

Table S1. Survey Instrument

Case 1. 40-year-old male admitted after being found down in his home following a massive pulmonary embolism. The patient develops rhabdomyolysis (CK 49380) and KDIGO stage 3 acute kidney injury, warranting emergent hemodialysis on hospital day 2. He receives 1 additional session of hemodialysis over the course of a 2-week hospital stay, with gradual improvement in kidney function after that.

Pertinent PMH: asthma, bipolar disorder, hyperlipidemia

Discharge medication list:

- Albuterol inhaler 2 inhalations q4-6h as needed for shortness of breath/wheezing
- Apixaban 5 mg twice daily
- Aripiprazole 15 mg daily
- Atorvastatin 20 mg daily
- Fluticasone/salmeterol inhaler 250/50 1 inhalation twice daily
- Lithium 300 mg in the morning, 600 mg in the evening

Pertinent labs:

Lab	2 months prior to admission	Day 1 (day of admission)	Day 14 (day of discharge)	Reference Range
K, mmol/L	4.3	6.9	4.1	3.6-5.2
BUN, mg/dL	22	72	21	8-24
SCr, mg/dL	1.0	3.5	1.8	0.74-1.35
eGFR, mL/min/BSA	83	19	45	≥ 60
UACR, mg/g creatinine		11		< 17

\*UACR – urine albumin-to-creatinine ratio

1. What kidney function follow-up tests, if any, would you recommend for kidney function monitoring after discharge? (Select all the apply)
  - a. None
  - b. Serum creatinine
  - c. Cystatin C
  - d. Urine albumin: creatinine ratio
  - e. Other
2. When would you recommend follow-up laboratory monitoring of kidney function?
  - a. Within 14 days
  - b. Within 1-2 months
  - c. Within 6 months
  - d. Defer timing as indicated for other health care needs
3. How would you optimize this patient's medication regimen at discharge?
  - a. Switch atorvastatin to rosuvastatin
  - b. Monitor lithium levels and consider dose reduction (best answer)
  - c. Discontinue apixaban and initiate warfarin therapy
  - d. None of the above
  - e. Unsure

4. To what extent do you agree that this patient should be referred to a nephrologist for follow-up at the time of hospital discharge?
  - a. Strongly agree
  - b. Agree
  - c. Disagree
  - d. Strongly disagree

Case 2. 65-year-old female admitted with acute viral gastroenteritis and KDIGO stage 2 acute kidney injury from dehydration from persistent vomiting prior to admission. Her acute illness resolves and kidney function slowly improves with supportive management. The patient is scheduled to see her primary care provider 2 weeks following discharge for post-hospitalization follow-up.

Pertinent PMH: uncontrolled hypertension (pre-admission blood pressure 165/92 mmHg), type 2 diabetes mellitus, chronic back pain, gastroesophageal reflux disease

Discharge medication list:

- Amlodipine 5 mg daily
- Ondansetron 4 mg every six hours as needed
- Pantoprazole 40 mg daily
- Liraglutide 1.2 mg subcutaneously daily

Pertinent labs:

Lab	3 months prior to admission	Day 1 (day of admission)	Day 5 (day of discharge)	Reference Range
K, mmol/L	4.2	5.2	4.6	3.6-5.2
BUN, mg/dL	24	55	31	6-21
SCr, mg/dL	0.9	2.2	1.2	0.59-1.04
eGFR, mL/min/BSA	63	22	47	≥ 60
UACR, mg/g creatinine		45		< 25

\*UACR – urine albumin-to-creatinine ratio

5. What kidney function follow-up tests, if any, would you recommend for kidney function monitoring after discharge? (Select all the apply)
  - a. None
  - b. Serum creatinine
  - c. Cystatin C
  - d. Urine albumin: creatinine ratio
  - e. Other
6. Based on the 2017 ACC/AHA guideline recommendations for the management of hypertension, what is an appropriate blood pressure goal for this patient?
  - f. < 140/90 mmHg
  - g. < 130/80 mmHg (best answer)
  - h. < 120/90 mmHg
  - i. < 150/90 mmHg

7. What additional therapy, if any, would you consider adding at outpatient follow-up, based on her kidney function at the time of discharge and past medical history? (Select all that apply)
  - j. Lisinopril (best answer)
  - k. Ezetimibe
  - l. Atorvastatin (best answer)
  - m. Furosemide
  - n. None
8. To what extent do you agree that this patient should be referred to a nephrologist for follow-up at the time of hospital discharge?
  - o. Strongly agree
  - p. Agree
  - q. Disagree
  - r. Strongly disagree

Case 3. 70-year-old male admitted with upper gastrointestinal bleeding in the setting of chronic anticoagulation. He develops KDIGO stage 2 acute kidney injury due to significant blood loss. His kidney function eventually improves following an upper endoscopy with hemostasis on hospital day 2 and transfusions. He is scheduled for post-hospitalization follow-up with his primary care provider 2 weeks after discharge.

Pertinent PMH: Heart failure with preserved ejection fraction (EF 50%), unprovoked venous thromboembolism, hypertension, type 2 diabetes mellitus, 2 prior episodes of acute gouty arthritis, stage 3 chronic kidney disease

Discharge medication list:

- Allopurinol 200 mg daily
- Amlodipine 5 mg daily
- Atorvastatin 40 mg daily
- Furosemide 40 mg daily as needed (for weight increase > 2 kg)
- Insulin NPH 40 units twice daily
- Metformin 1000 mg twice daily
- Warfarin 5 mg daily

Pertinent labs:

Lab	2 months prior to admission	Day 1 (day of admission)	Day 14 (day of discharge)	Reference Range
Hgb, g/dL	10.1 g/dL	6.5 g/dL	9.5 g/dL	13.2-16.6
K, mmol/L	4.1	5.0	3.6	3.6-5.2
BUN, mg/dL	60	84	54	8-24
SCr, mg/dL	2.1	3.5	2.6	0.74-1.35
eGFR, mL/min/BSA	31	17	24	≥ 60
UACR, mg/g creatinine		205		< 17

\*UACR – urine albumin-to-creatinine ratio

9. What action should be taken with regard to his metformin prescription at this time?
  - a. Discontinue (best answer)
  - b. Reduce the dose to metformin 500 mg twice daily

- c. Continue at the current dose
  - d. Unsure
10. What other work-up, if any, would you recommend in the outpatient setting given his baseline comorbidities? (Select all that apply)
- e. None
  - f. Rheumatologic work-up for recurrent gouty arthritis
  - g. Anemia and metabolic bone disease work-up in the setting of chronic kidney disease (best answer)
  - h. Hematologic work-up given his history of thromboembolism and bleeding
11. To what extent do you agree that this patient should be referred to a nephrologist for follow-up at the time of hospital discharge?
- i. Strongly agree
  - j. Agree
  - k. Disagree
  - l. Strongly disagree

#### Demographics

1. How many years have you been in practice following completion of post-graduate training?
  - a. 1-5
  - b. 6-10
  - c. >10
2. What is your highest medical degree?
  - a. MD or equivalent
  - b. Nurse Practitioner or Physician Assistant
  - c. Other
3. Have you completed any post-graduate training at a non-Mayo Clinic site?
  - a. Yes
  - b. No
4. What is your primary practice specialty?
  - a. Nephrology
  - b. Primary Care/Internal Medicine
  - c. Other
5. What is your primary practice site?
  - a. Mayo Clinic in Rochester
  - b. Mayo Clinic Health System
  - c. Mayo Clinic in Florida
  - d. Mayo Clinic in Arizona

Table S2. KAMPS Framework for Kidney Follow-up Care

<b>K</b>	<b>Kidney</b> function assessment with laboratory testing
<b>A</b>	<b>Awareness</b> and education
<b>M</b>	<b>Medication</b> reconciliation and review
<b>P</b>	<b>Individualized blood Pressure</b> monitoring
<b>S</b>	<b>Sick day</b> education

Kashani K, Rosner MH, Haase M, et al. Quality Improvement Goals for Acute Kidney Injury. *Clin J Am Soc Nephrol*. 2019;14(6):941-953. doi:10.2215/CJN.01250119