

The NHS campaign to improve the care of people at risk of, or with, acute kidney injury

### About us

Think Kidney comprises the Think Kidney Programme Board, and six Workstreams. It is a collaborative of key clinical experts including the National Clinical Director for Renal Disease, NHS England and The UK Renal Registry.

Members of the Programme Board are from the above organisations as well as patient representatives, AHSN, a CCG, Public Health England and NHS IQ.

### Purpose and vision

To save lives and improve care and reduce harm and to measure, educate and manage AKI better, thereby increasing safety and improving efficiency

### The challenge

To reduce the risk and burden of AKI. The programme will lead work on the development of sustainable clinical tools, information, education and levers, and will prioritise patient empowerment.

### Comms check list

Clear purpose

Right audience

Clear language

Appropriate channels

### We're talking to

- NHS clinicians primary and secondary care
- NHS managers and commissioners
- Social care
- Patients, carers & the public
- Commissioners
- Public Health England
- Associated renal charities
- Other statutory organisations AHSNs, LETBs etc.
- Regulatory partners NICE, CQC, Monitor etc .
- Education providers
- Media

### Messages

- AKI is an emerging global healthcare issue
- AKI is recognised as a serious patient safety challenge
- One in five emergency admissions to hospital will have AKI
- AKI is 100 times more deadly than MRSA infection
- Up to 30% of AKI cases are preventable
- Cost of AKI to the NHS is between £434-620million pa
- Incidence of AKI is increasing
- The Think Kidneys programme responds to the NHS Outcomes Framework

### Impact

The impact of the programme will be to deliver better management of AKI, improved measurement of its impact and incidence and more effective education for those involved in the provision of health and social care.

Developing a strong brand and identity for the programme as well as effective communications will contribute to the overall impact of the programme.

Co-creation, engagement and involvement, and the development of a 'community' are features of our communications activities.

### Think Kidneys Workstreams

The outputs and objectives of the 6 workstreams are being reviewed for the coming year. We will highlight them here in the next two months. Below is latest activity for each workstream. Comms activity will support developments for awareness raising, behavioural change and implementation.

#### Risk

Working to identify communities at risk and risk calculators for AKI for secondary care, making use of best evidence and guidance already in use.

#### Education

Working on accreditation of local education programmes on AKI. Linking with RCGP to look at capability of primary care in dealing with AKI in the community.

#### Detection

Responding to queries from JISMAIL. Working to ensure our advice is reasonable and practical for those working with the algorithm.

#### Intervention

Completed drafts of secondary care bundle. Working with NHS England on minimum data set for primary care when a patient returns home after an episode of AKI

#### Implementation

Pathfinder has recruited 3 clinical champions to create and deliver education and awareness for primary care to achieve locally enhanced services

#### Measurement

Working with LIMS suppliers. Best practice document on website. Testing the data flow at Derby from the algorithm.