

Kidney Quality Improvement Partnerships - KQuIP

Leadership in Action

5Th Feb

‘THINK
KIDNEYS’

KQuIP

KQuIP

Welcome and introductions

Set up the day

Ian Stott, Regional Lead and Leeanne Lockley, RA QI Programme Manager

Housekeeping and survival



Fire alarms and exits...



Car Park ...



Toilet location...



Mobiles and pagers...



Breaks...



Photos...

This is your day to plan your work

- The primary objective is to plan your launch day 12th March
- Secondary objectives are to
 - Set up your wider team
 - Ask KQuIP team for the support you think you might need
 - Informatics
 - QI tools
 - QI Life Systems
 - Think about what you will do with your team before the launch day
- It is not about solving the problems now

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Grand Round

What did you learn from Shortsmoor Leadership Training?

Leeanne Lockley, RA QI Programme Manager

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Leadership

Ron Cullen, CEO Renal Association

Management v Leadership

- Management – Transactional, controlling, e.g. budgets, protocols, plans, Gantt charts
 - Workers work in the line managers work on the line to improve it
- Leadership – transformational, permissive and inspiring allows self organisation
 - If we work with knowledge workers paid to think then the role of a leader is to work on how they think
- The reality is you need both but today we are interested in leaders

Think of a project or change you thought was well led what did the leader do

- Give direction
- Set limits
- Commit and take interest - how they will monitor and demonstrate behaviors
- Remove blocks in the way and challenge the way things are done around here
- Liberate people and increase discretionary energy
- This is not about charismatic leadership but communicating with simple rules and following through on promises

So for MAGIC think of your simple rules

- Further reading

Quiet leadership David Rock

Complex adaptive systems

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Group Work Leadership

Leeanne Lockley, RA QI Programme Manager

Task (30 mins):

Following on from Shortsmoor and Ron think about:

As medical and MDT lead, what are you going to do together to lead the project on your unit/ organisation?

Building a project team. Who do you need? How do you get them involved?

As leaders, agree what you can both do to address any areas that you can influence

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Feedback

Leeanne Lockley, RA QI Programme Manager

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Putting Leadership into Action

Julie Slevin, RA QI Programme Manager

What is a launch day?

- A regional day
- Present what MAGIC look like to your peers and patients
- Present the work you have agreed on today; shared vision and measurement/ data collection

Plan and delivering the Launch Day 12th March

Think about:

Aim/ objectives of the day

Setting a draft agenda

Inviting the right people

Who will do what? Assign names to sessions on the agenda

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**COFFEE
(15mins)**

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MAGIC - What will success look like

Katie Fielding MAGIC Lead; Senior Clinical Educator, Haemodialysis, Derby;
MDT fellow, UK Renal Registry

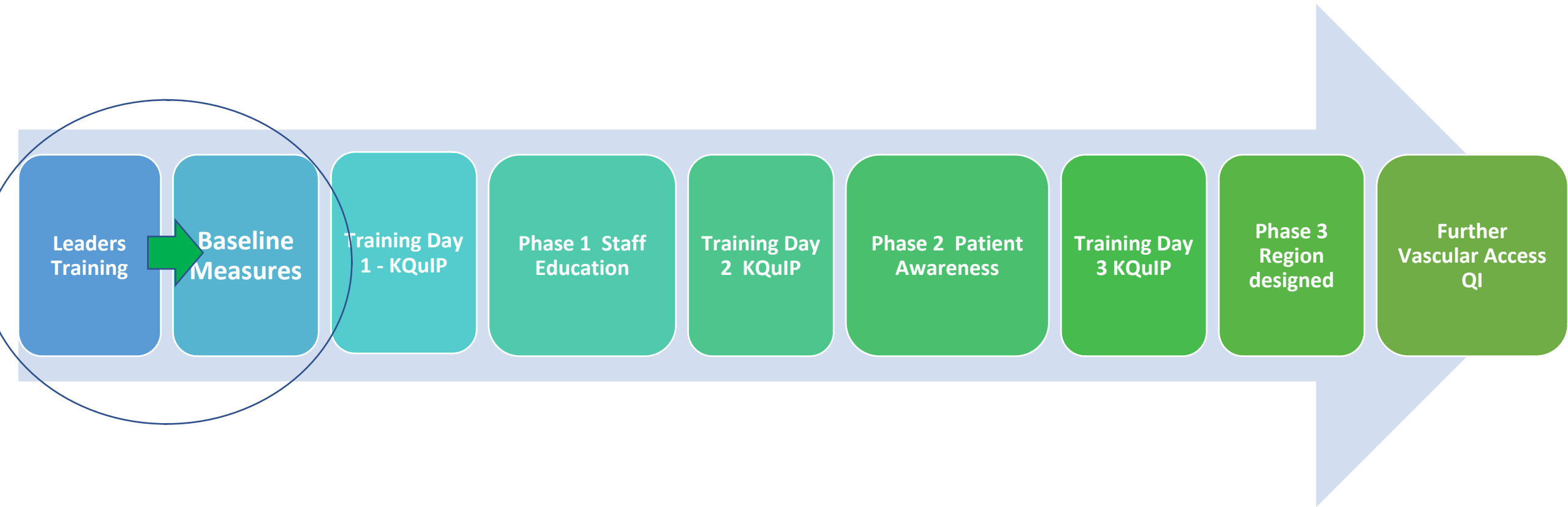
MAGIC

What does success look like?

Katie Fielding,
MAGIC Lead

Senior Clinical Educator – Haemodialysis, Derby
MDT Fellow, UK Renal Registry

Implementing MAGIC

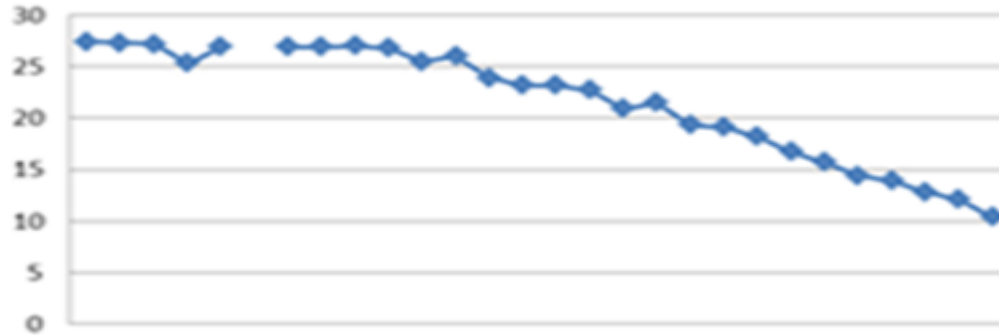



What does success look like?




AV access used for all HD patients, who it is
suitable for
Achieve 80% + RA standards


Complete MAGIC








STOP!
Don't area puncture
This is when your
needles are placed in the
same area over and over.



THINK!
Needles should be
placed 0.5 - 1cm from
the last cannulation site.





CHOOSE!
The needling sites must
move up the fistula vein in
a systematic manner.

Love my Rope Ladder



STOP!
Don't area puncture
This is when your needles
are placed in the same
area over and over.

THINK!
Needles should be placed
0.5 - 1cm from the last
cannulation site.

CHOOSE!
The needling sites must
move up the fistula vein in
a systematic manner.

0 0.5 1 1.5 2 2.5 3 3.5 4 4.5 5 5.5 6 6.5 7 7.5

The Scoring Table

This table allows you to score the health of your vascular access prior to inserting the needles.

Following the look, touch, feel assessment you need to decide which category the vascular access fits in to.

Score 0-3 indicates a more at risk system, but all systems are at risk of becoming unusable.

Score 0 indicates a more at risk system, but all systems are at risk of becoming unusable.

Score 1 indicates a more at risk system, but all systems are at risk of becoming unusable.

Score 2 indicates a more at risk system, but all systems are at risk of becoming unusable.

Score 3 indicates a more at risk system, but all systems are at risk of becoming unusable.

If the vascular access scores 1, 2 or 3 then follow the recommended actions.

0	Green
1	Yellow
2	Orange
3	Red

ELearning:-

- A&P
- AV access assessment
- Cannulation
- Access complications
- Quiz to assess learning & certificate



Optimise clinical outcomes related to cannulation

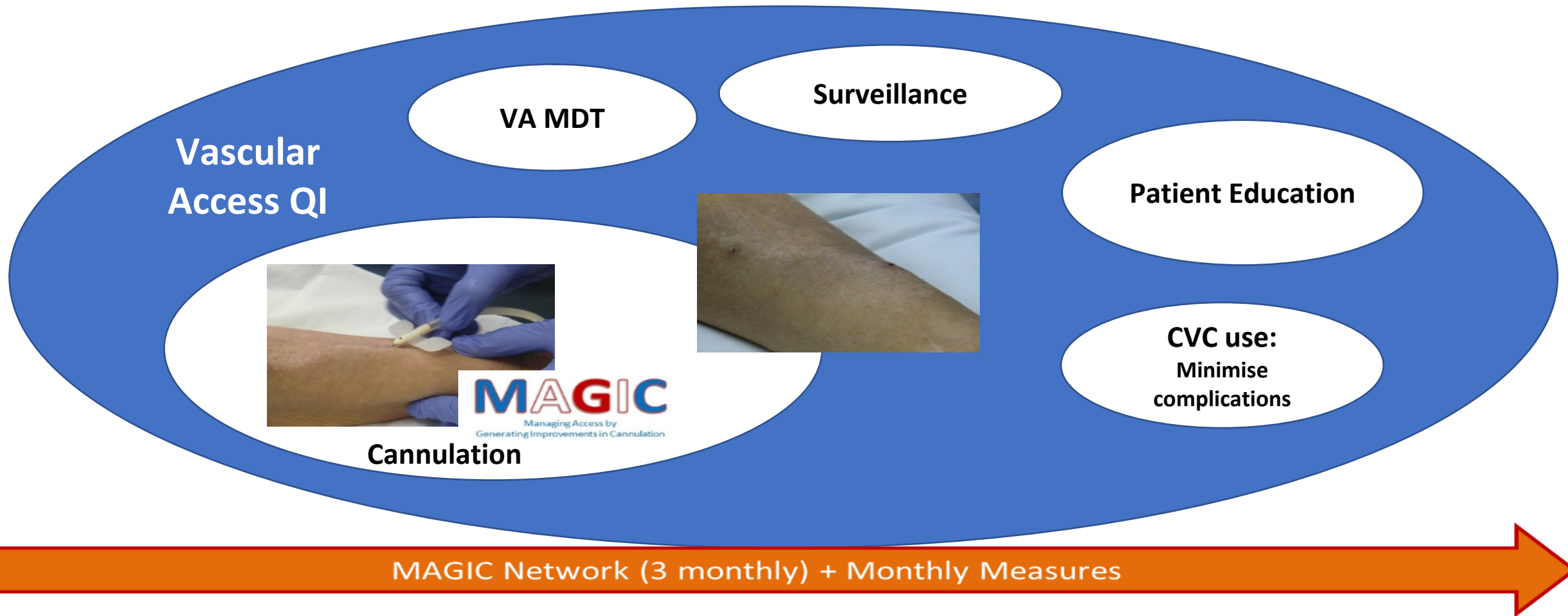
Minimise

- Area Puncture
- Missed Cannulation
- Infection
- AV access failure
- CVC use

Promote

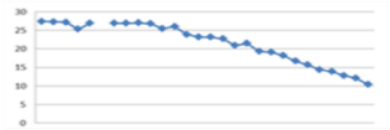
- Good cannulation technique
 - Accurate and gentle
 - Rope ladder & / or buttonhole
- Good patient experience
- Patients choose AV access
- Longevity of access
- AV access use

Your journey after MAGIC



What does success look like?

Complete MAGIC



ELearning:-

- A&P
- AV access assessment
- Cannulation
- Access complications
- Quiz to assess learning & certificate



Optimise clinical outcomes related to cannulation

Minimise

- Area Puncture
- Missed Cannulation
- Infection
- AV access failure
- CVC use

Promote

- Good cannulation technique
 - Accurate and gentle
 - Rope ladder & / or buttonhole
- Good patient experience
- Patients choose AV access
- Longevity of access
- AV access use

Your journey after MAGIC



AV access used for all HD patients, who it is suitable for
Achieve 80% + RA standards

Starting MAGIC

Katie Fielding, MAGIC Lead

Scott Oliver, MAGIC Steering Group

Leeanne Lockley, KQuIP Programmes Manager

KQuIP 3rd. Leadership day

Plan for The Afternoon

- Introduce improvement methodology
- Explore, adapt and adapt core objectives
- Explore measurement
 - What
 - How
- Plan for implementation



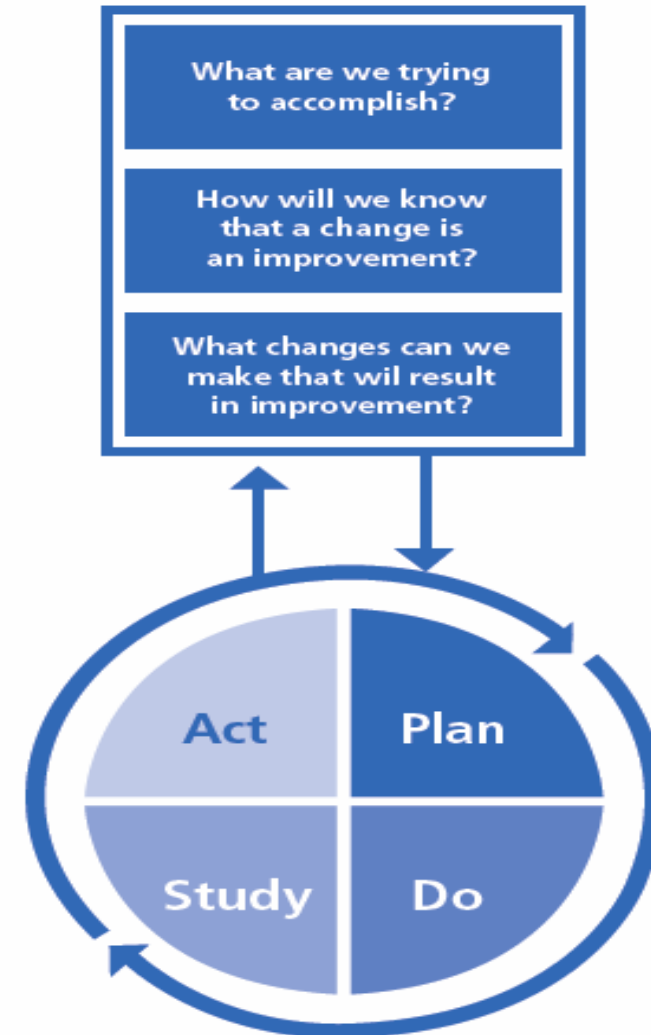
Improvement Tools

NHS Model for Improvement

‘The model for improvement provides a framework for developing, testing and implementing changes leading to improvement. It is based in scientific method and moderates the impulse to take immediate action with the wisdom of careful study.’

(NHS Improvement)

- Test out change on small scale
- Learn from implementation
- Identify what does and does not work
- Minimises disruption from change
- Simple and easy



1st. 2 questions

What are we trying to accomplish?

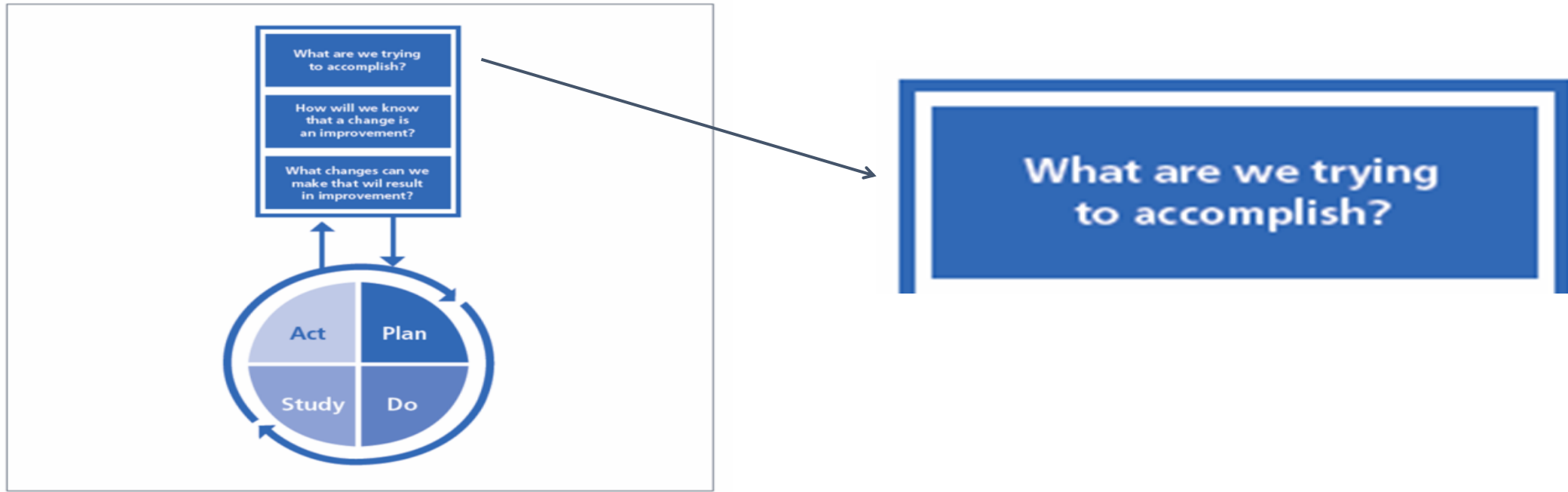
- Objective setting
- Focus energy and attention
- Try to do one thing well
- Prevent procrastination
- Identify what works
- Ensure meaningful change

How will we know that a change is an improvement?

- Measurement

Know....

- ...we have achieved change
- .. the change has had the correct effect
- .. we are maintaining the change
- what we need to focus on next



Objective Setting

Core Aims and Objectives

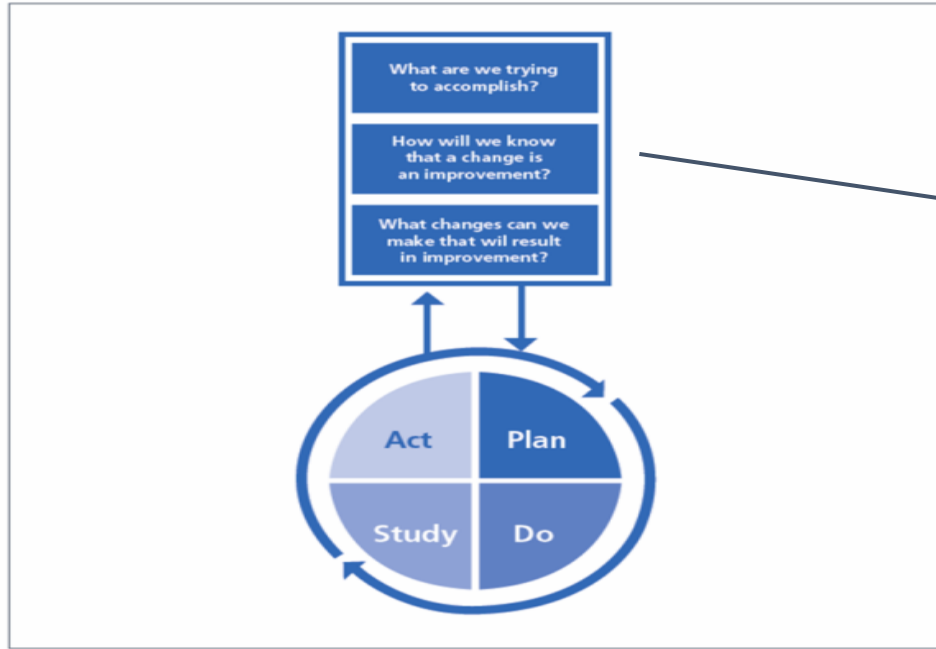
MAGIC AIM: To promote good cannulation practice and improve the patient experience of cannulation

- Short and long term objectives
- Focussed on those affected by cannulation
- Clinical outcomes
 - Patients and clinicians

Groupwork

Is there anything you would want to add to the objectives?

Is there anything you would like to change in the objectives?



**How will we know
that a change is
an improvement?**

measurement

Measurement – why bother?!

- Understand what's really happening
- See your progress and encourage others
- Generate momentum
- Appreciate your efforts!

MAGIC measurement strategy

- Intends to show MAGIC's impact on units and patients
- Four-tier approach
- Short, medium and longer term data points
- Based upon Kirkpatrick's model

Kirkpatrick's model

- Level 1 - "did you enjoy participating?"
- Level 2 - "did you learn anything?"
- Level 3 - "did your practice change?"
- Level 4 - "did clinical outcomes change?"

Kirkpatrick's model

- Level 1 - "did you enjoy participating?"
Engagement with materials
- Level 2 - "did you learn anything?"
Efficacy of learning materials
- Level 3 - "did your practice change?"
What's happening differently?
- Level 4 - "did clinical outcomes change?"
Did it make a difference?

Levels 1, 2, 3

- Feedback on learning resources
- Used to optimise MAGIC process...

Level 4: clinical outcome measures

- **Mandatory** patient measures
- **Mandatory** unit measures
- **Optional** patient measures

Level 4: clinical outcome measures

Needling technique

Missed cannulation

Patient experience of needling

- **Mandatory** patient measures

Rates of AVF/AVG/CVC use

Infections

Number of AVF/AVG lost

Number of new AVF / AVG

- **Mandatory** unit measures

Assessment of fistula / graft for signs of abnormalities

- **Optional** patient measures

Unscheduled hospital attendance

What are the **mandatory** patient measures?

- Number of patients using each needling technique for that haemodialysis session
- Number of patients for that haemodialysis session that experienced more than one attempt to insert a needle at one needling site.
- PREM needling question:
‘How often do the renal team insert your needles with as little pain as possible?’.
Patient rate this on a score of 1 to 7, with 1 being ‘Never’ and 7 being ‘Always’.

What are the **mandatory** unit measures?

- Percentage of haemodialysis population using AVF, AVG, CVC
- Number of AVF/G in the current haemodialysis population that were cannulated for haemodialysis 1 month ago and are no longer cannulated for haemodialysis

What are the **mandatory** unit measures?

- Number of new AVF/G cannulated and used for, either fully or partially for a haemodialysis session on or 1-2 days before the designated day, that were not in use 1 month ago.
- Number of patients who have experienced a VA infection in the last month

What are the **optional** patient measures?

- Use the BRS VA / VASBI AVF/AVG Scoring Tool to assess the function of each fistula / graft. Count the number of patients with scores of 0, 1, 2, 3
- Number of patients who attended hospital either outside their normal haemodialysis time or during their haemodialysis treatment and received an unscheduled review triggered, in part or full, due to problems with their vascular access for a sample of patients.

Arteriovenous Fistula/Graft (AVF/AVG) Pre-Needling Assessment Tool

Signs and symptoms	Score	Actions
<ul style="list-style-type: none"> No scabs larger than the needle sites No pain or new swelling No necrosed areas No aneurysms No erythema Normal bruit / thrill No hardness over AVF/AVG 	0	<p>No action required</p> <p>Safe to needle</p>
<ul style="list-style-type: none"> No pain or new swelling No necrosed areas No scabs larger than the needle sites No erythema Normal bruit / thrill No hardness over AVF/AVG Aneurysms present and stable <ul style="list-style-type: none"> Not increasing in size Skin not shiny or thin over aneurysms 	1	<p>Monitor</p> <p>Consider photograph AVF/AVG for reference</p> <p>Document aneurysm size, by measuring arm diameter at aneurysm and position</p> <p>Safe to insert needles</p>
<ul style="list-style-type: none"> No necrosed areas No scabs larger than needle sites anywhere on fistula <p>Any of the following</p> <ul style="list-style-type: none"> Pain or discomfort to any area on the AVF/AVG Aneurysms increasing in size or pulsating New aneurysms Thin and shiny skin around AVF/AVG Whistling bruit on auscultation Non-needling segments hard on palpation Bleeding around needle site during dialysis Extended post dialysis bleeding >20minutes Erythema >3mm anywhere on the AVF/AVG 	2	<p>Refer to Vascular Access Team</p> <p>Previous actions <u>and</u> Patient information given on actions and escalation if fistula bleeds at home</p> <p>Review individual's antiplatelet and anticoagulation prescription</p> <p>Consider swabbing erythema</p> <p>Lift arm above head, to assess whether aneurysm(s) drain</p>
<p>Any of previous signs <u>with</u> any of the following:</p> <ul style="list-style-type: none"> Pain / swelling to AVF/AVG Necrosed area on AVF/AVG Patient reports sites bleed at home Scabs at needle sites or elsewhere >3mm Absent or changed thrill on palpation Absent bruit on auscultation Needling segments hard on palpation Oozing (pus) from red/inflamed areas Erythema increased in size 	3	<p>Do not needle</p> <p>Urgently refer to Renal / Vascular Team</p> <p>Keep patient in department</p> <p>Previous actions <u>and</u> Swab pus / erythema</p> <p>Take blood cultures if erythema or pus present</p> <p>Take U&Es</p>

How will the data be collected?

- Needling champion or equivalent
- Weekly / fortnightly / monthly data collection round
- Sample of haemodialysis patients OR whole population (ie all shifts)
- MAGIC tally sheet / PREM tally sheet

MAGIC Measurement Tally Sheet

Date _____

Insert

Trust

Logo

Here

Please collect data from a sample of patients who are using AV access for HD on this day - patients

Measure	Tally (Keep tally marks here to count patients)	Total Number Total number of tally marks Please enter onto Life QI
Number of Patient using Buttonhole Cannulation of each cannulation site in the same manner each time. Involves removing the scab of the previous cannulation prior to needling. Includes cannulation with sharp needles or blunt needles.		
Number of Patients using Rope Ladder Cannulation that moves up the vein at each treatment in a progressive manner, to cover as much of the vein as is possible. Once the top of the vein is reached, cannulation starts at the bottom again. One cannulation site's (A or V site) needle marks should cover at least 5cm.		
Number of Patients using Area Puncture Cannulation in a different site each time that does not progress up the vein in systematic manner AND/OR one cannulation site's needle marks cover less than 5cm.		
Missed Cannulation Number of patients for that haemodialysis session that experienced <u>more than one attempt</u> to insert a needle at one needling site		

What will happen to the data?

- Life QI
- Conversations within your unit!!
- **Used to generate improvement**

Groupwork

Are there any measures you want to add?

(Should relate to objectives)

Do you want to use any optional measures?

How often should you measure these?

How many patients should you sample for the patient level measures?

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**Lunch
(40mins)**

Life QI

LifeQI

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Analytics

New! Clear & visual displays of activity across users, projects, programmes

[Learn more](#)

How likely is it that you would recommend Life QI to a friend or colleague?

0 1 2 3 4 5 6 7 8 9 10

Not at all likely Extremely likely

Type here to search

19:34 12/07/2018

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0.5

MAGIC - Managing Access by Generating Improvement in Cannulation
To promote good cannulation practice and improve the patient experience of cannulation
Yorks and Humber Region
Catherine Fielding

0.5

Improving paediatric phlebotomy
To decrease the number of "routine" blood tests done overnight by junior doctors to 0 within 12 months
Pilot wards L10, L9, L30, L40.
Amanda Newnham Leeds Teaching Hospitals NHS Trust

Showing 1 to 2 of 2 [Back to top ↑](#)

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MAGIC - Managing Access by Generating Improvement in Cannulation

Only members can view

[General](#)[Driver Diagram](#)[Measures & Charts](#)[PDSAs](#)[Discuss](#)[Action](#)[Change score](#)

Project team



Driver diagram

7
Measures

2
Charts

Measures

0
Ranges

0
Charts

[Add PDSAs →](#)

PDSAs

Project Details

[Edit](#)

Title

MAGIC - Managing Access by Generating Improvement in Cannulation

Status

Active

Problem

Vascular access provision for haemodialysis continues to be a challenging aspect of this treatment. Whilst all forms of vascular access have associated complications, for most individuals an arteriovenous fistula (AVF) is considered the best option, with evidence of superior outcomes. However despite a great deal of focus in this area of practice, renal units across the UK continue to struggle to achieve the Renal Association audit standards.

One challenge with AVF use is cannulation of the AVF once in place and mature. Cannulation can be an anxiety provoking procedure for the patient. If done well, cannulation can preserve AVF function. If performed poorly it is associated with AVF failure and an increased rate of complications. Complications can include:

- Pain
- Haematoma from poor needle placement

Start Date

01/04/2018

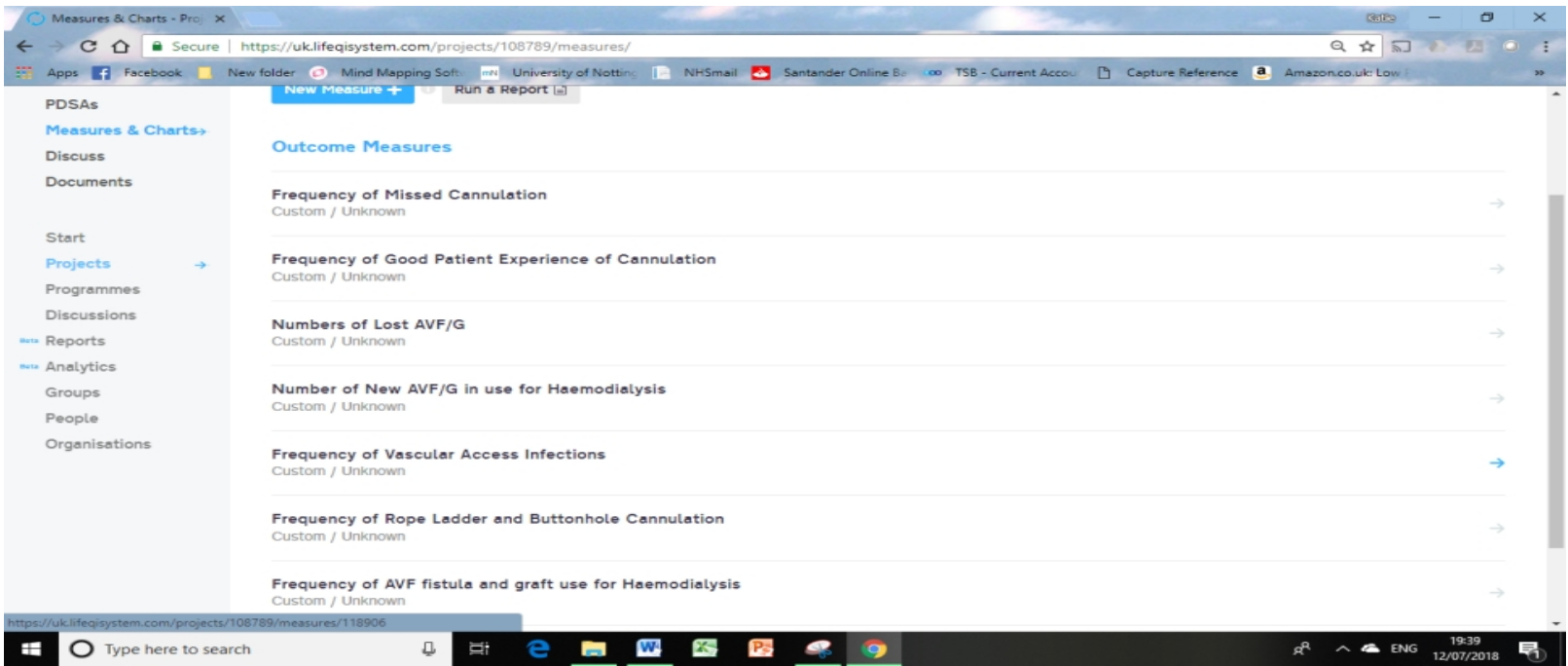
End Date

31/10/2019

Location

Yorks and Humber Region

Service user involvement



[Back to measures list](#)

Frequency of Missed Cannulation

Outcome measure (Run chart)

Charts

Plan

Actions

Charts

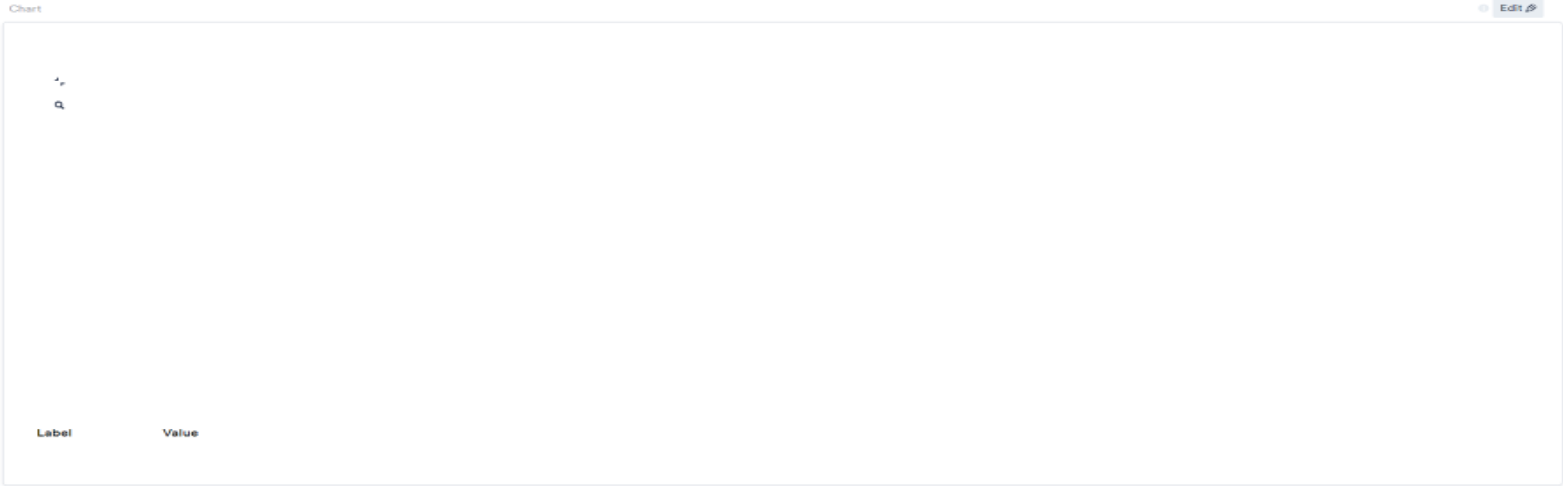
Add a chart

Frequency of Missed Cannulation (Frequency of Missed Cannulation)

Custom / Unknown

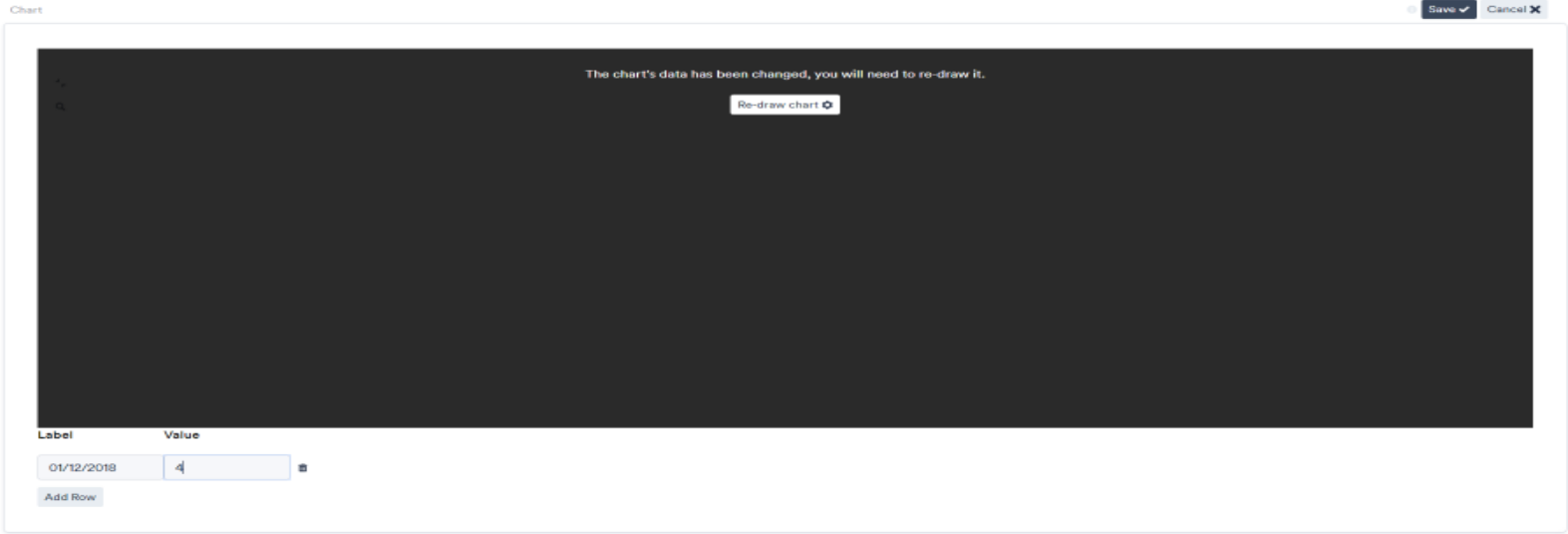
Run Chart – Frequency of Missed Cannulation (Frequency of Missed Cannulation)

Actions



Run Chart – Frequency of Missed Cannulation (Frequency of Missed Cannulation)

Actions





Label Value

01/12/2018

4

← December 2018 →

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

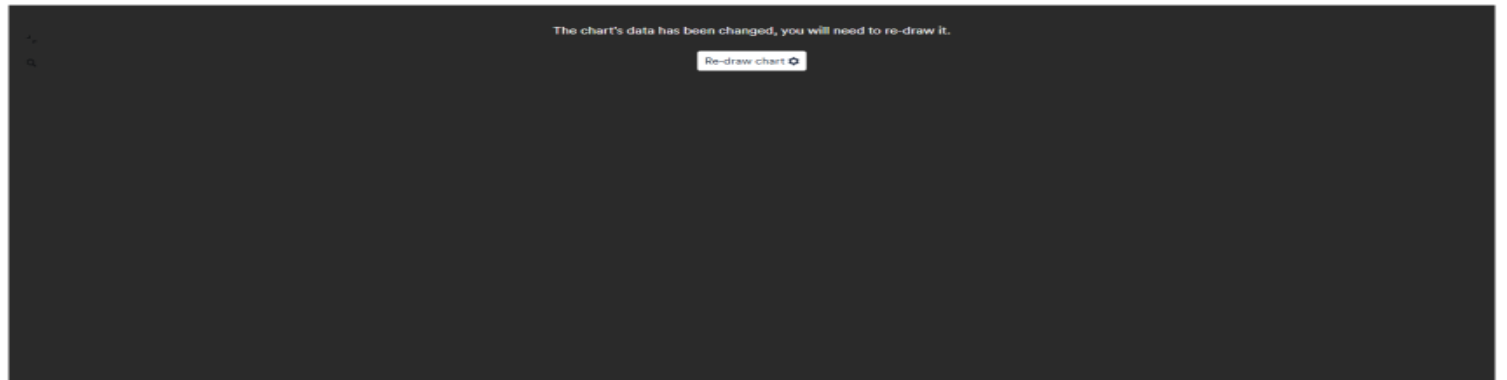
[Terms](#) [Privacy](#) [Acceptable use](#) [Help](#)

Run Chart – Frequency of Missed Cannulation (Frequency of Missed Cannulation)

Actions

Chart

Save Cancel

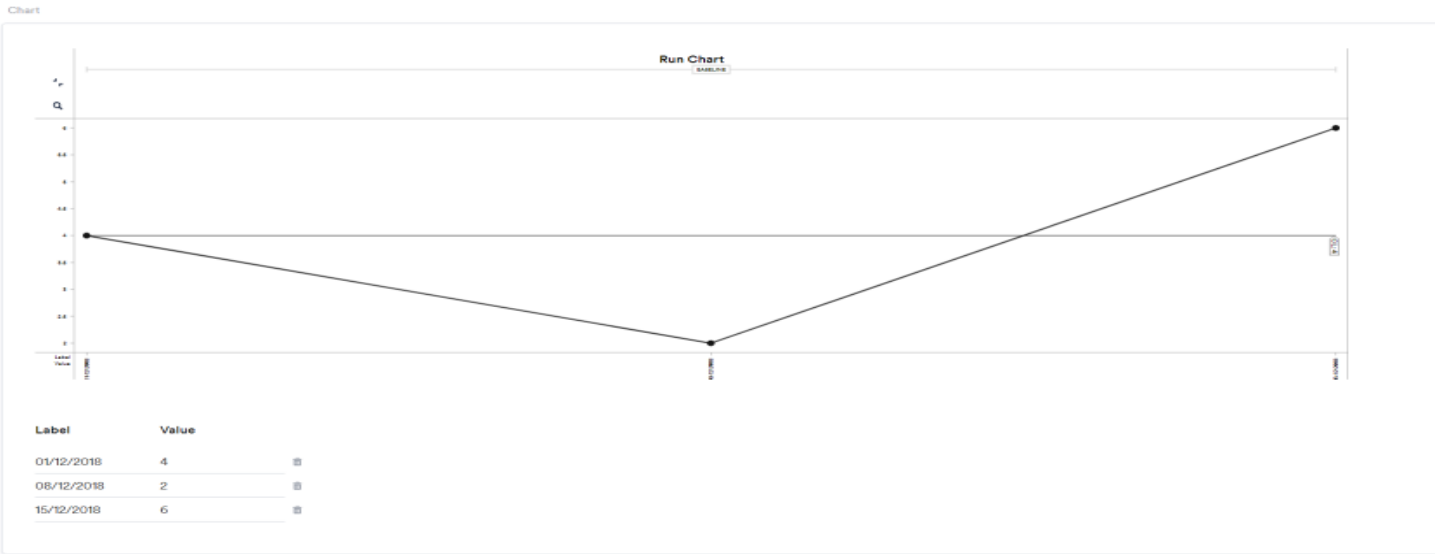


Label Value

01/12/2018	4
08/12/2018	2
15/12/2018	6

Add Row

Run Chart – Frequency of Missed Cannulation (Frequency of Missed Cannulation)



Action planning

Next Day – 09/04/19

Review baseline measures

Start next phase - staff education

Groupwork

What do you need to do to start baseline measures?

What do you need to do to get your baseline measures on to Life QI?

- What actions do you need to complete?
- What time will you need to allocate?
- What preparation?
- Who do you need to engage?

KQuIP

Working Coffee?

KQuIP

Planning and Delivering the Launch Day on 12th
March - continued

Plan and delivering the Launch Day 12th March

Think about:

Aim/ objectives of the day

Setting a draft agenda

Inviting the right people

Who will do what? Assign names to sessions on the agenda

KQuIP

Launch Day Group Activity

Leeanne Lockley, RA QI Programme Manager

Work in your units

Design an agenda

What are your objectives for the day?

Who needs to come?

External support?

What prework is needed locally?

What can KQIIP do to support you?

How will you measure success?

KQuIP

Launch Day Feedback and Agreement

Leeanne Lockley, RA QI programmes manager

KQuIP

Thank You
Travel Home Safely