**Supplemental Table of Contents**

**Supplemental Table 1. Definitions of Parameters Collected During Medical Record Review**

| Parameter | Definition* |
|---|---|
| **Documented AKI** | Any clinician acknowledged AKI in the EHR in a visit note (any visit note, not limited to nephrology) or patient communication within two weeks of the AKI alert. |
| **Documented Clinical Action** | Any clinician documented one or more of the clinical actions below in the EHR in a visit note (any visit note, not limited to nephrology) or patient communication within two weeks of the AKI alert. |
| Repeat Labs | Any clinician noted that laboratory testing should be repeated. |
| Encourage Hydration | Any clinician noted that the patient should hydrate, increase fluid intake or present to a care facility for intravenous hydration. |
| Discontinue Medications | Any clinician noted that the patient should stop taking a medication. |
| Change Dosing | Any clinician noted that the patient should change the dosing of a medication or stop taking a medication temporarily. The temporary hold was included in "change dosing" because the authors intended for the "discontinue medications" field to reflect permanent or indefinite discontinuation of a medication. |
| Nephrology Consult | A nephrology consult occurred (as evidenced by a nephrology visit note) within 2 weeks of the AKI alert. Alternatively, there was documentation that the patient had a nephrology consult at an outside facility within 2 weeks of the AKI alert. |
| Hospitalization | The patient was hospitalized specifically for evaluation and management of AKI. The following criteria had to be met: 1) patient was admitted to observation or inpatient status at a Mass General Brigham inpatient facility and 2) the admission occurred after the AKI alert. At least one instance of documentation from that admission, e.g. emergency department expect note or inpatient history and physical, listed AKI as the primary problem, chief complaint, or reason for hospitalization. |
| **Underlying CKD** | The clinician noted in the EHR that the patient had a diagnosis of CKD in a visit note, patient communication, or problem list prior to the AKI alert. Alternatively, the patient's eGFR met criteria for a diagnosis of CKD prior to the AKI alert. |
| **Cause of AKI** | The clinician documented an AKI cause in a visit note in the EHR within two weeks of the AKI alert. |
| Hypovolemia | The clinician noted hypovolemia, volume depletion, overdiuresis, diarrhea or vomiting as the cause of AKI. |
| Cardiorenal | The clinician noted cardiorenal syndrome as the cause of AKI. |
| Drugs (including contrast) | The clinician noted drugs, contrast, tacrolimus toxicity, bactrim toxicity, levaquin toxicity or nephrotoxins as the cause of AKI. Diuretics were not considered nephrotoxins. Instead diuretics or overdiuresis was categorized as hypovolemia. |
| Other | The clinician noted obstructive uropathy, progression to CKD, sepsis, rhabdomyolysis, upper GI bleeding, membranous nephropathy, hepatorenal syndrome, urinary tract infection, radical prostatectomy, hypotension or hypercalcemia as the cause of AKI. |
| Multifactorial | There was more than one documented cause of AKI. |

*If the definition is met, the corresponding field in the standardized review instrument is marked as "1". If the definition is not met, the field is marked as "0".

AKI = acute kidney injury; EHR = electronic health record; CKD = chronic kidney disease