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'THINK KIDNEYS'
KQuIP

Kidney Quality Improvement Partnership
South West Regional Day

Taunton
Thursday 4th October 2018

Summary Report

KQuIP
The kidney community's quality improvement partnership

1. Introduction

Welcome to the summary report from the Kidney Quality Improvement Partnership (KQuIP) South West Regional Day which took place on 4 October 2018.

As Dr Stephen Dickinson and Dr Preetham Boddana, KQuIP South West regional leads, mentioned in opening the event, this was the first multi-professional, regional meeting in the South West for over five years. The event presented an opportunity to bring together the clinical and multi-professional teams, patients and carers from renal units across the South West to review and consider the data available from the region on Vascular Access, Home Therapies and Transplantation, and to work together to agree areas for quality improvement across the region.

With representation from all six units, and contributions from a broad spectrum of people representing both local and national quality improvement activity, the event was positive and energetic, and we hope those who attended feel motivated to take forward the regional quality improvement project that was agreed in the final session, **Transplant First**, and take that sense of motivation back to the wider teams at their units.

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KQuIP aims to support the South West region in participating in Transplant First over the next year, and as part of this support, will provide training and a framework within which the South West regional network can develop. Teams will be supported to build capacity locally to embed quality improvement within normal practice so that the region can take this or any other quality improvement project forward into the future.

Feedback from the day has shown how attendees valued having time to discuss and debate these important issues and plan together to improve outcomes for kidney patients in the South West. We hope the South West region will continue to collaborate and work together in this way with renewed energy over the coming years.

2. Setting the scene

The day began with an introduction from the KQuIP South West regional leads, Dr Preetham Boddana and Dr Stephen Dickinson, and the KQuIP national co-chairs Dr Sharlene Greenwood and Professor Paul Cockwell.

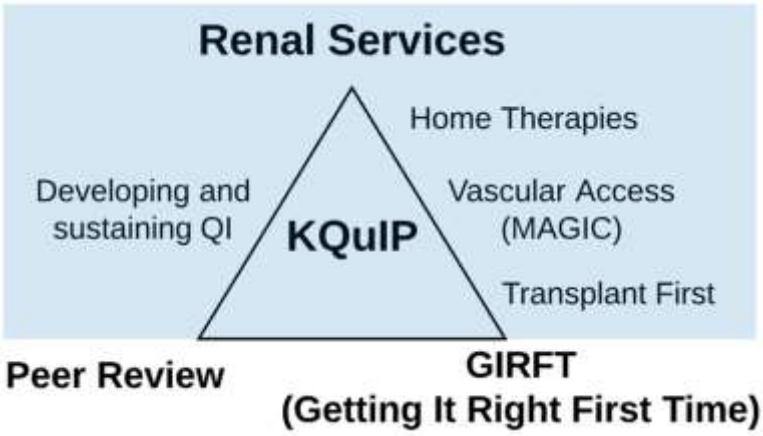
The aims of KQuIP were outlined:

- KQuIP builds on rather than replaces existing quality improvement structures
- Helping kidney services to embed quality improvement into daily practice
- Understanding and reducing unwarranted variation in care
- Spreading and sharing good practice

And the outcomes for the day:

- Review outcome data and regional variation
- Identify and appoint QI leads from the multidisciplinary teams
- Decide on regional and unit key priority(s) – Transplant First

This was followed by an overview from the KQuIP Co-Chairs of how the KQuIP framework can support the region and how it links with wider national initiatives such as peer review and Getting It Right First Time.



Professor Mike Horrocks, South West Ambassador for Getting It Right First Time (GIRFT), then spoke to delegates about the GIRFT initiative, its aims and ambitions and what it means for the renal community. You can view Professor Horrocks's slide-set from the day here.

Trios approach – group work and discussion

An interactive session led by Dr Stephen Dickinson followed. Attendees were asked to discuss three questions,

1. What things do we do well?
2. What things don't we do well? And,
3. What are the barriers?

Answers on post-it-notes were discussed before being grouped into key themes which are summarised below.

A: What things do we do well?

- ***Person centred care***

This included patient involvement, patient choice and shared decision making, putting patients first, holistic care, patient experience and communication. Patient education initiatives were also mentioned by a number of people as being both positive and timely.

- **The staff**

Many people noted the hardworking, dedicated and committed staff across the region. Themes that repeatedly came up were the collaborative nature of the teams, cooperation between units, the multi-disciplinary approach of the South West, and how the region embraces new ways of working.

- **Quality of care**

The final theme covered the quality of care that is delivered within the region, from end of life care, the quality of dialysis, low infection rates in the region and Vascular Access.

B: What things don't we do well?

Some responses to this question conflicted with the responses above, for example many people mentioned Vascular Access and access to Home Therapies as things that needed improving, although these were also identified as 'things we do well'. This could be a sign of the variation of practice across the region, making a compelling case for improved collaboration and for sharing good practices.

Some of the key themes that came from the discussions were:

- **Infrastructure**
  This theme included staff levels, funding, poor facilities, and patient transport, as well as access to local care for patients, theatre access, equal services across the region and care pathways. Data collection and improving data linkage was also listed as something that could be improved.

- **Psychosocial support**
  Psychosocial support for patients was repeatedly mentioned. This theme included mental and emotional support, improving collaboration with social workers and community based support, and a call for more 'joined up thinking'.

- **Transplantation**
  Timely transplantation came up as a common theme in the discussions. This included live rates, pre-emptive transplantation, sporadic referrals for transplantation, transplant waiting times and transplant consistency.

- **Sharing and communicating across teams and units**
  This theme included a call for better sharing of ideas/ excellence between units, communicating across the teams, and communicating variation across the region.

C: What are the barriers?

- **Staffing and resources**

This theme included lack of training, time, resources and money as a barrier to improvement. Too many competing commitments and a top-down approach were also highlighted.

- **Patient mix**

Many attendees suggested patient frailty, an elderly population, co-morbidities and patient psychology as barriers. The geography of the South West was also a common barrier, with small hospitals providing service to a large area.

- **Culture**

This theme covered the 'difficulty of change' as a barrier to improvement, a lack of cohesive thinking, not allowing space for innovation and a lack of forums for sharing quality improvement.

"Too many no's and not enough 'give it a go's'"

Quality improvement in the South West

Before moving focus to the three national KQuIP projects, Professor Wai-yee Tse from University Hospitals Plymouth NHS Trust and Health Education England South West, gave a presentation on the importance of quality improvement (QI) , and shared some examples of QI within the South West that are taking place currently. You can view Professor Tse's **presentation from the day here.**

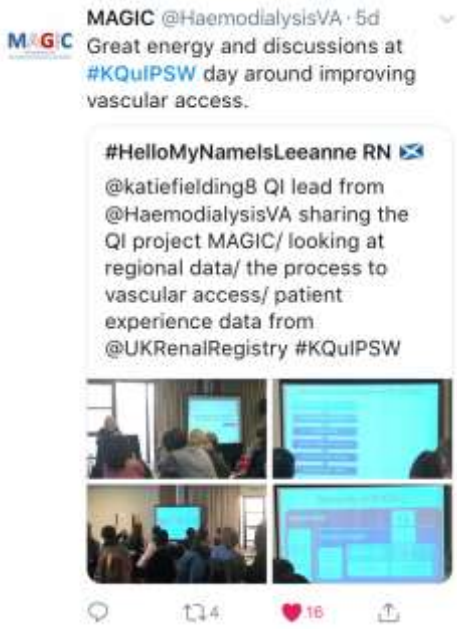
3. Vascular Access

Katie Fielding, national project lead for MAGIC, began the Vascular Access session with a presentation incorporating region specific data, and how the data links to the **national project MAGIC.**

She began by showing data from the region on access rates and patient experience of needling in the South West, and then gave an overview of the MAGIC project, its aims, the resources available to those wanting to improve cannulation practices, and how the project is implemented if chosen. You can **view the presentation here**[1].

MAGIC uses the **BRS and VASBI Clinical Practice Recommendations for Needling of Arteriovenous Fistulae and Grafts for Haemodialysis** as a basis to define best practice.

[1] Unit specific data has been removed from all presentations prior to uploading online



The aim of the programme is to:

- Improve rates of AVF and AVG use through preserving the lifespan of existing AVF and AVG
- Improve patient experience of needling, to encourage patients to choose AVF or AVG as their preferred type of Vascular Access
- Promote future quality improvement in Vascular Access

Dr Lucy Smyth, Clinical Director at Royal Devon and Exeter Hospital, then facilitated group discussions around Vascular Access in the South West, asking teams: what do we do well, what could we do better and what are the barriers?

What came out of the discussions is summarised below:

What are we good at?	What could we do better?	Barriers
• Patient choice • Pre-emptive AVF's • Surveillance scanning of post AVF formation • Access pathway • Low infection rates • Vascular Access nurses / link nurses • Good communication with surgeons • Non-medical prescribers • Nurse led arrangements of interventions • Data collection	• Encourage patients to do more for themselves • Look more at grafts for difficult access patients • Education about differing types of access • Needling techniques • Psycho-social support • Use of run charts in monthly meetings • Communication as ESRD approaches • Lack of continuity of staff • Access to surgeons / clinic availability • True practise rather than what we think – change documentation	• Seasonal variations in population • Geography • Recruitment and retention of staff • Communication • Engagement from surgical team • Limited QI time for non-medical staff • Confidence of junior staff/ development • Equality of low clearance clinics • Accurate data collection • Control over peripheral clinics

"I've learnt more on this table than I've learnt in 30 years of being a patient"

Patient comment following the group discussion on Vascular Access

4. Home therapies

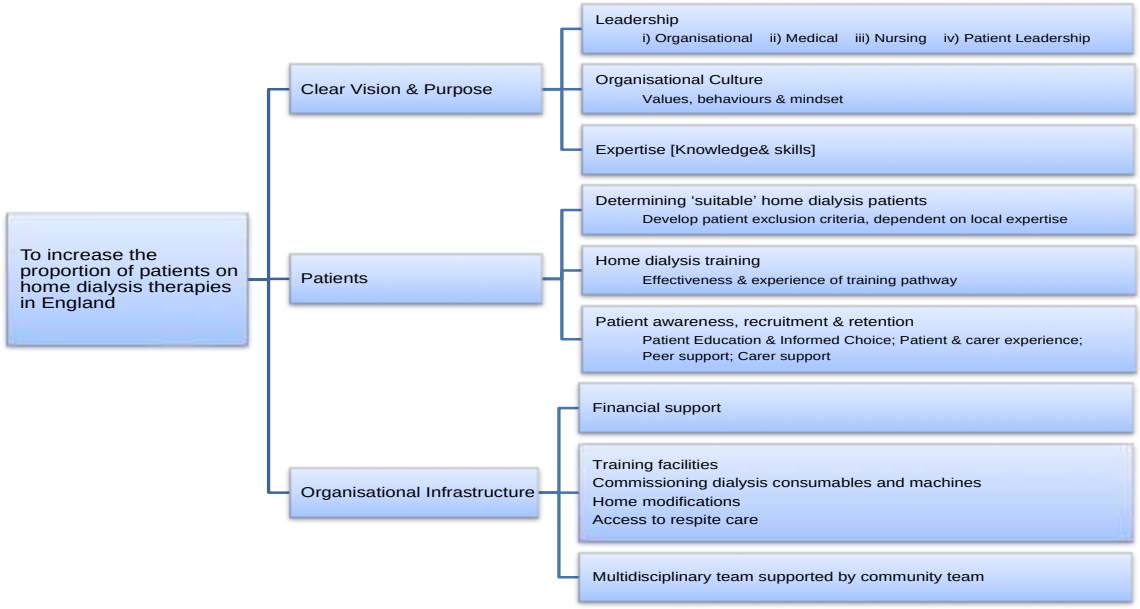
Dr Richard Fluck, national project lead for the DAYLife programme, presented the region specific data on home therapy rates over the last five years, and highlighted variation across the region. He then went on to give an overview of the national DAYLife project and its aims.

You can view the presentation on Home Therapies here.

Group work

Facilitated by both Dr Richard Fluck and Ms Paula D'Souza from Royal Devon and Exeter Hospital, delegates were asked to review the driver diagram for the DAYLife Programme in their teams (see below), and plan a simple Plan-Do-Study-Act cycle addressing one of the drivers on the far right hand column.

DRIVER DIAGRAM: Home Dialysis



Ideas were then fed-back and discussed in an open forum discussion. Themes for improvement included:

- Exclusion/inclusion criteria for home therapies
- Home therapy education programmes including peer support, education literature and education pathways
- Education of staff
- Contract with private provider to increase nursing staff for patients at home

For more information on the KQuIP Home Therapies programme, read Dr Fluck's blog on the Think Kidneys website here.

5. Transplantation

The final themed session of the day was on transplantation chaired by Dr Caroline Wroe, Chair of the Living Kidney Donor Network.

The session was opened with a patient, Mr Oliver Wilton, who shared his experience of the journey from kidney disease to transplantation. Dr Wroe then gave a presentation on living donation within the region. View the Living Donor presentation here.

Dr Kerry Tomlinson, national project lead for the Transplant First programme, followed with a presentation on the Transplant First project, showing what it would look like if the region took this on as a quality improvement project and outlining the case for its adoption using region specific data. You can view the presentation here.

Attendees then sat together in their units, and Dr Kerry Tomlinson and Dr Caroline Wroe facilitated group discussions in two parts:

1. What are the barriers to pre-emptive transplant listing / living donation in your unit / across your region?

2. A) What have you introduced that has worked well / you are proud of?
   B) What do you need to make improvements in patient pathways?
   C) What can you commit to now?

Below is a short summary of the discussion:

Barriers

- Knowledge of what living donation is
- Criteria from the surgeons – e.g. BMI - leading to delays
- Low clearance clinic only talks about dialysis and not transplantation
- Patient choice – patients often don't want to accept a kidney from a relative, or to put them in difficult position
- High population with polycystic kidneys - so no family donor
- Socio-economic reasons/ low income
- Geographic distance from transplant centres
- Blood tests being incorrectly signed and not done 'in-house'
- Variability of the referral pathway
- No dedicated psychologist
- Elderly patients therefore transplant is not a priority

What has worked well?

- Outreach clinics – Exeter, Gloucester and Dorset where transplant centres have run clinics and seen patients
- Transplant nurses

Improvements

- Include transplantation discussion in low clearance clinics
- Standard operating procedures for transplantation

Commitments

- Review living kidney donor list monthly
- Include transplantation discussion in low clearance clinics

6. What next?

After delegates had discussed the three national projects that had been put to them, and the region-specific data that had been reviewed over the course of the day, Dr Stephen Dickinson led an open forum discussion on what national quality improvement project the region could take on collaboratively. The final vote, by show of hands, was strongly in favour of **Transplant First**.

This is an exciting opportunity for the region to focus and collaborate on transplant pathways, and to work together to remove some of the barriers that could be preventing patients in the South West from receiving a transplant, or lengthening the time a patient has to wait for transplantation.

The project will be led and driven by the region, with leadership from the South West KQuIP regional leads Dr Preetham Boddana and Dr Stephen Dickinson, and supported by the Kidney Quality Improvement Partnership through Programme Management support, training and facilitation. We hope that the whole region will get involved.

To get started on Transplant First, we are asking units to commit in the first instance to the following initial steps:

1. Quality improvement leads

Each unit from the region should identify a **minimum of two Quality Improvement (QI) leads** to drive the KQuIP project in the region and locally – this should be at least one **clinical and one multi-professional team member** (dietician/pharmacist/nurse etc). It would be fantastic for **patients** to be involved as they were such an important part of the regional day and we would welcome patient QI leads as well.

2. Regional follow up meeting for QI leads – *save the date 13th December 2018*

A follow up meeting with the QI leads, regional leads, KQuIP programme managers and Transplant First representative has been provisionally booked for **13th December.** This will be a morning or afternoon meeting at a venue to be confirmed.

3. Leadership training – *save the dates 6th – 7th February 2018*

As part of KQuIP support, the **QI leads identified will be offered training in leadership, QI and measurement.** It is hoped the leads will form a team of QI champions in the region that can take the project and the network into the future. The training days will be an opportunity to build those relationships and the network as well as learn, enabling the QI champions to take back vital skill to your role and colleagues in your unit.

The first of these training dates will be a **leadership course over two days from 6th – 7th February**, carried out by a company called Shortsmoor.

Once the QI leads are identified, we look forward to getting together to plan what success will look like for our region and to set out the project framework for the coming year.

7. Acknowledgements

Sponsorship

With thanks to our sponsors who made the KQuIP South West Regional Day possible through the purchase of exhibition stand space:

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AstraZeneca

And to Kidney Care UK for kindly funding KQuIP regional programme management.

Kidney Care UK

Speakers

A huge thank you to everyone who contributed to the day, whether through chairing a session, giving a presentation or facilitating discussions. All contributions were of an excellent standard.

Delegates

Finally, thank you to everyone who took the time to attend the event and for making the day so energetic and positive.

8. Contacts

To find out more about the Kidney Quality Improvement Partnership, or to ask any questions please contact:

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