

# Improving patient education to prevent Acute Kidney Injury; a pilot

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## What is Acute Kidney Injury?

Acute kidney injury (AKI) is acute damage to the kidneys that causes them to not function properly. It can vary from slight loss of kidney function to complete kidney failure. AKI generally occurs as a complication of another serious illness. The name is misleading, as it's not the result of a physical trauma to the kidneys<sup>1</sup>.



## AKI; the key facts<sup>2,3</sup>

- 30% of cases of AKI can be prevented, which could save NHS up to £186million
- 12,000 unnecessary deaths a year are associated with AKI
- AKI affects 1 in 5 hospital patients
- 60% of AKI cases develop in the community

## People can be more susceptible to an AKI if:

- aged 65 or over
- already have a kidney problem
- have a long-term disease
- are dehydrated
- have blocked urinary tract
- have a severe infection or sepsis
- taking certain medicines

## Introduction

NHS Scarborough and Ryedale CCG (SRCCG) recognised that high numbers of patients were admitted to Accident and Emergency because of an episode of AKI, this resulted in preventable admissions, poor outcomes of care and rising costs due to avoidable secondary care activity. Therefore, SRCCG began an educational campaign to improve the care of people at risk of, or with an AKI.

## Aim

To introduce the 'Sick Day Rules' programme to prevent AKI related ill-health.

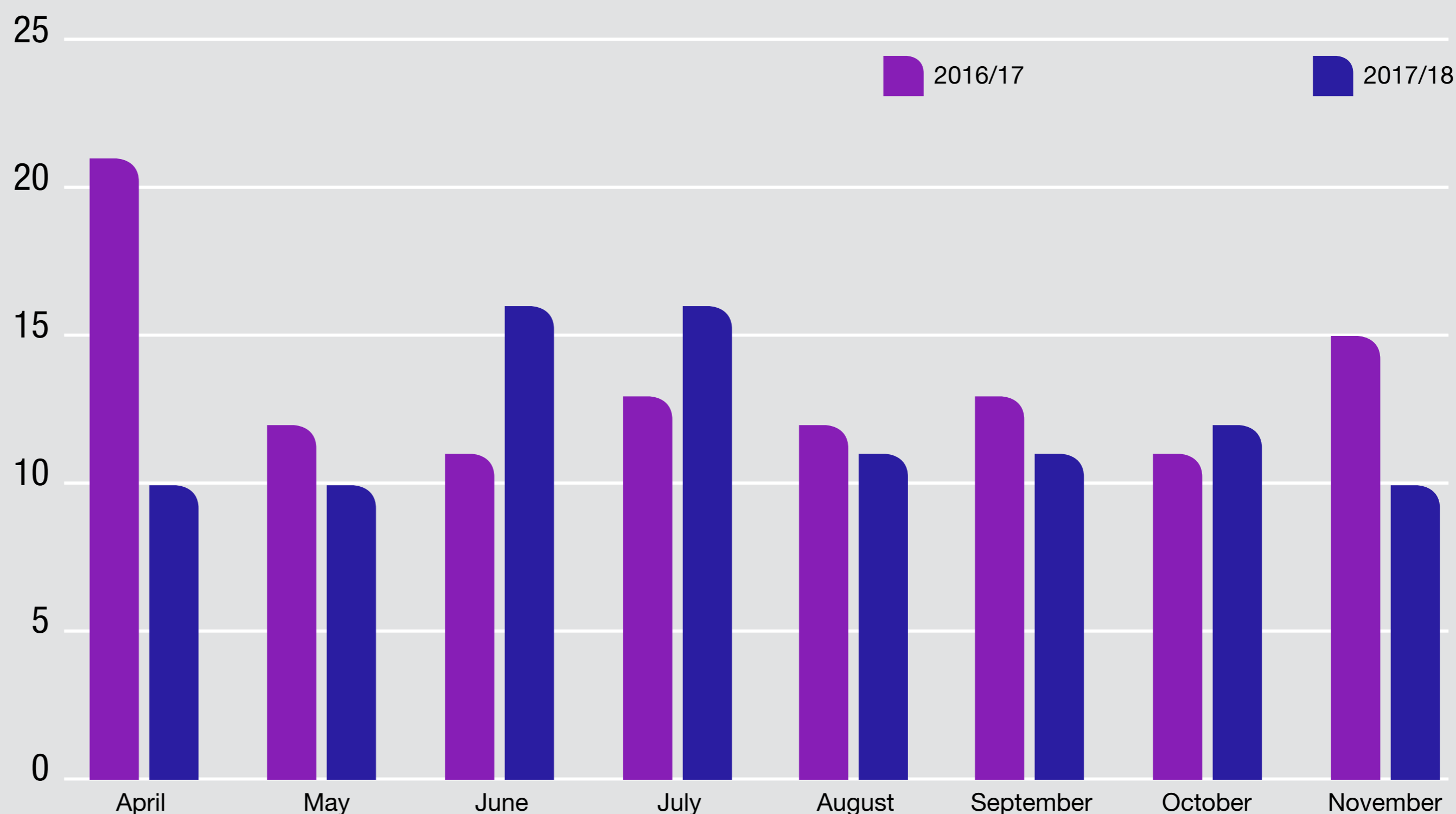
## Method

SRCCG, supported York Hospital Foundation Trust creating 'Sick Day Rules' patient information cards. SRCCG engaged with GPs and Community Pharmacies to encourage better education and awareness for patients regarding the prevention of AKI. The programme was rolled out to General Practice clinicians and Community Pharmacy with links to the 'Think Kidneys' website for further resources and CPD accredited training.

## Early Indicators of Success

For April to November 2017, early results are showing an 11% reduction in admissions, when compared to the same period in 2016/17. The numbers can be identified on the graph below, which does demonstrate some minor peaks during June, July and October. Further work is being undertaken to explore the possibilities for these peaks. Similarly, a 24% reduction in overall costs has been achieved during the same period, when compared to 2016/17.

## Emergency Admissions for AKI



## Conclusions

The programme has been well received and has shown to have made an impact with reducing Secondary Care activity to date and more 'Sick Day Rules' cards have been requested by Community Pharmacies and General Practice. Some General Practices have taken to embedding AKI prompts into their clinical systems. Based on the positive feedback being received, the programme of work will continue into the future, to allow further evaluation of an educational campaign aimed at improving patient experience, outcomes and reducing risk of preventable ill-health.

## Acknowledgements

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## References

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3. Selby, N.M., Crowley, L., Fluck, R.J., et al., (2012). Use of electronic results reporting to diagnose and monitor AKI in hospitalized patients Clinical Journal of the American Society of Nephrology, 7(4), pp.533-540.