

KQuIP

DAYLiFe: Home Dialysis improvement programme – Launch Event

Master Slide Deck | Version 0.1

East and West Midlands - 30 January 2019

**‘THINK
KIDNEYS’**

KQuIP

KQuIP

Welcome and introductions

Set up the day

Richard Fluck, Project Lead

Daljit Hothi, Project Lead

DAYLiFe: Home Dialysis improvement programme

Richard Fluck

Consultant Renal Physician and Honorary Associate Professor

Department of Renal Medicine, Royal Derby Hospital &

Centre for Kidney Research and Innovation

Division of Health Sciences and Graduate Entry Medicine

University of Nottingham



Housekeeping and survival



Fire alarms and exits...



Car Park ...



Toilet location...



Mobiles and pagers...



Breaks...



Photos...

KQuIP 09:35

Part 2 - KQuIP / The project - What will success look like

- What is KQuIP / What is the project / KQuIP Partners Introductions
- Variation in provision

Richard Fluck, Project Lead
Daljit Hothi, Project Lead

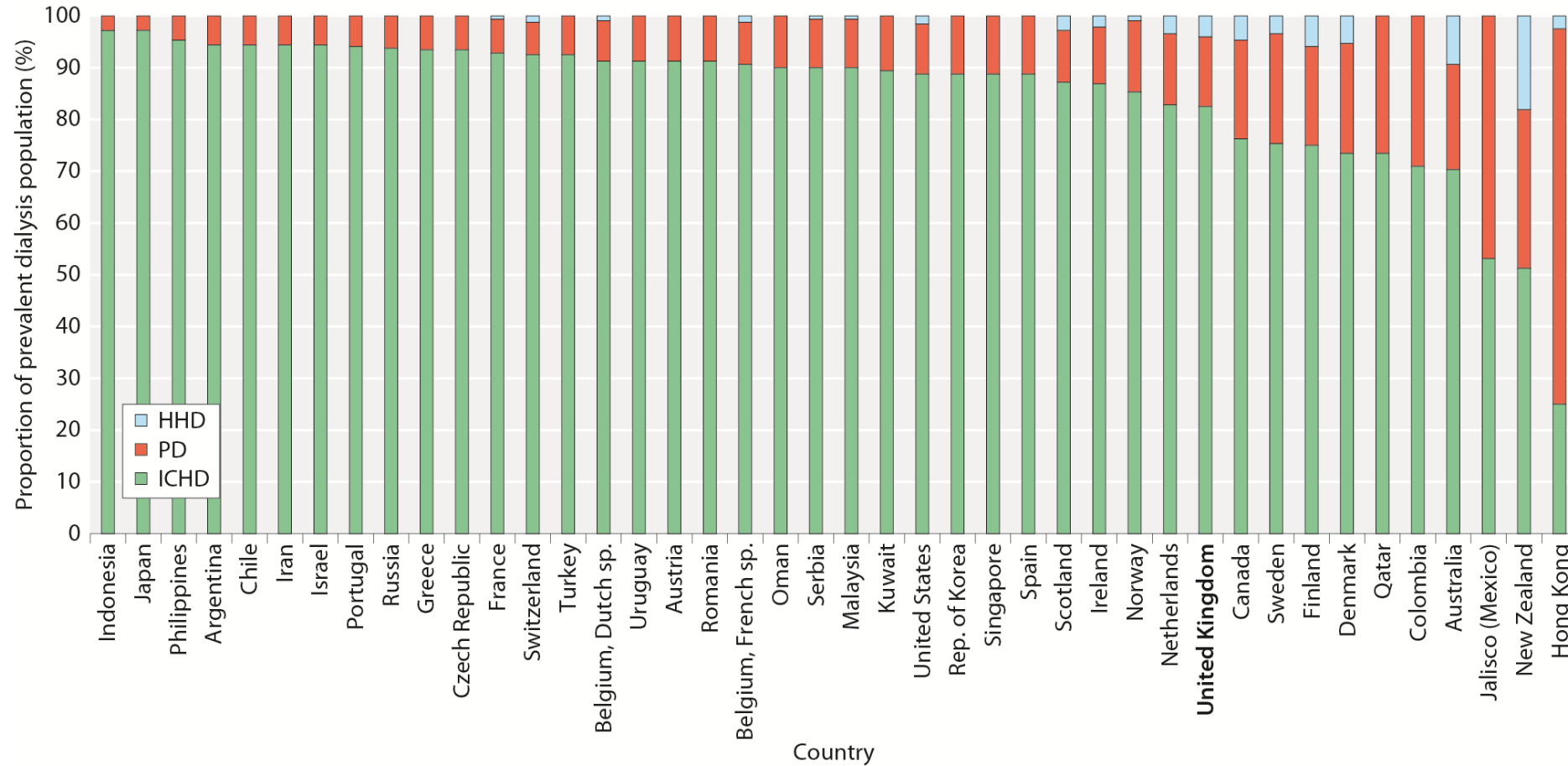
Objectives

- Improve the care of people with end stage renal disease
 - Address variation
 - Reduce unmet need
 - Improve reliability
 - Minimise harm
- Success is not a number (although measuring it helps)
 - Measurement for improvement – not judgement

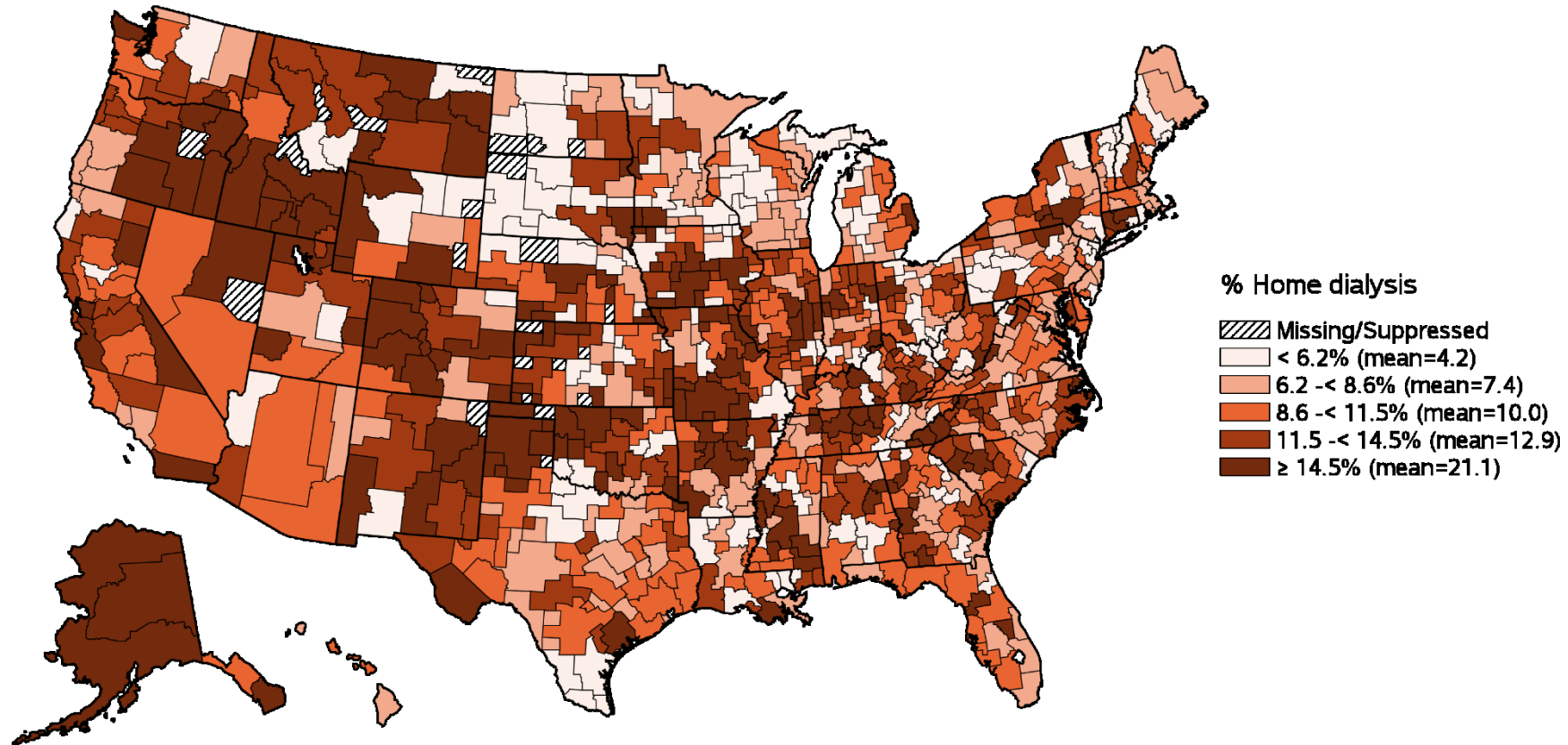


International variation

Figure 13.16. Dialysis modality use by nation, 2014



Variation by region (USA) vol 2 Figure 1.14 Map of the percentage of incident dialysis cases using home dialysis (peritoneal dialysis or home hemodialysis), by Health Service Area, 2011-2015

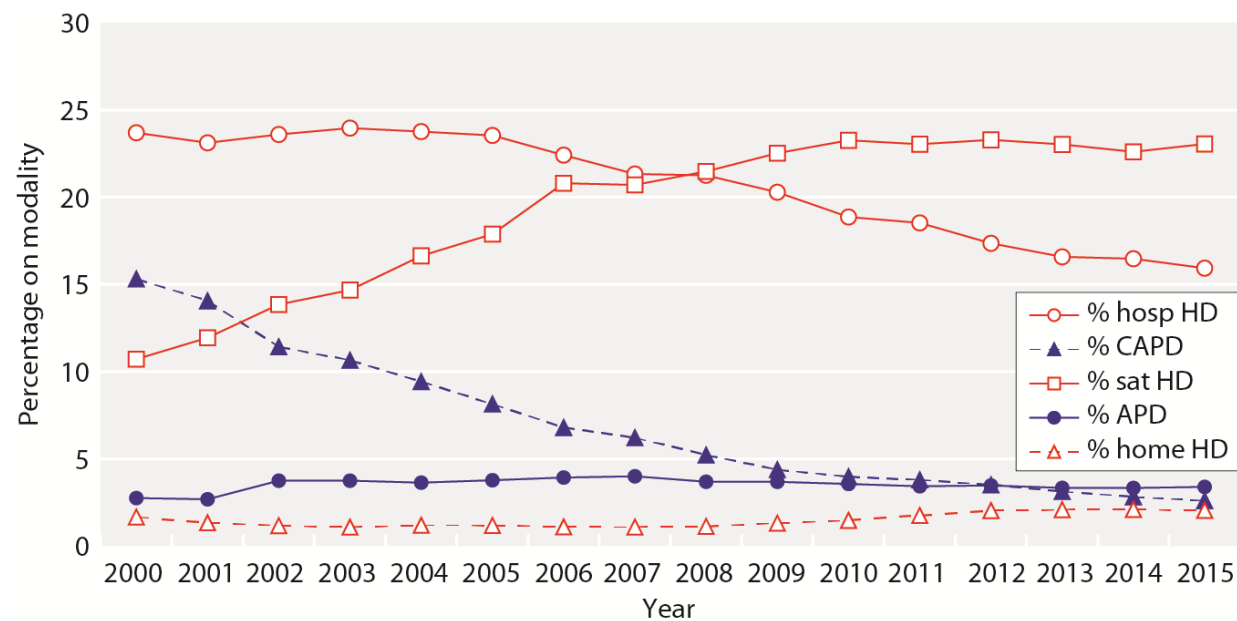


Data Source: Special analyses, USRDS ESRD Database. Values for cells with 10 or fewer patients are suppressed.

Temporal changes: UK

Figure 2.10. Detailed dialysis modality changes in prevalent RRT patients from 2000–2015

*Scottish centres excluded as information on satellite HD was not available



Defining success

- You will be considering this as part of your process map, primary drivers and measurement
- At a national level, success will be a composite of
 - 1) increased numbers of people on home dialysis
 - 2) Improved patient experience and reported outcomes
 - 3) improved patient outcomes

An introduction to our partners 09:42

Partnering Organisations - Kidney Care UK, Baxter
and NxStage



Ann Cole, Baxter
Matt Walker, NxStage
Sandy Lines, Kidney Care UK

KQuIP 9:45

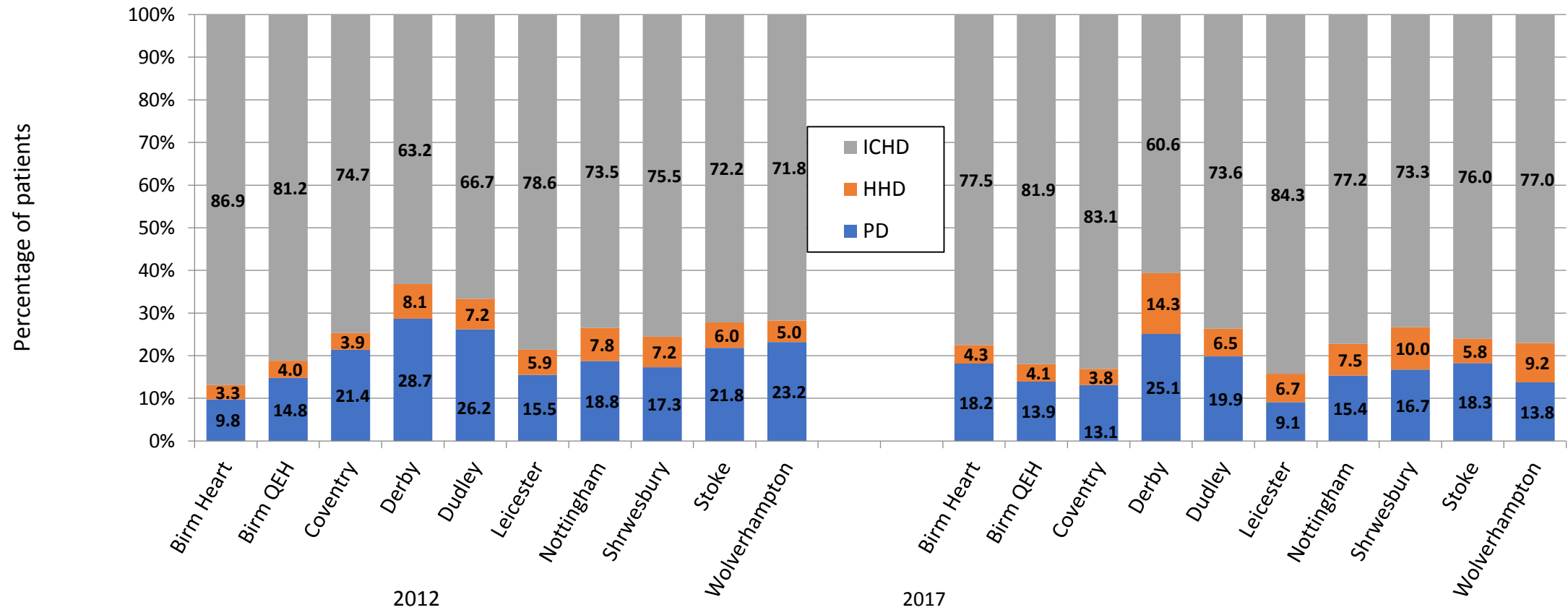
Listening to people: a patient journey

Sam Mitchell, Patient

KQuIP 10:05

Current position - Registry Data

UK Renal Registry data 2012 and 2017



**10:15 working in individuals units for
20 minutes and prepare to feedback
to room**

Identify 3 things you have done well

Identify 3 challenges for you

10:40 feedback to room (5 minutes per centre)

**KQuIP 11:30 you have a 15 minute
break**

Coffee

KQuIP 11:45

Introduction to Launch of the project with a Q&A

Open discussion across tables: spend 10 minutes in your mini networks: no need to feedback but compare your dreams and challenges – how will you help each other?

**Richard Fluck, Project Lead
Units**

NHS change model

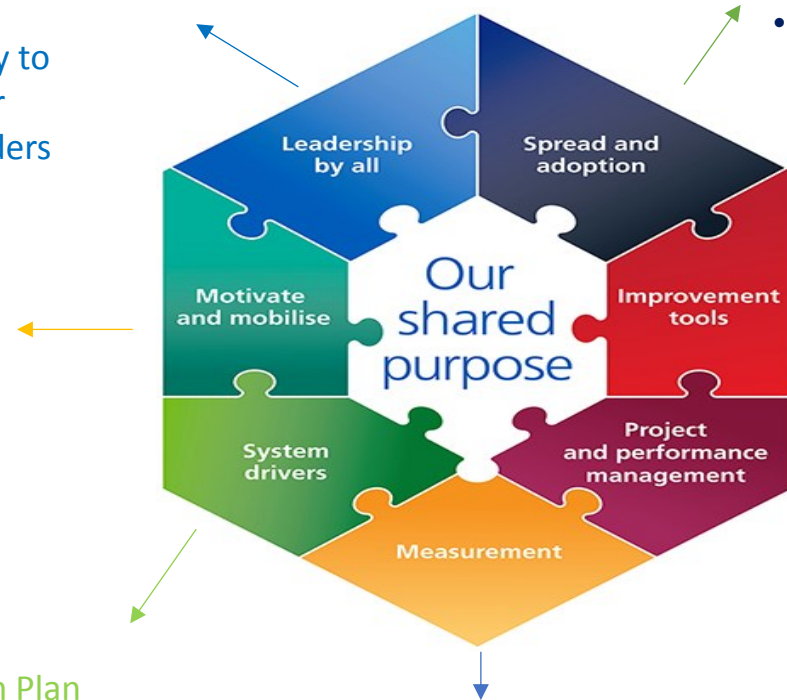


TP2 change model

- Success requires leadership and support at all levels
- Potential for registry to support Shortsmoor training for TP2 leaders

- Working group at unit level
- Engage wider team with context/aims and purpose of programme
- Invite influencers to peer assist day

- NHSE Long Term Plan
- Personalised care strategy

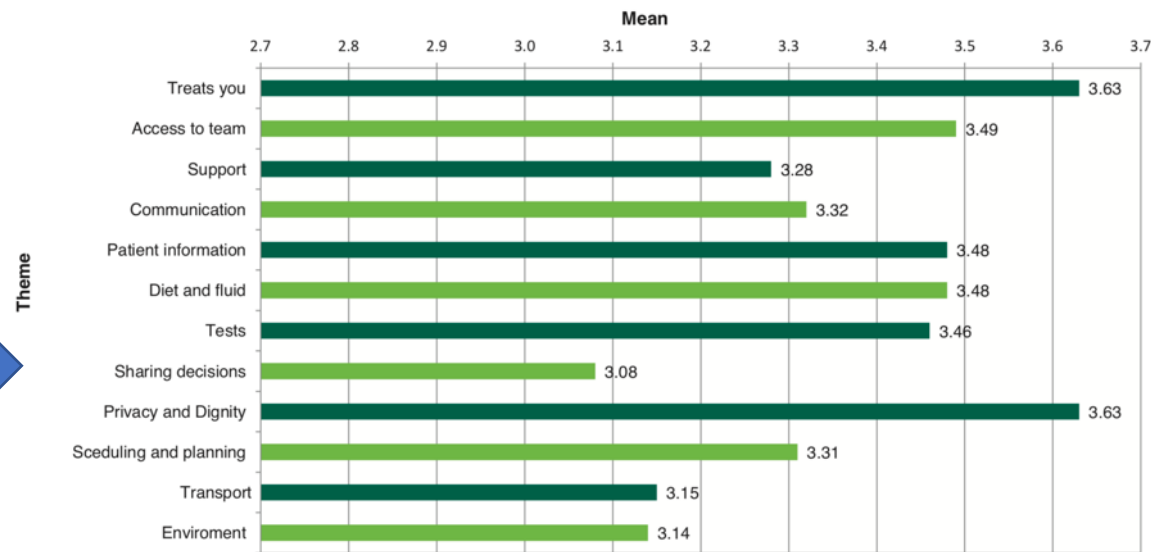


Are you ready for change - Results

Unit	QI Project Lead	Variation	Organisation	Variation	Style	Variation
QE	23	19-28	27	23-34	18	15-21
Heartlands						
Coventry	21	20-22	29	28-30	21	16-25
Wolverhampton	26	25-27	30	28-33	15	14-17
Dudley	22	/	28		21	
N. Midlands	22	22-23	23	23-24	14	14
Shrewsbury	26	24-26	22		18	
Leicester	20	18-23	24	24-26	15	13-17
Nottingham	22	20-26	24	20-30	17	12-19
Derby	27	25-27	29	29-33	20	18-24

Patient perspective: drivers for change

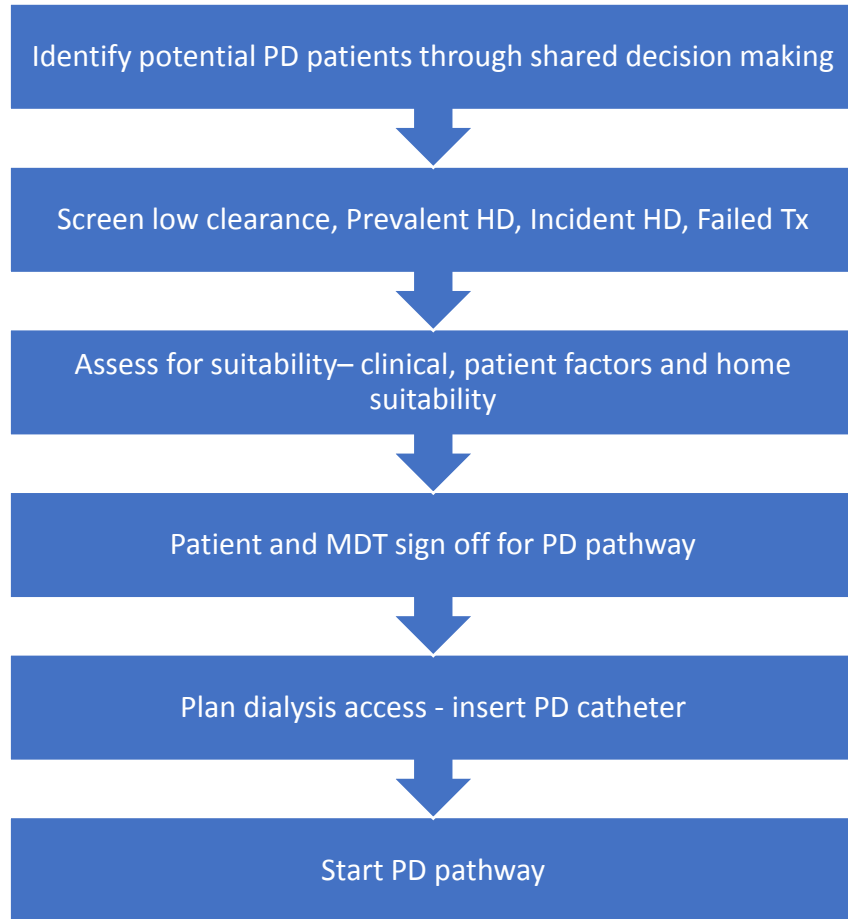
Figure 1: Mean scores for the 12 Themes



Processes, choice and shared decision making



Think about patient flow: process measures



- Selection
- Initiation
- Maintenance
- Drop out


QI techniques – a brief overview


What you will work on today

QI is not a religion

- Things to get comfortable with
 - A driver diagram – designed to focus you on the objective whilst breaking it down into doable chunks
 - A process map – how do patients flow through **your** system
 - Measures – a mix of simple measures captured at least monthly to allow you to check whether change has happened
 - Statistical process control charts – not as bad as it sounds
 - PDSA cycles – simple tests of a change

Web system to support you


https://uk.lifeqisystem.com/login/ 



Email address

Password

[Forgotten your password?](#)

 Logging in to Life QI United Kingdom
[Change region](#)

Project management

DAYLife

Only members can view

General

Driver Diagram

Measures & Charts

PDSAs

Discuss

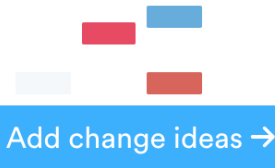
Actions ↓



Change score



Project team



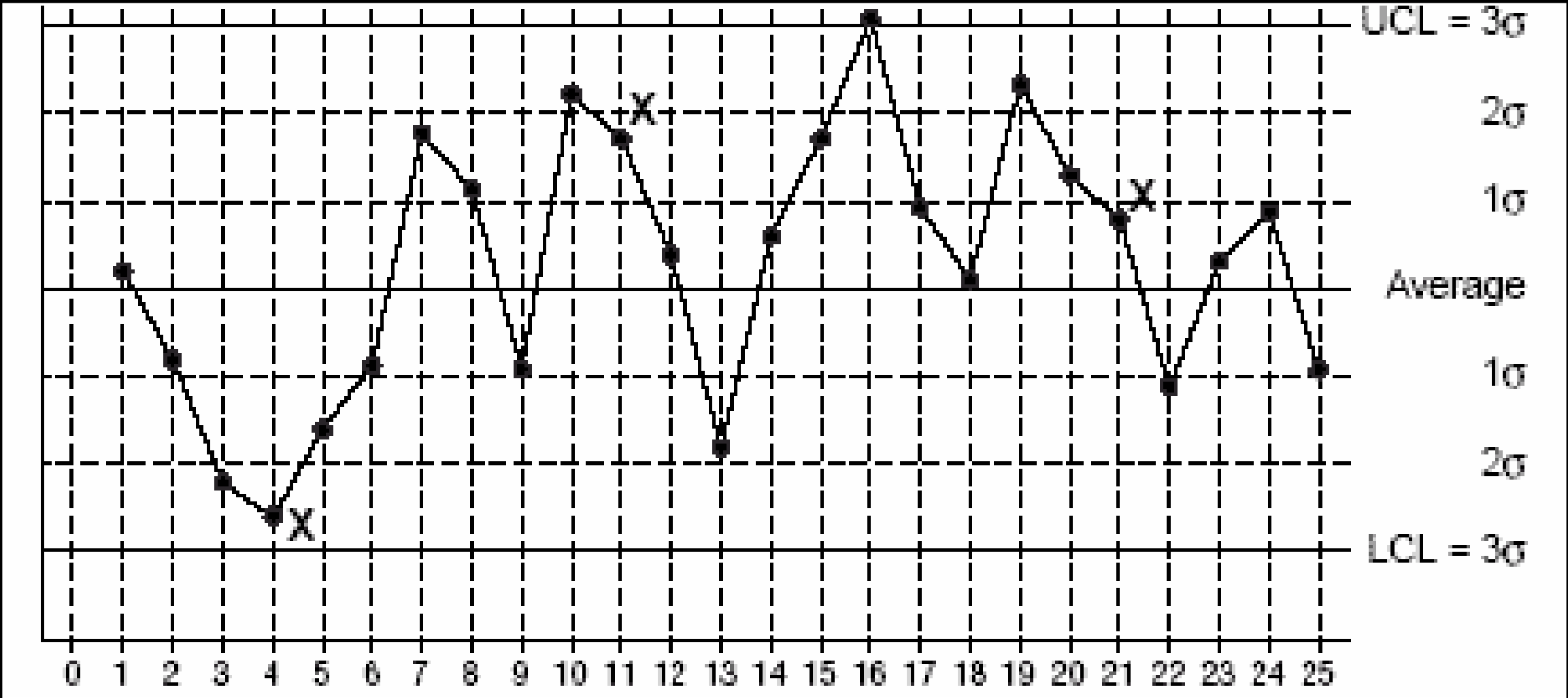
Driver diagram

3
Measures

0
Charts

Measures

No PDSAs yet: first add a change idea



Statistical process control charts

This is for another day!

- Bedtime reading
- https://improvement.nhs.uk/documents/2748/NHS_MAKING_DATA_COUNT_FINAL.pdf

KQuIP 11:45

Introduction to Launch of the project with a Q&A

Open discussion across tables: spend 10 minutes in your mini networks: no need to feedback but compare your dreams and challenges – how will you help each other?

**Richard Fluck, Project Lead
Units**

KQuIP 12:30

Driver diagram and measurement for improvement

(Think about this over lunch)

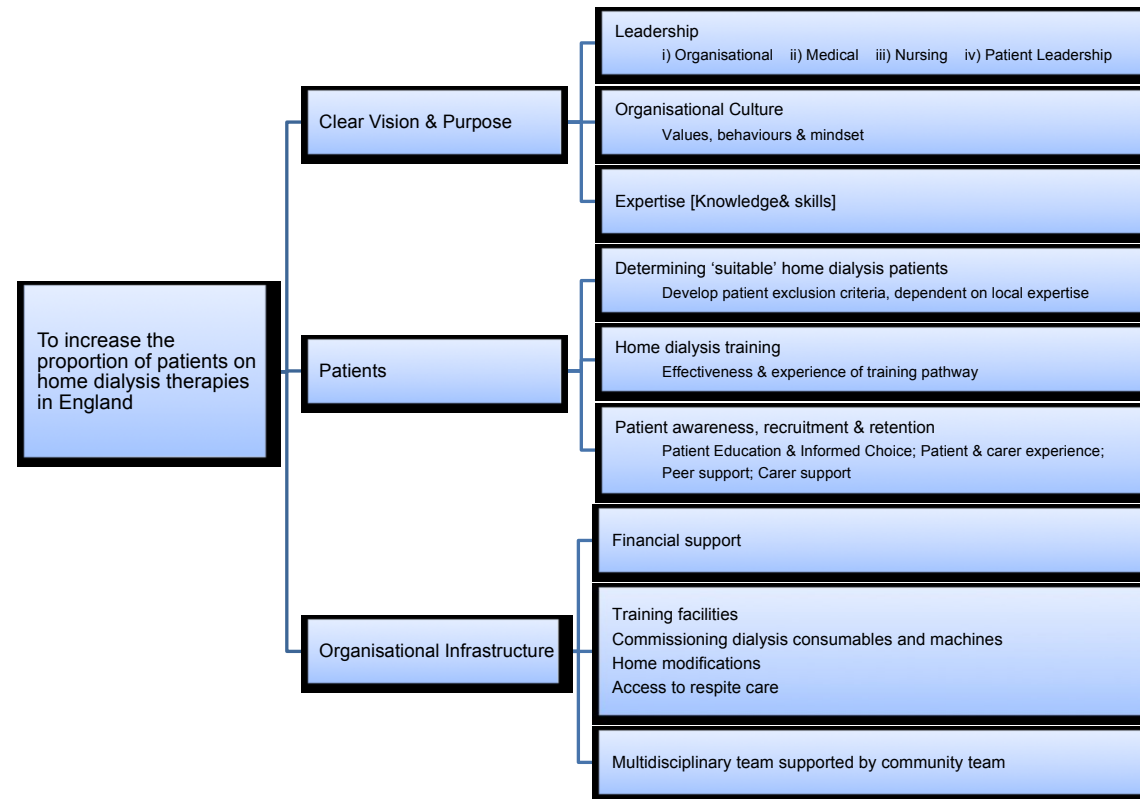
Richard Fluck, Project Lead

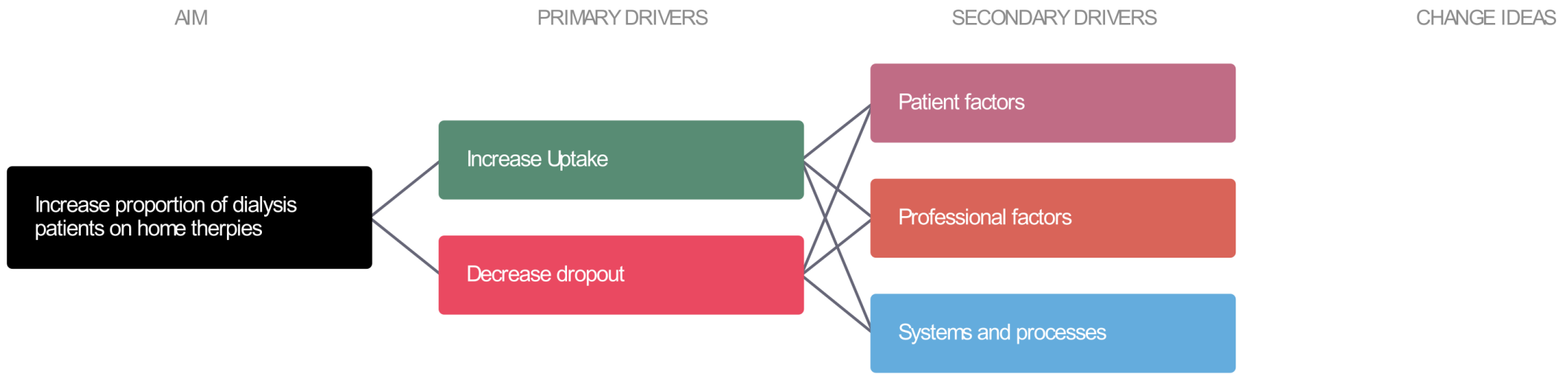
Daljit Hothi, Project Lead

KQuIP UK National Home Dialysis QI Project

DAYLiFe: Dialysis at yours: Life fulfilled

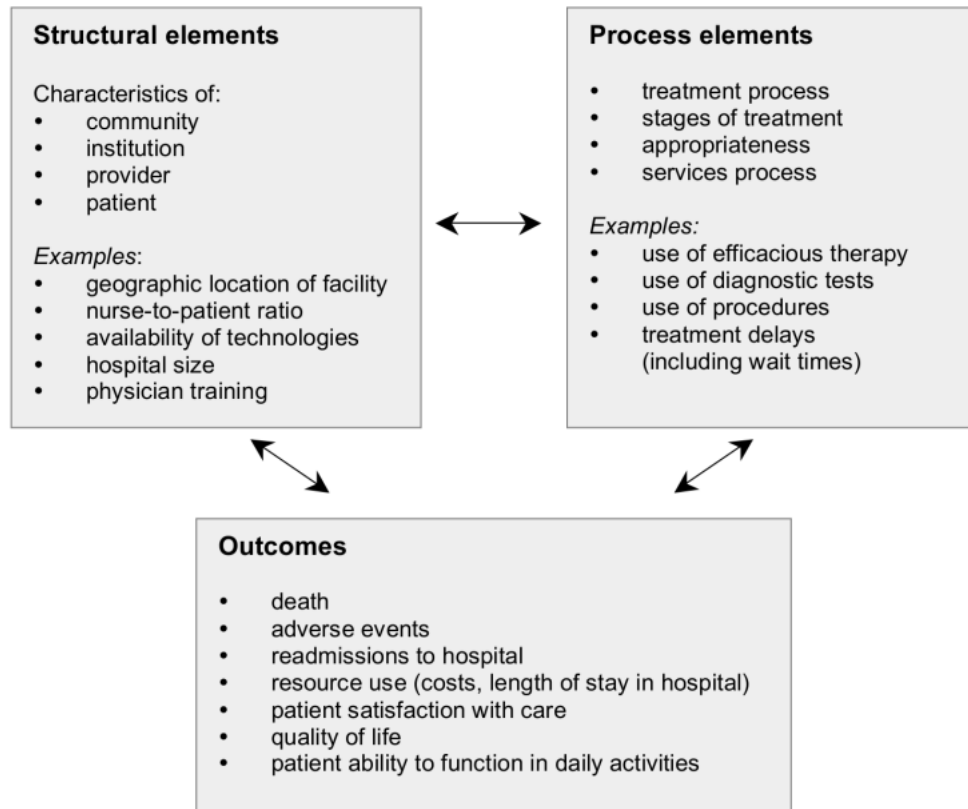
DRIVER DIAGRAM: Home Dialysis





Generated by LifeQI

Measures: the Donabedian model



- Remember to include
 - Patient centred measures
 - Balancing measures
- What can you collect routinely?
- What can the registry supply?
- How would you present it?

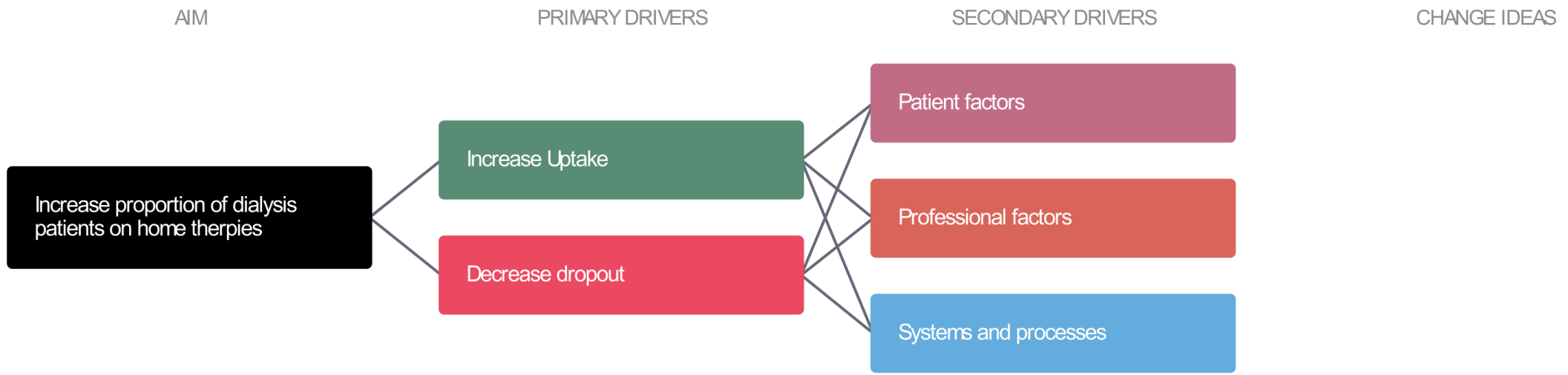
KQuIP

**Lunch 12:45 – network, relax,
recharge, think**

KQuIP 13:45 until 14:25

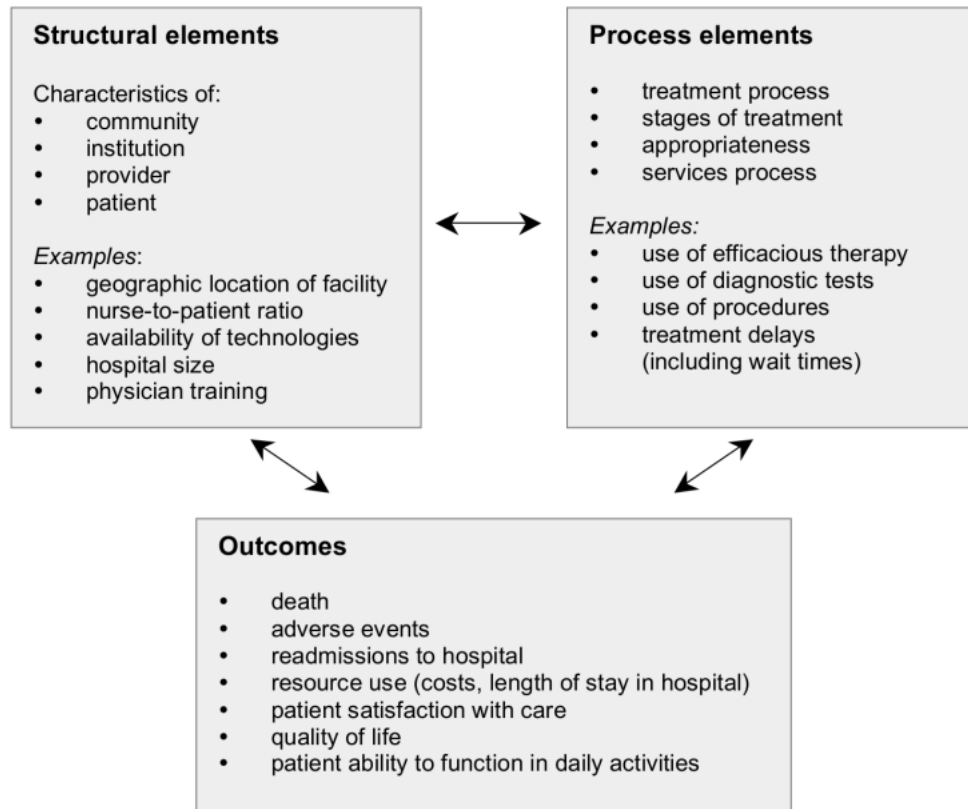
Group Activity

- Review and finalise driver diagram – Unit and mini networks level discussions
- Discuss and agree measures for each unit – Include base measures.



Generated by LifeQI

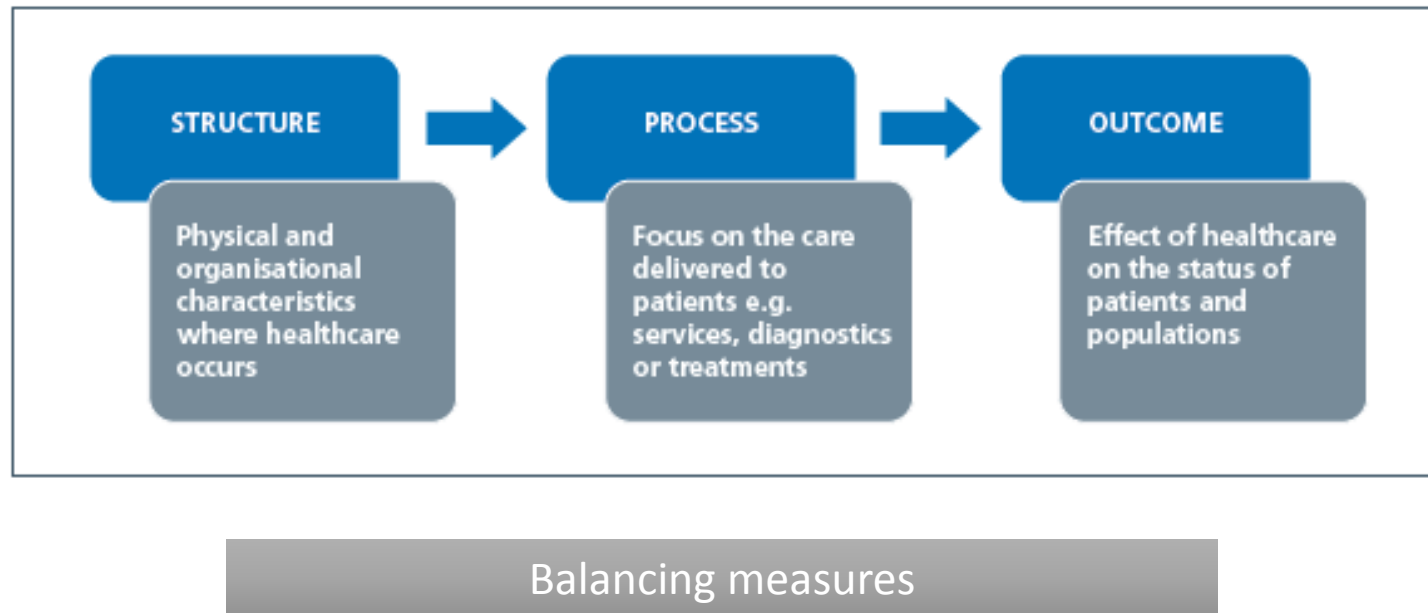
Measures: the Donabedian model



- Remember to include
 - Patient centred measures
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Measurement model: use your driver diagram

Figure 1: The Donabedian model for quality of care



KQuIP 14:25

Feedback session

5 minutes per mini network

What is your primary driver statement?

What measures have you identified across your driver diagram?

KQuIP 14:55

Coffee

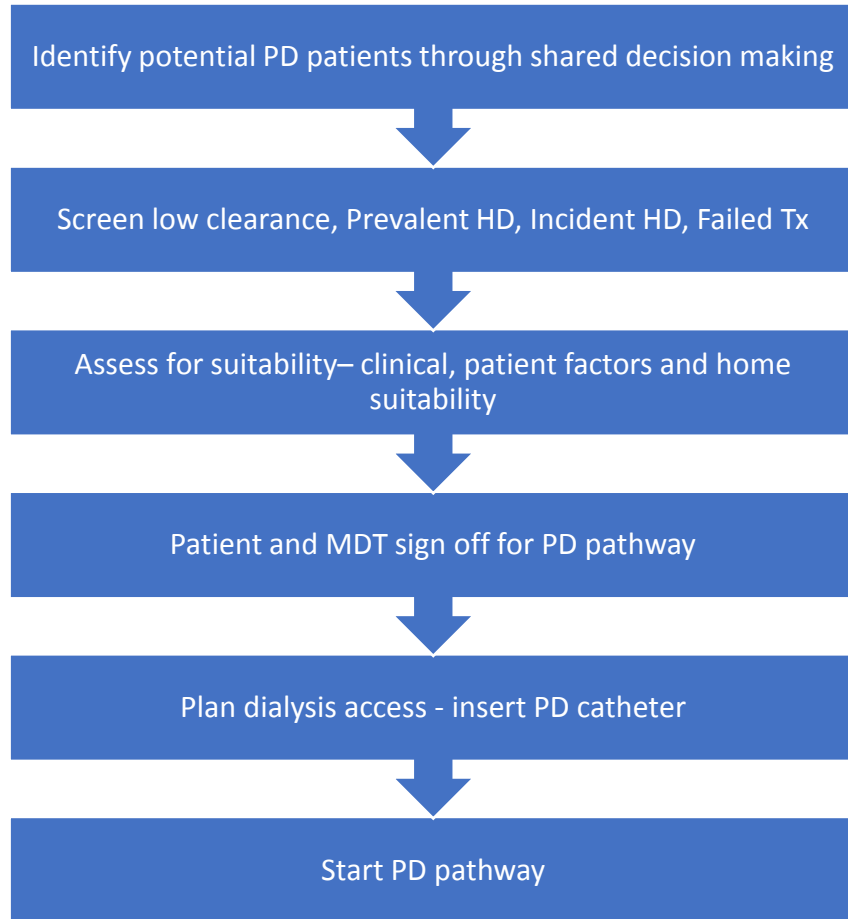
KQuIP 15:10

Introduction to Process Map / Plan PDSA Cycles

Richard Fluck, Project Lead

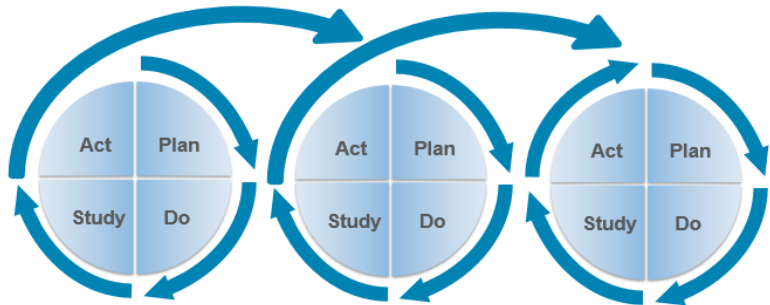
Daljit Hothi, Project Lead

Think about patient flow: process flow



- Selection
- Initiation
- Maintenance
- Drop out

The project cycle: use your process chart to think of problems

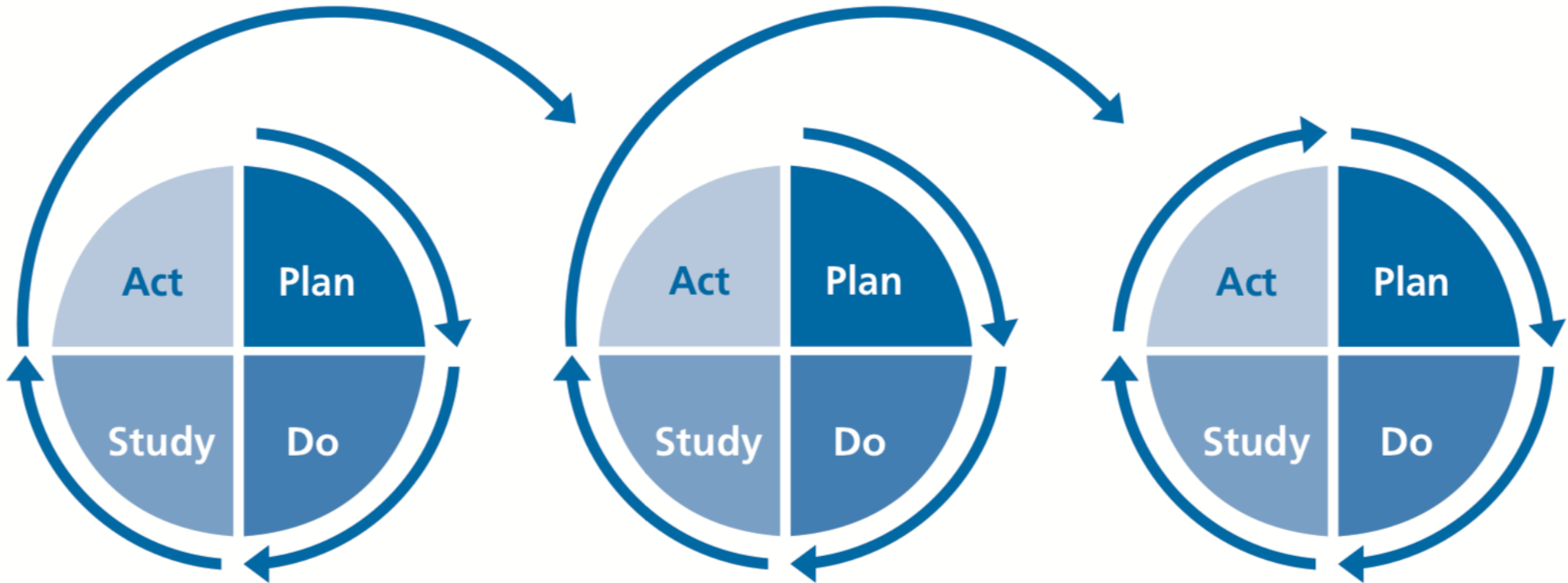


- Research and discovery
 - Consider barriers and evidence
- Consider solutions and ideas
 - Long list
 - Short list
- Test ideas
 - Test, evaluate, share
 - PDSA cycles
- Review and report then repeat process

PDSA cycles

- **Plan** – the change to be tested or implemented
- **Do** – carry out the test or change
- **Study** – based on the measurable outcomes agreed before starting out, collect data before and after the change and reflect on the impact of the change and what was learned
- **Act** – plan the next change cycle or full implementation.

Iterate



Suggested central mechanism to change

- Monthly MDT: patient flow management
 - Review all incident patients
 - Assess drop offs
 - Training status
 - Review critical data – hospitalisation, infections, technique issues
- Consider review of low clearance lists

KQuIP 15:20-16:00

Group Activity

**Refine and then use your process map to design
and plan your first PDSA Cycle(s)**

KQuIP 16:00

Feedback session

5 minutes per unit

Units

KQuIP

Closing session

- **QI Support from KQuIP – Role of programme manager**
- **Industry partners support**

Richard Fluck, Project Lead

Catherine Stannard, KQuIP Programme Manager

Industry Partners

Kidney Quality Improvement Partnership (KQuIP)

Quality Improvement Support

Catherine Stannard

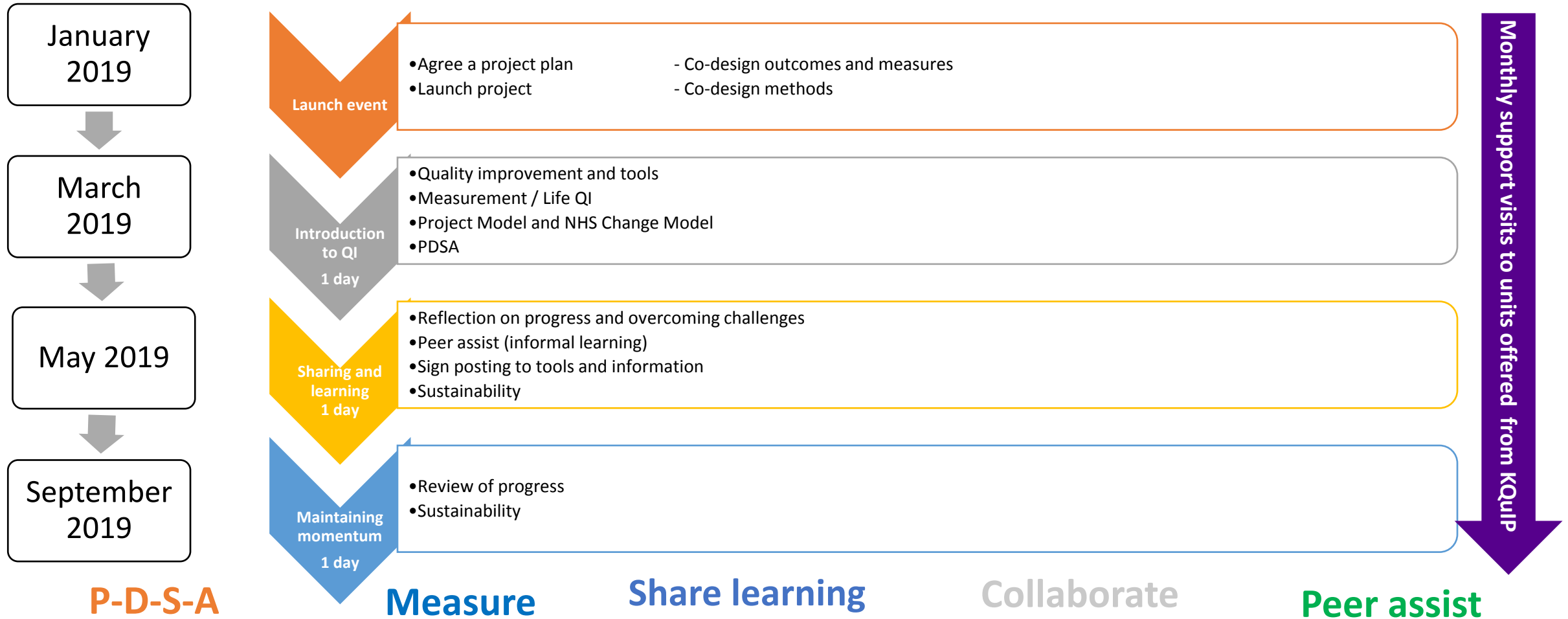
QI Programme Manager



Preparation phase

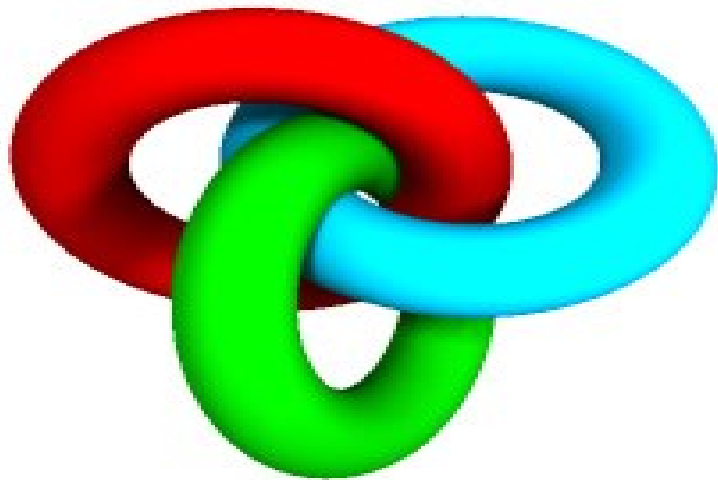


Project phase





My role...



- Support to connect teams – collaboration
- Assimilate and communicate learning between KQUIP collaboratives – action learning sets, webinars
- Website resources and communications
- Support for organising and providing training /meeting venues / sponsorship

KQuIP...

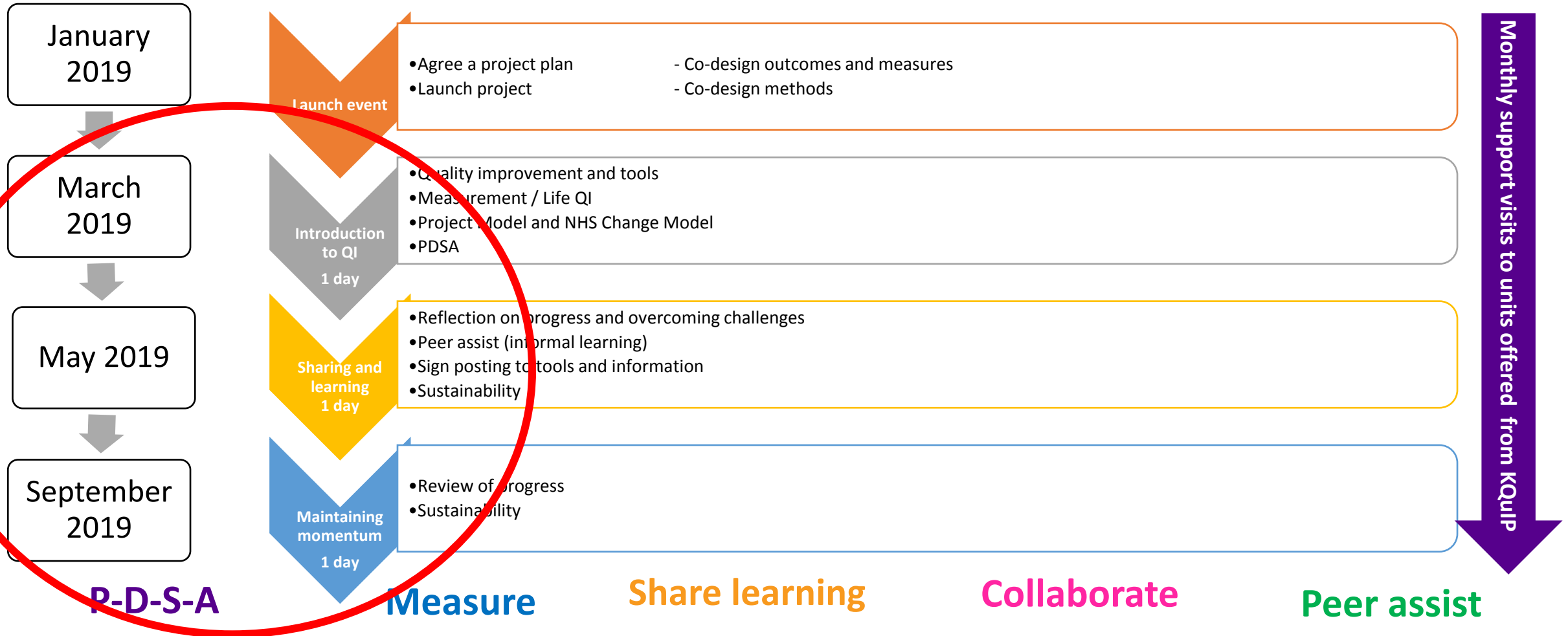
- IS...

- Facilitative
- Enabling
- Local ownership - teams are responsible for the decisions, results and actions
- Keeping the energy, momentum, drive
- Tailored support

IS NOT...

- **The subject matter expert or owner of the project**
- **Directive**
- **Inflexible or rigid**

Project phase



KQuIP

Close and network

Thank you

Contact Think Kidneys

How to find out more

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