Acute kidney injury: collaborative working to improve patient care

■ ANN UK ■ clinical research ■ clinical research nurse ■ education

Acute kidney injury (AKI) has been recognised as a problem for those within the renal community for many years. The National Confidential Enquiry into Patient Outcome and Death report (2009) assisted in raising AKI awareness in the non-renal community. After a flurry of activity following the report, with the introduction of National Institute for Health and Care Excellence (2023) guidelines and the NHSE patient safety alert (NHS England, 2014) that introduced the AKI algorithm into most laboratories across the country, there was a definitive improvement in AKI awareness, recognition, diagnosis and treatment. However, there is a still a lot to be done in this field.

The introduction of the new AKI dashboard (National Commissioning Data Repository/Renal Service Transformation Programme) means that organisations will now be able to examine key outcomes related to AKI service performance, which include AKI incidence, length of stay, dialysis dependency rates and readmission rates. This will allow organisations to benchmark against themselves year-on-year, as well as comparing outcomes to similar establishments. This dashboard aims to drive change intelligently, in an informed way, and ultimately, improve outcomes for this patient group. Indeed, there are lots of examples of improvements in renal management out there.

Being able to audit and react to AKI outcome data is especially important as the UK Renal Registry Summary of AKI Report (UK Kidney Association (UKKA), 2020) showed that the rates of AKI incidence are climbing. Almost 600000 people being diagnosed with AKI in 2020, 60% of which were being treated in hospitals. It is likely that AKI rates will continue to rise, with a mounting chronic disease burden increasing the number of people at risk of AKI and acute care services dealing with escalating acuity levels. This demonstrates that AKI continues to be a problem on a national scale, and even global scale.

During the global COVID-19 pandemic, the renal community was one of those who responded quickly to the new threat that COVID-19 posed, not only for acutely unwell people diagnosed with COVID-19-related AKI and facing a shortage in renal replacement equipment, but also for people with advanced kidney disease, those post-transplant and those receiving long-term renal replacement therapy. Through effective collaboration with the critical care services and other related areas, the renal community demonstrated how effective they are at working with other disciplines to address challenges that are faced. This effective interdisciplinary working is reflective of many groups that are collaborating to improve AKI care.

People with AKI are rarely cared for by nephrologists, with 93% of people being under the care of other parent teams. Therefore, it makes sense that working collaboratively with other clinical teams is the best way to improve AKI care and outcomes for all patients. Indeed, collaborative working is a dynamic process that enhances creativity, productivity, and problem-solving by bringing together diverse perspectives and skills. When attempting to improve care for people with AKI, it is well known that teamwork is essential for delivering high quality patient-centred care. Dedicated AKI specialist teams are well placed to bridge the gap between different specialisms, bringing together and using their knowledge and skills. By doing so, they are often able to exceed the capacity of any individual groups' efforts.

It may sometimes feel that there has not been much change recently in AKI care, however, there are examples of great work being completed almost everywhere across the medical field. The Association of Nephrology Nurses UK (ANN UK) AKI community of practice (CoP) group were delighted to be well represented at the UK Kidney Association AKI summit in Birmingham in September 2023.

The Association of Nephrology Nurses UK (ANN UK)

Becky Bonfield
AKI ACP/NIHR DCAF, University Hospital Southhampton NHS Foundation Trust, Association of Nephrology Nurses UK (ANNUK) Lead for Communities of Practice
Shelagh Bickerton
ANNUK AKI CoP Lead, Lead Nurse for AKI at the Royal Wolverhampton NHS Trust
b.bonfield@soton.ac.uk

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has a Community of Practice (CoP) group dedicated to AKI. CoPs are groups of individuals who share a common interest or passion and engage in collective learning and development around that topic. A CoP provides a supportive environment where members share their knowledge, experiences and examples of best practice, which in turn fosters both personal and professional growth. The ANN UK AKI CoP consists mainly of AKI nurse specialists/advance clinical practitioners, but has had increasing membership from allied nursing professionals related to renal/acute medicine who have an interest in improving AKI care. The group meet regularly and, in September 2024, started an education series, where half of every meeting is dedicated to providing AKI-specific education to the nurses attending. Whereas traditional 'renal' courses tend to focus on chronic renal disease management/renal replacement therapies, this education programme is tailored specifically for the needs of those managing AKI patients and includes subjects such as renal immunology testing, intrinsic renal disease, management of hyponatraemia etc.

The ANN UK AKI CoP is led by Shelagh Bickerton, lead nurse for AKI at the Royal Wolverhampton NHS Trust, who was involved in workshops around transitions of care and AKI nurse-led clinics with Becky Bonfield at the AKI Summit Meeting, September 2023. Becky is an AKI advanced clinical practitioner from Southampton, who is the ANN UK executive board member leading all CoP groups, who also co-leads the Innovation and Improvement Workstream for the UKKA AKI special interest group. There were also many other members of the ANN UK AKI CoP who were involved in workshops across the day, providing their specialist knowledge and expertise and contributing to the discussion and debate. There are many members of the ANN UK AKI CoP, who also have roles within UK Kidney Association AKI special interest group, allowing for cross-party working.

The UKKA AKI special interest group led the AKI summit meeting in September 2023, and not only were ANN UK well represented at the AKI summit but there were also specialists from all aspects of AKI care. NHS England patient safety team, general practitioners, intensivists, pharmacists, acute medical physicians and clinical scientists were all represented. To ensure that collaborative working was successful, clear goals and roles were assigned to workshops, recognising the knowledge, skills and expertise that was available within those smaller groups. All learning was brought together in a summary session at the end of the day to assist in understanding learning and future applications.

The AKI summit was an excellent example of effective collaboration that fostered an atmosphere of open communication and mutual respect. Individuals were able to share ideas openly and feedback was given in a proactive and supportive way. Using this inclusive collaborative working approach not only generates innovative solutions, but also strengthens relationships, as individuals learn from each other's expertise and experiences.

Collaborative working has continued following on from the AKI summit meeting, with key stakeholders involved in developing the AKI summit report. Once the report has been finalised, it will be sent to other groups that are involved in AKI care, including ANN UK, British Geriatrics Society, Association for Laboratory Medicine, UK NEQAS Clinical Chemistry, British Society for Heart Failure and more for their endorsement. The aim of this is to raise the profile of AKI, and assist in spreading the learning and knowledge from the report with people who deliver first-line AKI care; to change and challenge practice which will lead to better outcomes and patient experience.

The AKI summit report findings form an integral part of the UK Kidney Association AKI SIG and ANN UK CoP workstreams future work going forward. Alongside this, there is also now a national multidisciplinary AKI CoP group that is being set up and run by the renal networks. They will be involved in all future collaborative working, and such partnership that will ensure the success of projects and keep the fire burning for AKI patients everywhere. So, watch this space for the launch of the AKI Summit report! JKC

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☎ 020 7738 5454 jkc@markallengroup.com @JKidneyCare

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