**Background**: Acute kidney injury (AKI) is associated with high mortality up to 36% in AKI stage 3. However, care has improved since the implementation of NICE guidelines and the introduction of the AKI Electronic alert in 2014. AKI patients are mainly managed by non-nephrologist which can be challenging due to lack of resources and awareness. There is need for innovation and transformational change in AKI management which goes beyond just basic implementation of pathways.

**Objective:** To assess mortality and length of stay (LOS) following the initiation of The Wirral AKI Quality Improvement Project (QIP). To introduce innovative Digital AKI power plans.

**Method:** AKI electronic alert, pathways and educational leaflet were implemented parallel with ongoing awareness and education campaign in primary and secondary care. As a result, managing AKI became more challenging in terms of demand and in terms of engaging clinical staff positively about AKI care. Due to lack of resources in a trust where there is only one AKI nurse we have created a meta-quality improvement (QI) project involving foundation year one (FY1) doctors. Their role is to review their wards performance weekly, to identify weak areas and create individualised improvements which reported back to an AKI champion (renal registrar).

**Results:** A total of 12584 incident episodes of AKI occurred between May 2015 and August 2017.10% AKI3, 13% AKI2& 77% AKI1. Median age is 73y. F: M =1:1. 12% had Diabetes. LOS =15.67. Overall mortality is 16%. 56% of total hospital deaths have AKI. AKI patents admitted to ITU/ HDU (987) had mortality of 27.7% compared to the rest of AKI patients (11599) having mortality of 15%. Unexpectedly, mortality rate for AKI patients with diabetes in our population (1530) was only 12%. Reduction in overall AKI mortality rates from a baseline of 17.2% to 14.6% which represents 15.2% reduction.

Despite the fact that our overall LOS is one of the shortest in the region (15.67 days,) we have still managed to reduce it from a baseline of 15.8 days per admission to 15.2.

Two Digital AKI power plans were created using **Cerner Millennium IT system in order to improve early management of AKI. The project is being piloted between doctors, Nurses and pharmacist. Feedback and outcome will be shared in due time.**

**Conclusion: The Wirral AKI project has led to significant and sustained reduction in both Mortality and LOS. The engagement of junior doctors and Nurses in AKI QIPs plays an important role in our success. Moving to using digitalised AKI power plans is to be tested.**