

Example 2: AKI Shared Learning - The Bury CCG Model for Post-AKI care

Learning through cases note reviews, audit and feedback data and analysis of interviews with healthcare staff, Bury CCG has embarked on a [project](#) that aims to improve Post-AKI care.

Establishing a model for AKI learning and improvement:

A shift from performance management to a model of learning and improvement is considered necessary in order to address historical failings in patient safety within the NHS.¹⁻⁴ The improvement of secondary and primary care services for AKI addresses all five domains of the NHS Outcomes Framework for effectiveness, experience and safety⁵; suggesting that embedding strategies to optimise kidney health into routine care delivery is indicative of a high performing health organisation.

Previous research has shown that, whilst important, the introduction of guidelines or alerts alone are less effective in changing clinician behaviour or improving health outcomes, than when they are combined with feedback, education and support.^{6,7} There is evidence that targeted audit and feedback interventions have the potential to support behaviour change and improve patient safety in primary care.⁷⁻⁹ This approach is more effective when:

- there is a focus on areas of low baseline performance,
- education and feedback is provided by a supervisor or colleague,
- it is delivered in both verbal and written formats,
- and when it includes explicit targets and an action plan.⁹⁻¹¹

The Bury CCG Post-AKI Care project builds on an evidence-based approach to improve risky prescribing behaviours in primary care.⁸ Incentivized through a local Quality in Primary Care Contract (QIPC) i.e. a locally commissioned service) all 31 practices in Bury CCG agreed to:

- Participate in an audit of diagnostic coding of AKI in general practice following hospital discharge
- Attendance at a multidisciplinary education training session
- Development and implementation of a practice level action plan to improve the management of AKI in primary care

Aligned with national guidance including pilot indicators proposed by [NICE](#) in consultation with Think Kidneys¹¹, feedback reports to practices focus on four criteria:

- Recording of AKI diagnosis in the electronic record of the patients used by GP practices in Bury (on Vision);
- Medication review undertaken within 1 month of discharge
- Serum creatinine check undertaken within 3 months of discharge
- Written information (about AKI) given to patients

Resonating with the [STEW framework](#), learning is being generated through:

- Audit and Feedback reports
- Case Note Reviews
- Qualitative interviews with healthcare staff

It is anticipated that findings from the project will be available from December 2018. In the meantime, interim reports and resources include:

- [Overview of the Bury CCG Post-AKI Care Project: Case Study](#)
- [Bury CCG Post-AKI Care Interim Report – November 2017](#)¹²

Appendix 1 of the Bury CCG Interim Report provides comparison between those not Read coded versus those Read coded with an AKI diagnosis; 12% to 23% in medication reviews within 1 month of discharge, 58% to 79% in serum creatinine tested within 3 months of discharge, and 1% to 15% of patient provided with written information.

| | AKI Episodes | | | Total AKI episodes with: | | | AKI episodes coded in Vision with: | | | AKI episodes not coded in Vision with: | | |
|---------------------------|--|---|---|----------------------------------|--|------------------------------|------------------------------------|--|------------------------------|--|--|------------------------------|
| | Total with AKI reported in discharge summary | With AKI in discharge summary and coded in Vision | With AKI in discharge summary but not coded in Vision | Medication Review within 1 month | Serum creatinine check within 3 months | Written information provided | Medication Review within 1 month | Serum creatinine check within 3 months | Written information provided | Medication Review within 1 month | Serum creatinine check within 3 months | Written information provided |
| Number of episodes | 634 | 229 | 405 | 101 | 415 | 40 | 52 | 181 | 35 | 49 | 234 | 5 |
| 2016/17 (q1) | 111 | 36 | 75 | 10 | 77 | 4 | 3 | 28 | 3 | 7 | 49 | 1 |
| 2016/17 (q2) | 146 | 38 | 108 | 19 | 98 | 2 | 8 | 30 | 1 | 11 | 68 | 1 |
| 2016/17 (q3) | 168 | 63 | 105 | 32 | 107 | 14 | 14 | 47 | 14 | 18 | 60 | 0 |
| 2016/17 (q4) | 209 | 92 | 117 | 39 | 133 | 20 | 27 | 76 | 17 | 12 | 57 | 3 |
| Percentages | 100 | 36 | 64 | 16 | 65 | 6 | 23 | 79 | 15 | 12 | 58 | 1 |
| 2016/17 (q1) | 100 | 32 | 68 | 9 | 69 | 4 | 8 | 78 | 8 | 9 | 65 | 1 |
| 2016/17 (q2) | 100 | 26 | 74 | 13 | 67 | 1 | 21 | 79 | 3 | 10 | 63 | 1 |
| 2016/17 (q3) | 100 | 38 | 63 | 19 | 64 | 8 | 22 | 75 | 22 | 17 | 57 | 0 |
| 2016/17 (q4) | 100 | 44 | 56 | 19 | 64 | 10 | 29 | 83 | 18 | 10 | 49 | 3 |

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