



Kidney Quality Improvement Partnership (KQuIP)



Supporting the community to Improve the Quality & Safety of Care for Patients with Kidney Disease

Thames Valley Regional Day

Graham Lipkin, Co-chair of KQuIP







North West Network KQuIP/Registry Regional Day

Aims

- Know your outcomes-data
- Identify your Unit QI leads: Medic and MPT
- Decide on your Unit Key priority
- Feel supported to embed QI in your practice
- Sign up to KQuIP







Quality Improvement in Renal Services

- Every Unit is committed to high quality care
- Improvement only happens at Renal Unit Level
- You know best how to improve your services





Design Event: Launch June 2016

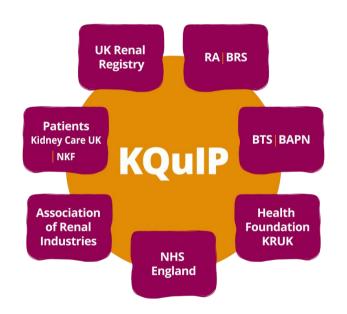








Kidney Quality Improvement Partnership (KQuIP)



KQuIP is a dynamic network of kidney health professionals, patients carers and industry ... committed to developing, supporting and sharing quality improvement in kidney services.... in order to enhance outcomes and quality of life for patients with kidney disease.

Professional Society Led

Multi-Professional

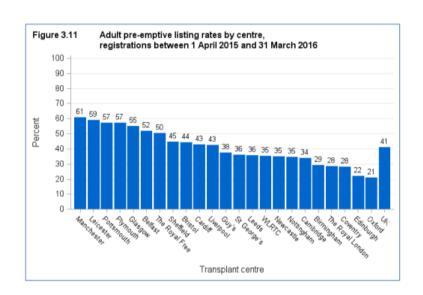
UK

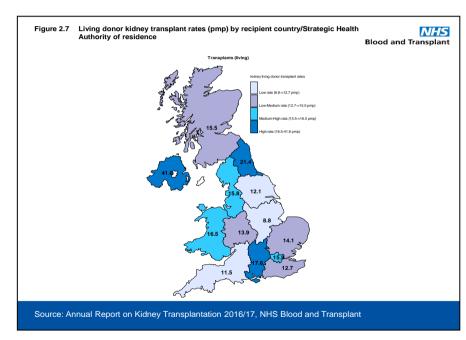
Adults and Children's Care



Pre-emptive Transplantation Listing Rates



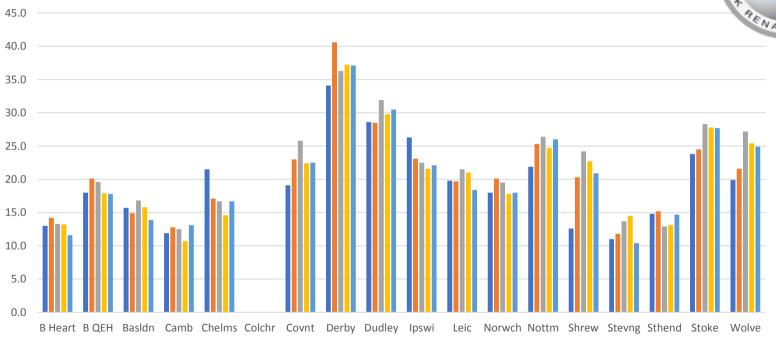






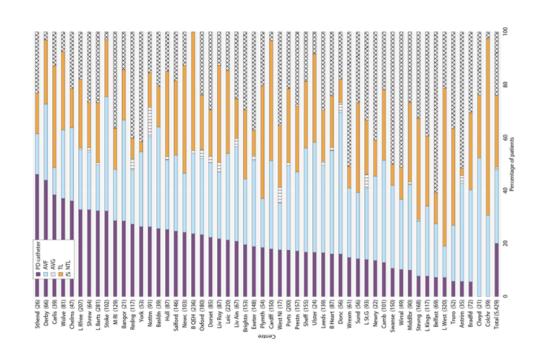
Home Dialysis: UK Renal Registry-Do we improve?





Access at Initiation of Dialysis

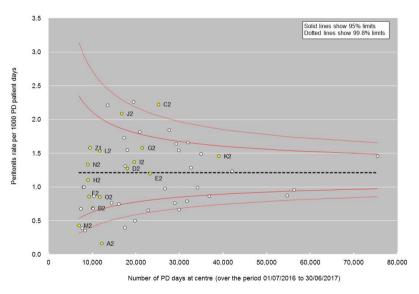








					Peritonits rate		
					per 1000 PD		
Centre	Region	Label	Num	Denom	patient days	Overall rate	Outlier?
Bradford	North	Z1	15	9481	1.5821	1.2130	
Carlisle	North	A2	2	12214	0.1637	1.2130	Low 3SD
Doncaster	North	B2	7	10152	0.6895	1.2130	
Hull	North	C2	56	25169	2.2250	1.2130	High 3SD
Leeds	North	D2	23	18039	1.2750	1.2130	
Liverpool Royal	North	E2	28	23287	1.2024	1.2130	
Liverpool_Aintree	North	F2	8	9319	0.8585	1.2130	
Manchester	North	G2	34	21505	1.5810	1.2130	
Middlesbrough	North	H2	10	9059	1.1039	1.2130	
Newcastle	North	12	27	19664	1.3731	1.2130	
Preston	North	J2	35	16744	2.0903	1.2130	High 2SD
Salford	North	K2	57	39054	1.4595	1.2130	
Sheffield	North	L2	18	11713	1.5368	1.2130	
Sunderland	North	M2	3	6967	0.4306	1.2130	Low 2SD
Wirral	North	N2	12	8998	1.3336	1.2130	
York	North	02	10	11698	0.8548	1.2130	







Why does unwarranted variation persist?

Many reasons:

> Specific to each Unit-solutions can only come from those on the front line-you know your system best

Some systematic

- Resource?
- Leadership & leadership training
- Training in QI methodology
- Structure
- We don't share good practice (or learn from less good practice)



KQuIP Progress so far...National Projects

Improving access to kidney transplantation; Transplant First

Pre-emptive transplant listing and kidney transplantation major unwarranted variation. Transplant First, developed in West Mids. Project managed & packaged by KQuIP. Signed off at KQuIP board and roll out next week.

Improving access to home therapies for suitable patients: Home First

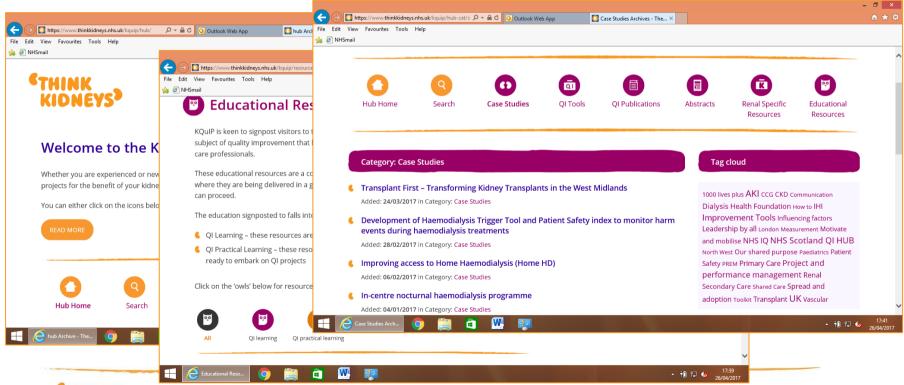
Improve access to peritoneal and home haemodialysis. KQuIP mananged national QI project. KQuIP launch Jan 2018.

Improving vascular access; MAGIC - Managing Access by Generating Improvements in Cannulation

Improve prevalence AVFs & patient experience by reducing complications of cannulation of arteriovenous fistulae and grafts. Launch in April 2018.



KQuIP Hub-Repository*





Why Regions are Key to QI Delivery?

Right size

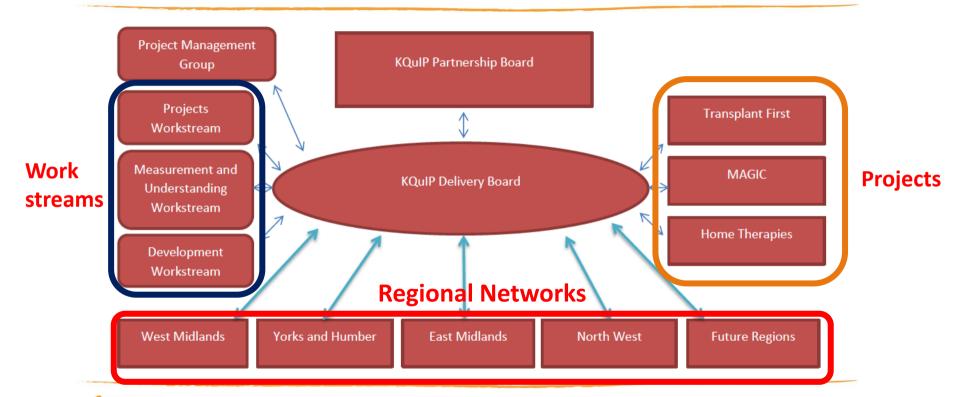
- » Healthy competition
- » Peer support and Assist
- » MDT time and travel particularly difficult

Work together

- Regional focus
 - » Renal Association SIGs
 - » GiRFT
 - » Rightcare



KQuIP Delivery Structure – Regional Focus





KQuIP Progress so far... Regional Days

KQuIP have supported 4 QI regional days so far.....

- West Midlands Built QI infrastructure with identified QI leads. Set up an AKI network. Delivered a Peer Review Day. Identifying next steps.
- Yorkshire and the Humberside Identifying infrastructure with QI leads. Identifying national project. Identifying next steps for delivery.
- East Midlands Identifying infrastructure with QI leads.
 Identifying national project. Identifying next steps for delivery
- North West-





KQuIP Regional Delivery Support Plan

Regional day

Follow up

Idenitify QI leads Sign-up to National project

Leadership Programme

Launch Event

KQuIP supported regional day A Follow up meeting to evaluate the day 1x MDT QI project lead 1x Clinical QI project lead Clinical Director, Clinical leads and QI leads to sign in blood - Meet with clinical leads Training for organisational leaders Launch the project Identify project plan Identify Outcomes

Training Session (1)

ACTION (Regional Delivery) Feedback to Delivery Board Training Session (2) (Peer Review) ACTION (Regional Delivery)

Feedback to Delivery Board

For QI Leads

Setting up the project PM basics

Stakeholder analysis and comms Baseline data

Process mapping and appropriate measures Governance structure Approximately 3 month period of delivery by the region Reporting mechanism on progress For Qi Leads
The basics of change
PDSA
Other methods

Other methods Human dinosaur Difficult characters Maintaining momentum Creativity Effective delivery Time dependant – Approximately 6 months Reporting mechanism on progress

ACTION (Regional Delivery) Feedback to Delivery Board

Peer Review

Training (3)

ACTION (Regional Delivery)

Celebration Event

Time dependant – Approximately 6 months Reporting mechanism on progress Share learnings across units/regions Sustainability Strategic HR Job plans / personnel Time dependant – Approximately 6 months Celebrating successes and next steps



Training in Leadership & QI Methods-Medical and MDT



Quality Improvement – training for better outcomes

March 2016

"In order to practise medicine in the 21st century, a core understanding of quality improvement is as important as our understanding of anatomy, physiology and biochemistry"

Stephen Powis, Medical Director, Royal Free London NHS Foundation Trust, 2015



- Faculty
- Learning Platform



Supporting Registrars to Deliver QI-Regional Resource











What happens in practice?

This diagram shows how different teams within the GIRFT programme work with trusts and other partners at different times to support implementation.

Clinical Leads set the direction, supported by the Review & Analytics teams.

GIRFT Regional Hubs are the main source of ongoing local support for implementation.

As well as accessing GIRFT metrics and findings in their data packs, trusts can access a range of metrics per specialty via the **Model Hospital** portal at https://model.nbs.uk/

PHASE 1: Preparation (Month 0 - 7)

Clinical Leads set review priorities & parameters per clinical workstream GIRFT Analytics Team harvest data & prepare trust data packs

PHASE 2: Data Pack Implementation (Month 7 – 32)
GIRFT Review Team issues data packs to Trusts.

Trusts use data packs to build GIRFT Implementation Plan assisted by GIRFT Regional Hub and in consultation with other relevant partners (NHSI regional teams, CCGs, STPs etc.) and start to deliver improvements

PHASE 3: Clinical Lead Visit Findings Implementation (Month 9 - 32)

Clinical Leads & GIRFT Review Team visit trusts

Trusts add visit recommendations to Implementation Plans, assisted by GIRFT Regional Hub, and continue to deliver improvements

PHASE 4: National Report Implementation (Month 14 – 32) Clinical Leads & GIRFT National Team publish National Report

Trusts add report recommendations to Implementation Plans, assisted by GIRFT Regional Hub, and continue to deliver improvements

PHASE 5: Review (Month 23 – 35)

GIRFT Data Team refresh & reissue trust data pack
Clinical Leads & GIRFT Review Team revisit trusts

Trusts update Implementation Plan, assisted by GIRFT Regional Hub, and continue to deliver improvements

PHASE 6: Complete Implementation & Transition to Business as Usual (to month 36)

GIRFT Regional Hubs assist trusts to complete actions in Implementation Plans and transition improvements into business as usual

Ongoing support from GIRFT Regional Hubs to Trusts to help them look at strategic solutions and priorities across all clinical work streams. and to work with all local partners (e.g. NHSI regions, NHSE / RightCare, CCGs, STPs. ACSs) as required to deliver strategic solutions across the

local health

economy.







GIRFT Regional Support

- 7 GIRFT Regional Hubs operating from Nov 2017.
- implementation plans reflecting:
 - 1. Variations highlighted in Trusts' data packs
 - 2. Improvement priorities from Clinical Lead visits
 - 3. Recommendations from each National Report
- GIRFT will also produce good practice manuals full of case studies and best practice guidance Hubs will also help to ensure that GIRFT findings and plans are cascaded widely within each trust.







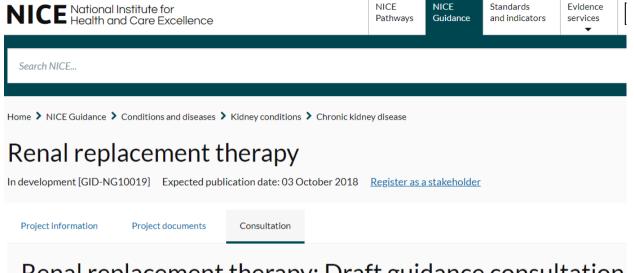


Quality Assurance Abounds-What is the support for us?



Quality Surveillance Programme

Renal Unit Peer Review





DRAFT FOR CONSULTATION

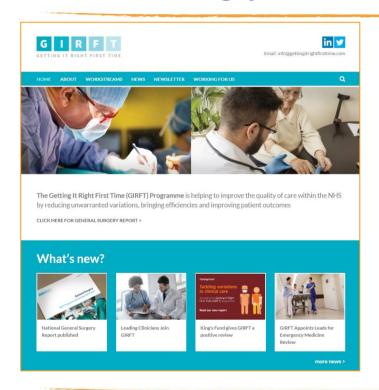
Renal replacement therapy

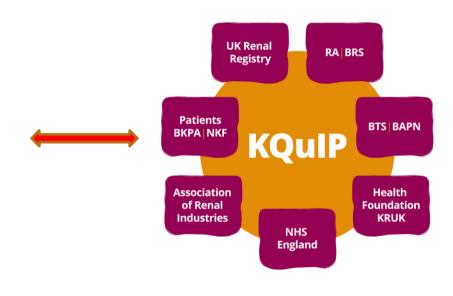
NICE guideline

Draft for consultation, April 2018



The missing piece in enabling Renal QI?









Outcomes of today:

- Select Priority project (s)
- **Identify Quality Improvement Leads** in each Renal Unit Medical & MPT
- Sign up to KQuIP







Harrogate Convention Centre

19th-21st June





KQuIP welcomes you...

...enabling you and your team to improve quality and safety



Home About Case studies Latest Resources Events Forum Q

Kidney Quality Improvement Partnership

Working together to develop, support and share improvement in kidney services to improve people's health and add value









www.thinkkidneys.nhs.uk/kquip/

What is KQuIP?

KQuIP is a dynamic network of kidney health professionals, patients and carers who are committed to developing, supporting and sharing quality improvement in kidney services in order to enhance outcomes and quality of life for patients with kidney disease.

What does KQuIP do?

KQUIP will improve the lives of adults and children affected by kidney disease by supporting healthcare professionals, kidney units, renal networks and commissioners across the UK to achieve the highest quality of care for patients.



Enjoy the Day

