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Standardization of inpatient acute kidney injury referral

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Introduction: There is national variation in referring patients with acute kidney injury (AKI) to nephrology service and lacking of standardized referral framework. Timely appropriate referral of patients with AKI may allow earlier detection of primary renal disease and avoid delay in starting appropriate therapy. Potential benefits also include prevention of progressive AKI, avoidance of renal replacement therapy, improved chance of renal recovery, a shorter hospital stay and a better long term outcome. On the other hand, inappropriate referrals may waste resource and nephrologists time in triaging cases and replying the referring physicians, which could have been used to benefit those in real need.

Objectives: The primary objective of this quality improvement project was to assess the beneficial effects of a newly designed AKI referring pro forma, to assess the efficiency and quality of AKI referrals after standardization of inpatient (IP) AKI referral in the Wessex region of England.

Methods: This was a retrospective analysis of all cases of IP AKI referrals made from 01/10/2017 to 28/02/2018. A total of 183 referrals were made using the new pro forma vs. 12 made with handwriting referring letters (which was the usual practice of making a referral prior to the new pro forma before 01/10/2017). The primary outcome was to assess the timeframe and appropriateness of referrals with reference to NICE AKI referring criteria. The secondary outcome was to analyze AKI risk factors and prognosis.

Results: 86% (N=158) of AKI referrals made with the new pro forma were compliant with NICE guideline and were referred within 48 hours. The referrals made with the new pro forma were much easier to triage (from the nephrologists experience) and saved a meaningful amount of clinician's time. On the other hand, referrals made with individual referring physician's handwritten letters were poorly structured, difficult to triage or assess the appropriateness (due to incomplete information) and causing delay in both making referrals and reviews. Further analysis of referrals revealed elder age, multiple comorbidities, and baseline kidney injury were strong predictors of AKI risk factors, whereas peak creatinine level and length of hospital stay were predictors of poor prognosis after an episode of IP AKI.

Conclusion: Standardization of IP AKI referral by using a newly designed pro forma improves quality of referrals and saves clinicians' time in both making referrals (referring physician) and reviewing cases (nephrologists) per priority triage. After presenting this project, our trust has made a forward plan of an AKI E-referral (online), to further improve efficiencies in making AKI referrals across the Wessex region of England.

Biography

Qiaoling Zhou has completed her MBChB at Bristol University, UK. She obtained full MRCP membership and successfully achieved the specialty certificate in Nephrology in 2018. She is an enthusiastic educator, and has been awarded prizes for her contribution in medical education. She has published 5 papers in reputed journals and has been a speaker in national and international conferences.

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