

## DAYLife – Dialysis At Yours, Life Fulfilled



**A Report on the KQuIP Home Therapies Programme Learning and Sharing Event – 22<sup>nd</sup> May 2019**

### **Introduction**

Since the project launched on 30<sup>th</sup> January 2019, ten renal units across the East and West Midlands have been working together on the national quality improvement project, **DAYLife**. The projects key objectives are to improve the care of people with end stage renal disease by

- Addressing variation
- Reducing unmet need
- Improving reliability
- Minimising harm for home dialysis therapies.

While the project teams from across the East and West Midlands units are defining their own criteria of success, at a national level, success for DAYLife will be a composite of

- 1) Increased numbers of people on home dialysis
- 2) Improved patient experience and reported outcomes
- 3) Improved patient outcomes

Teams are at different stages of their local project – some diagnosing, some planning and others well into their first cycle of change.

A learning and sharing event was planned for May 2019, to bring units back together, share progress, challenges and successes and plan for the next four months of the project.

The aim of this collaboration was to allow for ideas to be shared between teams, to build a quality improvement network within the region and allow participants to have the space to think creatively about what they have achieved and what they want to achieve as they work through the DAYLife project.

## A patient experience



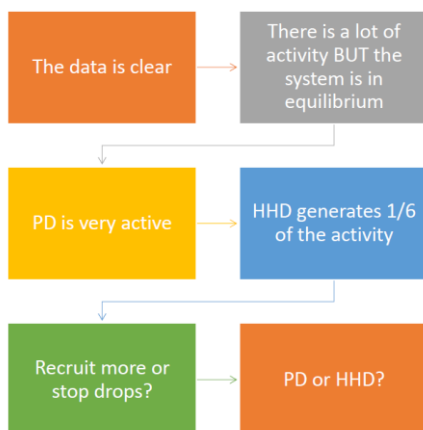
*“Our collective Patient Voice is strong and powerful to effect change, behaviour and ultimately improvement”*

Nick Palmer, Head of Patient **Support and Advocacy for Kidney Care UK** opened the day with a powerful talk on his experience and journey to home dialysis, resilience, the importance of psychological support for kidney patients, and the strength of the patient voice in effecting change.

Nick has kindly shared his story and thoughts in a blog, [available to read on the KQIP website.](#)

## Where are we now?

Each participating renal team has been collecting monthly data on their home therapies numbers, so that a real-time, regional picture of dialysis patients’ access to home therapies can be used to **measure improvement**. Richard Fluck, national project co-chair alongside Daljit Hothi, gave the teams an overview of the data collected so far.



[View the presentation of the Midlands regional home therapies data here.](#)

*“There is a lot of activity BUT the system is in equilibrium...If each centre, every month, prevented one drop and recruited one more patient, in one year there would be 1,413 patients at home or about 25.9%.”*

## Our narrative: Unit presentations

A representative from each participating unit then presented where they were with the project, what they had done, what had gone well and what would have made the first four months of their project even better.

Just some of the activities going on across the region:

- Creating a rolling database on exit site infections and peritonitis episodes, circulating across hospital sites to identify and share good practice
- Embedding routine home assessments for all patients on advanced kidney care pathway
- Developing a home therapies training day for nursing staff
- PD team involvement in pre-dialysis clinics
- Setting up low clearance MDT meetings
- Peer supported awareness days

- Setting up a home training service at a satellite unit

The main challenges that were discussed included:

- Competing priorities
- Engagement of wider team members
- Making a case for increased surgical slots (following increased referrals for PD)
- Data collection - challenging and time consuming
- Staffing

[All the unit presentations can be viewed here.](#)

### A re-cap on quality improvement methodology



Daljit Hothi gave a re-cap on the improvement methodology that teams have been using over the past few months and can continue to draw on to build and progress their project.

This included setting SMART goals, process mapping, building driver diagrams, measurement for improvement, PDSA cycles and the NHS Change Model.

Key messages:

- The importance of using these tools for change – seeing them as live documents that can be reviewed and adapted regularly
- Keeping things simple and focussing on small, short cycles of change that can be refined and improved over time
- Having fun! Connecting with other people, learning from others, sharing successes or challenges and involving the whole team.

[View the presentation on quality improvement methodology here.](#)

### Learning and Sharing – world café session



The next session allowed the teams to hear from each other, share ideas and find solutions.

One or two people from each unit ‘hosted’ a table to share their work, the rest travelled around other tables and discussed:

- What have we done?
- Where are we in the process? (Diagnostics? Data? Generating Ideas? PDSAs)
- How did we make it happen?

- How did we involve patients and what would help us to do this better?
- What were our barriers?
- What were our surprises?

After some [frameworks for reflection and learning](#) from Daljit Hothi, unit teams came back together to ask:



- What have I learnt?
- What stood out the most?
- What issues can we address?
- What problem remains? Why?
- What next?

### Testing driver diagrams and process maps: case scenario

Putting theory into practice, teams were asked to apply a case scenario to their process maps and drivers. Unit teams paired up so that they could discuss similarities and differences, putting their tools to the test. [You can view the exercise given here.](#)

### Pledges

Bringing all the discussions, learning and reflections from the day together, teams were asked to discuss their next steps and develop a plan for the next three months. Each unit was asked to make one leadership pledge, one measurement pledge and one other pledge of their choice. These were written down and shared with everyone at the end of the day.

[You can view all the team reflections and pledges from the day here.](#)

### Conclusion and next steps

As teams return to day jobs, providing care for kidney patients across the East and West Midlands, it can prove difficult to find the space and time to implement the plans that are developed at the KQIP DAYLife regional events against competing priorities.

The region is coming back together again in September 2019, where we hope to see some results from the change ideas that are now being implemented. Here are some things you could be doing to make sure the project keeps moving and to keep you and your team motivated:

- Get a regular DAYLife working group meeting in the diary at least monthly. Even if not everyone can make it every month, it will help you to keep track of progress and respond to issues or challenges as they come up
- Keep sending in the high level data. Think about what those data tell you about your service
- Plan at least one PDSA cycle - but keep it simple. Think about what you want to happen as a result of the change, before you implement it, and how you will measure its success
- Go and visit another unit in your region – find out what they are doing and think about what you can learn from them or adapt to fit to your local project
- Share what you are doing with your trust QI teams, at your MDT meetings, with the KQuIP team and with your patients – get everyone involved and use the support and networks available
- Keep up the enthusiasm
- **The next DAYLife regional event will be held on 11<sup>th</sup> September 2019 in Birmingham.** Put this in your diary!

As always, thank you for the collaboration and support of the DAYLife partner organisations:

