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Implementation of a dedicated nurse-led AKI service in a district general hospital, a retrospective audit

Introduction: Acute kidney injury (AKI) is a prevalent clinical feature in the secondary care setting, the severity of which is correlated with mortality. The NCEPOD AKI audit 2009 identified substandard management of AKI across NHS England despite the availability of clinical guidelines (e.g. KDIGO) and protocol driven measures such as 'AKI care bundles'. Barking, Havering and Redbridge University Hospitals Trust (BHRUT) present an audit examining the efficacy of a dedicated AKI nurse service employing a systematic approach to oversee management of patients with AKI across the medical and surgical specialties.

Method: Baseline data were retrospectively obtained from patients admitted to BHRUT identified as AKI-3 as defined by the KDIGO criteria from 2015-17 (n=389). Outcomes of interest: Length of hospital stay and mortality during hospital stay. Patients with CKD4 and 5 or on dialysis were excluded.

Intervention: Patients with AKI-3 were identified to the AKI nurse by the laboratory software prompting clinical review, ensuring implementation of the trust's AKI care bundle and promoting appropriate consultant review. After implementation, further patient data meeting the same inclusion/exclusion criteria were collected for a period of 12 months (n=303).

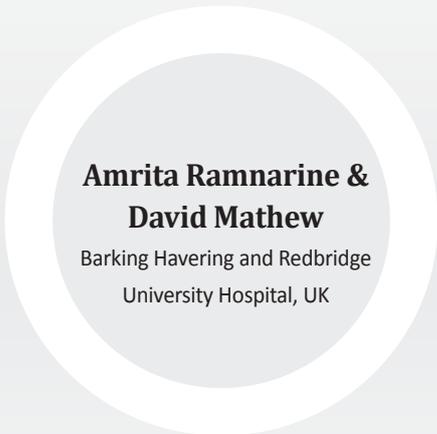
Results & Conclusion: Initial analysis demonstrates a reduction of inpatient mortality post intervention (32.3% vs. 48%). A small expected increase inpatient stay was identified in those who did not suffer inpatient mortality (13 days vs. 18 days). Additionally, the mean length of stay for all patients was again expectedly increased (18.6d vs. 12d). These initial findings suggest an improvement in patient outcomes with the input of a dedicated AKI nurse service.

Biography

Amrita Ramnarine graduated MBChB University Sheffield 2015 and completed MRCP(UK) 2018. Her research interest is Nephrology, Kidney Injury.

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