

Acute Kidney Injury [AKI]: Observational data from a large acute NHS trust prior to implementation of electronic alerts and care bundle

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INTRODUCTION

A national patient safety campaign in England has established electronic alerts for AKI together with care bundles in many acute NHS trusts. However there is limited evidence to support their use (LaChance, 2017, Nephrol Dial Transplant). AKI may frequently be a marker of severe acute illness or chronic illness, and in some patients interventions may need to be directed to the acute or chronic illness, rather than AKI.

OBJECTIVE: This study examines data from one acute NHS hospital trust in order to identify those who might derive most benefit from AKI alerts and care bundles.

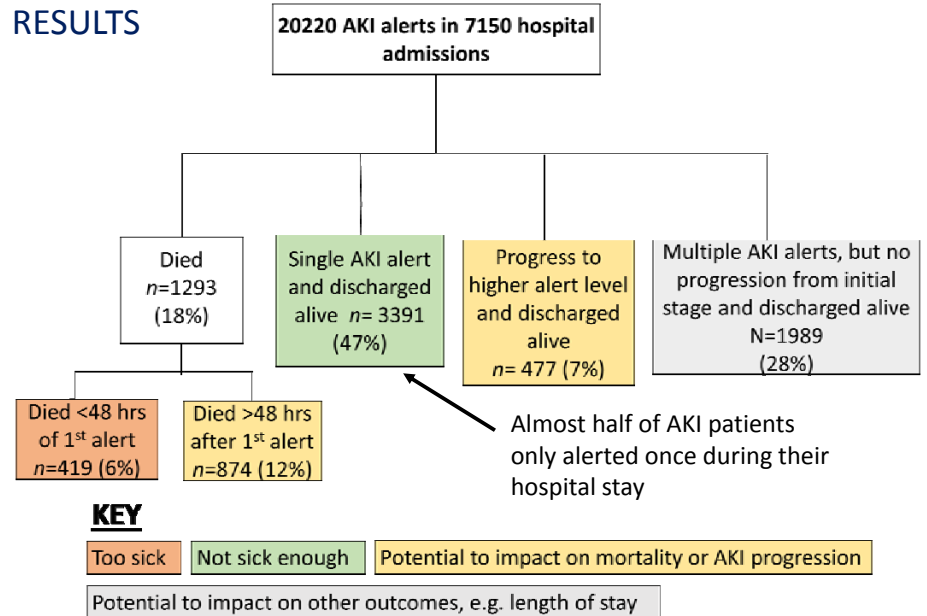
METHOD

- Oxford University Hospitals NHS Trust
- Time period: February 2015 – March 2016 (14 month period prior to launch of AKI alerts)
- Biochemical data for all patients who meet the criteria for AKI based on the national algorithm was linked to local hospital operational data.

KEY FIGURES

- 5066 (70%) community-acquired AKI (first alert <48 hours of admission)
- 5401 (72%), 1244 (17%) and 810 (11%) had AKI stages 1, 2 and 3 respectively as the initial AKI stage.
- Mean length of stay was 16 days.
- 4092 (55%) of patients were 70 or older.

RESULTS



DISCUSSION AND CONCLUSIONS

- AKI alerts and care bundles may not realistically affect mortality substantially, given that many of those who died, did so rapidly.
- Given that only 7% of patients progress to a higher AKI alert, an intervention targeting all patients with AKI is unlikely to substantially reduce AKI progression.
- It is possible that AKI alerts and care bundles may reduce length of stay.
- Rather than targeting all patients with AKI with a generic care bundle, one might be more effective in reducing progression and mortality by targeting those at greatest risk.