QUALITY AND SAFETY PRIORITIES:
CLINICAL LEADER SPREAD AND SUSTAINABILITY PACKAGE

HOSPITAL-ACQUIRED ACUTE RENAL FAILURE (HA-ARF)

Our primary focus is to implement evidence-based protocols for hydration management and avoidance of nephrotoxic medications to decrease the incidence of hospital-acquired renal failure, prevent readmissions and improve patient outcomes.

GOALS:

- Implement and spread pre- and post-procedure hydration protocols for patients receiving contrast, both in the inpatient and outpatient areas of care delivery.
- Install a surveillance software system that provides prompt identification of nephrotoxic medications to offer alternative therapies.
- Develop interfaces between disparate documentation systems that allow clinicians and providers to monitor the cumulative dosing of contrast agents.
- Develop a HA-ARF risk factor tool to facilitate providers with choosing the appropriate hydration protocol based on patient’s HA-ARF identified risk factors.

BEST PRACTICES:

HA-ARF efforts at Ascension Health were refined with the help of five pilot sites across the System. The following interventions were tested and yielded positive results:

- Clinical decision support tools will help reduce unnecessary exposure to contrast and reduce risk of toxicity through supporting hydration and reduction to other nephrotoxic agents.
- Benchmarking, monitoring and measurement to audit compliance, identify challenges, and promote successes.
- Interdisciplinary team collaboration (physicians, pharmacists, nursing, AIS) from the continuum of care to develop and spread the best practices.

DESCRIPTION OF GRAPH:

Interim results from the Ascension Health HA-ARF pilot sites' show an increase in their 12-month rolling rate (represented by the blue line). Based on learnings from this pilot work, the sites experienced an increased awareness in identifying and reporting HA-ARF cases and, therefore, have had an increase in reporting. As pilot sites continue to educate staff and increase reporting, they expect the rate to decrease.