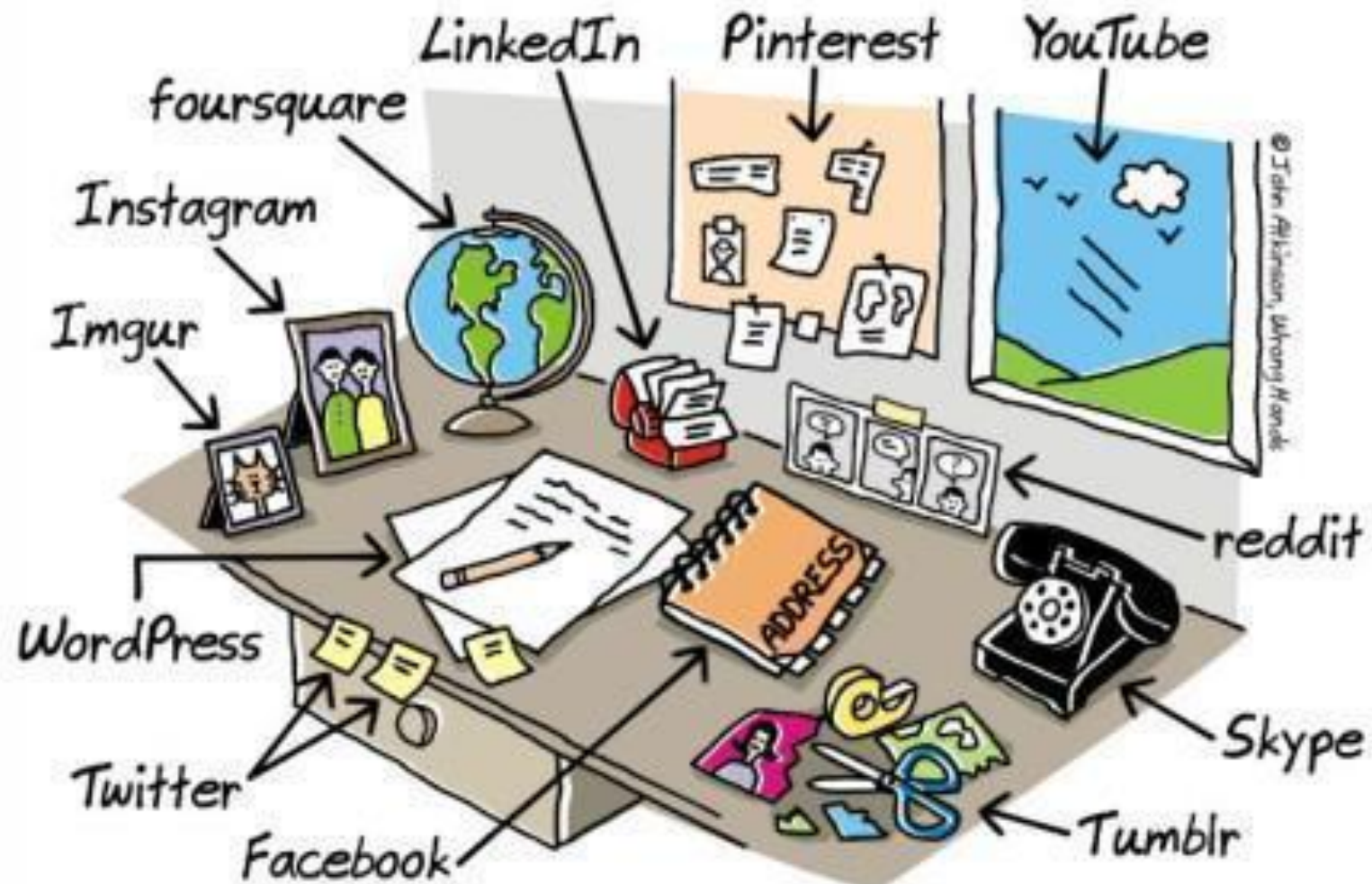


# Contrast Risk Workshop

Enhancing Clinical Decision Support for Prevention of Contrast-Induced Acute Kidney Injury in Cardiac Catheterization



# vintage social networking



# Overview: the why, what and how of the project



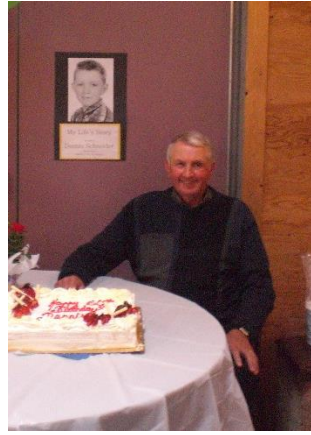
- **Why** should I listen (Background)?
- **What** do I need to know to do my job (implementation strategy)?
- **How** will it work and be implemented?
- Next steps and Questions

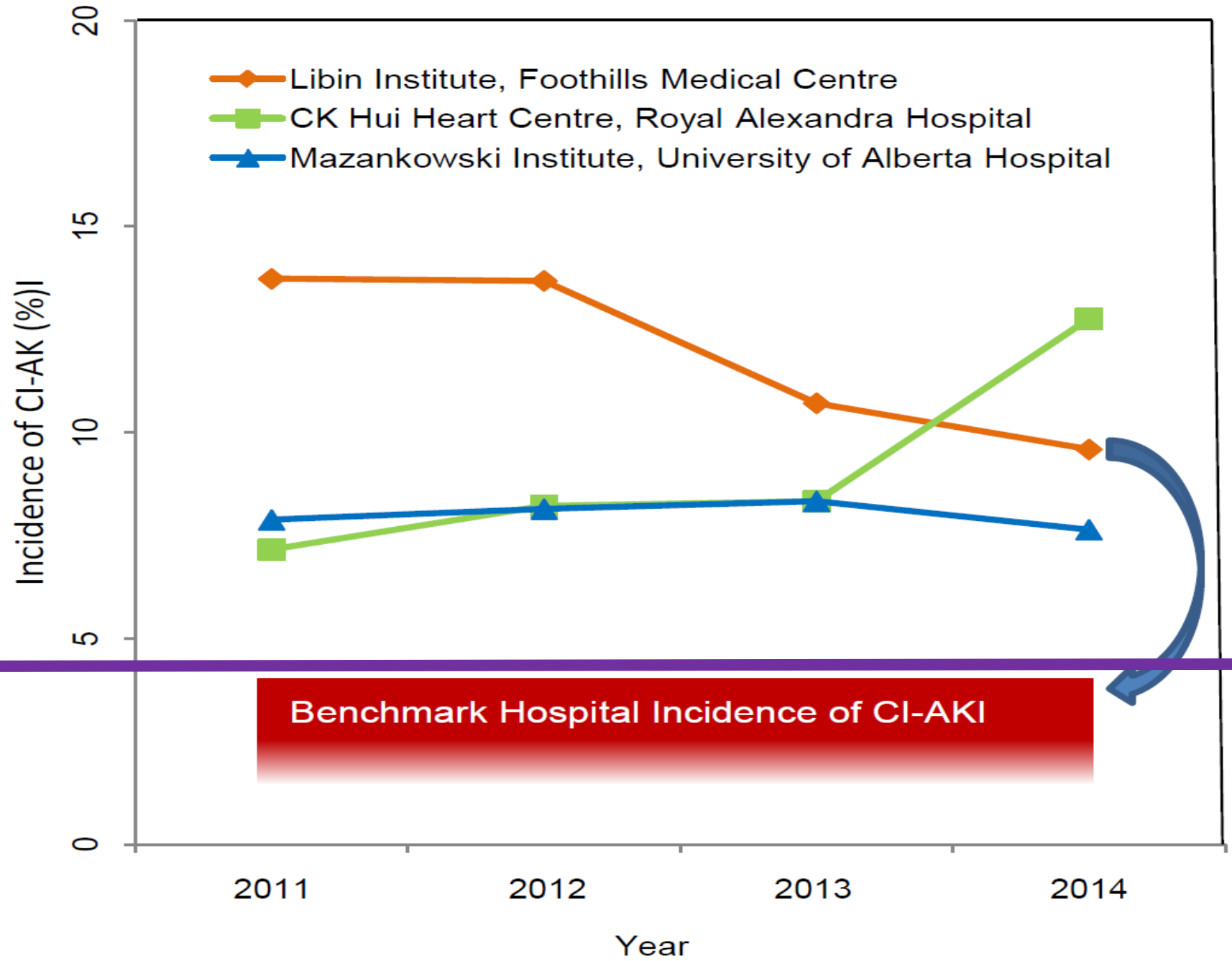


## By the end of the workshop you should:



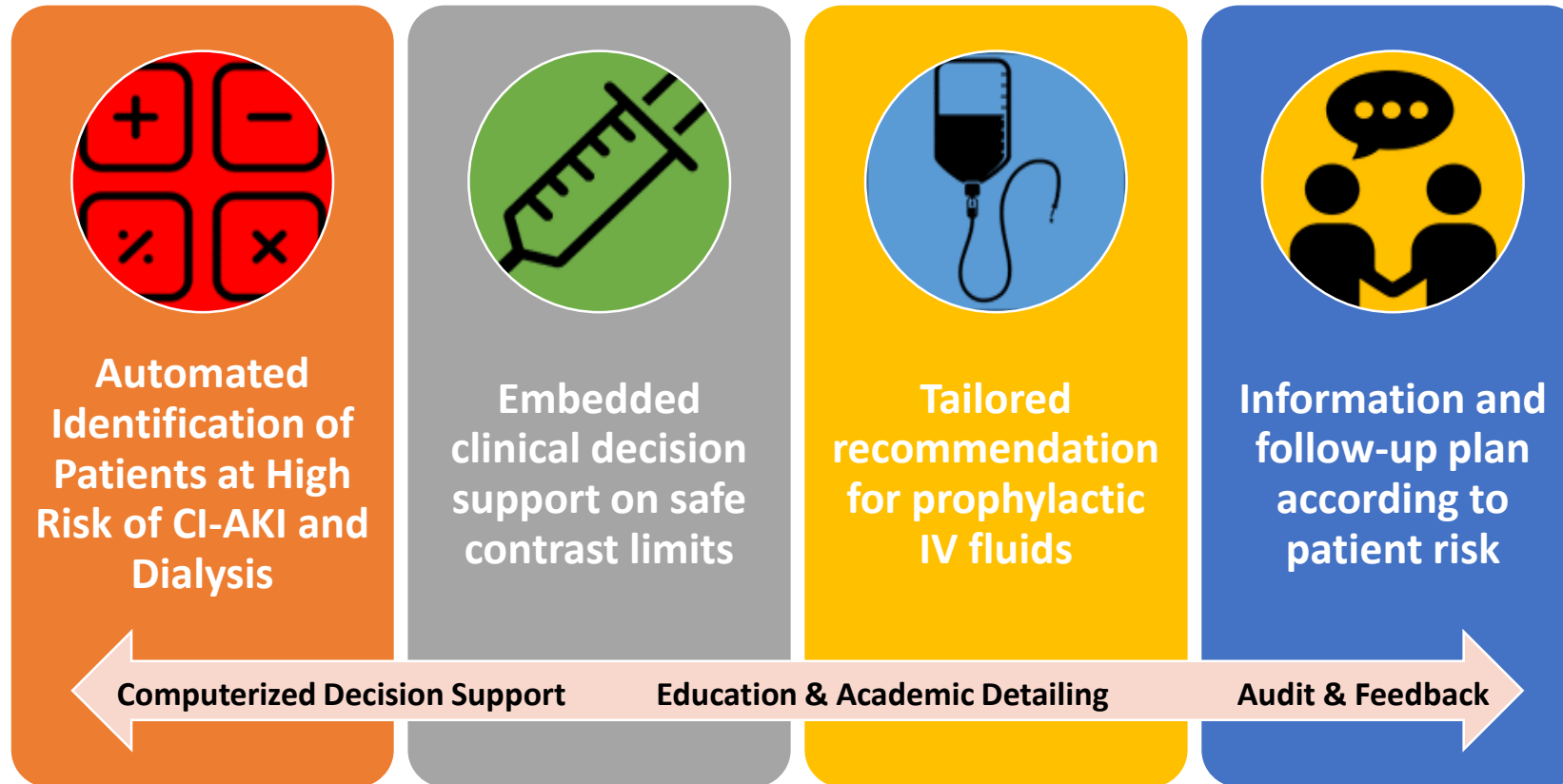
- Recognize four solutions for CI-AKI Prevention
- Gain insight into how the solutions will be implemented across the 3 sites in Alberta
- Understand the workflow, tools, and the changes you may encounter
- Be informed regarding the steps that lie ahead





**Benchmark Hospital Incidence of CI-AKI**

# The What: Implementation Strategy





# implementation

**plan**

**retention**

**process**

**impact**

**resources**

**context**

**risk**

**plan**

**complex data**

**cost**

**identification**

**scope**

**project**

**organization**

**project**

**management**

**performance**

**retention**

**retention**

**treatment**

**strategy**

**research**

**assessment**

**organization**

**impact project**

**project**

**important organization**

**performance**

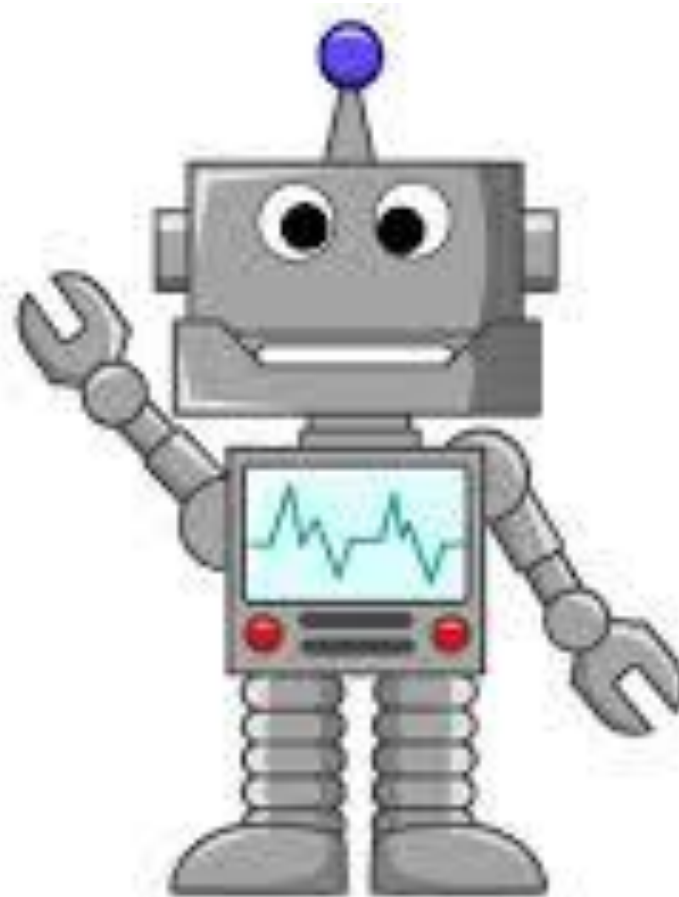
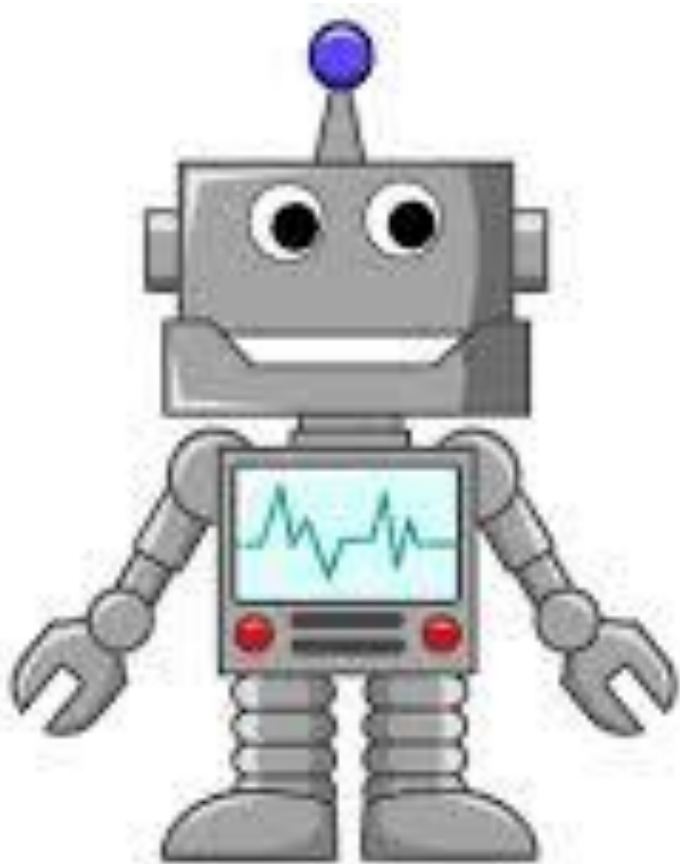
**evaluation**

**performance organization**

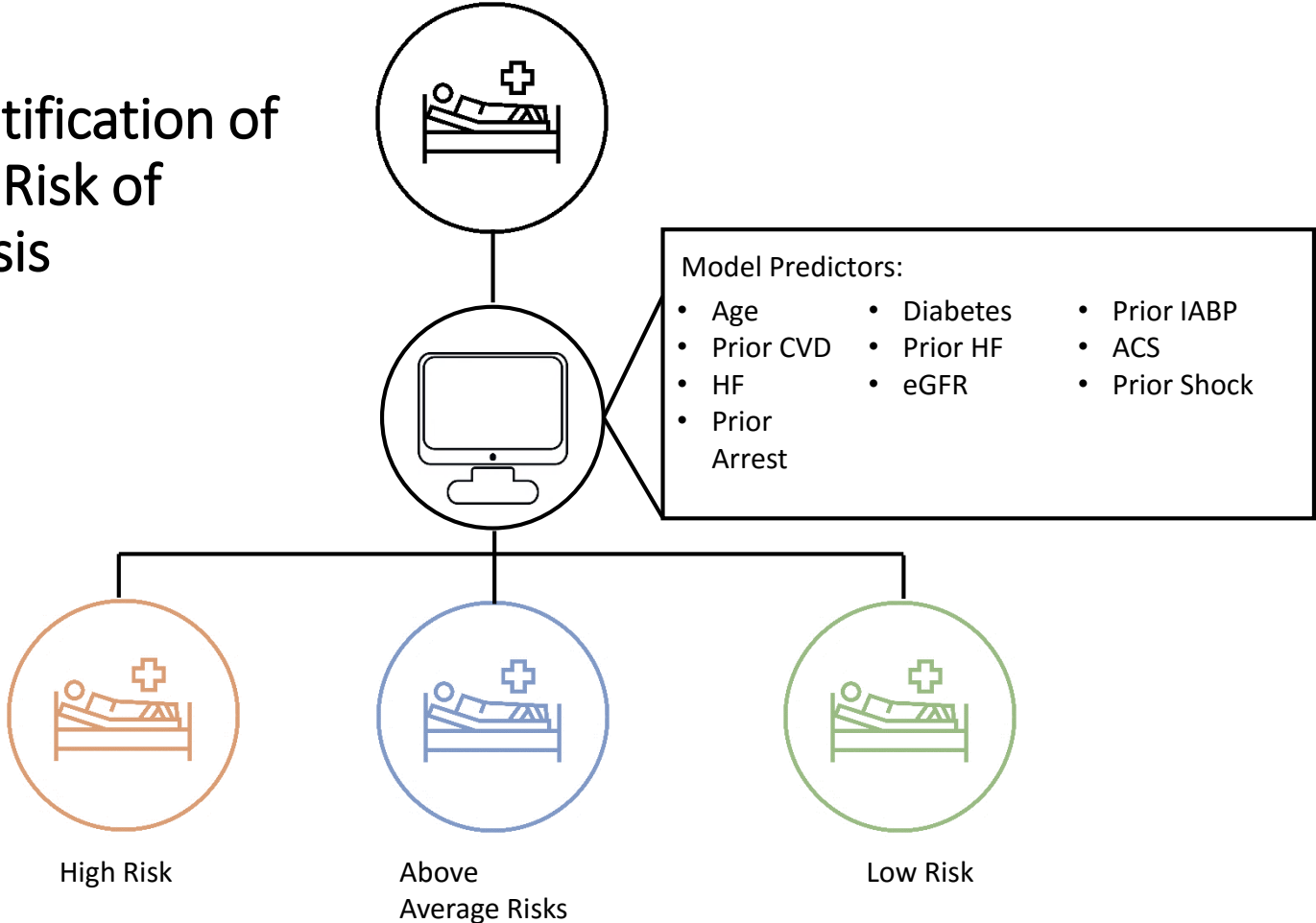
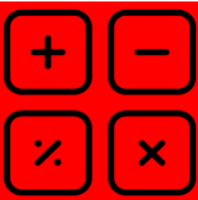
**scope**



# SPOT the Difference



# Automated Identification of Patients at High Risk of CI-AKI and Dialysis



**Patient Information After X-Ray Contrast Administration**

Date: \_\_\_\_\_

**Dear Patient:**

Today you received an x-ray contrast dye during your heart procedure.

You are at risk for a drop in your kidney function due to this dye.

For this reason, you have been given a laboratory requisition to have a blood test in 2-3 days from today to check your kidney function. The results of this test will be sent to your doctor (usually your family doctor).

You can take the following steps to minimize the effects of the dye on your kidneys:

1. Drink plenty of clear fluids (6-8 glasses of water per day) on the day of and 2 days following your procedure, unless otherwise directed by your doctor who did your procedure.
2. Please take the laboratory requisition to a laboratory of your choice in 2 to 3 days from today to have blood work drawn to check your kidney function.
3. Follow-up with your family doctor to review your bloodwork to determine whether there has been any changes to your kidney function.
4. If you have any concerns or are feeling unwell in any way, please contact your family doctor.

Sincerely  
Site name  
Hospital name  
Phone number





Patient Identifier

Physician Name: \_\_\_\_\_  
Physician Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Your patient received cardiac catheterization on \_\_\_\_\_ (date) and was identified as being at risk of contrast-induced acute kidney injury.

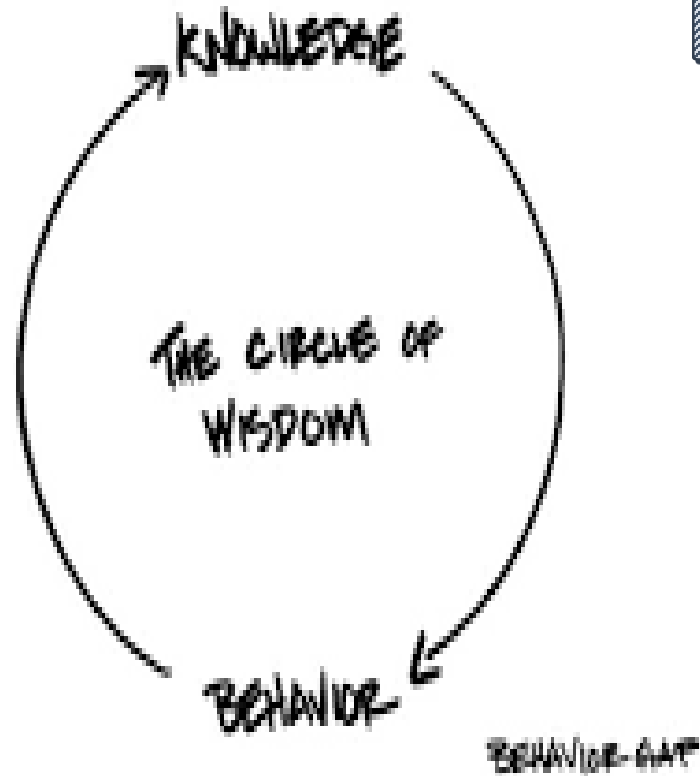
Your patient has been given a requisition for a serum creatinine level to be checked 2 to 3 days after the procedure and these results will be sent to you. It has been recommended to your patient that they see you within a week after their procedure, including follow-up of their kidney function.

Information and the management and referral of patients identified with kidney disease can be found on the Alberta online chronic kidney disease clinical pathway at:

[www.diagnoseckd.ca](http://www.diagnoseckd.ca)

Sincerely,

Site name  
Hospital name  
Phone number



## Managing the Transition

- Communication
- Adaptability
- Support
- Action
- Knowledge

# Resources available:



Version 1 as of June 15, 2017



## CONTRAST INDUCED APPROACH CHEAT SHEET

Step by Step procedure:

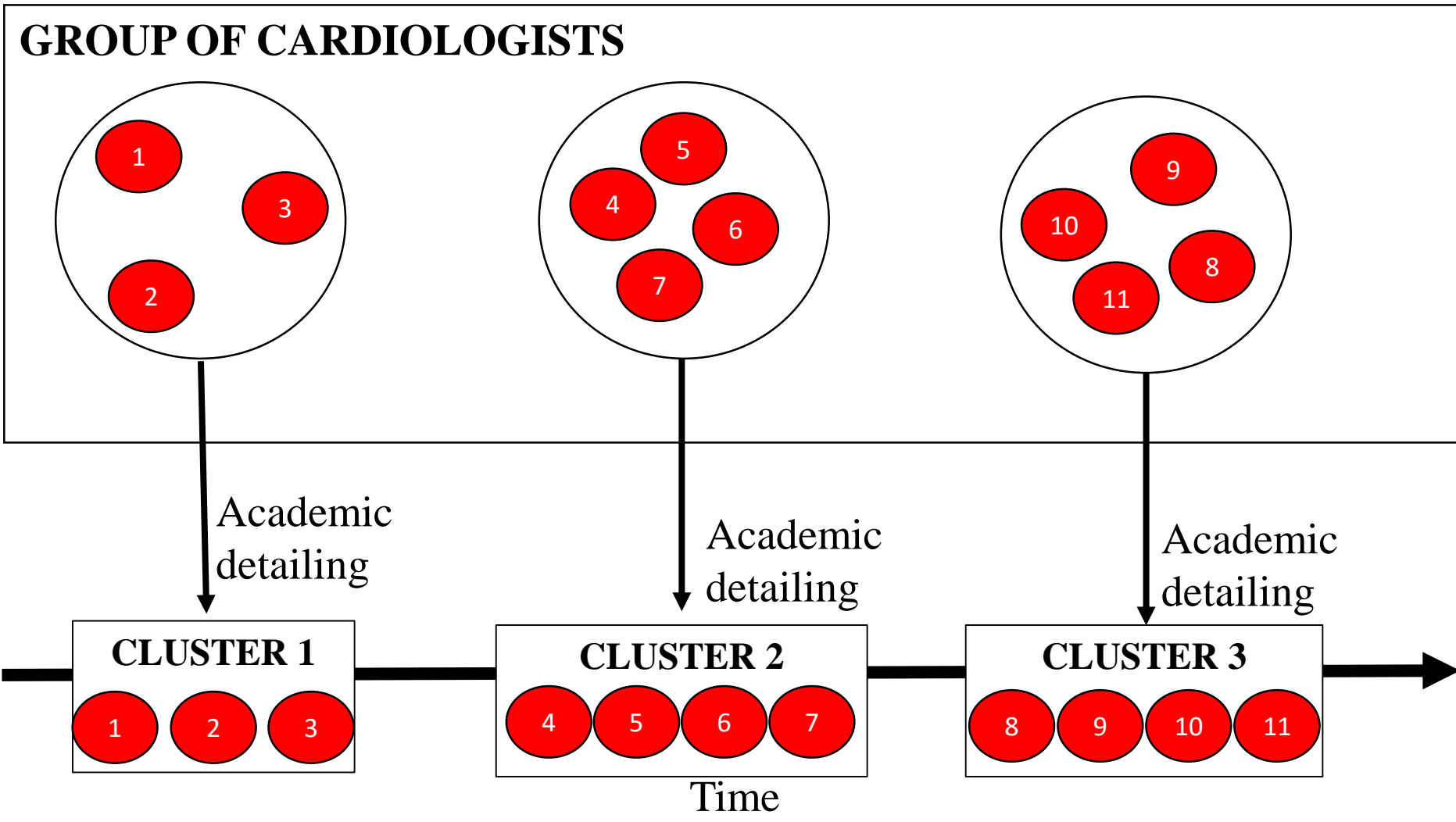
### Pre Procedure

- 1) **Review and Update** any data elements on the AKI risk Popup Window if required
- 2) **Save and Calculate Risk button** to execute risk of AKI, Risk of Dialysis and Safe contrast limit displayed on main page
- 3) **Safe contrast limits** will only be displayed if the AKI risk calculator identifies that the patient is ABOVE average or High-Risk
- 4) **Communicate** the safe contrast volume limit to the cardiologist PRIOR to the start of the procedure
- 5) **Inform** the cardiologist at the time the safe contrast limit is reached - The cardiologist will decide to continue or end the case at their discretion
- 6) **Enter actual contrast volume used**, along with any strategies used to minimize contrast volume
- 7) **Enter LVEDP and Weight** manually into APPROACH in order to obtain the recommend post procedure IV fluid order
- 8) **Communicate the recommended IV rate** to the cardiologist who will determine to follow or not follow the recommendation. If not following the recommendation enter reason into APPROACH

## Next Steps:

- Survey
- Knowledge Sharing
- Pilot
- Implement

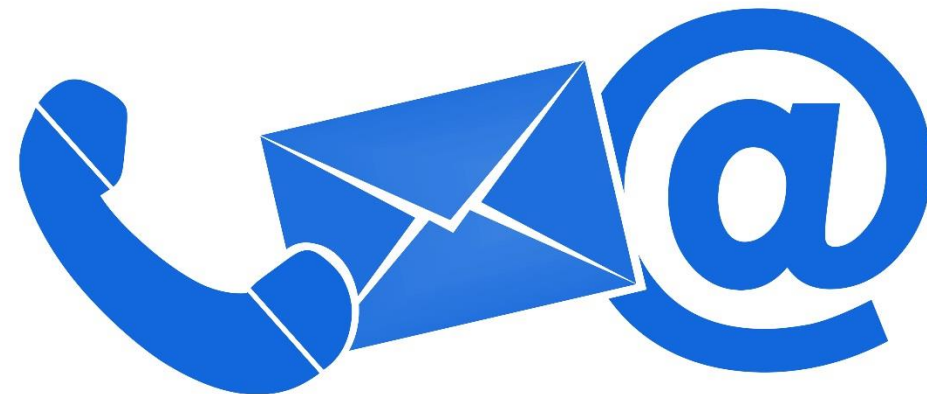








# Contact us:



## Need Help after today?

- Pantea Amin Javaheri, project coordinator, is available for one-on-one or group training, she can also attend staff meetings as needed (contact info)

## Do you have any questions or comments?

- If you have questions or comments regarding APPROACH, please email them at [support@approach.org](mailto:support@approach.org) and in the subject line put: *AHS QA for AKI*
- If you have questions about the presentation or project please contact



