



Think kidneys CCG Acute Kidney Injury Quarterly Report

for NHS MERTON CCG (E38000105)-July 2018 to September 2018

The quarterly rate of AKI alerts in this CCG is 1,878 per million population

The confidence that this is an accurate estimate of the real rate of AKI alerts is **GREEN**

How to interpret the confidence rating

In respect of quarterly AKI rates all CCG are categorised as:

GREEN - where we are confident that all the labs serving this CCG population provided data for this period. This means that all labs in the CCG, and all labs in neighbouring CCGs, provided data*. This is likely to be the real rate of AKI alerts in the CCG population during these three months.

AMBER - where only some of the labs serving this CCG population provided data for this period. The labs within the CCG provided data but not all the neighbouring CCG labs. Data for people living towards the boundaries of the CCG may well be missing. This means that the score is likely to be an under-estimation of the real rate of AKI alerts in the CCG population during these three months.

RED - where we have little or no data from the labs covering the CCG population for this period. This is because at least one of the labs within the CCG has not provided data. This means that the score is likely to be a significant under-estimation of the real rate of AKI alerts in the CCG population during this quarter.

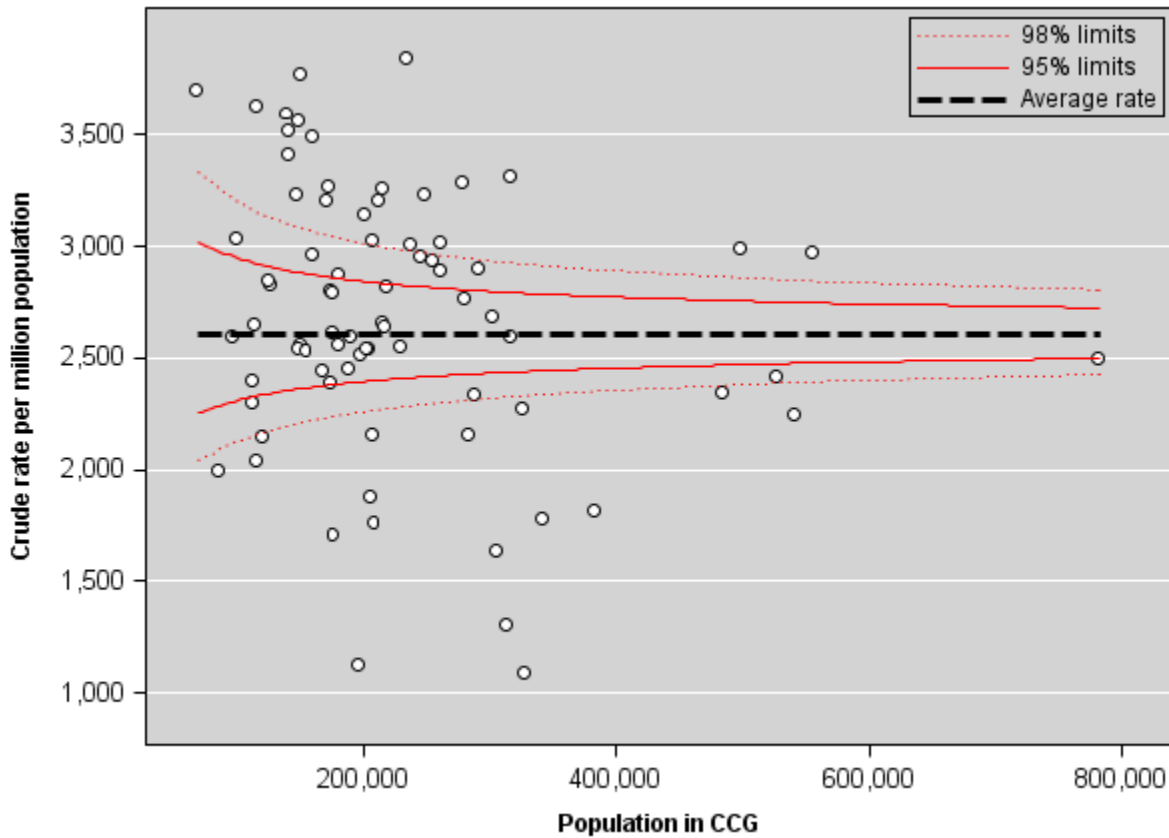
*The methodology for determining the AKI confidence rating have been changed for this report. The change applies to CCGs without a local laboratory where a GREEN rating no longer requires all neighbouring CCGs to be rated GREEN for the CCG without a local laboratory to be GREEN. The previous conservative method was originally applied to CCG rates without a local laboratory to prevent false assurance of confidence in the coverage of the AKI rate, but increased laboratory returns now make this method unnecessary.

How does NHS Merton CCG compare to others?

In the three months covered by this report 138 of 162 pathology labs in England have provided sufficient data on AKI to be included in this report.

77 CCGs have an AKI rate confidence of GREEN. The range of rate of AKI alerts in these CCGs is shown below:

Figure 1. AKI rate for covered CCGs (July 2018 - September 2018)



What does this quarter's result say about the AKI rates for NHS Merton and how can we move a CCG that is RED/AMBER to GREEN?

Look at the list of labs which are required to enable reporting an AKI rate. In March 2015 NHS England issued a Patient Safety Alert requiring all labs to submit data on AKI to the UK Renal Registry (UKRR). Please contact your local labs directly if they are not reporting.



What can we say about mortality associated with AKI in England as a whole?

Over the last twelve months (October 2017 - September 2018) there have been 475,000 AKI alerts reported to the UK Renal Registry.

Using all the AKI alerts submitted in the last 12 months the overall age and sex adjusted thirty-day mortality is 16.3% and is higher with increased AKI stage.

Table 1. Thirty day crude and adjusted mortality for age and sex (October 2017 - September 2018)

| AKI stage | N | Crude mortality (%) | Adjusted for age and sex (%) |
|-----------|---------|---------------------|------------------------------|
| 1 | 332,333 | 12.78 | 11.44 |
| 2 | 80,947 | 27.40 | 24.31 |
| 3 | 61,879 | 31.07 | 28.29 |
| Total* | 475,159 | 17.65 | 16.30 |

*The total number of alerts is lower than the total number of AKI alerts that have been reported to the UKRR because of missing data in the mortality adjustment



How to improve AKI reporting in NHS Merton if not GREEN?

These are the laboratories that need to send data to the UKRR to report an AKI rate for this CCG in order for the AKI confidence to be GREEN.

Table 2. Laboratories within the CCG

| Home laboratories | | Submitting data |
|-------------------|------|-----------------|
| Name | Code | |
| No laboratory | - | |

Table 3. Laboratories in the neighbouring CCG

| Neighbouring CCG's | Laboratories | | Submitting data |
|--------------------|---------------------------------------|-------|-----------------|
| | Name | Code | |
| E38000040 | MAYDAY UNIVERSITY HOSPITAL LABORATORY | 692S0 | Yes |
| E38000090 | KINGSTON HOSPITAL LABORATORY | 692K0 | Yes |
| E38000092 | KING'S COLLEGE HOSPITAL LABORATORY | 692H0 | Yes |
| E38000179 | ST HELIER PATHOLOGY | 69750 | Yes |
| E38000193 | ST. GEORGES HOSPITAL | 697N0 | Yes |



Notes

What is Acute Kidney Injury (AKI)?

AKI is the term for a rapid decline in kidney function over a period of hours or days. It is commonly associated with acute illness especially in people who are more vulnerable because of their age or long-term conditions. As this report shows people with AKI have a significantly increased risk of dying. A significant proportion do not recover normal kidney function afterwards and develop chronic kidney disease. Several places in the UK are implementing strategies to tackle AKI.

What can I do if my CCG is AMBER or RED?

Look at the list of labs which are required to enable reporting an AKI rate. In March 2015 NHS England issued a Patient Safety Alert requiring all labs to submit data on AKI to the UKRR. Please contact your local labs directly if they are not reporting.

How is the rate of AKI alerts calculated?

An AKI alert is counted if it is received for person with a postcode inside the CCG boundary during the three-month reporting period. All stages of AKI alert are included, but during an episode of AKI only the first alert counted. A person is considered to have a new episode of AKI (and included in the count/ rate) if they have never had a previous alert, or it is more than 90 days since their last AKI alert. The three-month rate is calculated using the resident CCG population.

For further information about AKI please visit www.thinkkidneys.org