

P071

P071 -Dialysis dependent Acute Kidney Injury (DD-AKI) – developing a Regional collaborative study

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Background

The provision of haemodialysis for patients with severe acute kidney injury (AKI) is a key component of renal services. Dialysis dependent (DD)-AKI is associated with high mortality and should be a major focus for renal services for optimising patient outcomes. Therefore we established a regional AKI working group to define strategies to improve outcomes in DD-AKI, this is collecting prospective data for outcomes for patients with DD-AKI. To identify inter-centre variability in demographics associated with outcomes we assessed the 30 day and 90 day survival of patients with DD-AKI at two major renal services within the region.

Methods

All patients receiving one or more dialysis sessions with intermittent haemodialysis are being assessed. We exclude patients that receive haemodialysis in the context of known progressive CKD and those patients with delayed graft function in the immediate post renal transplantation period. Data is collected prospectively using existing IT systems, although some data fields require retrospective collection. Charlson index is calculated as a validated measure of comorbidity.

Results

There were substantial differences in demography between centres; at centre one patients were younger; at centre two patients were more likely to have been transferred in from a non-renal centre. The high rates of ITU step-down in centre one reflected a large non-renal solid organ transplant and cardiac surgery programme. (Table 1)

Discussion

The mortality associated with DD-AKI in this study is better than that reported in other studies. Around 20% of patients surviving to 90 days remain dialysis dependent. There were major differences in case mix between centres, and this will require adjustment as the register increases. Further analyses will be presented. Understanding the differences in case-mix that impact on clinical outcomes is required to understand the reasons for variance in outcomes, and to address modifiable determinants.