

# AKI Alerting - Can Outreach improve the care of inpatients with Acute Kidney Injury?

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## Introduction

Acute Kidney Injury (AKI) is common<sup>1</sup>. Identification and care of these patients is often substandard<sup>1</sup>. Patients with a Stage 2 and 3 AKI in our Trust have a mortality rate, similar to other Trusts, of around 40% at one month<sup>2</sup>.

## Method

AKI was made a Trust priority in 2019. As part of this work stream, Outreach started to receive email alerts (through the ICE pathology system) highlighting all inpatients with a Stage 2 or 3 AKI within the Trust.

- The Outreach practitioner then reviews the patient, implements a new care bundle and educates and supports the ward team.
- They provide a patient information leaflet and a 'kidney' logo to display on the patient's door.
- They promote treatment escalation planning conversations.

## Key Point

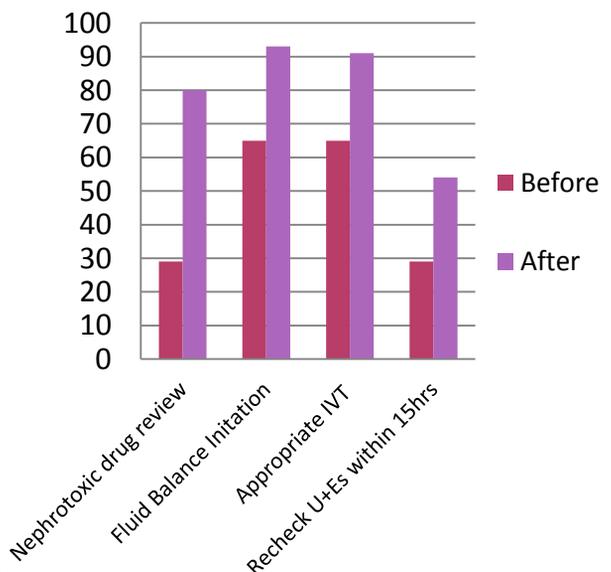
40% of patients with an AKI stage 2 and 3 would not have triggered an Outreach alert through NEWS2 therefore AKI alerts have highlighted a new patient group at risk of deteriorating.

## Conclusions & Discussions

Outcomes including 30 day mortality and need for Critical Care are monitored monthly<sup>3</sup>. The process of care shows improvements seen in the graph below.

1. We have shown that clinical Outreach input into our AKI patients has improved the quality of basic care.
2. This has increased Outreach workload significantly.
3. The high training quality and staff engagement has been recognised and expansion of training hours, coupled with clinical Outreach posts is being considered.
4. With the expansion of e-obs, alternative biochemical alerts alongside NEWS should be trialled.
5. With increased alerts, close relationships with Palliative services are important.

### The Percentage of patients receiving the following treatments before and after the introduction of Outreach AKI alerting



## Education

Education and training is well received with excellent feedback. Outreach have established a monthly Deteriorating Patient Link Nurse Group, focusing on practical learning from SUIs and real cases. Outreach have supported AKI awareness events and education programmes across the Trust.

References: 1. Stewart J, Findlay G, Smith N, Kelly K, Mason M. Acute Kidney Injury: Adding Insult to Injury. NCEPOD, 2009.

2. AKI Audit of Outcomes and Care Processes Report. NHS Kidney Care, 2019.

3. AKI and Sepsis Collaborative [www.uclpartners.com/patientsafety](http://www.uclpartners.com/patientsafety)