

CLINICAL AUDIT PROJECT PROPOSAL FORM

SECTION 1

Clinical Board:	Audit Ref: (For Audit office use only)
Directorate:	Sub Speciality (if applic.):
Clinical Director:	Directorate Audit Lead:
Audit Title: Recording the impact of acute kidney injury following major gastrointestinal surgery	

Clinical reason(s) for undertaking the audit and background information:

The National Confidential Enquiry into Patient Outcome and Death 'Adding Insult to Injury' (2009) report recommended that predictable and avoidable acute kidney injury (AKI) should never occur. Pilot work by the STARSurg group suggests over 15% of patients may experience post-operative AKI.

NICE guidelines state serum creatinine should be measured routinely pre-operatively (NICE CG3) and post-operatively (NICE CG169) and an NHS England directive (NHS/PSA/D/2014/010) requires identification of AKI based on these measures of creatinine.

Post-operative AKI has previously been associated with increased morbidity, mortality and costs^{1,2}. Early identification of AKI may mitigate some of these harms. Ensuring compliance with guidelines will ensure we are doing all we can to maximise patient outcomes. In order to identify areas where post-audit interventions could reduce the incidence of AKI, data on variables that may increase the risk of AKI will be collected.

References:

¹ Kim M, *Variations in the risk of acute kidney injury across intraabdominal surgery procedures*, Anesth Analg. 2014 Nov;119(5):1121-32

² Cloyd JM, *Does chronic kidney disease affect outcomes after major abdominal surgery? Results from the National Surgical Quality Improvement Program*, J Gastrointest Surg. 2014 Mar;18(3):605-12

Objectives: (specific details of what you are planning to investigate)

N.B. Forms with insufficient detail will be returned.

We will prospectively sample 4 separate 2-week periods of all consecutive adult patients undergoing gastrointestinal resection/ anastomosis or liver resection, as part of a **national** collaborative audit

Data for collection will include (see attached profroma):

- Patient demographics and co-morbidities
- Details of the operation performed
- Were U&Es performed pre-operatively
- Were U&Es performed post-operatively
- Risk factors for AKI
- Post-operative morbidity and mortality

Exclusions

- Appendicectomy
- Cholecystectomy
- Hernia repair
- Urological, gynaecological, or vascular surgical procedures

Data will be collated centrally as part of a **national** audit. It will be uploaded to a secure REDCap server

with permission from the Caldicott Guardian. No patient identifiable data will be uploaded.

Local and national audit findings will be presented to the surgical department and appropriate interventions agreed to improve compliance with the gold standards. Following intervention practice will be re-audited as part of national re-audit led by the STARSurg group in September 2016.

Guidance/Published Evidence/Standards for comparison (*Please provide specific details below*)

STANDARD		DETAILS
National Institute for Health and Clinical Excellence (NICE)	<input checked="" type="checkbox"/>	<p>NICE Clinical Guideline 3 All patients undergoing grade 4 (major +) surgery are recommended to have pre-operative renal function tested.</p> <p>NICE Clinical Guideline 169 <u>1.1.8</u> Assess the risk of acute kidney injury in adults before surgery.</p> <p>NICE Clinical Guideline 169 <u>1.3.2</u> Monitor serum creatinine regularly in all adults ... at risk of acute kidney injury</p>
National Service Framework (NSF)	<input type="checkbox"/>	
Integrated Care Pathway	<input type="checkbox"/>	
Royal College/Society	<input type="checkbox"/>	
Local	<input type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	<p>NCEPOD 2009: Adding Insult to Injury Principal recommendation: All patients admitted as an emergency ... should have their electrolytes checked routinely on admission</p> <p>NCEPOD 2009: Adding Insult to Injury Principal recommendation: All patients admitted as an emergency ... should have their electrolytes checked routinely on admission and appropriately thereafter.</p>

PLEASE NOTE: ONLY PROJECTS WHICH AIM TO MEASURE ACTUAL CLINICAL PRACTICE AGAINST GUIDANCE/PUBLISHED EVIDENCE/STANDARDS WILL BE REGISTERED.

Proposed date of project commencement:September 2015.....

Proposed date of audit presentation and forum:

Data to be collected: Prospectively Y

Will the project data be processed on a UWCM and/or home computer? No

If yes, you MUST ensure that :

- *You do not save patient identifiable data on the computer hard drive*
- *You have up to date anti virus software installed*