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

Friday 17th October 2014 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. It was very positive to see such broad representation from Primary Care, Secondary Care and other organisations. AKI is a key priorities for the SCN. John reviewed the purpose of the AKI forum and summarised progress to date. The content of previous meeting was reviewed – e-NEWS reporting, an automated Sick Day alert within a primary care system, the national laboratory AKI detection system. Reference was made to innovative IT solutions in other centres (West Sussex and East Kent) that serve to optimise hospital AKI prevention and management from linkage to e-NEWS data and enhanced communication between teams.

John advised the forum of the website www.aki.org.uk and stated that this is a useful link for everyone at the forum and for general information on AKI.

The group were notified that presentations are available on request. Please contact Sarah Boul – sarah.boul@nhs.net.

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

Dr Andrew Lewington, Consultant Nephrologist, LTHT

Andrew provided an overview of current progress with the National AKI programme. There are currently a lot of pressures within all parts of the NHS but it was reiterated that AKI alerts have to be in place in Secondary Care by March 2015. This needs to be included in considerations regarding the roll out of the AKI programme.

Andrew advised the group of a useful acronym that could be taken back to wards and primary care to help raise awareness of AKI - “STOP”:
S – Sepsis
T – Toxins
O – Optimising haemodialysis status (fluids)
P – Prevent AKI

Andrew has implemented STOP in Leeds although he has been questioned by nursing staff as to the evidence base for this approach. Andrew advised that there is currently no evidence base, but the same could be said for e-NEWS (electronic National Early Warning Score). However, the main point about “STOP” is that it is simple, clear useful and raises the profile of AKI.

Andrew is hopeful that the AKI project within NHS England will be extended beyond its current three year lifespan. Andrew is very keen to get as many people as possible involved in the AKI programme and laid specific emphasis on involving Primary Care.

Andrew went on to state that Primary Care must be engaged as community acquired AKI occurs more frequently than hospital acquired AKI but also stated that community patients have better outcomes. Andrew has undertaken a series of presentations to the GPs in Leeds, alongside Dr Sarah Harding, as AKI alerts are being rolled out to GPs in 2016.

Andrew advised the forum of the setup of the National AKI Programme and the priorities of each programme stream. Andrew co-chairs the Risk Group, which comes under patient safety, and is also another NHS England priority.

It was noted that there are AKI risk tools under development in Sussex, Kent and Wales and agreement has been made for these three to work together.

Andrew stressed that all Trusts need to be prepared for the Stage Three Directive for standardising the early identification of AKI.

Questions, Answers and Comments:

Question: Chesterfield Hospital please could you provide an update on implementation of the AKI alert?

Answer: Chesterfield are communicating internally and using existing hospital systems to facilitate the implementation of the alerts. There are links with the bioscientists in Derby and preparations are underway, with consideration on how to start AKI bundles and checklists. We are also undertaking AKI checklists but this can be challenging. The organisation is also putting some thought into how we train junior staff and nurses and how we work with nurses to change attitudes towards fluid charts. There is an effort to raise awareness of AKI so that it has a similar standing with stroke or myocardial infarctions.

Question: Huddersfield Hospital please could you provide an update on implementation of the AKI alert?

Answer: Huddersfield are not yet using the alerts but have designed an AKI bundle for in-patients, although there are concerns regarding work load.

Question: What is being done in Primary Care to stop patients being admitted with AKI?

Answer: Andrew and Sarah are working with GPs to increase education. The slide set used as part of this education has been so successful that there has been a request to share it with colleagues in the East Midlands. It is very important that we all work together on improving education around AKI and it is vital that we share materials and e-learning packages such as the one developed by Dr Russell Roberts in Bradford.

Action: Further consideration to be given on the development of a generic e-learning package based on the Bradford tool.

Comment: A primary care e-learning package has been developed in Derby.

Action: John Stoves to contact Nick Selby regarding sharing the package.

Comment: Sarah advised the group that prior to the GP target events, a number of GPs believed AKI to be a secondary care problem.

Question: Does the NEWS trigger a balance chart in a community setting?

Answer: Yes. They are used in a community setting. It is a measure of deterioration and is used across community and secondary care. It is also used by the ambulance service and they also have an e-learning package.

Comment: It is interesting that everything is documented on acutely ill children but not on adults.

Comment: An NHS England AKI website is under development and will pull together resources from NHS England, the Renal Registry and AKI. It will initially be launched for professionals only and then later for patient use.

Comment: Andrew asked the group to please share any good practice regarding IV fluids and AKI. Current fluid charts are not always providing the best outcomes and when a good one is developed, like the one in Dumfries, it should be shared. Andrew also advised the group that he was setting up a Dropbox to be filled with educational materials so to please send any useful materials across.

Action: Please send examples of good practice for the website / Dropbox to Andrew.lewington@nhs.net .

3. Developing a Regional Pathway

Dr Andrew Lewington, Consultant Nephrologist, LTHT

Andrew advised the forum that the regional AKI pathway work has been a catalyst for work around AKI. Regional pieces of work could be shared via the website so that people could access the sections of the pathway work that they need. Regional work could also be used to train staff to ensure patient care is safe. If regional pathway work proves successful it could then potentially be shared nationwide.

The West Yorkshire AKI Patient Pathway is available on the website: www.aki.org.uk .

Questions, Answers, Comments and Actions:

Comment: Sheffield Teaching Hospitals Foundation Trust (STH) has an agreement for transfer policy. STH also have an AKI policy for transfers from district general hospitals into STH. However, it would be better to term this as a pathway rather than a policy as pathway has more positive connotations than the word policy.

Comment: The forum discussed different policies or pathways in different hospitals. Sheffield, Hull and York all agreed to send copies of their policies or pathways to Andrew. The forum agreed to work together to come up with a best practice document.

Action: Those present at the forum were asked to formally share all Trust patient pathways /policies re AKI. Please send these to Rebecca.Campbell6@nhs.net

These responses will be collated and the final core content for a Yorkshire and the Humber patient pathway will be agreed.

Comment: A slick care bundle is needed for patients but this also requires input from non renal trusts to help develop this appropriately.

Comment: It would also require involvement from GPs so that they would know where to refer patients to.

Question: Dr Emma Dunn, Renal Clinical Lead from Leeds, wrote something for Wakefield around patient pathways is that included in current work?

Answer: No but it could potentially be included, although other contributors from primary care would need to be involved.

Action: Janet Wilson agreed to share the document.

Comment: Sharing is a great idea but it also needs to lead to better outcomes for patients. It is important to have a consistent approach as there is no efficiency in lots of people doing lots of different things. However, whatever method is chosen must provide outcomes. Having an educational Drop Box and accessible resources has a lot of value.

Question: Please could we have an update on the Health Foundation bid?

Answer: The Health Foundation bid is based on a project that initially started in Derby who were ahead of most for care bundles and educational pathways. Derby linked with Bradford and Leeds to do service improvement and research into rolling out an education programme within Trusts, in conjunction with e-alerts. Essentially the purpose is to collect baseline data for AKI and introduce an educational pathway and then audit. We find out in mid-November if the bid has got through to next stage. It is a competitive market for the money and if we do not win the bid we need to carry on doing the work and share the vision.

Comment: Sarah Harding provided the forum with a good case study from primary care. It illustrated how a care plan was put into place following an episode of community acquired AKI, which resulted in the prevention of a further admission.

Comment: Consultants need to get out and talk to GPs. Sheffield University provides a CKD and primary care study day. The AKI Alert could be integrated into this.

Comment: It can be difficult to reach out to GPs to provide education but a target event could be used for this purpose. Linking in with the CCGs could provide a means of advertising such events. However, target events would need to be repeated closer to 2016 as it is not until 2016 that the alerts need to be implemented in Primary Care.

Action: Further work is required to develop GP education on AKI. The presentations developed by Andy & Sarah could be shared to support this.

4. Interruptive AKI Alerts

Dr Donald Richardson, Consultant Nephrologist, York Teaching Hospitals NHS FT

Donald advised the forum of the differences between passive and interruptive alerts and stated that an alert needed to grab your attention and change your behaviour. However, an alert should not get in the way of clinicians doing their work.

Alert systems must be educational and link to critical behaviour that will produce better outcomes for patients.

Donald outlined aims for a York project to deduce morbidity and mortality in AKI. It will include the following measures:

- Progression of AKI stage to any higher
- Progression to dialysis dependent
- Length of Stay
- Mortality

The proposed intervention is an Interruptive AKI alert with decision support. The group were asked if they would support this piece of work and volunteers were invited to join as

a control group to do passive alerts. Ideally the bundle would be agreed by the Network and a test & spread approach employed.

Action: Care Bundles/ Management prompts linked to AKI e-alerts to be sent to Donald.richardson@york.nhs.uk

Please see the presentation notes for further details.

Questions, Answers, Comments and Actions:

Question: Donald advised the forum that he had secured £20k of funding for the AKI alert tool at York Hospital. However, the project required an additional £20k and Donald enquired if anyone else could contribute?

Answer: The SCN could potentially provide funding if the work demonstrated a benefit for the region.

Action: Donald agreed to produce a two page document to explain how the AKI tool would work that the SCN could then present to NHS England finance.

5. An update on the Sheffield AKI project

Dr Bisher Kawar, Consultant Nephrologist, STHT

Bisher provided the forum with an update on progress of the Trust-wide Sheffield AKI project which aims to improve the recognition and management of AKI. The project consists of three AKI workstreams:

i. Stage reporting via Labs
ii. Education
iii. Coding

An AKI Nurse Educator, Louise Wells, has been appointed to lead on the development and implementation of AKI education within the Trust.

Please see the presentation notes for further details.

Questions, Answers, Comments and Actions:

Question: Is it sustainable?

Answer: We have 2 years funding for the nurse and doctor trainers but we could then move to e-learning. The ambition is to roll out the training to the nursing staff, as they are a more stable group than junior doctors.

Question: Do you have nurse educators within the Trust?

Answer: Yes. We plan to link in with the nurse educators to carry on the training. We would also like to involve pharmacy and are currently providing face to face learning for them.

Question: What are you doing for patients?

Answer: A leaflet is being developed about AKI for patients and information is being put on Patient Choices. The leaflet has sections that the patient can fill in for example, what caused my AKI?

Action: Bisher agreed to share STH AKI patient information leaflets

Comment: The Renal Drug Handbook is now available electronically but people need to subscribe to access it.

Comment: If you Google "Renal Handbook" you can access the 3rd edition in pdf format for free. This is not the latest edition but it is a useful resource.

Action: Further information on accessing the Renal Drug Handbook will be shared following the meeting.

6. Auditing AKI

Dr Adil Hazara, Renal SpR, Hull Royal Infirmary

Adil provided the forum with an overview of an AKI audit that had carried out at Hull Royal Infirmary, led by Drs Imran and Naudeer.

Please see the presentation notes for further details.

Questions, Answers, Comments and Actions:

Question: On what proportion of cases did they apply more than 80% of the care bundle?

Answer: Very few. However, completing the whole care bundle is very important for success. If we were able to ascertain which parts of the care bundle were the most important then we could just complete those bits. Fluids may well be the most important part of the care bundle to complete. However, we can all learn continually through our experiences and work together to identify the most important parts of the care bundle. In the meantime, we need to do them all and continue to work on ways of it becoming easy to implement components of the bundle.

Comment: Andrew recommended the NICE AKI audit tool to everyone in the forum as a good place to start.

Question: Were you surprised by how poor the documentation was?

Answer: Yes and no. It highlighted that changes in creatinine levels are not always picked up as important by all staff when changes in this are vital.

Question: Was there any insight in terms of outcomes for individual patients from the audit?

Answer: Most patients were not followed up long term because numbers were too few to compare outcomes.

Comment: At Huddersfield it was identified that MAU management of AKI was very sub-standard and the results are now shown to new intakes to better increase their awareness. Training with the nursing staff has improved performance and they are much better at following processes and being compliant with care bundles.

Comment: Several members of the forum raised issues with coding and stated that AKI is often not coded as a primary diagnosis. It was also noted that there is a READ code for AKI in primary care which needs to be inputted as these patients are at greater risk of recurrence.

7. Sharing Ideas, Research Opportunities and Next Steps

Dr John Stoves & Dr Andy Lewington

John and Andy thanked everyone for attending the forum. The actions that had been agreed:

i. Education

Action: Further consideration to be given on the development of a generic e-learning package based on the Bradford tool.

Action: John Stoves to contact Nick Selby regarding sharing the primary care e-learning package.

Action: Further work is required to develop GP education on AKI. The presentations developed by Andy & Sarah could be shared to support this.

ii. Developing a Regional Pathway

Action: Those present at the forum were asked to formally share all Trust patient pathways /policies re AKI. Please send these to Rebecca.Campbell6@nhs.net. These responses will be collated and the final core content for a Yorkshire and the Humber patient pathway will be agreed.

iii. Interruptive AKI Alerts & Bundle

Action: The forum aims to agree the care bundle package for a regional approach for the alert system being proposed by Donald. Donald is to present a mock-up of the care bundle alert at the next meeting.

Action: Care Bundles/ Management prompts linked to AKI e-alerts to be sent to Donald.richardson@york.nhs.uk

Action: Donald agreed to produce a two page document to explain how the AKI tool would work that the SCN could then present to NHS England finance

iv. Sharing Information & Best Practice

Action: All in the forum agreed to share any AKI resources, pathways and policies so learning can be increased and a best practice example agreed on. All in the forum to email resources etc. to Dr Andy Lewington - Andrew.lewington@nhs.net .

Action: Janet Wilson to share the Primary Care AKI document developed by Dr Emma Dunn.

Action: Bisher Kawar to share STH AKI patient information leaflets

Action: Further information on accessing the Renal Drug Handbook will be shared following the meeting.

In addition, the following actions were highlighted in the final section of the meeting:

Action: Letters are going to be sent out regarding AKI alerts. These letters will be sent to Chief Executives and Medical Directors. It was also suggested that the letters are sent to Long Term Conditions leads and CVD leads at CCGs to make them aware that AKI alerts will be mandatory in primary care from 2016. Rebecca Campbell to liaise with John and Andy to agree the content of the letter and then distribute accordingly.

Action: Metrics are under consideration and will shortly be distributed across the 14 trusts. All to ensure the metrics are completed and returned.

Action: A Nurses forum is to be established to discuss issues around AKI. Yorkshire and Humber SCN are to support the implementation of the group and facilitate meetings.

Agenda Items for Next Meeting:

- Agree on the AKI pathway, nursing education, patient education, leaflets etc.
- 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 February 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 request. Please contact Sarah Boul: sarah.boul@nhs.net.