

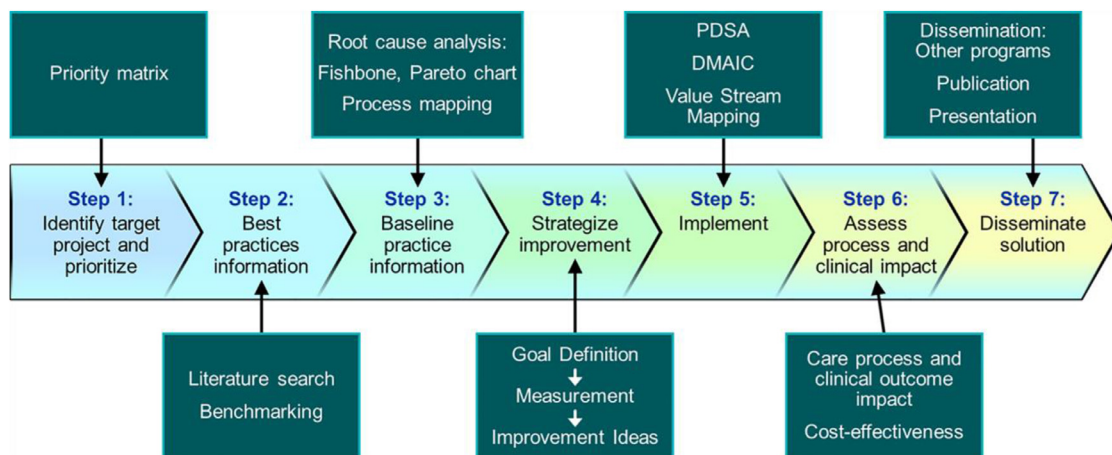
SUPPLEMENTAL MATERIAL

Supplementary Appendix 1: Acute Disease Quality Initiative (ADQI) Modified Delphi Process

The broad objective of ADQI is to provide expert-based statements and interpretation of current knowledge for use by clinicians and investigators, as well as to identify evidence care gaps and research priorities. The theme for the 22nd ADQI was “Quality Improvement for AKI” during a 2.5-day meeting in San Diego, California, October 28-30, 2018. The panel was made of 32 participants and represented nephrology, critical care, nursing, pharmacy, basic science, and epidemiology and several continents including Asia, North America, South America, and Europe. The members were divided into 5 separate workgroups to capture the full spectrum of AKI care from the community to post-AKI setting.

The consensus conference activities for each of the 5 workgroups were divided into 3 parts. First, the preconference

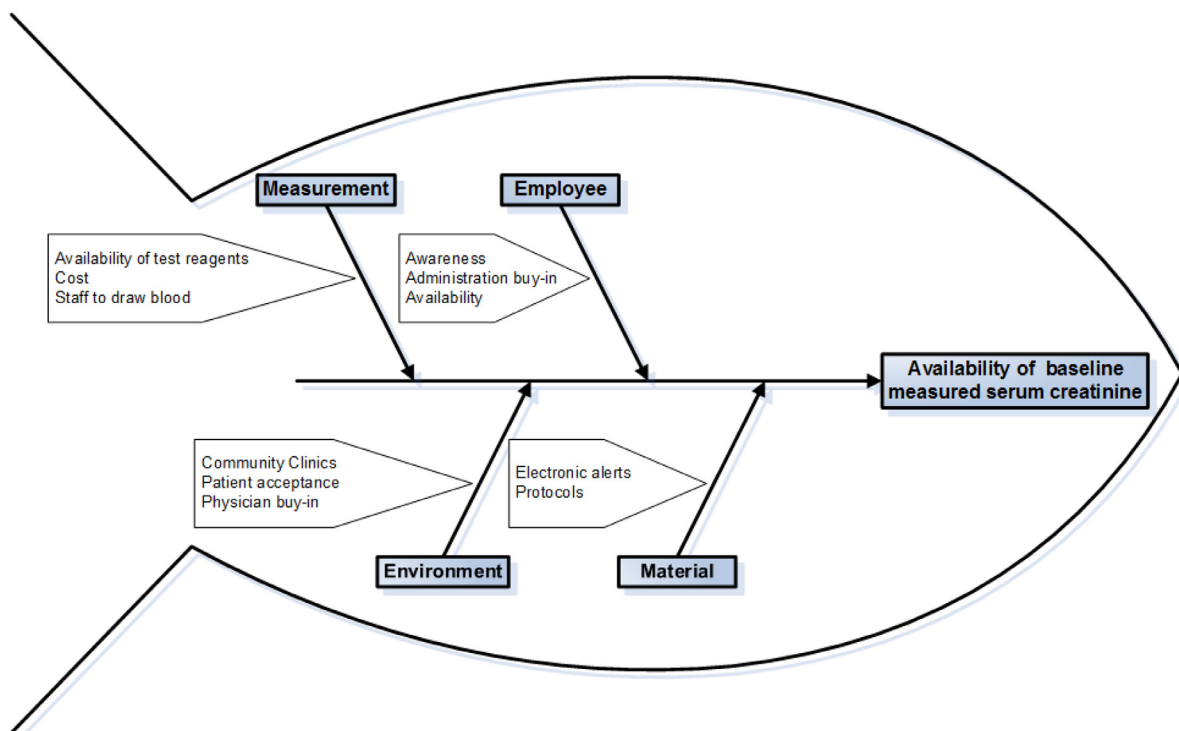
activities involved a literature review for assessment of the current evidence specific to each workgroup. A series of workgroup teleconferences and e-mails discussed the current state of knowledge, opportunities for improvement, and the formulation of the main questions from which consensus would be developed. During the conference, a series of alternating plenary and breakout sessions were held to develop the consensus positions and recommendations. In each breakout session, the workgroup refined the key questions, identified the supporting evidence, and generated consensus statements. Workgroup members presented the breakout session results for feedback to all 32 ADQI participants during the plenary sessions, where they were further debated and refined. This process was repeated 3 times during the conference before acceptance of the final statements by the entire 32-participant group. Following the conference, each workgroup generated a final report that was further revised and approved by the ADQI panel prior to publication.



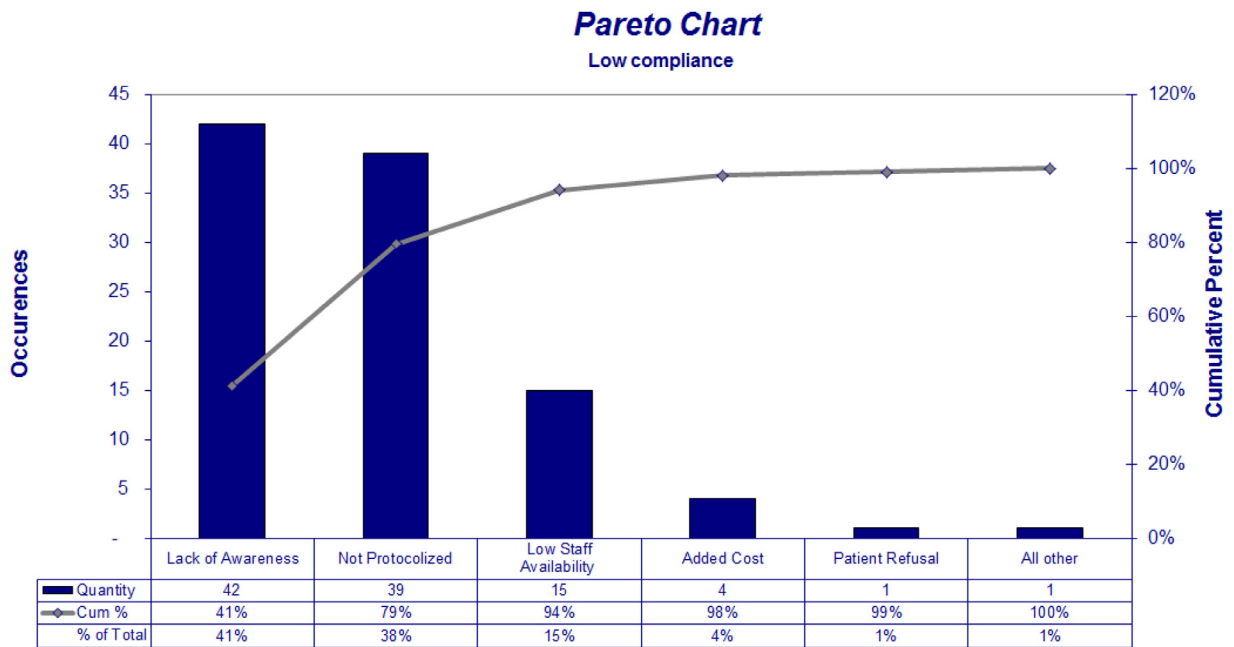
Supplementary Figure 1 Seven steps need to be taken for a successful quality improvement project. DMAIC=Define, Measure, Analyze, Implement, Control; PDSA = Plan, Do, Study, Act.
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Supplementary Figure 2 Prioritization matrix. This tool enables sorting of potential quality improvement projects into an order of importance based on the impact of each project and their resource intensities (eg, funds and staff).



Supplementary Figure 3 (A) Fishbone diagram for the baseline serum creatinine quality-of-care problem. The problem is written in a box on the far right of the diagram. Diagonal lines (fish bones) are then drawn coming off the central line (spine). These diagonal lines represent different groupings of causes of the problem. Additional boxes or lines can also be drawn off the main fish bones to represent causes of causes.



Supplementary Figure 3 (B) A Pareto Chart depicting the most common reasons for low availability of baseline serum creatinine. Pareto analysis is used to categorize data so that a team can quickly identify which processes have the most effect on a quality-of-care problem.



Supplementary Figure 4 Plan-Do-Study-Act cycle.