

Improving patient outcomes from Acute Kidney Injury (AKI)

Project aim

Our project aim is to ensure a sustainable improvement in the recognition and management of AKI, in order to reduce mortality across the Trust.



Project team

Dr Marie Parsons- AKI Lead
Miss Helen Pardoe- Sepsis Lead
Dr Panos Michael- Deputy AKI Lead
Miss Debbie Thomas- Senior nurse
Mr Kalu Kalu- Quality First team

Timeline for delivery

From: March 2019

To: March 2020



Measures

The following have been identified as success measures:

- To achieve a 20% reduction in mortality from AKI by March 2020 (from 10.9% to 8.7%).
- Increase the numbers of drug reviews for AKI patients.
- Reduce the number of AKI alerts generated for inpatients by improving fluid and electrolyte management.

Tests for change

- Improve training and education on AKI for staff.
- Introduce '# Find Doctor Parsons' project to increase awareness of AKI management.
- Improving data for National Kidney Register.
- Fluids to be prescribed electronically on JAC.
- Fluid balance to be recorded electronically in Nervecentre.
- Laboratory staff to alert wards for AKI stage 2 and 3.
- AKI alert stickers in patient notes.

Results

- 327 hospital staff of various teams trained by AKI tea trolley.
- 34% increase in the number of medication reviews in AKI patients.
- 91% increase in number of patients changed to renal dose for drugs.
- 12-fold increase in the number of AKI patients screened for sepsis.
- No change in number of completed fluid balance charts for AKI patients.
- Percentage of patients with increase in AKI alerts over their stay increased from 9.2% to 17.1%.

Learning and next steps

- Although mild improvement in AKI management was observed, further changes are required to ensure optimal care.
- Re-evaluate the tests for change in 3 months time and assess if any further improvements can be implemented.
- Analyse the outcomes of the project in 6 months time to determine if new AKI diagnoses and mortality rates have improved.

