Building an AKI project team

Having a good project team is essential to plan and deliver a hospital-wide AKI improvement project. There is no single way to do this, but here we report the learning from the hospitals taking part in Tackling AKI in this regard.

Who makes up the team?

Across the five Tackling AKI hospitals, there were some roles that were common across all project teams. These were:

- **Clinical Lead: consultant, not necessarily a nephrologist.**
    - Provided enthusiastic leadership; engaging and influencing consultant colleagues (good links to medical consultants particularly important as the majority of AKI workload is within medicine); strategic direction for the group; engagement with senior management.
- **Project Manager:**
    - Provided organisational impetus and maintained momentum (in the Tackling AKI project helped design and deliver quality improvement interventions too). For Tackling AKI, these posts were funded by the Health Foundation grant, but our experience suggests that it is important to have this role in some form. Otherwise it is difficult to maintain the group's momentum and cohesion over time.
- **Clinical biochemist:**
    - Link between laboratory AKI detection and clinical teams. Important to ensure the AKI warning stage result is correctly understood and interpreted; input into the links between AKI detection and methods to alert clinical teams; and in some cases generate daily reports of patients with AKI to guide clinical teams (e.g. in Bradford, outreach team is provided with a daily list of all patients with AKI).
- **Health Informatics:**
    - Informatics team to link patient level hospital stay data to AKI warning stage results. Whilst this was essential for Tackling AKI methods, this concept would also allow generation of local, hospital-wide AKI incidence and outcome data for QI purposes. One hospital was able to engage a data analyst to set up regular reports based on this.
- **Doctors (senior and junior):**
    - Provide clinical input into the group, particularly around design of resources for clinical staff, education and publicity, junior doctor 'champions' to help influence colleagues.
- **Nurses (senior and junior):**

    - Equally important to engage the MDT, so the same provision of MDT clinical input into the group, particularly around design of resources for clinical staff, education and publicity.
    - Engagement with ward nursing teams via educational programmes has also been a powerful way to engage and motivate more widely.
- **Pharmacist:**
    - Medication management is a key element of AKI care; pharmacy engagement has been valuable to link ward practices with AKI risk prevention and management. Examples are reminder cards for ward nurses, and use of the traffic light system to help easily remember key drugs.
- **Education team:**
    - Linking in with existing educational resources, working to embed AKI teaching in regular teaching schedules, linking AKI to other initiatives around the deteriorating patient and sepsis.
- **Quality Improvement or Professional Standards representatives:**
    - Regarding AKI as a patient safety issue, incorporating AKI into quality and safety workstreams, developing quality standards and dashboards for AKI. As well as QI approach to improvement this has also been part of the Tackling AKI sustainability plan.

OTHERS

Individual AKI teams also had other members as follows:

- <u>Patient representatives</u>
    - We aimed to ensure that we had meaningful patient involvement in our AKI teams. Different sites took different approaches to this, some including patients in AKI operational meetings, other not. A number of patient facing materials were produced during the Tackling AKI study and patient involvement did change and improve this (e.g. Leeds AKI patient leaflet, produced in standard and easy read formats). See our resources around how we included PPE that explains this in more detail

- <u>Outreach team</u>
    - In some sites, outreach teams provided on the spot education and raised awareness of AKI in interactions with junior medical staff, prompted by patient interactions. In some sites, lists of AKI cases were generated and sent to outreach teams daily.
- <u>Dedicated CQUIN/AKI nurse</u>
    - Delivered on the spot education, performed ward walks to raise awareness and encourage care bundle use, collected data on process measures (e.g. spot audits of care bundle usage). As these posts were supported by CQUIN

funding, this is a good example of how a commissioning tool had direct and indirect benefits on provision of resources for AKI. May not always be available, but local commissioning strategies could consider this approach.

- Communications team
    - Linking in with hospital communication teams allowed production of professional standard publicity materials, easy links to hospital branding etc. and access to all methods of publicity including screen savers and social media. See our separate resources on communication plans that explain this in more detail.
- Improvement Academy, Leadership Fellow
    - Improvement fellows already in place contributed to the Tackling AKI project in some site, providing leadership by example, and helping with quality improvement.
- Strong executive support
    - In addition to executive sponsorship, some AKI groups had representation from senior trust members e.g. lead for quality and safety. This brought the ability to 'unblock blocks' within the trusts. Examples include helping solve IT issues, organising staff support for specific activities e.g. audit.
- Audit team
    - Data collection for Tackling AKI included audit requirement; however, engaging with the Trust audit team may be one method to secure some audit personnel time to support AKI activities.

How did the teams work?

Mostly, teams operated in a standard way with monthly operational meetings. In addition, teams:

- Ensured that they had visible support from medical director or chief executive.
- Met intermittently with AKI teams from other hospitals within their network to share learning. This happened as part of the Tackling AKI 'peer review' process, and within regional QI networks.
- Delivered education sessions including grand rounds.
- Met individual departments and sometimes even with individual colleagues to engage support.
- Developed sustainability plans – including business cases for AKI nurse (standalone or integrated with outreach), progressing IT (alerts, care bundles and guidelines), embedding AKI metrics into trust governance framework.
- Utilised links and materials to national AKI projects, in particular Think Kidneys www.thinkkidneys.nhs.uk