

Acute Kidney Injury: A Quality Improvement Approach

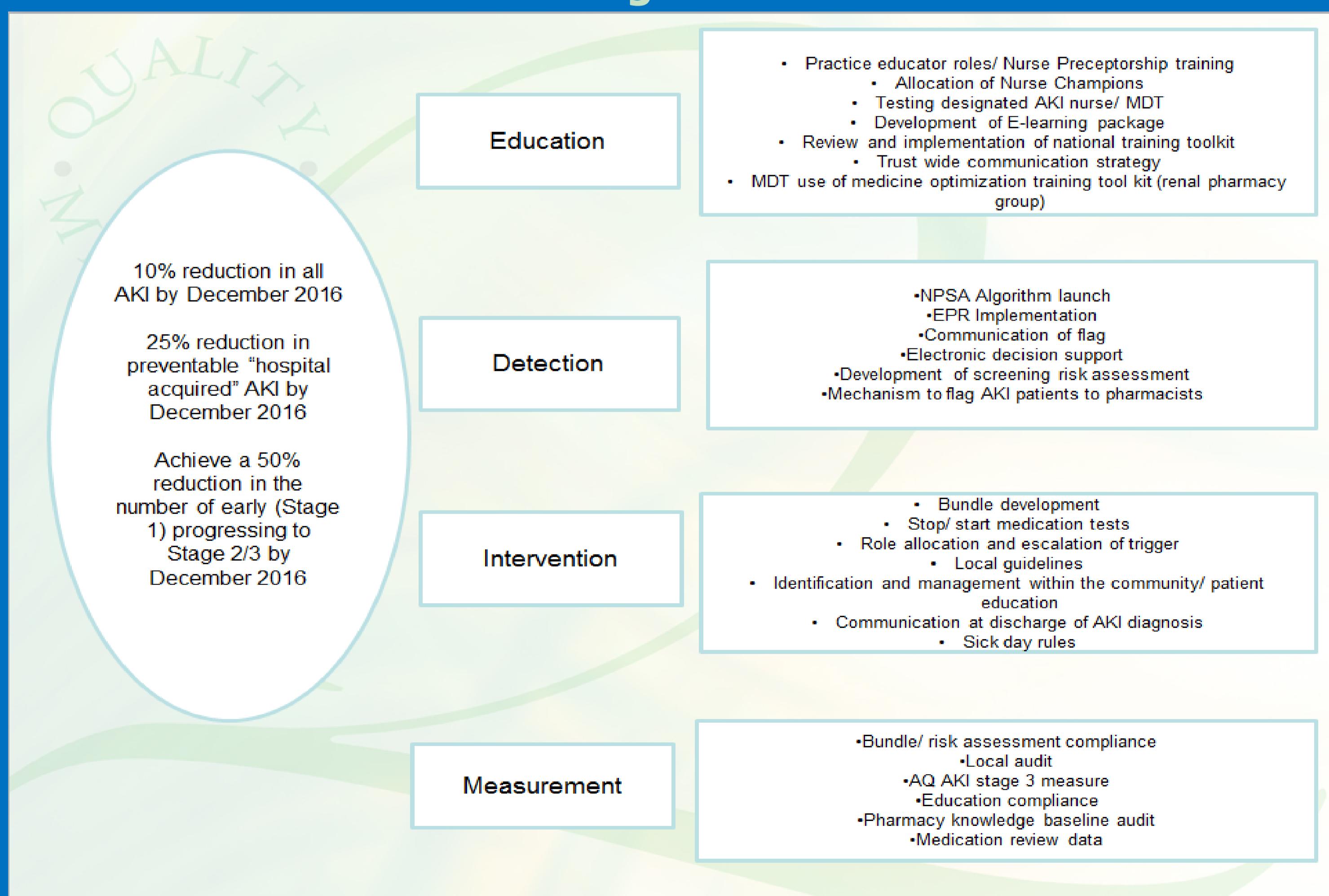
Background

In 2014 Salford Royal NHS Foundation Trust launched a Trust-wide initiative to improve acute kidney injury (AKI) care (Fig 1). The improvement work is based on the Institute for Healthcare Improvement's Breakthrough Series Collaborative (BTS) model (Fig 2).

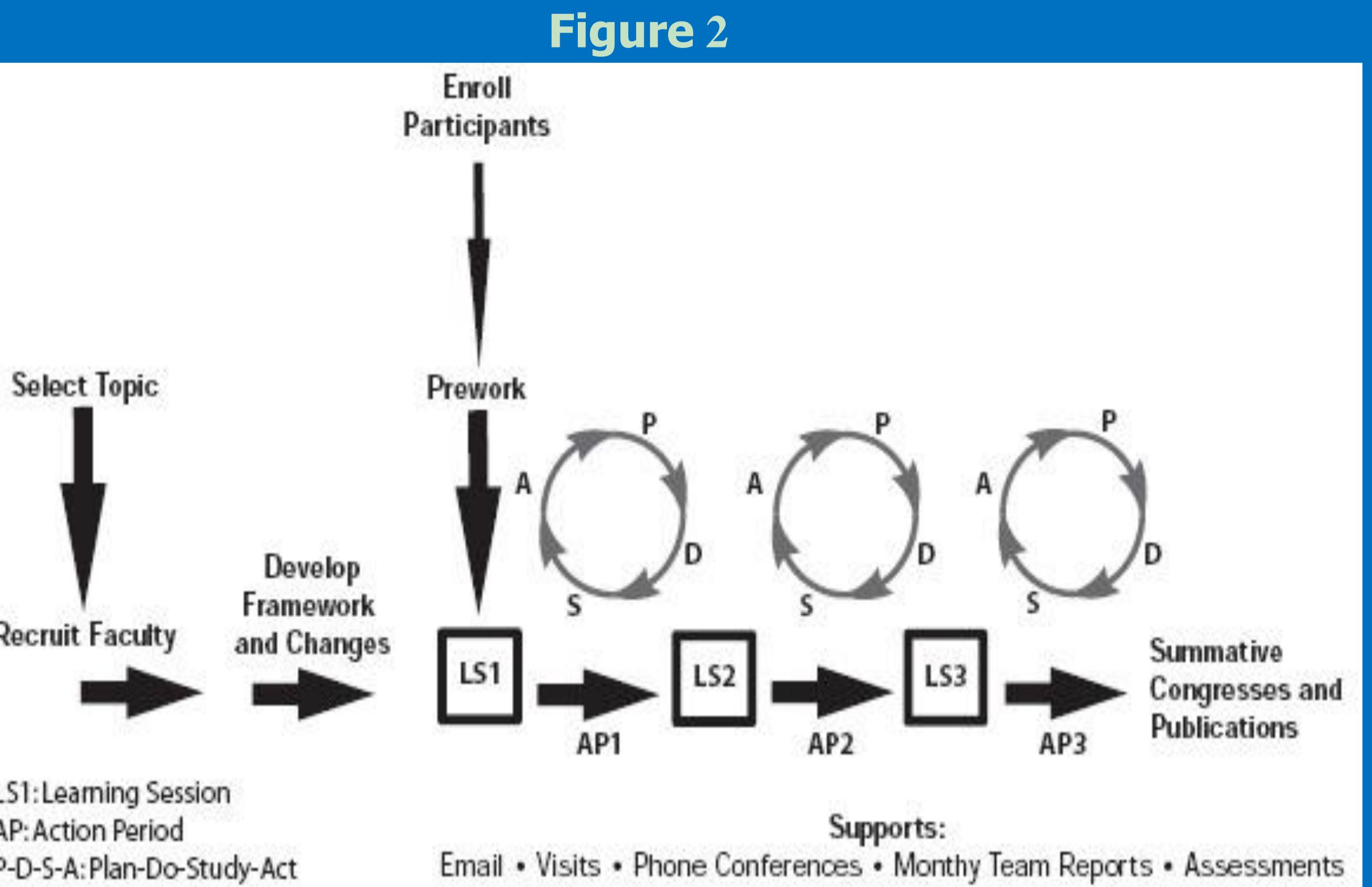
Learning sessions are used to:

- Learn AKI best practice and Quality Improvement (QI) theory
- Develop test of changes using Plan Do Study Act (PDSA) Cycles.

Figure 1



Produced by the Salford Royal AKI Working Group in collaboration with the NIHR CLAHRC Greater Manchester



Evaluation

A qualitative evaluation is being conducted in partnership with the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care (NIHR CLAHRC) Greater Manchester.

The evaluation will be organised through two linked workstreams:

1. Participation in the improvement programme focussing on specific issues such as spread and sustainability
2. Exploring the views and experiences of patients with a recent episode of AKI

Evidence gathered through the second workstream will be used formatively to aid the development of the QI collaborative, thereby involving patients directly in improvement work within the Trust.

Improvement work

Between learning sessions, tests of change are developed and refined. At the end of the collaborative a change package is then spread across the organisation.

Ten multidisciplinary teams from across the organisation are engaged in the collaborative.

Tests of change have focused around (Fig 3):

- 1) Putting the 'SALFORD' AKI best practice care bundle into practice
- 2) Putting the AKI algorithm and changes to the electronic patient record into practice.

Statistical process control charts will be used throughout the improvement work.

Figure 3



Further information can be obtained from:

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