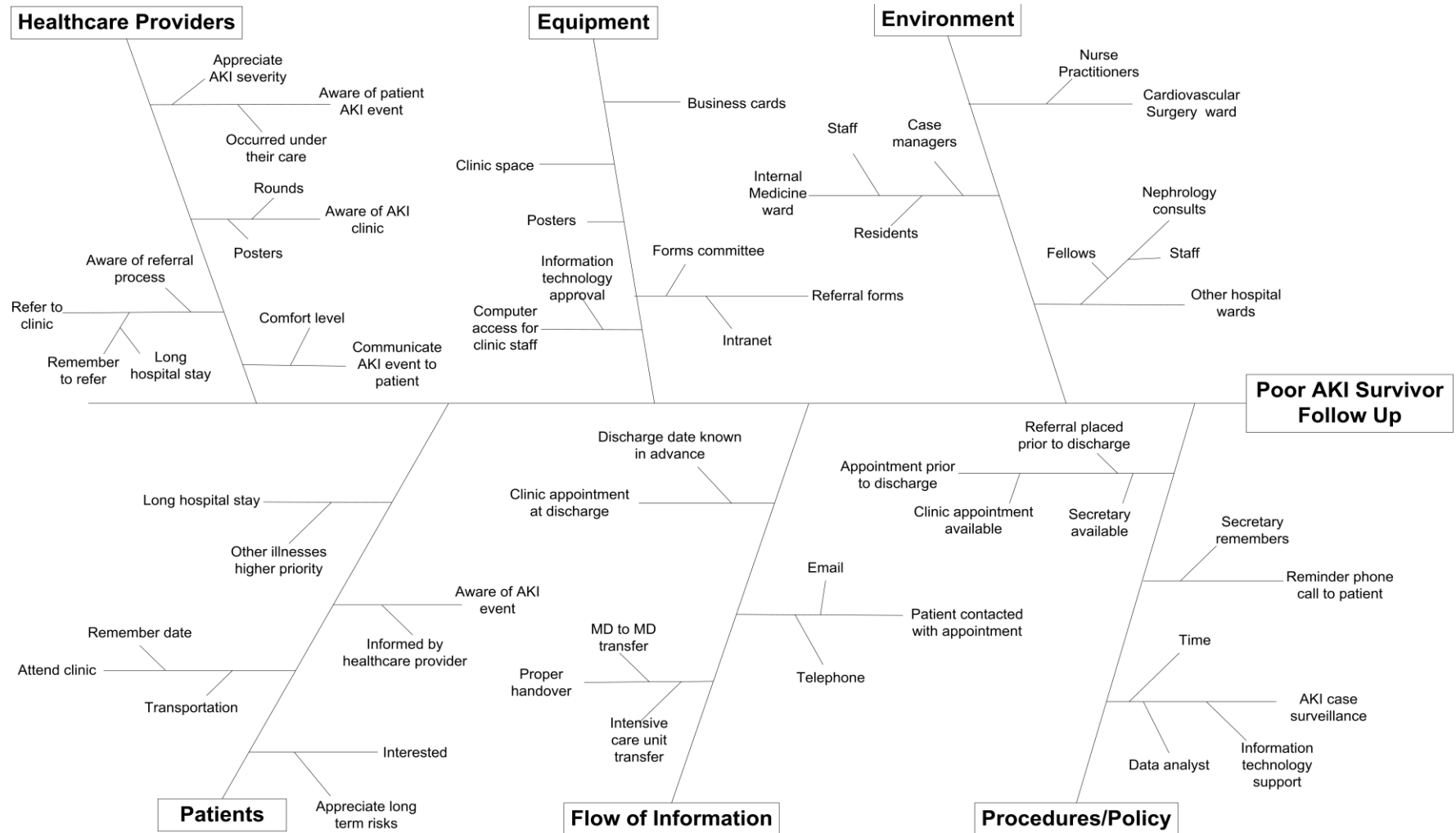
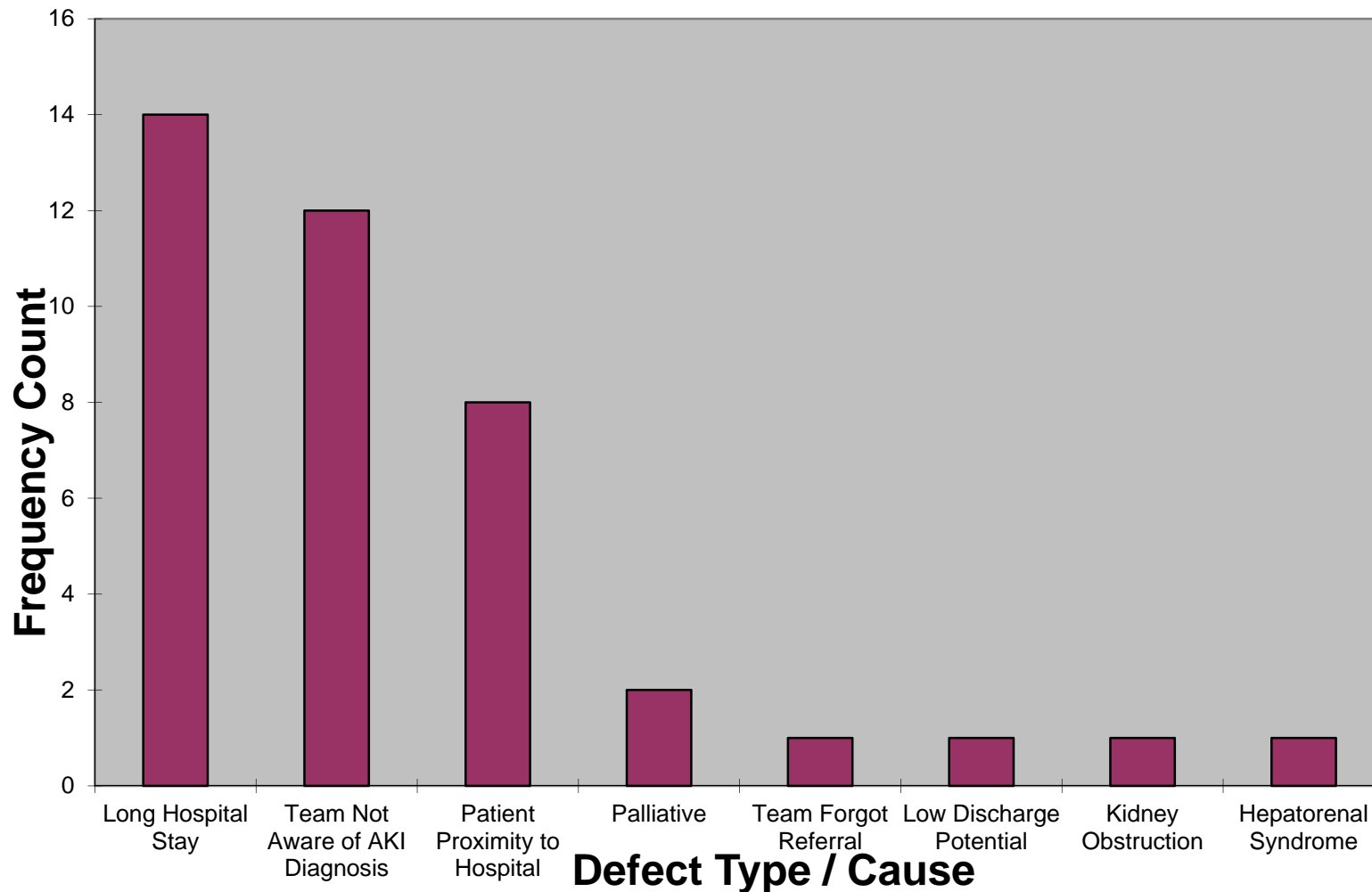


**Supplementary Figure 1: An Ishikawa diagram depicting potential causes of low outpatient follow-up for acute kidney injury survivors.** The quality problem is placed on the right (poor AKI survivor follow-up) and the diagonal lines represent different categories of causes of the quality problem. Additional branches describe other factors that contribute to the potential cause.



**Supplementary Figure 2: A Pareto chart depicting the most frequent causes of low outpatient follow-up for acute kidney injury survivors.** A Pareto chart is a frequency plot that helps to identify root causes. The reasons for low follow-up were plotted on the histogram and organized with the most frequent causes on the left. The main causes of low follow-up can then be further discussed to develop change ideas and drive quality improvement



### Supplementary Figure 3: Acute Kidney Injury Follow-up Clinic standardized assessment form

#### Acute Kidney Injury Follow-up Clinic Template--New Patient

Clinic date: \_\_\_\_\_ Referral source: \_\_\_\_\_ F/U in D/C summary: [Yes] [No]

Age: \_\_\_\_\_ Sex: [M] [F] Admitting service: \_\_\_\_\_

Reason for Admission: \_\_\_\_\_ [Medical] [Surgical]

Type of Surgery: \_\_\_\_\_ Surgery Date: \_\_\_\_\_ Planned: [Yes] [No]

Ethnicity: [White] [Black] [Hispanic] [East Asian] [South Asian] [Other]

Prior AKI episode: [Yes] [No] Prior nephro follow-up: \_\_\_\_\_

#### Past Medical History:

[Coronary disease]	[Stents]	[CHF]	[LVEF]	[CVA/TIA]
[PAD]	[DM2, compl]	[HTN]	[Lipids]	[Gout]
[CTD]	[Liver, severe]	[Lung]	[PUD]	[Cancer, mets]
[HIV]	[Hemiplegia]	[Dementia]		
Other: _____		Surgeries: _____		
Smoking History: [Never] [Current] [Quit]		Pack-years: _____		

#### AKI Severity:

Date: _____	[Community AKI]	[Hospital AKI]
Date of hospital admission: _____	Date of hospital discharge: _____	
Critical care [Yes] [No]	Mechanical ventilation [Yes] [No]	
Baseline Hb: _____	Baseline albumin: _____	
Baseline Cr: _____ Date: _____	Baseline Proteinuria (ACR or dipstick): _____	
Peak Cr: _____ Date: _____	Cr at hospital discharge: _____	
Renal replacement therapy: [Yes] [No]		
Modality: [IHD] [SLED] [CRRT]	Access location: _____	

**AKI Cause:**

Renal:	[Pre-renal]	[ATN]	[Obstructive]	[Rhabdo]	[Pyelo]
Medical:	[Dehydration]	[Sepsis]	[CHF]	[Circulatory shock]	
	[Burns]	[Trauma]	[CABG/AVR]	[Noncardiac surgery]	
	[Nephrotoxic drugs]	[IV contrast]	[Stones]		

**Medications (number):**\_\_\_\_\_**NSAIDs**                      [Yes]                      [No]**Allergies:****Family History:****Social History:****Symptoms:**

Weight loss:    [Yes]    [No]

**Physical Exam:**

[BP]                                      [HR]                                      [Weight]

**Labs:**

Thank you for referring your patient to the acute kidney injury (AKI) follow-up clinic. AKI survivors have a 40% increased risk of dying in the 2 years after the initial hospitalization, and AKI is associated with the development of new or accelerated chronic kidney disease. We will see patients in clinic 2-3 times per year, and follow bloodwork quarterly. The objective of the AKI clinic is to reduce the long-term morbidity and mortality of AKI survivors.

### Clinic Impression and Recommendations:

**CKD stage:** \_\_\_\_\_ **Creatinine:** \_\_\_\_\_ **eGFR:** \_\_\_\_\_

**BP target:** DM2 = 130/80      ACR over 70mg/mmol = 130/80      All others = 140/90

If DM2 or high ACR → First line drug = ACE inhibitor or ARB

Second line drug = DHP calcium channel blocker or thiazide diuretic

**Proteinuria:** \_\_\_\_\_ Target below 1g per day (ACR under 70mg/mmol)

If proteinuria above target → First line drug = ACE inhibitor or ARB

Second line drug = blood pressure control

**Secondary prevention meds:** [ASA] [Statins] [BB] [ACEi/ARB]

Statins are recommended for most patients with eGFR < 60 mL/min/1.73m<sup>2</sup>

**Drugs stopped:** \_\_\_\_\_ **Drugs started:** \_\_\_\_\_

Consider stopping all ACE inhibitors or ARBs for 3 months in patients with preserved LVEF

**Procedures ordered:** [Ultrasound] [Echo] [Other] \_\_\_\_\_

**Referrals:** [cardio/CHF] [endocrine] [urology] [Other] \_\_\_\_\_

**Sick day counselling** (NSAIDs, diuretics, ACEi/ARB) **Family present:** [Yes] [No]

**Lifestyle counselling** (diet, smoking, exercise) **Communication with PCP:** [Yes] [No]

**Other:**

**Return to Clinic:** [3 months] [6 months] **All patients complete labs every 3 months**

## Supplementary Figures

### **Supplementary Figure 1: An Ishikawa diagram depicting potential causes of low outpatient follow-up for acute kidney injury survivors**

The quality problem is placed on the right (poor AKI survivor follow-up) and the diagonal lines represent different categories of causes of the quality problem. Additional branches describe other factors that contribute to the potential cause.

### **Supplementary Figure 2: A Pareto chart depicting the most frequent causes of low outpatient follow-up for acute kidney injury survivors**

A Pareto chart is a frequency plot that helps to identify root causes. The reasons for low follow-up were plotted on the histogram and organized with the most frequent causes on the left. The main causes of low follow-up can then be further discussed to develop change ideas and drive quality improvement.

### **Supplementary Figure 3: Acute Kidney Injury Follow-up Clinic standardized assessment form**

ACEi=angiotensin-converting-enzyme inhibitor, ACR=albumin to creatinine ratio, AKI=acute kidney injury, ARB=angiotensin receptor blocker, ASA=acetylsalicylic acid, ATN=acute tubular necrosis, AVR=aortic valve replacement, BB=beta-blocker, BP=blood pressure, CABG=coronary artery bypass grafting, CHF=congestive heart failure, CKD=chronic kidney disease, Cr=creatinine, CRRT=continuous renal replacement therapy, CTD=connective tissue disease, CVA=cerebrovascular accident, D/C=discharge, DHP= dihydropyridine, DM2=diabetes mellitus type 2, eGFR=estimated glomerular filtration rate, F/U=follow-up, Hb=hemoglobin, HIV= human immunodeficiency virus, HR=heart rate, HTN=hypertension, IHD=intermittent hemodialysis, LVEF=left ventricular ejection fraction, NSAID=non-steroidal anti-inflammatory drug, PAD=peripheral arterial disease, PCP=primary care provider; PUD=peptic ulcer disease, SLED=sustained low efficiency dialysis, TIA=transient ischemic attack