

STP Elective: AKI e-Alerts Implementation

I was lead for the Clinical Biochemistry Department in a multi-disciplinary team working on acute kidney injury (AKI) e-alerts implementation. One way of detecting AKI is by monitoring changes in serum creatinine concentration and NICE guidance suggests the use of e-alerts based on changes in serum creatinine and generated by the laboratory to aid early detection. The project aimed to develop an AKI e-alerts algorithm for installation in the laboratory information management system. Once installed, the algorithm was run in suppressed mode (where alerts were not reported) and a clinical audit performed to assess the number of alerts generated, the false positive rate and the potential increase in the number of referrals to renal medicine. The team consisted of scientists from Clinical Biochemistry and pathology IT and clinicians from critical care and renal medicine who worked closely together to develop and assess the algorithm. The project was challenging at times but very interesting and rewarding, providing me with insights into pathology IT and developing my clinical liaison skills. Most importantly, the project was of great clinical value and will help to prevent morbidity and death from AKI.

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