



Improving Acute Kidney Injury Outcomes through a Multifaceted Quality Improvement Programme

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Background

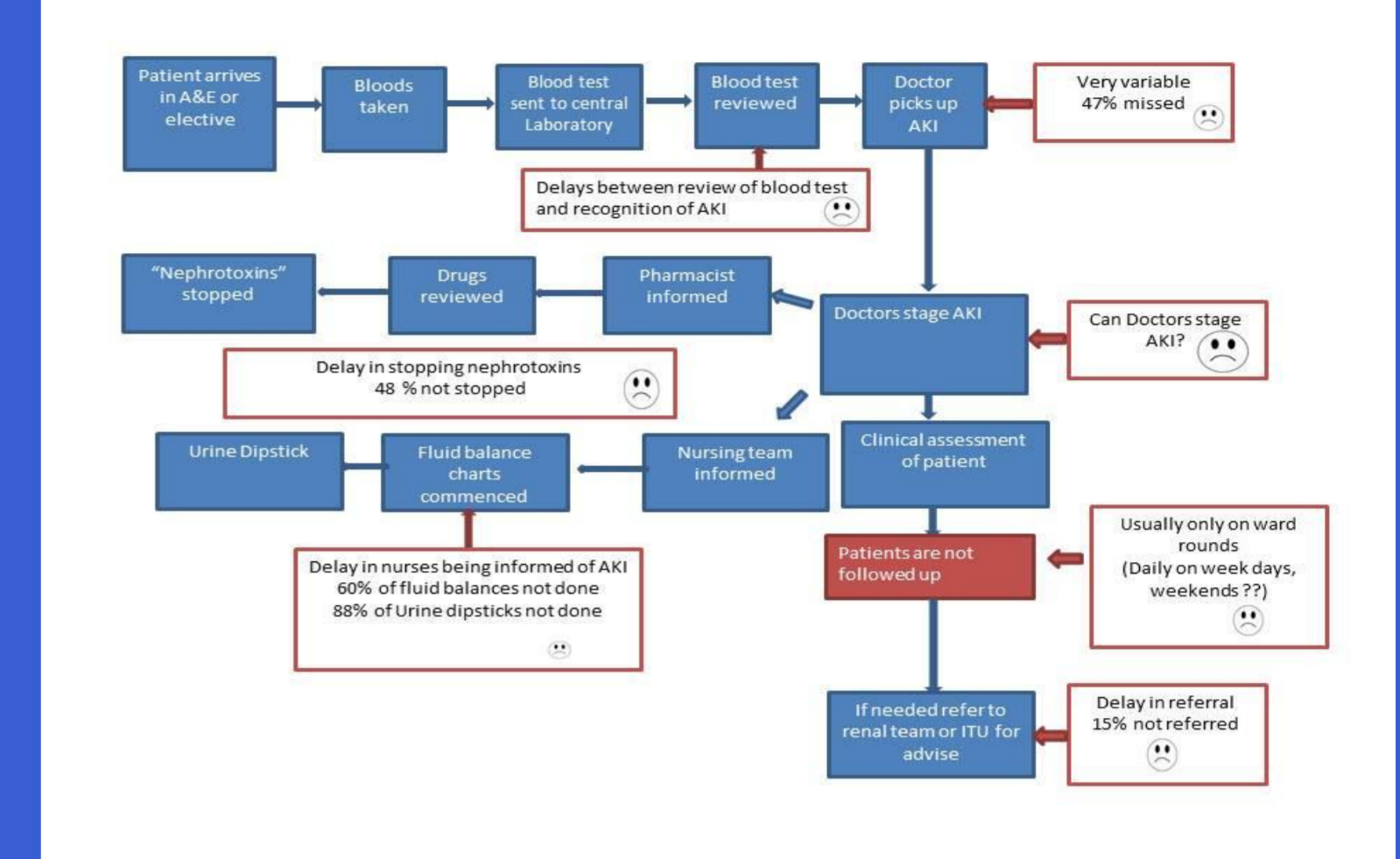
- AKI is a common and harmful condition which is often treatable and avoidable
- Central Manchester UHFT is a large teaching hospital with over 800 beds
- An audit in 2014 showed over 300 cases of AKI monthly, representing 25% of acute admissions

Poor AKI Care shown in 2014 Audit

KEY MANAGEMENT	Achieved
Urine Dipstick	12%
Recognition of AKI	53%
Fluid management	40%
Drug Review	48%
Investigations	89%
Renal Referrals	85%
Ultrasound Scan	89%
Catheterisation	84%



Convolutd Process map for AKI

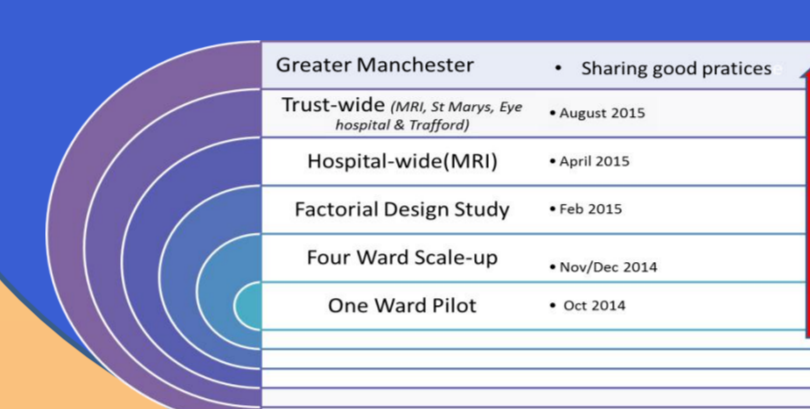


A quality Improvement programme aimed to improve AKI care and outcomes was started in 2014

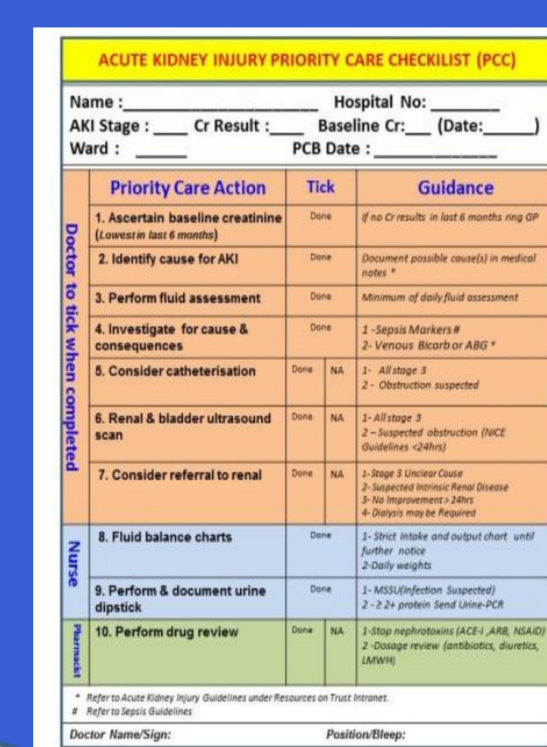
Changes that led to improvement

Methodology

- Quality improvement approach
- Deming's wheel (Plan-Do-Study-Act)
- Scale up model



Improved Management using checklist



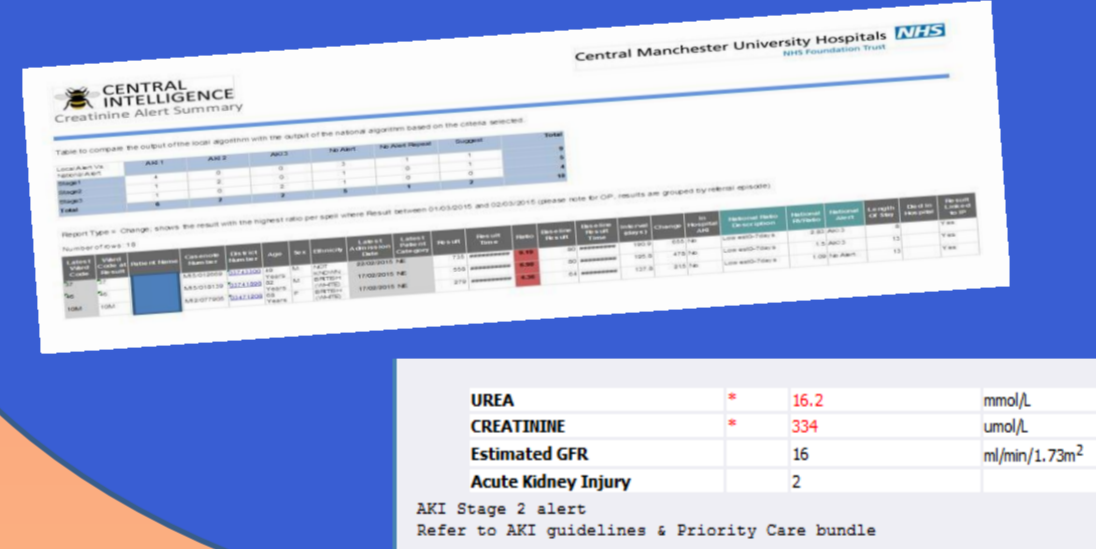
AKI Clinical Nurse Specialist is the core of the programme



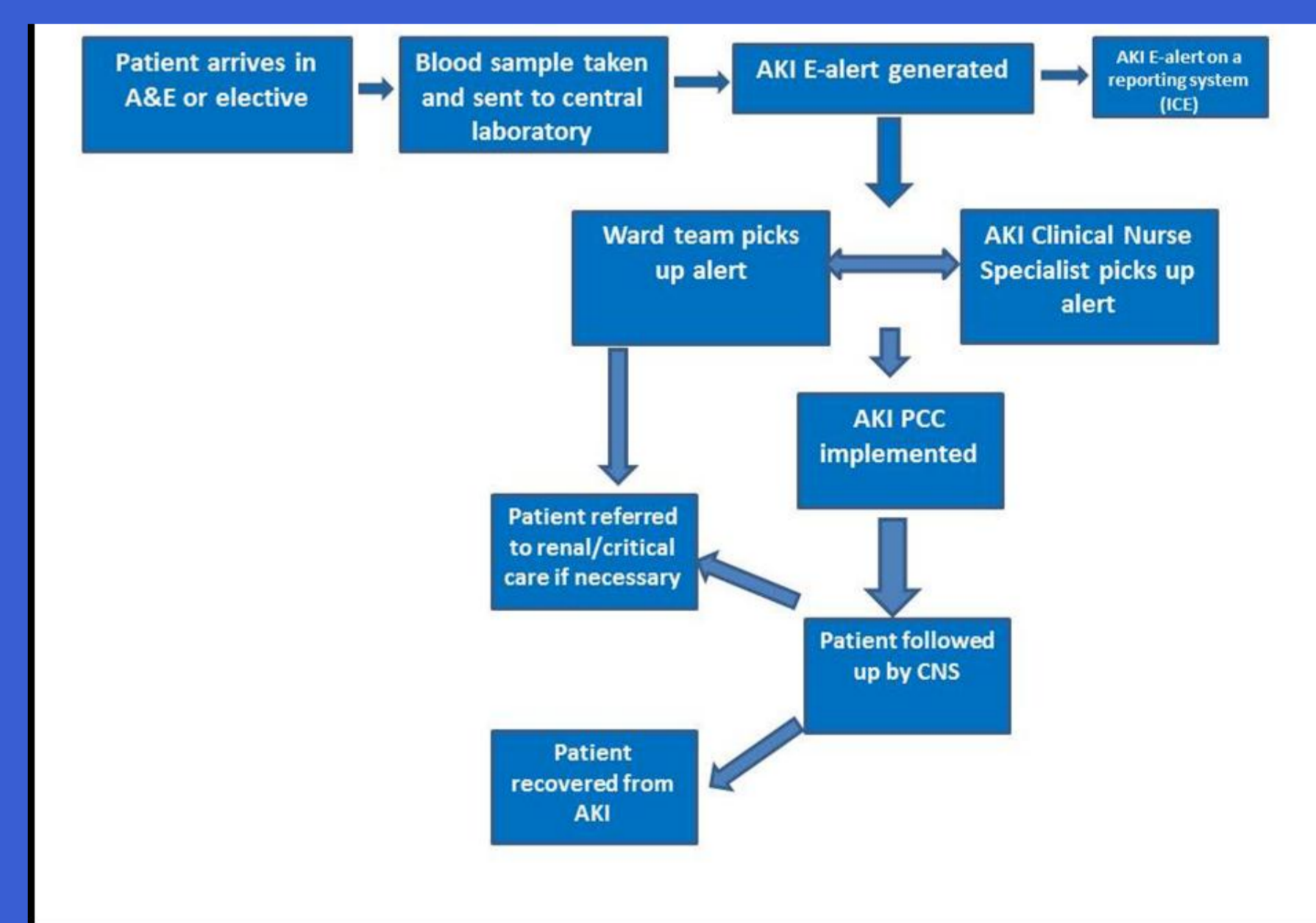
Awareness, Education & Stakeholders buy in



Improved Detection using e-alerts

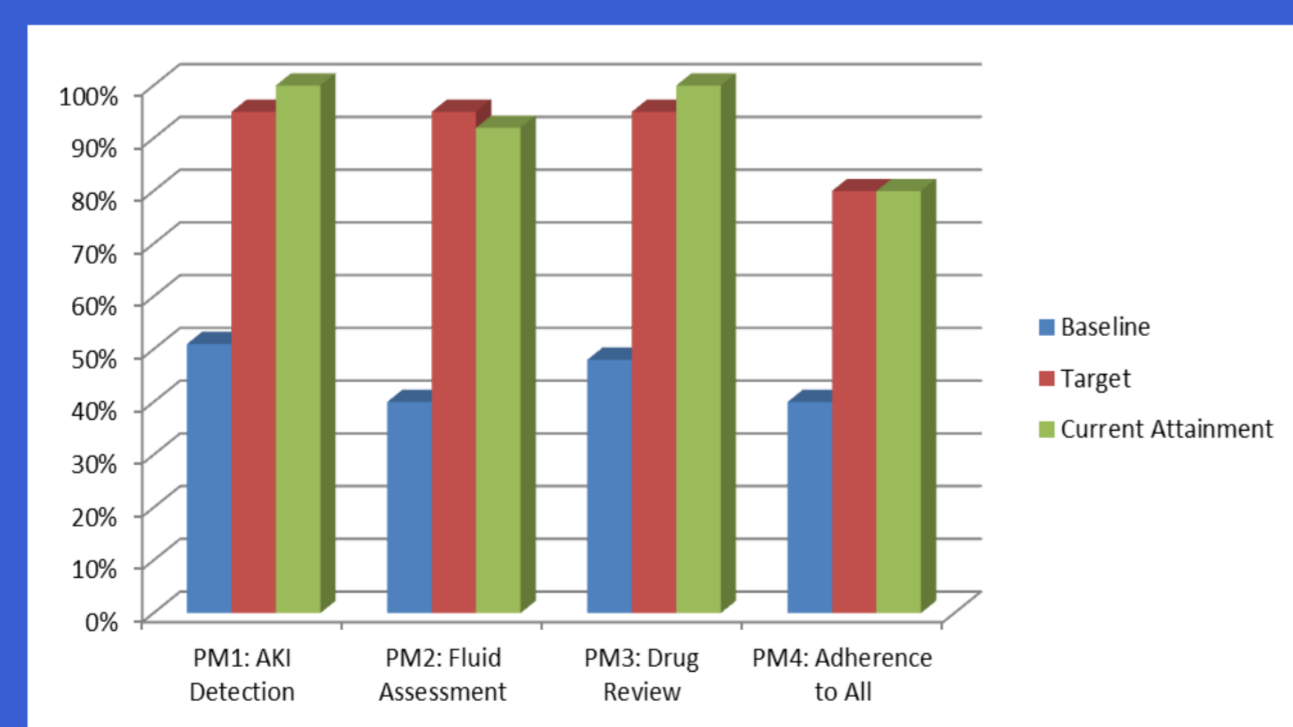


New streamlined process map for AKI Care

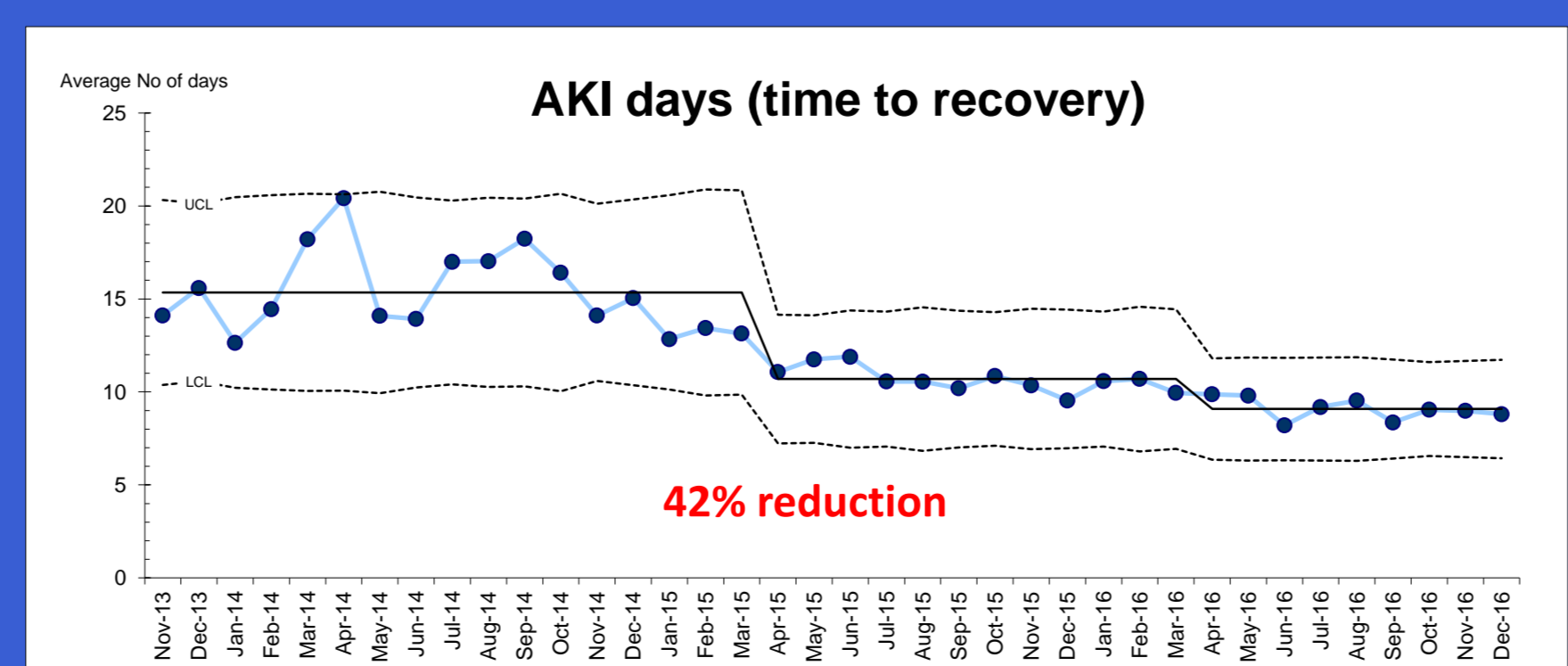
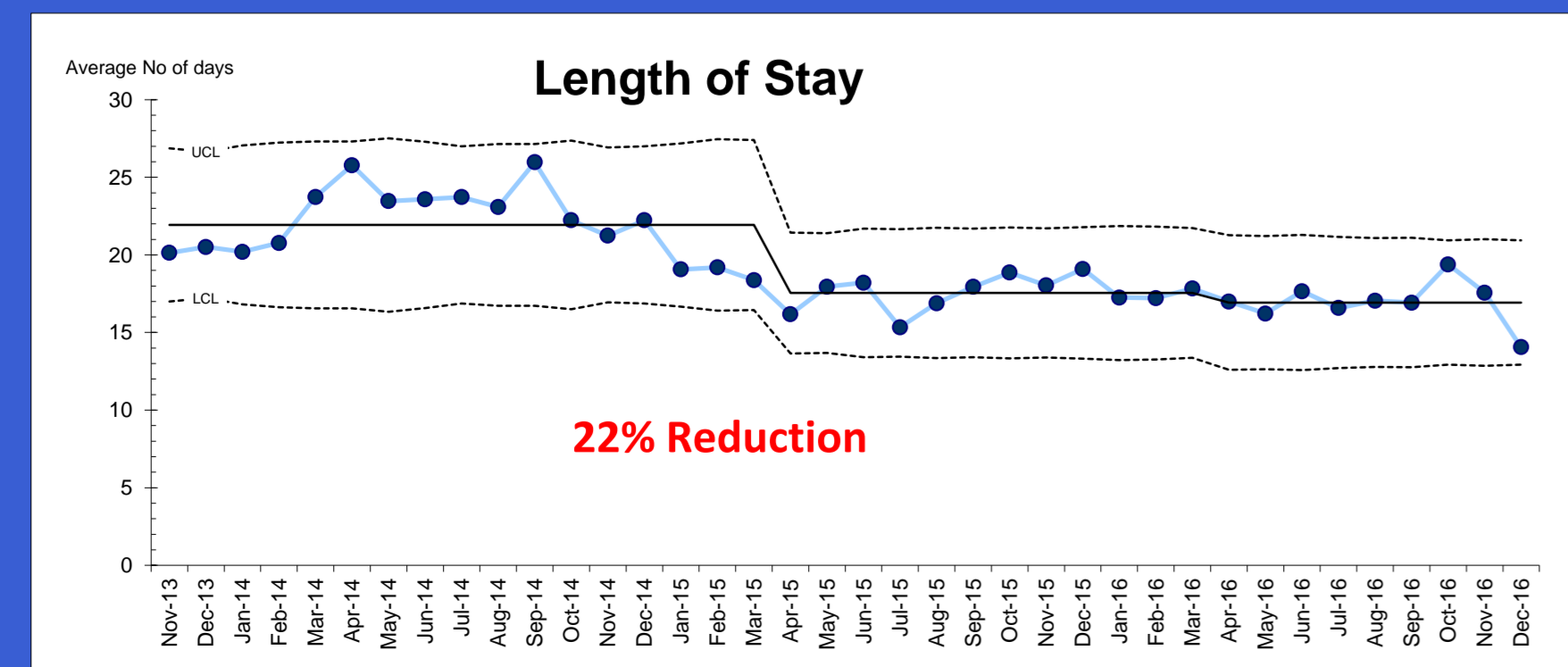
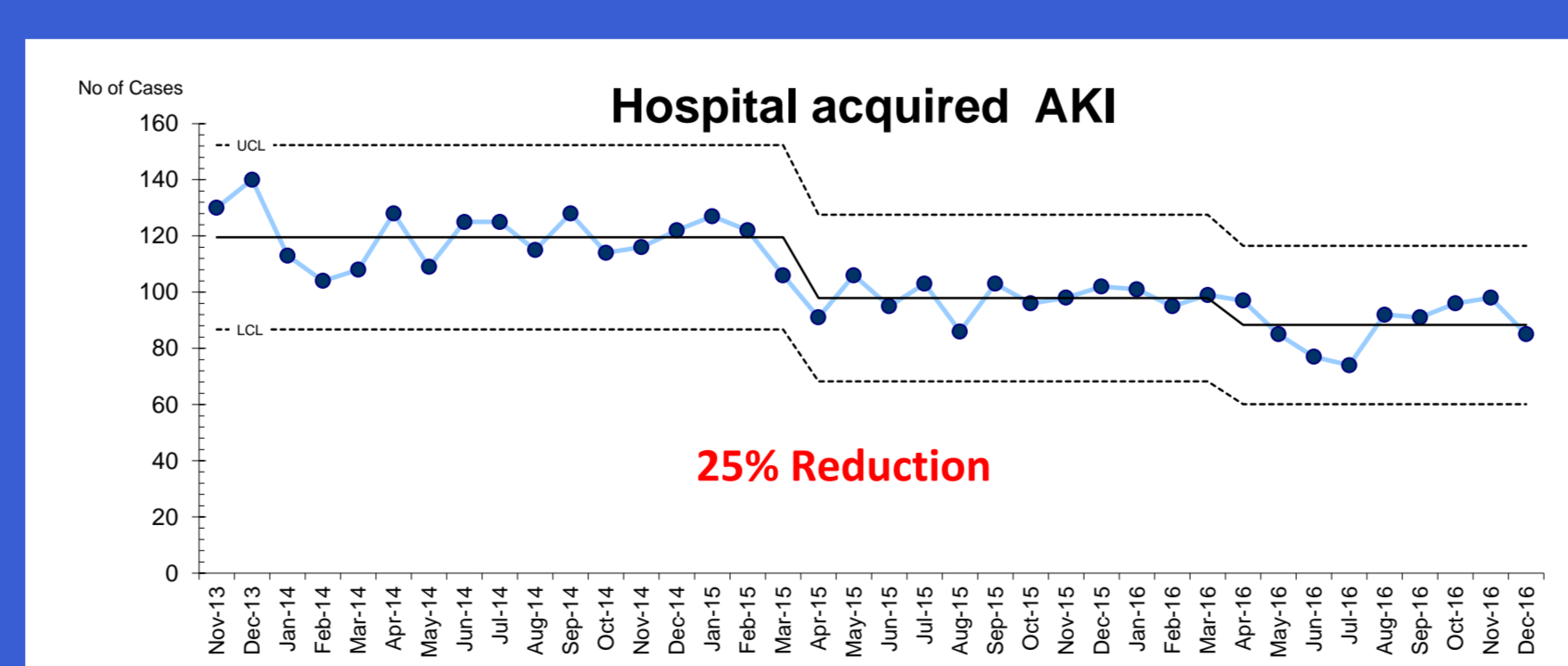
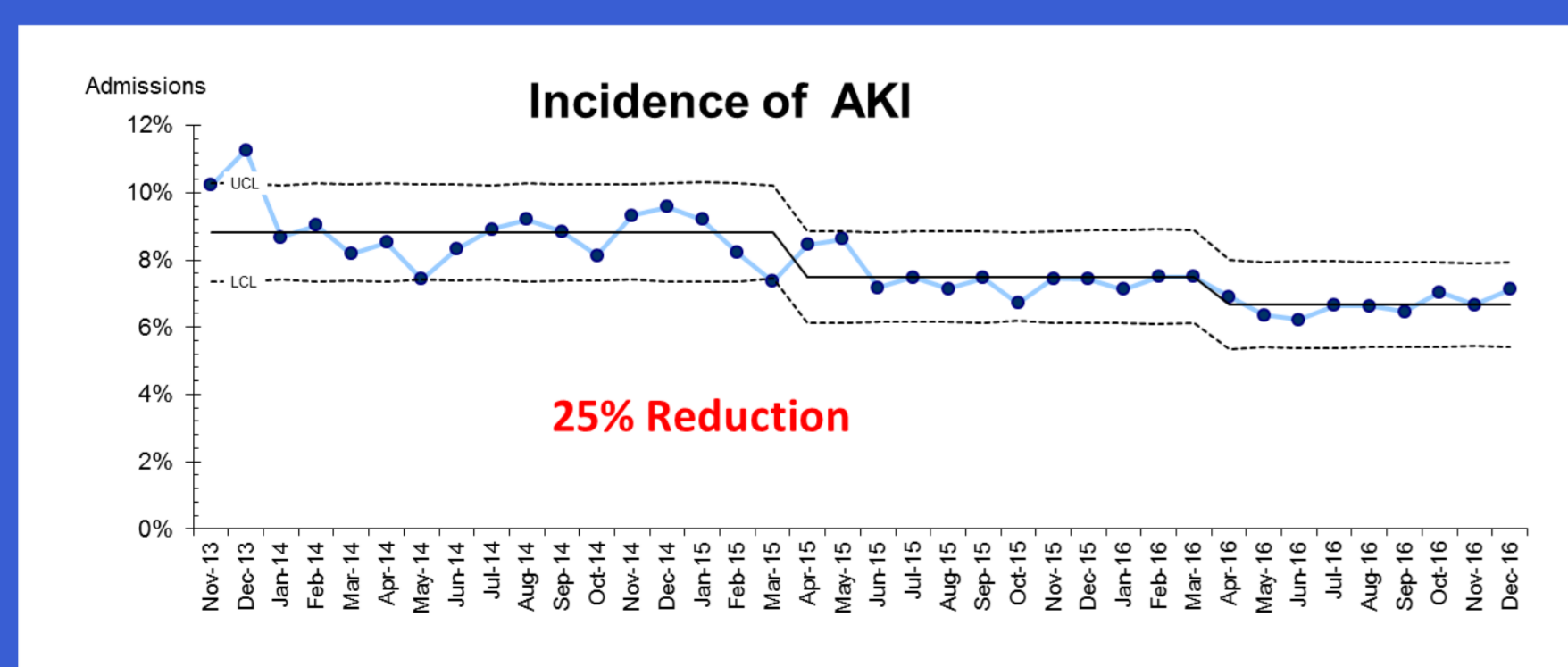


Results

Improvement in Process Measures



Improved Outcome measures



KEY ACHIEVEMENTS

Metric	Type	Targets by 31/12/15	Attainment/Reduction
AKI Detection	Process	95%	100%
Fluid Assessment	Process	95%	90%
Drug Review	Process	95%	98%
Adherence to AKI priority care	Process	80%	90%*excludes dipstick
AKI incidence	Outcome	10% Reduction	25%
AKI LOS	Outcome	10% Reduction	22%
AKI Days	Outcome	20% Reduction	42%
AKI Deaths	Outcome	10% Reduction	8%

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