People constantly have to vary how they do work to achieve successful outcomes due to changing system conditions

Discharge planning

WAI – Current policy recommendations (CQUIN): 1) Stage of AKI; 2) Med review; 3) Type of blood test required on discharge; 4) Frequency of blood test

WAD - Suggested workarounds: Better hand over required to reduce uncertainty and help determine the urgency of response. To achieve this, greater clarity required on: 1) AKI stage and cause(s); 2) baseline and discharge SrCr; 3) changes and reasons for medication changes; 4) blood pressure at discharge; 5) evidence of communication with patients & carers.

Also, suggest hospital organise bloods test and BP follow up with patients & carers.

Consider the overall system rather than focussing on isolated parts, events or outcomes.

Agree purpose of system and parameters for success

Purpose

- Recognition that AKI work is largely in the context of caring for people with complex health and social care needs.
- AKI: an acute problem but which informs future management

Boundaries

- Common priorities to improve post-AKI care:
  1. Coding AKI an important step to enhance subsequent primary care management
  2. Work to improve communication with patients
  3. Work to ensure tailored and timely follow-up
  4. Work to become a ‘kidney conscious’ practice: safer prescribing; better communication; better response to crises

Explore the experiences and views of all people who work in the system to better understand the work system and change implementation issues

RCGP Quality Improvement project 2017-2018

1. Learning generated through 148 case note review conducted in 24 general practices across England and Scotland
2. Reflections, actions and improvements considered to address patient factors; professional factors; role of practice team; role of secondary care; other systems issues
3. Case note reviews discussed at practice meetings, including joint meetings with staff (AKI nurse specialists from secondary care).
4. Learning also generated through a workshop as well as a shared learning event comprising nephrologists; GPs; AKI specialist nurses; pharmacists; biochemist; medical student; patient representatives

Explore varying demand and capacity, how resources (eg equipment, information and time) and constraints (guidelines, protocols) influence work-as-done

Identify leading indicators of impending trouble

Examine how conditions of work influence staff well-being

Demand

1. Anxieties over opening up a ‘Pandora’s box’ of new work v formalising existing work that has been part practice for ‘decades’
2. Feedback also that currently low numbers and therefore balance between manageable work v insufficient to be a priority

Capacity

1. AKI seen as a marker of vulnerability & frailty and therefore align with existing practice approach to care planning
2. Aligned with skillset of Practice Pharmacists - aware of relevance of kidney function in conducting med reviews. But caution to ensure realistic medicine approach rather than protocol driven care

Resources

1. Local incentive enabled practice buy-in to AKI work in context of competing priorities (work of educational event, audit; action plan)
2. Embedding Think Kidneys resources/guidelines into IT systems
3. Polypharmacy guidance to help decisions to restart/de-prescribe
4. Structure for creating a practice level action plan (i.e. QI resources)

Constraints

1. Lack of structure to follow-up - No practice plan for dealing with AKI
2. Variable documentation/communication from secondary care (e.g. “GP to follow up”; no reasons for change in meds)