

Aintree Transplant First

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The problem

- We know that our patients are not adequately prepared for RRT
- 65 new starters in 2017-18 (after excluding 90-day rule & unresolved AKI)
 - started on 51 unit based HD
 - Started on 17 PD and 4 HHD
- Out of 51 unit based HD
 - 32 % started with dialysis line
 - All Aintree patients have been seen in clinic within 90 days of commencement
 - Southport patients very variable - e.g. 2 patients not seen for 5 months and needed to start as emergency
 - 6 patients wanted PD but needed HD first
 - 6 withdrew from dialysis within 6-8 months of commencement
- If we are not prepared for dialysis, we are certain that we are not prepared for transplant

AUH CURRENT PATIENT PATHWAYS QUALITY IMPROVEMENT PROGRAMME

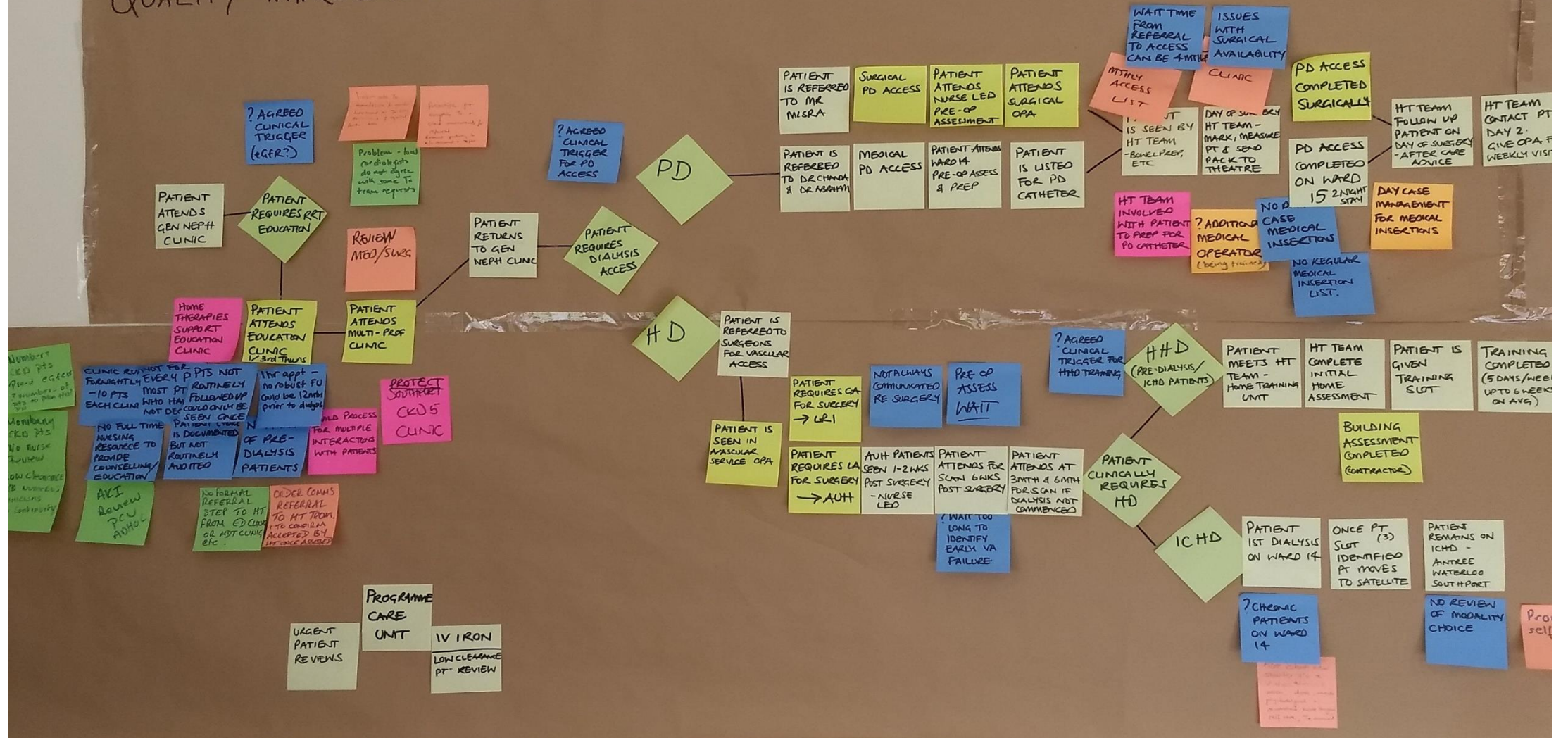


Figure 1.6 Adult pre-emptive listing rates by centre, registrations between 1 April 2013 and 31 March 2016

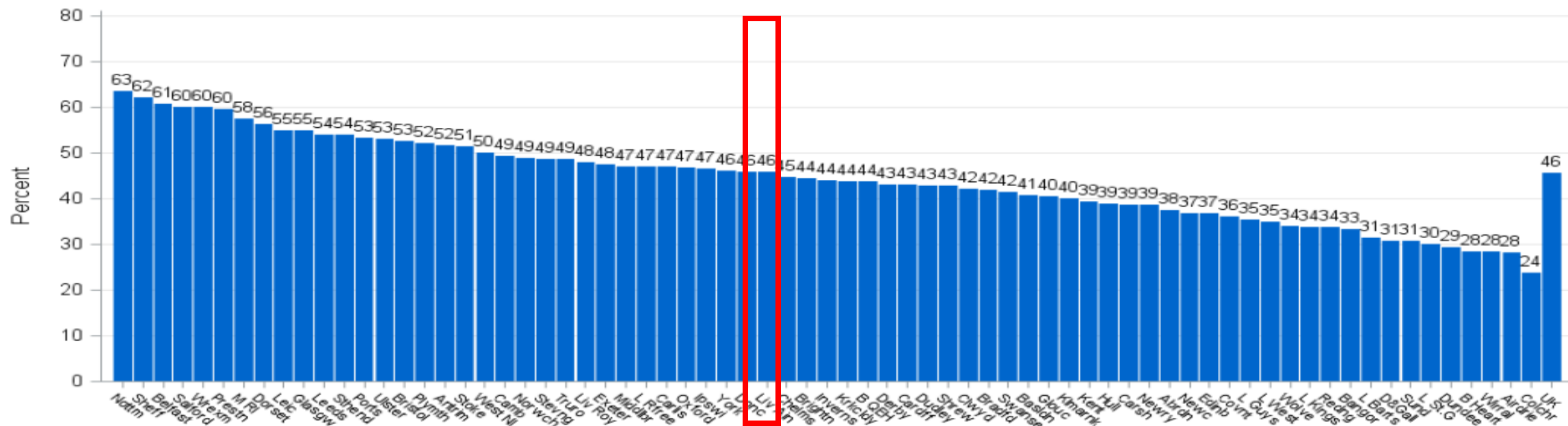
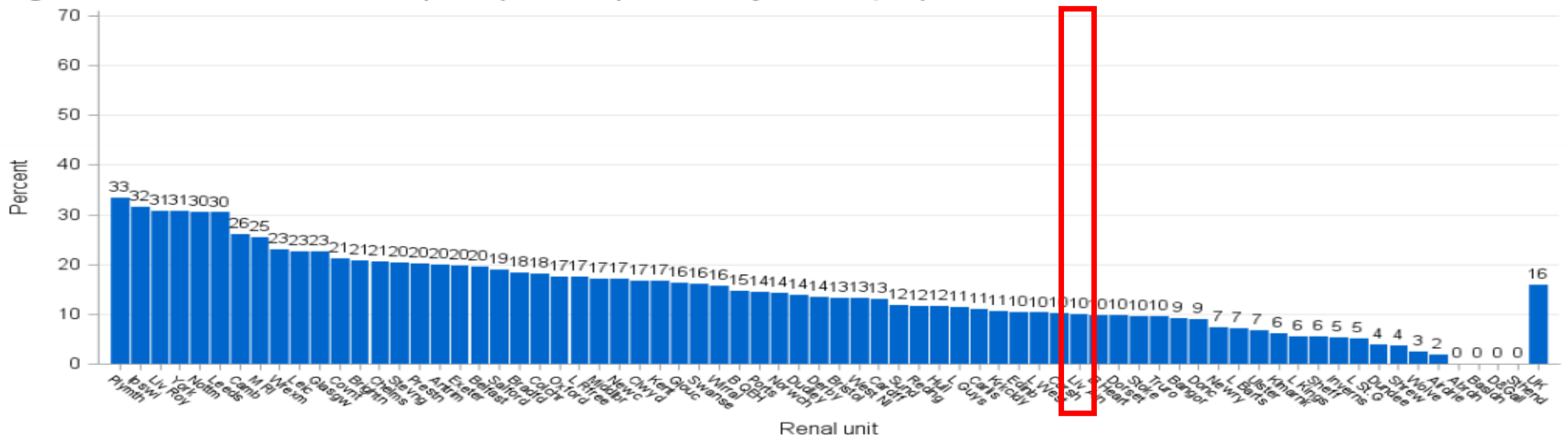


Figure 2.5 Adult deceased donor pre-emptive transplant rates by renal unit, 1 April 2014 - 31 March 2017



What changes have we made

- Increasing capacity for low clearance CKD education
 - Dedicated specialist nurse for education with more time
 - Dedicated home therapy nurse to support education
- Patients now have more than 1 visit for low clearance education
- Protected stream for low clearance
- Moved towards virtual low clearance review
 - Focus assessment based on checklist so that all patients receive same standard
 - Cover areas such as transplant referral / work-up, modality of choice, vascular access and blood test

Challenges & What we learnt so far

- Discussion started in March 2018
- Teams formed in June 2018
- Changes start to be tested in September / October 2018

- We learnt that improvement equals to
 - Slow, long process
 - Multiple negotiations (and meltdowns)

What are we doing now for transplant

- We now ready to work on transplant pathway
- Mapped our pathway
- We have no issue with investigations such as cardiac as well supported by other departments in Aintree

What we need to do

- Creation of virtual transplant work-up review
- Patient list created from low clearance virtual MDT

What we really need to do

- Getting our patients to be involved
 - To help engage consultants and doctors
 - To provide patient story
 - To provide patient perspective on the pathway and process map