

Factsheet: Implementation of NICE guideline on Acute Kidney Injury (AKI)

All figures per year	England	Per 100,000	Comments
Potential lives saved from intervention	10,000	18.70	Rough estimate based on NICE CG169. As this guidance is new and there is a risk of double counting lives saved, this figure needs to be treated with caution.
Potential lives saved U75	split not known		
Reduction in potential years of life lost (u75)	-	-	Definition of deaths used in the calculation: Deaths with a primary cause of acute renal failure (ICD10 codes, N17) PYLL reduction (all ages) estimated to be 160.55 per 100,000 population
Cost (£)	NICE finds it cost saving (average 4.7 fewer hospital days and less chance of chronic kidney injury) but additional costs and benefits vary significantly with current practice		
Cost-saving (£)			
Net cost (£)			
Strength of evidence			2

AKI is associated with 100,000 deaths in England per annum (though in most cases, not the primary cause). This is middle estimate - it ranges from 72,000 to 240,000.

Data are scant. However, based on published data and the NCEPOD report^{Error!}
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- 1 in 5 emergency admissions are associated with AKI. Of these, 60 percent arise in the community, 40 percent within secondary care
- Based on the 2009 NCEPOD report on AKI and death, 20-30 percent of cases were avoidable

We can estimate that up to 10,000 deaths might be avoidable per annum.

Clinical practice guidelines on Acute Kidney Injury, [NICE guidance CG169](#) and [NICE guidance CG50](#), have been developed for use in the NHS in England, Wales and Northern Ireland. It is a common problem amongst hospitalised patients, in

particular the elderly population whose numbers are increasing as people live longer. The guideline covers adults, children older than 1 month. Particular consideration will be given to the needs of older patients (65 years and older) and people at high risk of developing acute kidney injury, such as people with chronic kidney disease and urological disorders.

The implementation of the guidelines would:

- Have a high impact on outcomes that are important to patients
- Have a high impact on reducing variation in care and outcomes
- Lead to a more efficient use of NHS resources
- Promote patient choice
- Promote equalities
- Mean patients reach critical points in the care pathway more quickly

The Acute Kidney Injury (AKI) Programme Board has been established during 2013. The aim of the Board is to deliver and implement a structure and tools within 3 years that will lead to a fall in the number of preventable episodes of AKI, and with that a reduction in deaths associated with AKI. It will lead work on the development of clinical tools, information and levers and prioritise patient empowerment. It will utilise commissioning pathways and other clinical networks. It will also establish local and national data collection and audit leading to further safety improvement and target research towards areas that require elucidation.

We understand that a GRASP¹ tool for AKI is in development which will in due course provide a further resource to assist GPs in identifying people at risk.

¹ GRASP-AF is a free, simple audit tool used in primary care to aid risk stratification and effective management of Atrial Fibrillation (AF) patients, in order to reduce the risk of stroke. First developed by West Yorkshire Cardiovascular Network, the Leeds Arrhythmia team and [PRIMIS](#), methodology now being used to extend the tool to include heart failure, COPD and AKI.