UKRR
Kidney Quality Improvement Partnership (KQuIP)

North West Regional Day

Park Royal Hotel, Warrington
31 January 2018

Summary report

January 2018

KQuIP

The kidney community's quality improvement partnership

Table of Contents

1. UKRR/ KQuIP North West Regional Day Report Overview

The KQuIP/UKRR North West Regional Day brought together the local renal community, including patients, patient representatives and multidisciplinary teams from primary and secondary care, to consider quality improvement (QI) in line with the data provided by the UK Renal Registry and NHS Blood and Transplant. The day was led by Dr Smeeta Sinha (Clinical Director Renal Services - Salford Royal NHS Foundation Trust) and colleagues Leonard Ebah (Clinical Director - Manchester Royal Infirmary), Mark Brady (Clinical Director - Lancashire Teaching Hospitals NHS FT), Abraham Abraham (Clinical Director - Aintree), Anijeet Hameed (Clinical Director - Royal Liverpool University Hospital), Tom Ledson (Clinical Director – Wirral).

The day presented an opportunity to share and learn from the UKRR and NHSBT data in relation to the three national priority projects (Transplantation, Home Therapies and Vascular Access). The data provided was specific to North West units to identify areas of variation and improvement.

Colleagues shared examples of QI success stories across the region, followed by group work to discuss regional collaborative QI initiatives.

To view the programme of the day including the presentations and speakers details click here

2. Introduction from Network Clinical Lead and Co-Chair of KQuIP

2.1 Introducing the region

Network Clinical Lead, Smeeta Sinha (SS) welcomed colleagues in attendance from renal services in North West, provided an overview of the regional infrastructure, unit variation including similarities and common themes of QI across the board and detailed the opportunities to share experience and learning across the North West. Please to view the full presentation click here

2.2. KQuIP

Graham Lipkin, Co-Chair of KQuIP (GWL) welcomed colleagues and explained the principle aims of the day, introduced KQuIP and highlighted the priorities of the partnership. He provided an overview of the regional plan detailing the support from the KQuIP team and introduced the regional data including the UKRR dashboard. To view the full presentation click here.

3. Setting the Scene

Guest patient speaker, Holly Loughton from Lancashire Renal Unit presented '5 things I will never forget' My Kidney Journey. She shared her experience with kidney failure to kidney transplantation from a patient's perspective and highlighted the key areas of importance to consider when embarking upon quality improvement. To view the full presentation click here.

4. Transplant Data Session

4.1 NHSBT Data presentation -KQuIP Transplant first- Living kidney donor transplantation

Caroline Wroe, Chair Living Kidney Donor Network, presented the background to the living donor transplantation from 2002 – 2017, detailing the regional data. To view the full presentation, please click here.

4.2 Quality Improvement in Preston with special focus on Transplant

Fiona Biggins, Live Donor Coordinator, Dr Aimun Ahmed, Live Donor Lead, and Dr Mark Brady, Clinical Director, from Lancashire Teaching Hospital presented the quality improvement project injunction with Baxter. The project commenced in April 2017 and is currently ongoing, focusing on the key areas of quality improvement. To view the full presentation, please click here

4.3 KQuIP and Transplant First

Kerry Tomlinson, KQuIP Transplant First Project Co-lead presented the Transplant First: Addressing Inequality of Access to Renal Transplantation across the West Midlands Project. To view the full presentation, please click here

5. Transplant Group work and feedback

Kerry Tomlinson, KQuIP Transplant First Project Co-lead and Caroline Wroe, Chair NHSBT LKD Network led the group work session. Each regional unit were provided with LKD data provided by NHSBT to consider following questions:

- What is the data telling us, what works well and what are the important issues to address:
- Do we need any more data? What are the barriers?
- Have we any examples of interventions that worked and where is the evidence
- What are the next steps?

Lancashire and Preston

Barriers	Next Steps
• Variations from consultant referrals • Variation in tests • Failing transplant missed population • Live donor and recipient pathway require aligning to reduce delays • Build cardiology relationship • Geography influences, such as patient travel support required and ability to attend	• Improvement in patient pathways commit to one stop clinic • Patient profiling • Increasing capacity for access to nephrologists • ATTOM study and address the geographical variation

Royal Liverpool

Barriers	Worked well	Next steps
• Inconsistency in referral pathway • Referral process being electronic to streamline referrals	• Low clearance with nephrologists • AMP introduction • Monthly MDT meetings • Dedicated clinic for annual reviews for those listed • Link with cardiologists • Improvements in in anti-body profiling	• Electronic system • Link with pre-dialysis nurses to improve education • Improve links with specialist nurses in units • Pre-dialysis education to aim for TF

Salford

Barriers	Worked well	Next steps/ Commit to
• Late referrals • Unplanned starts, delays to cardiology work due to lack of capacity • No dedicated support for education • Delays in assessment apt and surgery • Decisions re: LD suitability	• 5 year work up • One stop clinic • Referral letters improved delays with secretaries • Monthly MDT meetings • Independent assessors	• Culture: informing patients re TF • Identify rapid failing patients • Cardiology slots • Review capacity and demand • Improved data sharing • Re-designing processes • Peer support programme • Using EPR to manage capacity and demand

Wirral

Barriers	Worked well	Commit to
• Transplant work up nurse in clinic - increase numbers to address • Referral varaition - written protocol discussions • Improve education and communication; improve the transplant information to patients • Redesign process and review data	• Education	• QI project • Data to improve waiting times

Aintree

Barriers	Next steps	Commit to
• Move transplant up on the priority list rather than being an option	• Links with cardiology, cohesive pathway • Move transplant up on the priority list rather than being an option	• Liaison with pre-dialysis nurses • Re-initiate work up

Manchester

Worked well	Commit to
• Listening and converting those to transplants require living donors. Giving family and friends the right information, improvement required communication and have the right information to maximise LD	• QI and continued communication

Transplant Session Summary

KT and CW summarised the group session with the following key themes and commonalities:

- Variability in consultants referrals
- Inconsistency in referrals and timings – guidelines on KQuIP Website
- Patient education
- MDT meetings, specialist clinics and review of every patient status. All low clearance patients to have a status review.
- Improved links to cardiology
- One-stop clinics
- Lead nephrologist and MDT
- Important Low clearance clinics

Key points for consideration:

- No temporary dialysis, low EGR clinics to address
- LKD - Important question as to how to communicate to families and patients, and also trusts taking early discussions with recipients to discuss LD.

6. Home Therapies Data

6.1 Home Therapies UKRR Data presentation

Retha Steenkamp, Head of Operations, UKRR presented the regional Home Therapies data from 2011 – 2016. To view the full presentation, please click here

6.2 The Manchester Experience of a Navigator Nurse on Recruitment and Training for Home Haemodialysis

John Woods, Specialist Nurse in Dialysis and Sandip Mitra, Consultant Nephrologist from Central Manchester, presented the Manchester Home Therapies experience with home and hospital dialysis. To view the full presentation, please click here

6.3 KQuIP & Home Therapies - Richard Fluck – Home Therapies lead

Richard Fluck, Home Therapies Project Lead introduced the project challenge, the current home dialysis position in the North West and the structure including the NHS change model. To view the full presentation, please click here

7. Home Therapies Group work and feedback

Richard Fluck, Home Therapies project lead led the group work session. Each regional unit were provided the UKRR Home Therapies prevalence data from 2011 – 2016 to consider in line with the presentations to answer the following questions:

- What is the data telling us, what works well and what are the important issue's to address?
- Do we need any more data? What are the barriers?
- Have we any examples of interventions that worked and where is the evidence?
- What are the next steps?

Lancashire and Preston

Working well	What are we doing differently
• Assited PD • Home HD • Home PD • Peer educator	• Analysis of failing transplants • Acute PD pathway

Salford

Working well	What are we doing differently
• CQuIN lead increased PD and HD numbers • MDT Group • HD Home patients – self managed • Outreach education sessions • Home therapy roadshows	• Developing a HD starter pack • Shared care teams • Looking at navigator role • Education on shared care for staff • 30 days • Review data

Royal Liverpool

Working well	What are we doing differently
• Data – PD numbers grown on home haemo • PD seems stable	• Review data to determine the data required

Aintree

Working well	What are you going to do differently?
• Home therapy nurse • PD /Home HD being offered as a first option • Improve training at home • Possible Baxter report • Modality review	• QI meeting with Baxter • HD trainer to come from Royal

Wirral

Working well
• PD numbers failing over the past few years • PD barriers access to surgery • Large early drop off • HD patients, following education to follow up and push Home Therapies • Shared-care aims with other units and satellite clinics.

Greater Manchester

Working well	What are you going to do differently?
• HD almost doubled in figures yet still below the national average. • Analysis of the pathway to remain PD, medical and surgical – trigger point of when a surgeon is not available to resource to maintain the list.	• 30 days • Go back to PD data, why and when do they drop off, comparable to other units in region

Session Summary

RF highlighted the importance of ensuring the system and structure is in place to support the development of QI

8. Vascular Access Data

8.1 Vascular Access Data presentation – Dr Retha Steenkamp Data presentation

Retha Steenkamp, Head of Operations, UKRR presented the regional Vascular Access data from 2011 – 2016. To view the full presentation, please click here

8.2 Our Vascular Access Experience

Vicky Ashworth, Advanced Nurse Practitioner and Tilly Leach, Vascular Access Nurse, from Royal Liverpool and Broadgreen Hospitals, presented to region, their best practice project on Vascular Access. To view the full presentation, please click here

8.3 KQuIP & Vascular Access – Katie Fielding – Vascular Access lead

Katie Fielding, Vascular Access Project Lead presented the Vascular Access project, Managing Access by Generating Improvement Cannulation (MAGIC) to the region. To view the full presentation, please click here

9. Vascular Access Group work and Feedback

Katie Fielding, Vascular Access Project Lead led the group work session. Each regional unit were provided the UKRR Vascular Access data from 2011 – 2016 to consider in line with the above presentations and answer the following questions:

- What is the data telling us, what works well and what are the important issue's to address?
- Do we need any more data? What are the barriers?
- Have we any examples of interventions that worked and where is the evidence?
- What are the next steps?

Royal Liverpool

Barriers	Working Well	Next steps	Consideration raised
		• Dedicated PD nurse	

Manchester

Barriers	Working well	Next steps	Consideration raised:
• Crash landers – late referrals – try and get them referred quicker, consensus • Access plan • Monitoring and surveillance	• Improved prevalent AVF.AVG • Decreased with insulin patients - to be monitored closely	• Haemo-graph • Trajectories EDFR • PD more	suggested addressing availability with surgeons and improve the unit's procedures and processes to optimise availability.

Aintree

Barrier	Working well	Next steps
• Those not listed not taking priority for access	• Monthly KPI • Dedicated theatre • Electronic reference for the procedure • Early access audit • Implement needling technique.	• Simulation programme for trouble shooting problems in the dialysis centre • Implement review of UKRR data

Preston

Barriers	Working well	Next steps
• Good data but no availability • Access to interventional radiology	• Data shows a downward trend, work to continue. • Follow up with surgeons difficult due to surgeon availability • VA Surveillance clinics • Lead consultant	• Prioritise slots available • Keen to sign up to MAGIC

Wirral

Barriers	Working well	Next steps
• Discuss EGFR less than 20, should they review less than 15. • Address pathway and reasons for delay • Good surveillance programme • Increased Leg AVF working well Nurse led programme for removal of tunnel lines	• Increase AVF • Met with HT all patients referred to PD are referred for access only • To implement an access pathway	• Meet with HT for access patients • Help satellite units with difficult fistulas

Salford

Areas for improvement	Next Steps
• Monthly data incident and prevalent rating improved but not as good 2 or 3 years ago • AVF trebled in last year • Review data and understand more • Loosing fistulas a lot	• Decision making re: what type of access should be streamlined? • Pre-op timely • Waiting time for surgery to be reduced • MDT working well in some units but to be across the board. • Lack of education, cannulating AVF and motoring staff with AVF warning signs • QI project with an e-learning programme • Change electronic sow sheet re: AVF • Look, listen and feel • Developing nurse-led assessments

10. Closing Statement and Next Steps

GWL thanked the region for their contribution to a successful day, summarised that the areas discussed and data shared should aid the units.

He explained the next steps. To view full presentation click here

- For the region to identify their unit medical and MDT QI lead to work with the KQuIP team
- To develop an infrastructure to deliver the chosen national KQuIP project.
- Introduced the regional delivery plan

11. Acknowledgements

GWL thanked the clinical leaders and KQuIP team for the successful North West Regional day including the following company's sponsorship solely through the purchase of exhibition stand space:

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