

Acute kidney injury: improving the communication from secondary to primary care

Gloucestershire Safety and QI Academy

Clemency Nye¹, Sophie Boyd¹, Suzanna Lake¹, Jan Joseph², Alexandra Purcell², Andrew Seaton³, Israr Baig⁴, Preetham Boddana⁵
 1 – foundation doctors, GRH. 2 – Gloucestershire Safety and QI academy. 3 – Department of Patient Safety. 4 – GRH Pharmacy Department. 5 – Department of Nephrology.

Context and relevance to patient safety:

- Acute kidney injury (AKI) is a **common** but **preventable** event in secondary care
- It is associated with **poorer outcomes** for the patient's future health (1)
- Patients require specific **after-care** in the **community** following an AKI, both in the short and long term
- Overall aim is to reduce the risk of future AKI and re-admission to hospital, as well as to protect long-term renal function

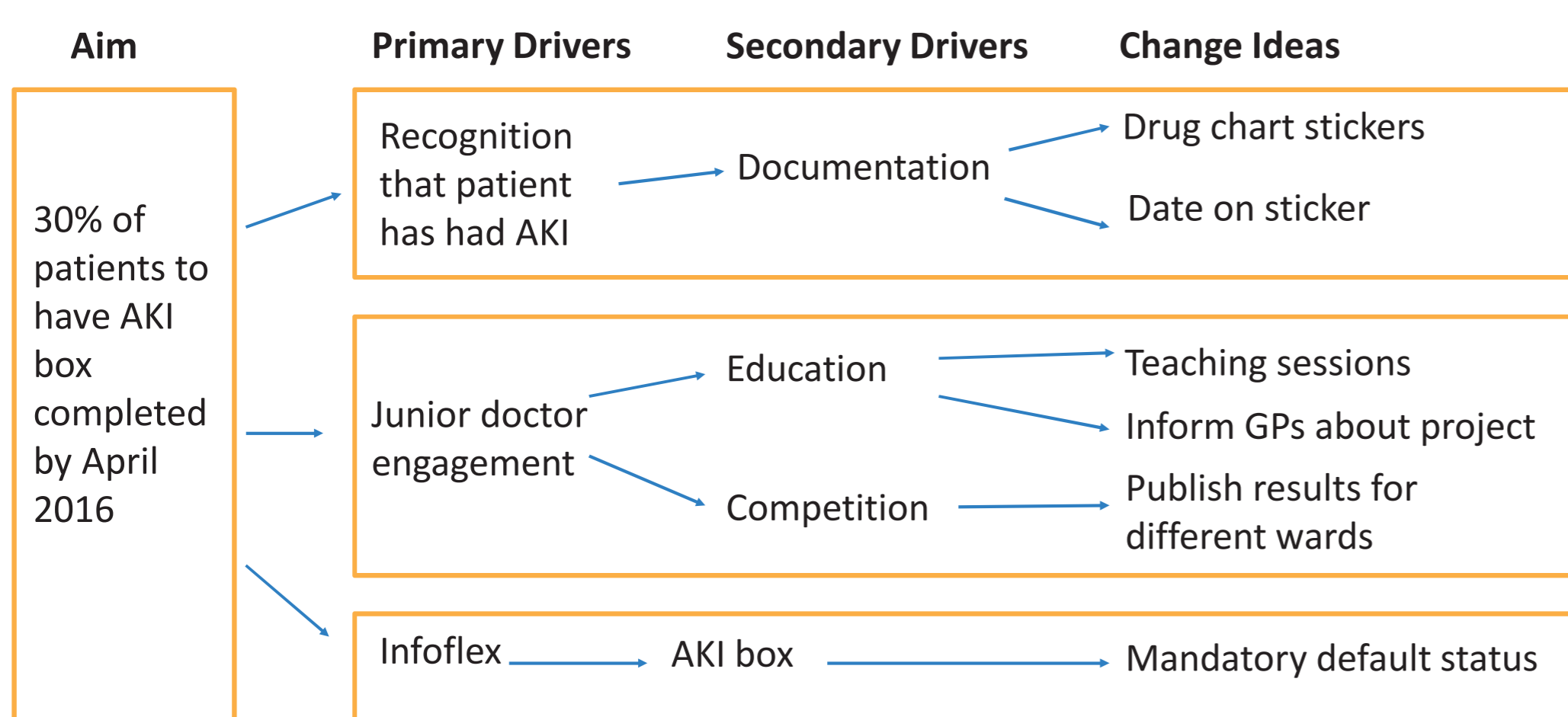
Problem:

Only **11.0%** of discharge summaries contained full information about an AKI (including stage and **follow-up** required) in August 2015.

Aim:

To improve the proportion of discharge summaries with the AKI section completed to **30%** by April 2016

Analysis of problem:



Interventions:

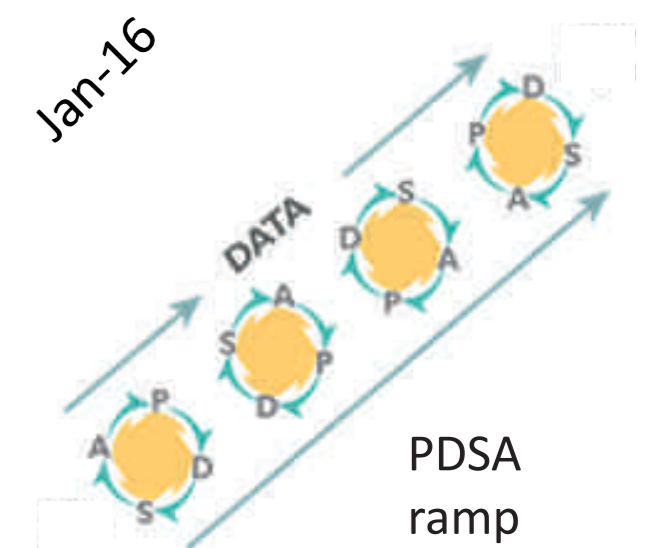
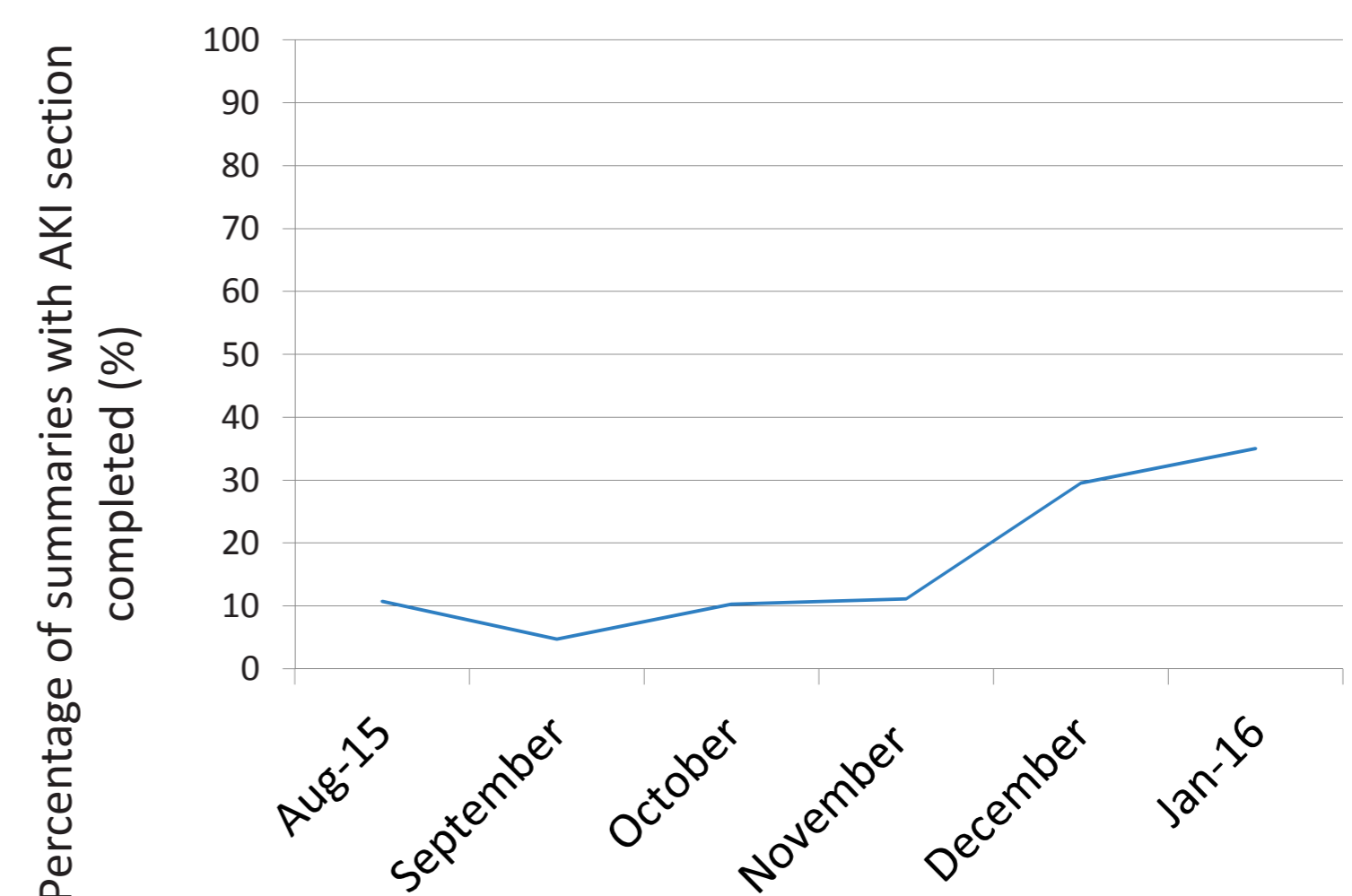
- AKI box** on discharge summary software (below)
- Automatic reminder** on discharge summary software
- Education** of junior doctors
- Promotion** campaign with 'Ned the Nephron' character (left), - emails, posters & screen savers
- AKI 'flag sticker'** as reminder of AKI at discharge

Acute Kidney Injury		
Stage of AKI	2 - 2	
Medication Reviewed	Y - Yes	
Medication/s discontinued due to AKI and after clinical review	S - Some can and some can't be restarted	
Please enter details in 'Discontinued Drugs' on the TTD Screen		
Statement written into Discharge Summary	AKI Stage 2 found, medications have been reviewed some medications can and some medications can't be restarted after an AKI review please see discontinued drugs for full details. GP please do Urea and Electrolytes 3 monthly, thank you. http://tinyurl.com/cp4oenr	
Requested Blood Test		
Type	U&E - Urea and Electrolytes	
Frequency	Monthly 3 - 3	

Measurement of improvement:

Monthly data collection (150-200 patients) over **6 month** period.

Run chart of changes in compliance over time



Effects of changes:

There has been an **observed improvement** in use of the AKI section on discharge summaries. The project is ongoing.

Cost effectiveness

AKI is estimated to cost the NHS over **£1 billion** per year, or around **1%** of the total NHS budget (2). The project aims to save money by promoting health and therefore reducing the burden of future care. It is also part of a **national CQUIN**.

Conclusion:

This series of interventions has led to an **improvement** in communication about inpatient AKIs to primary care. Further work will be required to ascertain whether this translates as expected into improved **patient outcomes**.

- References:** 1. Long-term outcomes of acute kidney injury. Goldberg R, Dennen P. *Advances in Chronic Kidney Disease*. 2008 Jul;15(3):297-307. doi: 10.1053/j.ackd.2008.04.009.
 2. The economic impact of acute kidney injury in England. Kerr M et al. *Nephrology Dialysis Transplantation*. 2014 Jul;29(7):1362-8. doi: 10.1093/ndt/gfu016. Epub 2014 Apr 21.

PDF- Acceptance

