SHAREHD

A Quality Improvement Collaborative to scale up Shared Haemodialysis Care in centre based haemodialysis patients

Shared Haemodialysis Care - Home Therapies

"No decision about me, without me"

Programme supported by:

Sheffield Teaching Hospitals NHS
NHS Foundation Trust

Kidney Research UK
Funding research to save lives

The Health Foundation

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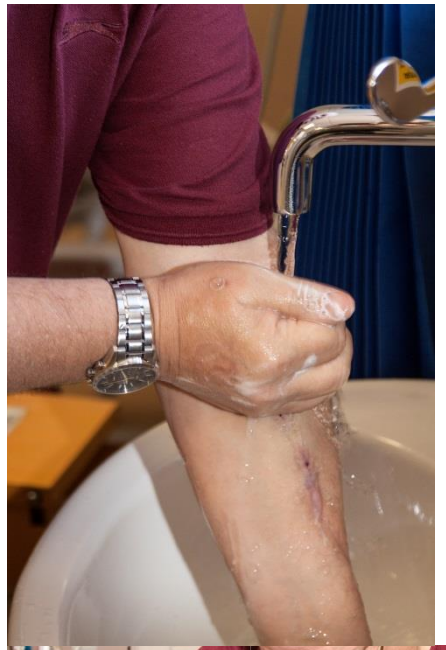
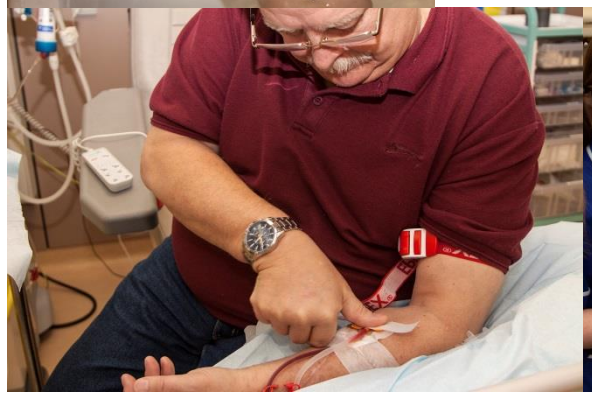
The Vision for Shared Care



For people who receive dialysis at centres to have the opportunity, choice and information to participate in aspects of their treatment and thereby improve their experience and their outcomes.



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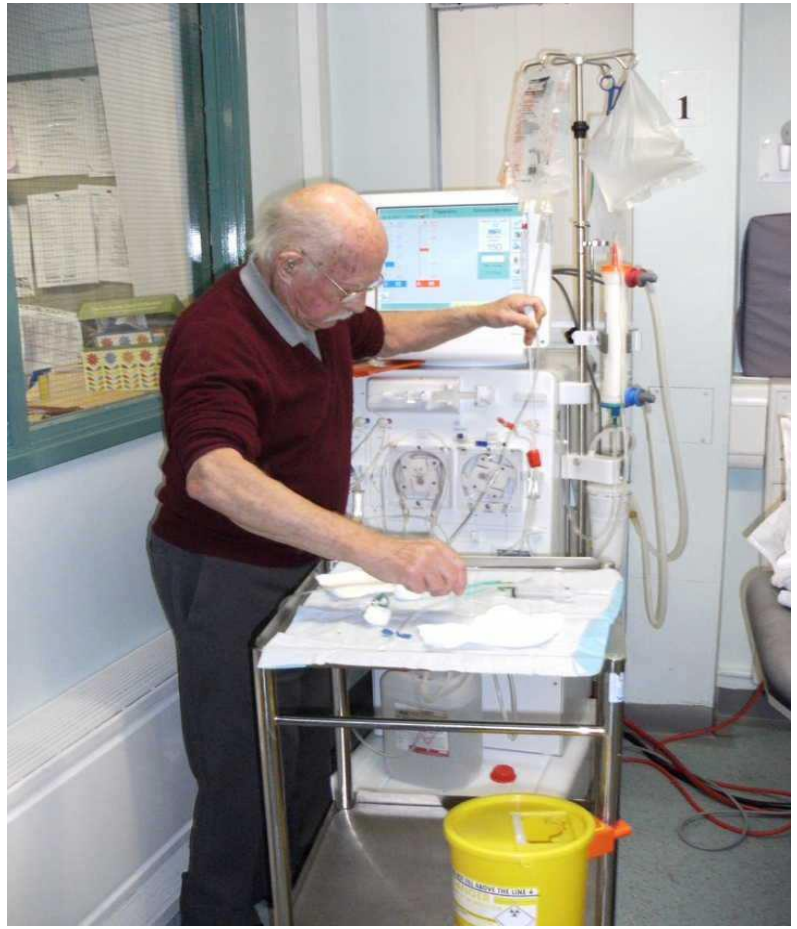
What is Shared Haemodialysis Care

Develops patient self-management skills which helps support patients and carers to take a greater role in their own care

Works within any unit using existing resources

Is not a means to force people to dialyse at home.

It involves **all** dialysis patients and staff**.**



"You can do as little or as much as you like" Ron from Harrogate

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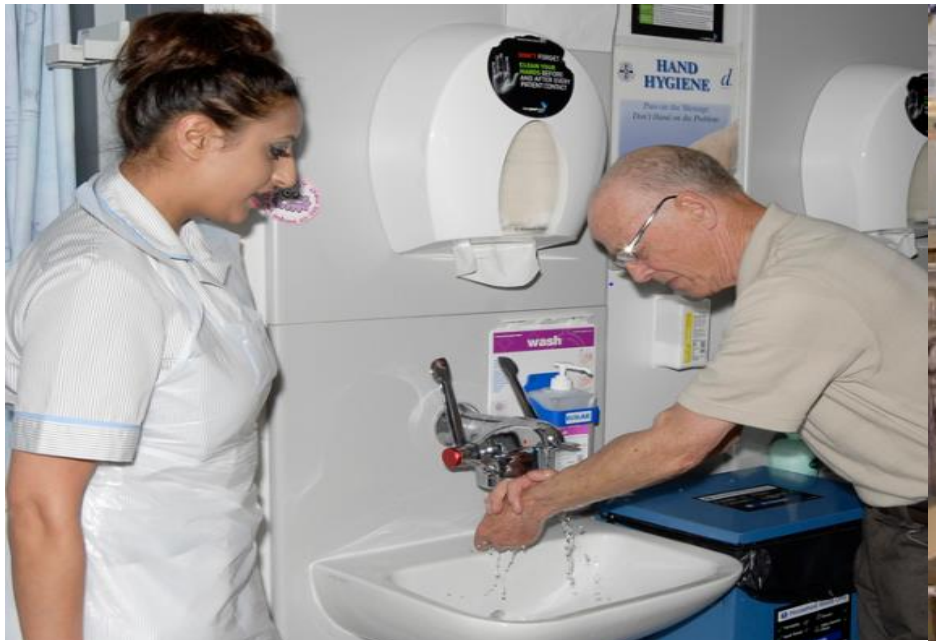
Emphasis is on choice, taking part and engaging at a level that suits the individual.



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How this links to Home HD

- Patient education should be ongoing
- SHAREHD comes out of home dialysis – why do you have to go home to learn?
- It acts as an enabler to HHD and can support respite HHD
- Can provide and “apprenticeship” – particularly important in late presenters
- SHAREHD can flex with the “ebb and flow” of motivation
- Provides choice & opportunities for those who are unable to go home moderating that disadvantage
- Provides more flexibility for staff and patients
- Increases health literacy and condition awareness which can help to build concordance with other elements of treatment (diet/exercise etc)

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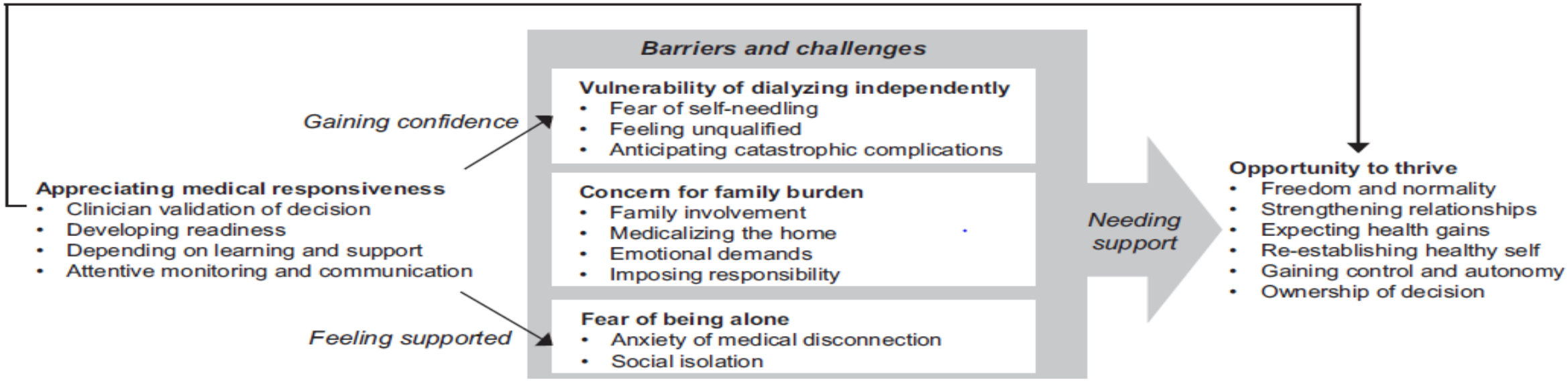
How this links to Home HD

Thematic schema of adult patients' and caregivers' experiences and perspectives of home hemodialysis (HD) – systematic review



Walker RC et al, Am J Kidney Dis. 65(3):451-463.

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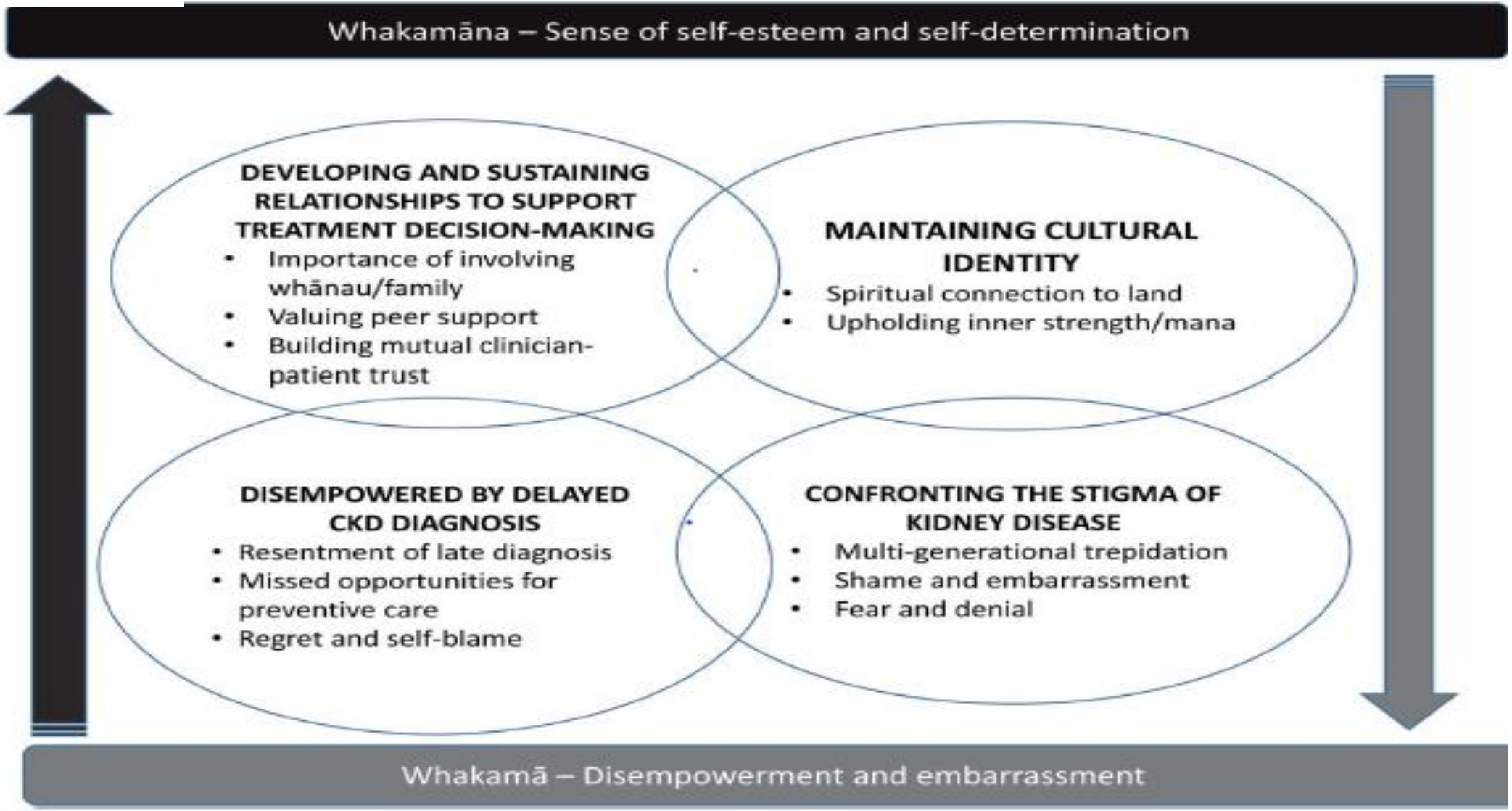
Getting Home is complicated



Walker RC, et al. BMJ Open 2017;7:e013829.

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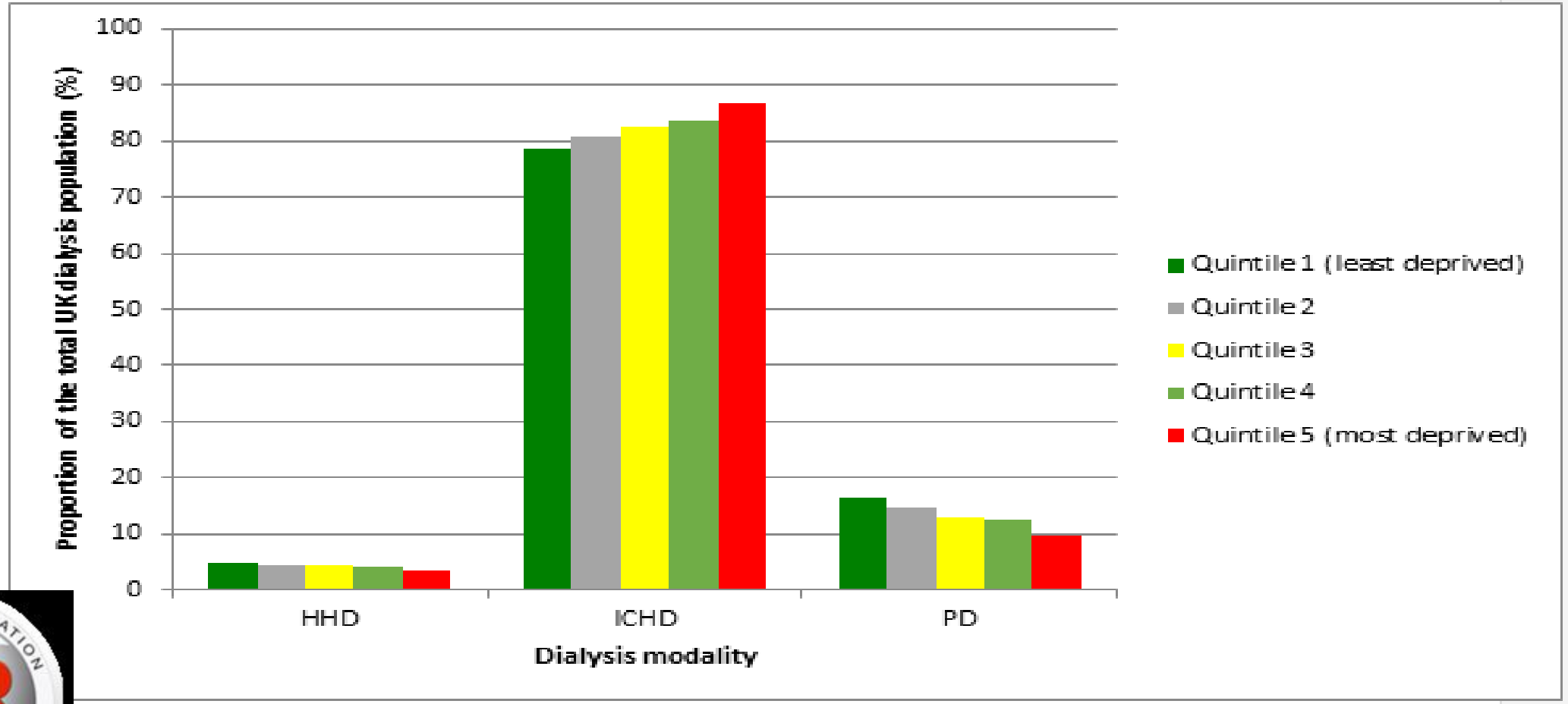
Are we really giving the choice ?

Figure 13.7. Deprivation by Dialysis Modality for all UK patients



UK Renal Registry 2017

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Patient Perspective – Why?

As a person and a patient, I care deeply about involvement, because I know it helps me as a patient to live more sustainably with my health conditions, and because I know that that, in turn, can help the National Health Service to exist more sustainably, too.

Anya de longh
Patient leader and self-management coach
2014, King's Fund

I need support because self-management is hard work. Maintaining positive behaviours and lifestyle changes, and keeping on top of it all, is not easy. Motivation waxes and wanes, as does my ability to cope.

Anya de longh, patient and self-management coach (de longh 2014)

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Impact on the Domains of Health

Person centred care

"I now have the confidence to take control of my treatment"

Effectiveness

"I understand better how my dialysis works and I know my own body better, which helps to keep me healthier"

Safety

"I started to do my own needling at last I had some sort of control doing some part of my treatment not just having something done to me."

Efficiency

HCPs becoming educators & facilitators .

"I didn't know how to train a patient to care for themselves"

Timeliness

"I can just get on with it. It gives me more freedom"

Equity

Everyone has the opportunity to learn

"I was a Non-believer but now I Believe" (nurse)

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What is the Shared Care Intervention

TJ Awards 2013 | Category Winner

Nurse education
Patient & carer training
Clearly defined competencies
Support materials
http://www.shareddialysis-care.org.uk/
Supporting change leaders via a Quality Improvement Breakthrough Series Collaborative

*The dialysis **nurse** asks the **patient** to **choose** which dialysis related tasks they would like to try*

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Kidney Care UK

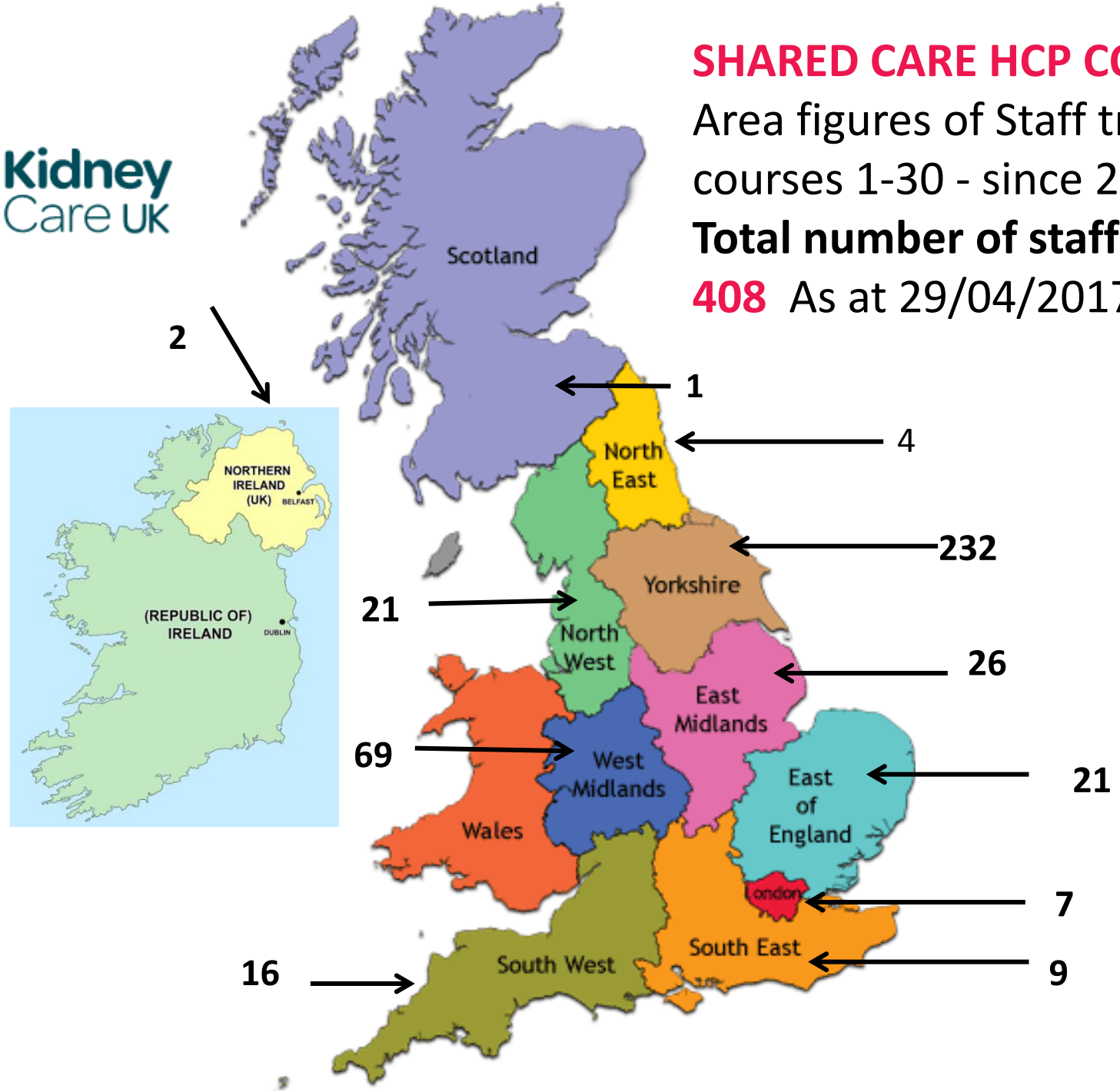
SPREAD =

Interest expressed received from Israel, Australia, South Africa, Sri Lanka, Taiwan

NEW – Baxter Supported 1 day COURSE starts JULY 2017 – Audience = Senior leaders, Pre treatment and HHD staff

SHARED CARE HCP COURSE – Area figures of Staff trained from courses 1-30 - since 2011

Total number of staff trained = 408 As at 29/04/2017



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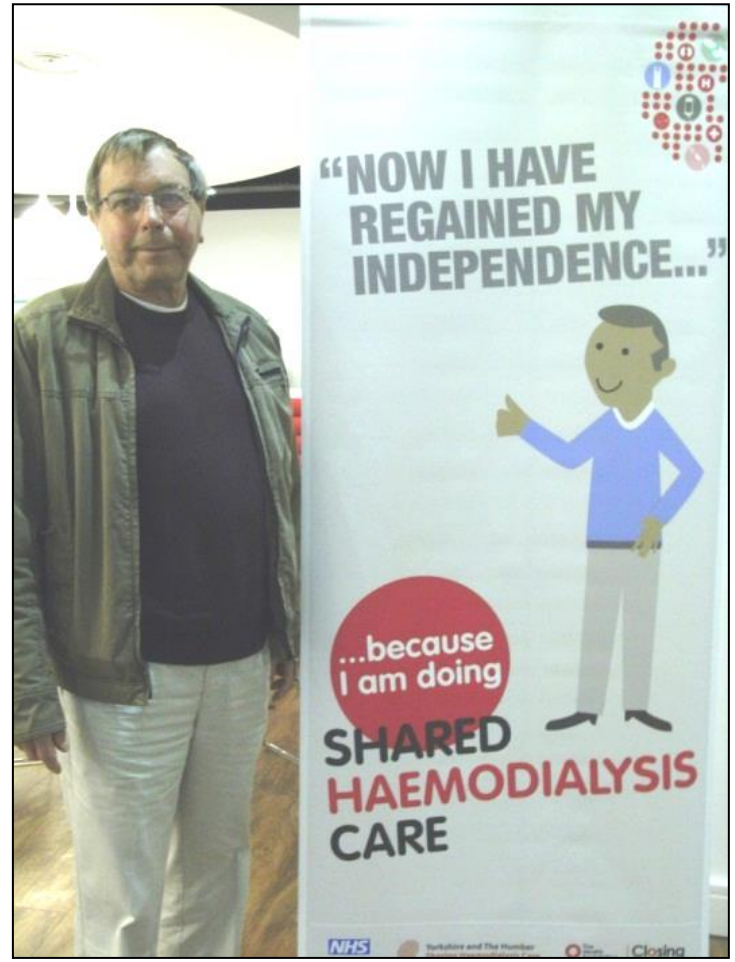
SHAREHD Programme Aims

- Patients participating in 5/14 tasks will increase by 30% above baseline in 6 months (via SHAREHD research evidence)
- Patients dialysing independently (either via HHD or Self Care) will increase (via SHAREHD research evidence)
- Improved patient self-management skills irrespective of Patient health literacy level (via local Measures)
- More effective use of health care resources through greater patient participation (via local Measures)



David from Sheffield

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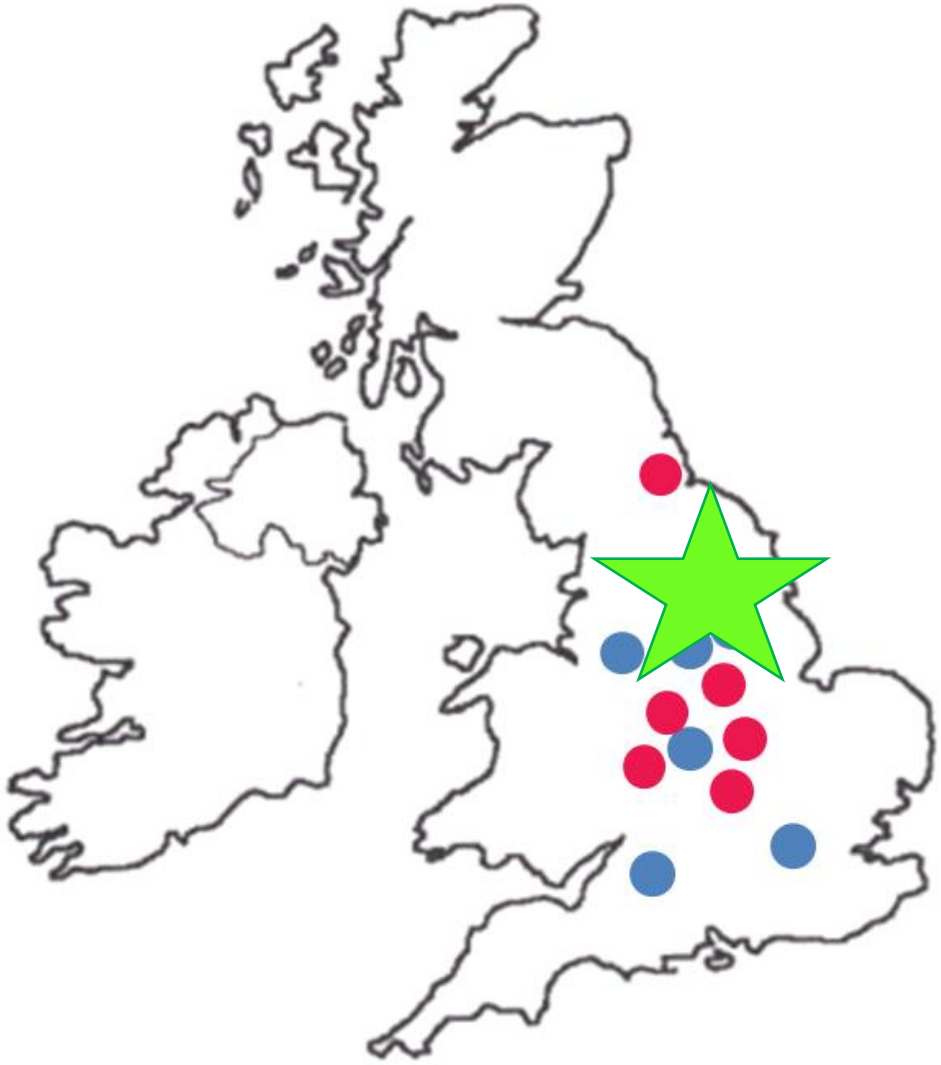
SHAREHD Programme SPREAD

- SHAREHD is only a 2 year programme working with just 12 trusts
- We recognise that this is a culture change so we need to spread and sustain beyond the programme bounds.
- This is your opportunity to join us and benefit from the support of the wider collaborative.



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All Hands Share Away Day

JULY 4th 2018

Marriott Hotel – Leeds

DATE FOR YOUR DIARY

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Your Units First QI Step for SHAREHD

Sonia Lee

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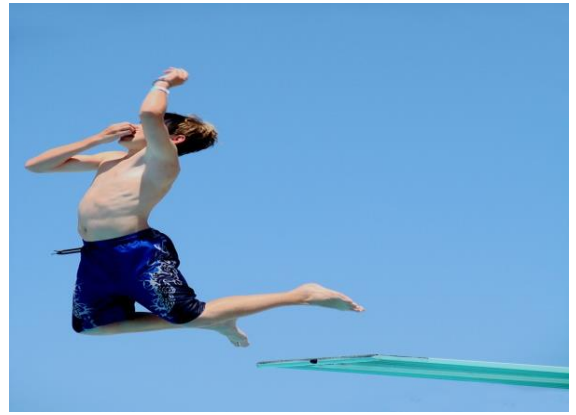
Session Purpose

There is an inevitable urge to jump into an idea without understanding HOW it links to the overall aim.

1. define the boundaries of the system we are working in *and have influence over* to achieve the desired outcome.
2. identify the Factors that cause the outcome
3. consider where to make Tests of change that will influence those factors

Why not just jump ?

- May be wasting time and energy
- The first idea may not be the most important idea
- The swimming pool may be empty !



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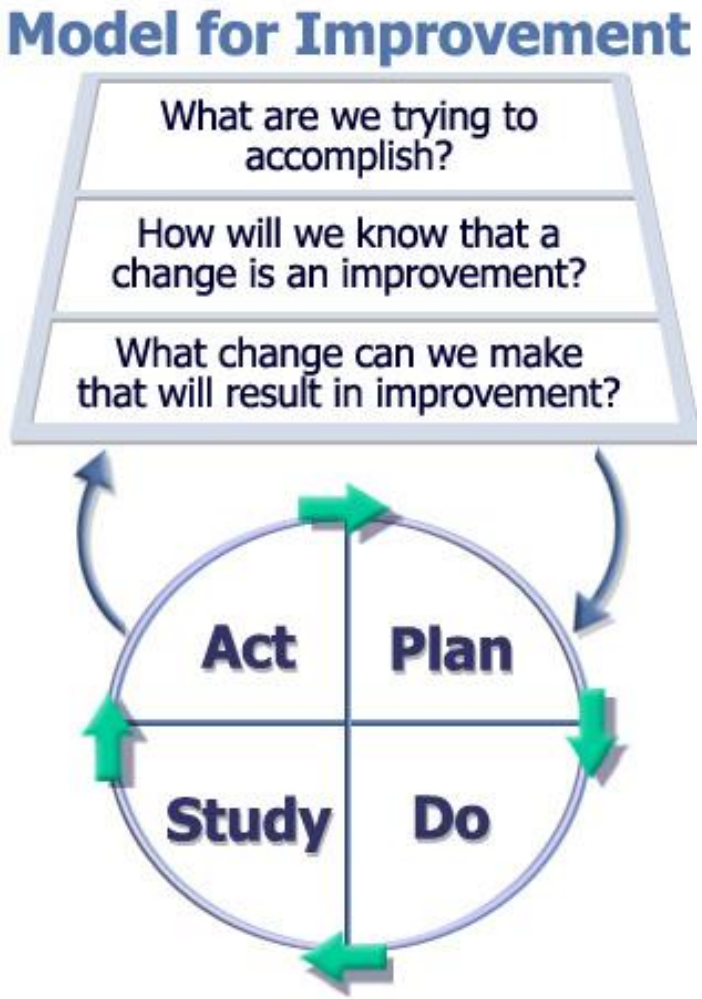
Which Model are we using ?



- Select changes most likely to result in improvement
- Set aims that are measurable, time-specific, and apply to a defined population
- Establish measures to determine if a specific change leads to improvement
- Test the changes before implementing more widely

T. Nolan et al. www.ihi.org

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But where do we start ?

LETS CONSTRUCT A DRIVER DIAGRAM

This is a useful tool for conceptualising the issue and determining its system components.

WHY BOTHER ?

Allows us to create a pathway to get to the goal/outcome.

WHAT IS IT MADE UP OF ?

- Primary Drivers : system components which will contribute to achieving the goal/outcome; each primary driver has a number of secondary drivers

- Secondary Drivers: elements of the associated primary driver which can be used to create projects or change packages that will affect the primary driver

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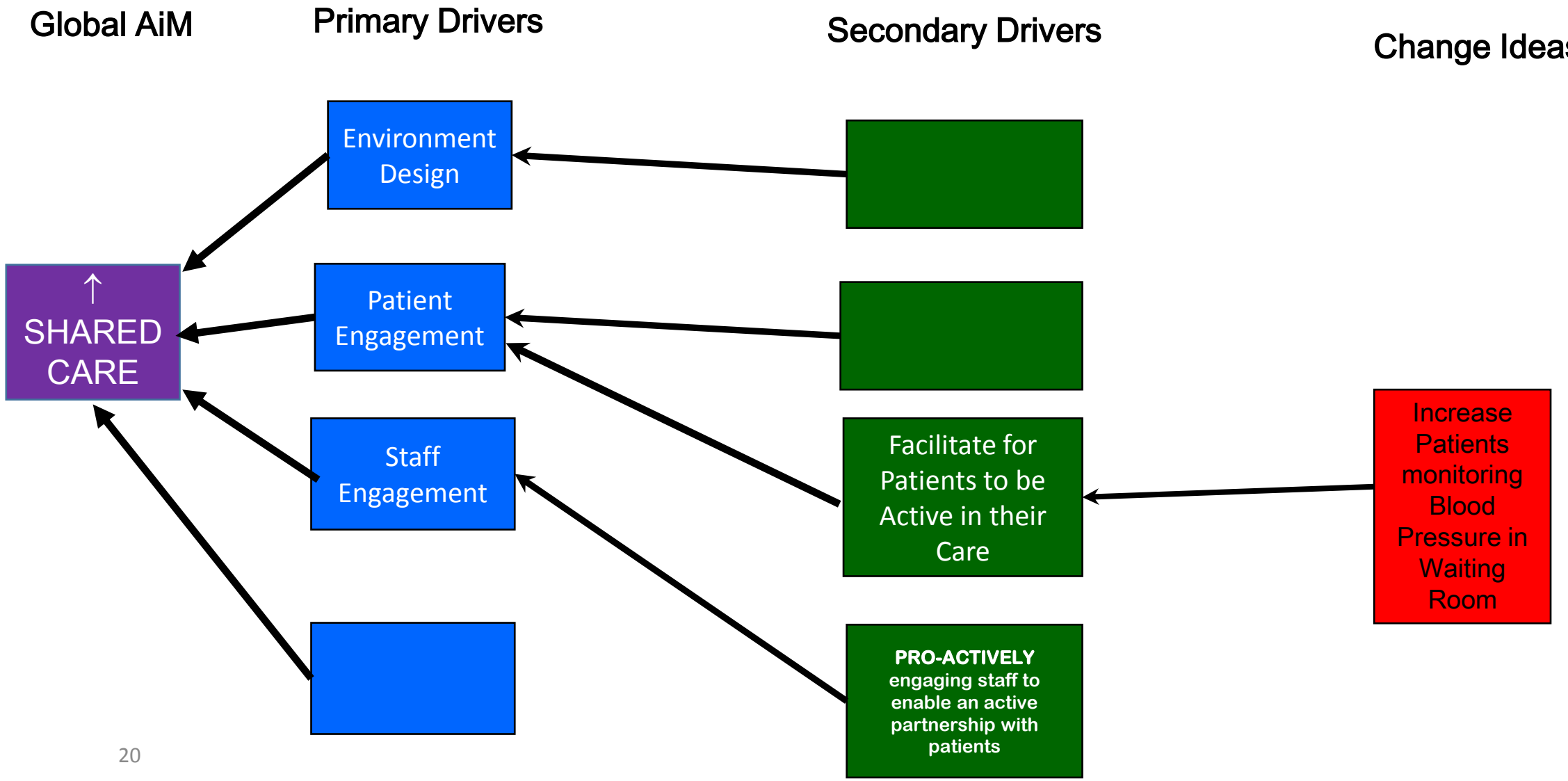
Creating a pathway to the Goal/outcome.



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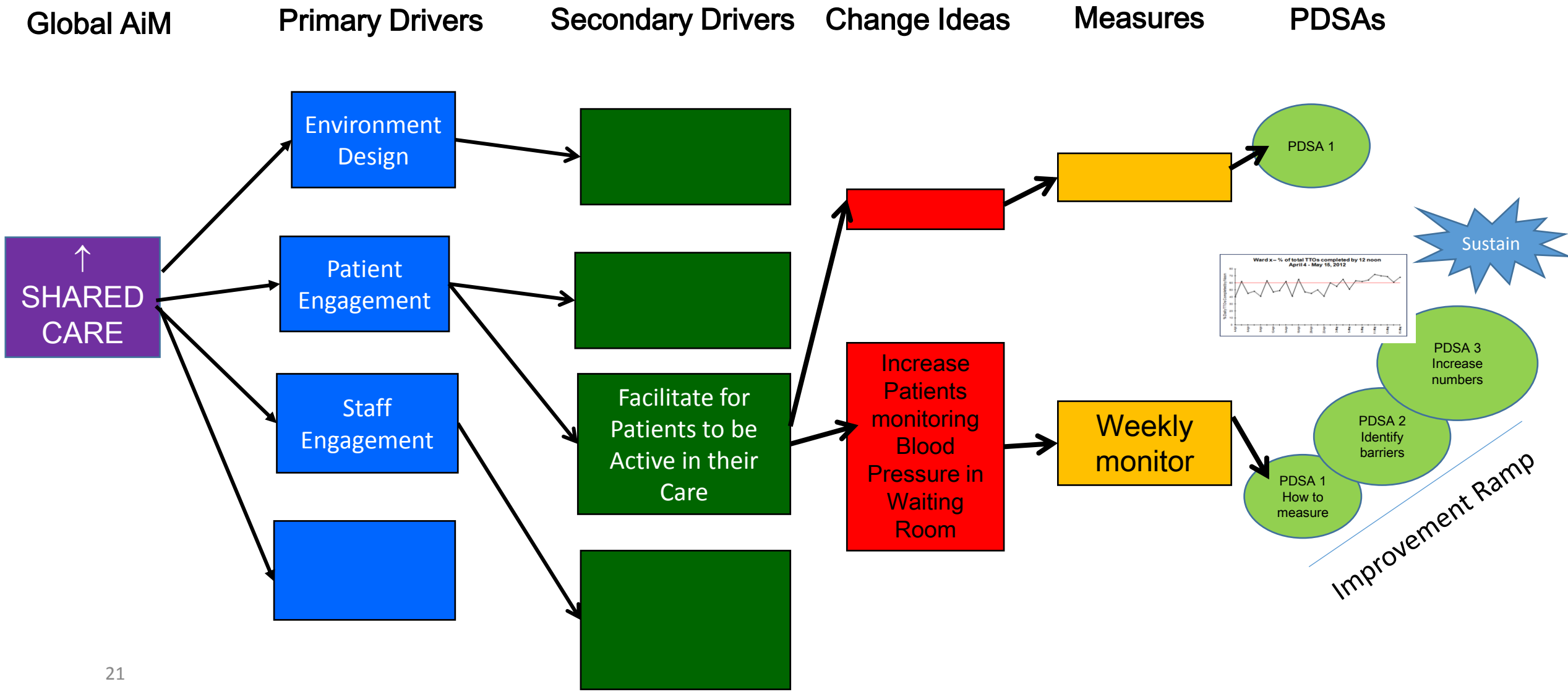
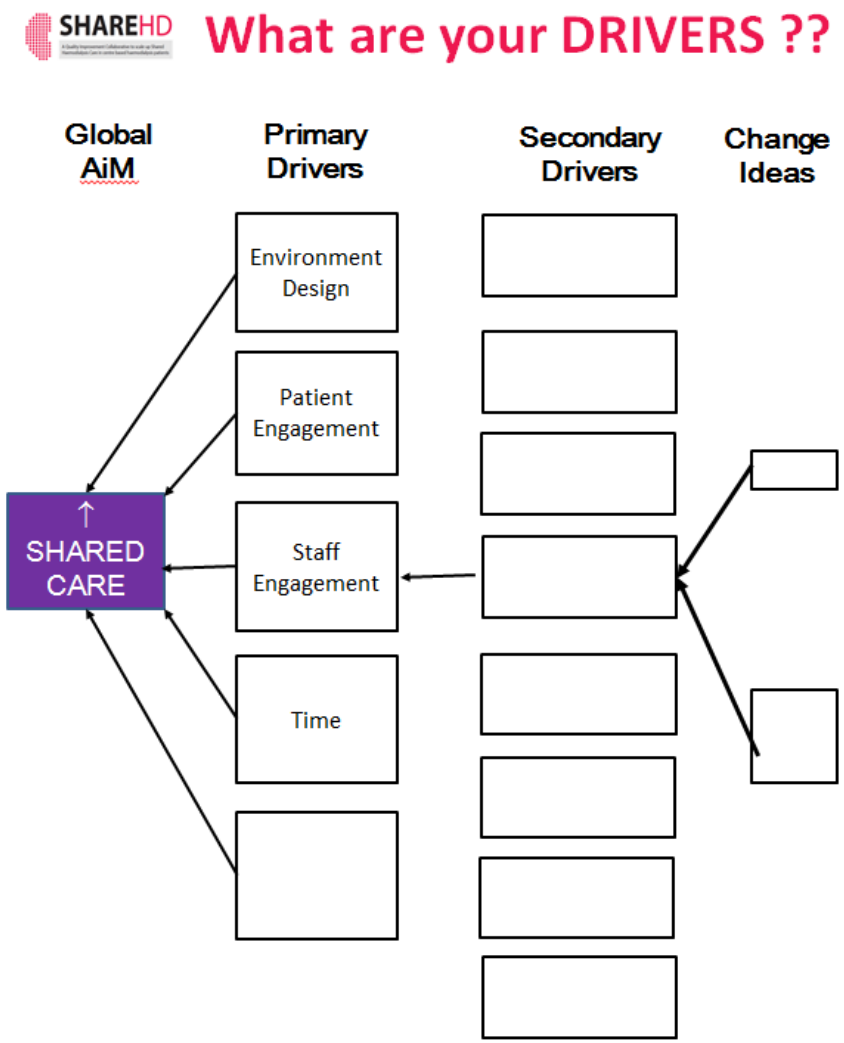
Linking up Global Aim to Sustained Change



What are your Drivers ??

Consider please …..

- What other primary drivers can you think of ?
  - Add them onto your diagram
- What secondary drivers can you think of and how they relate to the primary drivers (link with arrows)
- Note down change ideas BUT they must have a secondary and primary driver link.
- 5 minutes



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Collaborative Master Driver Diagram

- Any additional Primary Drivers ?
- Secondary Drivers for each Primary Driver and links to Primary Driver
  - Patient Engagement
  - Staff Engagement
  - Environmental Design
- If time – What Change Ideas and how linked to secondary and primary drivers

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Documenting your Test of Change

PlanDoStudyAct

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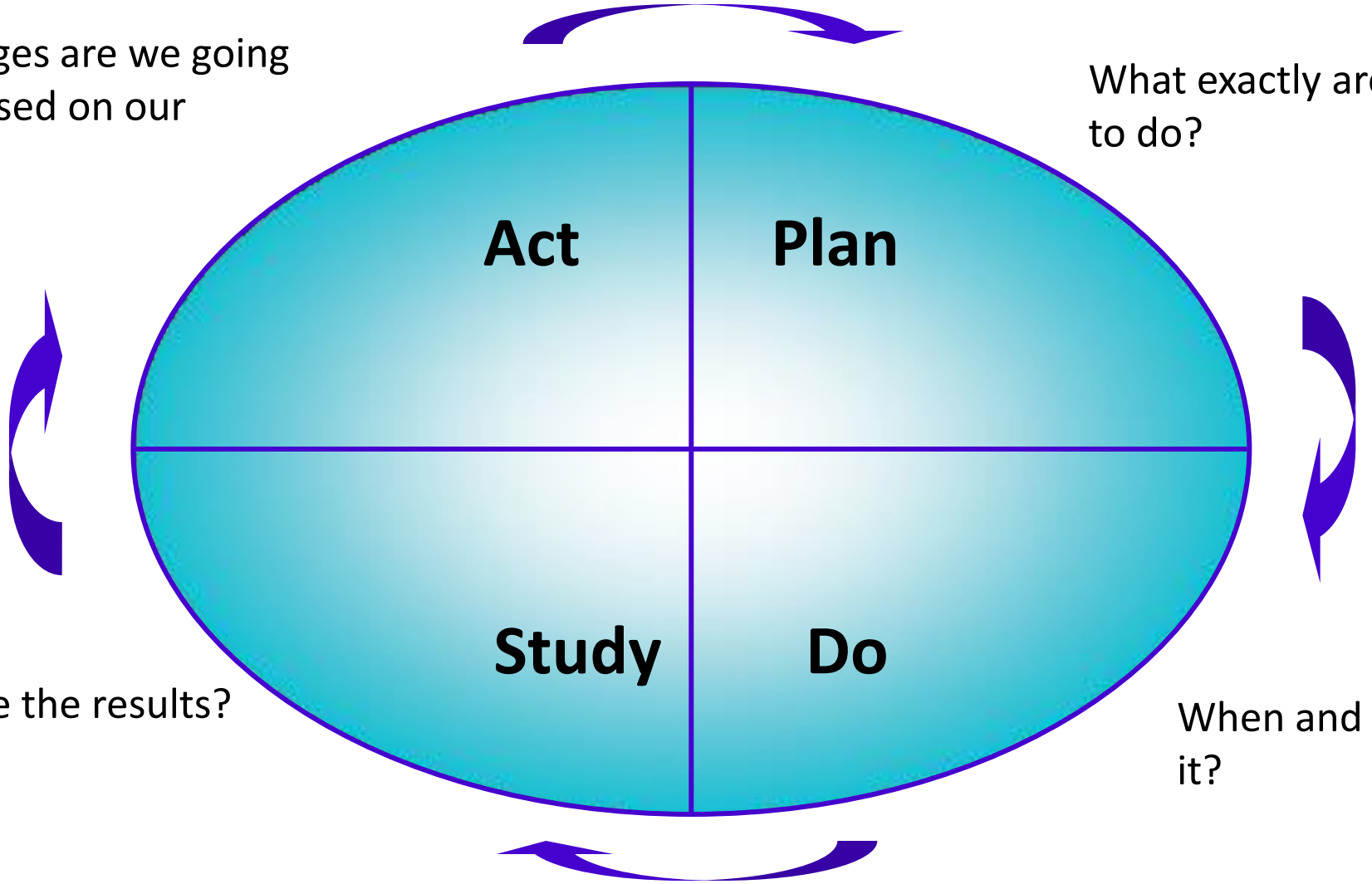
Plan, Do, Study, Act

What changes are we going to make based on our findings

What exactly are we going to do?



What were the results?

When and how did we do it?

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Test of change Planning

- If you do not have an objective how will you and your team know what test you are trying to do ?

- If you do not have a plan how will you know that you have (or have not) got there ?

- If you don't measure it how will you know that the change is an improvement? How will you know if what you are observing is not due to chance?

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Establish Your Test of change measures…

- Must know whether or the change is leading to any improvement
- Measurement is for learning, not for judgement or comparison
- All measures have limitations, but the limitations do not negate their value

- Three types of measures – ideally need all 3 to be sure the change is moving in the right direction – Keep them SIMPLE
  - Outcome measures
  - Process measures
  - Balancing measures

- Must have baseline measures otherwise how do you know where you have started from.

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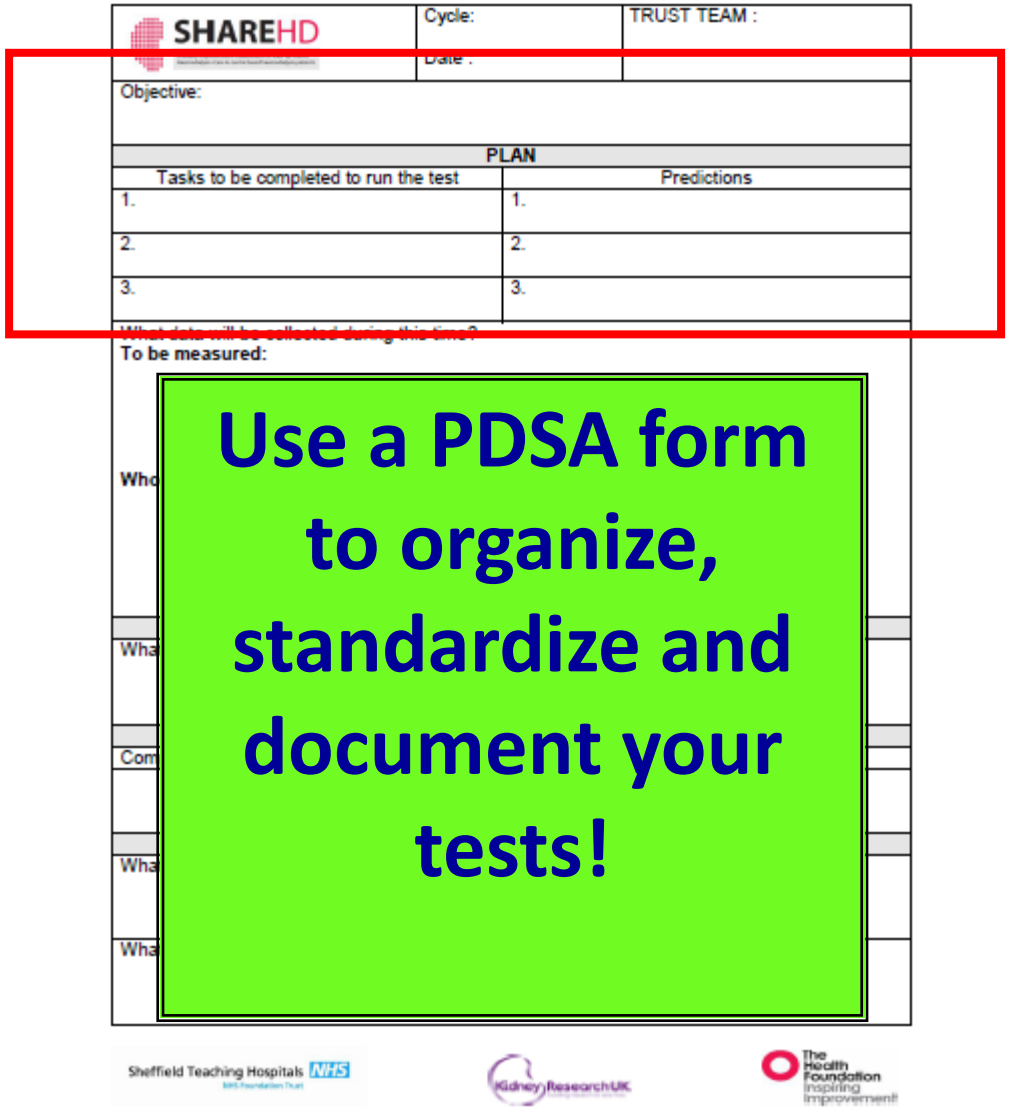
Plan / Predictions

The Plan is about Clarification ie thinking it through BEFORE you do it

- Objective of the change idea.
- Tasks to be completed to run the test
- Predict what will happen against each task

Co-Production : Ask your patients for their points of view and predictions these may be quite different to staff expectations.



PDSA – a RENAL Example

Observations in the Waiting Area

SHAREHD	Cycle: 1 Date : 18 Jan 2017	TRUST TEAM : NOTTINGHAM

Objective:

- Increase number patients monitoring observations in waiting room by Shared Care

PLAN	
Questions	Predictions
• Can we provide patients with scales and BP monitor/ thermometer	YES
• Can we encourage patients to take own obs	YES
• Can we allocate the nurse to support the patient	YES

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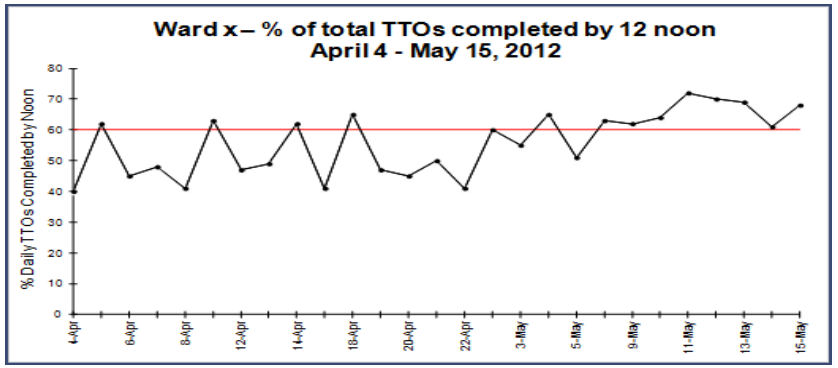
QI Measurement is - What is happening in the change, over time

- Think about what you want to measure, when you will take the measures and how you will display the results

KISS – Keep it Simple



- Run charts
  - Simple, efficient and powerful
  - Plot over time + median
  - If you keep measuring you will spot variance or problems arising.
  - Easy way to display the results so ALL can see what is happening

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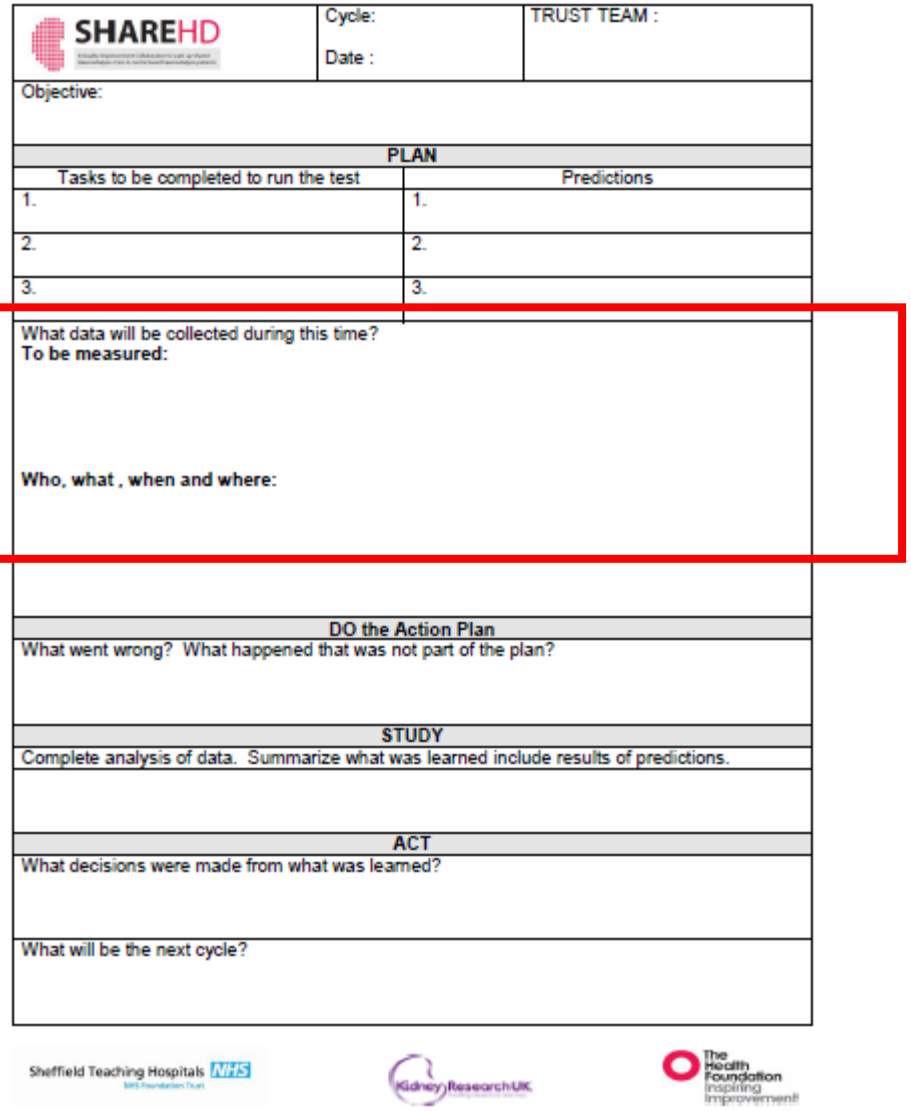
Planning Measures

Add your Measures to the PDSA form

Support with identifying :

- when the test will take place
- Who will do what
- What resources or training may be needed



SHAREHD	Cycle: Date :	TRUST TEAM :
Objective:		

PLAN	
Tasks to be completed to run the test	Predictions
1.	1.
2.	2.
3.	3.

What data will be collected during this time?
To be measured:

Who, what , when and where:

DO the Action Plan

What went wrong? What happened that was not part of the plan?

STUDY

Complete analysis of data. Summarize what was learned include results of predictions.

ACT

What decisions were made from what was learned?

What will be the next cycle?

Sheffield Teaching Hospitals NHS
Kidney Research UK
The Health Foundation Inspiring Improvement

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PDSA – a RENAL Example

Objective:

- Increase number patients monitoring observations in waiting room by Shared Care

PLAN

Questions	Predictions
• Can we provide patients with scales and BP monitor/ thermometer	YES
• Can we encourage patients to take own obs	YES
• Can we allocate the nurse to support the patient	YES

What data will be collected during this time?

To be measured:

- Number of patients recording BP, Temp, weight

Who, what, when and where:

- Nurse in waiting room will record number of patients taking own BP,Temp, Weight and report to SC nurse

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STUDY & ACT

Study

- Look at your plan, did you follow it ? What varied ?
- What were the predictions ? What varied ?
- What other observations (Quantitative & Qualitative) were made ?
- If there is improvement was is because of the change or something else ?
- Do you think it will continue to happen ?

ACT - the 3 As

Abandon – we tried but it was so bad …..

Adopt – we tried and it was awesome

Adapt – (majority of cases) didn't achieve exactly as expected BUT we have learnt and can evolve to make it even better

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PDSA – a RENAL Example

Observations in the Waiting Area

DO the Action Plan
What went wrong? What happened that was not part of the plan? Nottingham – plan to increase number of patients doing observations mainly BP. Tried it on all morning patients (ie group of 1) but not those unable to do it due to co-morbidities). Baseline – 7 patients doing it already. Tested group of 47 patients. Spent time in waiting room teaching how to do observations then let people do it themselves. Collected data again. Carried on with same group doing it not introduced it to any other patients or groups. Teaching – as and when they could grab patients to teach them. Some patients knew how to do it but different monitors that they used at home.
STUDY
Complete analysis of data. Summarize what was learned include results of predictions. Nottingham – number of patients did increase doing BP in waiting room – increased from 7-12. 14%-25%. PH- don't know if that is good or not. Want to get more. PH-more is not a number. 50% aim. Why should 50% not collect BP (PH failure is aiming for something lower than you can expect.
ACT
What decisions were made from what was learned? Nottingham – aim high and go small

SHAREHD	Cycle: 2 Date : 28 FEB 2017	TRUST TEAM : NOTTINGHAM

Objective:

- Increase number patients taking own BP in waiting roomto 100%

PLAN

Questions	Predictions
• Can we record and publise the date	YES
• Can we explore why cant people do it	EXPLORE
• Can we allocate the nurse toeducate and assess patients	YES

What data will be collected during this time?

To be measured:

- Patients reasons for not doing BP – Lorna
- BP tickets – nurse in charge will collect and pass onto shared Care nurse

Who, what , when and where:

- Lourna in the morning will teach patients
- Al will look after the spreadsheet.
-

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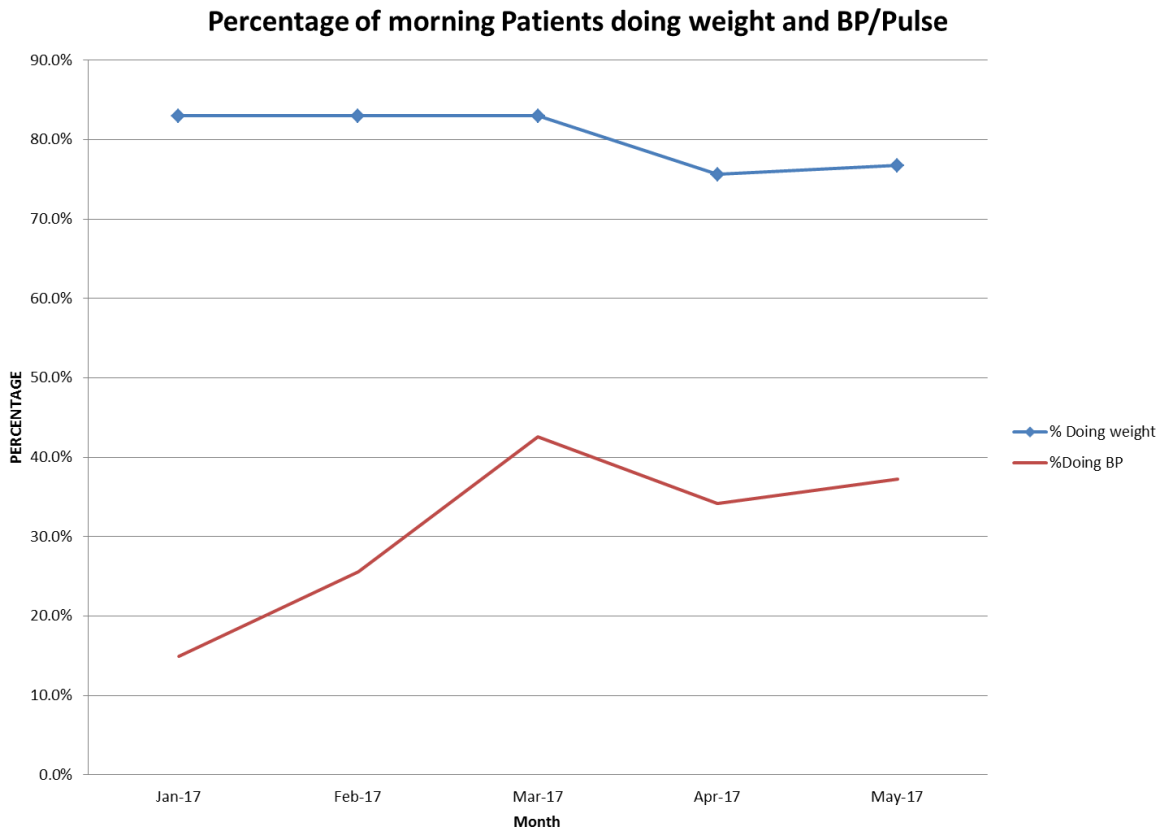
PDSA – a RENAL Example



What's your SHAREHD PDSA ?

Consider please …..

- What test of change to support a SHAREHD would you like to take forward ?
- How does it link to the driver diagram ? Is it worth the energy ?
- Document the objective
- Start to define you plan :
  - Identify the tasks and predictions
  - What are the Measures
  - Who/What/where/How
- Please continue for the rest of session

SHAREHD	Cycle: Date :	TRUST TEAM :
Objective:		

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What is Your Why…
#whyIdoSharedCare

Collect a card -

Take a selfie or ask a friend ☺

Tweet to **#whyIdosharedcare @sharemydialysis**

or email to sonia.lee@sth.nhs.uk

KEY PARTNERS

The Health Foundation

NHS England

NHS National Institute for Health Research

Sheffield Teaching Hospitals NHS Foundation Trust

Kidney Research UK — Funding research to save lives

D4D Devices for Dignity

The CLAHRC Yorkshire and Humber

THINK KIDNEYS

Kidney Care UK

Sheffield Hospitals Charity

Patients and carers

Participating acute health care trusts

NHS Sheffield Clinical Commissioning Group

The University Of Sheffield.

SCHOOL OF HEALTH AND RELATED RESEARCH

Y & H
Regional innovation fund

B BRAUN

nkf SUPPORTING KIDNEY PATIENTS

BRITISH RENAL SOCIETY MULTI-PROFESSIONAL TEAM

SAKA the Sheffield Area Kidney Association

YORK CHARITABLE TRUST

Baxter

Print outs

- PSDA FORMs *30
- Driver Diagrams * 30
- #whyidosharedcare * 40

- Adhesive wall poster
- Stickies / blue tack
- Newsletters
- One page books
- Pull up