

Reducing inpatient admissions by ambulating care for patients with acute kidney injury (AKI)

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Background:

Acute kidney injury (AKI) constitutes up to 25% of all hospital admissions. It is under-recognised and inappropriately managed in 50% of cases. The majority of cases are never seen by a consultant nephrologist [NCEPOD 2009, NICE 2013]. We have set up an AKI clinic to provide prompt access to specialist advice, investigation and intervention in an outpatient setting. The clinic also aims to reduce unnecessary admissions and decrease length of stay of patients with AKI.

Aim of study:

We present outcome data for patients attending the AKI clinic between October 2012 - October 2015, comparing care against current UK AKI care guidelines where appropriate.

Methods:

Information was obtained from clinic letters and discharge summaries of patients first attending the AKI clinic between October 2012 to October 2015. Referrals were made from General Practitioners (GP), the A&E department and the Acute Medical Unit (AMU).

Results:

Data was collected for 347 non-consecutive patient episodes, with 266 unique patients (139 male, mean age 71 years). All patients were reviewed by a consultant nephrologist. At time of referral, the median baseline serum creatinine was $120 \pm 49 \mu\text{mol/L}$, with a peak serum creatinine of $225 \pm 114 \mu\text{mol/L}$ (Table 1). The median length of stay for ward follow-ups from AMU was 2 ± 2 days. AKI improved in 211 cases, with 48 patients having established CKD. 45 patients were referred from the AKI clinic for specialty follow up, including those with progression of chronic kidney disease, malignancies and urological obstruction. The availability of this clinic resulted in admission avoidance for 120 cases, and 64 inpatients being discharged from the AMU. Only 3 patients were admitted to hospital from clinic (Figure 1).

Conclusion and Actions:

These 3-year follow up data show that the AKI clinic can avoid unnecessary admissions and reduce length of stay of patients. To our knowledge, this is the first report of a dedicated AKI clinic, managing AKI patients in an outpatient setting. This reduces the on-going pressure on Emergency Department and Acute Medicine services.