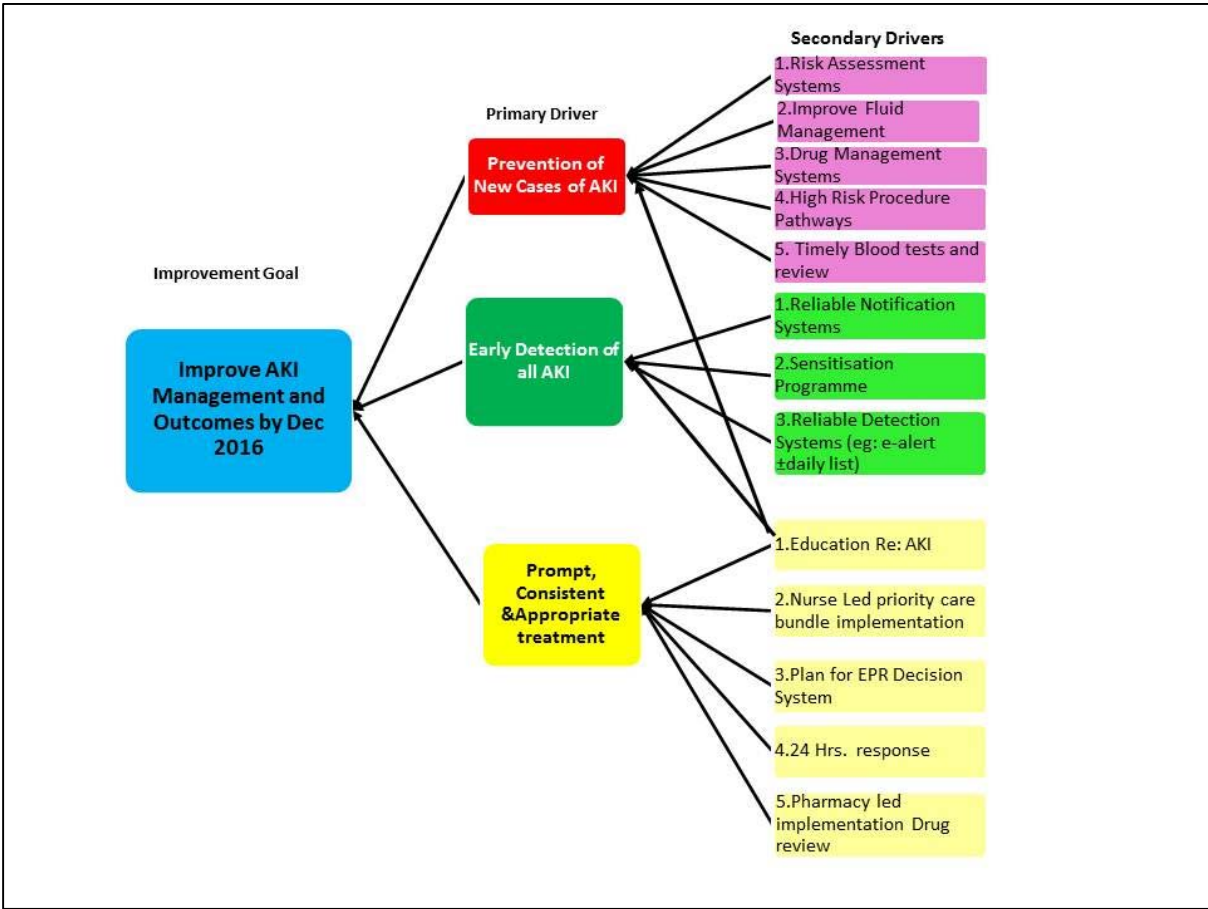
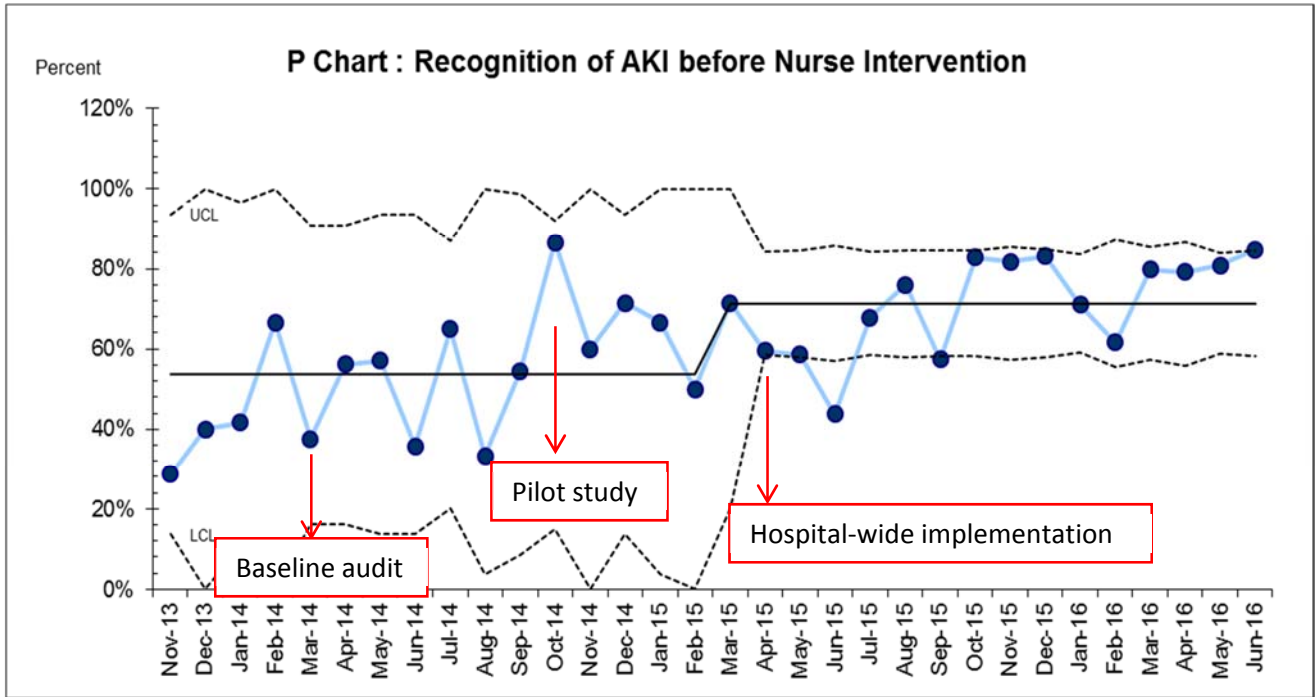


ACUTE KIDNEY INJURY PRIORITY CARE CHECKLIST (PCC)				
Name : _____		Hospital No: _____		
AKI Stage : ____		Cr Result : ____	Baseline Cr: ____ (Date: _____)	
Ward : _____		PCC Date : _____		
Doctor to tick when completed	Priority Care Action	Tick		Guidance
	1. Ascertain baseline creatinine (Lowest in last 6 months)	Done		If no Cr results in last 6 months ring GP
	2. Identify cause for AKI	Done		Document possible cause(s) in medical notes *
	3. Perform fluid assessment	Done		Minimum of daily fluid assessment
	4. Investigate for cause & consequences	Done		1 -Sepsis Markers # 2- Venous Bicarb or ABG *
	5. Consider catheterisation	Done	NA	1- All stage 3 2 - Obstruction suspected
	6. Renal & bladder ultrasound scan	Done	NA	1- All stage 3 2 - Suspected obstruction (NICE Guidelines <24hrs)
7. Consider referral to renal	Done	NA	1- Stage 3 Unclear Cause 2- Suspected Intrinsic Renal Disease 3- No Improvement > 24hrs 4- Dialysis may be Required	
Nurse	8. Fluid balance charts	Done		1- Strict Intake and output chart until further notice 2-Daily weights
	9. Perform & document urine dipstick	Done		1- MSSU(Infection Suspected) 2 - ≥ 2+ protein Send Urine-PCR
Pharmacist	10. Perform drug review	Done	NA	1-Stop nephrotoxins (ACE-I ,ARB, NSAID) 2 -Dosage review (antibiotics, diuretics, LMWH)
* Refer to Acute Kidney Injury Guidelines under Resources on Trust Intranet.				
# Refer to Sepsis Guidelines.				
Doctor Name/Sign: _____		Position/Bleep: _____		

Supplementary Figure 1- Priority Care Checklist

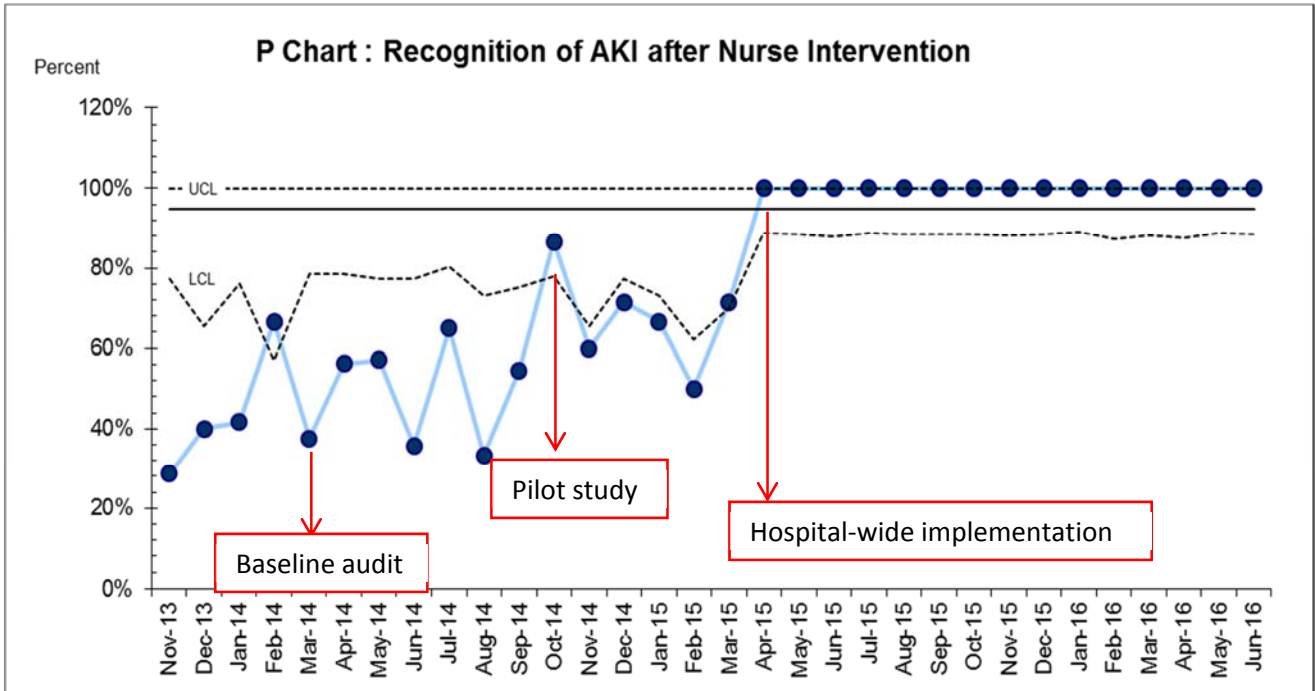


Supplementary Figure 2: Driver diagram



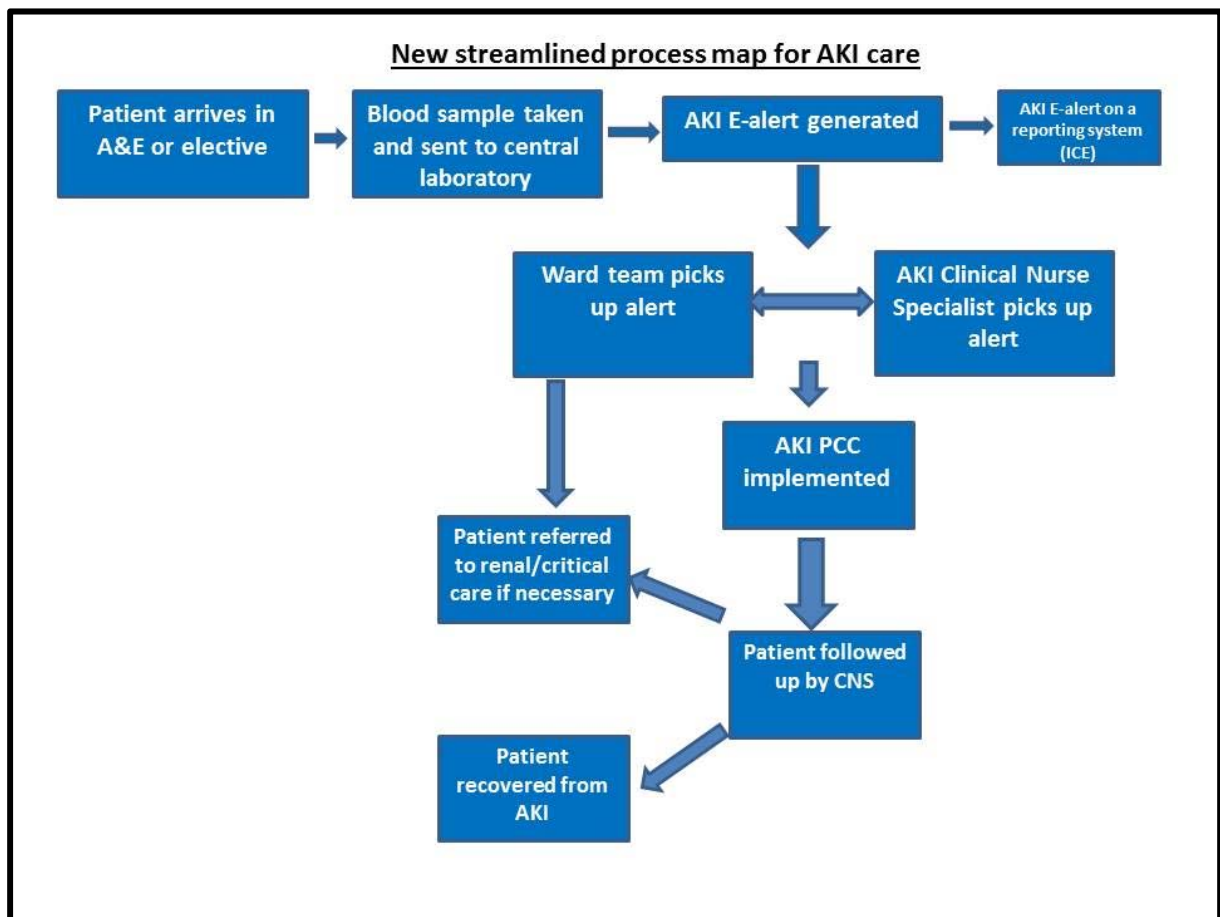
Supplementary Figure 3: Detection of AKI within 24 hours by ward teams.

AKI was detected within 24 hours in 47% of cases at baseline. This recognition by ward teams prior to the specialist nurses' visit to 84%.



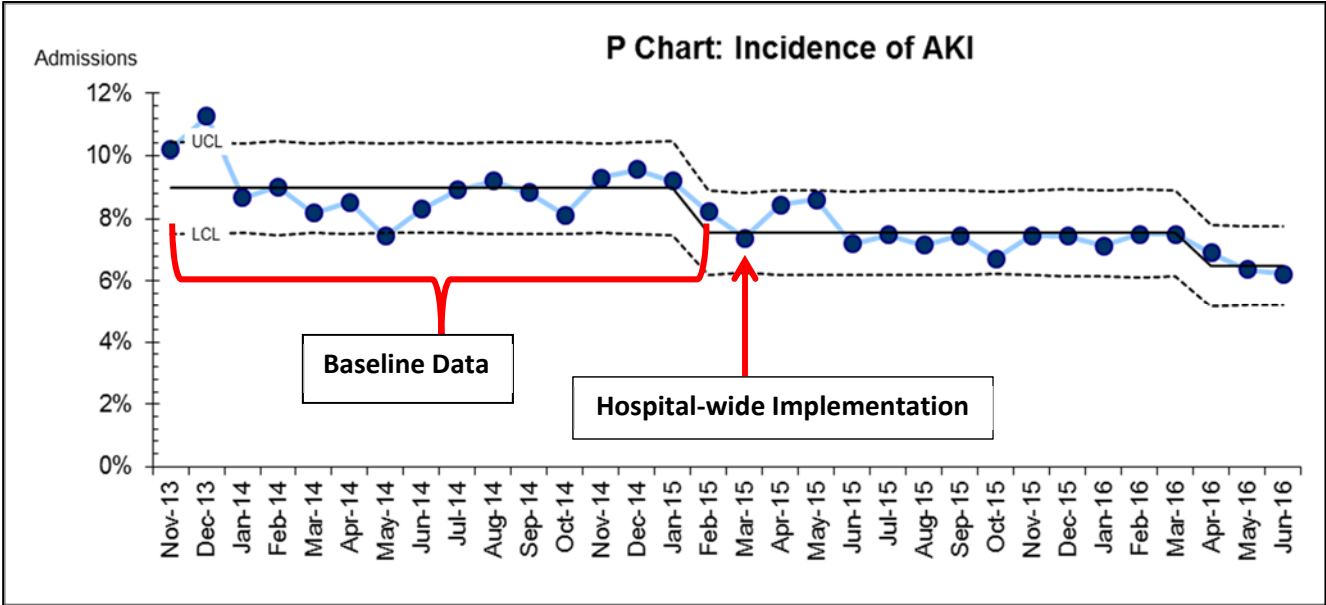
Supplementary Figure 4: Detection of AKI within 24 hours by the combination of ward teams and specialist nurses.

The combination of the ward teams, assisted by the AKI specialist nurses has consistently delivered 100% recognition within 24 hours since full implementation of the QI programme.



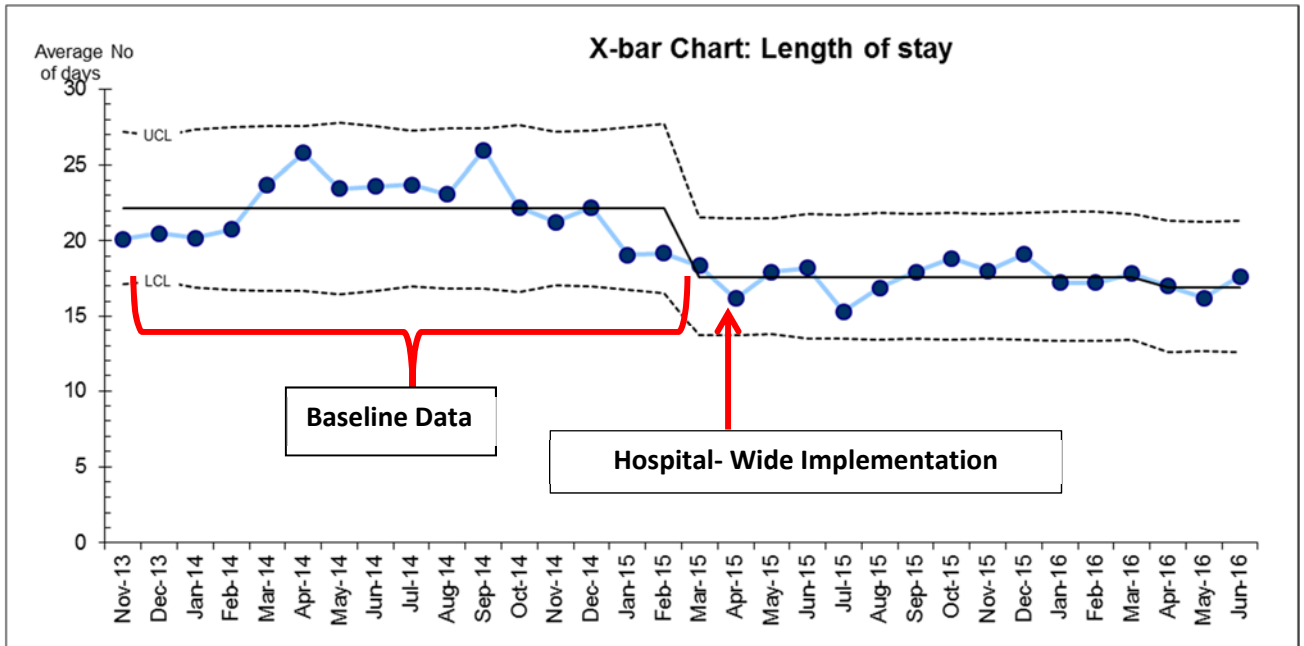
Supplementary Figure 5: New Streamline Process for detection and management of AKI.

In comparison to the pre-intervention AKI care process in figure 2, AKI detection and management now follows this new streamlined process that has strengthened or eliminated previous areas of weakness.



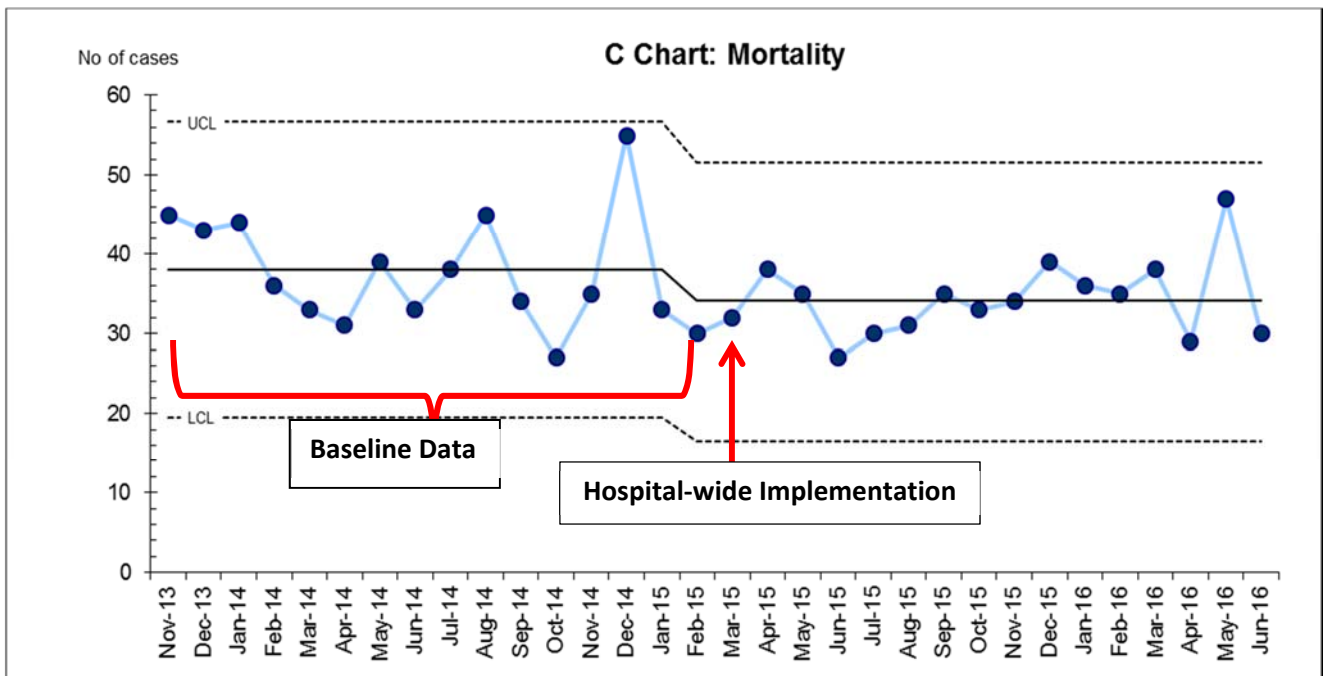
Supplementary Figure 5: Percentage chart showing incidence of AKI

Overall AKI incidence in inpatients has fallen consistently from a baseline of 9% of all admissions to 6.5% currently (31%).



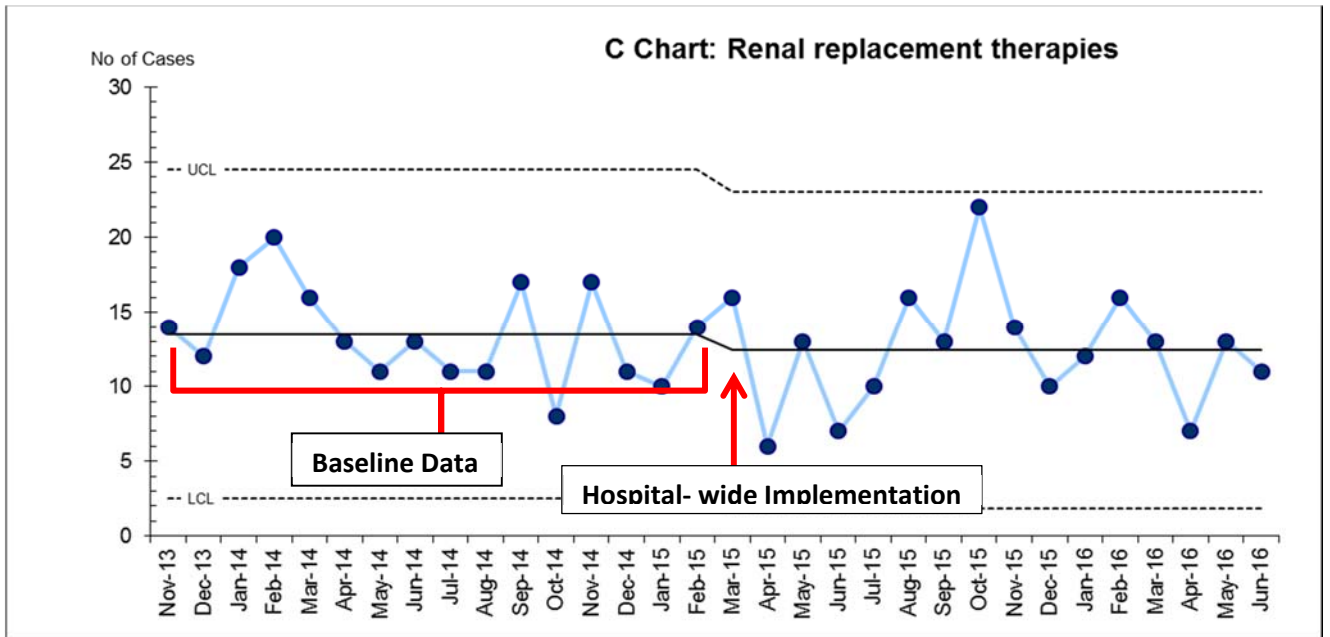
Supplementary Figure 6: Chart showing average length of stay of AKI patients

Prior to the QI programme, the average length of stay of patients with AKI was 22.1 days; this is currently sustained at an average of 17 days (23% reduction).



Supplementary Figure 7: Chart showing number of deaths of patients with a diagnosis of AKI

An average of 38 patients with a diagnosis of AKI died each month prior to the QI programme. There has been a tendency towards a reduction, with the current average of monthly deaths being 34 (10.5% reduction)



Supplementary Figure 8: Chart showing number of patients with AKI requiring renal replacement therapy

The average number of patients requiring dialysis and/or haemofiltration has not seen any significant change.

	Nurse	Pharmacist No		Pharmacist Yes	
		PCB No	PCB Yes	PCB No	PCB Yes
No Education -		-		-	+
	No alerting -	5	14& 15	AM2	CCU/35
	Face to face Alerting +	AMU FEMALE	45& 46	ETC S	ESTU M& F
	Telephonic alerting 0	CSITU	AM1	WARD 30.31.32	AMU MALE
Education to clinical Staff +	No alerting -	7&8	4	HDU	3
	Face to face Alerting +	AM4	11&12	37	44
	Telephonic alerting 0	AM3	ITU	9& 10	36

Supplementary Figure 9: Ward area allocation showing intervention(s) for factorial design study

This table shows the intervention factor allocation for the various experimental units in white (wards). The interventions are shown in orange and yellow with (+) and (-) denoting the use or not of that intervention within the relevant experimental unit. Reading the row across from the left and the column downwards from the top gives the combination of interventions for that particular unit. For instance, "AMU Female" had "No Education", "Face to face alerting by nurse" and "No pharmacist".