken:

- Health Foundation Scaling Up Programme (led by Nick Selby, Derby) considering the impact of education, e-alerts and care bundles.
- Sick Day alert development in SystemOne practices.
- Development of Care bundles linked to AKI risk assessment and e-alerts, e-NEWS and sepsis screening tools in York (Dr Donald Richardson).

John advised the forum that if there were any local projects, which may have outcomes or learning that are transferable to other centres in Yorkshire and the Humber to discuss these with John, Andy or Rebecca Campbell with a view to formulating AKIPCI-supported applications for regional funding.

John thanked everyone for attending the forum and advised that if anyone wished to present at the forum or provide agenda items to contact Rebecca Campbell/Sarah Boul.

ACTION: All to send potential agenda items for the next forum to Rebecca Campbell/Sarah Boul.

Agenda Items for Next Meeting:

- Discuss and agree on the AKI patient pathway as proposed by Dr Andy Lewington.
- Discuss and agree on a regional AKI e-learning package.
- Discuss the rollout of AKI in primary care regarding the potential to undertake an event in each of the sub-regions to promote.

The next meeting will be held in June 2015, a specific date will be confirmed in due course.

Any further comments should be given to Rebecca Campbell, Quality Improvement Manager, Yorkshire & the Humber Strategic Clinical Network on 0113 8253448 or rebecca.campbell6@nhs.net

Copies of the presentations are available on the Yorkshire and the Humber SCN website: <http://www.yhscn.nhs.uk/cardiovascular/Renal/renal-documents-and-links.php>

If you have any difficulties accessing the presentations please contact Sarah Boul: sarah.boul@nhs.net.

