

The knowledge base deficiency of Acute Kidney Injury (AKI) management amongst healthcare professionals: Cause for concern.

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Introduction:

Acute Kidney Injury is one of the medical emergencies that have attracted a lot of attention over the last decades due to the associated mortality and morbidity. It has become a focus for patient safety both within the local Trust and nationwide. The impact of AKI is enormous both on the patient's outcome – mortality, length of stay and also a huge cost to the National Health Service (NHS), (Chertow GM et al, 2005). There are about 100,000 deaths per year in hospital associated with acute kidney injury; about 30% of such cases could be prevented with the right care and treatment (Stewart J, 2009). However those at risk of developing AKI potentially are prevented simply by avoidance of nephrotoxic medications and adequate fluid management (Hussein HK et al, 2009)

The National Confidential Enquiry into Patients Outcome and Death (NCEPOD) 2009 in a national audit of the care provided to patient who died with a diagnosis of AKI in United Kingdom hospitals revealed several shortcomings. NCEPOD (2009) reports that the poor management of AKI is commonly related to poor clinical care and it is recommended that all medical staff receives regular teaching on AKI to improve their knowledge and skills. The purpose of this study was to establish the level of understanding of healthcare professional caring for patient with AKI and way to provide intervention if there are deficiencies.

Method:

This is a cross-sectional using an online questionnaire survey. The questionnaire was posted using the Survey monkey online tool via a link sent to individual emails that allows the respondent to answer the question and the anonymised response received through the survey monkey tools. The online survey link was sent out via mail to staff of three Trusts within Cambridgeshire and Hertfordshire regions between May and July 2019.

Results:

The total number of respondent was 135. The total number of the respondents that got the definition of AKI right was 46(34%), the staging of AKI slightly lower 42(31%). In all the groups there was a higher number of respondent that got the risk factors, assessment and observation correct with percentages as 85%(116), 68%(92) and 78%(105) respectively. There was no association or correlation between higher grade of the clinicians and the higher knowledge of AKI management. Only 37% of the respondents had a teaching on AKI prior to the survey.

The performance score of individuals' responses with a maximum score of 10, did not show any strong association with the grade of the healthcare professional and the knowledge of AKI management. It also did not show that there is any significant correlation between those that received any form of teaching on AKI and those who never received any teaching on AKI.

Conclusion:

Our survey identified specific gaps in knowledge of AKI management amongst healthcare professional. Educational intervention will be required to increase the awareness of AKI management will may improve the clinical outcome.