NEWS RELEASE

New figures from the Kidney Alliance show Acute Kidney Injury (AKI) over 100 times more deadly than MRSA infection
Experts call for urgent action to prevent at least 12,000 unnecessary deaths per year

London, Thursday 14th March (World Kidney Day 2013): Leading doctors and campaigners are today calling for national action to address Acute Kidney Injury (AKI), as new estimates show that UK death rates from AKI are over 100 times higher than those caused by MRSA.

Figures compiled by the Kidney Alliance for World Kidney Day estimate that in 2011-12 death rates from AKI were between 62,000 and 210,000, compared to MRSA which caused 364 deaths in 2011, a number which had actually fallen by a quarter from the previous year. i ii

Research due to be published at the end of March indicates that through the delivery of optimal AKI care, at least 12,000 lives and £130m - £186m of NHS expenditure could be saved. Estimates put the full cost of AKI to the NHS as high as £789 million. iii

Commenting on the figures, Professor Donal O'Donoghue, National Clinical Director for Kidney Care, said “AKI is the major safety issue for the NHS. It affects the vulnerable, and thousands die unnecessarily because of failings in basic care. It’s the one single measure that will tell us if we are improving from the nadir of mid Staffs.”

AKI is a condition which occurs in up to one in five emergency hospital admissions iv, potentially affecting just over a million people in the NHS. In common with hospital acquired infections, such as MRSA, AKI is largely preventable through basic medical care such as ensuring patients are hydrated and have their medication reviewed.

Studies have shown that current care of AKI is variable and often poor, with only half of patients receiving ‘good’ care, and one in three patients receiving inadequate investigations. An estimated 20 per cent of AKI is the result of drug errors. v vi vii

Fiona Loud, Director of the Kidney Alliance and transplant patient said: “The general public, patients, and the NHS are rightly on red alert for patient safety issues like MRSA but worryingly, when it comes to AKI, a condition which is over 100 times more deadly, we are not. Through simple basic care in the NHS, up to a third of AKI can be avoided, with the potential to save thousands of lives.”

NICE Guidelines for Acute Kidney Injury are published today for consultation. However, despite the Government Cardiovascular Strategy recently highlighting AKI as a key cardiovascular priority, viii AKI remains a low-profile safety issue in the NHS, with many Trusts lacking protocols or procedures to deal with the challenge. ix

Dr Richard Fluck, Chair of the Kidney Alliance and President of the British Renal Society, said “Acute Kidney Injury is an issue on which focus has been sadly lacking. This is about improving care for the acutely ill, and is why we are calling today for increased education and awareness, attention to hydration for patients and for hospitals to ensure that they use policies to prevent, manage and treat AKI.”

ENDS
For further information or to arrange an interview please contact:
NOTES TO EDITORS:

About World Kidney Day:
World Kidney Day is Thursday 14th March and the Kidney Alliance wants to draw attention to this costly and harmful condition, which can be treatable for some, particularly if identified and managed early. For more information on World Kidney Day and on local World Kidney Day events, please visit: http://www.worldkidneyday.co.uk

About the Kidney Alliance:
The Kidney Alliance is an umbrella organisation with the aim of bringing together prevention and early identification of kidney disease and high quality uniform basis throughout the UK. Members: Association of Renal Managers, British Association for Paediatric Nephrology, British Kidney Patient Association, British Renal Society, Kidney Research UK, National Kidney Federation, Renal Association, Renal Nutrition Group, Royal College of Nursing. http://kidneyalliance.org

About AKI
AKI simply means a sudden loss of kidney function. It can develop quickly, and is extremely dangerous. In common with hospital acquired infections, such as MRSA, AKI is largely preventable through basic medical care such as ensuring patients are hydrated and have their medication reviewed.

Many patients who develop AKI are admitted with a primary illness that may appear unconnected, such as pneumonia, diarrhoea or a heart attack. In most cases they will be under the care of appropriate specialist teams relevant to this condition and the focus on their primary condition may sometimes mean AKI is missed at early stages. Consequently, the relevant, often simple, laboratory tests are not done and the diagnosis is not made.

AKI is a problem across all specialties; it is a hospital and practice-wide issue affecting in particular the acutely ill, the very young and the very old. Up to 30% of AKI is avoidable through the provision of basic medical care, including:

- reviewing medication
- ensuring that patients are hydrated
- routine assessment of patients’ risk factors for renal disease in all hospital admissions
- making sure at-risk patients receive appropriate laboratory tests and observations in addition to those for their primary condition
- ensuring that a patient is seen by a consultant within 12 hours.

NICE Guidelines
NICE Guidelines for Acute Kidney Injury are published today for consultation. For more information please see http://guidance.nice.org.uk/CG/Wave24/10.
REFERENCES:

1 Figures estimated by the Kidney Alliance for World Kidney Day 2013 using and published at http://www.worldkidneyday.co.uk
3 Provisional figures from The Economic Impact of Acute Kidney Injury, Marion Kerr (to be published end March 2013); presented at RCPE consensus congress Edinburgh, Nov 2012 and in www.hsj.co.uk/resource-centre/supplements/...hsj.../5031613.article
8 Improving cardiovascular disease outcomes: strategy http://www.dh.gov.uk/health/2013/03/cvd-strategy
9 NHS Kidney Care AKI audit Use of e-Alerts: Online Survey Results - NHS Kidney Care www.kidneycare.nhs.uk/document.php?o=734
10 www.hsj.co.uk/resource-centre/supplements/...hsj.../5031613.article