

**Training day 1
South West Team Transplant
SW KQuIP
11th June 2019**

Introductions and welcome

Paul Cockwell KQuIP co-chair gave a brief overview of the importance of KQuIP in progressing regional networks, supporting GIRFT and aligning with the [10 year NHS plan](#).

You can access the link to the presentation [HERE](#)

Steve Dickinson the regional lead welcomed the QI leads and patient leads from the six units in the SW region as well as other members of the multi professional team who had been invited.

Current Transplantation Activity in the South West and the national picture

Steve Dickinson shared: [Link to slides](#)

- What we did at UKKW and how SWTT was profiled – an update and the highlights
- The planned Opt Out Law

He then gave a brief refresh on SW data, what we have achieved and where we hope to get to.

Introduction to Quality Improvement

Steve Dickinson gave an overview of the tools for QI: Process mapping, driver diagrams and small cycles of change (PDSA cycles.)

Rachel Gair shared ideas about how to build a QI team back at base

Several of the team members have done QI previously or currently involved in it. Helen Giles shared that Gloucester have a really good QI hub and teams are well supported with doing QI through this so that is a way of working that is embedded.

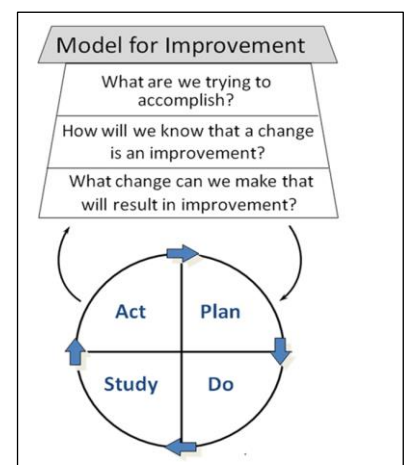
Here is a link to the [QI presentation](#).

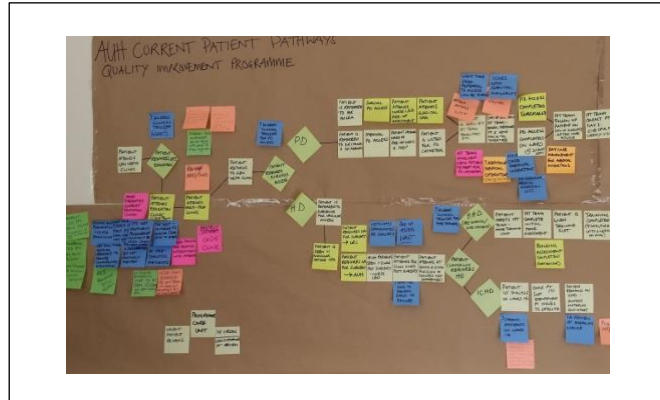
More QI tools and examples can be viewed on the Institute for HealthCare Improvement: [link to website](#)

NHS Improvement: <https://improvement.nhs.uk/improvement-hub/>

Gloucestershire Safety and Quality Improvement Academy
<https://www.gloshospitals.nhs.uk/work-us/training-staff/gsqia>

NB: Remember to involve your Trust QI leads in SWTT and gain their support and expertise





Transplant First in the South West

Each of the six SW units presented slides on a topic that was pertinent to them as a unit but also impacted the agreed overall aim

Overall AIM – SW Team Transplant

‘As many people transplanted with as short a wait as possible with the best experience’

They fed back on the following:

1. Discuss your local strategy that will allow you to measure how many of your patients with an eGFR < 20 (or estimated to reach ESRF in 12 months) have had a documented discussion/decision reached about suitability for transplantation.
2. Present how many patients (donors and recipients) have started the 18 week clock since 1 May
3. Discuss one aspect of involving patients that you have started to do or planning to do differently
4. Discuss one method that you have done or are planning to do, to raise the profile of SWTT and its aims etc.

Slides for this session are [here](#)

Helpful hints:

Plymouth do ‘Talk Tx at 20 very well’ – let’s share their process

The Belfast Experience

Dr Aisling Courtney shared her unit’s learning on improving and sustaining their LD rates. The messages that came across very clearly were:

- Look after your donors – they are so precious – try and make it as easy as possible for them
- Don’t over investigate
- Weigh up risks of donor and recipient to help make the right decision with them
- Do not underestimate how difficult it is to approach someone to be a donor

Dr Courtney finished up by saying that she thought as a region we could achieve the same LD rates in the SW as they have in Belfast. She thought we had the right approach, infrastructure and team to do this.

Link to slides [here](#)

Measurement for Improvement – What are we aiming for?

1. LKD rates of 16 pmp across SW
2. Deceased donors – reducing waiting times (waiting times and turn down rates, criteria for acceptance)
3. Work up times – donors and recipients (18 weeks or 100 days)
4. Talk Transplant @20

Actions:

- Aim for 26pmp?
- Reduce work up to 18 weeks but agree when clock starts/stops
- Reduce number of visits required
- Reduce cardiology wait/process
- Begin measurement using Tx Dashboard

Developing a Driver Diagram for the region

As a team we discussed what this would look like and Richard (SpR PHNT) adeptly inputted it into LIFEQI. This version (version 1) has been sent to your phones.

Main Aim:

More Transplants faster with the best experience

Primary drivers:

Increase number of living donor transplants to 80 per year by end of 2020

Increase number of deceased donor transplants in SW by.....%

Improve patient experience

Secondary drivers:

Improve access to surgery

Increase awareness of living donation

Improve efficiency of LD work up

Increase number of ready recipients

Increase number of accepted deceased donor kidneys

Change Ideas:

Increase number of available theatre slots

Patient Information e'g SWTTx card to give out to help difficult conversations

Website/videos – education

Staff awareness initiatives

Review living donor options for dialysis patients

3 visit LD assessment pathway

Standardised recipient referral to TAC

Documented Tx decision for eGFR < 20

Review acceptance criteria onto deceased donor waiting list

Each unit to review organ acceptance criteria

Introduce a PREM

Action:
Each unit to agree a Transplant dashboard and LIFEQI lead

A brief summing up was given by Rachel Gair outlining further dates in the diary and follow up communications. Rachel and Catherine offered to visit units if it would be helpful.

Dates for diary:

Training Day 2 – 24th September (all day event)

Training day 3 – TBA December 2019

Actions for us to follow up: (these can be taken out)

- Plans/actions from unit slides
- E-referral – PDSA
- Standardised referral to TAC – pilot NBT
- Shared pathways across region
- Cardiology work up
- Dashboard – start measurement
- Agree/finalise targets and timeframes
- Working groups in each unit
- How is it being prioritised in each unit – do CD's know?
- When clock starts

And FINALLY!

We all agreed that we have reached the stage as a region where we have identified our change projects, and each unit will work hard to collect meaningful & comparable data, as well as making QI decisions and local changes, and feedback on these activities at the next meeting in Sept.