KQuIP Regional Half Day
Southeast

#KQuIPSE

Monday 3rd June 2019 – 09:00-12.30

Hilton Brighton Metropole, Kings Road, Brighton

THINK KIDNEYS

KQuIP

KQuIP Regional Day
Southeast

#KQuIPSE

Introducing the region

Victoria Ingham

Southeast region

'THINK KIDNEYS'

KQuIP

Welcome to the Southeast KQuIP Regional Day

Housekeeping

Fire alarms and exits…

Toilet location…

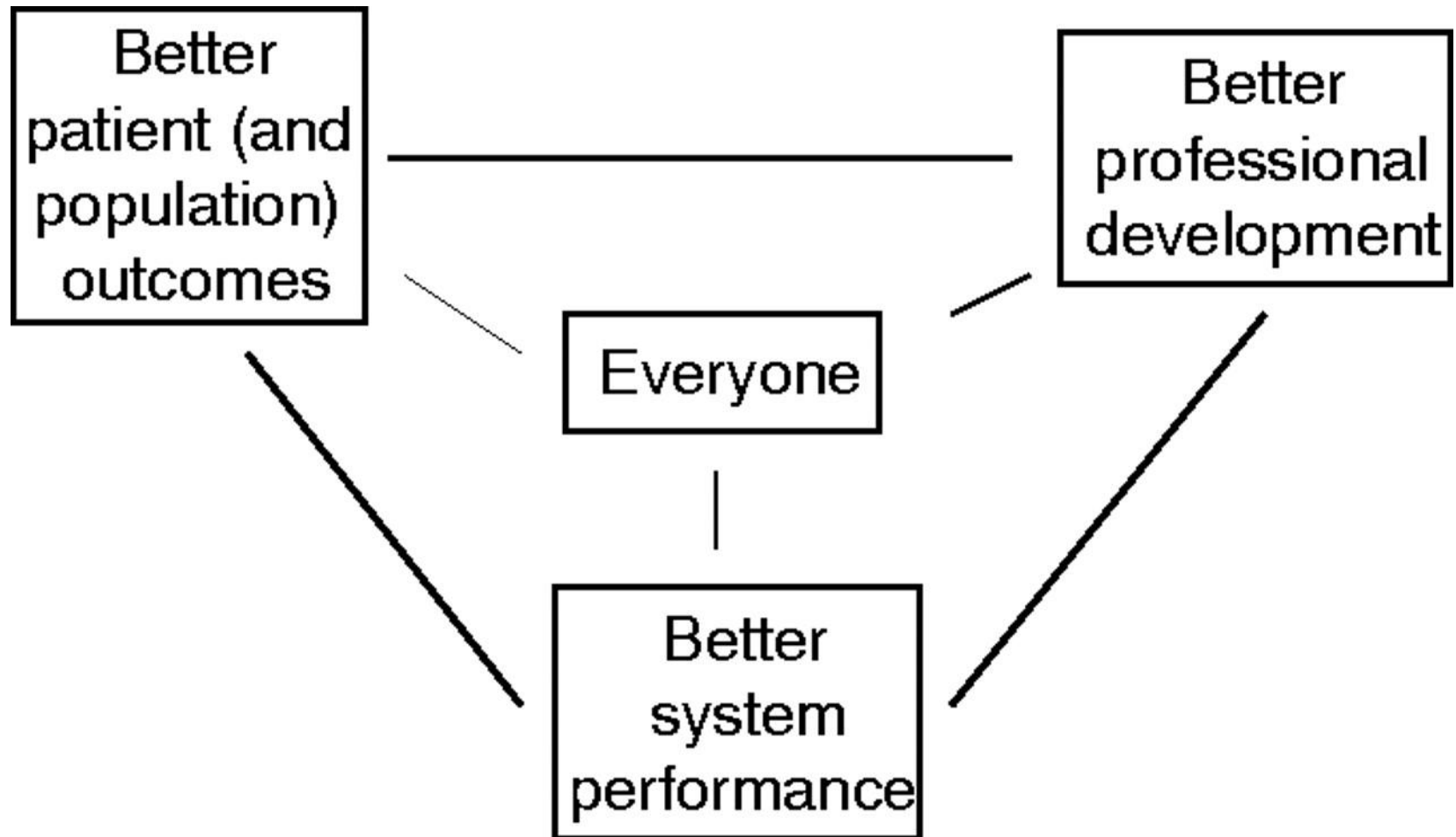**Mobiles and pagers…**

Breaks…

Photos…

Aims

- Review and discuss our data

- Identify and appoint QI leads from each unit

- Decide on regional and unit key priority

Quality Improvement (QI)

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

Sharlene Greenwood
KQuIP co-chair

Linked aims of improvement.

**BMJ Quality
& Safety**

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?

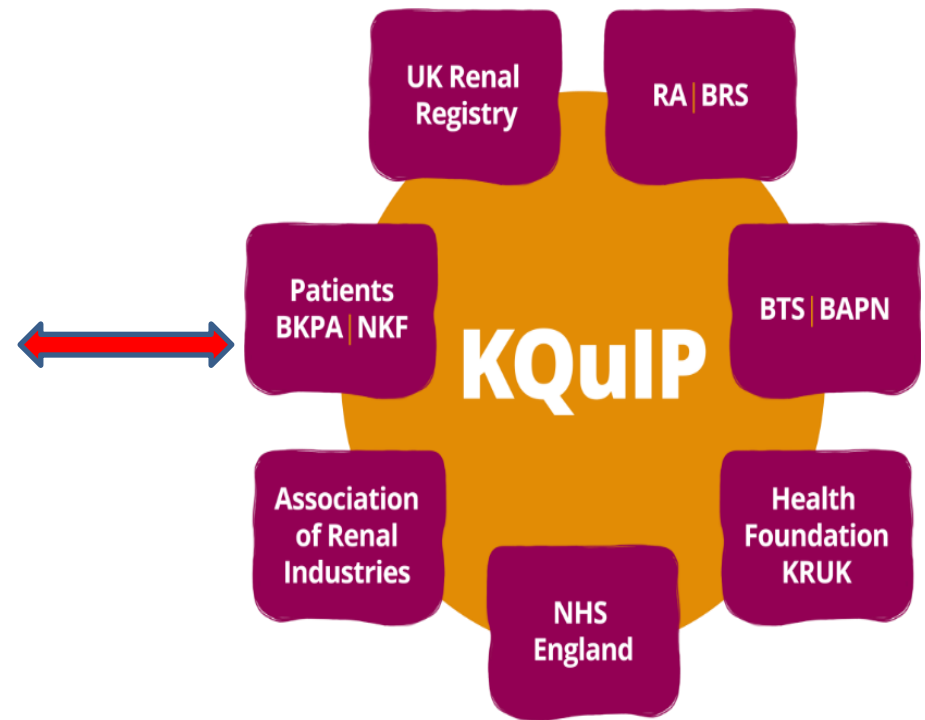Increasing capability through practical workstreams
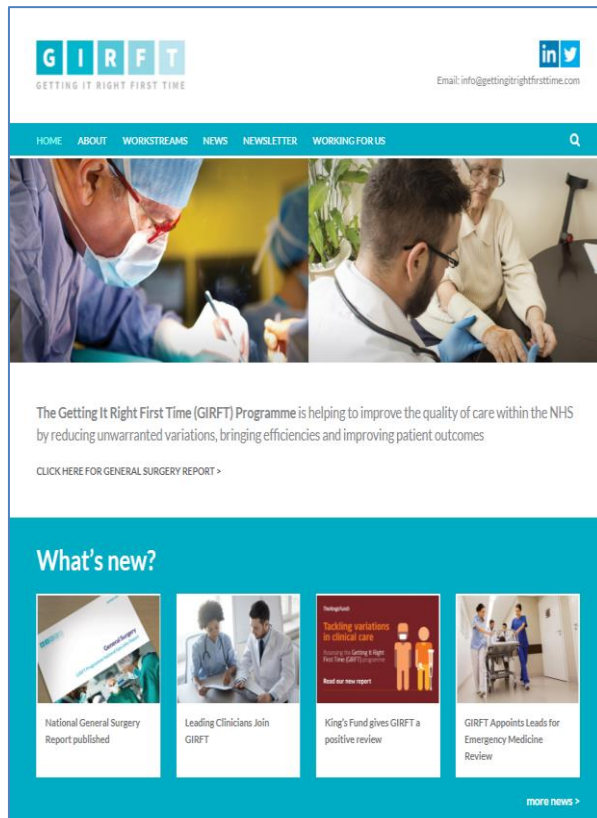
Three national projects
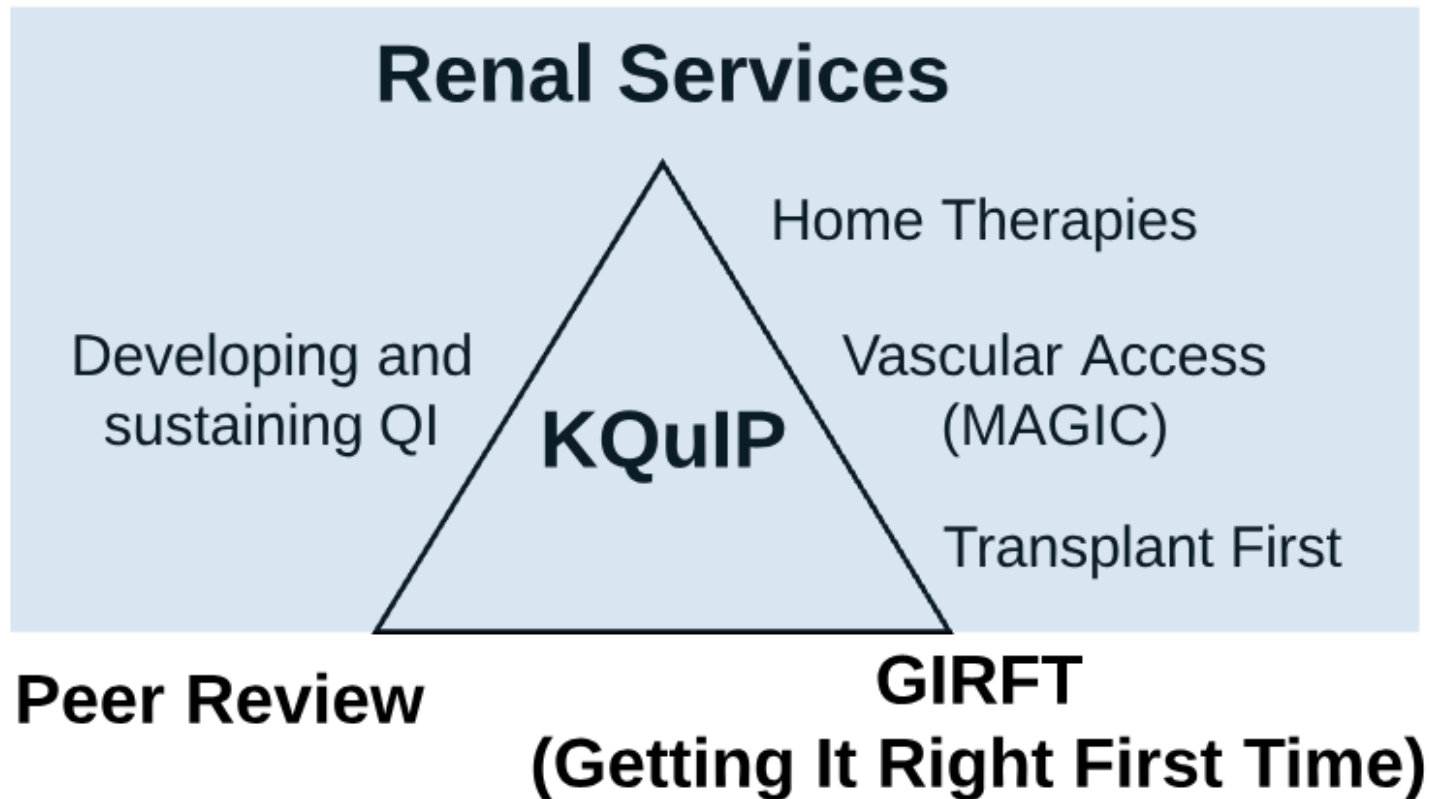
Regional structure

Focused on facilitation and development

The missing piece in enabling Renal QI

The **K**idney **Qu**ality **I**mprovement **P**artnership **(KQuIP)** is your QI support framework
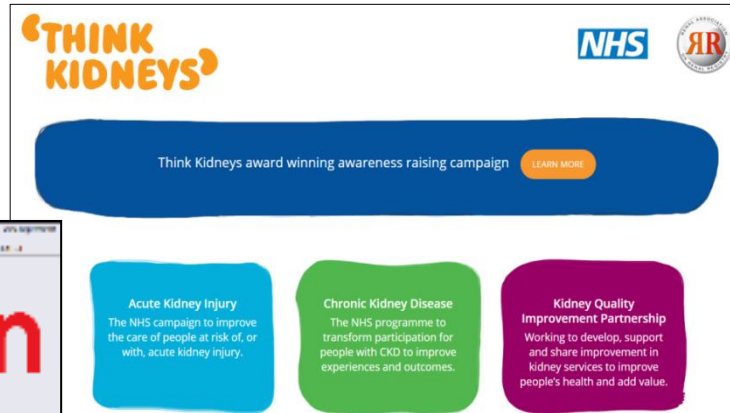
RA & Innovative Community Developments

Getting it Right First Time (GIRFT)

A clinically led programme across 35 specialties:

Aims
- **Reduce unwarranted variation,**
- **Improve the quality of patient outcomes**
- **Deliver operational productivity improvements**

Cross Cutting themes: CC, OP, Pathology..

GIRFT local support

North East, North Cumbria & Yorkshire

North West

West Midlands

East Midlands & East of England

London

South West

South East

GIRFT Regional Hubs support trusts in delivering the Clinical Leads' recommendations by:

- Helping them to assess and overcome the local and national barriers to delivery.

- Working closely with NHSI regions to ensure prioritisation of GIRFT delivery takes account of the wider context within each trust and is joined up with local and regional improvement initiatives.

- Joining up with NHSE/RightCare to ensure integrated support for STP level improvements.

- Producing **good practice manuals** of case studies and best practice guidance that trusts can use to implement change locally.

- Supporting regional networks across trusts.

Each hub will have two **clinical ambassadors:** regionally recognised leaders of improvement programmes

GIRFT
GETTING IT RIGHT FIRST TIME

Unwarranted Variation Persists

Emerging themes

- QI processes
- Data
- The "predictable three"
  - Vascular Access
  - Transplantation access
  - Home therapies
- AKI requiring nephrology input
- Infection
- Hospitalisation
- Medicines management

Vascular Access; AVF/Grafts

% with Graft/Fistula 2017-18

66% nationally
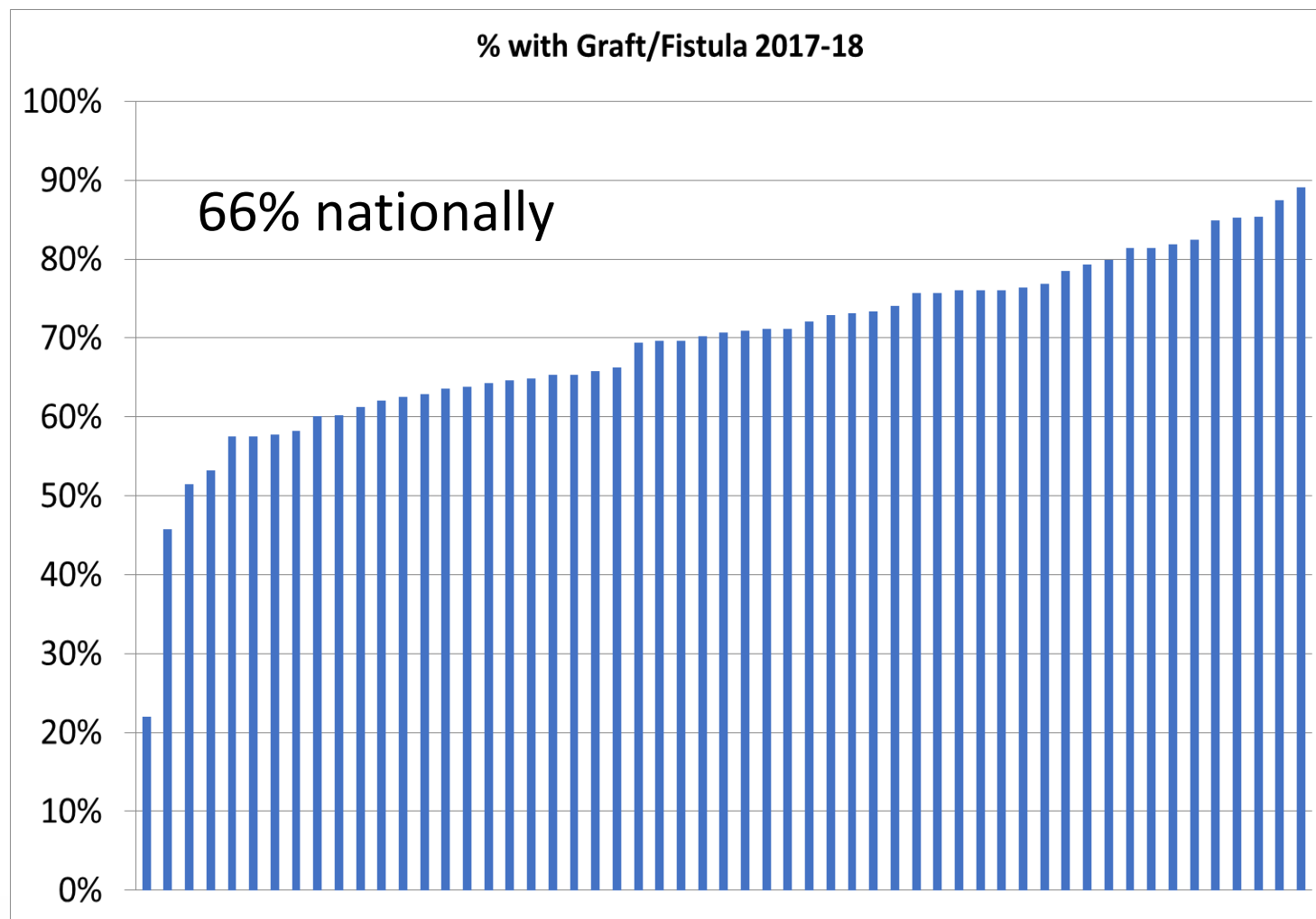
Equity of access to transplantation

The percentage of patients on renal replacement therapy who have a kidney transplant - 2016

Cannock Chase	Warwickshire North	Redditch and Bromsgrove	South East Staffordshire and Seisdon Peninsula	West Cheshire	Nottingham North and East	Warrington	South Cheshire	Newark & Sherwood	Chorley and South Ribble	Vale Royal
42.1	49.8	51.5	52.3	54.6	54.7	58.5	59.2	59.3	59.5	61.6

National: 53.1   Similar 10 average: 54.3
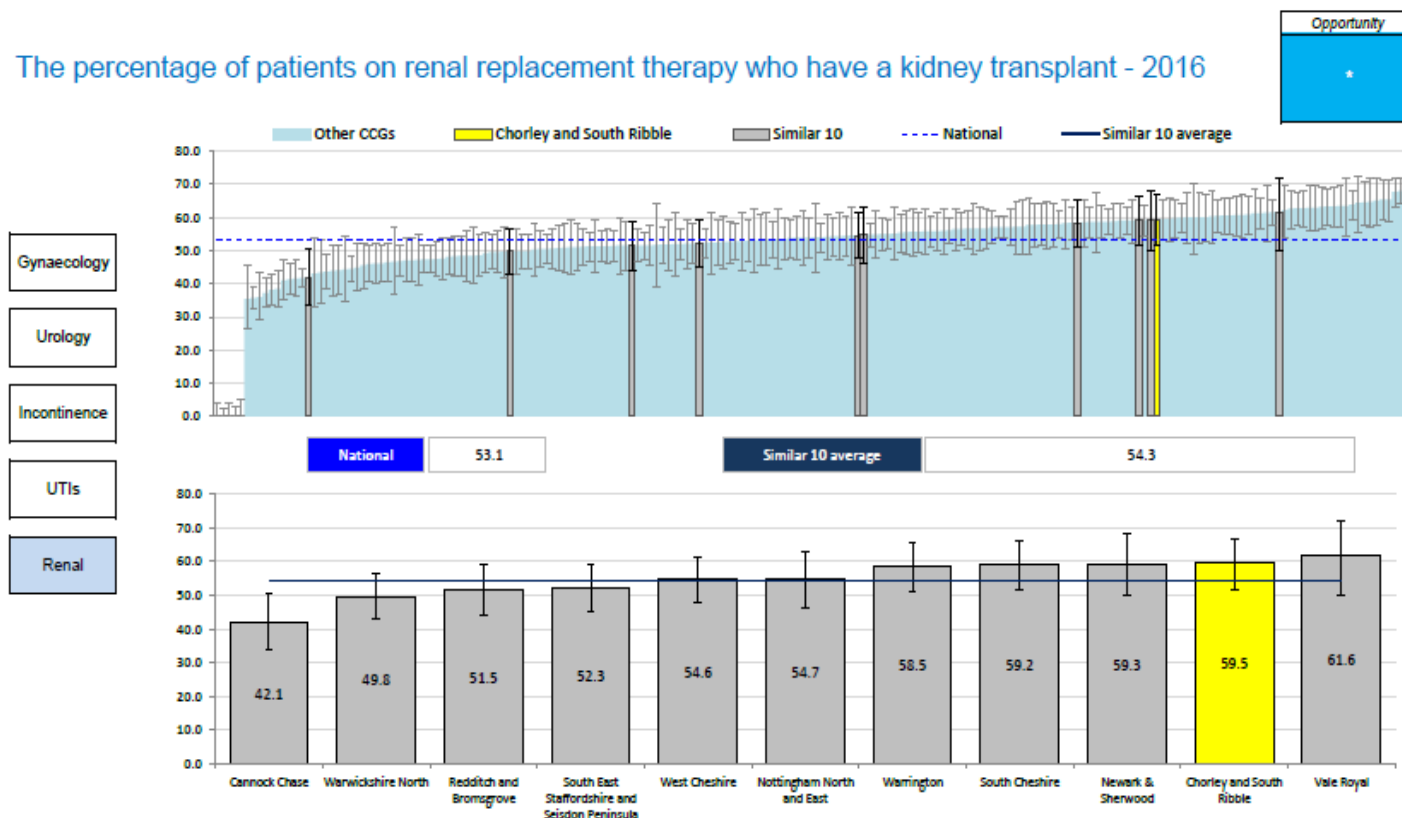
* Opportunities are not provided for this indicator as the appropriateness of rates of renal replacement therapy is very much a matter for local interpretation based upon specific population requirements/needs.

In 2016 there were incomplete RRT acceptance rate submissions from Cambridge renal centre. The following CCGs were affected:-
NHS Cambridge & Peterborough
NHS West Norfolk
NHS South Norfolk
NHS West Suffolk

NHS Chorley and South Ribble CCG
306

Source: UK Renal Registry of the Renal Association https://www.renalreg.org/

6.2.1 Transplant – Pre-emptive Listing or Live Donor

Item	Metric	Source and year of current report	Provider	England	Position	Variation chart
6.2.1	Recorded decision on transplant listing - timely presentation patients at RRT start (%)	UKRR Dashboards 2017	63.3%	86.1%	46 of 51	
6.2.2	RRT starters who are pre-emptive listed or pre-emptive transplanted (living donor (LD)) * (%)	UKRR 2016	9.4%	16.6%	43 of 49	

*This metric is calculated as the % of incident RRT patients that had a first date of listing before start of RRT or that received a pre-emptive live donor transplant. Note that this metric is different from the measure published by NHSBT

Percentage RRT starters who are pre-emptive listed or pre-emptive LD transplanted

Dotted lines show 99.9% limits
Solid lines show 95% limits

Percentage RRT starters who are pre-emptive listed or pre-emptive LD transplanted
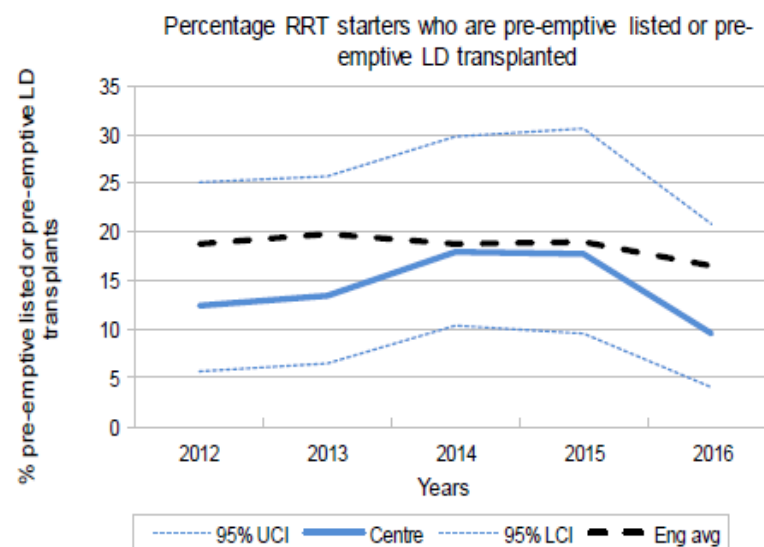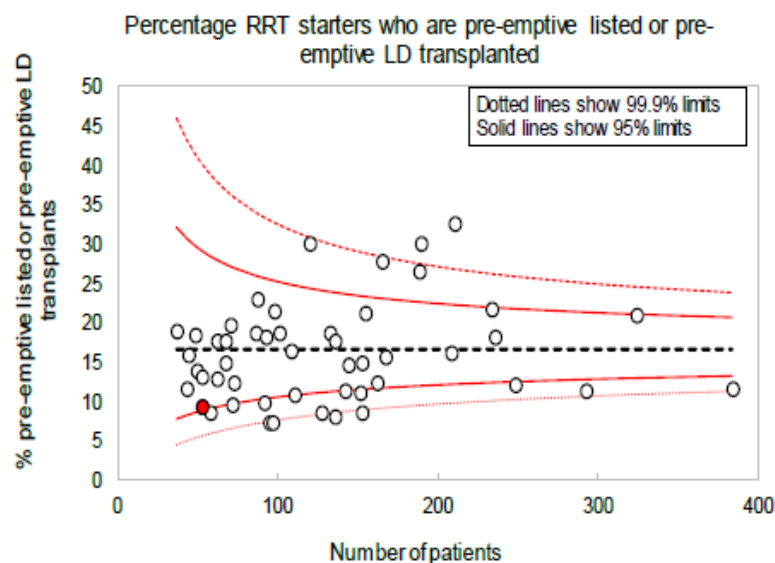
Emergency hospitalisation in prevalent HD

admissions per prevalent HD
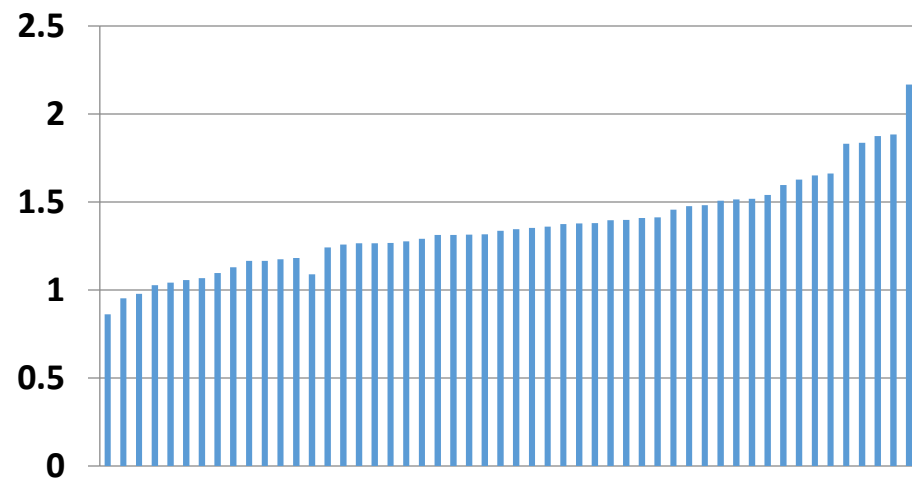
mean LoS in emergency admissions
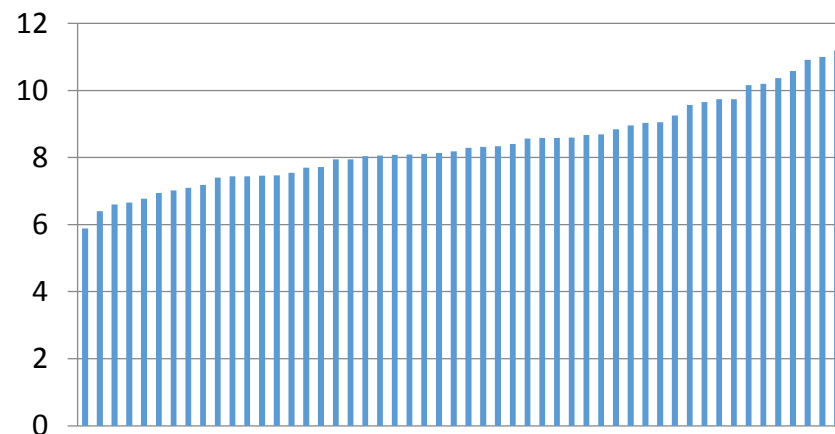
Acute Kidney Injury-Mortality

O/E mortality for ARF in SHMI dataset July 2017 - June 18

Infection - peritonitis

Solid lines show 95% limits
Dotted lines show 99.8% limits

Peritonitis rate per 1000 PD patient days

Number of PD days at centre (over the period 01/01/2018 to 31/12/2018)
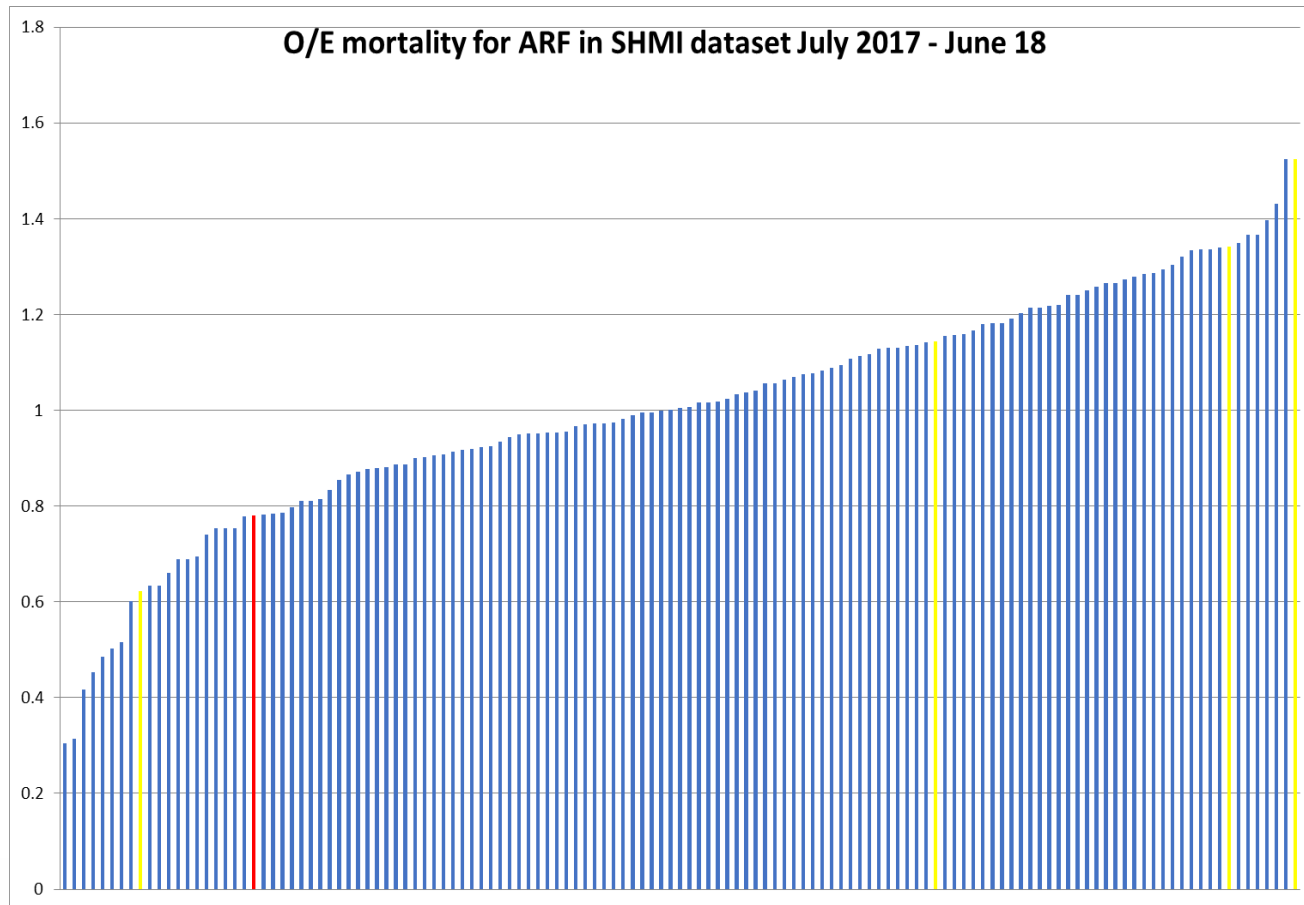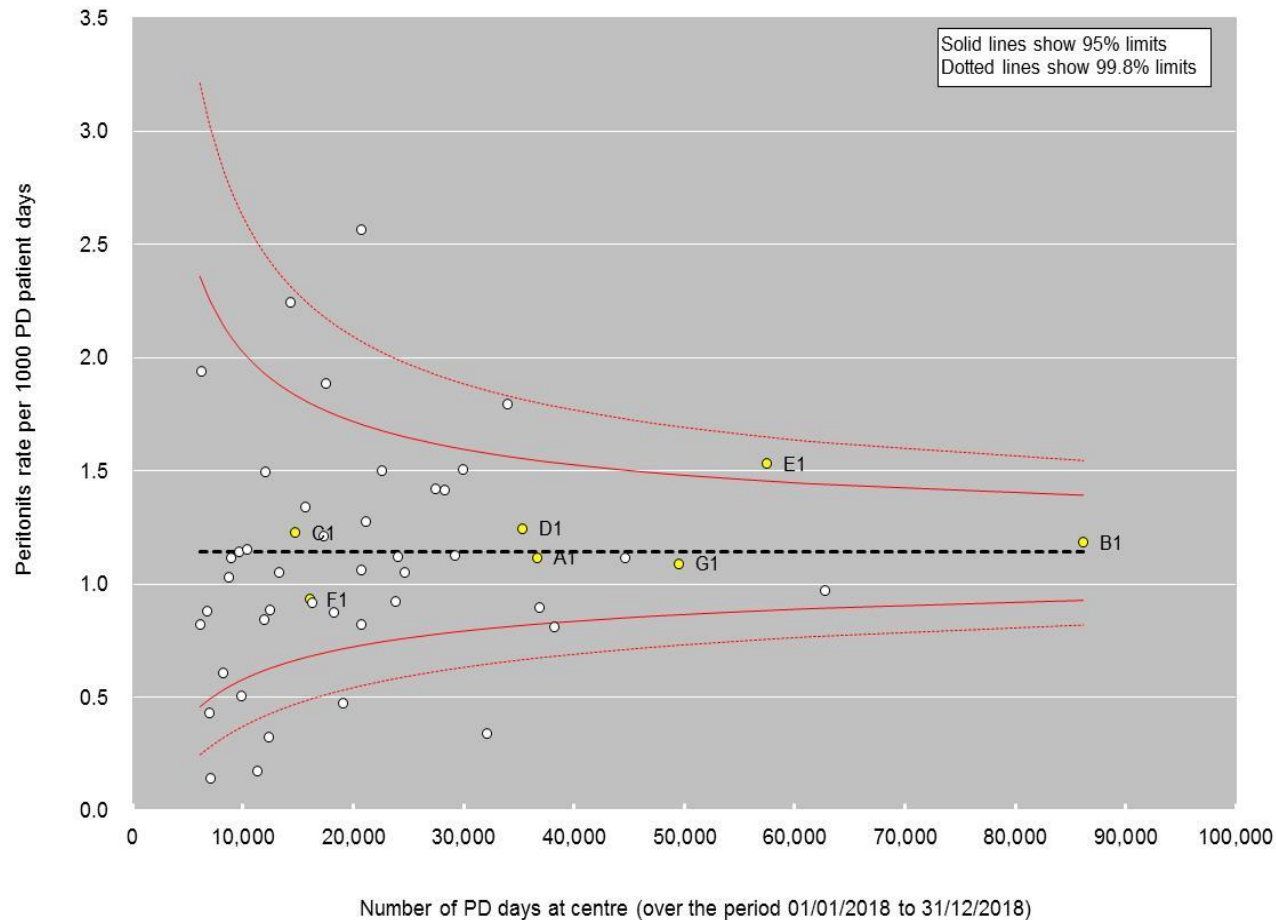
What's needed to Improve?

Local
- Training, leadership
- Peer learning
- MPT focus
- Networks
- Time and Trust Support
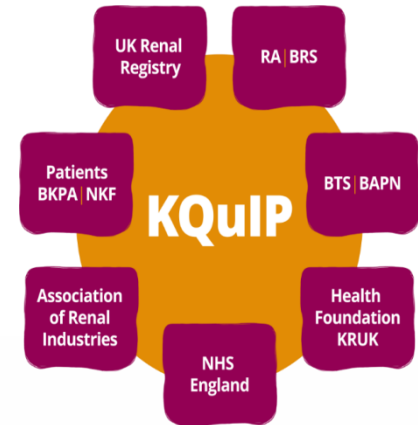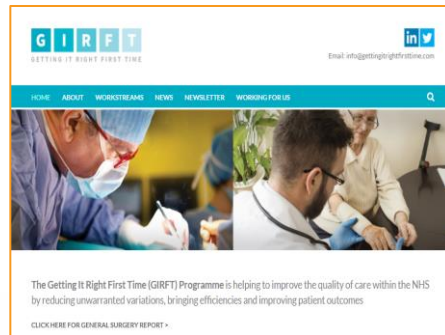
What's coming?

Local
- Training, leadership
- Peer learning
- MPT focus
- Networks
- Time and Trust Support
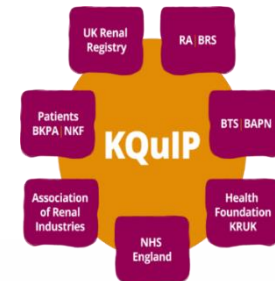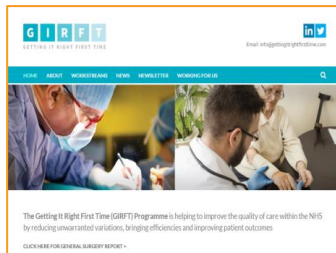
Where are we?

- 49 of 52 visits
  - Paid a price in terms of timeliness of reports
  - Excellent clinical engagement
  - Less consistent senior executive engagement

- First steps towards a National Report
  - Co-badged with RA/BRS/RCP

Data – not as good as we aspire to

Vascular Access

- Stretched capacity in the NHS in England
  - Theatres/Vascular labs
  - Surgeons
  - <u>Interventional radiology</u>
- Co-localisation
- Time for a radical re-think?
  - Dedicated VA centres covering large urban areas?
  - Independent sector involvement?
- 59% of patients need more than one procedure before starting dialysis

Home therapies

- Varied clinical views
    - HHD v PD
    - What drives HHD?
        - New technologies
        - Shared care HD

- Percutaneous PD catheters now the norm

- Training facilities a limiting factor for HHD
    - The right environment/space
    - The right staff

What didn't we measure?

- Supportive/Conservative care*
- Detail of OP activity
  - Including novel ways of working
- Research
  - These metrics now available
- Detailed workforce analysis*
  - How comprehensive is your team?
- Clinician contact time in HD
- Pathway documentation*
- Patient information*

- *In scope of NHSE QST Peer reviews

GIRFT
GETTING IT RIGHT FIRST TIME

Recruitment to NIHR Studies (2017/18 - All Renal Disorders, RADAR excluded)
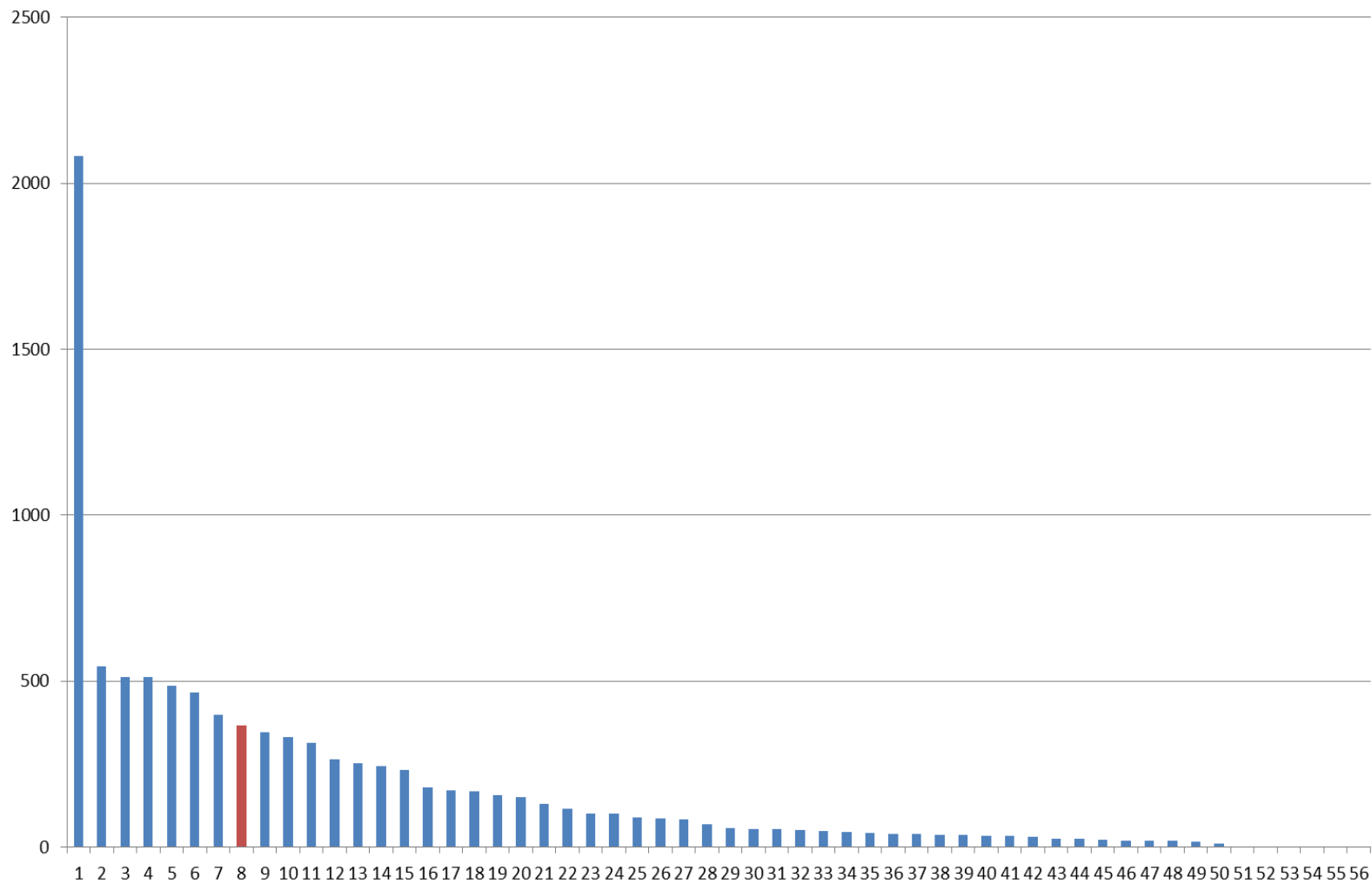
National Report
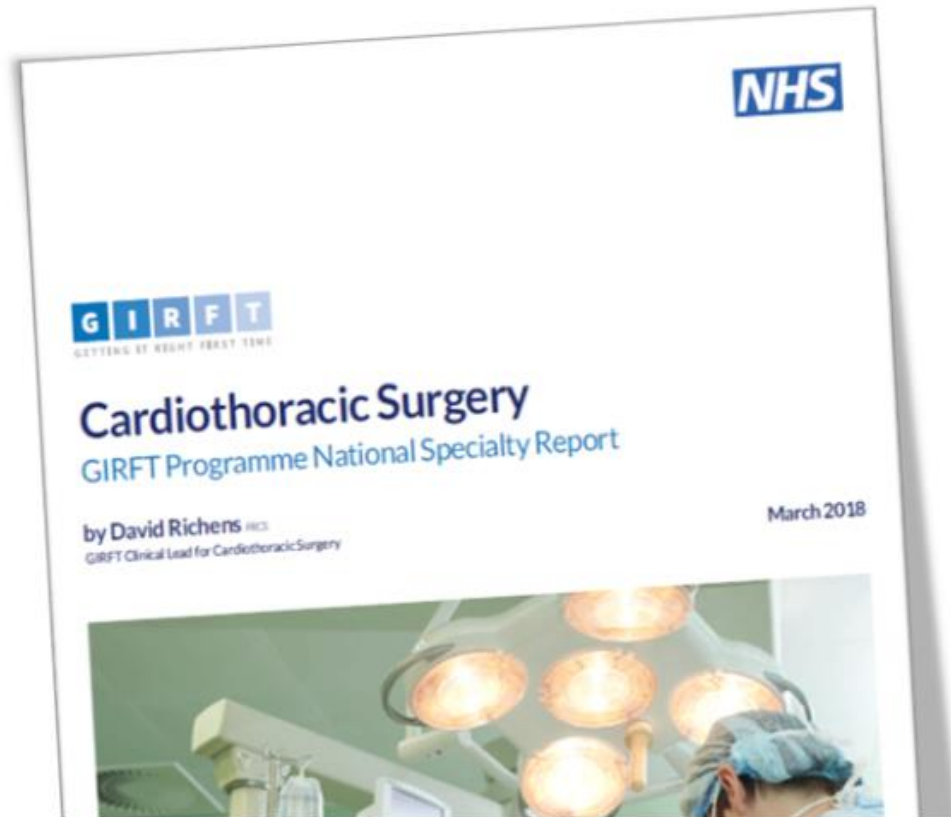
Next steps

- Centre visits

- National Report

- Peer Assist

- Refresh the data packs?

- Revisits
  - Focussed on one or two areas?
  - Network
    - Transplantation or vascular access
  - Partnership with KQuIP

- NHSE QST Peer Review

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

Julie Slevin

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 Southeast?

❮ B: What could we improve on?

❮ C: What are the barriers to achieving our goals?

Trios Approach

❨ Working on your tables…

❨ 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 areas 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 area the post-it notes are grouped into themes by the facilitator

❬Choose an area and discuss the themes

❬ The themes will be linked into the future KQuIP events

Welcome to our patients

Catherine Murray and Rupert Golds

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Coffee Break

THINK KIDNEYS

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KQuIP data session

James Medcalf

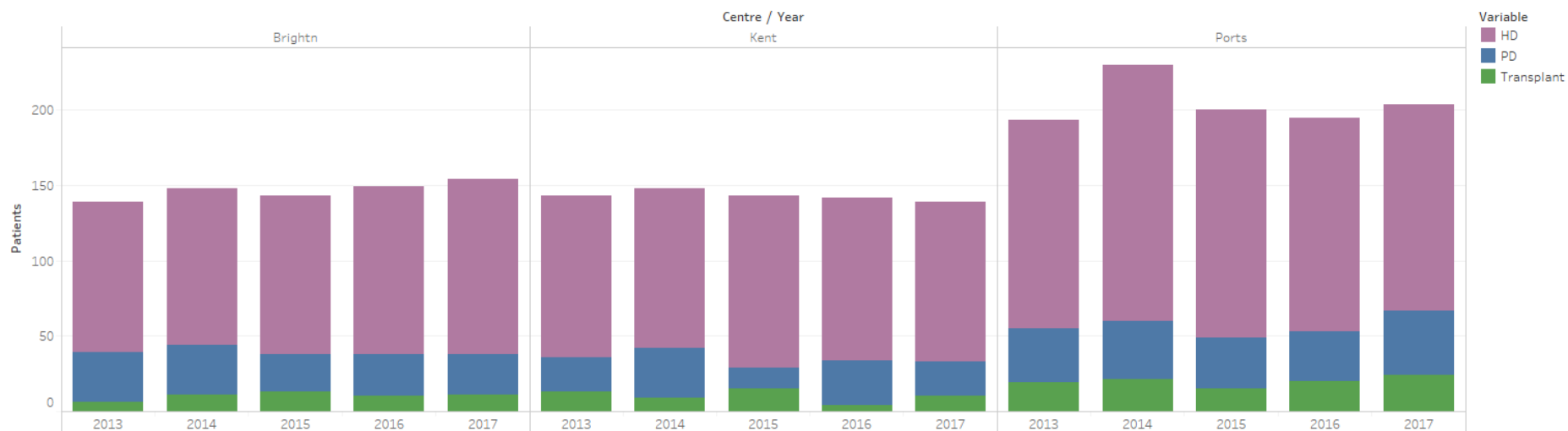THINK KIDNEYS

KQuIP

Transplant First

UKRR/KQuIP Regional Day – South East

James Medcalf

UKRR

Incident RRT population (new patients)

Centre / Year

Sum of Value for each Year broken down by Centre. Colour shows details about Variable. The data is filtered on measure, AdultPaed and Option. The measure filter keeps Incidence. The AdultPaed filter keeps Adult. The Option filter keeps Number. The view is filtered on Variable, Centre and Year. The Variable filter keeps 11 members. The Centre filter keeps 14 members. The Year filter keeps 8 members.

IncidTable

Centre	HD 2013	HD 2014	HD 2015	HD 2016	HD 2017	PD 2013	PD 2014	PD 2015	PD 2016	PD 2017	Dialysis 2013	Dialysis 2014	Dialysis 2015	Dialysis 2016	Dialysis 2017	Transplant 2013	Transplant 2014	Transplant 2015	Transplant 2016	Transplant 2017	RRT 2013	RRT 2014	RRT 2015	RRT 2016	RRT 2017
Brightn	100	104	105	111	116	33	33	25	28	27	133	137	130	139	143	6	11	13	10	11	139	148	143	149	154
Kent	107	106	114	108	106	23	33	14	30	23	130	139	128	138	129	13	9	15	4	10	143	148	143	142	139
Ports	138	170	151	142	137	36	39	34	33	43	174	209	185	175	180	19	21	15	20	24	193	230	200	195	204

Sum of Value broken down by Variable and Year vs. Centre. The data is filtered on measure, AdultPaed and Option. The measure filter keeps Incidence. The AdultPaed filter keeps Adult. The Option filter keeps Number. The view is filtered on Centre and Year. The Centre filter keeps 14 members. The Year filter keeps 8 members.

Incident RRT population (new patients)

Centre / Year
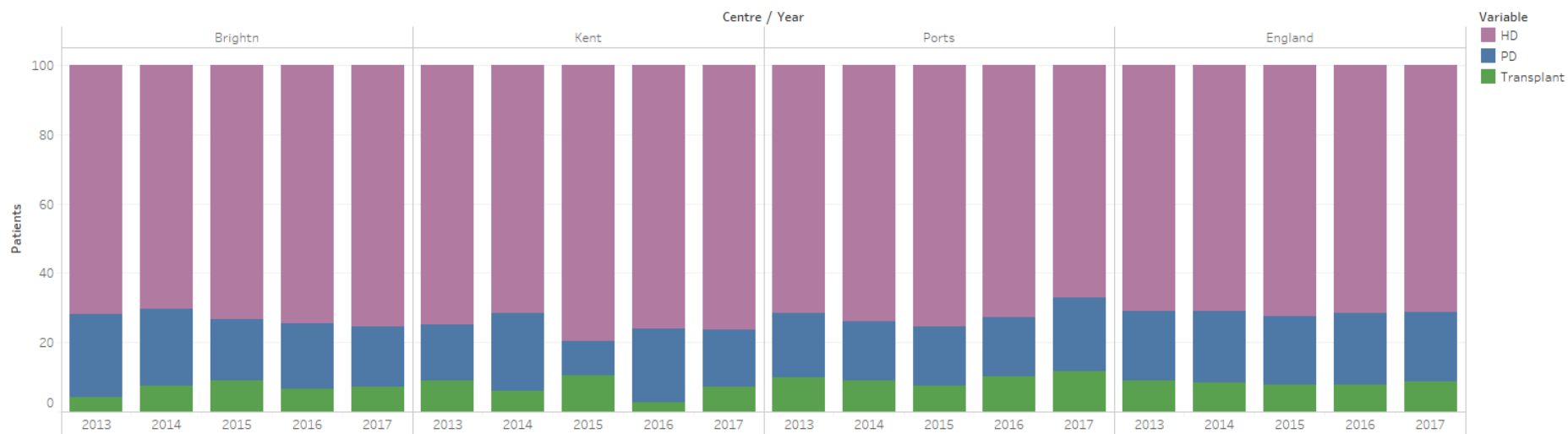
Variable
- HD
- PD
- Transplant

Sum of Value for each Year broken down by Centre. Colour shows details about Variable. The data is filtered on measure, AdultPaed and Option. The measure filter keeps Incidence. The AdultPaed filter keeps Adult. The Option filter keeps Percent. The view is filtered on Variable, Centre and Year. The Variable filter keeps 11 members. The Centre filter keeps 15 members. The Year filter keeps 8 members.

IncidTable

Centre	HD					PD					Dialysis					Transplant					RRT				
	2013	2014	2015	2016	2017	2013	2014	2015	2016	2017	2013	2014	2015	2016	2017	2013	2014	2015	2016	2017	2013	2014	2015	2016	2017
Brightn	71.9	70.3	73.4	74.5	75.3	23.7	22.3	17.5	18.8	17.5	95.7	92.6	90.9	93.3	92.9	4.3	7.4	9.1	6.7	7.1	100	100	100	100	100
Kent	74.8	71.6	79.7	76.1	76.3	16.1	22.3	9.8	21.1	16.5	90.9	93.9	89.5	97.2	92.8	9.1	6.1	10.5	2.8	7.2	100	100	100	100	100
Ports	71.5	73.9	75.5	72.8	67.2	18.7	17	17	16.9	21.1	90.2	90.9	92.5	89.7	88.2	9.8	9.1	7.5	10.3	11.8	100	100	100	100	100
England	71	70.9	72.5	71.6	71.4	19.9	20.6	19.8	20.7	19.9	90.9	91.5	92.3	92.3	91.2	9.1	8.5	7.7	7.7	8.8	100	100	100	100	100

Sum of Value broken down by Variable and Year vs. Centre. The data is filtered on measure, AdultPaed and Option. The measure filter keeps Incidence. The AdultPaed filter keeps Adult. The Option filter keeps Percent. The view is filtered on Centre and Year. The Centre filter keeps 15 members. The Year filter keeps 8 members.

Home Therapies Data

UKRR/KQuIP Regional Day – South East

James Medcalf

UKRR

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

Percentage of prevalent dialysis patients on home therapies by renal centre on 31 December 2012 to 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
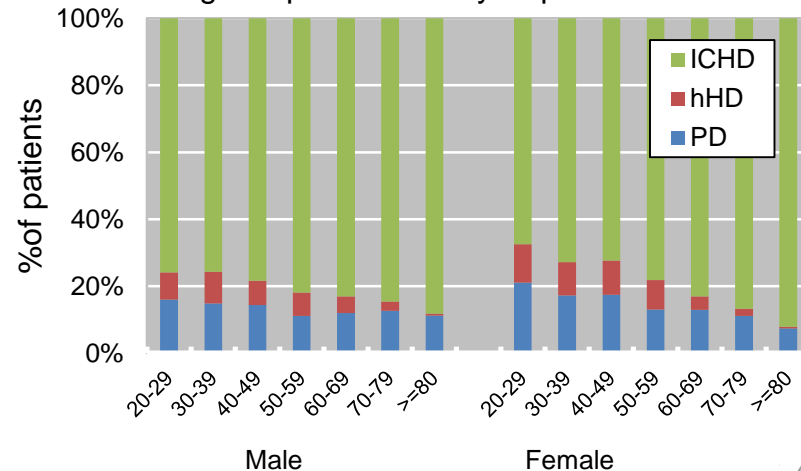
Prevalent ICHD population
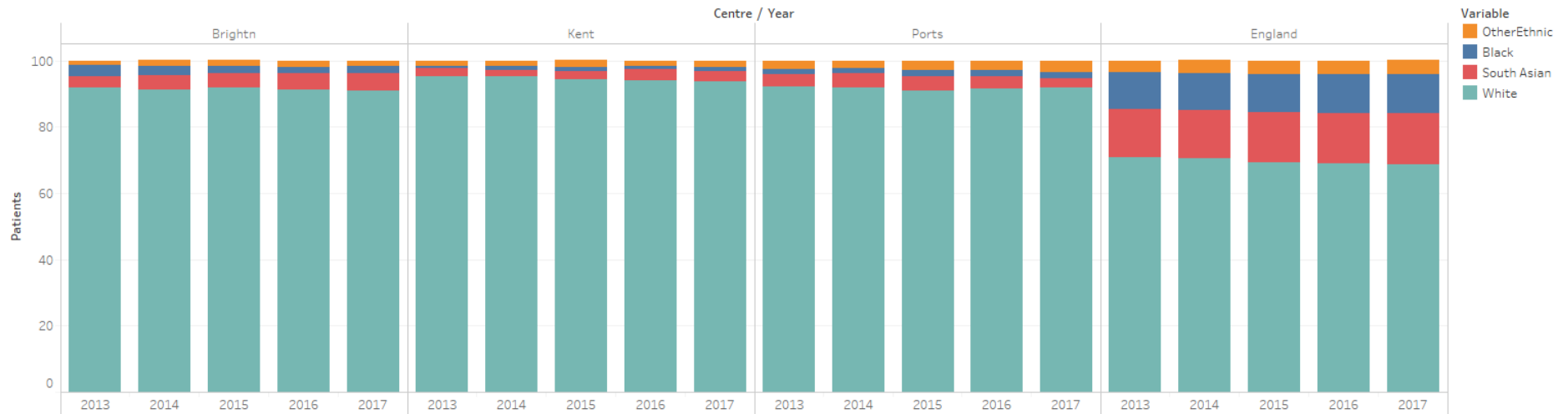
Sum of Value for each Year broken down by Centre. Colour shows details about Variable. The data is filtered on measure, AdultPaed and Option. The measure filter keeps Prevelence_ICHD. The AdultPaed filter keeps Adult. The Option filter keeps Percent. The view is filtered on Variable, Centre and Year. The Variable filter keeps Black, OtherEthnic, South Asian and White. The Centre filter keeps 15 members. The Year filter keeps 8 members.

ICHDTable

Centre	Female					Male					White					South Asian					Black					OtherEthnic				
	2013	2014	2015	2016	2017	2013	2014	2015	2016	2017	2013	2014	2015	2016	2017	2013	2014	2015	2016	2017	2013	2014	2015	2016	2017	2013	2014	2015	2016	2017
Brightn	38.1	36.5	33.6	33.4	33.9	61.9	63.5	66.4	66.6	66.1	91.8	91.2	91.8	91.2	90.8	3.4	4.3	4.3	4.8	5.2	3.4	2.7	2.1	2	2.2	1.4	1.9	1.9	2	1.7
Kent	37	35.5	35.9	35.5	38.1	63	64.5	64.1	64.5	61.9	95.1	95.3	94.4	94.1	93.6	2.5	1.8	2.5	3.2	3.1	0.8	1.3	1.2	1	1.4	1.6	1.6	2	1.7	1.9
Ports	34.9	34.9	35.7	37.2	36.9	65.1	65.1	64.3	62.8	63.1	92.1	91.8	91	91.5	91.8	3.8	4.2	4.3	3.7	2.8	1.6	1.6	1.9	1.9	1.8	2.5	2.4	2.8	2.9	3.6
England	39.1	38.5	38.5	38.3	38	60.9	61.5	61.5	61.7	62	70.9	70.5	69.4	68.9	68.7	14.4	14.5	15	15.1	15.3	11	11.2	11.5	11.8	11.9	3.7	3.9	4.1	4.2	4.2

Sum of Value broken down by Variable and Year vs. Centre. The data is filtered on measure, AdultPaed and Option. The measure filter keeps Prevelence_ICHD. The AdultPaed filter keeps Adult. The Option filter keeps Percent. The view is filtered on Centre and Year. The Centre filter keeps 15 members. The Year filter keeps 8 members.
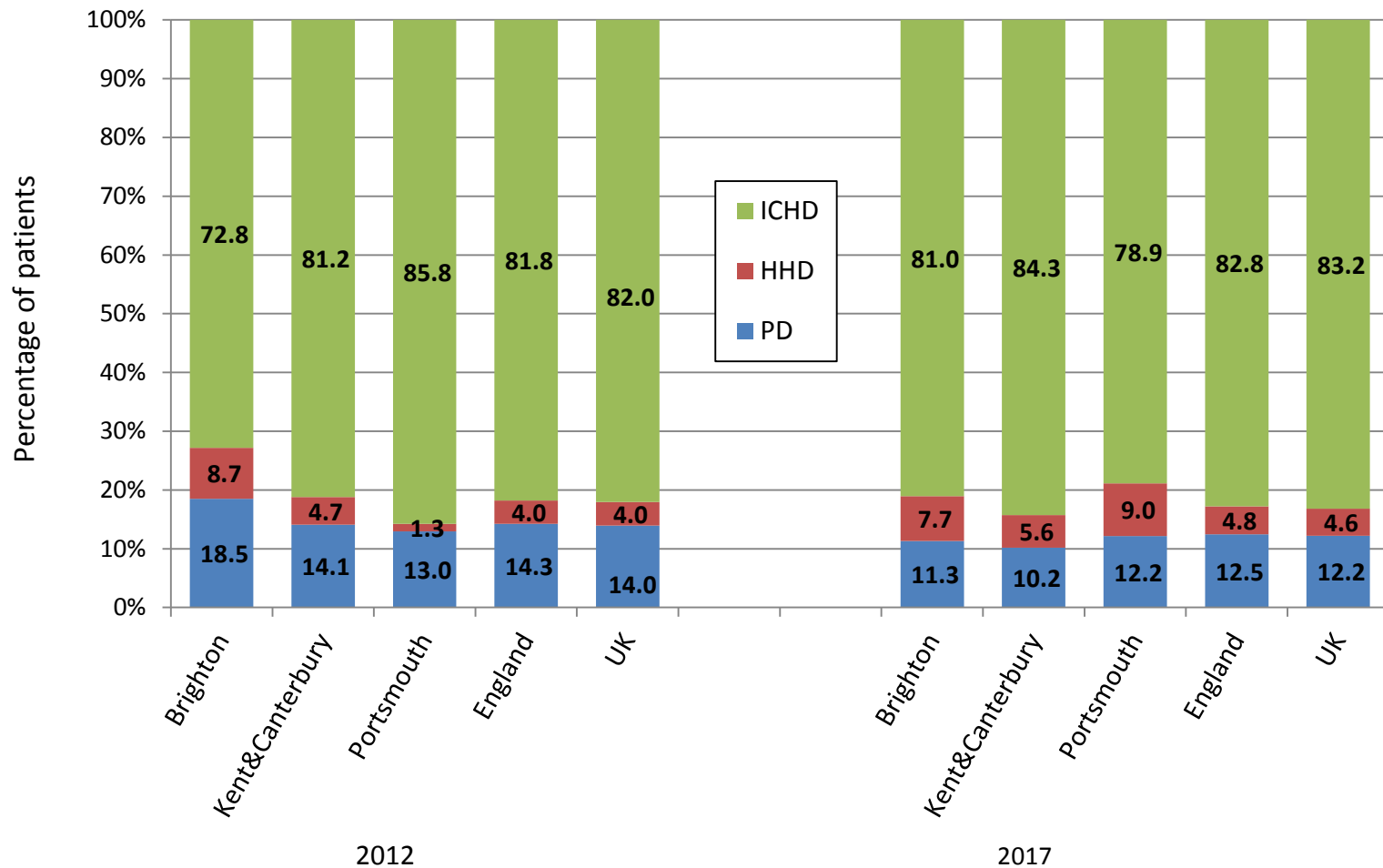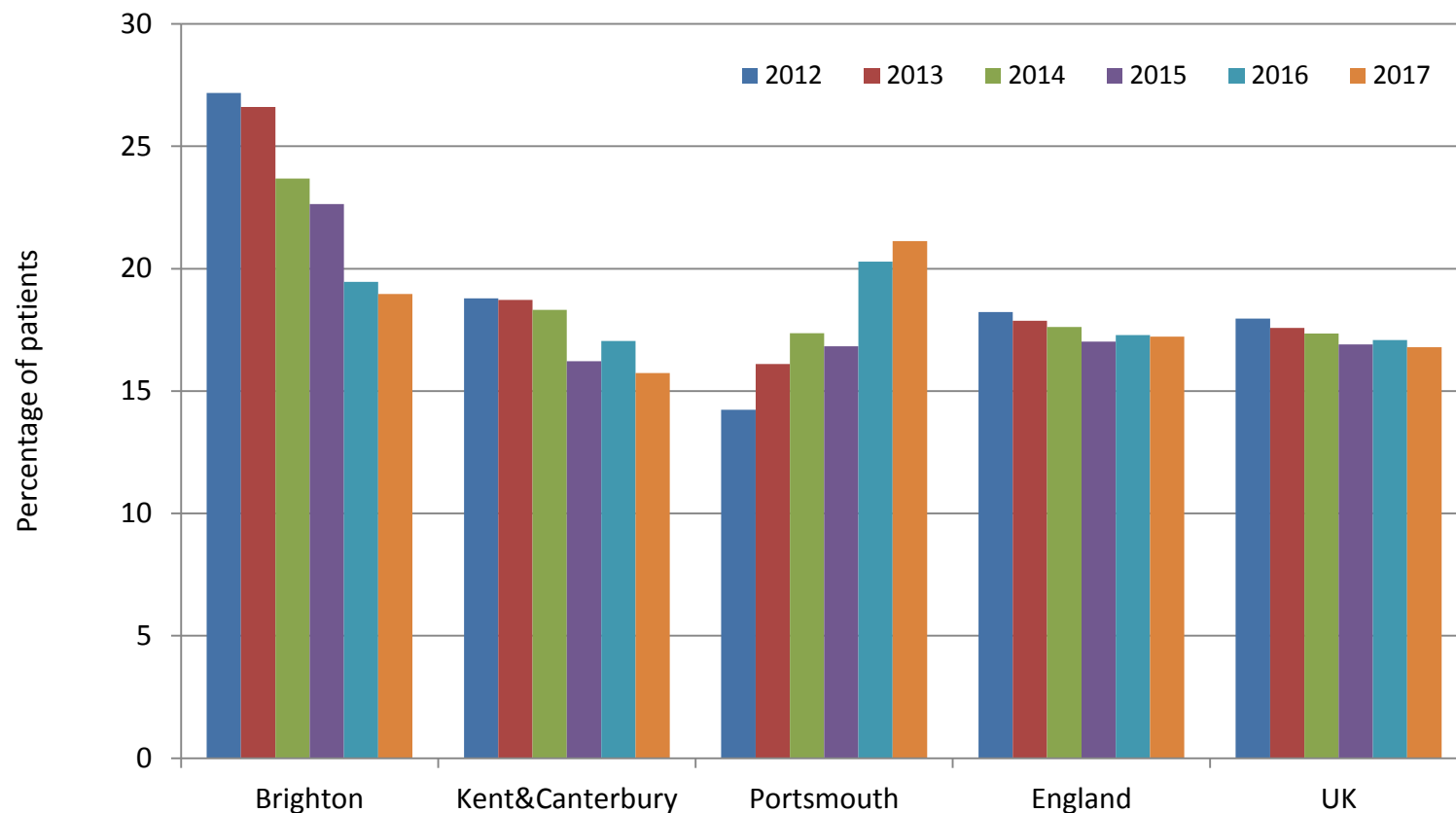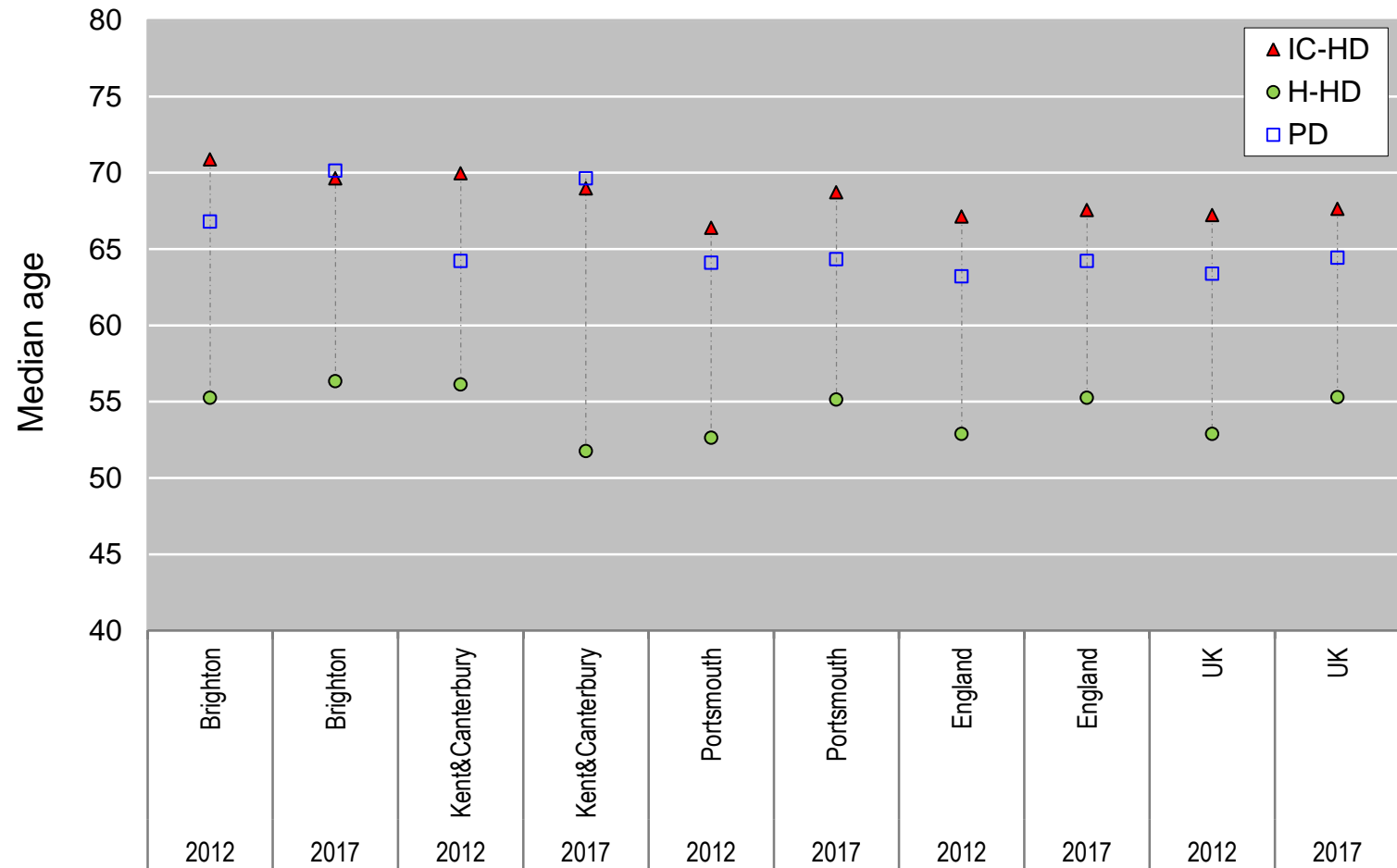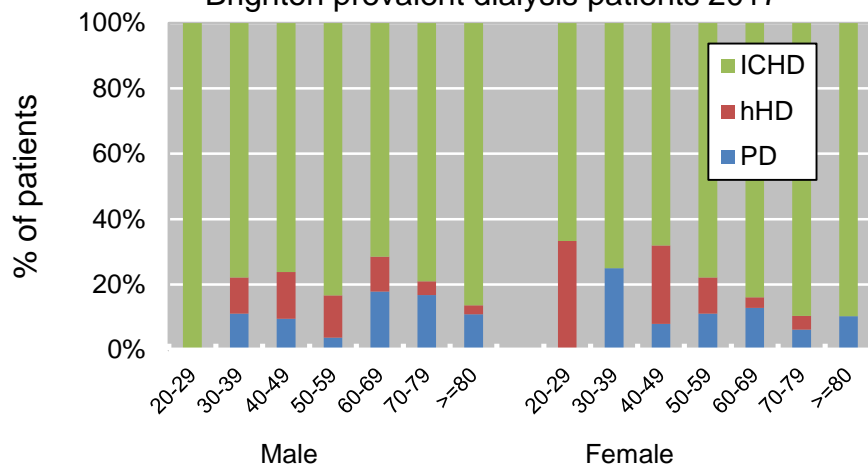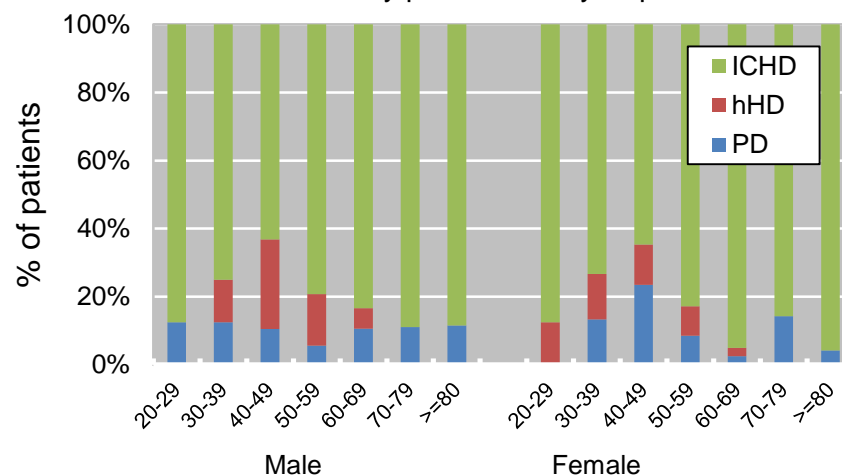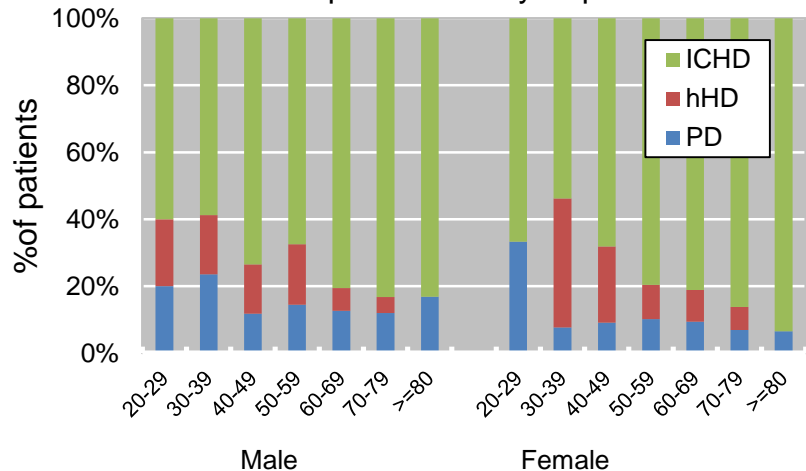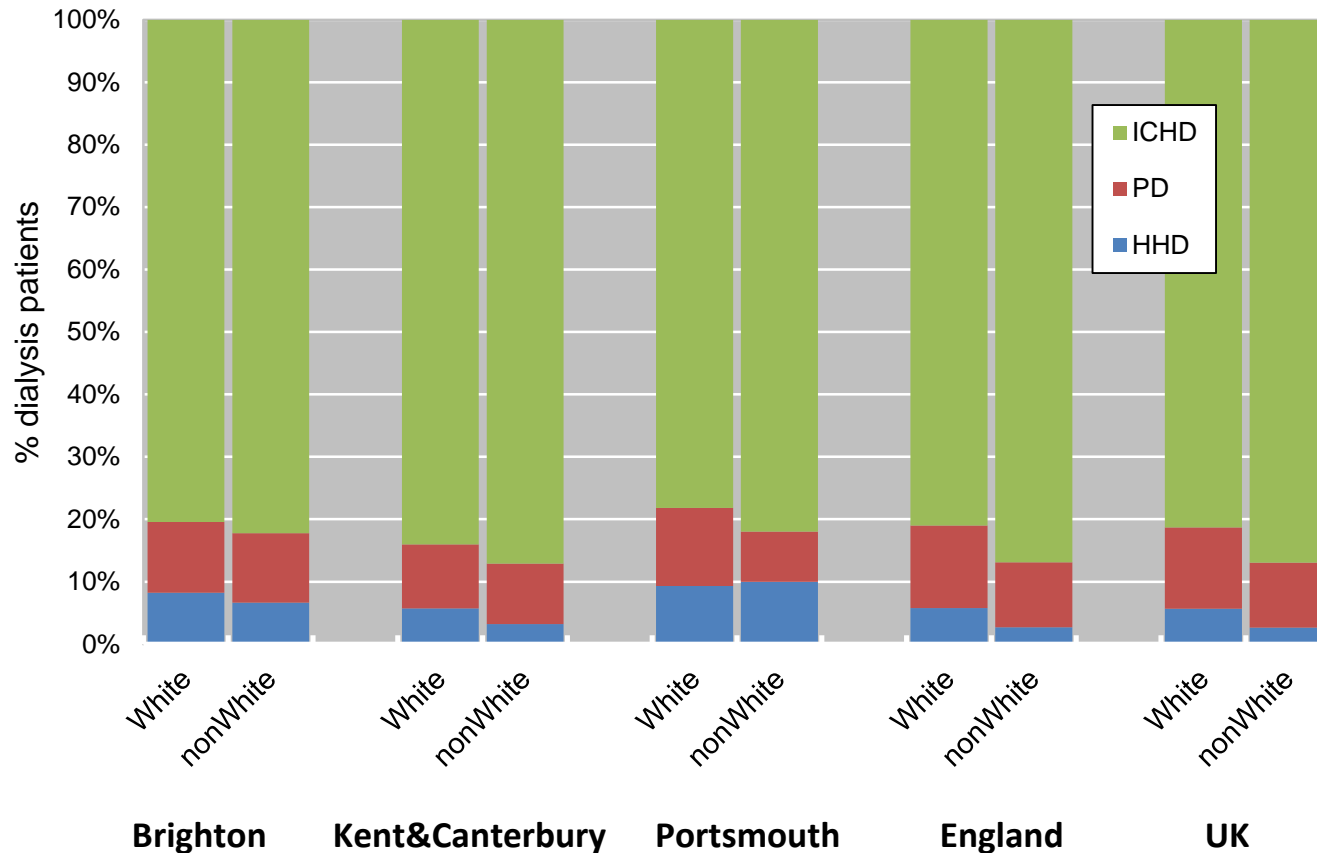
Percentage of prevalent dialysis patients by modality, ethnicity and centre on 31 December 2017

Percentage of prevalent dialysis patients by modality, social deprivation and centre in 2017
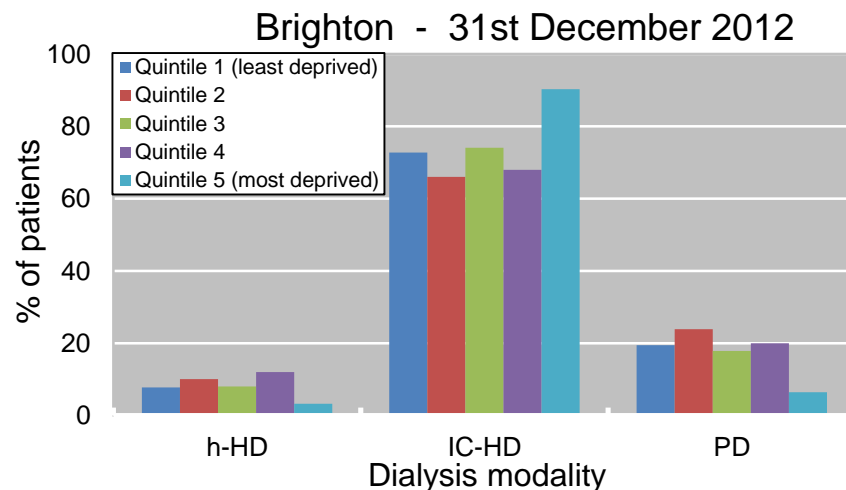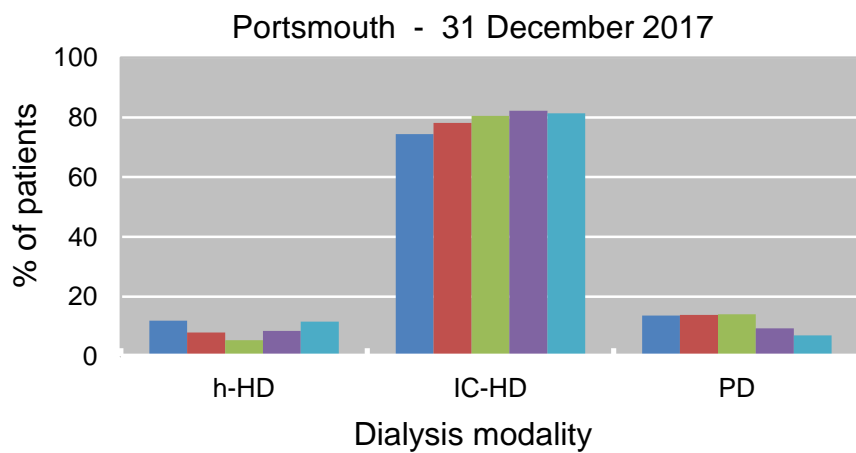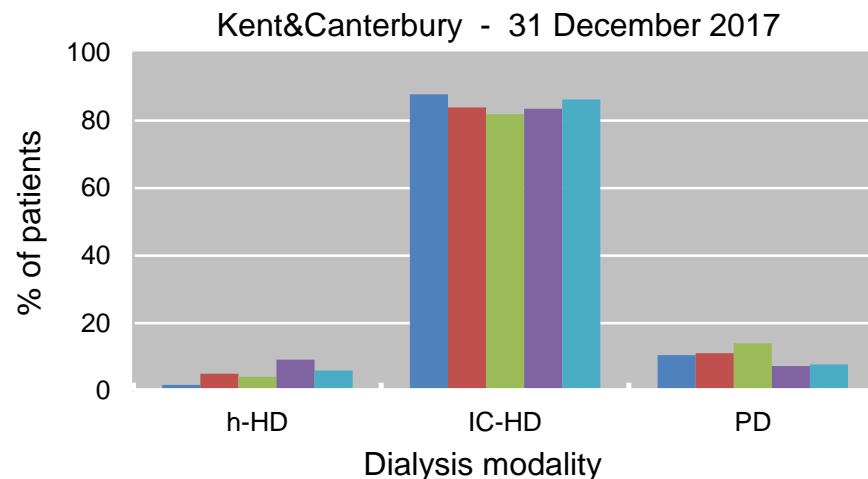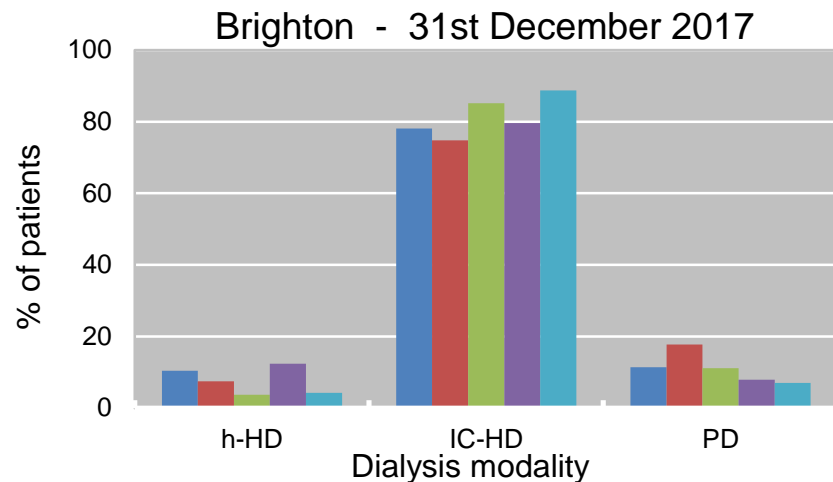
Percentage of prevalent dialysis patients modality and comorbidity in Kent & Canterbury, 2012 and 2017
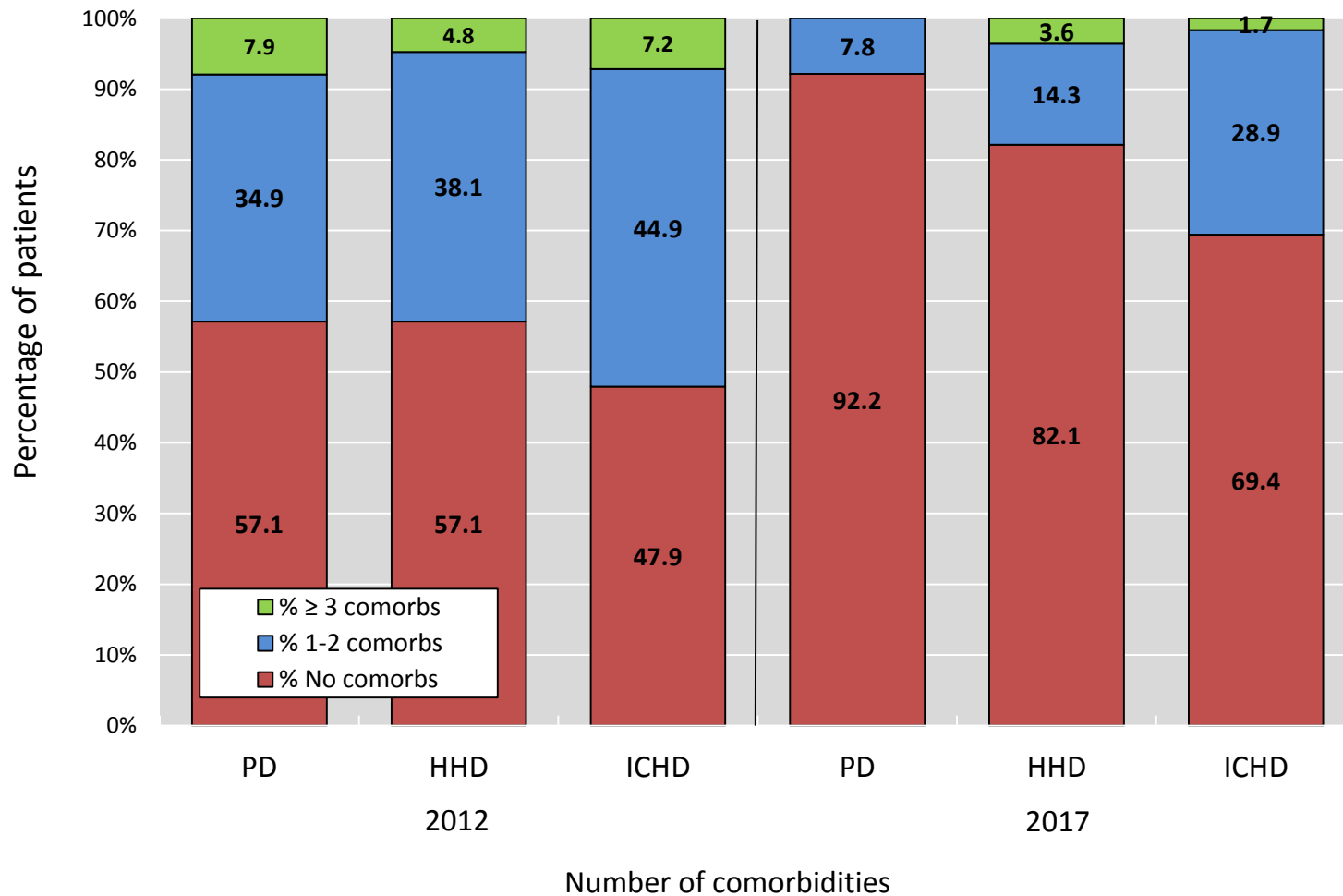
Percentage of prevalent dialysis patients modality and comorbidity in Portsmouth, 2012 and 2017
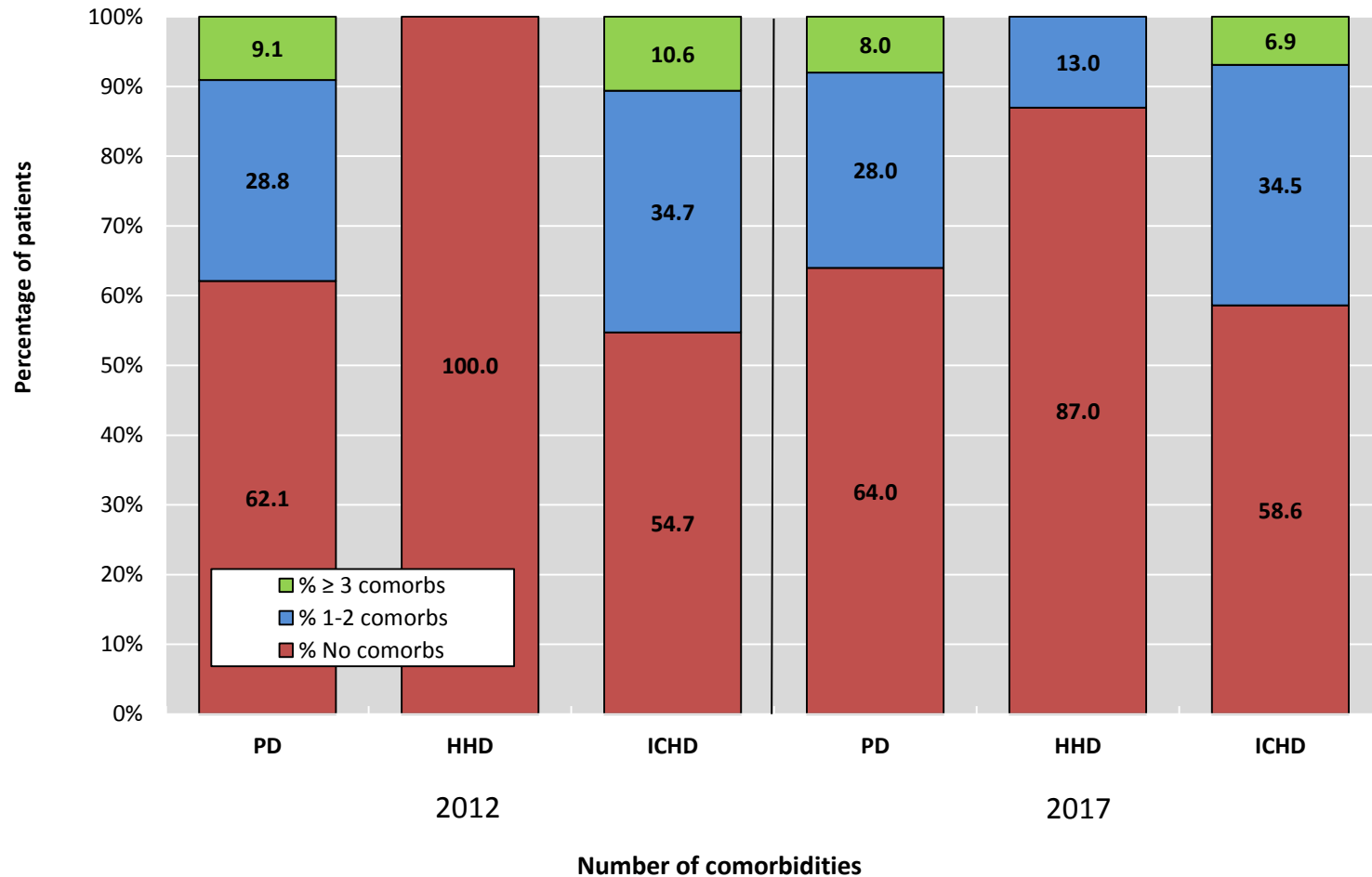
PD peritonitis rates by centre per 1000 PD patient days - 2018
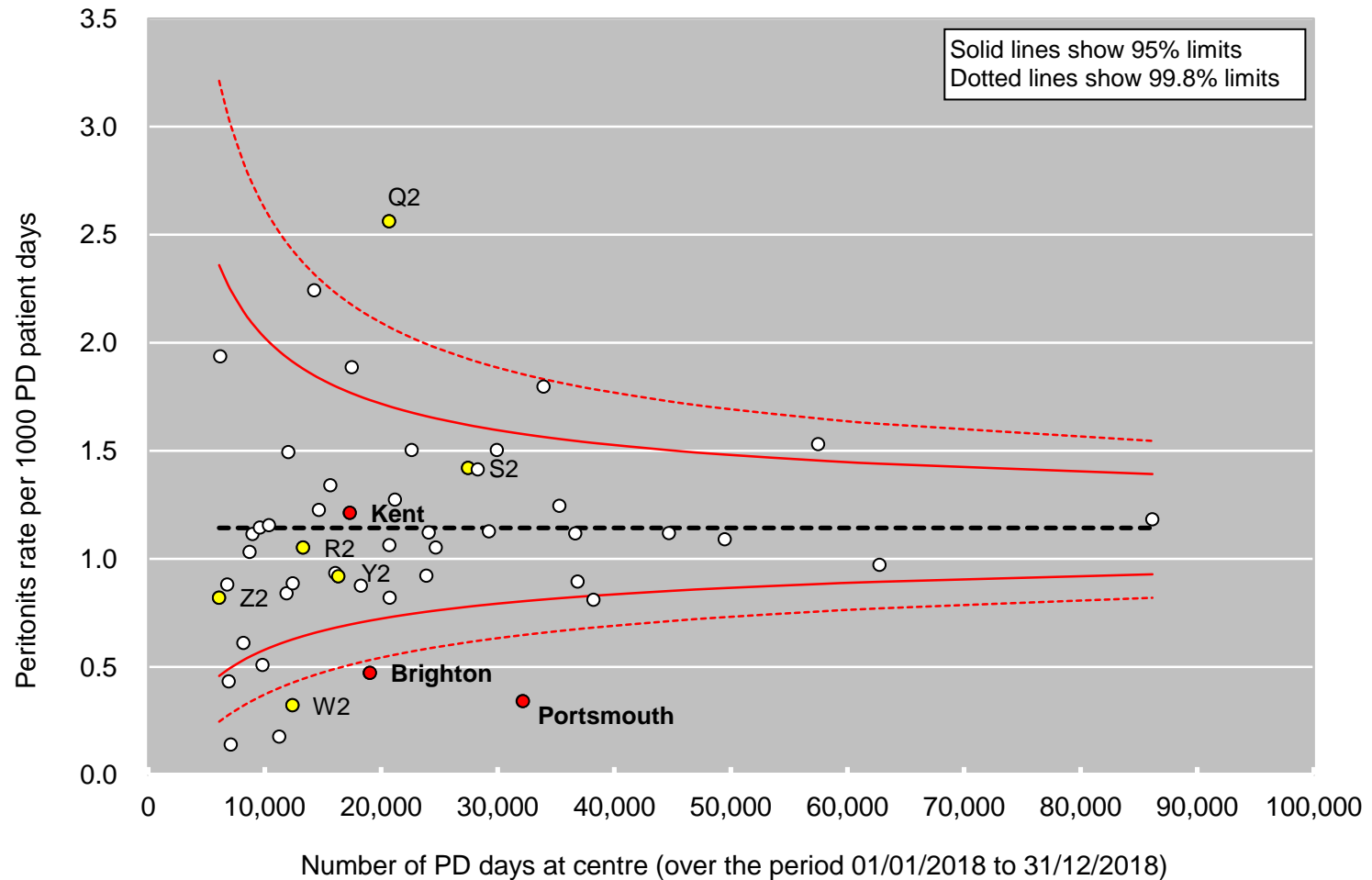
Vascular Access Data

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

Vascular Access Prevalence

Dialysis Access
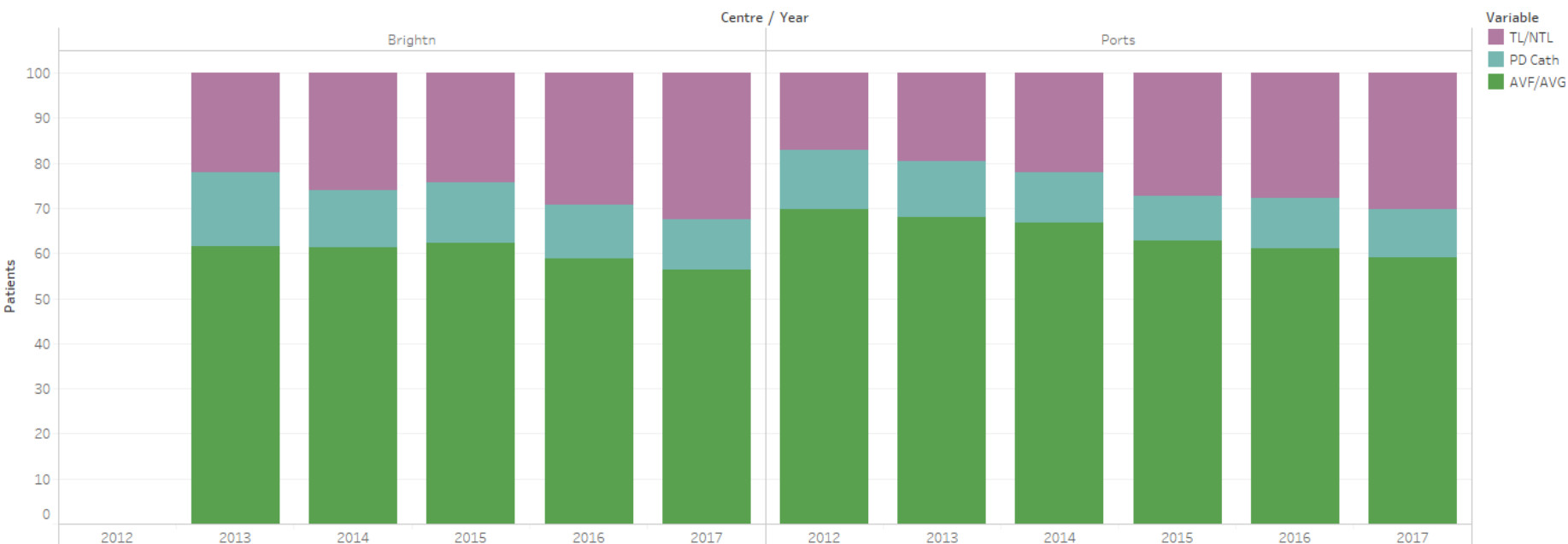
Sum of Value for each Year broken down by Centre. Colour shows details about Variable. The data is filtered on measure, Incidence/Prevalence, AdultPaed and Option. The measure filter keeps VAincid and Vascular_Access. The Incidence/Prevalence filter keeps 1 member. The AdultPaed filter keeps Adult. The Option filter keeps percent. The view is filtered on Centre and Year. The Centre filter keeps 15 members. The Year filter keeps 9 members.

Centre	AVF/AVG						PD Cath						TL/NTL					
	2012	2013	2014	2015	2016	2017	2012	2013	2014	2015	2016	2017	2012	2013	2014	2015	2016	2017
Brightn		61.7	61.4	62.4	58.8	56.3		16.2	12.7	13.4	11.9	11.2		22.1	25.9	24.2	29.2	32.6
Ports	69.9	68.1	66.7	62.8	61.0	59.0	12.9	12.4	11.2	9.9	11.2	10.8	17.2	19.5	22.1	27.3	27.7	30.2

Sum of Value broken down by Variable and Year vs. Centre. The data is filtered on measure, Incidence/Prevalence, AdultPaed and Option. The measure filter keeps VAincid and Vascular_Access. The Incidence/Prevalence filter keeps 1 member. The AdultPaed filter keeps Adult. The Option filter keeps percent. The view is filtered on Centre and Year. The Centre filter keeps 15 members. The Year filter keeps 9 members.

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

Centre	2012	2013	2014	2015	2016	2017
Brighton		77.9	74.1	75.8	70.8	67.4
Kent						
Portsmouth	82.8	80.5	77.9	72.7	72.3	69.8
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

Vascular Access Incidence

Dialysis Access
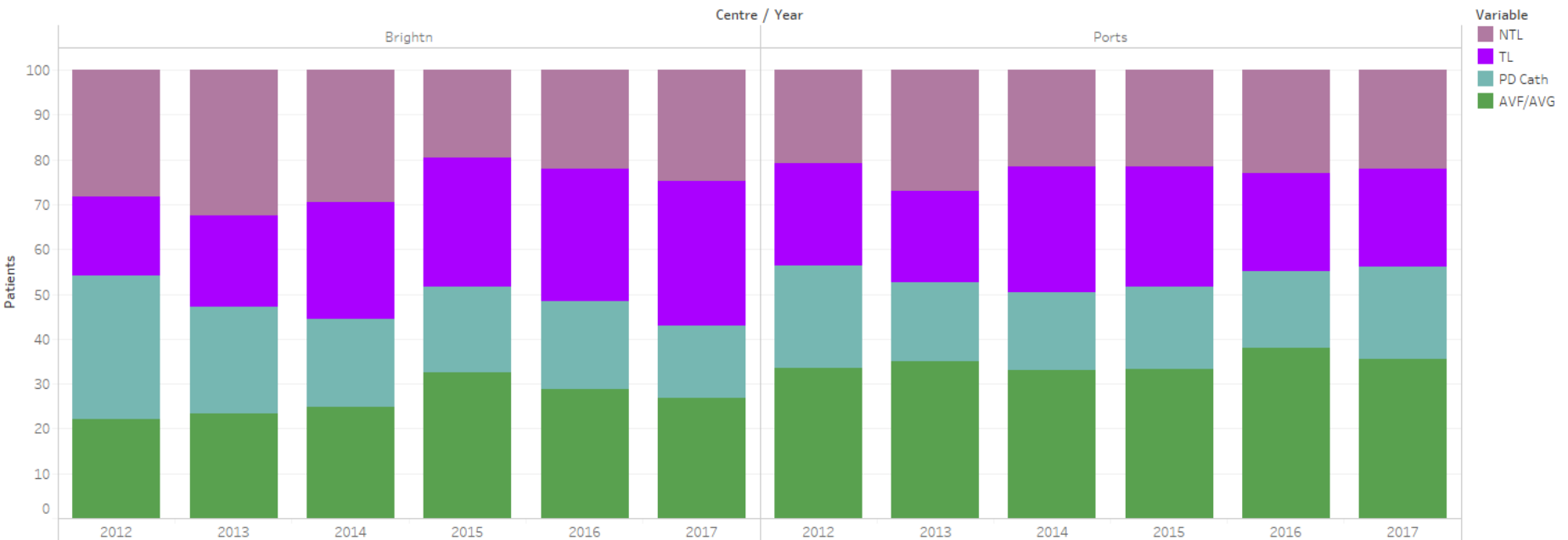
Sum of Value for each Year broken down by Centre. Colour shows details about Variable. The data is filtered on measure, Incidence/Prevalence, AdultPaed and Option. The measure filter keeps VAincid and Vascular_Access. The Incidence/Prevalence filter keeps 1 member. The AdultPaed filter keeps Adult. The Option filter keeps percent. The view is filtered on Centre and Year. The Centre filter keeps 15 members. The Year filter keeps 9 members.

Vascular Access at RRT Start. All patients

Centre	AVF/AVG						PD Cath						NTL						TL					
	2012	2013	2014	2015	2016	2017	2012	2013	2014	2015	2016	2017	2012	2013	2014	2015	2016	2017	2012	2013	2014	2015	2016	2017
Brightn	22.1	23.3	24.8	32.6	28.9	26.8	32.1	24.0	19.6	18.9	19.5	16.1	28.2	32.6	29.4	19.7	22.1	24.8	17.6	20.2	26.1	28.8	29.5	32.2
Ports	33.6	35.1	33.0	33.3	37.9	35.5	22.8	17.6	17.5	18.3	17.2	20.5	20.8	27.1	21.5	21.7	23.0	22.0	22.8	20.2	28.0	26.7	21.8	22.0

Sum of Value broken down by Variable and Year vs. Centre. The data is filtered on measure, Incidence/Prevalence, AdultPaed and Option. The measure filter keeps VAincid and Vascular_Access. The Incidence/Prevalence filter keeps 1 member. The AdultPaed filter keeps Adult. The Option filter keeps percent. The view is filtered on Centre and Year. The Centre filter keeps 15 members. The Year filter keeps 9 members.

AVF/AVG % of incident dialysis patients

Centre	2011	2012	2013	2014	2015	2016	2017
Brighton	35.2	22.7	23.4	29.9	32.3	29.1	26.8
Kent	34.3						
Portsmouth	22.0	34.5	36.3	33.0	33.3	37.3	35.5
England*	**32.4**	**31.7**	**32.3**	**30.1**	**29.3**	**28.2**	**28.6**

AVF/AVG % of incident HD patients – timely referral

Centre	2011	2012	2013	2014	2015	2016	2017
Brighton	59.7	50.9	49.2	52.1	50.0	52.5	48.1
Kent	50.7						
Portsmouth	37.1	56.0	59.8	52.0	59.8	65.1	56.5
Best centre	87.5	84.2	91.2	83.8	85.7	88.8	77.2
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

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

Centre	2011	2012	2013	2014	2015	2016	2017
Brighton	42.16	34.38	38.17	38.98	45.86	45.58	40.27
Kent	34.78						
Portsmouth	56.55	50	*	58.64	48.75	50	
England*	45.7*	54.4	56.6	50.0	50.5	45.5	48.7

* >30% missing data

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

KQuIP Regional Day
Southeast
#KQuIPNE

Project presentations

Five Slides in Five Minutes

+

Transplant First

+ 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
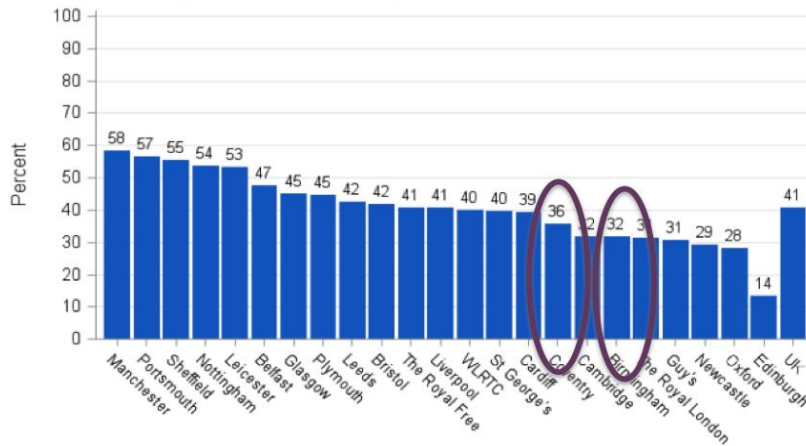
+ Why is it important to us?

"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"

+ 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

Think Kidneys · 26/04/2018
Lots more sharing ideas about process/ transplant pathway #transplantfirst looking at the question What are the issues?

Transplant First · 26/04/2018
Really proud of the West Midlands kidney transplant community today. Showing changes they have made and plan to make to improve transplantation and living donation. Working together ! 👍 @ThinkKidneys @westmidskidney #Transplantfirst

💬   🔁4   ♡10   ┆┆┆

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

Our shared purpose
- Leadership by all
- Spread and adoption
- Motivate and mobilise
- Improvement tools
- System drivers
- Project and performance management
- Measurement

Shared lessons learned

'THINK KIDNEYS'

Transplant First! Enhanced Dashboard Data

Enhanced dashboard data (2018 Q2)

INCLUDE All patients in unit who started Haemodialysis or Peritoneal Dialysis for established renal failure in the quarter 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
EXCLUDE patients who start haemodialysis or peritoneal dialysis for acute kidney injury.

ID no ⑦	Status ⑦	Reason ⑦	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 <	

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**.

Measurement for improvement and RCA

+ KQUIP: Project management, and QI training and delivery events

Early agreement

Launch event July 2015

Valuable time

Pathway Redesign 1

Pathway redesign 2

BMI debate

Audit/Education event Jul 2016

Unit feedback

Audit Education event July2017

Honest discussion

Handover points

Quick Wins

Patient Voice

+ TF Data collection tool: Dialysis starters

(original format- to show choices)

West Midlands Strategic Clinical Network   *Transplant FIRST*

	Renal Unit	Stoke - North Midlands
	Contact Email	

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 catagories 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

+ 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**

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

MAGIC: Managing Access by Generating Improvements in Cannulation

Leeanne Lockley, KQuIP Programmes Team

Katie Fielding, MAGIC Lead

@Haemodialysis VA

The Problem with Cannulation

Cannulation:

- Damages AV access leading to failure

- Associated with morbidity
  - Infection
  - LTB

- Affects patients' experiences of HD

Q16: 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

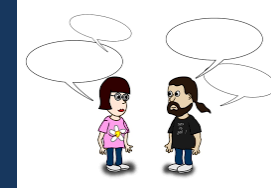**Aim:** To improve prevalent AV access rates:

- 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
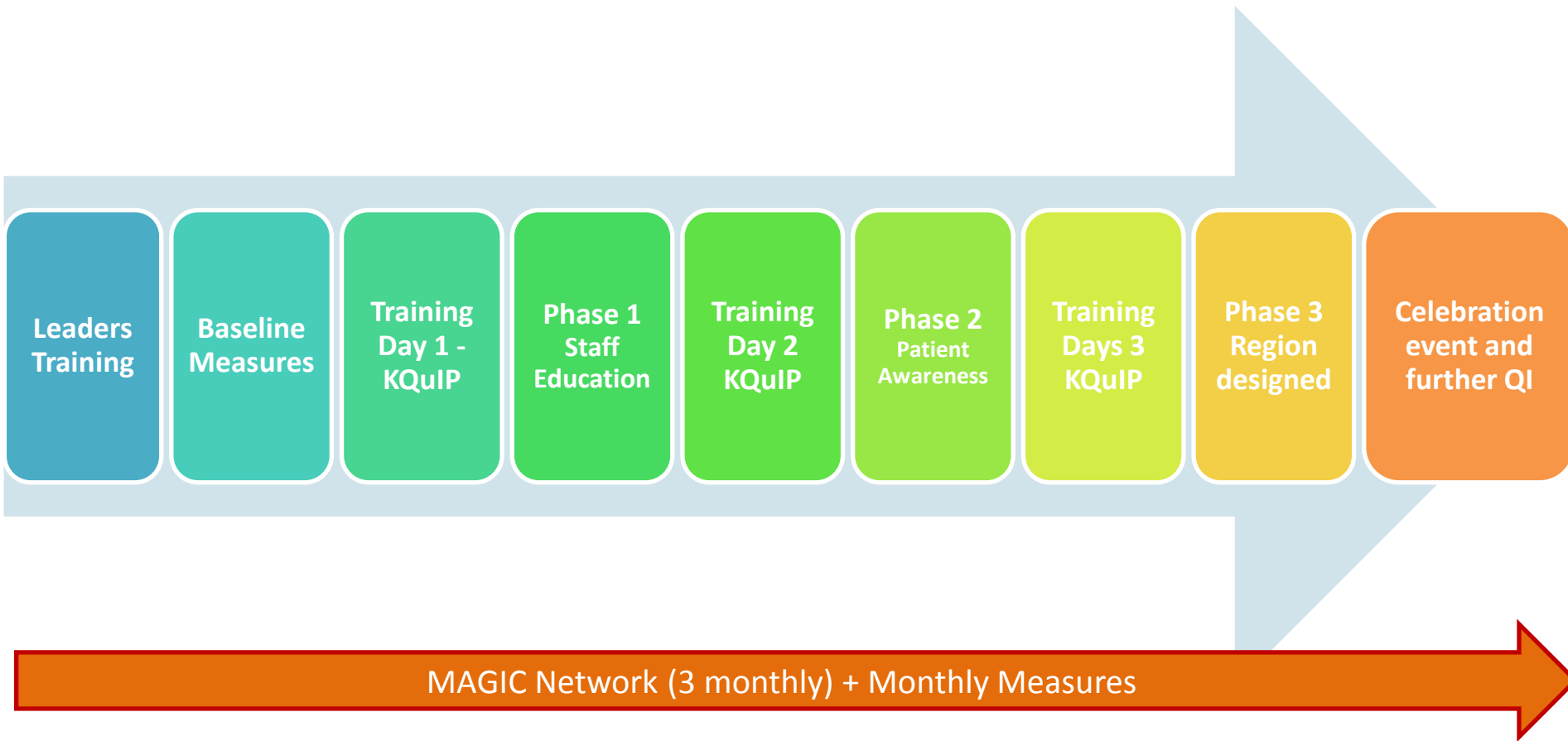
Run Charts

Measure impact

Guide future QI

Materials

ELearning based on Recommendations

Awareness materials for patients

THINK KIDNEYS KQuIP

BRS VASCULAR ACCESS Special Interest Group

MAGIC
Managing Access by Generating Improvements in Cannulation

@Haemodialysis VA

BRS British Renal Society

VASBI

Implementing MAGIC

Leaders Training → Baseline Measures → Training Day 1 - KQuIP → Phase 1 Staff Education → Training Day 2 KQuIP → Phase 2 Patient Awareness → Training Days 3 KQuIP → Phase 3 Region designed → Celebration event and further QI

MAGIC Network (3 monthly) + Monthly Measures

'THINK KIDNEYS' KQuIP

BRS VASCULAR ACCESS Special Interest Group

MAGIC
Managing Access by
Generating Improvements in Cannulation

@Haemodialysis VA

BRS British Renal Society

VASBI

Why DAYLife?

We want to develop leadership and a culture in renal units which makes home dialysis the first option considered for dialysis.

Patient perspective: drivers for cha...

"I plan my dialysis around my life now, whereas before I was planning my life around my dialysis…it has even allowed me to go on holidays in the UK and abroad including going to Italy for a month."
Sam, Home HD patient
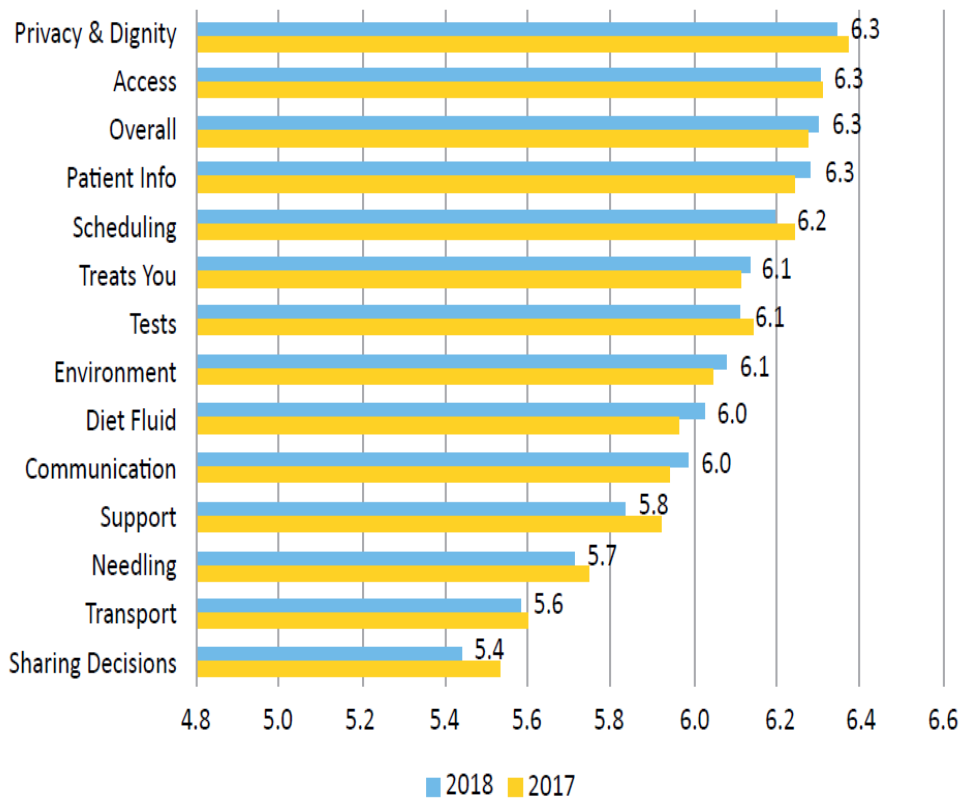
Why DAYLife?

Evidence shows that home dialysis can lead to:

- Significantly **improved quality of life for the patient**
- **Improved medical outcomes**
- **Improved knowledge, skills and confidence** for the person with the condition

Benefits are endorsed by NICE, and supported through the Home Dialysis Manifesto and the Kidney Health: Delivering Excellence report.

However

- Wide variation in home dialysis rates across the country
- Unexplained by demographic distribution of the local population
- Highlighted by GIRFT

The project aim - To both increase the number of people dialysing at home and to reduce variation

Prevalent home therapies in patients receiving dialysis treatment
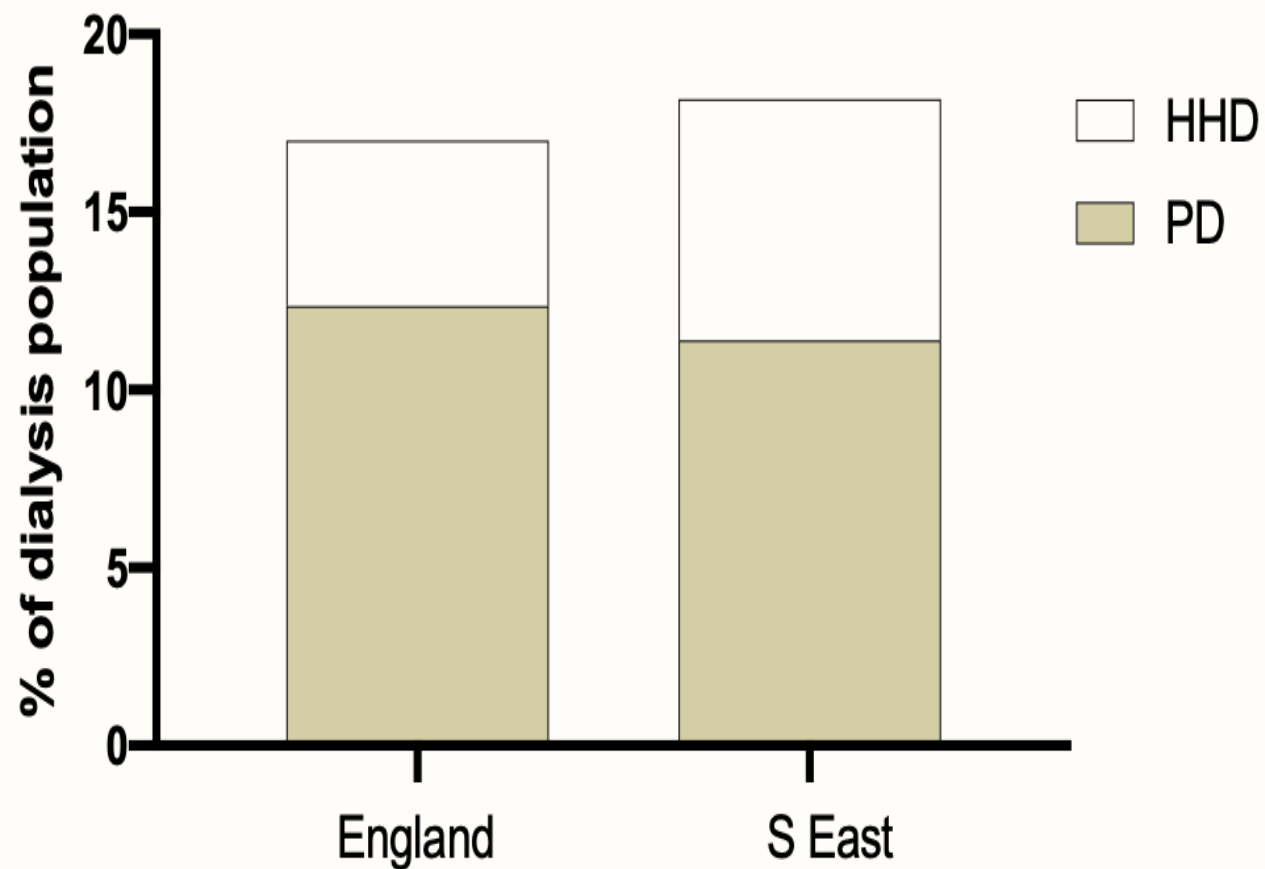
Prevalent home therapies in patients receiving dialysis treatment
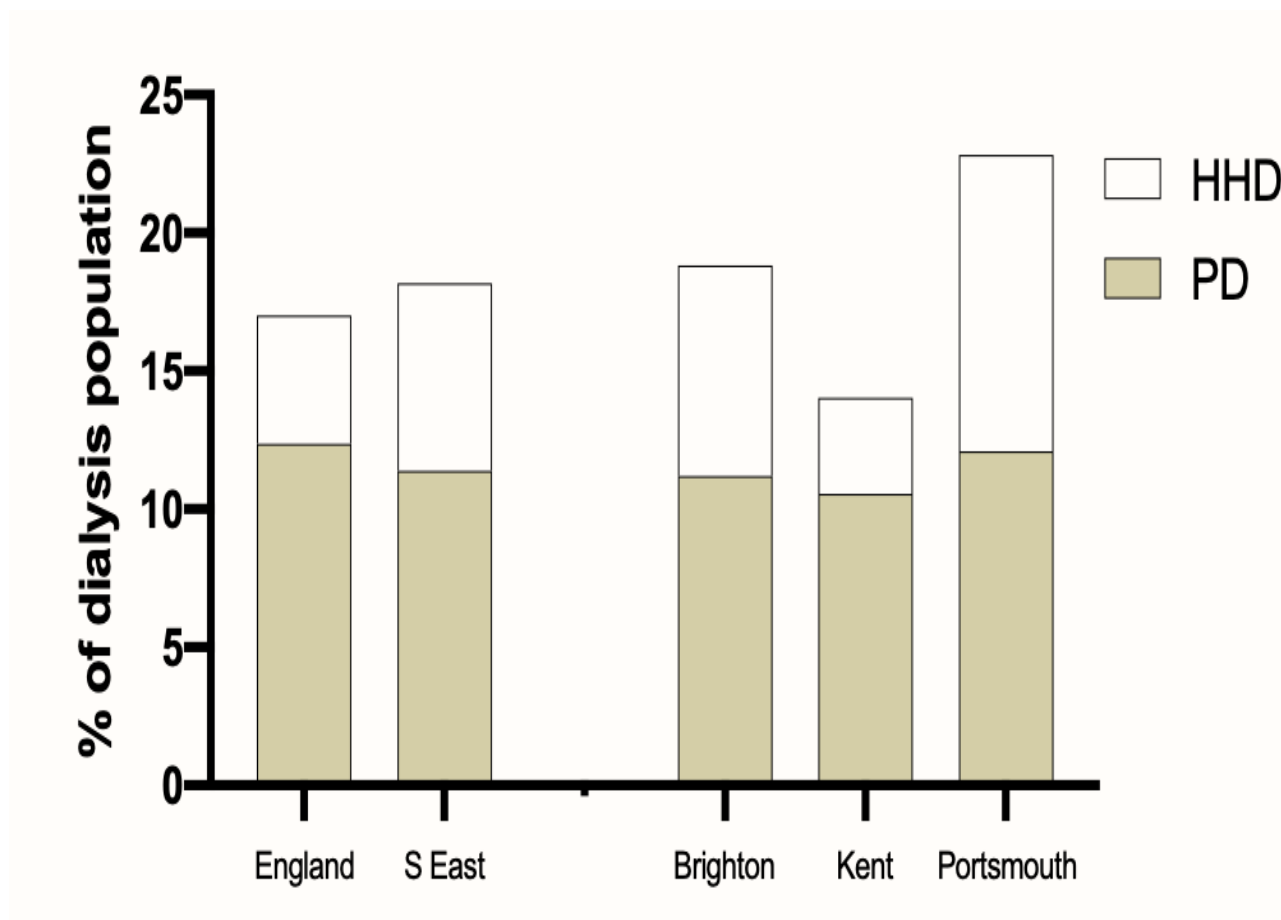
Project structure

- 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
- Establish and develop a regional QI network:
  o Leadership development

  o Build capability in QI

  o Support from KQuIP (Project management, expertise, measurement)

First regional team engaged – East and West Midlands

Second in year team TBA

Funding secured for year 1 – collaborative partnership with KCUK, Baxter, NxStage

The project cycle

❝ Research and discovery
Consider barriers and evidence

❝ Consider solutions and ideas
Long list
Short list

❝ Test ideas
Test, evaluate, share

❝ Success is not a number (although measur...
helps) Measurement for improvement – n...
judgement

❝ Review and report then repeat process

Monthly MDT: patient flow management

- Review all incident patients
- Assess drop offs
- Training status
- Review critical data – hospitalisation, infections, technique
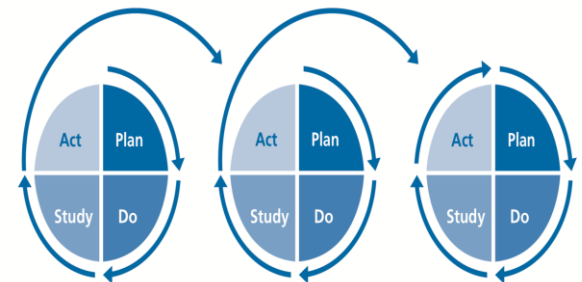
The Midlands experience

A few change ideas…

- Patient and renal team 'home therapy agreement' to improve retention
- Increased Shared Care as a step towards home dialysis
- Home therapies monthly MDT meeting to review drop offs/ICHD starters/low clearance
- Route cause analysis of every modality change
- Home therapy peer support programme
- Home dialysis awareness days
- Re-vamping patient education
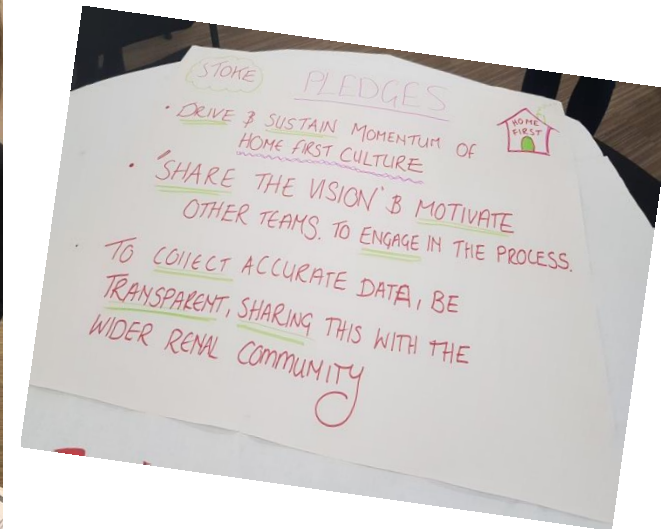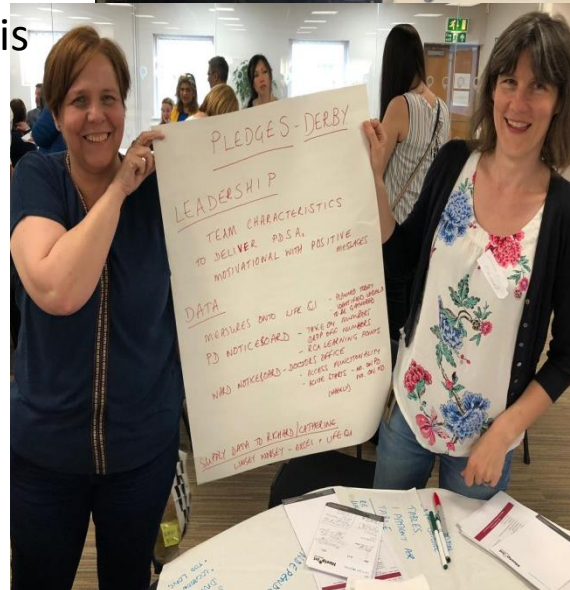
How do you use measurement to demonstrate success in Quality Improvement?
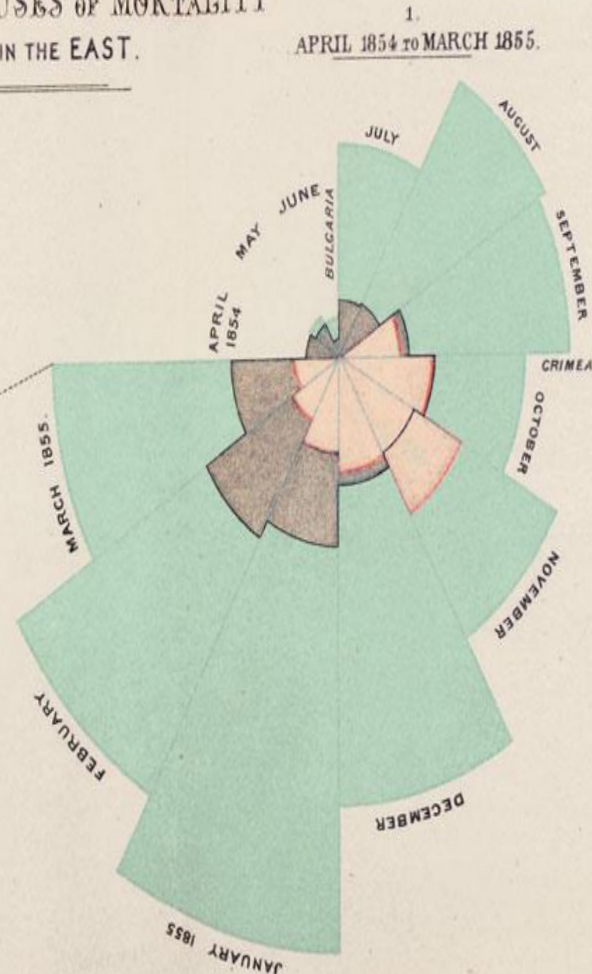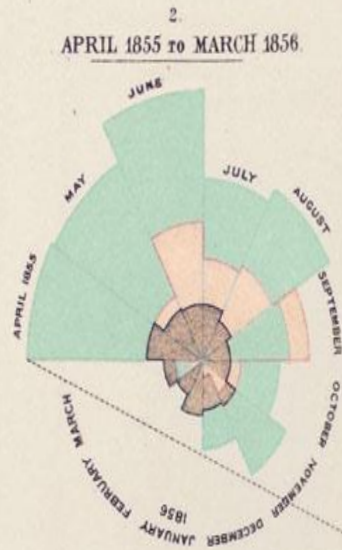
James Medcalf UKRR

How do you use measurement to demonstrate success in Quality Improvement?

James Medcalf

Medical Director UKRR

DIAGRAM of the CAUSES of MORTALITY
IN THE ARMY IN THE EAST.

2.
APRIL 1855 to MARCH 1856.

1.
APRIL 1854 to MARCH 1855.

The Areas of the blue, red, & black wedges are each measured from
the centre as the common vertex.

The blue wedges measured from the centre of the circle represent area
for area the deaths from Preventible or Mitigable Zymotic diseases, the
red wedges measured from the centre the deaths from wounds, & the
black wedges measured from the centre the deaths from all other causes.

The black line across the red triangle in Nov.ʳ 1854 marks the boundary
of the deaths from all other causes during the month.

In October 1854, & April 1855, the black area coincides with the red,
in January & February 1855, the blue coincides with the black.

The entire areas may be compared by following the blue, the red & the
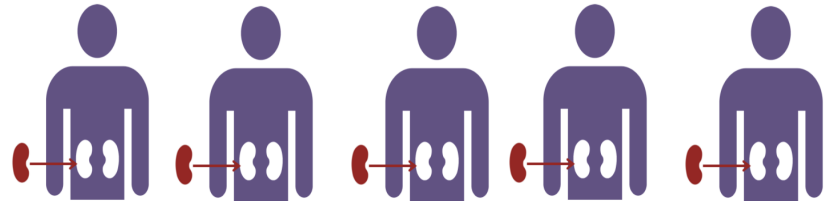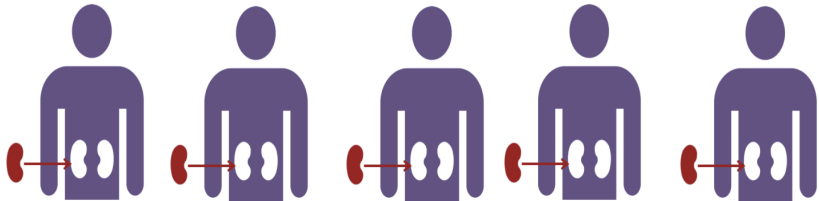black lines enclosing them.

Harrison & Sons, St. Martins Lane

Two broad types of measurement

- Straight-forward, well defined and valid measures which we can use easily and repeatedly to follow progress

- One off, sometimes detailed measures for trying to understand what are the main drivers for a problem.

Incidence
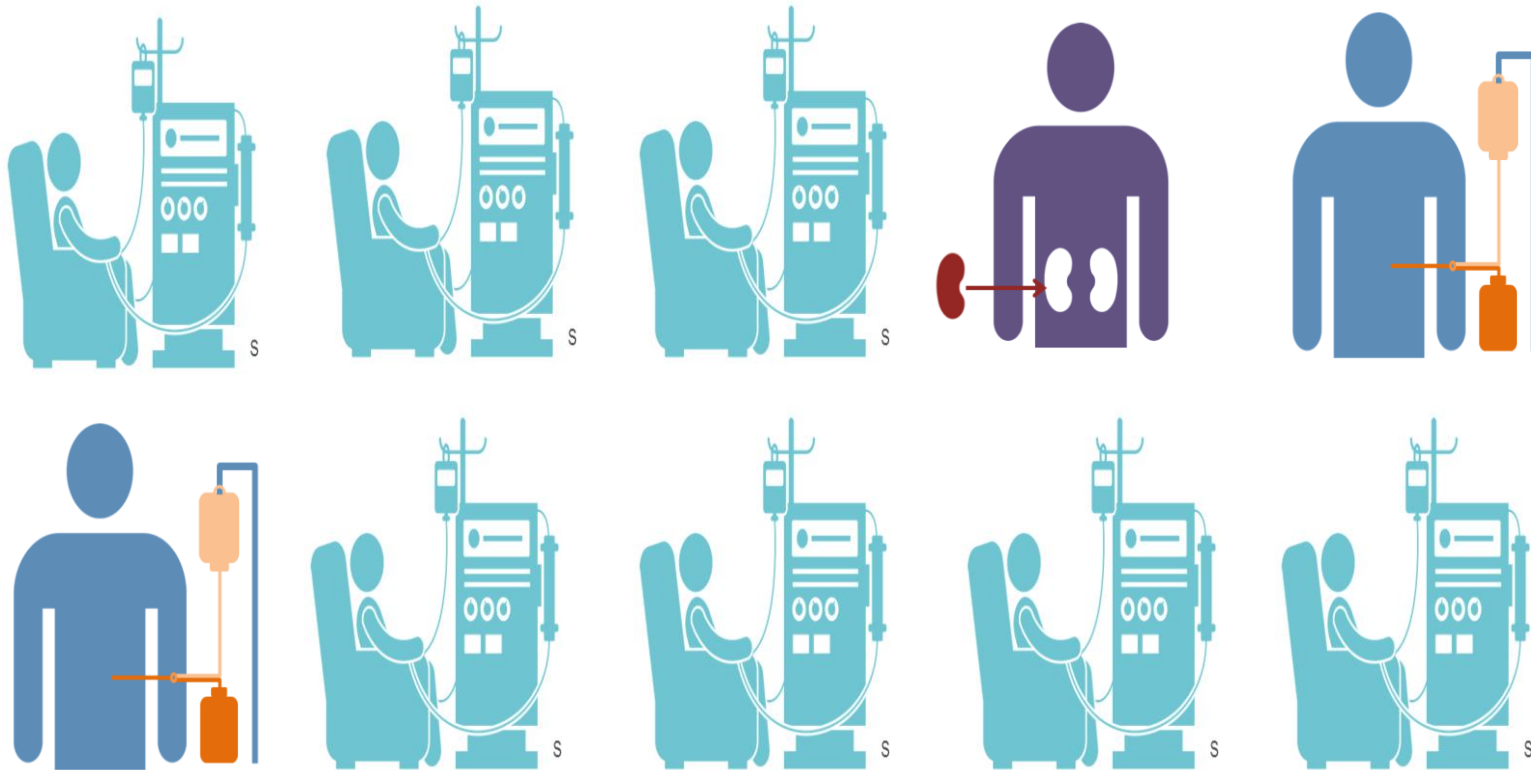
Prevalence
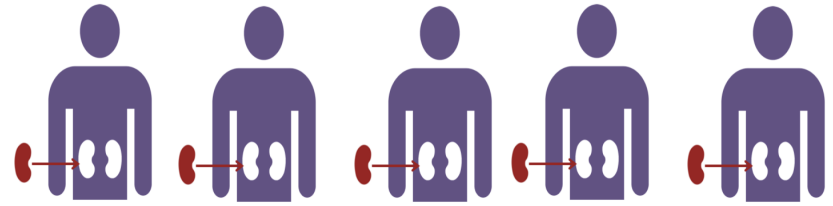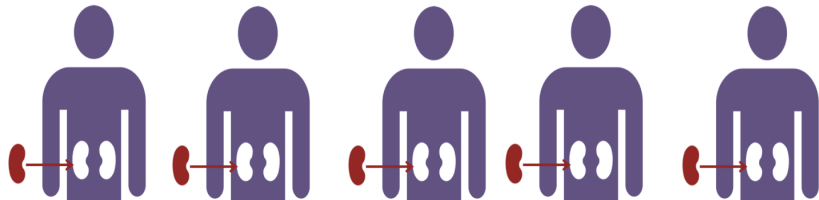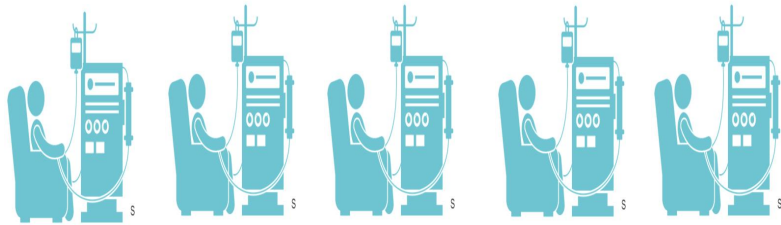
How are incidence and revalence related?
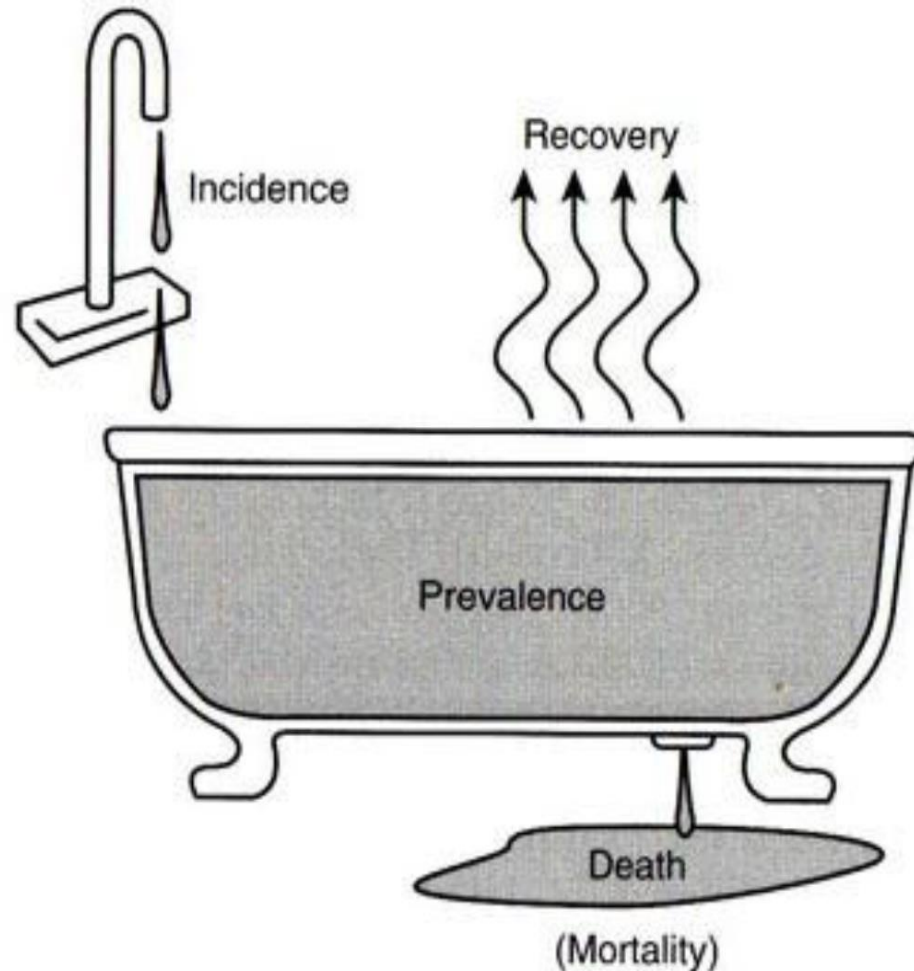
A process to follow

1. We have hunch that something is not a good as it could be
2. Agree a simple but reliable measure
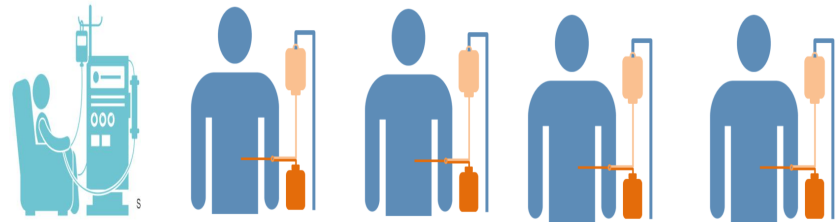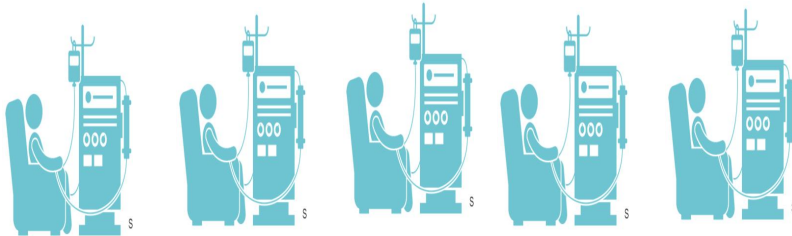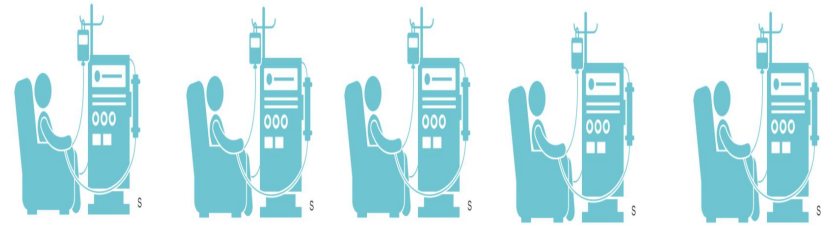3. Measure a baseline; were we correct in our concern?
   We need to have a comparison; other local units perhaps
4. Think about the process which results in our outcome
5. Measure some key points in that process to get an idea what is working well, and what appears to be working
   Comparison here is quite difficult
   You don't want to be doing this degree of measurement very often
   Consider a balancing measure
6. Decide what you are going to change and change it
7. Remeasure have we improved?

Group work

- Choose one of the three QI themes
  - Transplant first
  - MAGIC
  - DAYlife
  - [or something different if you have a burning issue to talk about]
- What would be a good straight-forward measurement of doing well you could repeatedly collect?
- In your service – what are the key steps in achieving that good outcome?
- What could you measure to help understand what you do well and not-so well in that pathway

Review of UKRR data
How to improve performance

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

AVF/AVG % of incident HD patients

Centre	2011	2012	2013	2014	2015	2016	2017
Brighton	46.3	33.3	30.5	38.8	39.8	35.8	32.0
Kent	39.1						
Portsmouth	28.2	44.7	43.7	41.1	40.3	44.9	44.7
England	41.0	40.7	41.6	38.6	37.4	36.0	36.4

AVF/AVG % of prevalent HD dialysis patients

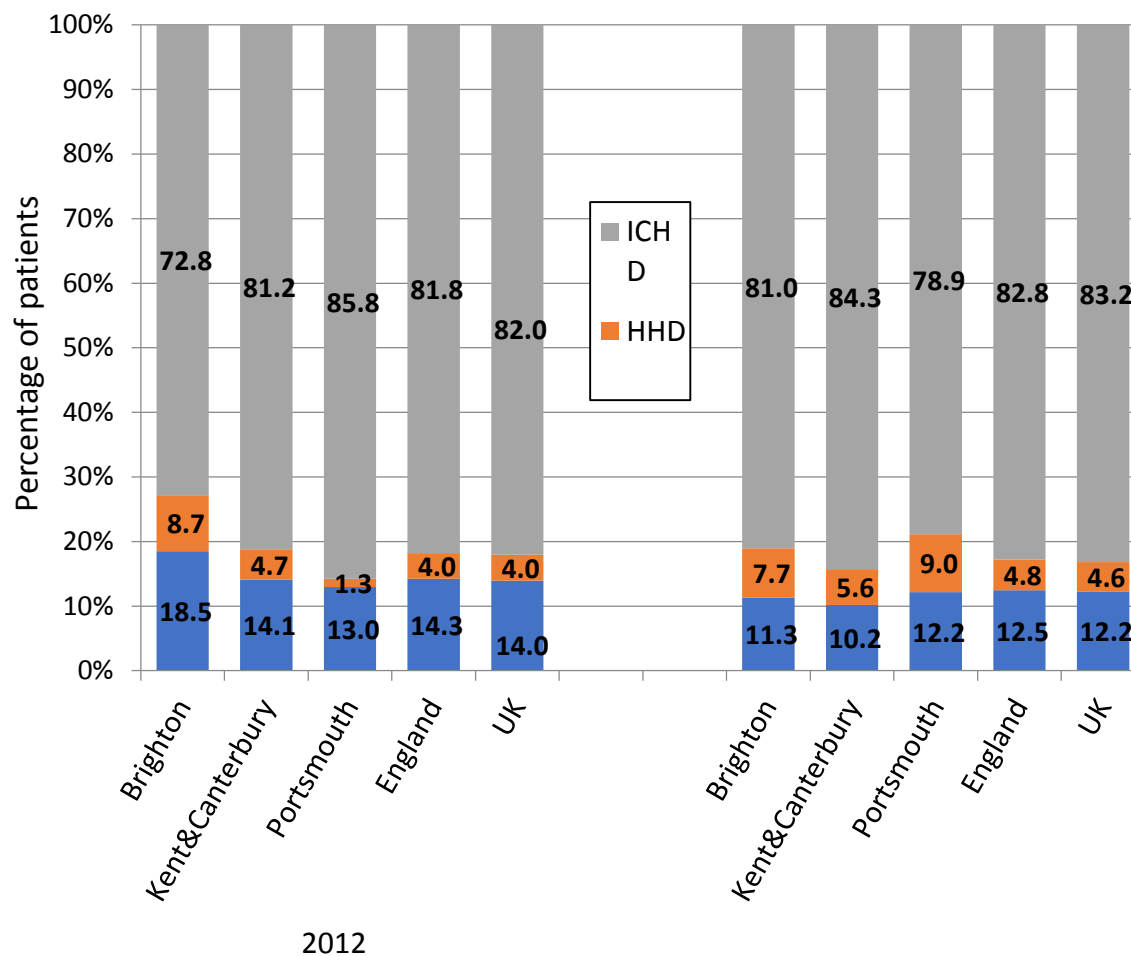| Centre	2012	2013	2014	2015	2016	2017
Brighton		61.7	61.4	62.4	58.8	56.3
Kent						
Portsmouth	69.9	68.1	66.7	62.8	61.0	59.0
England*	**66.7**	**64.9**	**60.4**	**60.1**	**59.2**	**58.7**

Group work

- Choose one of the three QI themes
  - Transplant first
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- What would be a good straight-forward measurement of doing well you could repeatedly collect?
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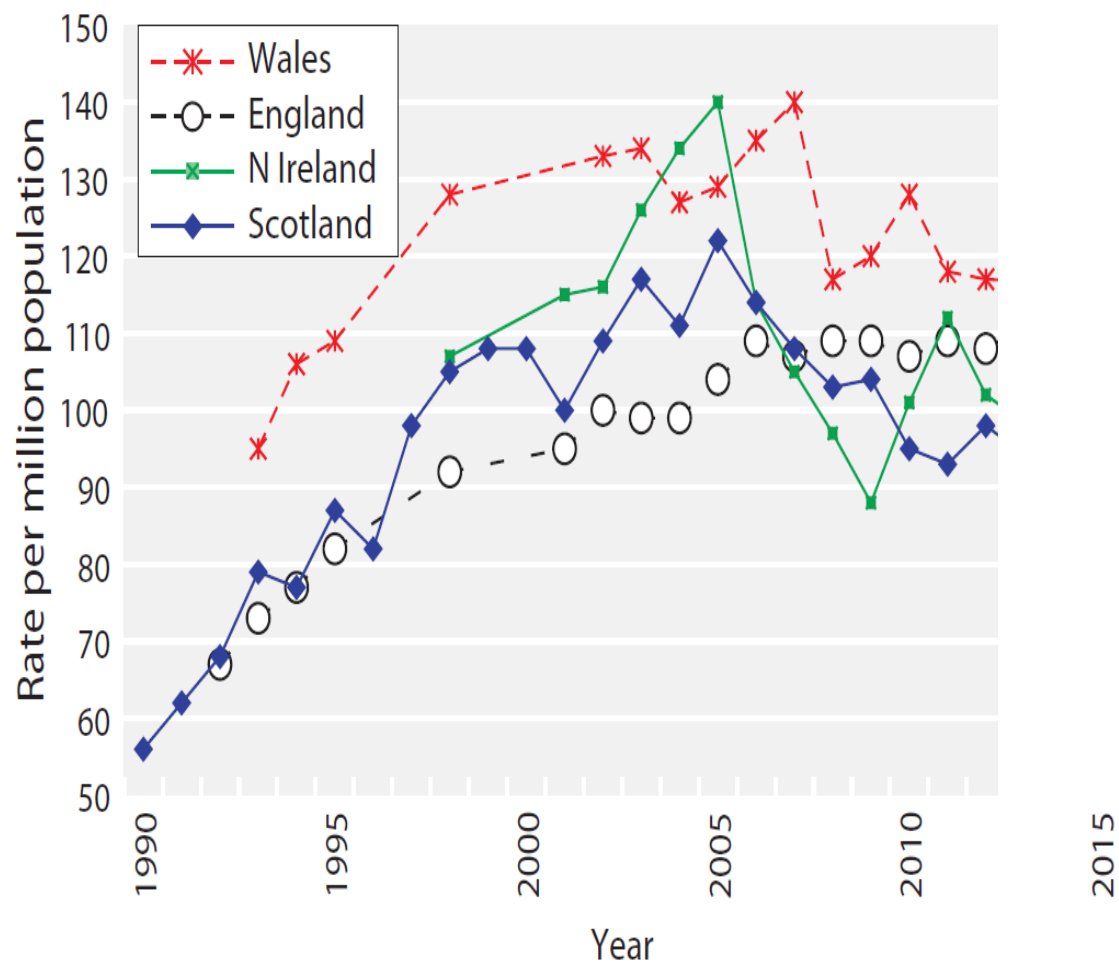
Fig. 1.1. RRT incidence rates in the countries of the UK 1990–2015
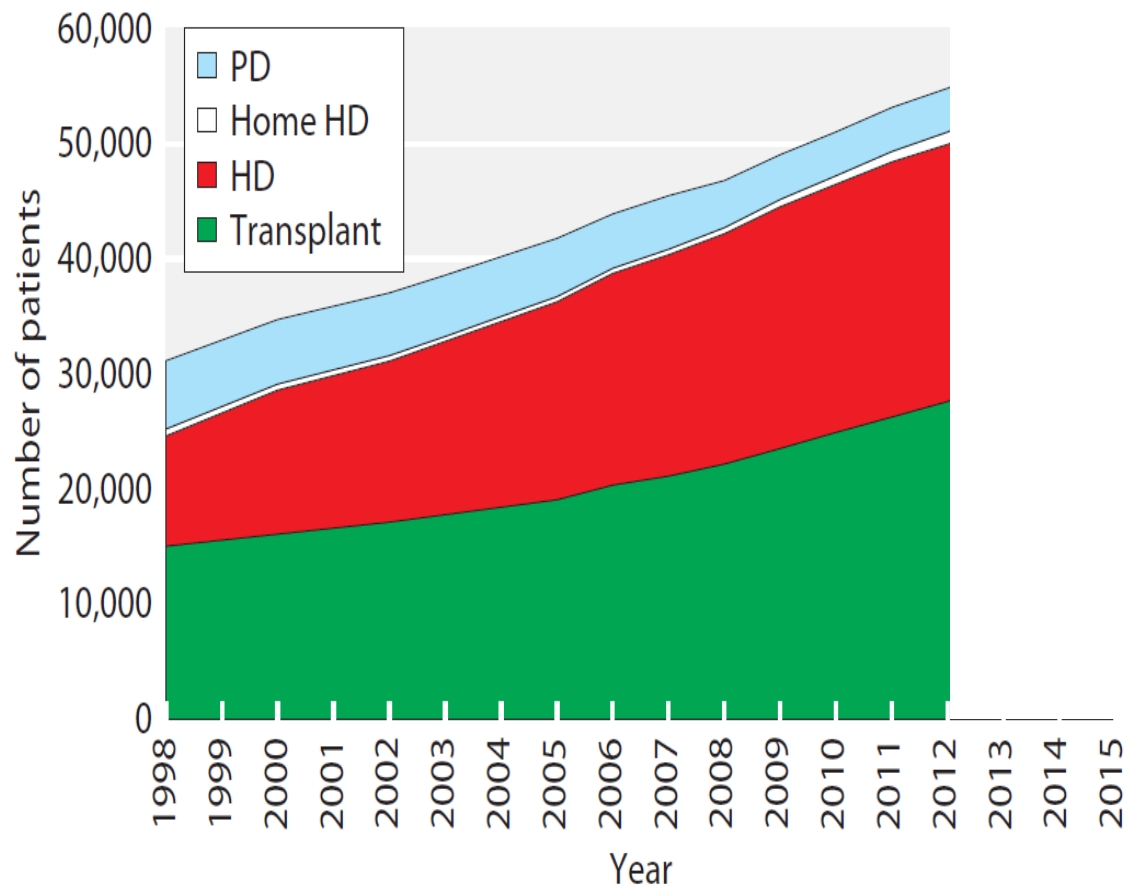
Fig. 2.2. Growth in prevalent patients by treatment modality at the end of each year 1998–2015

Our clinical problem

- The RA sets an standard of 85% of prevalent HD patients should have their dialysis through a form of "definitive access"

- Our centre the rate appears lower than this in our monthly MDT meeting

MRSA/MSSA rate per patient year in Q4 2017

Dotted lines show 99.9% limits
Solid lines show 95% limits

MRSA/MSSA rate

Patient years by centre

MRSA/MSSA rate per patient year

MRSA/MSSA rate

Quarter

95% UCI .... Centre ——— 95% LCI ----- Eng avg
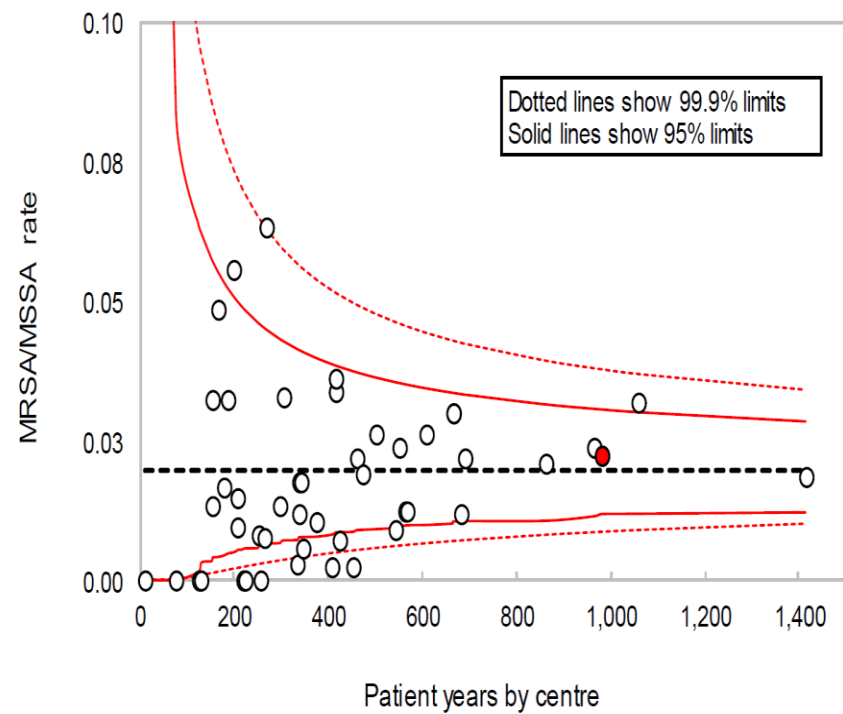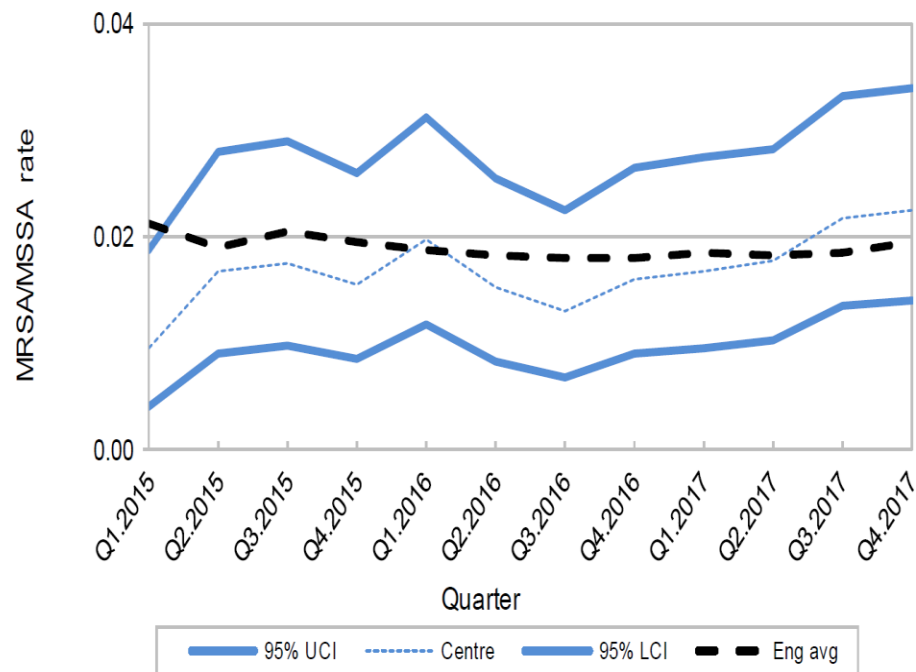
Why Measure (Audit)?

- Measurement enables:
  - Choice of **priorities** for Change (focus effort/capacity)
  - Evaluation of **impact** of Change (keep or start again)
- Without measurement it is impossible to know whether improvement efforts (changes) are
  - Well directed
  - Working

Why Measure (Audit) at all?

To improve

but

- Improvement requires change; and change does not necessarily lead to improvement.
- Change is hard work; and not everything can be changed at once.

Measurement is not improvement

The purpose of measurement is to enable improvement

Quality improvement in practice

What QI initiative should South East take on as a region?

How to get started / KQuIP support / How QI network could support

The role of the QI leads

KQuIP –preparation phase

Month 1

Regional Day
- To bring together the region
- To review national and region level data
- To decide on a regional quality improvement priority

Month 2

QI meeting
- Engagement
- Develop a shared purpose
- Begin collaboration within the region
- Begin planning the year

Month 3

Leadership
- To provide an understanding of effective leadership
- To build greater understanding of each other and different ways of working / thinking / strengths

Month 4

Leadership into Action
- To consolidate learning from leadership course and how it can be applied to Transplant First
- To continue planning the Transplant First South West programme (data/ drivers/ outcomes)
- To plan the co-design event together

Engage　　**Mobilise**　　**Learn**　　**Co-design**　　**Plan**

KQuIP project phase

Month 1

Month 3

Month 6

Month 9

P-D-S-A

Launch event
- Agree a TF SW project plan
- Launch project
  - Co-design outcomes and measures
  - Co-design methods

Introduction to QI
- Quality improvement and tools
- Measurement / enhanced TF dashboard / Life QI
- Project Model and NHS Change Model
- PDSA

Sharing and learning
- Reflection on progress and overcoming challenges
- Peer assist (informal learning)
- Sign posting to tools and information
- Sustainability

Maintaining momentum
- Review of progress
- Sustainability

Monthly support visits to units offered from KQuIP

Measure **Share learning** **Collaborate** **Peer assist**

KQuIP Regional Day
Southeast
#KQuIPSE

Thank you and enjoy UKKW2019!

THINK KIDNEYS

KQuIP