NEW STREAMLINED PROTOCOL REDUCES ACUTE KIDNEY INJURY–RELATED DEATHS

STOP-AKI protocol decreased mortality and length of stay in pilot study

Highlights

- A new streamlined electronic alert protocol that is linked to an intervention bundle has reduced mortality rates due to acute kidney injury (AKI) by 23% in a pilot study. A common condition in hospitals, AKI is fatal in 30% of cases.
- Results from the STOP-AKI protocol that could help reduce the worldwide burden of AKI will be presented at ASN Kidney Week 2015 November 3–8 at the San Diego Convention Center in San Diego, CA.

Acute kidney injury affects more than 20% of hospitalized adults worldwide

San Diego, CA (November 6, 2015) — A new streamlined approach for early detection and treatment of acute kidney injury (AKI) reduced mortality by 23%, according to a study that will be presented at ASN Kidney Week 2015 November 3–8 at the San Diego Convention Center in San Diego, CA. AKI is a common and costly health burden estimated to affect 21% of hospitalized adults and 33% of hospitalized children worldwide.

Although deadlier than either heart attack or stroke—with a 30% mortality rate—death caused by AKI can often be prevented. To reduce the toll of AKI, and raise awareness of the importance of its prevention, researchers led by Thangavelu Chandrasekar, MRCP, and Hsu Pheen Chong, MbChB (University Hospital Aintree in Liverpool, UK) developed the STOP-AKI protocol. The program uses automated electronic alerts to identify patients at risk for developing AKI. It is one of several Avoidable Mortality Reduction projects underway at University Hospital Aintree, the others focusing on reducing sepsis and pneumonia.

Chandrasekar used a multidisciplinary streamlined approach, incorporating AKI risk assessment and screening for prevention, early detection using automated e-alerts, and effective intervention (using an evidence-based AKI treatment bundle) to improve patient outcomes by reducing the AKI-associated mortality by 23%.
“Improving staff and patient awareness through education, effective monitoring, and handover to primary care on discharge has ensured continuity of care that will hopefully reduce readmissions with AKI,” said Chandrasekar. He added this required multiple changes to the system at different levels to achieve the reductions in mortality and a 2-day shorter hospital length of stay.

“We are in the process of developing metrics to assess AKI progression and its predictors, and have rolled out our AKI alerts and management guidelines to the community, enabling much earlier intervention,” Dr. Chandrasekar added.


Disclosures: None.

ASN Kidney Week 2015, the largest nephrology meeting of its kind, will provide a forum for more than 13,000 professionals to discuss the latest findings in kidney health research and engage in educational sessions related to advances in the care of patients with kidney and related disorders. Kidney Week 2015 will take place November 3–8, 2015, in San Diego, CA.

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