

KQuIP Regional Day

North East

#KQuIPNE

2nd April 2019

Village Hotel, Cobalt Business Park, West Allotment, Newcastle upon Tyne

09:00am – 16.00pm

**‘THINK
KIDNEYS’**

KQuIP

Housekeeping

Fire alarms and exits...



Toilet location...



Mobiles and pagers...



Breaks...



Photos...



**‘THINK
KIDNEYS’**

KQuIP

KQuIP Regional Day

North East

#KQuIPNE

Introducing the region

Dr Katy Jones

North East regional lead

**‘THINK
KIDNEYS’**

KQuIP

Welcome to the Northeast KQUIP day



2nd April 2019

Kidney Quality Improvement Partnership

- KQuIP builds on rather than replaces existing quality improvement structures
- Helping kidney services to embed quality improvement into daily practice
- Understanding and reducing unwarranted variation in care
- Spreading and sharing good practice

Aims

- Review and discuss our data
- Identify and appoint QI leads from each unit
- Decide on regional and unit key priority

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KQuIP and the NHS Change Model

Professor Paul Cockwell

KQuIP Co-chair

**‘THINK
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KQuIP

Quality Improvement (QI)

Actions that lead to improvement in health of patient groups and in health care services





The dimensions of quality

Safe

Avoiding harm to patients from care that is intended to help them.

Timely

Reducing waits and sometimes harmful delays.

Effective

Providing services based on evidence and which produce a clear benefit.

Efficient

Avoiding waste.

Person-centred

Establishing a partnership between practitioners and patients to ensure care respects patients' needs and preferences.

Equitable

Providing care that does not vary in quality because of a person's characteristics.

‘THINK KIDNEYS’



Think Kidneys award winning awareness raising campaign

[LEARN MORE](#)

Acute Kidney Injury

The NHS campaign to improve the care of people at risk of, or with, acute kidney injury.

Chronic Kidney Disease

The NHS programme to transform participation for people with CKD to improve experiences and outcomes.

Kidney Quality Improvement Partnership

Working to develop, support and share improvement in kidney services to improve people's health and add value.

Think Kidneys national programmes are led by the renal community and supported by NHS England and the UK Renal Registry

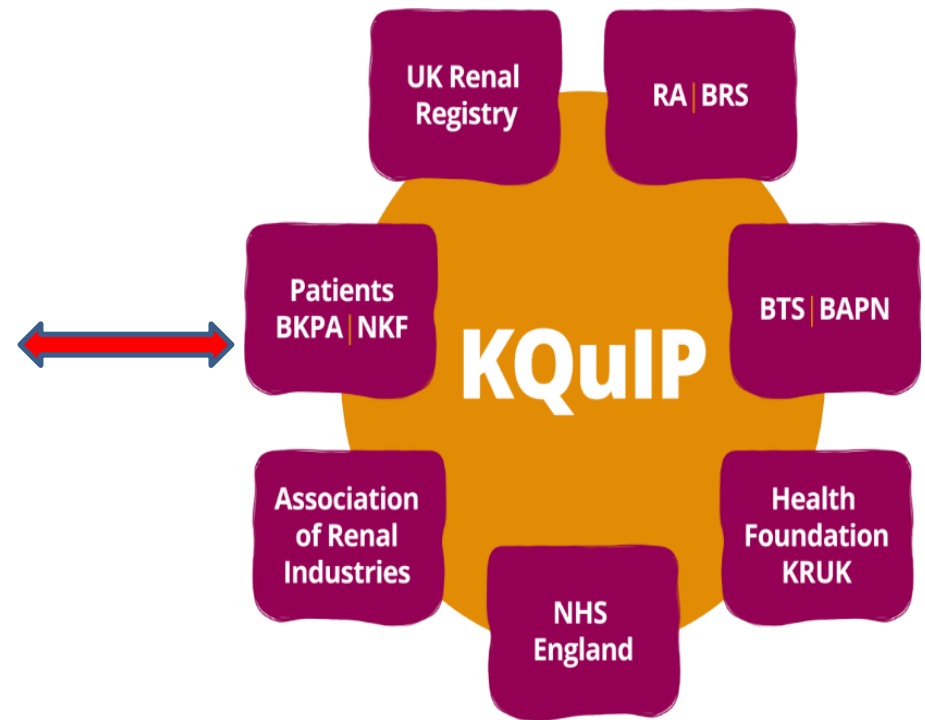
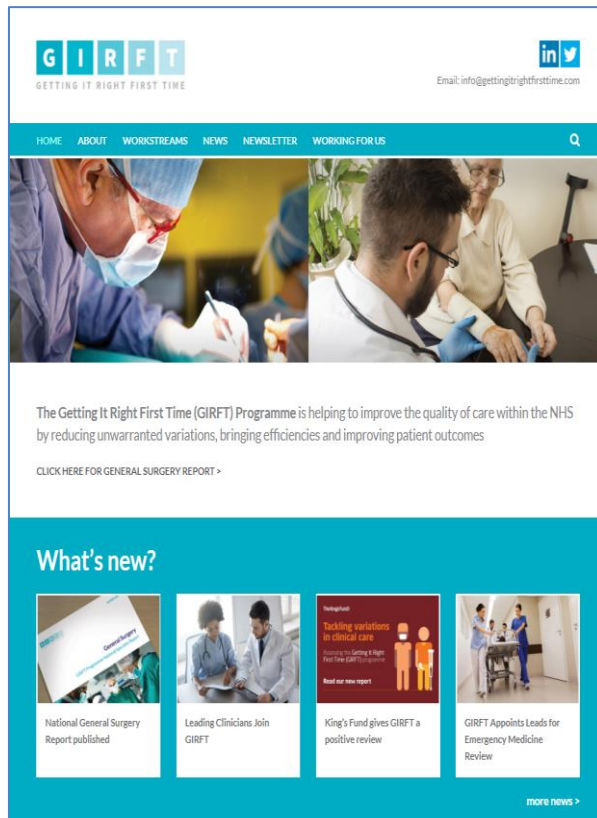
Kidney Quality Improvement Partnership

- National network
- Supporting QI in kidney services
- QI infrastructure of the UK renal community
- supported by the Renal Association, British Renal Society, and Kidney Care UK
- Multiple funders, including industry partners

How does it work?

- Increasing capability through practical workstreams
- Three national projects
- Regional structure
- Focused on facilitation and development

The missing piece in enabling Renal QI



11. Acute Kidney Injury

11. In-hospital AKI

Item	Metric	Source and year of current report	Provider	England	Position	Variation chart
11.1.1	Laboratory submission of AKI-alerts	UKRR HES Oct – Dec 2016	Yes			
11.1.2	Elective hospital admissions where hospital-acquired* AKI was detected by alerts (%)	UKRR HES Oct – Dec 2016	3.7%	2.2%	3 of 32	
11.1.3	Emergency hospital admissions where hospital-acquired* AKI was detected by alerts (%)	UKRR HES Oct – Dec 2016	4.0%	3.4%	5 of 32	
11.1.4	Hospital admissions (elective and emergency) with AKI reaching stage 3 (hospital and community acquired) (per 100 admissions)	UKRR HES Oct – Dec 2016	1.0	1.1	19 of 32	
11.1.5	Hospital admissions with AKI reaching stage 3 (based on AKI-alerts), that were coded with N17 diagnostic codes (%)	UKRR HES Oct – Dec 2016	69.9%	79.8%	29 of 32	
						Score (%) 0 – 10 10 – 25 25 – 75 75 – 90 90 – 100
11.1.6	Length of stay for emergency admissions with hospital-acquired* AKI (median, days)	UKRR HES Oct – Dec 2016	19	16	2 of 32	
11.1.7	Length of stay for emergency admissions with community-acquired AKI (median, days)	UKRR HES Oct – Dec 2016	7	7	5 of 32	

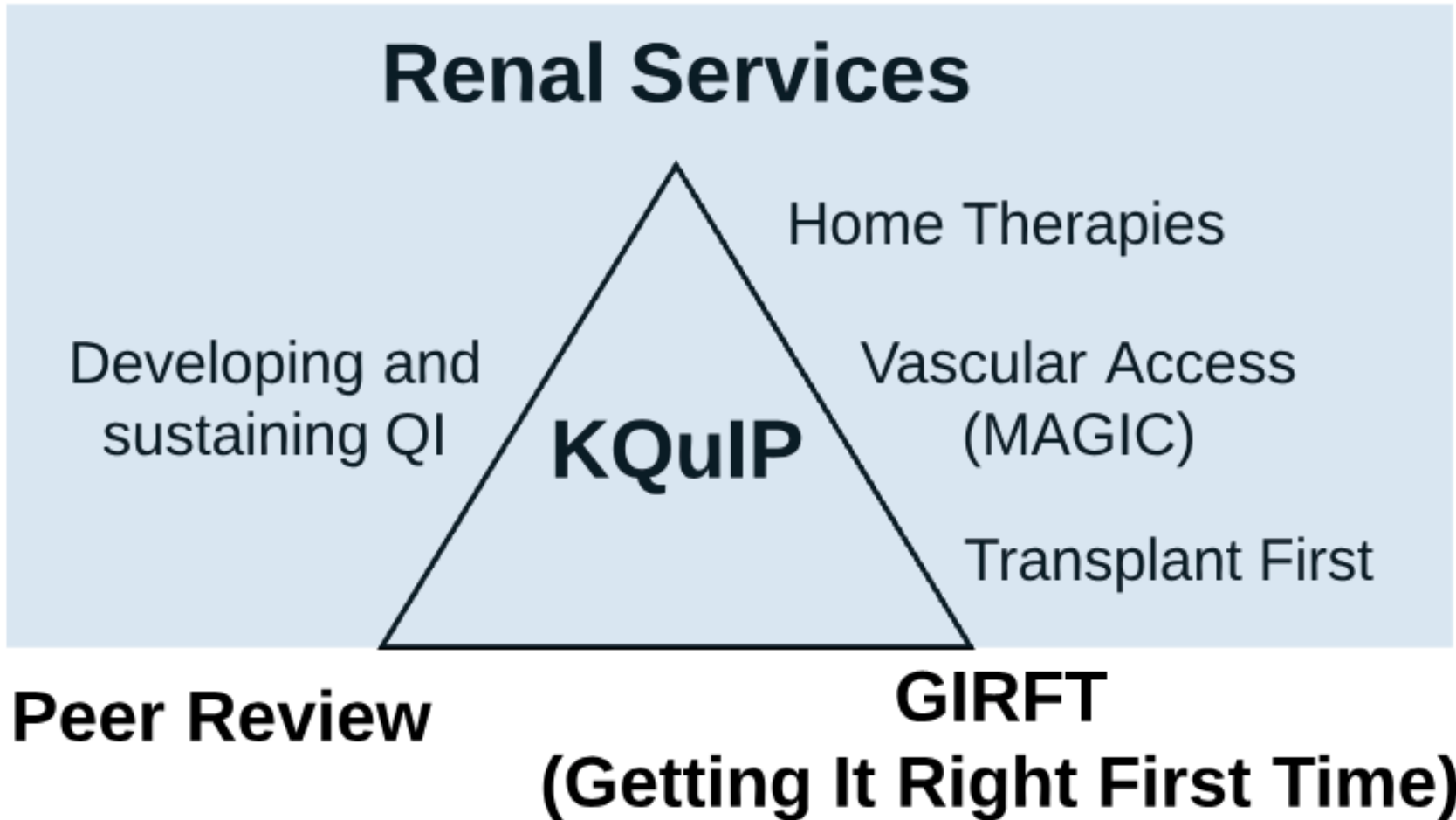
*Defined as an AKI episode starting from the third day onwards in hospital

11.2 Dialysed AKI *

Item	Metric	Source and year of current report	Provider	England	Position	Score (%) 0 – 10 10 – 25 25 – 75 75 – 90 90 – 100
11.2.1	Dialysed AKI patients - average length of stay (days)	HES Mar 17 – Feb 18	20.4	25.4	45 of 52	
11.2.2	Dialysed AKI patients - 30 day readmission rate	HES Mar 17 – Feb 18	13.0	14.2	34 of 52	
11.2.3	Activity for HD for AKI patients as reported in reference cost	Reference Cost 2016/17	1329.0	529	2 of 14	
11.2.4	Activity for PD for AKI patients as reported in reference cost	Reference Cost 2016/17		53		No activity reported for centre
11.2.5	Activity for plasma exchange as reported in reference cost	Reference Cost 2016/17	5.0	14.6	29 of 52	
11.2.6	Time taken from admission to dialysis if initially admitted to renal centre (days)	HES Mar 17 – Feb 18	5.5	6.2	36 of 52	
11.2.7	Time taken from admission to dialysis if initially admitted to non-renal centre (days)	HES Mar 17 – Feb 18	10.5	13.0	25 of 43	

*It is acknowledged that HES does not reliably identify all cases of AKI receiving dialysis in renal units. Furthermore, only 6 units report it in Reference Cost. Most AKI is not managed in renal units and will be analysed in the Emergency Medicine and Critical Care GIRFT reviews.

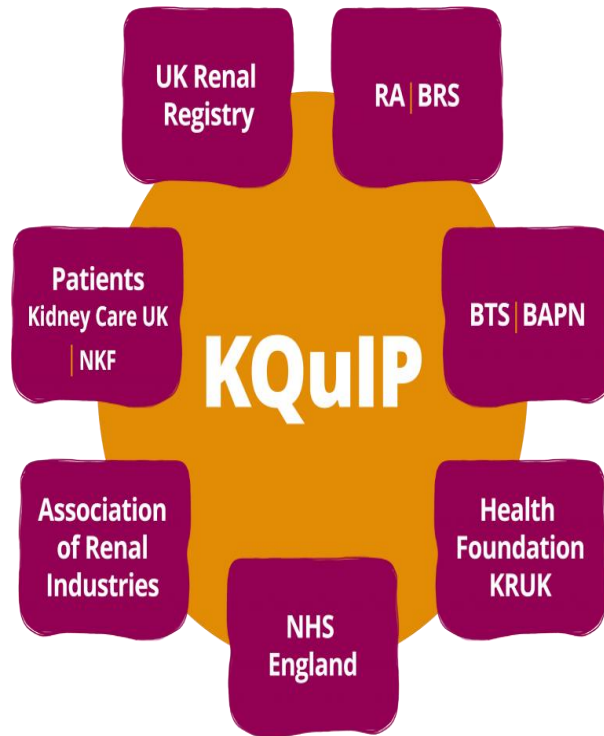
The **K**idney **Q**uality **I**mprovement **P**artnership (**KQuIP**) is your QI support framework



Quality Improvement in Renal Services

- Every Unit is committed to high quality care
- Improvement only happens at Renal Unit Level
- You know best how to improve your services

Kidney Quality Improvement Partnership (KQuIP)



KQuIP is a dynamic network of kidney health professionals, patients carers and industry ...committed to developing, supporting and sharing quality improvement in kidney services.... in order to enhance outcomes and quality of life for patients with kidney disease.

Professional Society Led

Multi-Professional

UK

Adults and Children's Care

KQuIP Progress so far...National Projects

Improving access to kidney transplantation; Transplant First

- Pre-emptive transplant listing and kidney transplantation major unwarranted variation. Transplant First, developed in West Mids. Project managed & packaged by KQuIP.

Improving access to home therapies for suitable patients : Home First

- Improve access to peritoneal and home haemodialysis. KQuIP managed national QI project.

Improving vascular access; MAGIC - Managing Access by Generating Improvements in Cannulation

- Improve prevalence AVFs & patient experience by reducing complications of cannulation of arteriovenous fistulae and grafts.

Why Regions are Key to QI Delivery?

- **Right size**
 - » Healthy competition
 - » Peer support and Assist
 - » MDT time and travel particularly difficult
- **Work together**
- **Regional focus**
 - » Renal Association - SIGs
 - » GiRFT
 - » Rightcare

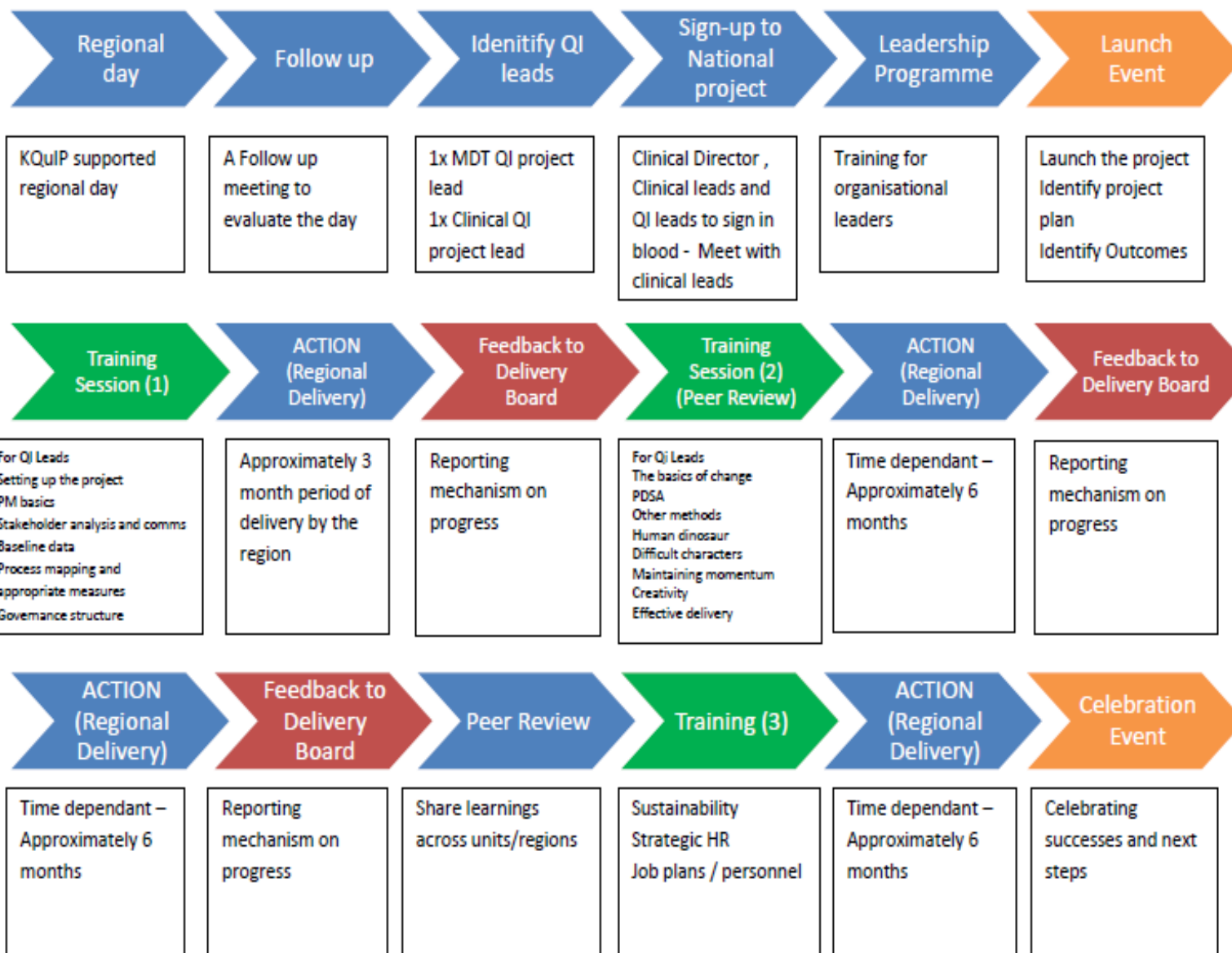
KQuIP Progress so far... Regional Days

KQuIP have supported 7 QI regional days so far.....

- West Midlands - Built QI infrastructure with identified QI leads. Set up an AKI network. Delivered a Peer Review Day. Identifying next steps.
- Yorkshire and the Humberside - Identifying infrastructure with QI leads. Identifying national project. Identifying next steps for delivery.
- East Midlands - Identifying infrastructure with QI leads. Identifying national project. Identifying next steps for delivery
- North West- Identifying infrastructure with QI leads. Identifying national project. Identifying next steps for delivery
- Oxford and Thames Valley - Identifying infrastructure with QI leads. Identifying national project. Identifying next steps for delivery
- South West - Identifying infrastructure with QI leads. Identifying national project. Identifying next steps for delivery
- Paediatrics - Identifying infrastructure with QI leads. Identifying national project. Identifying next steps for delivery



KQuIP Regional Delivery Support Plan



The NHS Change Model

- The NHS Change Model comprises eight component parts
- The components are used to develop and support a quality improvement project
- Together, the total delivers a complete picture of how to manage and deliver quality improvement



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Trios Approach - Things we do well, things we don't do well, the barriers

Julie Slevin

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Trios Approach

- Each person to take some post-it notes
- On your own put down your initial answer to the three questions posed on the next slide
- Label the post it note A, B or C depending on which question it relates to
- You can give more than one answer to an individual question but each answer needs to be on a separate post-it note



Trios Questions

- A: What do we believe we are good at in the North East?
- B: What could we improve on?
- C: What are the barriers to achieving our goals?

Trios Approach

- Get together in a group of 3 (trios)
- One person is A and all answers related to question A are discussed, and passed to this person
- One person is B and all answers related to question B are discussed, and passed to this person
- One person is C and all answers related to question C are discussed, and passed to this person



Trios Approach

- Around the room are 3 templates labelled A, B and C
- The person who has all answers from the trio labelled A goes to the A area in the room, Answers B goes to area B etc.
- Once at the flip chart the post-it notes are grouped into themes by the facilitator and stuck on the template
- Work with your other group to discuss and group the answers
- The themes will be linked into the rest of the day and fed-back in the final session

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Vascular Access session

Retha Steenkamp, UKRR

Katy Fielding, MAGIC Lead

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Vascular Access Data Session

UKRR/KQuIP Regional Day – North East

Retha Steenkamp
Head of Operations
UK Renal Registry



Vascular Access Audit Methods

- All adult patients in renal centres in England, Wales and Northern Ireland
- Provide vascular access data for patients on dialysis
- The Vascular Access Audit Report does not include AKI patients
- Incident data at patient level
- Prevalent data in centre level
- 1 year PD follow-up data



RA Audit guidelines for Access

The Renal Association guideline	Audit criteria	Reported
Vascular access (2015)	>60% of all patients with established ESKD commencing planned HD should receive dialysis via a functioning AVF or AVG	Incidence chapter
Peritoneal access (2009)	>80% of catheters should be patent at 1 year (censoring for death and elective modality change)	Incidence chapter
	Complications following PD catheter insertion	Incidence chapter
	Peritonitis within 2 weeks of catheter insertion <5%	PD chapter



AVF/AVG % of incident dialysis patients

Centre	2011	2012	2013	2014	2015	2016	2017
Carlisle			11.4	12.5	11.4	10.0	3.8
Middlbr	37.0	22.9	34.7	33.7	32.5	52.4	40.0
Newc	28.2	28.0	31.6	22.5	25.4	23.3	23.6
Sund	40.4	39.7	27.5	23.7	30.2	30.9	16.7
England*	32.4	31.7	32.3	30.1	29.3	28.2	28.6

AVF/AVG % of incident HD patients

Centre	2011	2012	2013	2014	2015	2016	2017
Carlisle			18.2	23.5	20.8	15.0	4.3
Middlbr	41.7	24.5	38.9	37.0	37.6	59.7	49.4
Newc	36.4	36.6	37.3	29.9	28.8	29.5	30.0
Sund	50.0	44.3	31.8	27.5	35.2	34.2	19.4
England*	41.0	40.7	41.6	38.6	37.4	36.0	36.4

AVF/AVG % of incident HD patients – timely referral

Centre	2011	2012	2013	2014	2015	2016	2017
Carlisle			20.0	28.6	31.3	25.0	6.7
Middlbr	50.9	31.9	49.3	49.2	48.7	68.9	61.5
Newc	52.3	51.0	50.0	39.0	40.0	38.2	47.1
Sund	52.6	49.1	39.4	43.8	42.2	41.0	22.8
England*	51.3	52.3	53.8	50.9	48.0	47.4	48.4

Guideline: 60% of incident patients commencing **planned** HD should receive dialysis via a functioning **AVF/AVG**



TL % of incident dialysis patients

Centre	2011	2012	2013	2014	2015	2016	2017
Carlisle			45.7	37.5	31.8	56.7	46.2
Middlbr	35.8	39.0	31.7	30.3	42.7	12.2	22.9
Newc	38.8	34.4	39.2	41.2	42.9	42.9	35.0
Sund	23.1	35.3	58.8	33.9	39.7	46.9	54.8
England*	31.8	29.5	28.8	28.4	29.7	29.2	27.5

NTL % of incident dialysis patients

Centre	2011	2012	2013	2014	2015	2016	2017
Carlisle			5.7	3.1	11.4	0.0	38.5
Middlbr	16.0	31.4	22.8	27.0	11.1	23.2	18.1
Newc	10.6	14.0	13.9	11.8	19.8	12.8	20.0
Sund	17.3	14.7	0.0	28.8	15.9	12.3	14.3
England*	14.9	16.6	16.5	19.5	19.4	20.9	22.4

% of incident dialysis patients seen by a surgeon at least 3 month prior to dialysis start

Centre	2011	2012	2013	2014	2015	2016	2017
Carlisle			60.6	78.1	65.9	23.3	36.4
Middlbr	*	73.8	78.2	70.1	*	49.4	49.4
Newc	47.1	43.0	55.1	54.5	45.2	31.6	47.9
Sund	69.2	68.7	54.4	56.9	69.8	37.0	32.1
England*	45.7*	54.4	56.6	50.0	50.5	45.5	48.7

* >30% missing data

AVF/AVG % of prevalent dialysis patients

Centre	2012	2013	2014	2015	2016	2017
Carlisle		44.0	41.2	45.2	42.0	41.2
Middlbr	55.5	60.3	64.2	59.5	65.4	67.3
Newc				51.2	52.8	51.9
Sund			55.6	55.5		60.4
England*	66.7	64.9	60.4	60.1	59.2	58.7

Definitive access (AVF/AVG/PD) % of prevalent dialysis patients

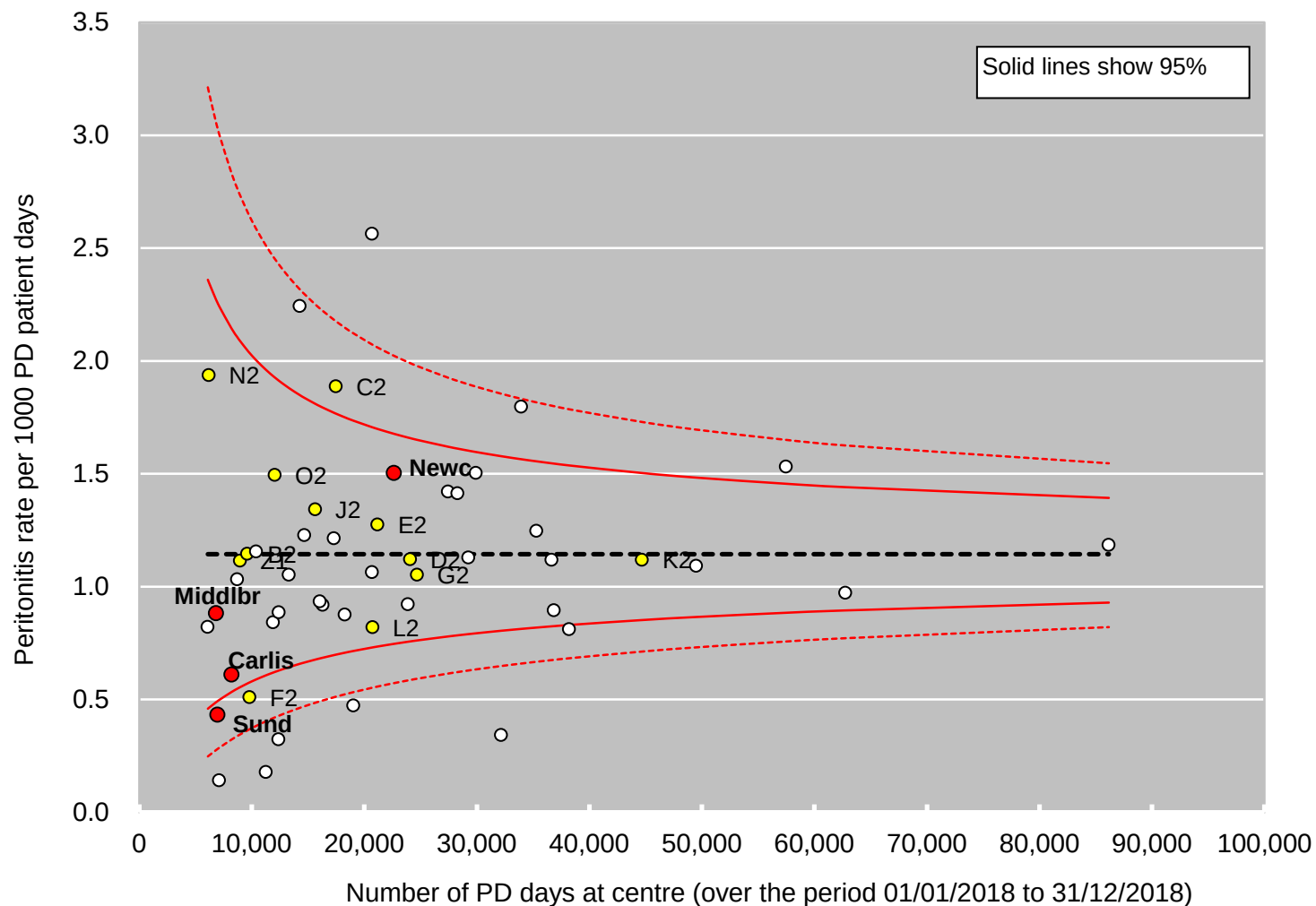
Centre	2012	2013	2014	2015	2016	2017
Carlisle		72.0	68.0	75.0	68.7	62.6
Middlbr	59.1	64.2	67.9	65.0	72.0	72.9
Newc				64.0	67.0	66.2
Sund			62.9	62.9		66.1
England*	82.4	79.4	73.7	72.7	72.6	71.1

Guideline: 80% of prevalent long-term dialysis patients should receive dialysis treatment via definitive access: AVF/AVG or Tenckhoff catheter

TL/NTL % of prevalent dialysis patients

Centre	2012	2013	2014	2015	2016	2017
Carlisle		28.0	32.0	25.0	31.3	37.4
Middlbr	40.9	35.8	32.1	35.0	28.0	27.1
Newc				36.0	33.0	33.8
Sund			37.1	37.1		33.9
England*	17.6	20.6	26.3	27.3	27.4	28.9

PD peritonitis rates by centre per 1000 PD patient days - 2018



Acknowledgements

Thank you to all renal units that submit data to the UKRR

Thank you to all UKRR staff working in the background to make reporting possible.



Managing Access by Generating Improvements in Cannulation

Katie Fielding,
MAGIC Lead

katie.fielding@nhs.net

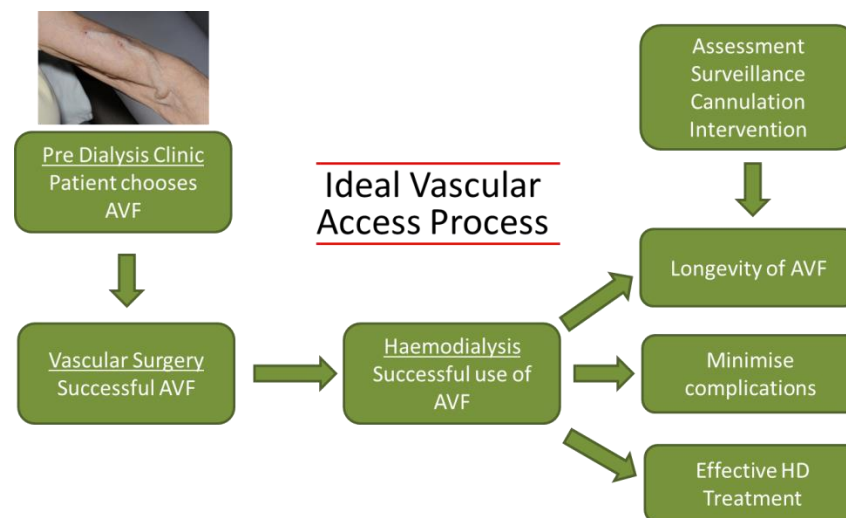
HEE / NIHR ICA Clinical Doctoral Research Fellow
Trainee Advanced Clinical Practitioner
University Hospitals of Derby and Burton NHS Foundation Trust

Haemodialysis Vascular Access

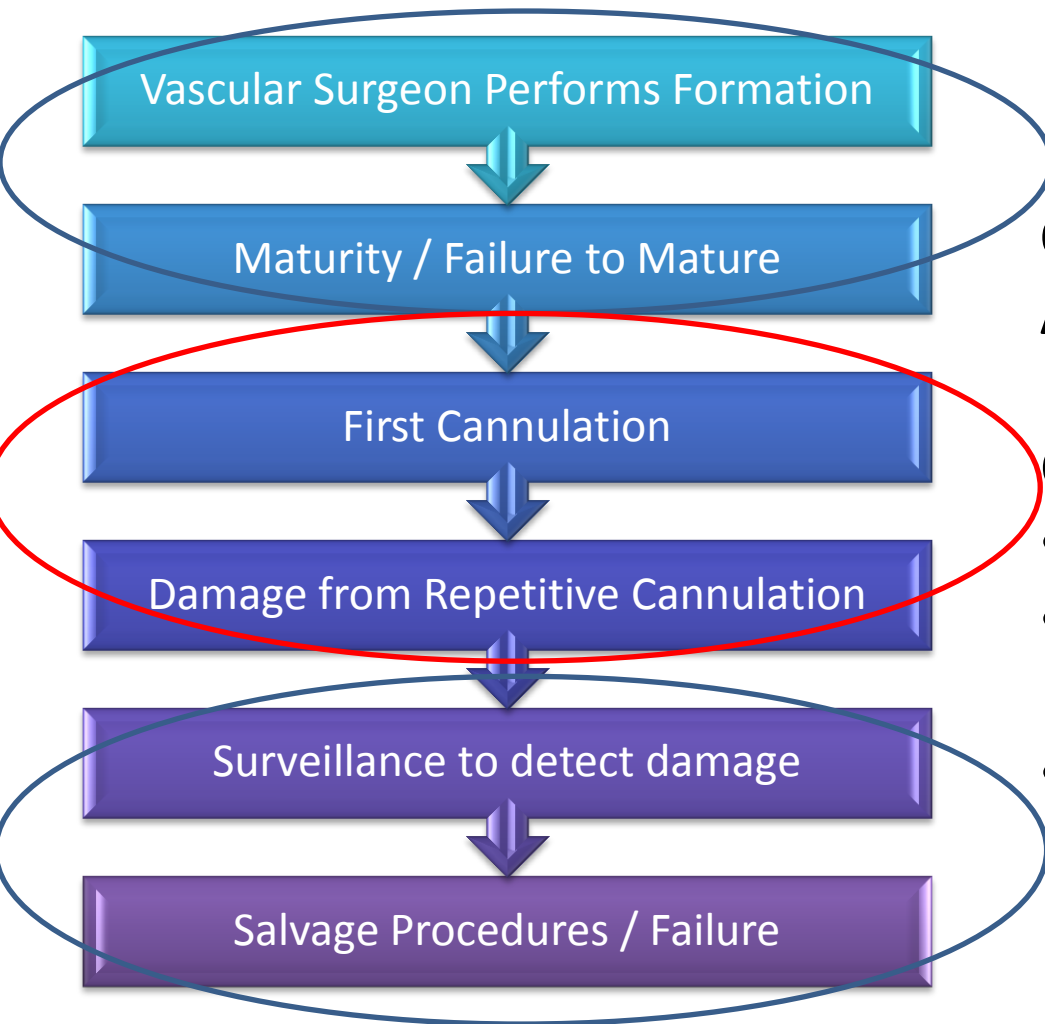
Renal Association Standards

Definitive access for dialysis:

- 80% of prevalent dialysis patients: AVF, AVG (HD) or Tenckhoff (PD)
- 60% incident patients: AVF/G (HD Only)
- Huge variation across the UK



What do we need to promote AV access?



Cannulation is central to use AV access for HD

Cannulation affects:

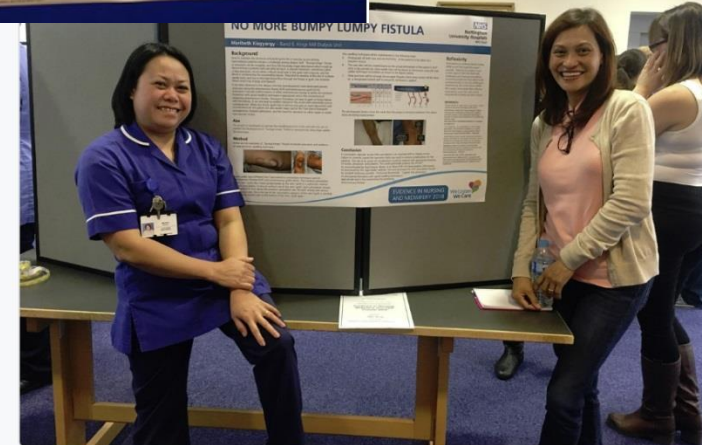
- Longevity of AV access
- Morbidity related to AV access
- Patient experience of HD

The Problem with Cannulation

- Repetitive cannulation damages the vessel
- Area puncture causes more damage than buttonhole or rope ladder
- 65.8% of cannulation was area puncture
(Parisotto, 2014)
- Variation in practice across the UK
 - Buttonhole v. Rope Ladder
 - Predominant technique probably area puncture



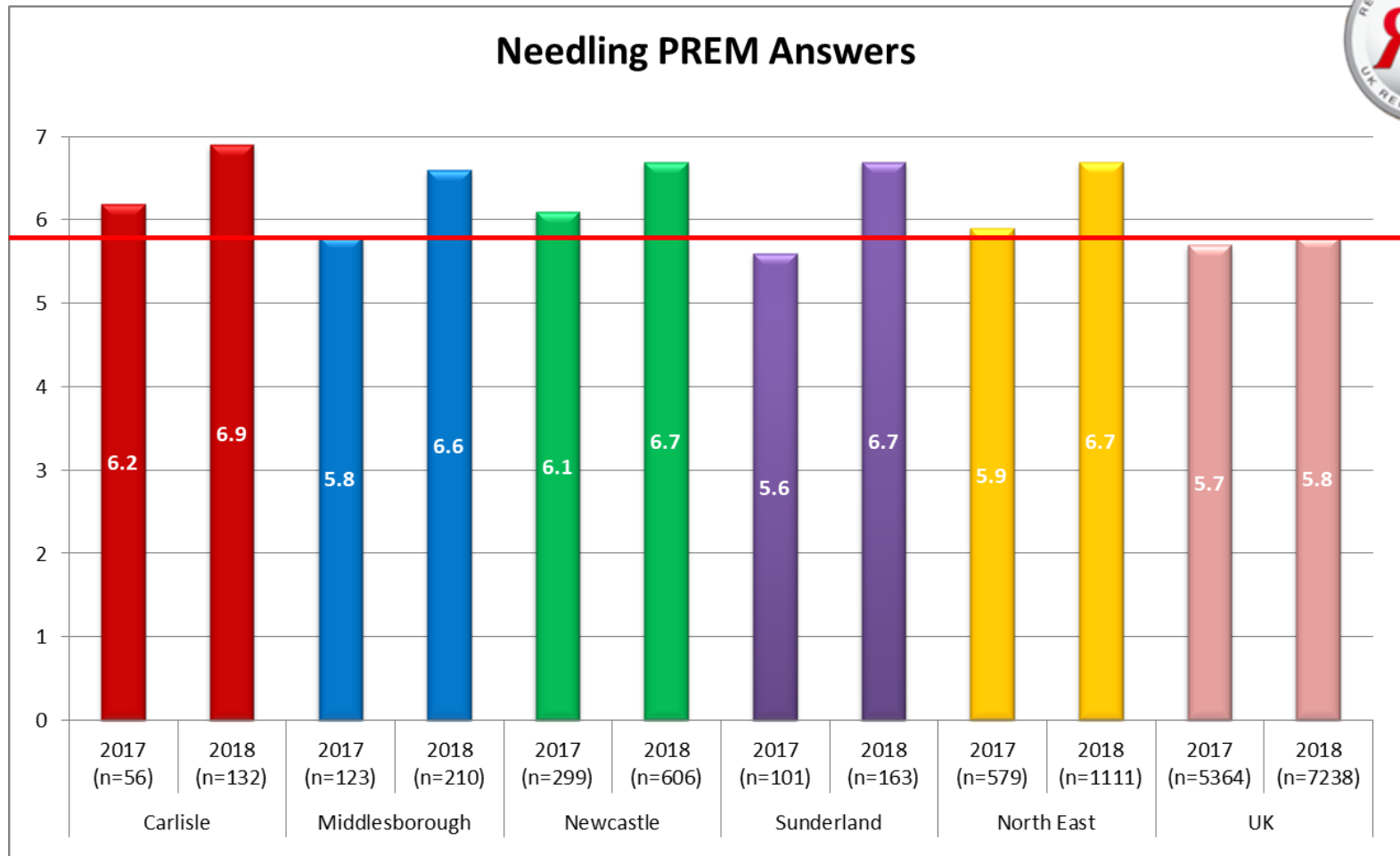
their fantastic work focused on
 Brilliant work Beth! @NUHNursing



The Renal Team@nuh and team kingsmill dialysis

1 5 14

How often do the renal team insert your needles with as little pain as possible?



MAGIC

- Cannulation practice
 - Implementation of BRS / VASBI Needling Recommendations
- Core structure of a quality improvement project

Aim: To improve prevalent AV access rates:

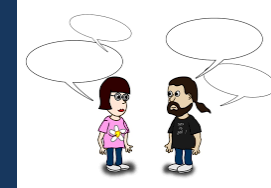
- Improve cannulation - preserve AV access function
- Make AV access a viable patient choice - improving patient experience

Elements of MAGIC

Leadership

Needling
Champion -
Nurse

Nephrologist



Measurement

Monthly clinical
outcomes
Run Charts

Measure impact
Guide future QI



Materials

Elearning based on
Recommendations

Awareness materials for
patients



Measurement

- Core measurement strategy
 - Flexible local additions
- Regular local audit
 - Collected by needling champion
- Life QI / UK renal registry platform
 - Run charts / Trends
- Compare
 - Before / after
 - Regionally

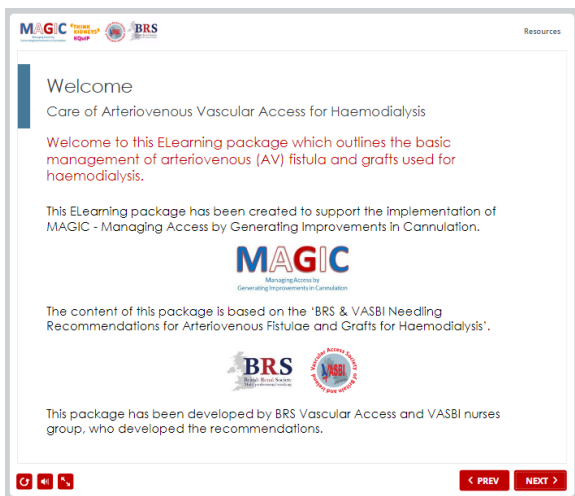
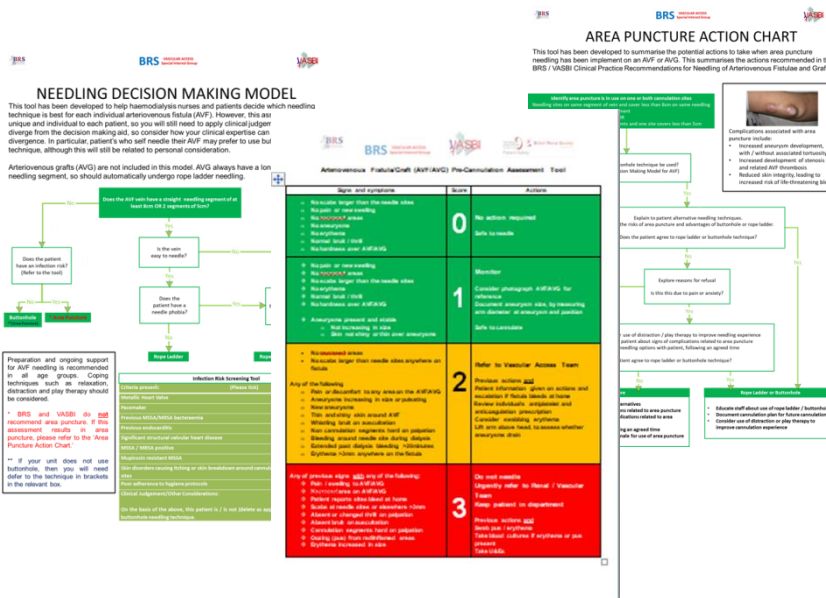
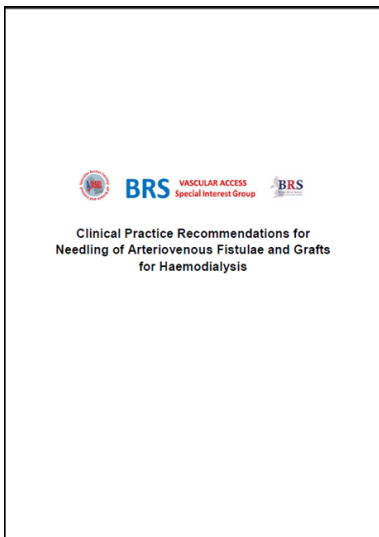
Sample of Patients

- Needling technique
- Missed cannulation
- Patient experience of cannulation
 - PREM needling question

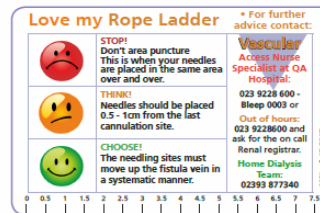
Whole Unit

- No. AVFs used for HD
- No. of AVFs lost
- No. new AVFs used
- Infection

Materials



No Thrill?
No Bruit?
NO NEEDLES.



MAGIC
Managing Access by
Generating Improvements in Cannulation

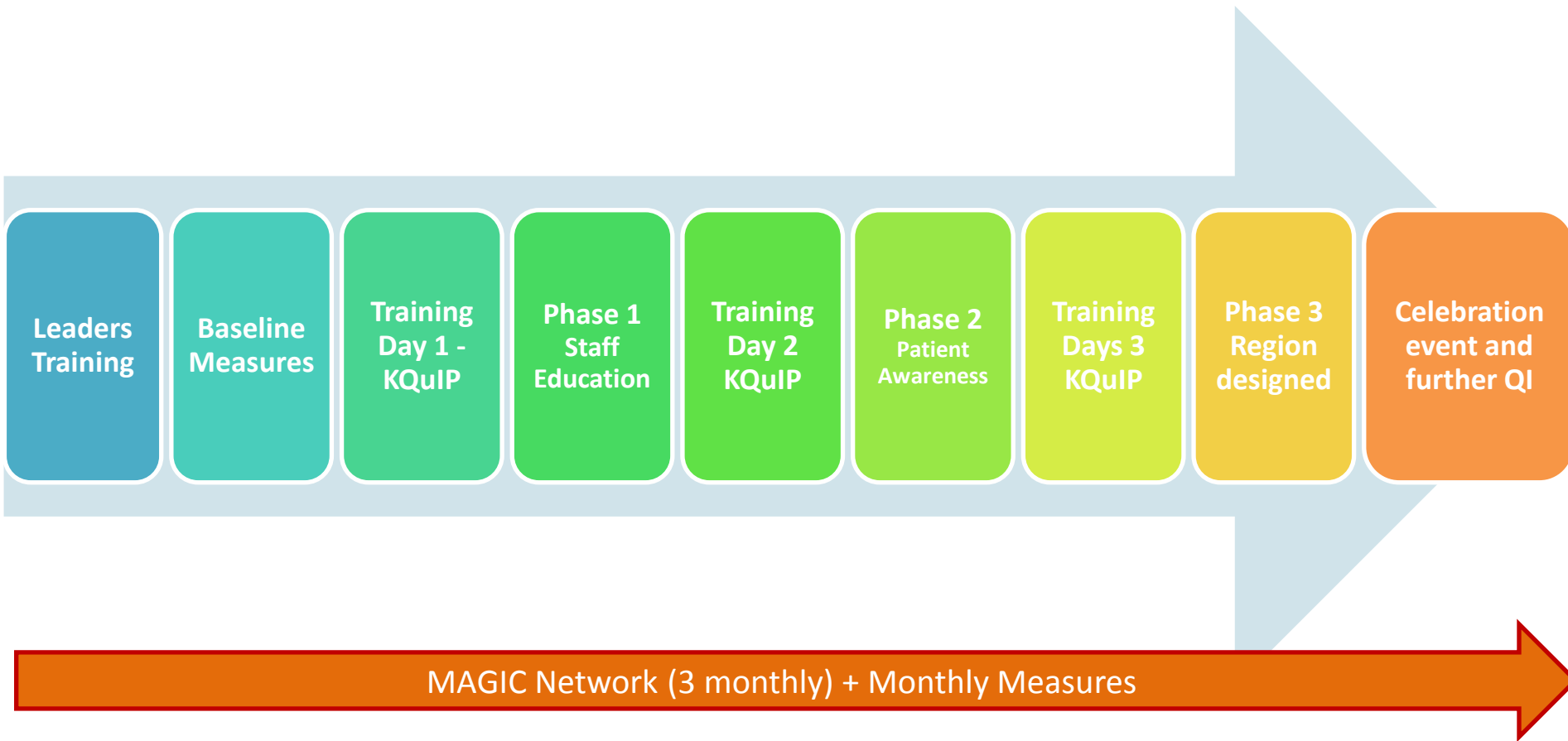
@Haemodialysis VA

BRS VASCULAR ACCESS
Special Interest Group

BRS
British Renal Society

VASBI
Vascular Access Specialist Interest Group

Implementing MAGIC





Website - www.thinkkidneys.nhs.uk/kquip/magic/

Facebook - www.facebook.com/groups/1918050308446120/

Twitter - twitter.com/HaemodialysisVA

Group Work

<u>Strengths</u> Personal to you / your unit	<u>Weakness</u> Personal to you / your unit
<u>Opportunities</u> External to you / your unit	<u>Threats</u> External to you / your unit

Do a SWOT analysis of your Vascular Access service

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Coffee Break and visit our sponsors

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Transplantation session

Paul Cockwell, KQuIP

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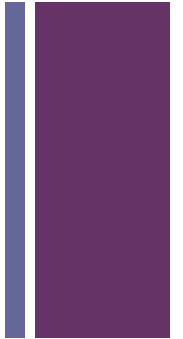
Transplant First

Paul Cockwell:

UKRR/KQUIP Regional Day – North East



Transplant First (TF): A KQUIP project to improve access to best practise transplantation



Increasing access to:-

Pre-emptive or early transplantation

Living donor transplantation

It is not about:

- Transplanting people earlier than is good for them
- Changing listing criteria
- Favouring the care of pre-emptive patients over those on dialysis



+ Why is it important to us?

"When my kidneys failed, getting a kidney transplant became the most important thing that I had ever wanted in my life. I have never wanted anything more and never will. Each step of the way I was accompanied by a desperate longing for it to happen, and every setback and delay was something I felt acutely, and caused a lot of anxiety"



Does pre-emptive transplantation versus post start of dialysis transplantation with a kidney from a living donor improve outcomes after transplantation? A systematic literature review and position statement by the Descartes Working Group and ERBP

	Pre-emptive better	Same	Not clear
Patient survival	47%	21%	31%
Graft Survival	56%	9%	34%
Acute Rejection	77%	15%	8%
Delayed Graft Function	2-3.37%		4-9.7%

Within 1 year of dialysis probably makes little difference

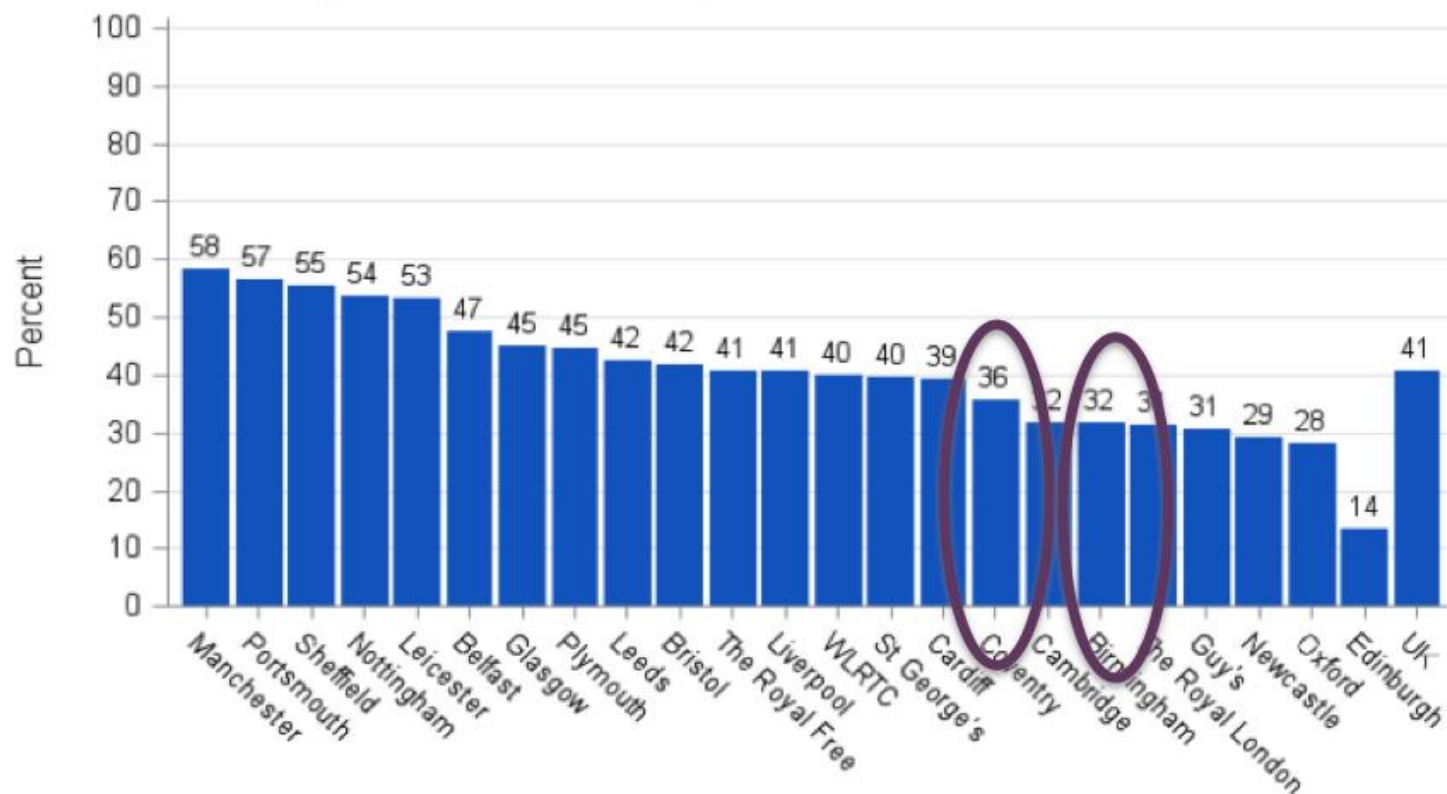
Nephrology Dialysis Transplantation, Volume 31, Issue 5, 1 May 2016, Pages 691–697

+ Transplant First in the West Midlands

NHS
England
West Midlands
Clinical Network

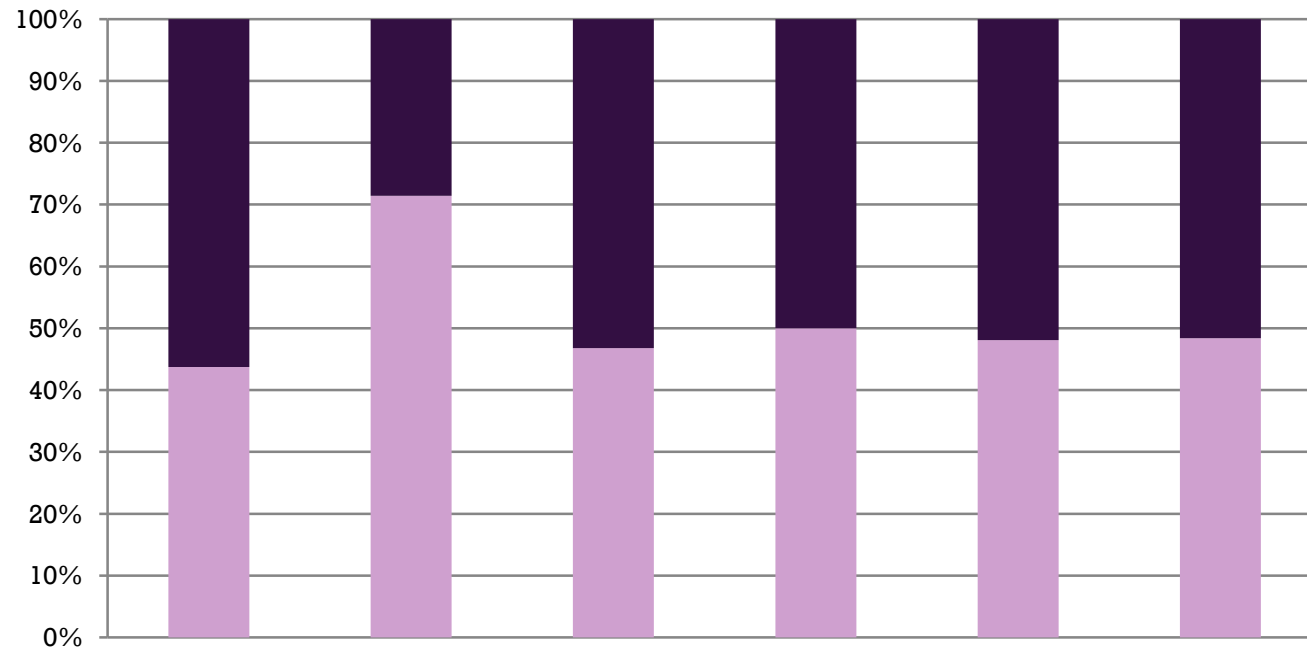
NHS
Blood and Transplant

Figure 3.11 Adult pre-emptive listing rates by centre, registrations between 1 April 2013 and 31 March 2014



+ Transplant First - West Midlands

Pre-emptive transplant listing from each renal unit April 17- Dec17



Renal Units

+ Transplant First and KQUIP



How to deliver Transplant First in your region



Shared lessons learned

THINK KIDNEYS

[KQUIP Home](#) [About](#) [KQUIP Hub](#) [Latest](#)

Transplant First! Enhanced Dashboard Data Transplant listing data Summary Charts 2018 Q2 +

Enhanced dashboard data (2018 Q2)

INCLUDE All patients in unit who started Haemodialysis or Peritoneal Dialysis for established renal failure in the quarter.
INCLUDE patients who start haemodialysis or peritoneal dialysis for established renal failure.
INCLUDE patients with a failing transplant who start dialysis in the quarter

EXCLUDE from any patient who had first been seen by the Nephrologist less than 90 days prior to starting dialysis (for EXCLUDE patients who start haemodialysis or peritoneal dialysis for acute kidney injury.

ID no ①	Status ②	Reason ③	Comment
1	Working up or under discussion	Referred for Assessment when eGFR < 15	
2	Active on list		
3	No documented decision	Patient DNA on at least 3 separate assessment Appointments	
4	Working up or under discussion	Medically Complex	
5	Working up or under discussion	Referred for Assessment when eGFR <	

Measurement for improvement and RCA

KQUIP National Projects

Following input from the renal community KQUIP will be focusing on three priority areas for national quality improvement projects. These projects are all at different stages of development and further details on each one can be found below.

Transplant First

Improving access to kidney transplantation. Pre-emptive transplant listing and kidney transplantation rates vary across the UK. Transplant First has been developed in the West Midlands by the [West Midlands Clinical Network](#). Read more about Transplant First [here](#).





KQUIP: Project management, and QI training and delivery events



+ TF Data collection tool: Dialysis starters

(original format- to show choices)

West Midlands Strategic Clinical Network

Transplant FIRST

Renal Unit
Contact Email

Stoke - North Midlands

List all patients who started Dialysis , HD or PD in quarter who fit inclusion criteria - ending 31/12/15 (nb total should be same as denominator for dashboard return)

ID no	Renal unit use only (do not include hosp or NHS no)	Transplant status (choose one for each patient)	Reason patient still "working up or under discussion" or "no documented decision" (if you have chosen one of these categories in previous column please choose category from drop down list)	Comment
1		Active on list		
2		Suspended from list		
3		Unsuitable		
4		Working up or under discussion	Referred for Assessment when eGFR < 15	
5		No documented decision		
6		Unsuitable		
7		Working up or under discussion		
8		Unsuitable		
9		Suspended from list		
13		No documented decision	Unsuitable for transplant but NOT documented	
14		Working up or under discussion	Referred for Assessment when eGFR < 15	
15		Working up or under discussion	Referred for assessment within 1 year of predicted date of reaching ESRF	
16		Working up or under discussion	Patient DNA on at least 3 separate assessment Appointments	
17		Working up or under discussion	Medically Complex	
18		Working up or under discussion	Delays in system	

Must complete if 'Working up or under discussion' or 'No decision documented' in previous column - Transplant status



+TF Data collection tool: transplant listing

List all patients who were registered on the renal transplant list in quarter no matter how long they had been on dialysis or if they were pre-emptive

ID no	Renal unit use only (do not include hosp or NHS no)	Date patient started dialysis	Date patient was transplant listed	Number of days from start of RRT to listing	Adjusted with pre-emptive listing =0	For all patients who have not been listed pre-emptively please give reason from drop down list
1			30/01/2017	0	0	
2	07/07/2015		18/01/2017	551	551	Medically complex
3			14/03/2017	0	0	
4	15/12/2016		20/02/2017	65	65	Referred for assessment within 1 year of predicted date of reaching ESRF
5			20/03/2017	0	0	
6			15/04/2017	0	0	
				0	0	
				0	0	Referred for assessment when eGFR <15
				0	0	Referred for assessment within 1 year of predicted date of reaching ESRF
				0	0	Patient DNA on at least 3 separate assessment appointments
				0	0	Medically complex
				0	0	Previously unsuitable but became suitable
				0	0	Unplanned start
				0	0	Transferred in
				0	0	Delays in System
				0	0	
				0	0	
				0	0	
				0	0	
				0	0	



TF Data collection tool: now developed by RR



Transplant First! Enhanced Dashboard Data Transplant listing data Summary Charts 2018 Q2 ▾

Logout

Enhanced dashboard data (2018 Q2)

INCLUDE All patients in unit who started Haemodialysis or Peritoneal Dialysis for established renal failure in the quarter AND had been known to the Nephrologist for at least 90 days prior to the date on which the patient is coded as having Established Renal Failure.

INCLUDE patients who start haemodialysis or peritoneal dialysis for established renal failure.

INCLUDE patients with a failing transplant who start dialysis in the quarter

EXCLUDE from any patient who had first been seen by the Nephrologist less than 90 days prior to starting dialysis (for purpose of this data exclude patients transferred into your units care less than 90 days prior to starting dialysis).

EXCLUDE patients who start haemodialysis or peritoneal dialysis for acute kidney injury.

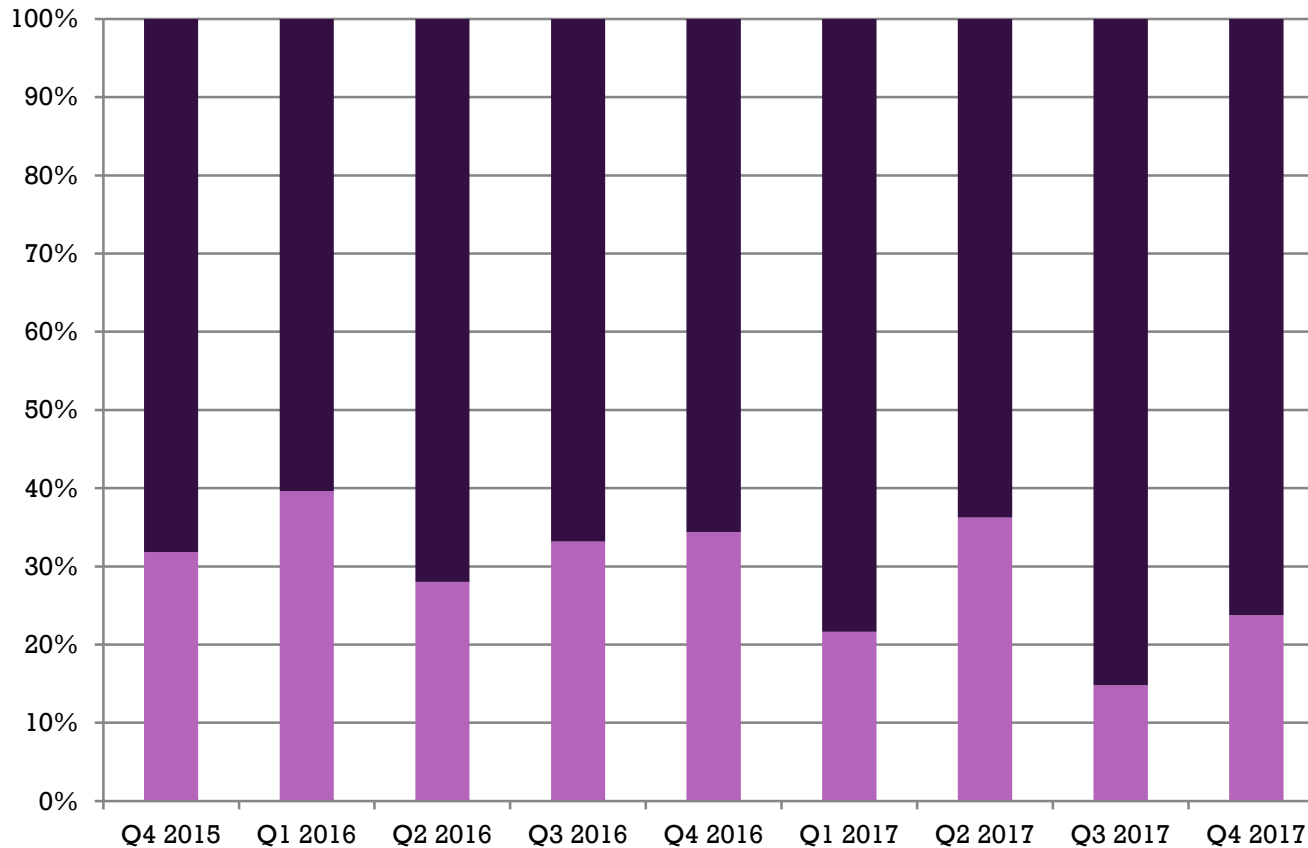
ID no ①	Status ①	Reason ①	Comment	Actions
1	Working up or under discussion	Referred for Assessment when eGFR < 15		 
2	Active on list			 
3	No documented decision	Patient DNA on at least 3 separate assessment Appointments		 
4	Working up or under discussion	Medically Complex		 
5	Working up or under discussion	Referred for Assessment when eGFR < 15		 
6	Working up or under discussion ▾			 
		This field is required		

Add new entry





Measuring for improvement

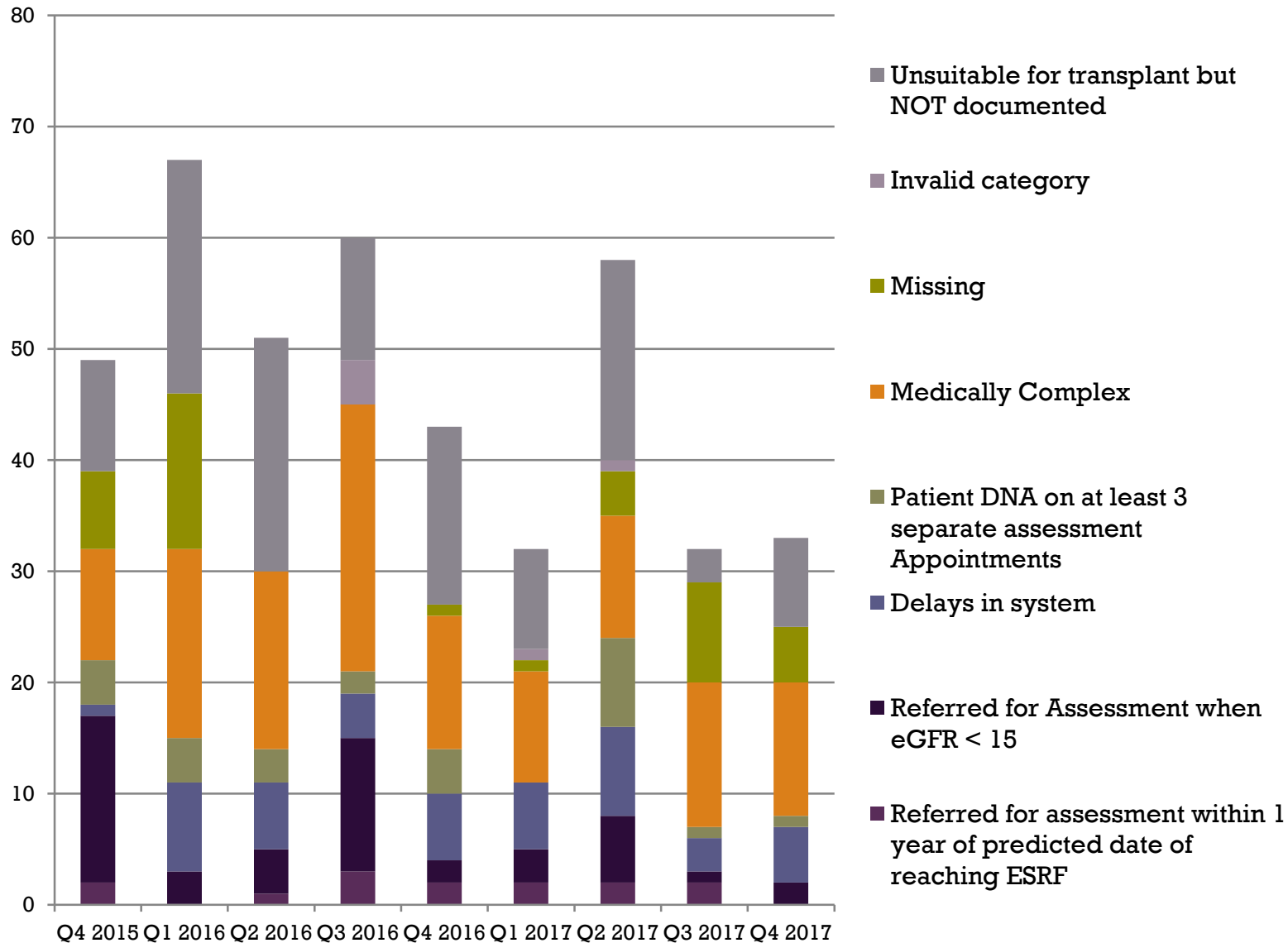


Percentage of "Missed" patients

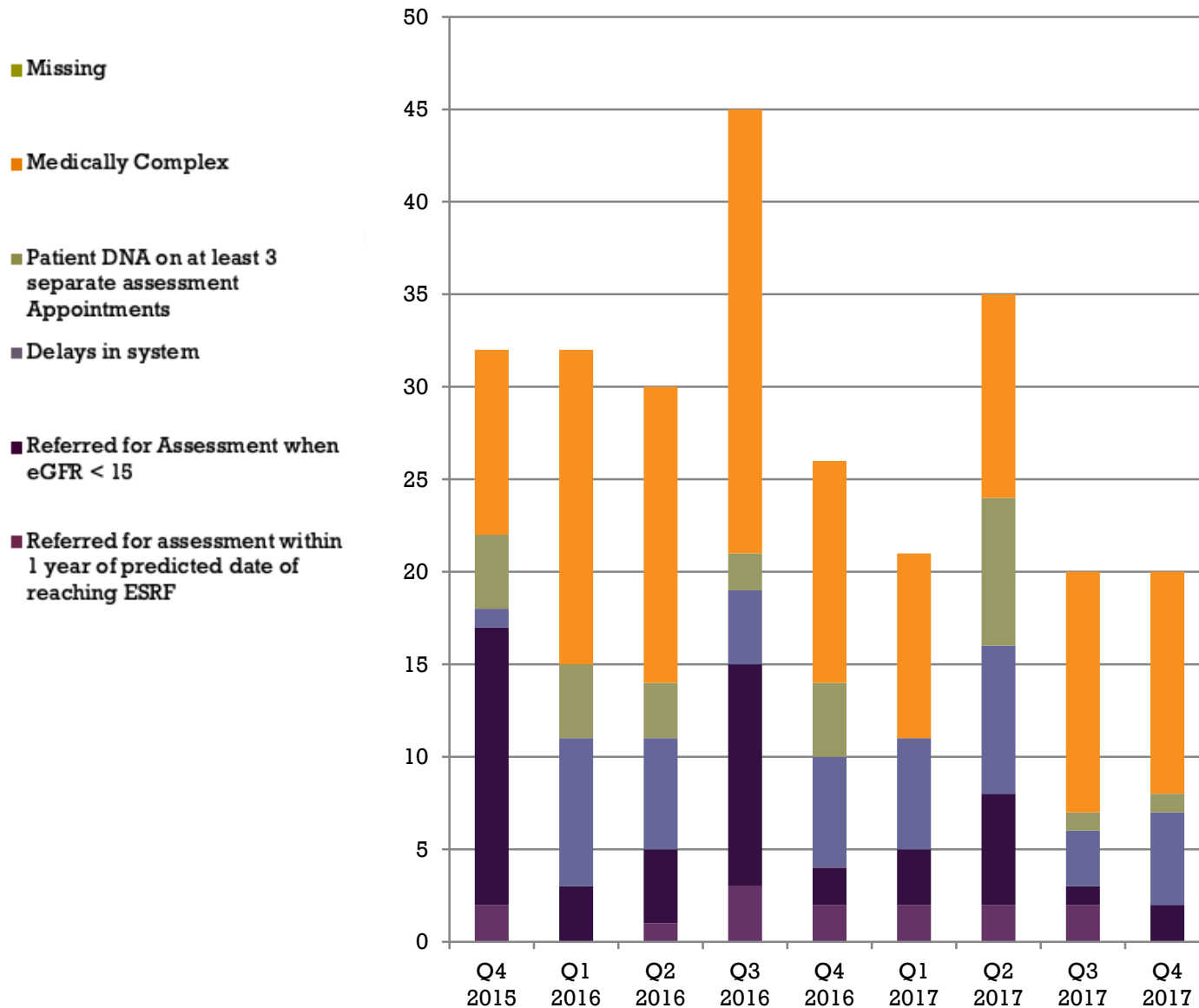
Missed= no transplant status or in work up at time of starting RRT



Reasons patients are missed



+ Reasons patients are missed



+ Lessons learnt from data in West Midlands

- Transferable causes for missing listing:
 - Failing transplants
 - Predictable but rapidly declining patients
 - Different approaches to cardiac angiography pre-dialysis
 - Referral to other specialties slows listing

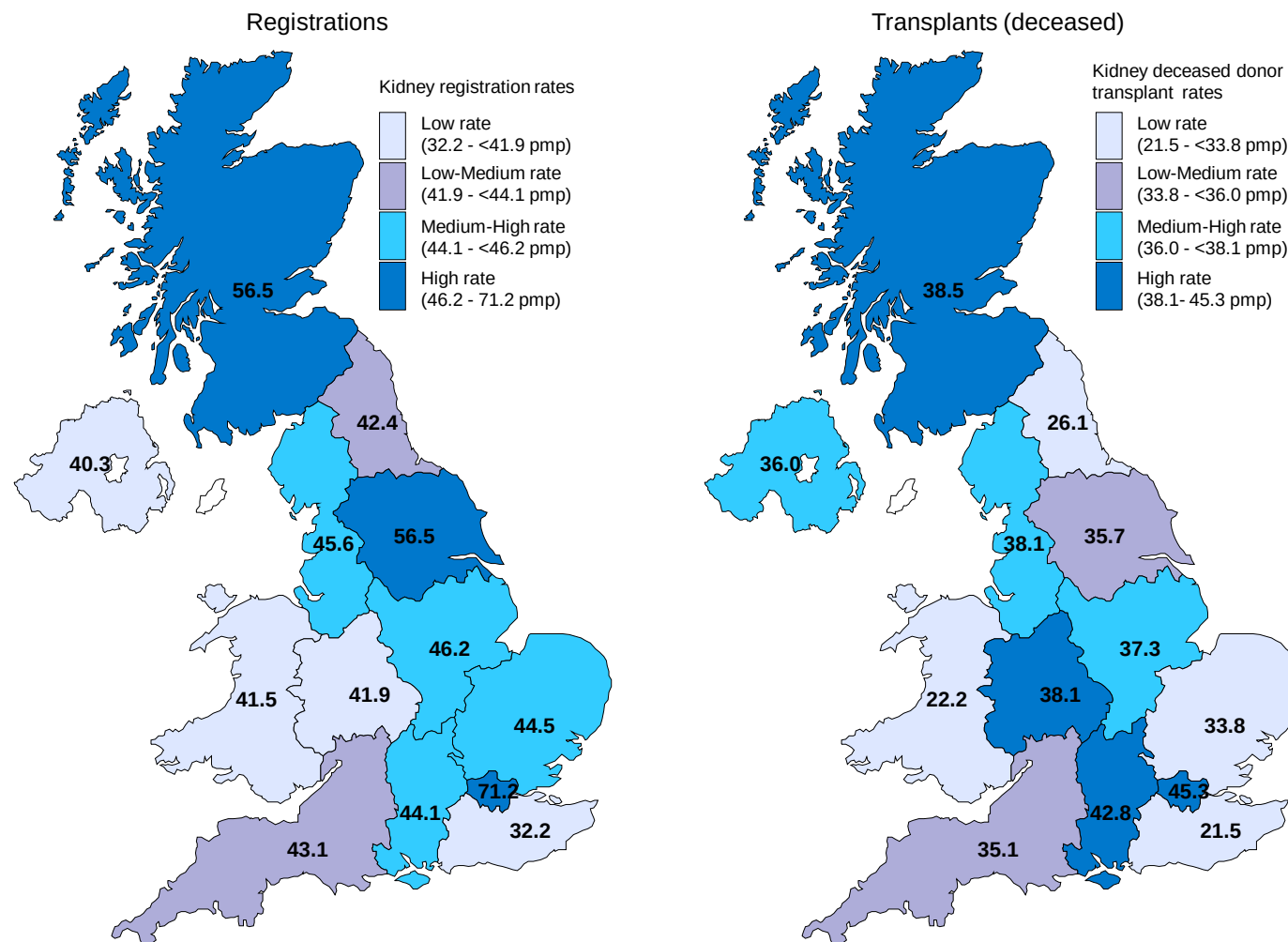
It only works if you use it locally

- Local causes for missing listing :
 - Specific clinics (e.g. diabetes multi-disciplinary)
 - Different feeder hospitals
 - Other reasons that will be apparent locally



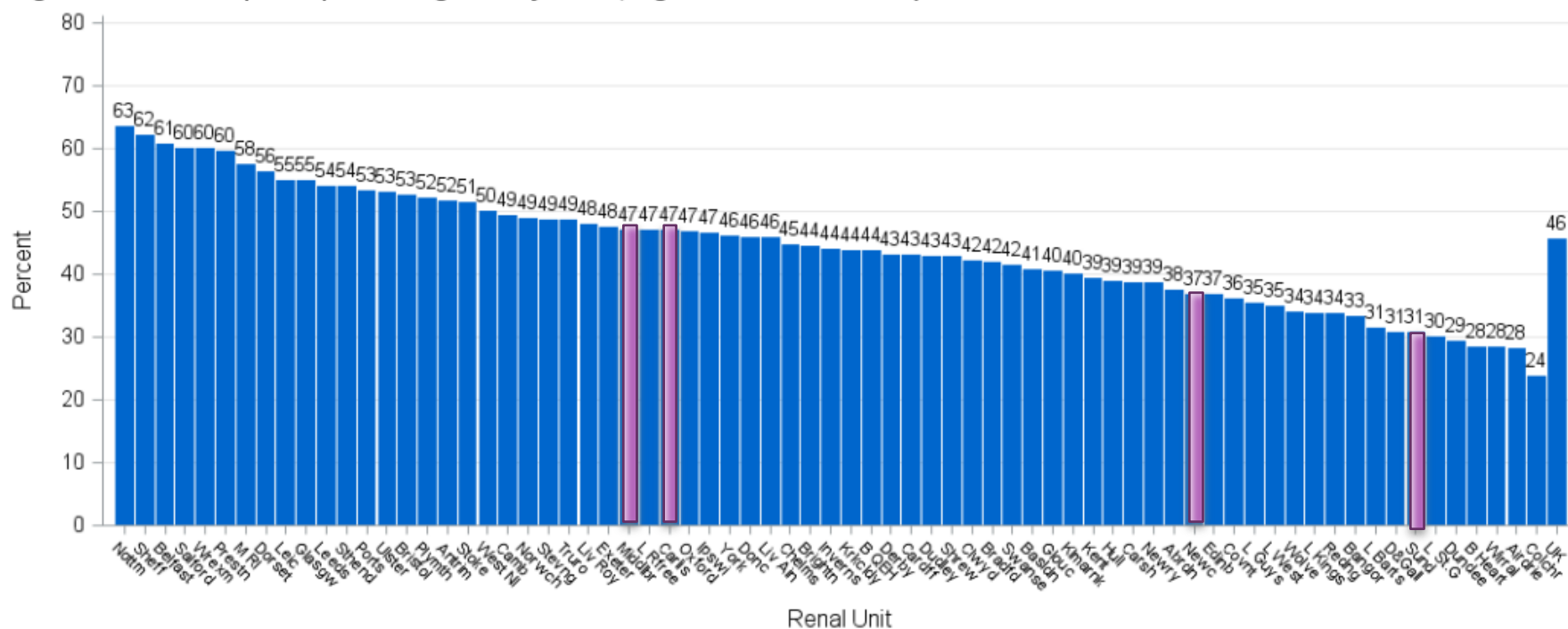
Your Data: Transplant listing and DD

Figure 2.6 Comparison of kidney registration rates (pmp) with deceased donor transplant rates (pmp) by recipient country/Strategic Health Authority of residence



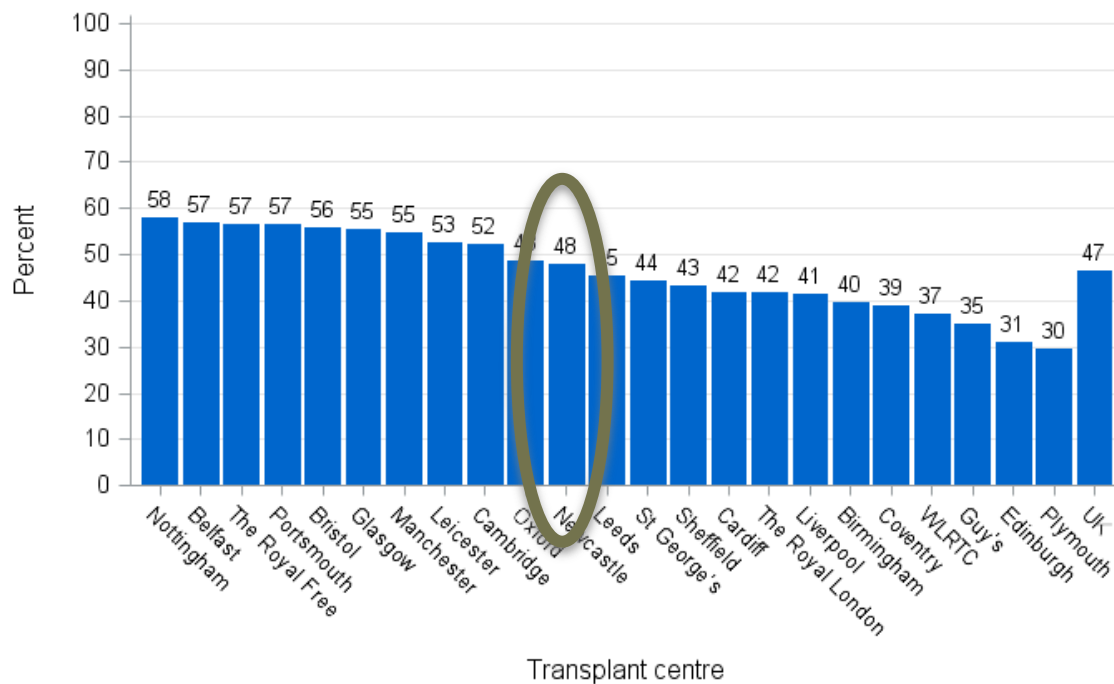
+ Unit level data

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



+ Data from your region

Figure 3.12 Adult pre-emptive listing rates by centre, registrations between 1 April 2016 and 31 March 2017



Source: Annual Report on Kidney Transplantation 2017/18, NHS Blood and Transplant



RR report 2017 (2011-2013 starters)



	Median time to transplant wait listing (days)	Proportion of patients wait listed within 2 years of RRT (adjusted)
Carlisle	93	72
Newcastle	535	51
Middlesbrough	148	69
Sunderland	796	46

Adjusted for age, gender, ethnicity, PRD

Multi organ and listed then suspended excluded

Findings from RR report: Patients from non-transplanting centres are less likely to be wait listed within 2 years of RRT, or receive a DCD or LD transplant.

Figure 3.10 Median waiting time to deceased donor transplant for adult patients registered on the kidney transplant list, 1 April 2012 - 31 March 2015

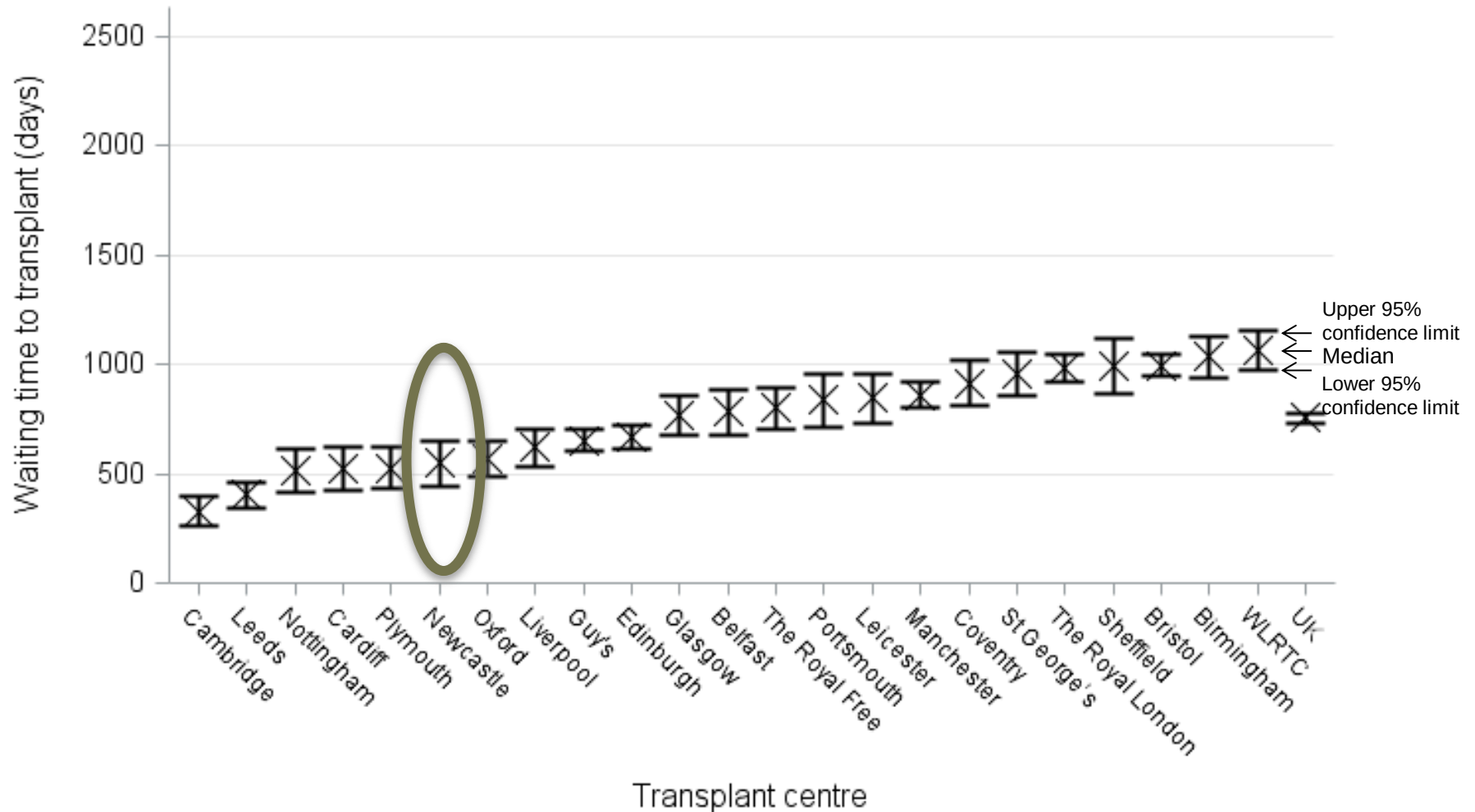




Figure 2.5 Adult deceased donor pre-emptive transplant rates by renal unit, 1 April 2014 - 31 March 2017

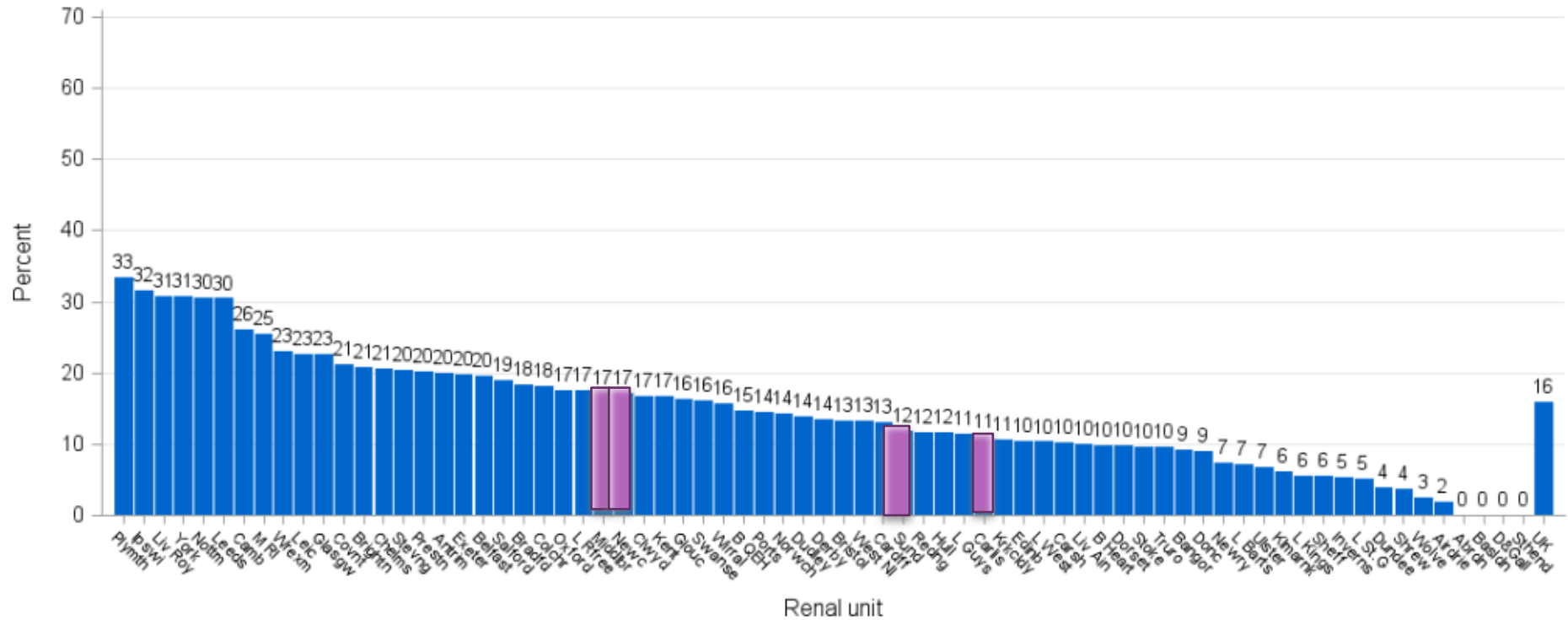


Figure 5.8 **Adult deceased donor pre-emptive transplant rates by centre,
1 April 2017 - 31 March 2018**

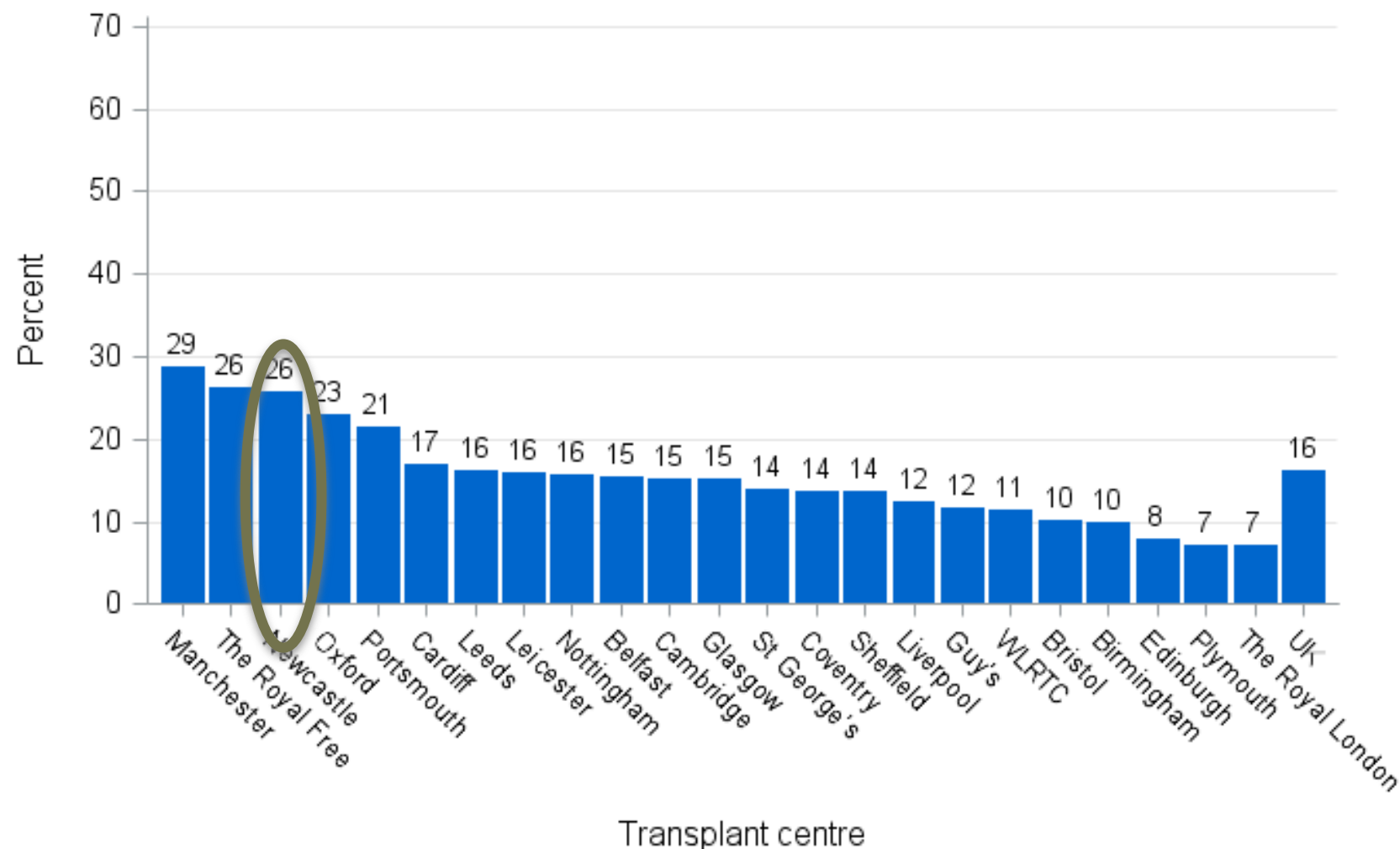
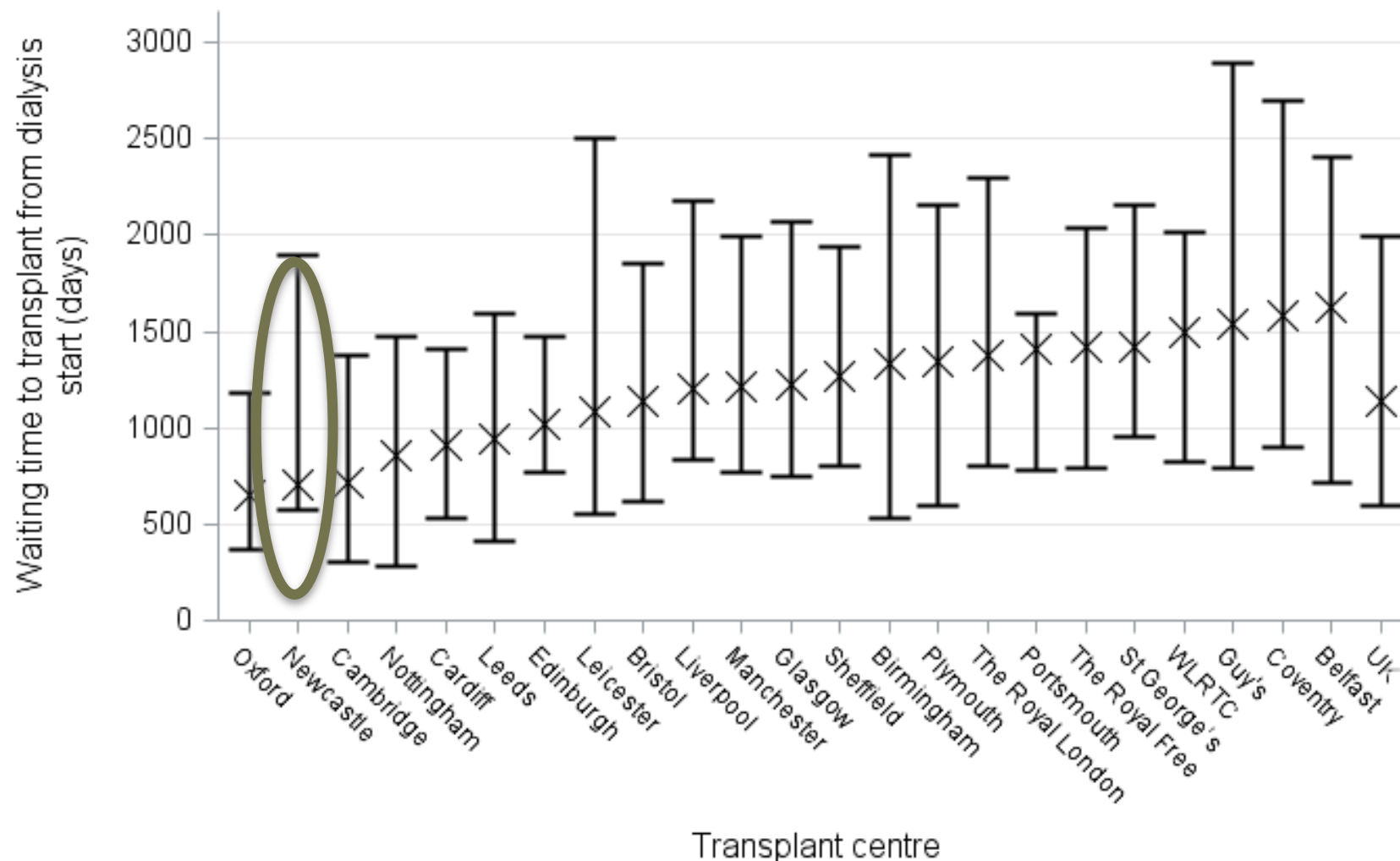
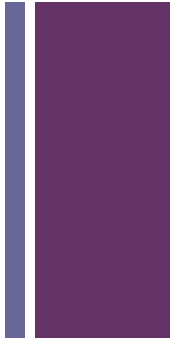


Figure 3.12 Median days from dialysis start date to deceased donor transplant for adult patients transplanted, 1 April 2017 - 31 March 2018



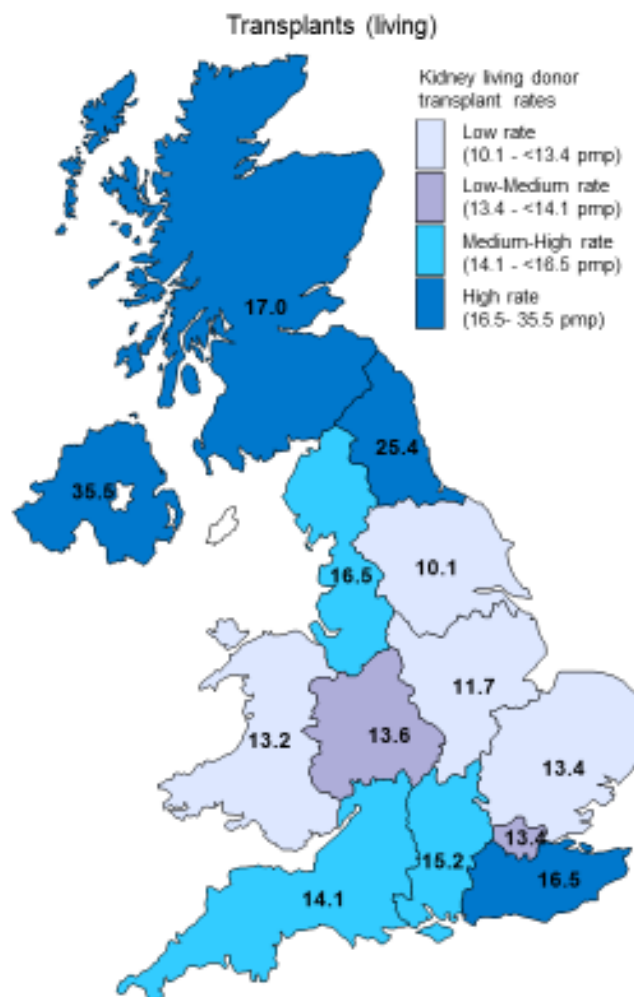
+ GIRFT



- GIRFT are prioritising the metric “proportion of dialysis starters listed” rather than “percentage of those listed who were pre-emptive”
- This is because of concerns that some variability in access is due to variable listing criteria and exclusions
- TF team don't have access to your GIRFT data
- TF data tool allows you to collect information at both time points

Your Data: Living Donation

Figure 2.7 Living donor kidney transplant rates (pmp) by recipient country/Strategic Health Authority of residence





NE Living Kidney Donation (pmp)

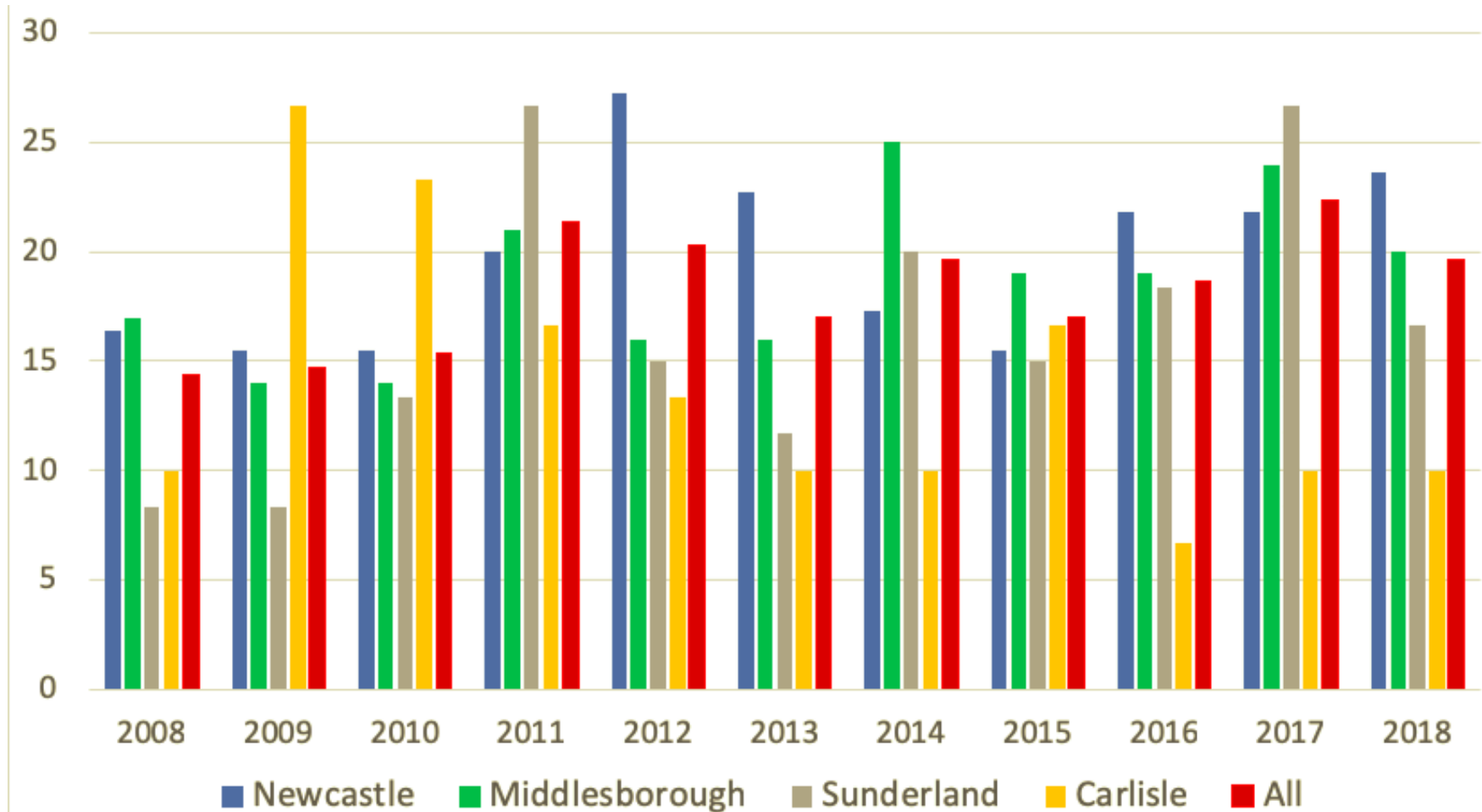




Figure 2.6 **Adult living donor pre-emptive transplant rates by renal unit, 1 April 2014 - 31 March 2017**

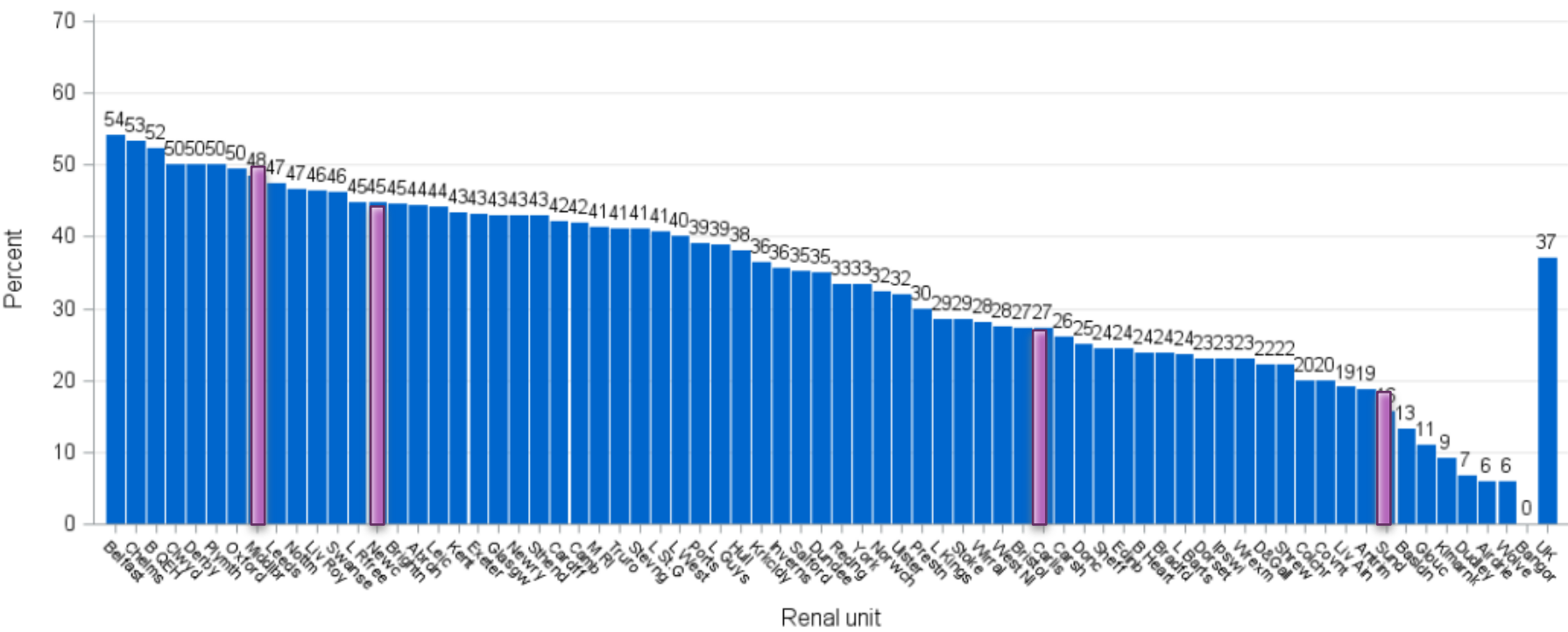
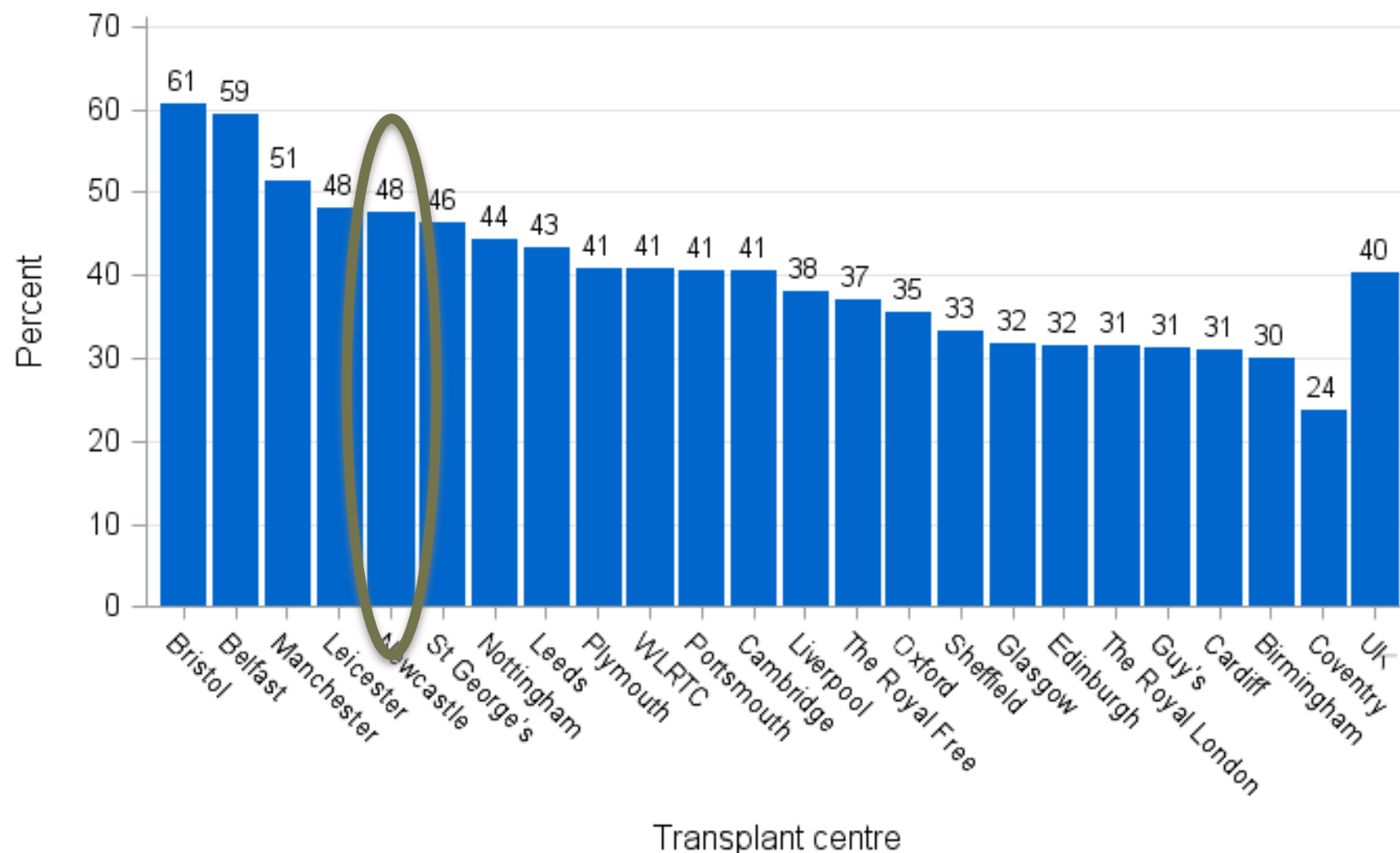


Figure 5.9 **Adult living donor pre-emptive transplant rates by centre,
1 April 2017 - 31 March 2018**



+ Summary of variability

- Pre-emptive listing is average overall and variable between units
- Carlisle and Middlesbrough buck the trend in listing earlier than transplanting unit- lessons to learn both regionally and nationally (please share with TF team)?
- Relatively short wait for DD transplant and high rate of LD pre-emptive transplant means better than average early access to transplantation
- Good LD rates but variability in timing between renal units



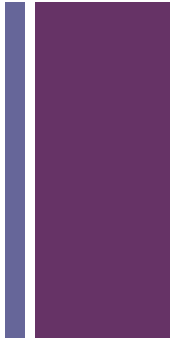
Questions

- What are the barriers to pre-emptive transplant listing/ living donation in your unit/across the region?
- What have you introduced that has worked well/you are proud of?
- What do you need to make improvements in patients pathways?
- Anything you can commit to now?





Questions



- What are the barriers to pre-emptive transplant listing/ living donation in your unit/ across the region?

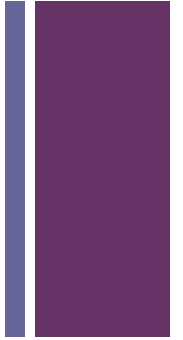
- What have you introduced that has worked well/ you are proud of?

- What do you need to make improvements in patients pathways?

- Anything you can commit to now?



+ TF and the North East



- Not promoting as KQUIP project as you already have relatively good results
- BUT
- You can have access to data tool as units or region
- Can you work locally to reduce variability and improve access in all your units to match the best?



Transplant First: Thanks to everyone working to improve access to transplantation



Does pre-emptive transplantation versus post start of dialysis transplantation with a kidney from a living donor improve outcomes after transplantation? A systematic literature review and position statement by the Descartes Working Group and ERBP

	Pre-emptive better	Same	Not clear
Patient survival	47%	21%	31%
Graft Survival	56%	9%	34%
Acute Rejection	77%	15%	8%
Delayed Graft Function	2-3.37%		4-9.7%

Within 1 year of dialysis probably makes little difference

Nephrology Dialysis Transplantation, Volume 31, Issue 5, 1 May 2016, Pages 691–697

KQuIP Regional Day

North East

#KQuIPNE

Patient talk

Keith Vickers

**‘THINK
KIDNEYS’**

KQuIP

KQuIP Regional Day

North East

#KQuIPNE

Home Therapy session

Retha Steenkamp, UKRR

Richard Fluck, HT programme lead

**‘THINK
KIDNEYS’**

KQuIP

Home Therapies Data

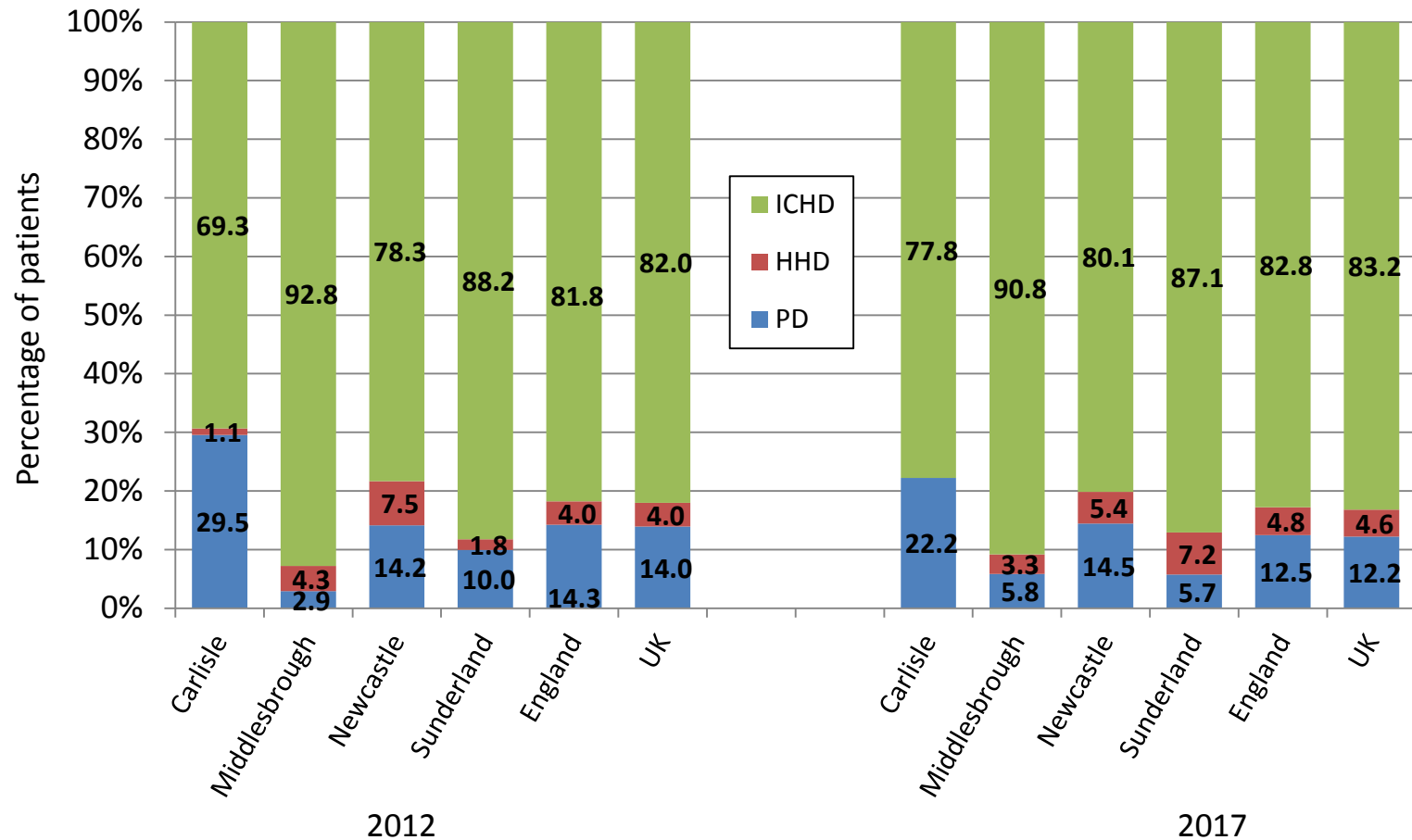
UKRR/KQuIP Regional Day – North East

Retha Steenkamp

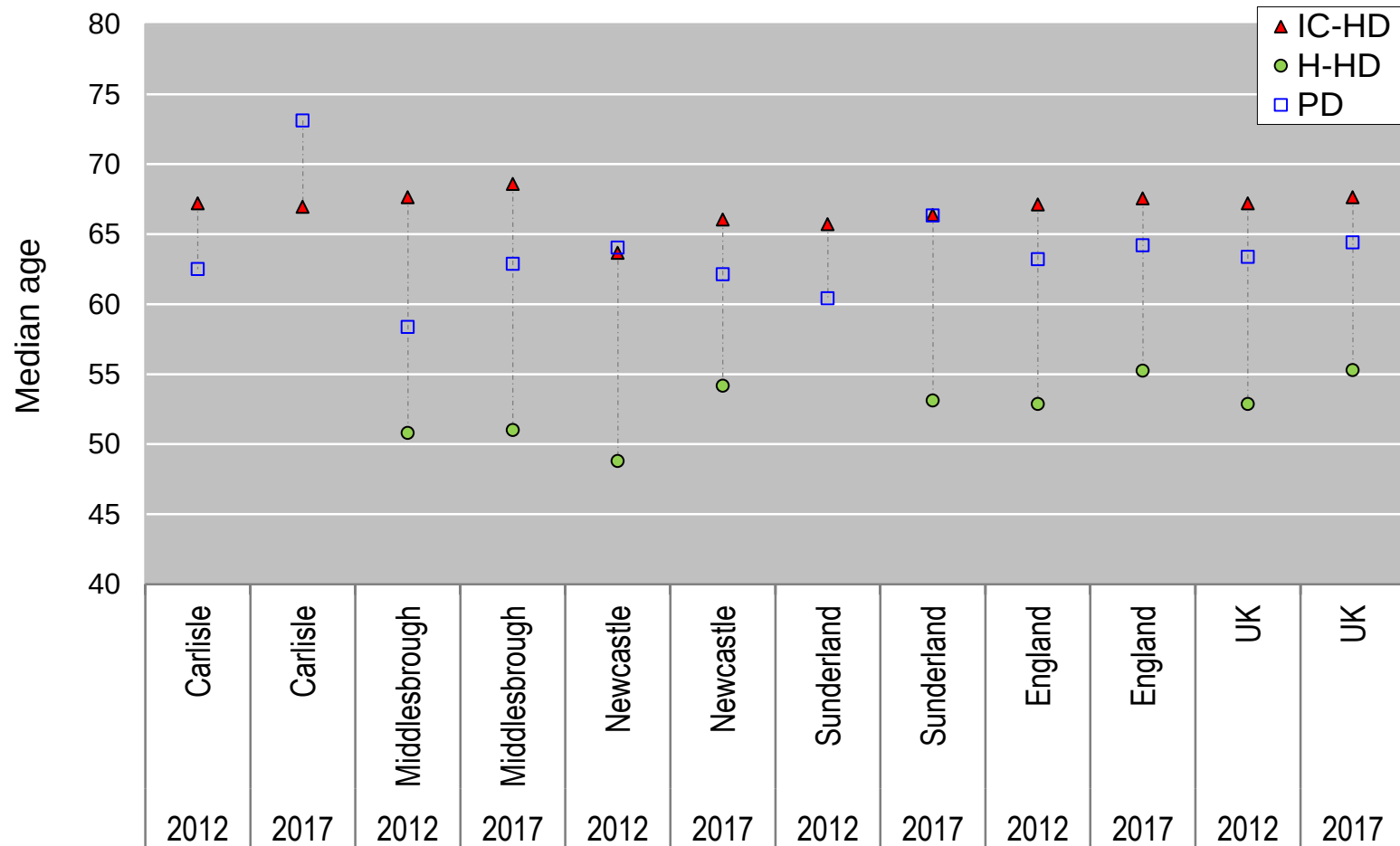
Head of Operations UKRR



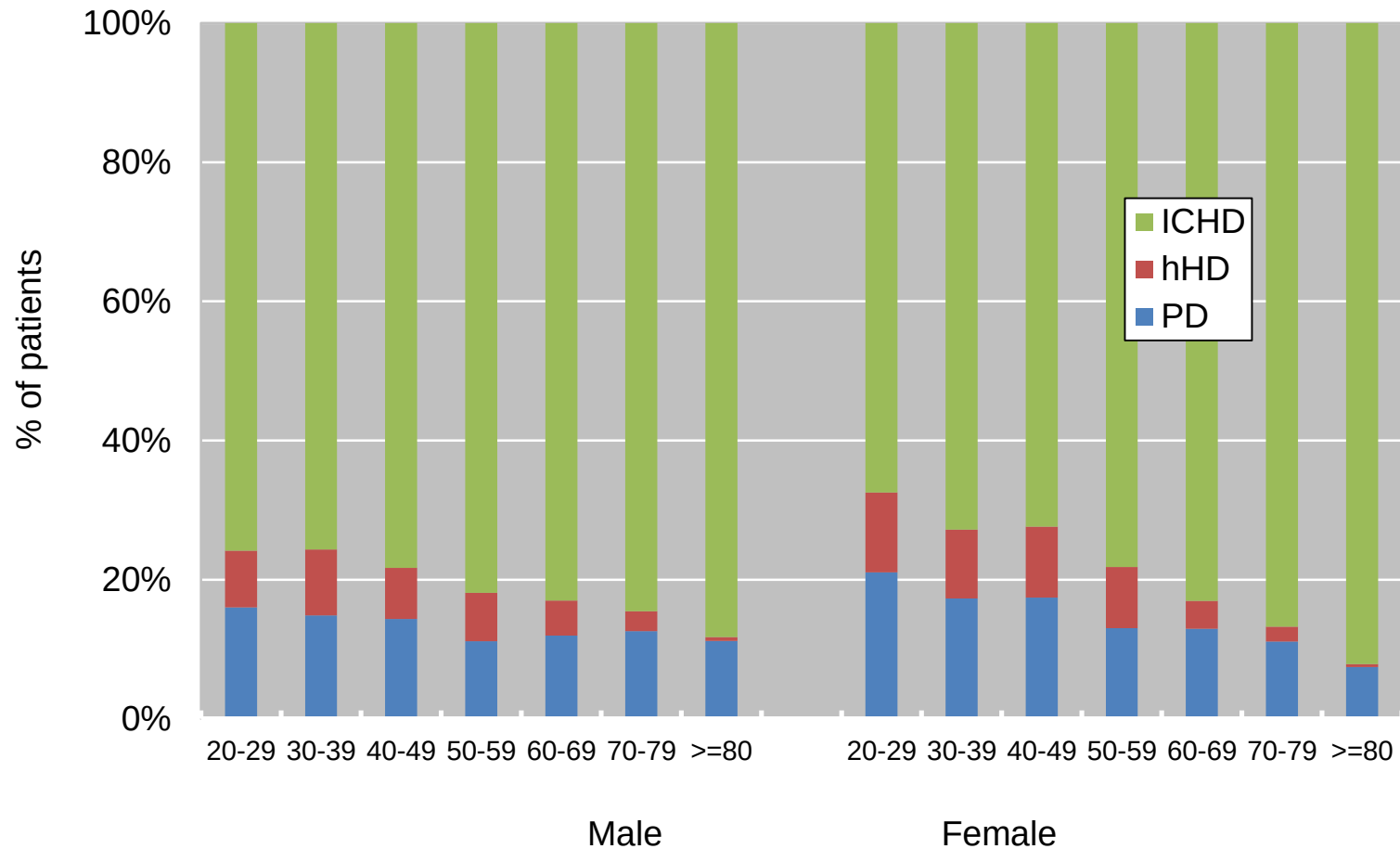
Percentage of prevalent dialysis patients by modality and centre on 31 December 2012 and 2017



Median age in prevalent dialysis patients by modality and centre on 31 December 2012 and 2017

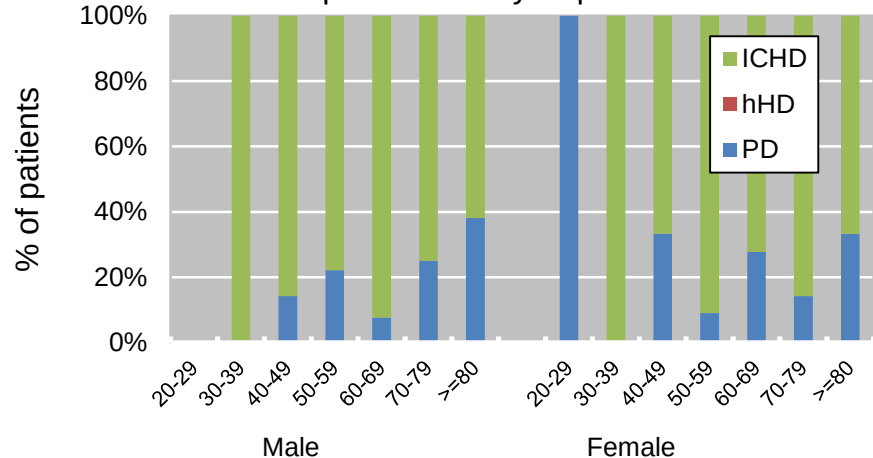


Percentage of prevalent dialysis patients by modality, age and gender on 31 December 2017

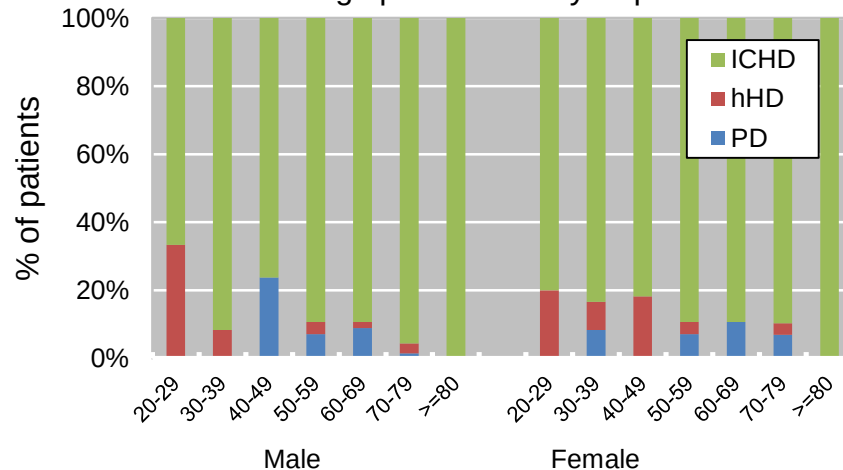


Percentage of prevalent dialysis patients by modality, age and gender on 31 December 2017

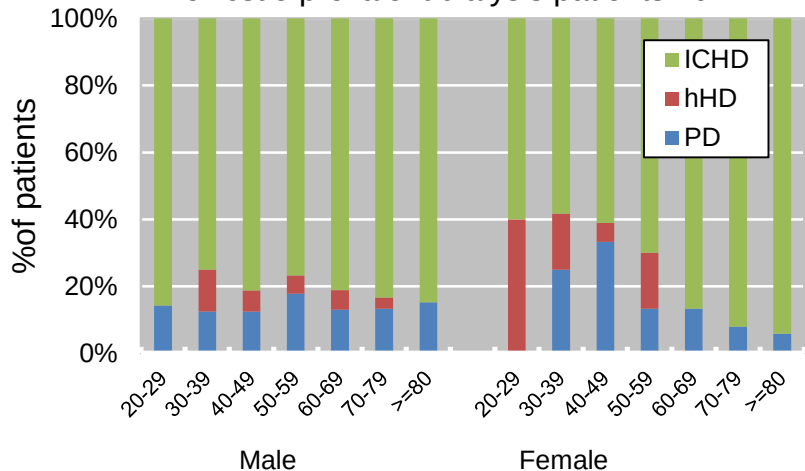
Carlisle prevalent dialysis patients 2017



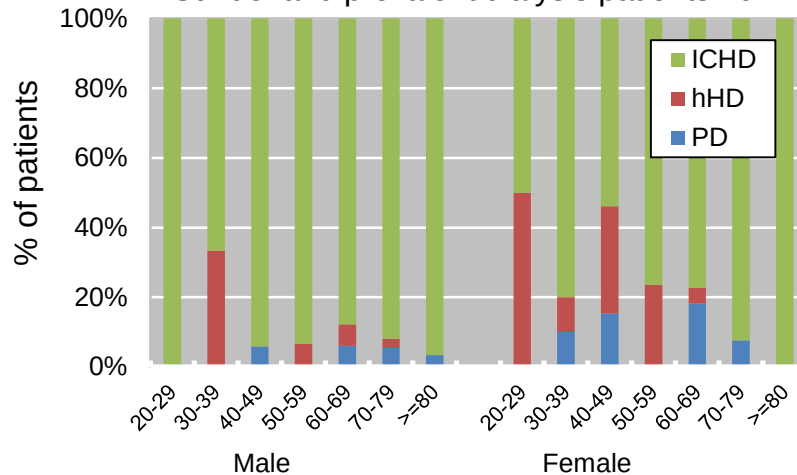
Middlesbrough prevalent dialysis patients 2017



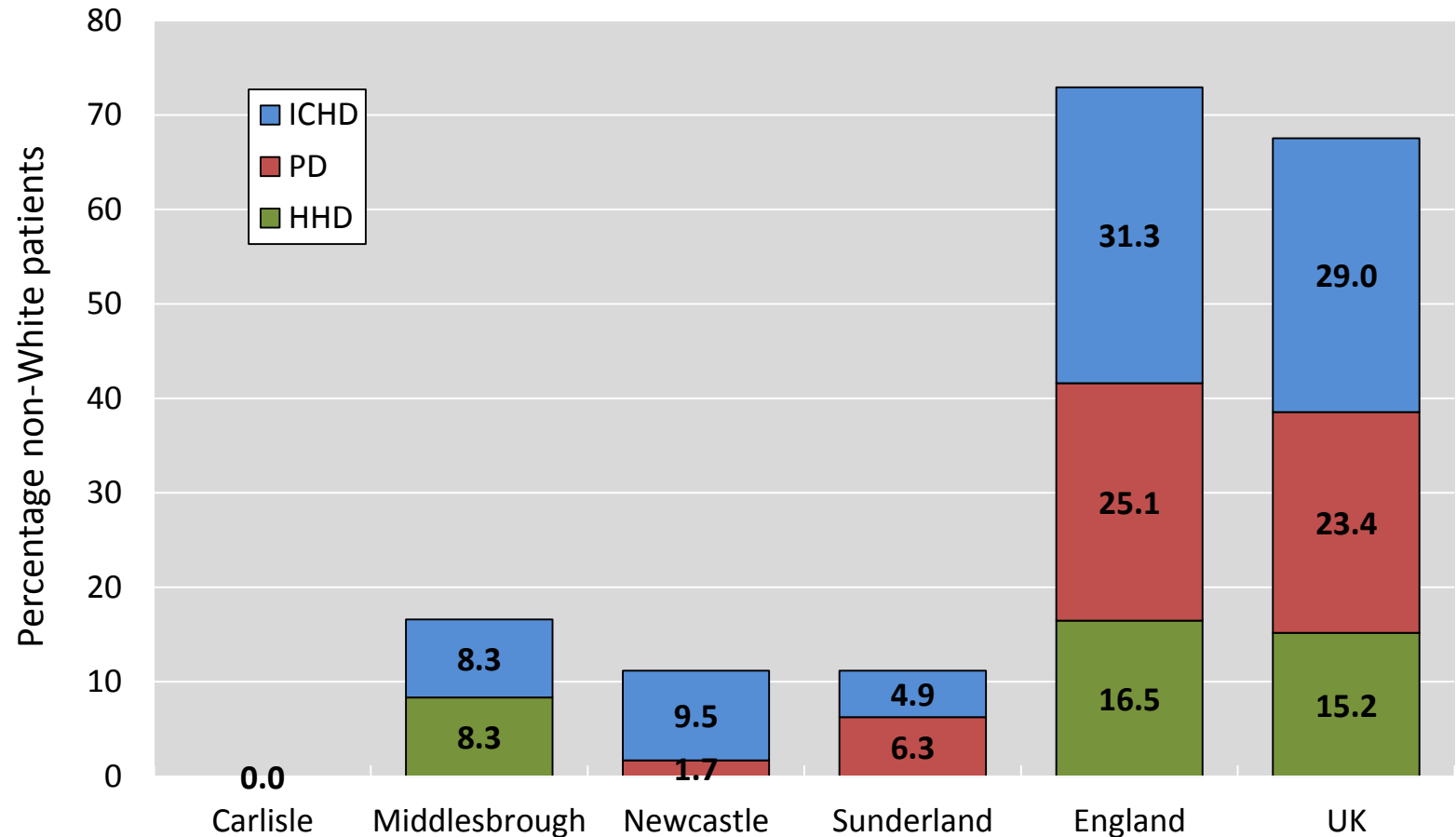
Newcastle prevalent dialysis patients 2017



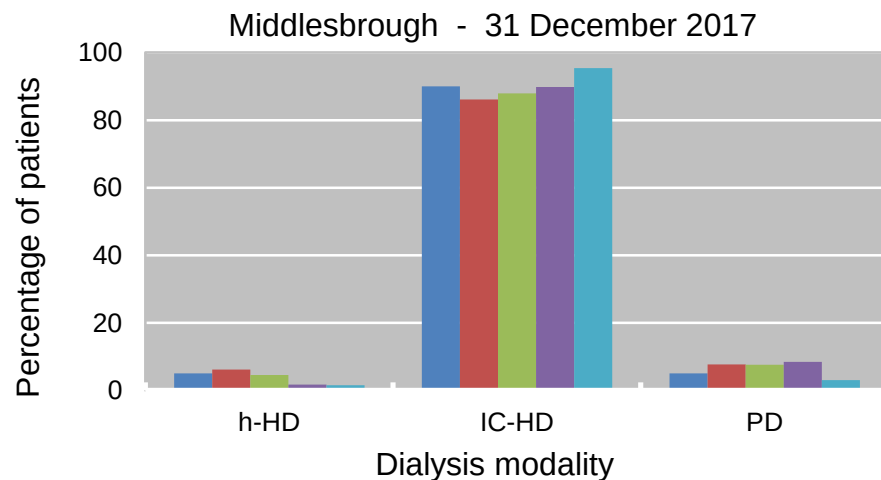
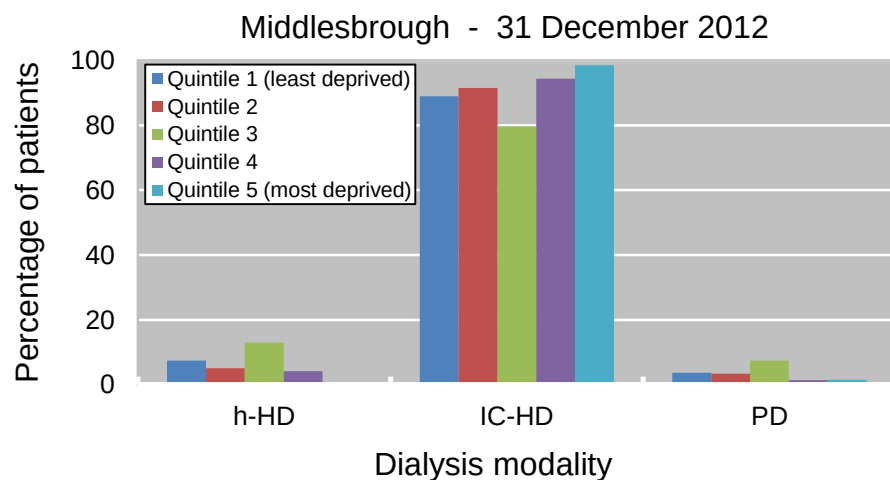
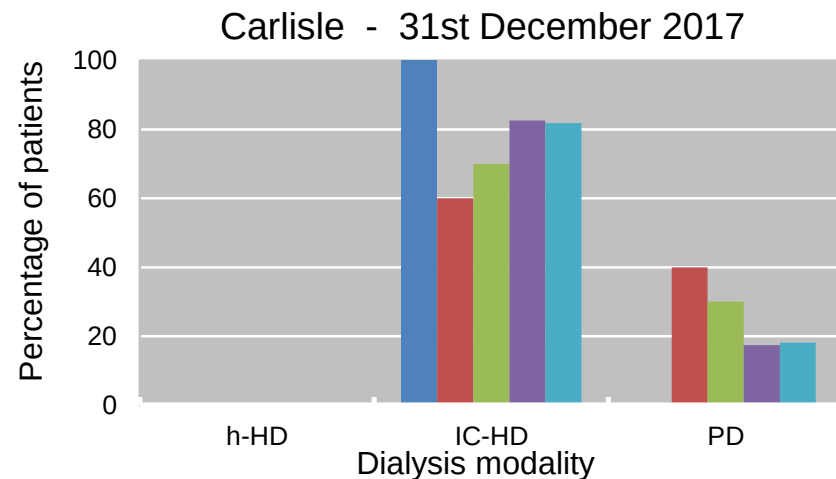
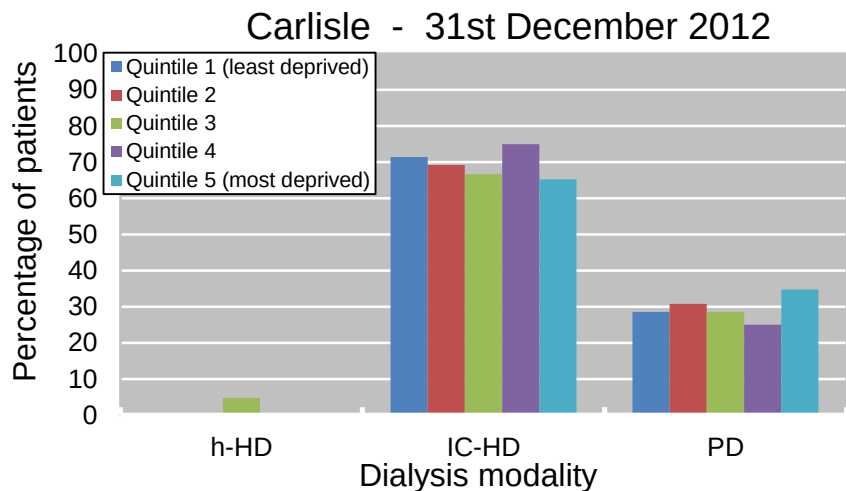
Sunderland prevalent dialysis patients 2017



Percentage of prevalent dialysis patients by modality, ethnicity and centre on 31 December 2017

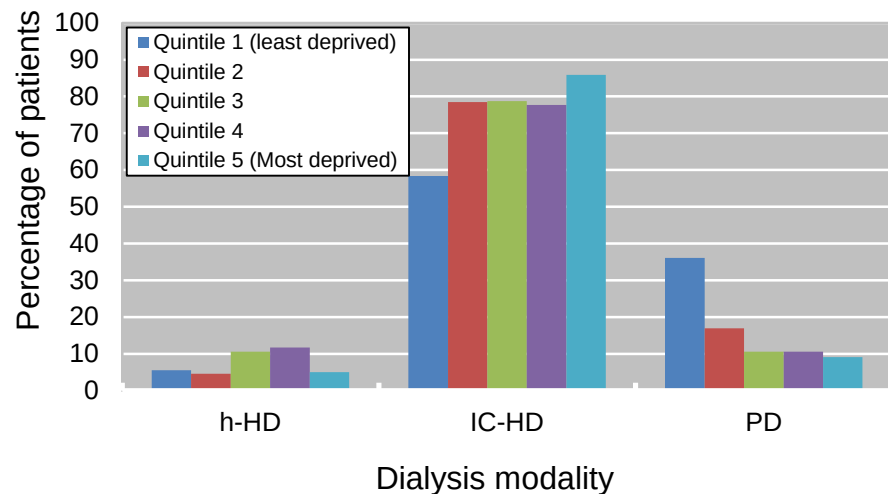


Percentage of prevalent dialysis patients by modality, social deprivation and centre in 2012 and 2017

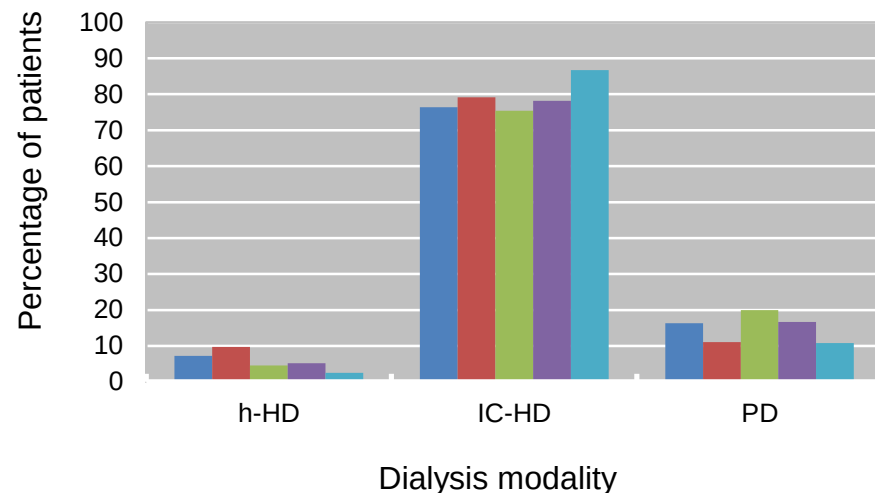


Percentage of prevalent dialysis patients by modality, social deprivation and centre in 2012 and 2017

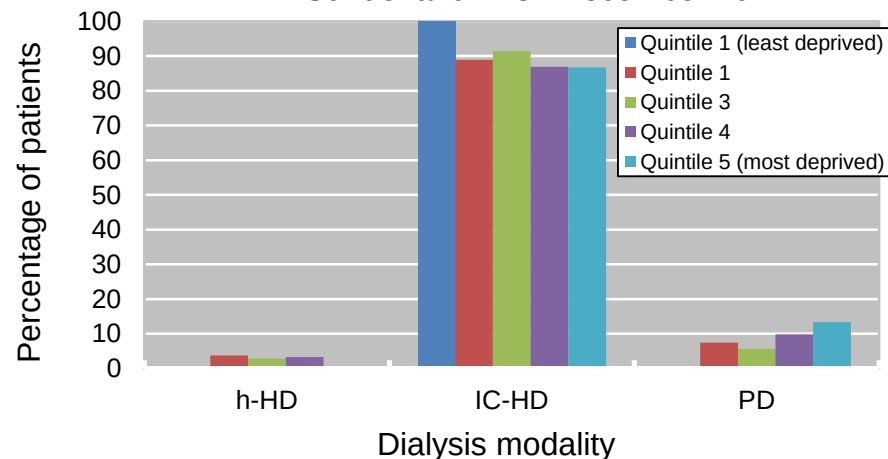
Newcastle - 31 December 2012



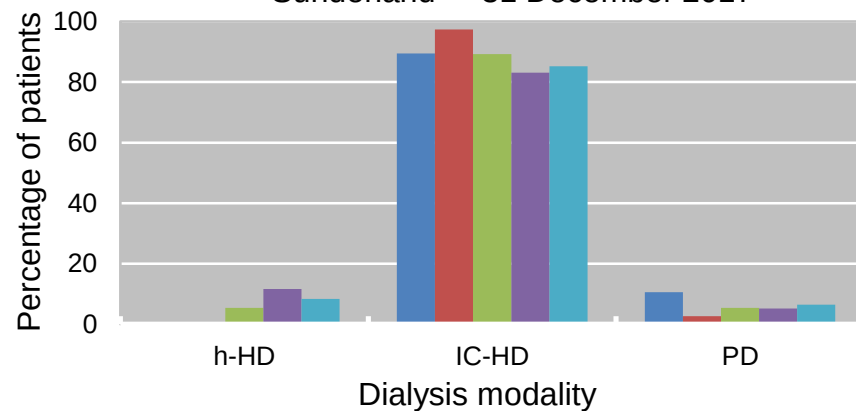
Newcastle - 31 December 2017



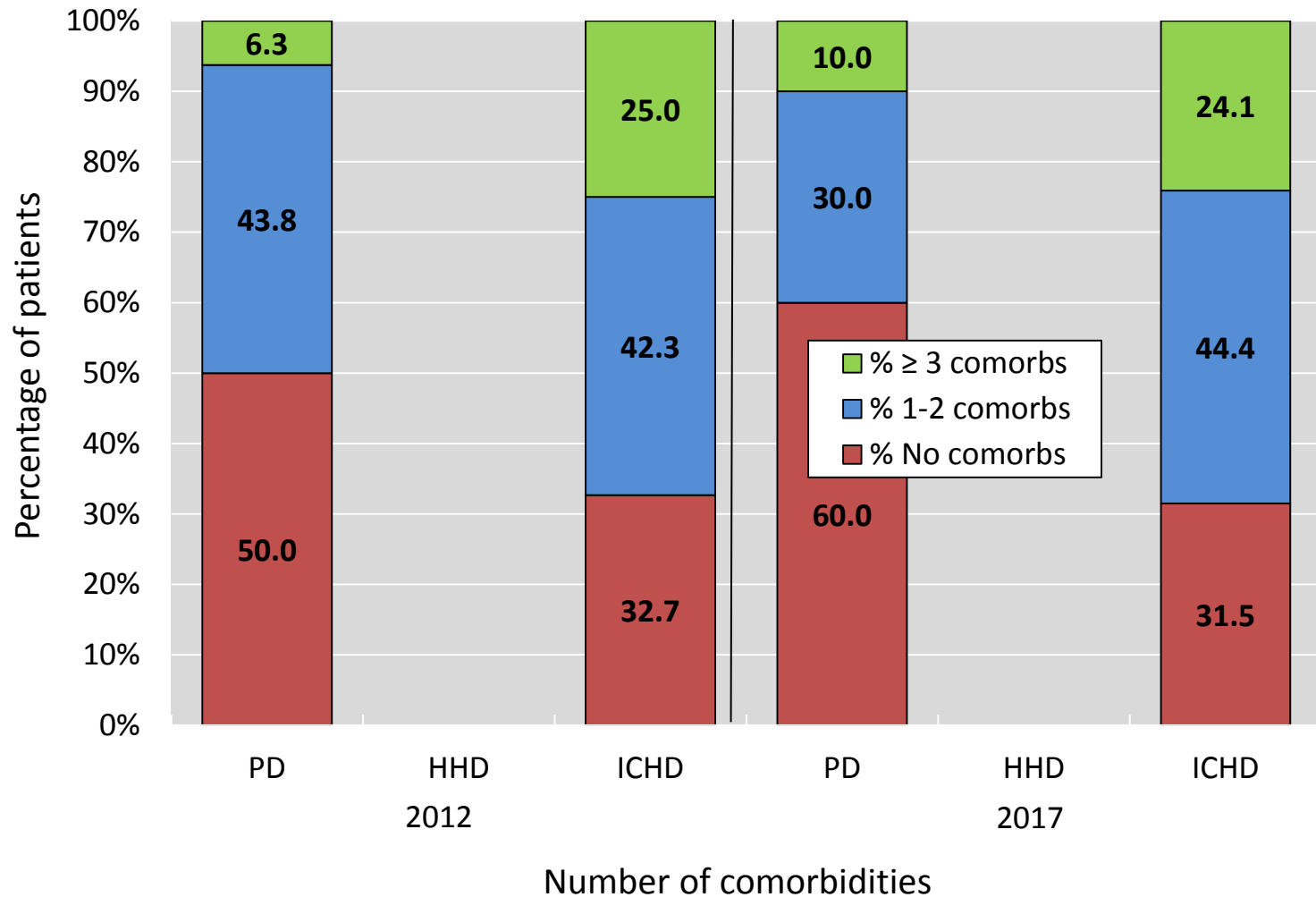
Sunderland - 31 December 2012



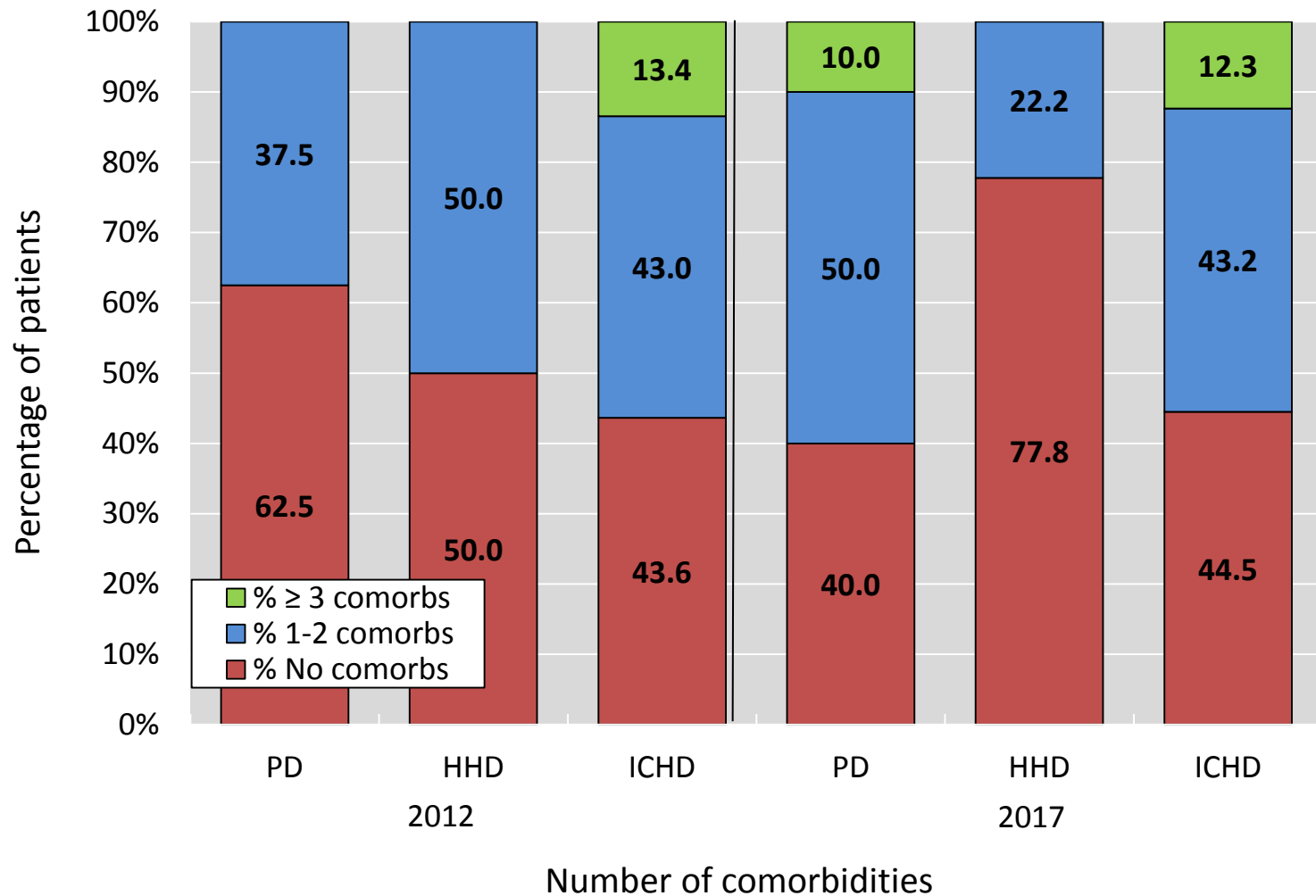
Sunderland - 31 December 2017



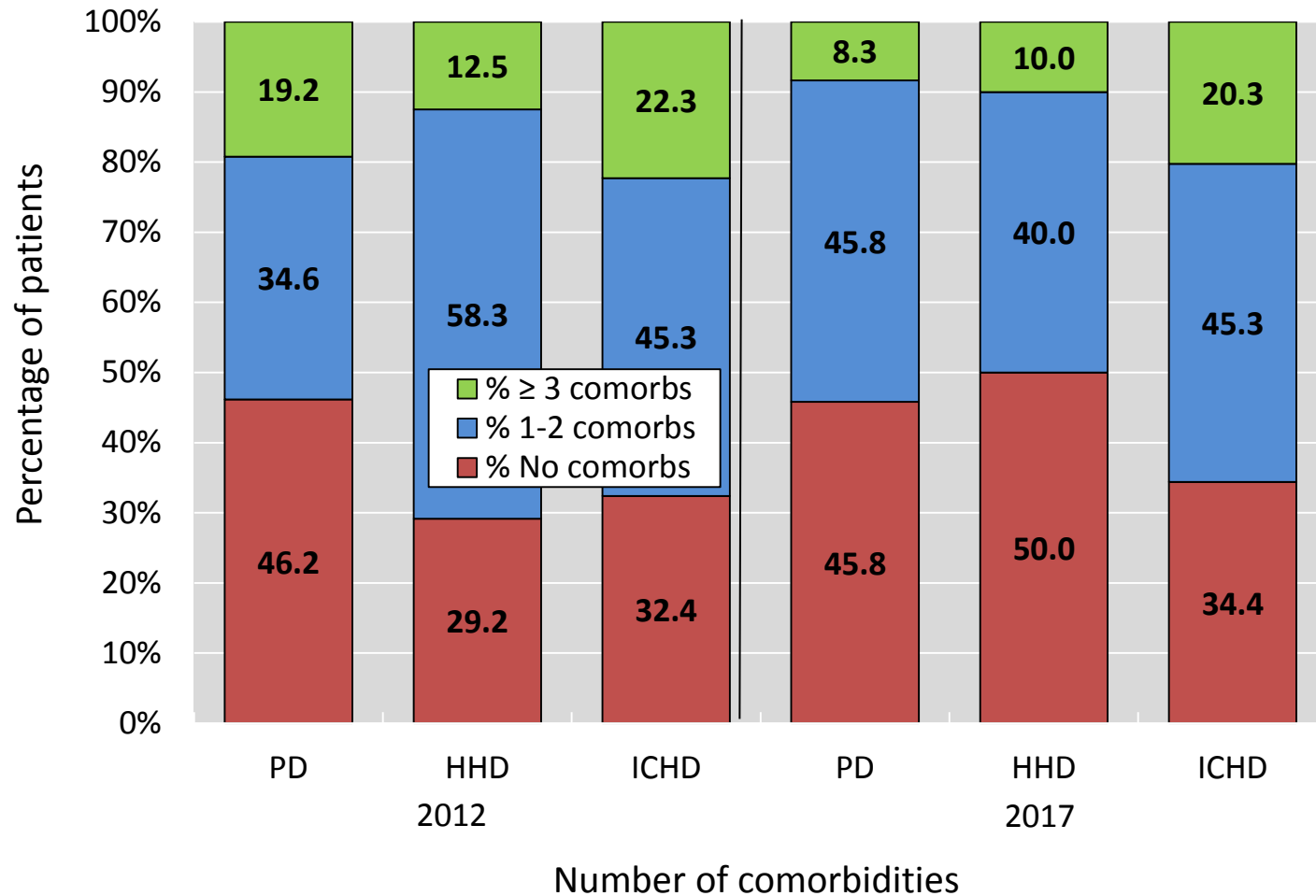
Percentage of prevalent dialysis patients by modality and comorbidity in Carlisle, 2012 and 2017



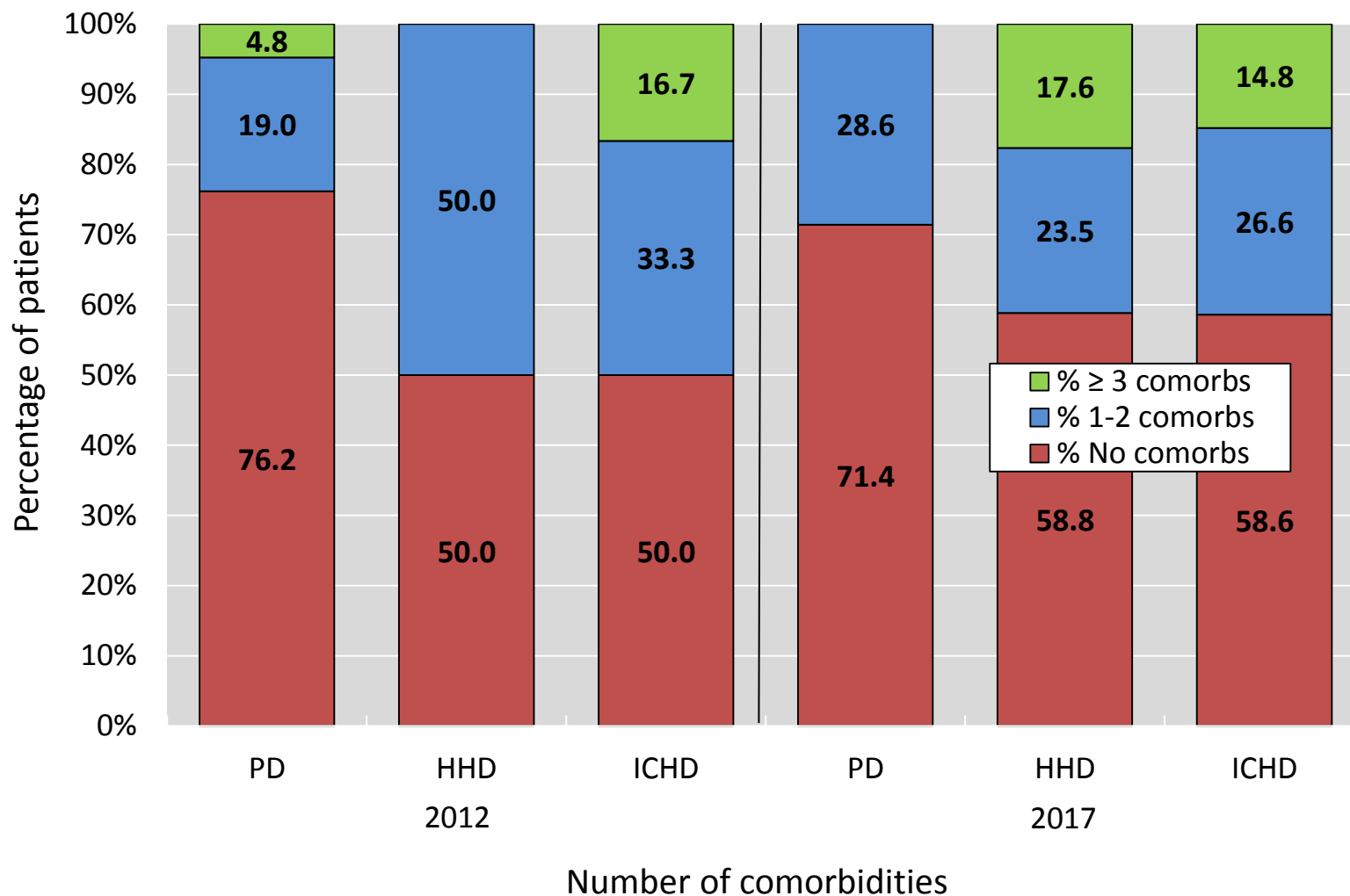
Percentage of prevalent dialysis patients modality and comorbidity in Middlesbrough, 2012 and 2017



Percentage of prevalent dialysis patients modality and comorbidity in Newcastle, 2012 and 2017



Percentage of prevalent dialysis patients modality and comorbidity in Sunderland, 2012 and 2017



Acknowledgements

Thank you to all renal units that submit data to the UKRR

Thank you to all the UKRR staff working in the background to make reporting possible



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*



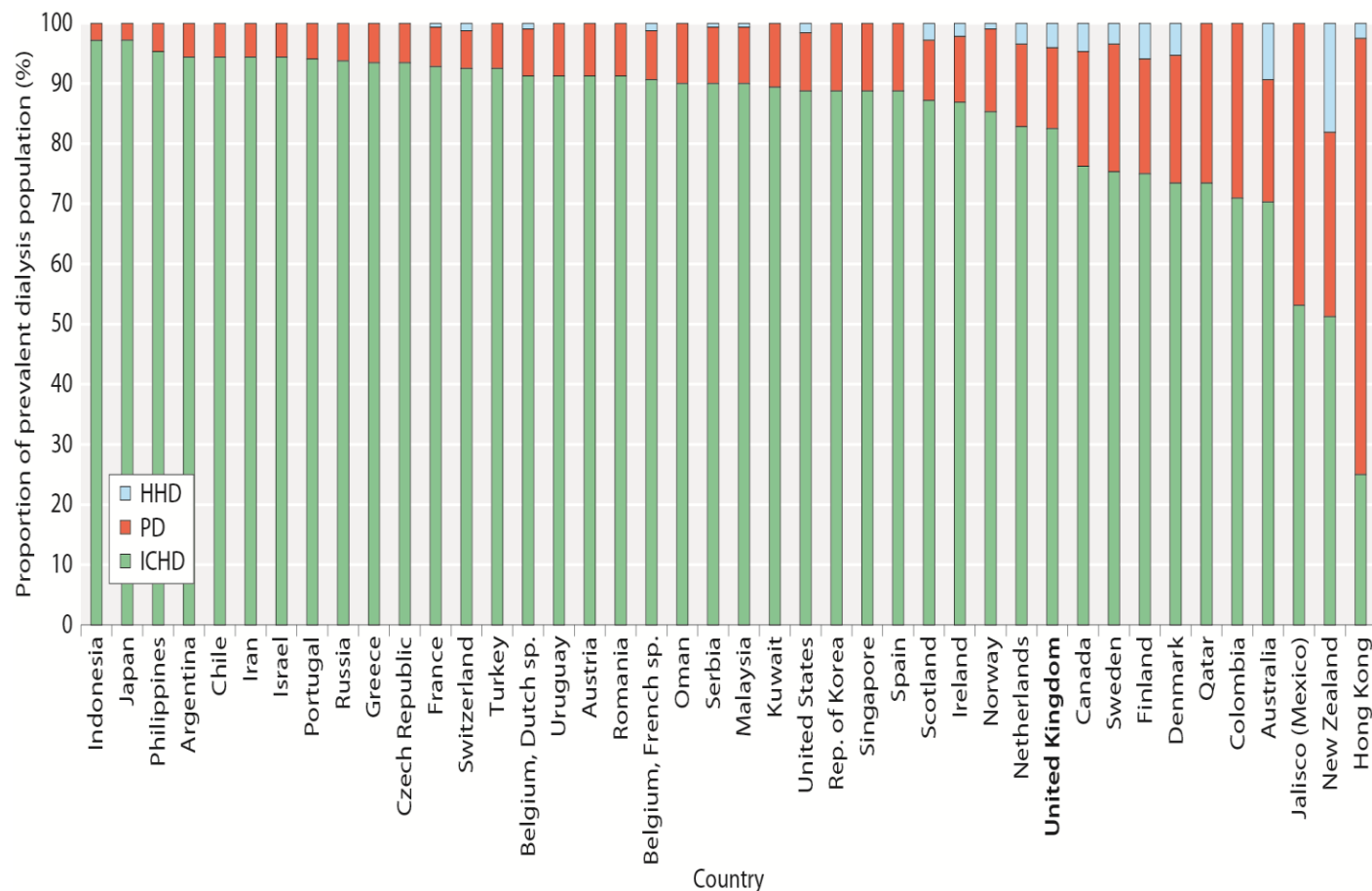
Derby Teaching Hospitals 
NHS Foundation Trust

Objectives

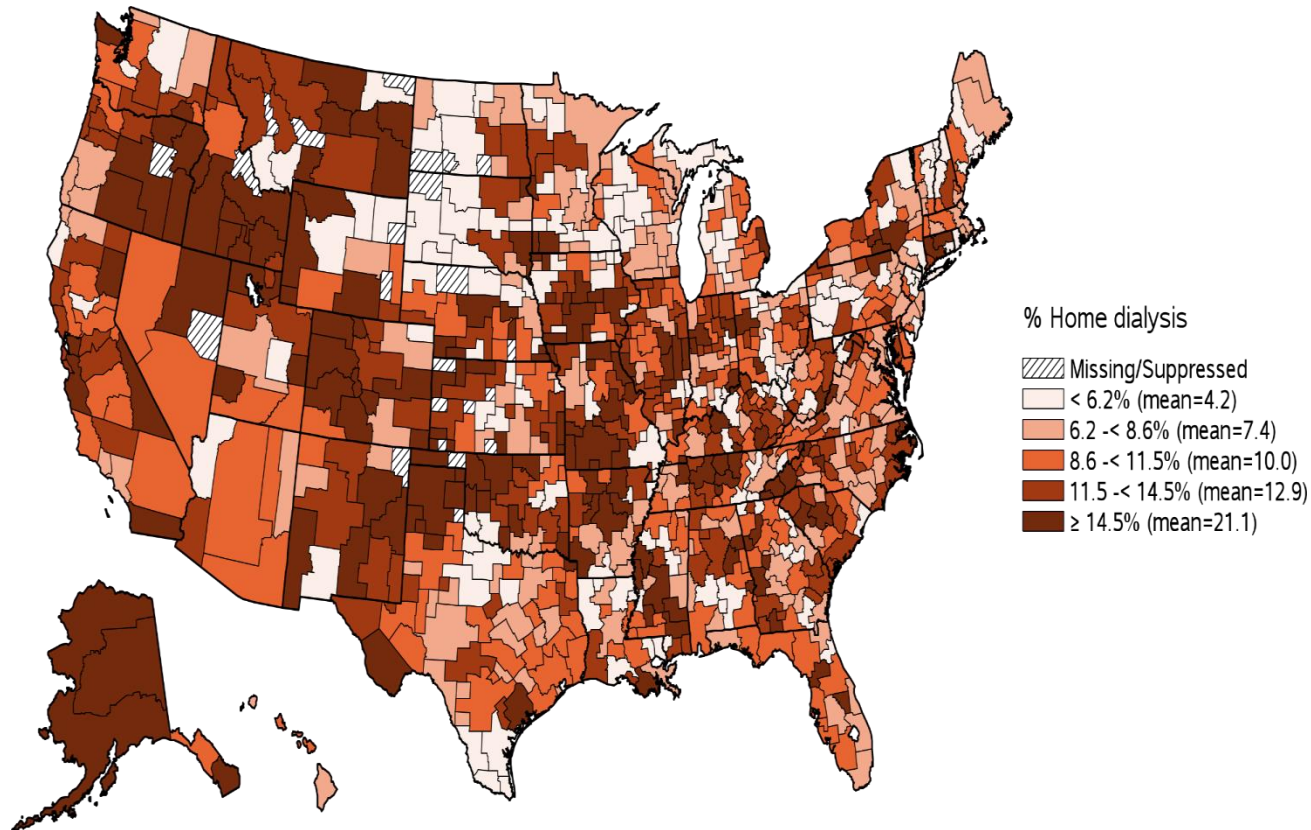
- Improve the care of people with end stage renal disease
 - Address variation
 - Reduce unmet need
 - Improve reliability
 - Minimise harm
- Success is not a number (although measuring it helps)
 - Measurement for improvement – not judgement

International variation

Figure 13.16. Dialysis modality use by

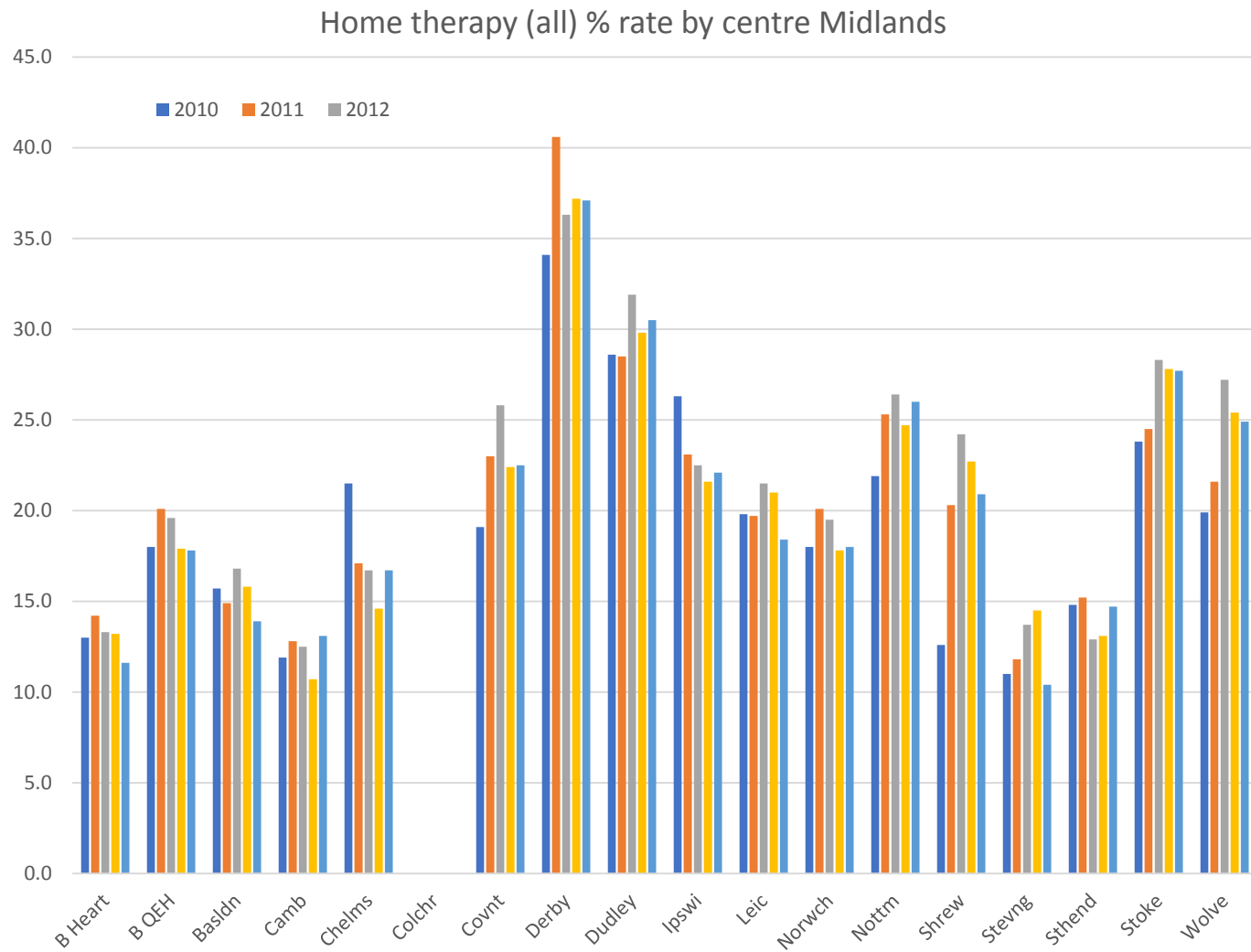


Variation by region (USA) vol 2 Figure 1.14 Map of the percentage of incident dialysis cases using home dialysis (peritoneal dialysis or home hemodialysis), by Health Service Area, 2011-2015



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

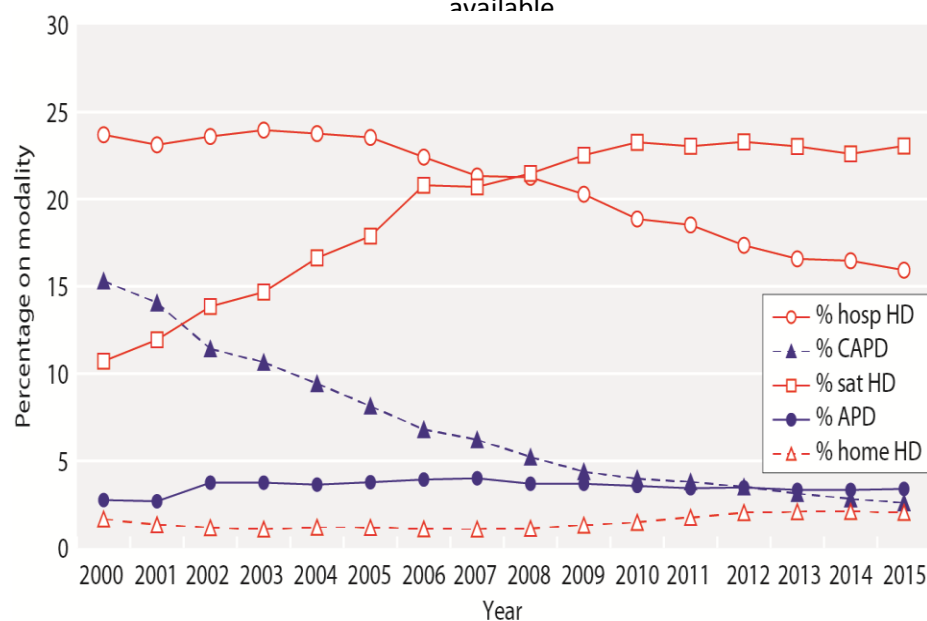
Variation by provider



Temporal changes: UK

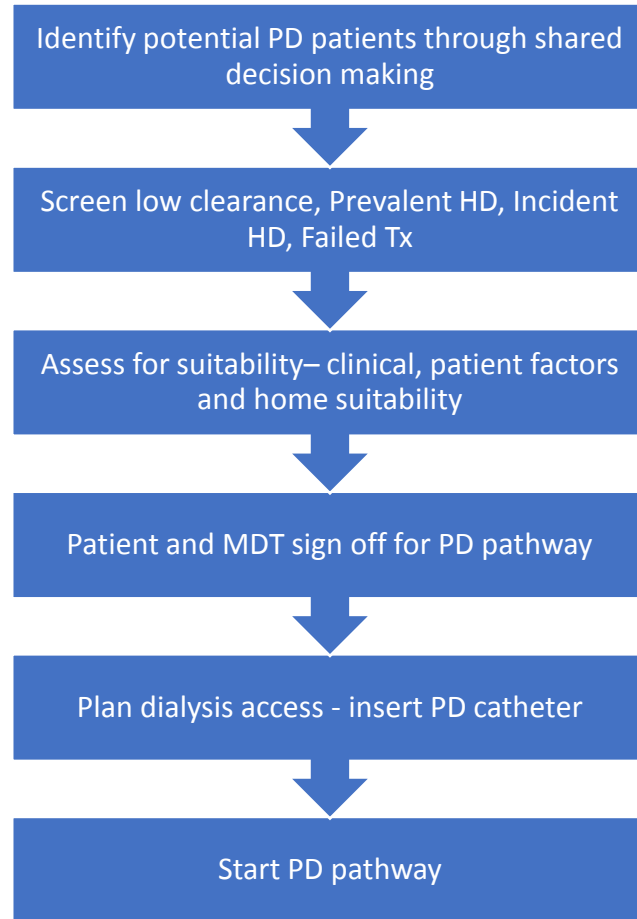
Figure 2.10. Detailed dialysis modality changes in prevalent RRT patients from 2000–2015

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



Processes, choice and
shared decision making

Think about patient flow: process measures

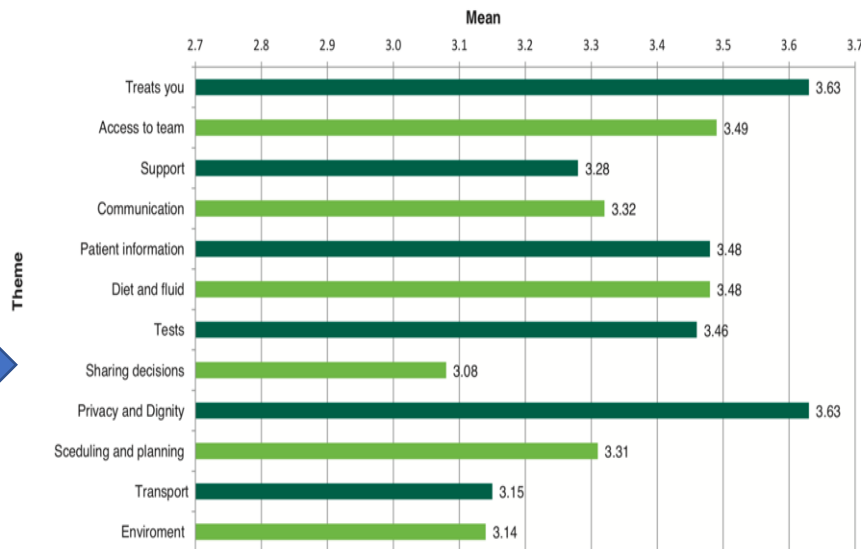


- Selection
- Initiation
- Maintenance
- Drop out

Figure 4 PD pathway adapted from Perit Dial Int. 2013 May-Jun;33(3):233-41.
doi: 10.3747/pdi.2012.00119. Peritoneal dialysis and the process of modality selection.
Blake PG, Quinn RR, Oliver MJ.

Patient perspective: drivers for change

Figure 1: Mean scores for the 12 Themes



A HOME DIALYSIS MANIFESTO

INCREASING UPTAKE OF HOME DIALYSIS TO BENEFIT
PATIENTS AND THE NHS

A report of the findings of the 2013
Home Dialysis Summit

Making the change



- Leadership
 - Engagement
 - Innovation
 - Measurement
 - Delivery
-
- A clear and shared goal

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

Project structure

- ‘Co production’ – patients involved at the start and at every level
- A regional team to coordinate the work, representative of the region
- Each centre to form a project team
- Support from KQuIP
 - Project management, expertise, measurement

The project cycle

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

Based around regional networks

- Consider modelling on the Cancer Alliance
- Network
 - Leadership development
 - Build capability in QI
 - Use KQulP to offer support
- First (supra) regional team engaged – East and West Midlands
- Second in year team TBA
- Funding secured for year 1



Organisational and
supporting processes

Engaged,
informed
individuals and
carers



Person-centred
coordinated care



Health and care
professionals
committed to
partnership
working



Commissioning

KQuIP Regional Day

North East

#KQuIPNE

13.05 – 13.45

Lunch and visit our sponsors

**‘THINK
KIDNEYS’**

KQuIP

Post lunch: QI techniques – a brief overview

How will it work

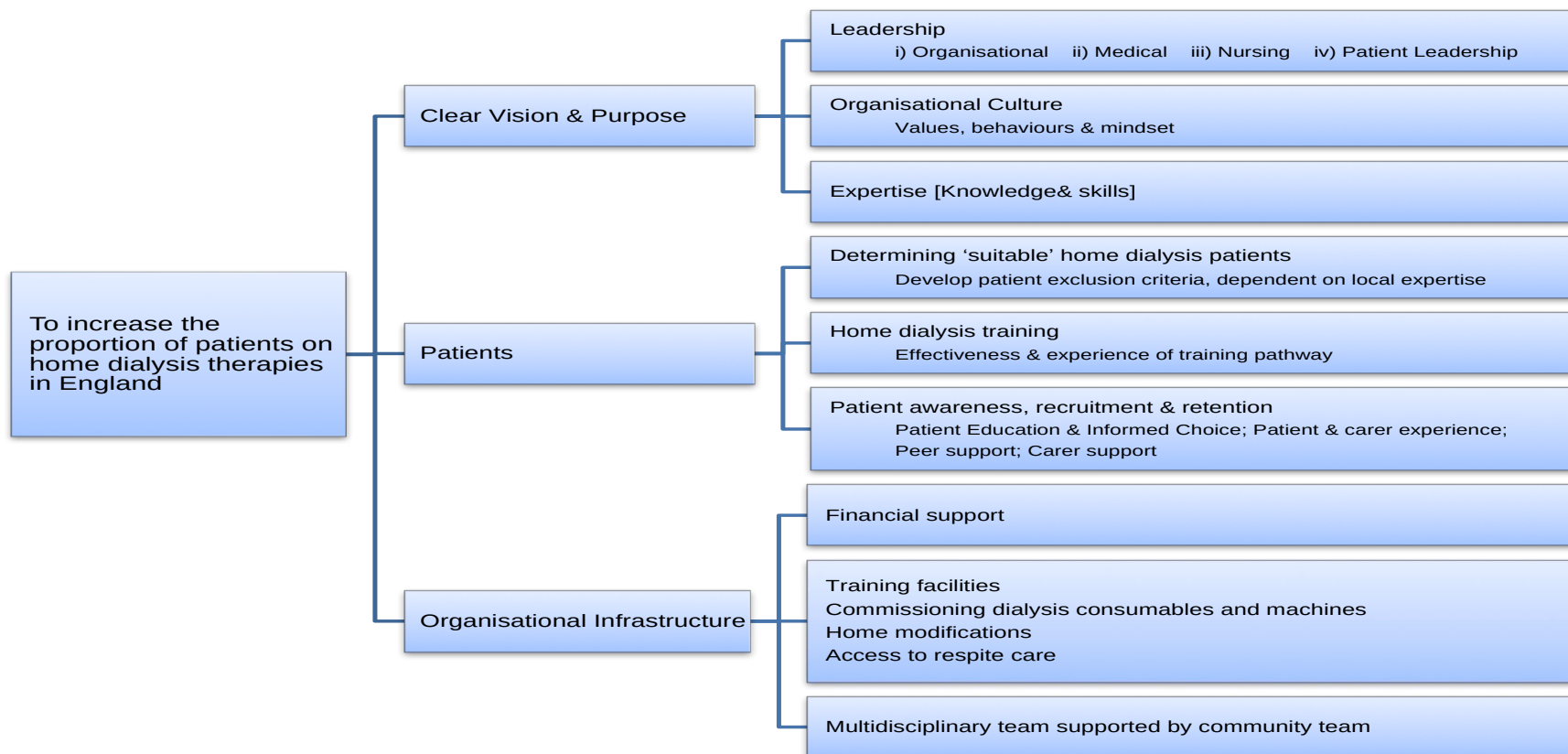
QI is not a religion

- 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

KQuIP UK National Home Dialysis QI Project

DAYLiFe: Dialysis at yours: Life fulfilled

DRIVER DIAGRAM: Home Dialysis

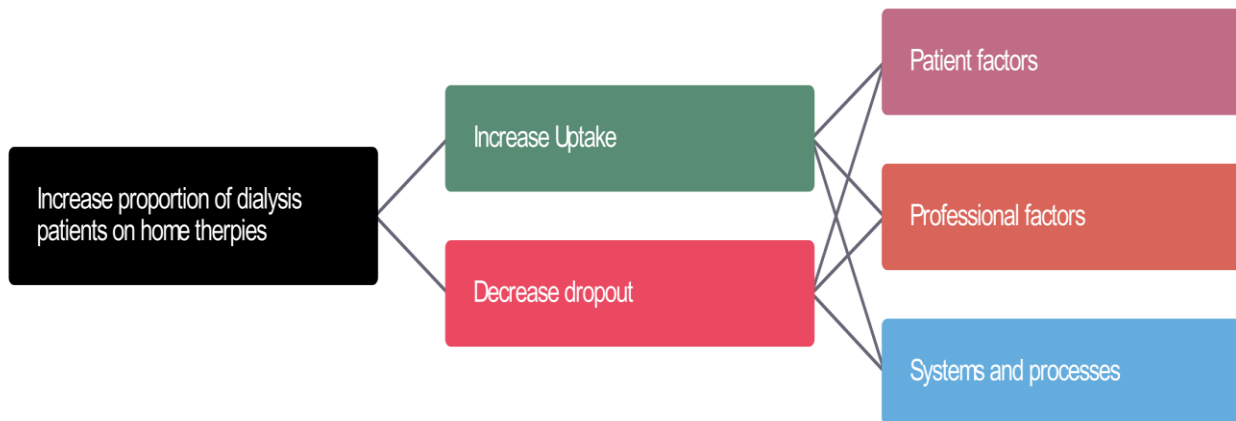


AIM

PRIMARY DRIVERS

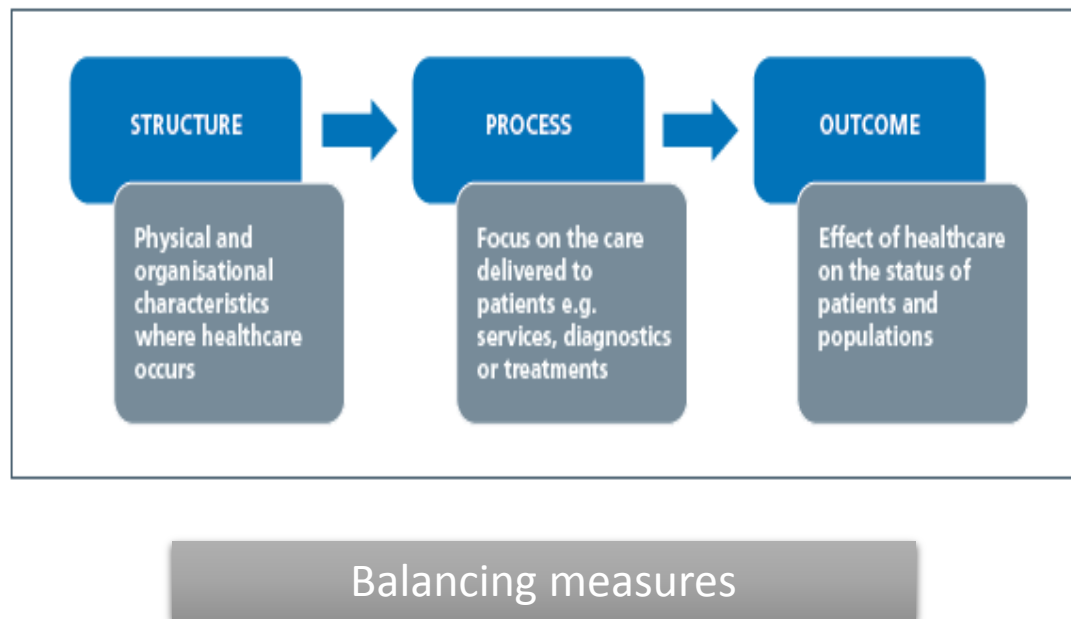
SECONDARY DRIVERS

CHANGE IDEAS

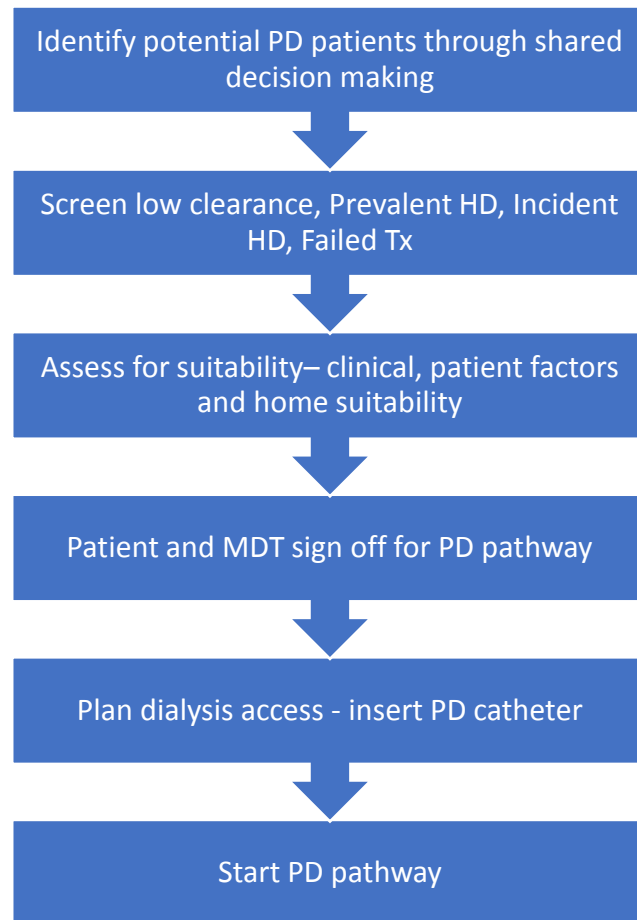


Measurement model: use your driver diagram

Figure 1: The Donabedian model for quality of care



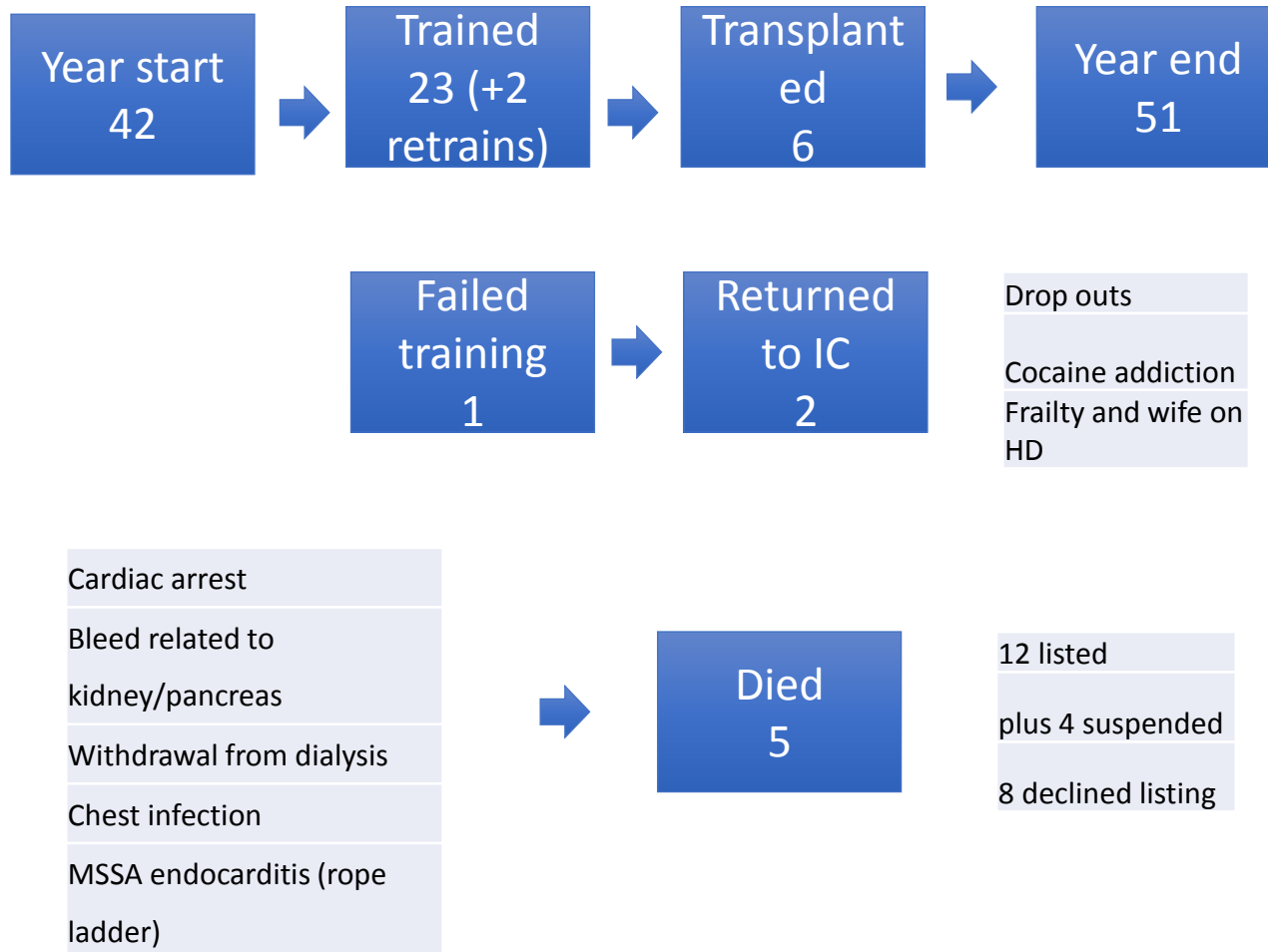
Think about patient flow: process flow



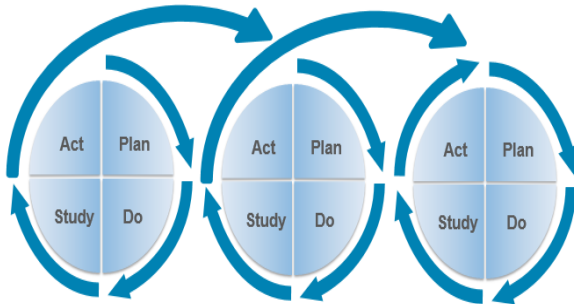
- Selection
- Initiation
- Maintenance
- Drop out

Figure 4 PD pathway adapted from Perit Dial Int. 2013 May-Jun;33(3):233-41.
doi: 10.3747/pdi.2012.00119. Peritoneal dialysis and the process of modality selection.
Blake PG, Quinn RR, Oliver MJ.

Patient flows 2017 HHD RDH



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

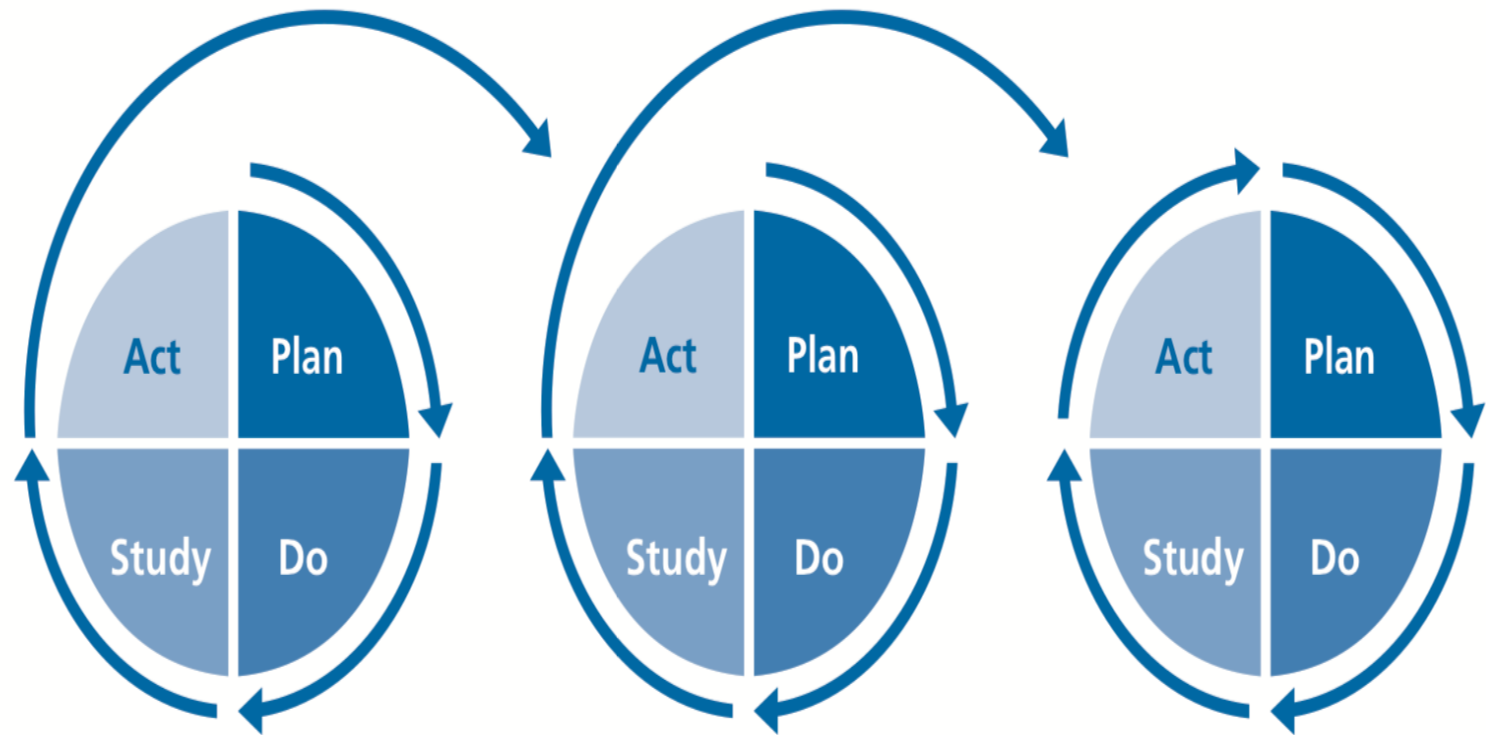
Suggested central mechanism to change

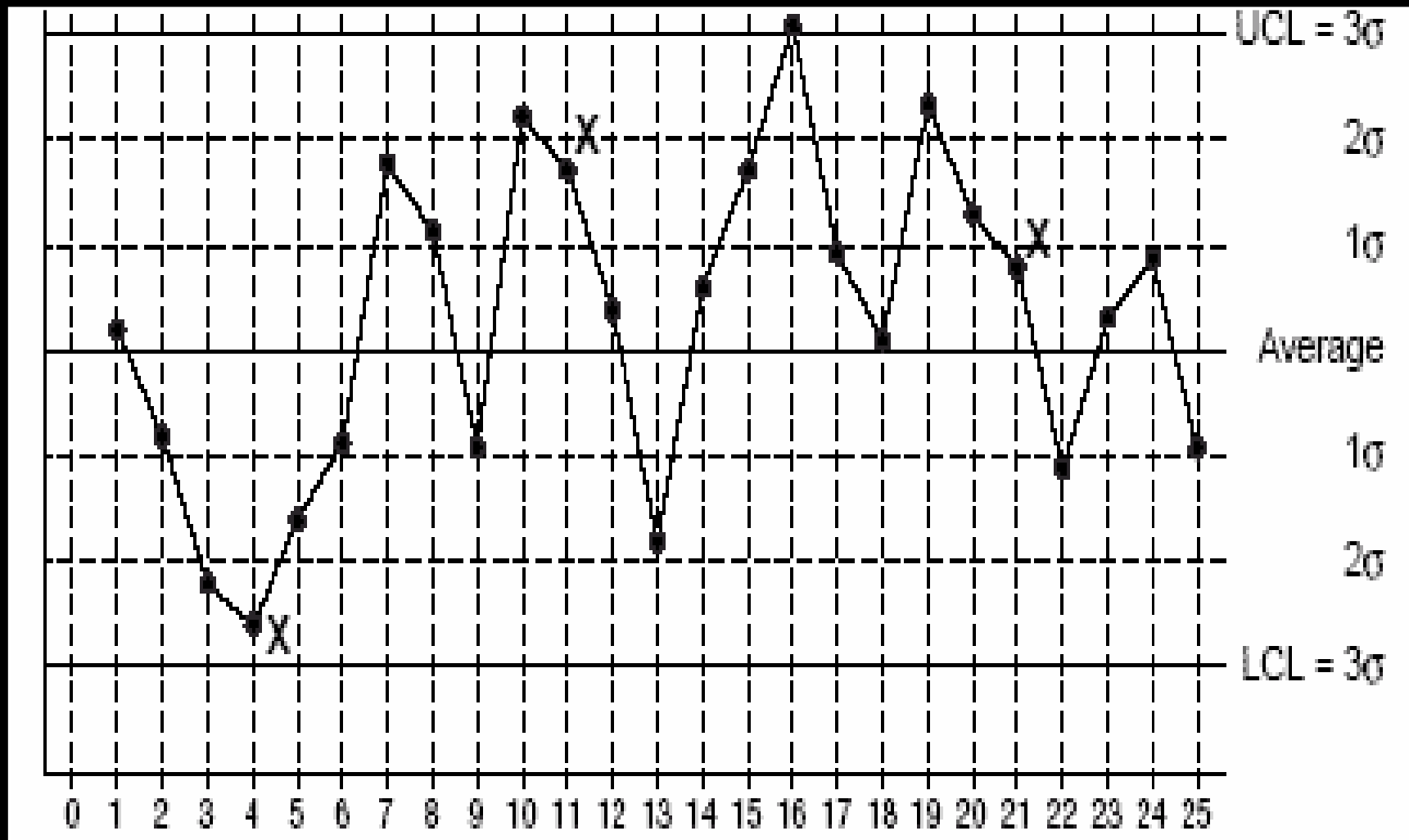
- Monthly MDT: patient flow management
 - Review all incident patients
 - Assess drop offs
 - Training status
 - Review critical data – hospitalisation, infections, technique issues
- Consider review of low clearance lists

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





Statistical process control charts

This is for another day!

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

Group work

Lets give it a go.

Table work



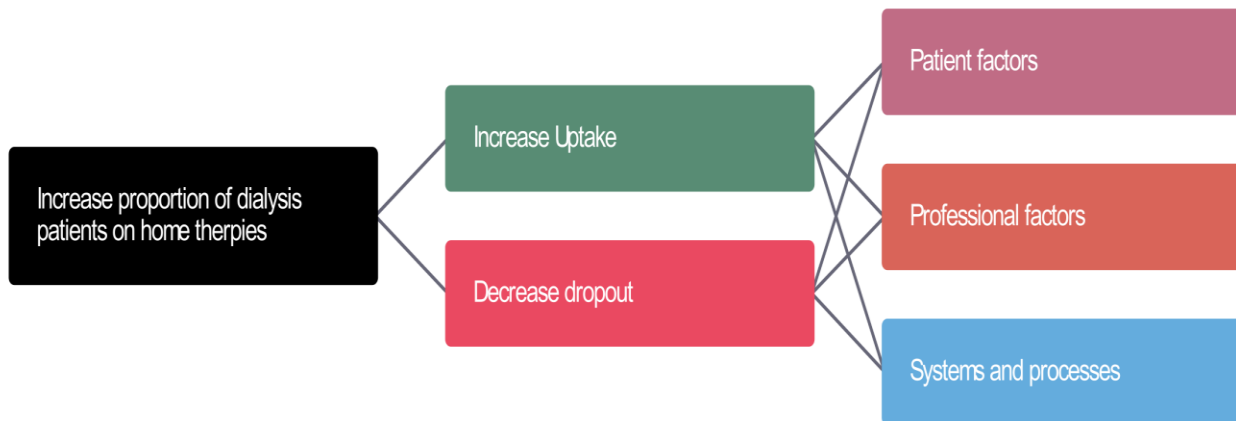
- Review the driver diagram 5 mins
 - Aim – do you agree?
 - Right hand column – idea?
- Take one idea from right hand column 15 mins
 - Design one PDSA cycle project
 - What measures would you use?
 - Process
 - Outcome
 - Balancing
- Write it down!!! 5 mins + 5 mins plan feedback
- Prepare to feedback after 30 minutes (3 minutes per table)

AIM

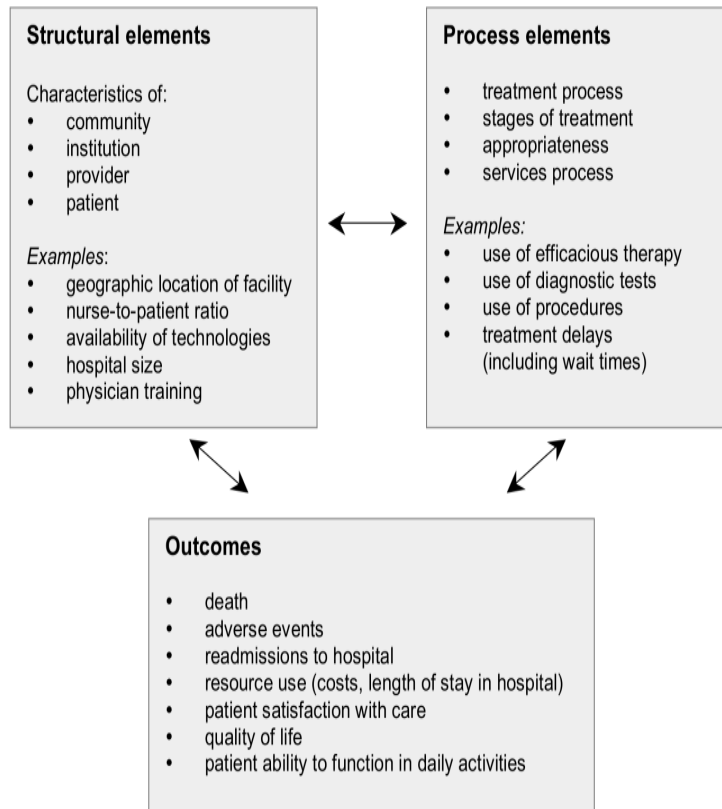
PRIMARY DRIVERS

SECONDARY DRIVERS

CHANGE IDEAS



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?

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How do you demonstrate success in Quality Improvement?

Charlie Tomson, chair, KQuIP projects group

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Tea Break and visit our sponsors

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Quality improvement in Practice

How to get started / KQuIP support

How QI network could support

What QI initiatives should North East take on as a region

Identify QI Leads

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Meeting of the QI Leads from each unit

- Agree future planning for the project
- What project will the region move forward with?
- Next meeting

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**Thank you and Goodbye until next
time!**

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