

Sustained clinical improvements for deteriorating patients:

Outcomes and learnings from the UCLPartners AKI and Sepsis Patient Safety Collaboratives

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A large-scale two-year patient safety collaborative across 13 hospitals in the South East of England delivered significant and sustained mortality reductions for patients with acute kidney injury (AKI) and sepsis, evaluated through a novel researcher-in-residence model.

Aims

The aim of the programme was to improve quality of care for AKI and sepsis patients, as well as to develop improvement capability, organisational change management and patient safety leadership.

The collaboratives had a set of aims to achieve improved outcomes for people with AKI and sepsis, including: increasing 30-day survival, reducing length of stay and improved renal function.

Results

- 30-day AKI mortality improved from 30% to 16% - an improvement of 47%, exceeding the initial aim of 25%.
- 30-day sepsis mortality improved from 21% to 16% - an improvement of 24%, exceeding the initial aim of 20%.
- Sepsis length of hospital stay reduced from 8.2 days at baseline to 6.6 days in the implementation phase
- AKI recovery of renal function improved from 63% at baseline to 75% in the implementation phase.
- 10 trusts actively participated in the full 22-month collaboratives.
- 59 staff gained their IHI Open School Certificate
- Improved patient safety culture within and beyond teams through interdisciplinary communication, learning and coordination.

Discussion

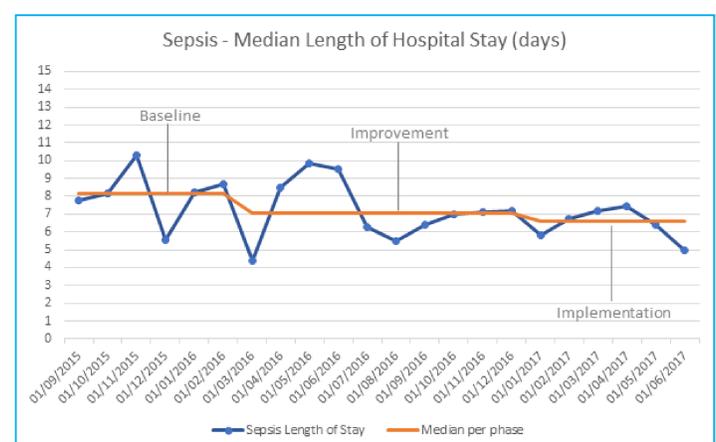
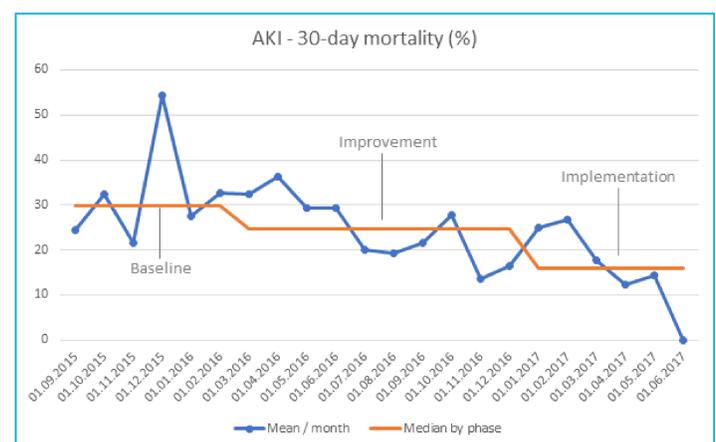
The AKI and sepsis BTS collaboratives led to measurable clinical improvements. Improved 30-day mortality rates and decreased length of stay suggest better patient care, whilst continued improvements indicate increased improvement capability at trust level.

Collaborative engagement and operational support correlated with improved outcomes. Improvements at trusts and the collaboratives overall benefitted from motivated teams with the support of their organisations, observable through continued engagement at learning sessions, webinars, improvement tests and regular data submissions.

The evaluation found that: support from trust boards and management improved staff motivation and empowered teams to drive improvements; staff motivation correlated with collaborative engagement at learning sessions, storyboards, data submissions and learning; a common sense of purpose was motivational for teams across the collaboratives.

Method

- An adaptation of the Institute for Healthcare Improvement Breakthrough Series Collaborative, consisting of one AKI and one sepsis collaborative with 5 learning sessions over the course of 22 months.
- 9 teams focussed on AKI and 12 focussed on sepsis.
- Monthly collection of process and outcome data.
- In-residence researcher to evaluate improvement motivation, barriers and facilitators.



Conclusion

Improvements in patient safety, and progress made in quality improvement projects and collaboratives, are more likely to thrive and be sustained if participating teams and individuals experience a sense of common purpose based on an evolving patient safety culture and supportive leadership that fosters an environment for learning and improving of quality.