

**BAPN / KQuIP Paediatric Nephrology Multi-Disciplinary  
Quality Improvement Day  
Friday 9<sup>th</sup> November 2018  
10:00-17:00**

*De Vere Colemore Gate, Colemore Row, Birmingham B3 2QD*

09:30 – 10:00– REGISTRATION / COFFEE		
10:00 – 10:10 10 mins	<b>Welcome</b> How KQuIP Quality Improvement Programme can help our patients	Dr. Sally Hulton <i>President, BAPN</i> Prof. Paul Cockwell <i>KQuIP Co-chair</i>
10:10 – 10:20 10 mins	<b>Principles of Quality Improvement</b>	Dr. Amanda Newham <i>QI Fellow</i> <i>Nephrologist, Leeds Children's Hospital</i>
10:20 – 11:10 50 mins	<b>Trios Approach</b> <ul style="list-style-type: none"> <li>• A - What do we do well?</li> <li>• B - What are the major challenges facing our patients?</li> <li>• C – What stops us addressing those challenges together (barriers)?</li> </ul>	Dr. Daljit Hothi, <i>Consultant Nephrologist, GOSH</i> Dr. Caroline Anderson <i>Paediatric Renal, Research and Improvement Dietician, University Hospital Southampton</i>
11:10 – 11:25 COFFEE / SPONSORS – 15 mins		
11:25 – 11:45 20 mins	<b>Home Therapies – Peritoneal dialysis and home haemodialysis</b> <ul style="list-style-type: none"> <li>• Sharing of national data</li> <li>• Introduction to the national DayLife project</li> </ul>	Dr. Daljit Hothi, <i>Consultant Nephrologist, GOSH</i> Dr. Amanda Newnham <i>QI Fellow Nephrologist, Leeds Children's Hospital</i> Dr. Richard Fluck <i>Home Therapies Project Lead</i>
11:45 – 12:15 30 mins	<b>Home Therapies – group work</b> Home haemodialysis and peritoneal dialysis including infection rates and complication <ul style="list-style-type: none"> <li>• Review DayLife project driver diagram</li> <li>• Plan how to improve</li> </ul>	Group discussion - tables Facilitated by Dr. Richard Fluck <i>Home Therapies Project Lead</i> Dr. Daljit Hothi, <i>Consultant Nephrologist, GOSH</i>
12:15 – 12:35 20 mins	<b>Feedback from each group</b> Open forum discussion	All delegates
12.35 – 13.35 LUNCH / SPONSORS / POSTERS – 60 mins		
13.35 – 13:55 20 mins	<b>Transplant first</b> <ul style="list-style-type: none"> <li>• Sharing of national data</li> <li>• Introduction to the national Transplant First project</li> </ul>	Dr. Stephen Marks <i>ATOMIC Study, Consultant Paediatric Nephrologist, GOSH</i> Ms. Helen Spooner, <i>Transplant First National Project Co-lead</i>

<b>13.55 – 14:25</b> 30 mins	<b>Transplant first - group discussion</b> <ul style="list-style-type: none"> <li>• What are the barriers to pre-emptive transplant listing/ living donation in your unit/across the region?</li> <li>• What have you introduced that has worked well/ you are proud of?</li> <li>• What do you need to make improvements in patient pathways?</li> <li>• Anything you can commit to now?</li> </ul>	Group discussion - tables Facilitated by Dr Stephen Marks, <i>Consultant Paediatric Nephrologist, GOSH</i> Dr Jan Dudley, <i>Consultant Paediatric Nephrologist, University Hospital Bristol</i>
<b>14:25 – 14:45</b> 20 mins	<b>Feedback from each group</b> Open forum discussion	Feedback to the wider group
<b>14:45 – 15:05</b> 20 mins	<b>Vascular access – Haemodialysis lines &amp; AV Fistulas</b> <ul style="list-style-type: none"> <li>• Introduction to Vascular Access – Francis Calder</li> <li>• HD line access protocols – Jean Barrett</li> <li>• BAPN access data – Yincen Tse</li> <li>• Vascular Access survey data – Lynsey Stronach and Francis Calder</li> <li>• Introduction to MAGIC – Katie Fielding</li> </ul>	Mr Francis Calder, <i>Consultant Renal &amp; Transplant Surgeon</i>  Ms Katie Fielding <i>MAGIC Project National Lead</i>
<b>15.05 – 15.20 COFFEE / SPONSORS</b>		
<b>15:20 – 15:50</b> 30 mins	<b>Vascular access – group discussion</b> <ul style="list-style-type: none"> <li>• What do you think is strong / good about your vascular access care for haemodialysis?</li> <li>• Do you feel you use AV access enough to feel competent / confident in their management?</li> <li>• What barriers do you have to using AV access for haemodialysis?</li> </ul>	Group discussion - tables Facilitated by Ms Carmen Barton – <i>Matron, Evelina Children’s Hospital</i>  Ms Cora Lahart – <i>Royal Manchester Children’s Hospital</i>
<b>15:50 – 16:10</b> 20 mins	<b>Feedback from each group</b> Open forum discussion	Feedback to the wider group
<b>16:10 – 17:00</b> 50 mins	<b>Quality improvement in practice</b> <ul style="list-style-type: none"> <li>▪ How to get started / KQuIP support / How QI network could support</li> <li>▪ The role of the QI leads DISCUSSION</li> <li>▪ What stood out for you from discussions?</li> <li>▪ What QI initiatives should Paediatric network take on as a network?</li> <li>▪ Is there a topic that you think is important but wasn’t covered?</li> </ul>	All delegates Facilitated by:  Prof. Paul Cockwell <i>KQuIP Co-chair</i> Dr. Daljit Hothi, <i>Consultant Nephrologist, GOSH</i>
<b>17.00</b>	<b>Meeting close</b>	Dr. Sally Hulton <i>President, BAPN</i>

**This meeting has been sponsored by the following companies solely through the purchase of exhibition stand space:**



KQuIP regional programme management has been funded by Kidney Care UK



## Background

The idea of this first KQuIP paediatric nephrology MDT Quality Improvement (QI) day is to share good practice and aim for improvement in several key areas that affect all our patients.

Three national KQuIP topics will be the focus of the meeting:

1. Home therapies – Peritoneal dialysis and home haemodialysis
2. Vascular access – Central lines and AV fistulas
3. Transplant first

Our first MDT day will be held with the assistance of KQuIP, who have already held several regional events mainly based around adult care and outcomes.

KQuIP (Kidney Quality Improvement Partnership) <https://www.thinkkidneys.nhs.uk/kquip/> was founded to embed systematic quality improvement into everyday multidisciplinary paediatric and adult practice by clinicians and managerial staff within all renal services including kidney transplantation.

The day will facilitate groups of multidiscipline team members from all paediatric centres who are enthused about quality improvement to work together, share outcome data and plan improvements based on these key themes.

## Participants

We encourage and anticipate that multidisciplinary teams (MDT) of 4-10 staff from each paediatric nephrology centre will attend. Evidence shows that MDT groups are more likely to embed and sustain improvement over time. We also encourage teams to bring patient representatives or advocates if available.

Prior to the event, centre representatives will find out from within their own units what outcome data they already have collated, reflect on their current practices and consider what improvements they wish for their patients.

Please bring any posters of existing or completed QI projects to share. A small number will be selected for more in depth discussion after lunch. There will be a small prize for the more impressive poster(s).

## Cost

We thank our sponsors for help in financing the venue and catering. The organisers are all volunteers.