



**'THINK  
KIDNEYS'**

**09:30 – 10:00**

**REGISTRATION / COFFEE/ NETWORK OPPORTUNITY**



Think Kidneys is a national programme led by  
NHS England in partnership with UK Renal Registry

# Kidney Quality Improvement Partnership (KQuIP)

South West

## SW Team Transplant

11<sup>th</sup> April 2019

**‘THINK  
KIDNEYS’**

**KQuIP**

**10:00 – 10:15**

## **Introductions and Welcome**

[Dr Paul Cockwell – KQuIP Co-chair]

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**10:15 – 10:30**

## **Current Transplantation activity in the South West**

[Dr Steve Dickinson – Royal Cornwall Hospital, Truro]

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# South West Team Transplant

KQuIP Launch Day

11 April 2019

# How did we get here?

## KQuIP South West Regional Day 4 October 2018

- Home therapies
- Vascular Access
- Transplant First



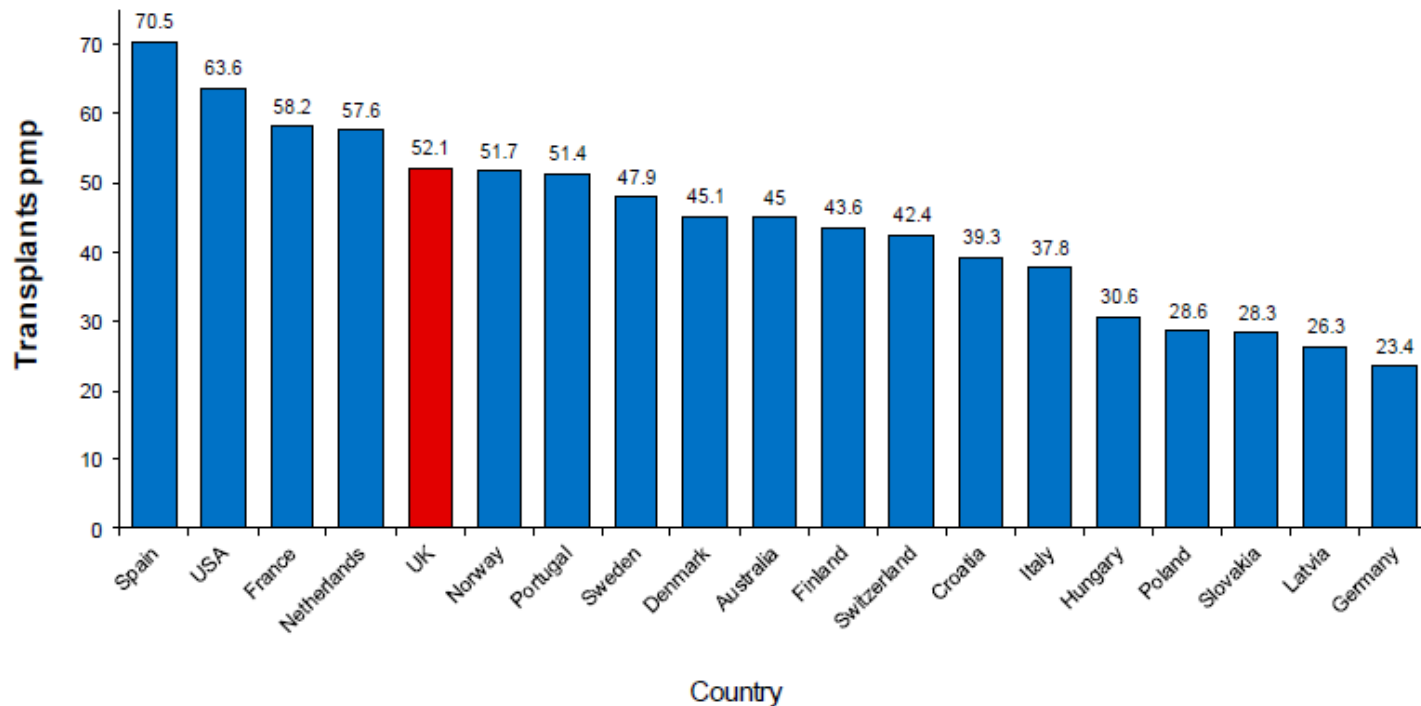
- Set the scene with NHS Blood and Transplant (NHS BT) data
  - National data
  - Living kidney donor
  - Deceased kidney donor
  - Listing information
- Creation of SW Team Transplant
- Aspirations for the SW



# National performance

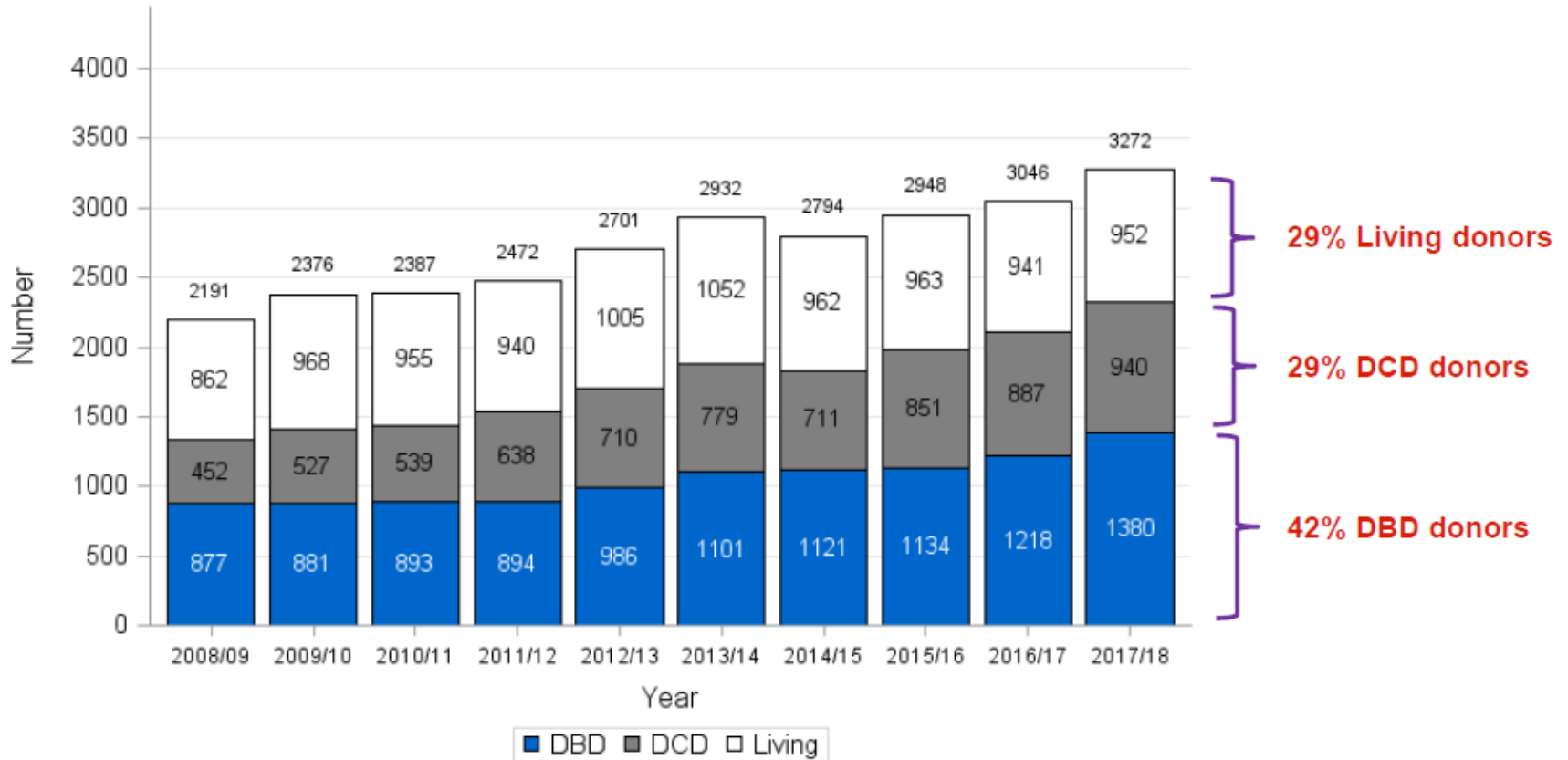
# Kidney transplant rates

Deceased and living donor kidney transplant rates for Europe, Australia and the USA, 2017



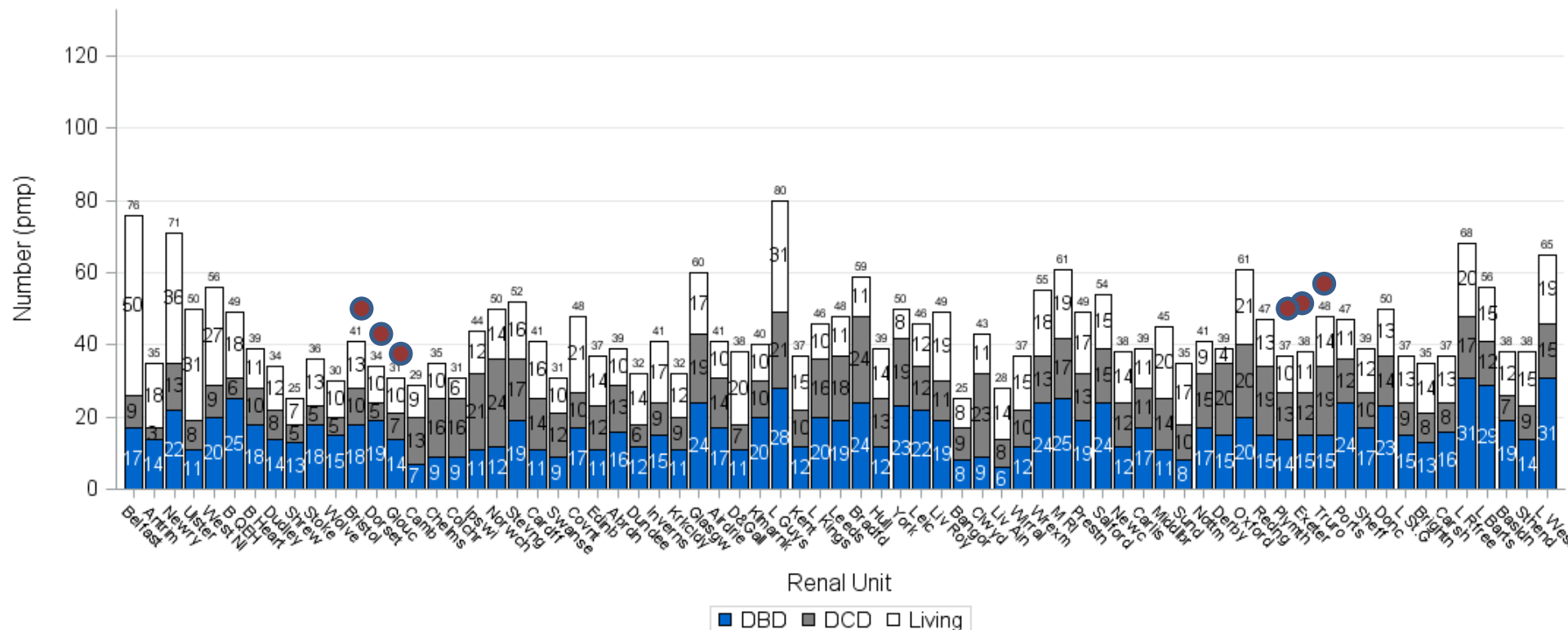
Source: Council of Europe – Transplant Newsletter

# Total adult kidney only transplants



# Kidney only transplants pmp

1 April 2014- 31 March 2017

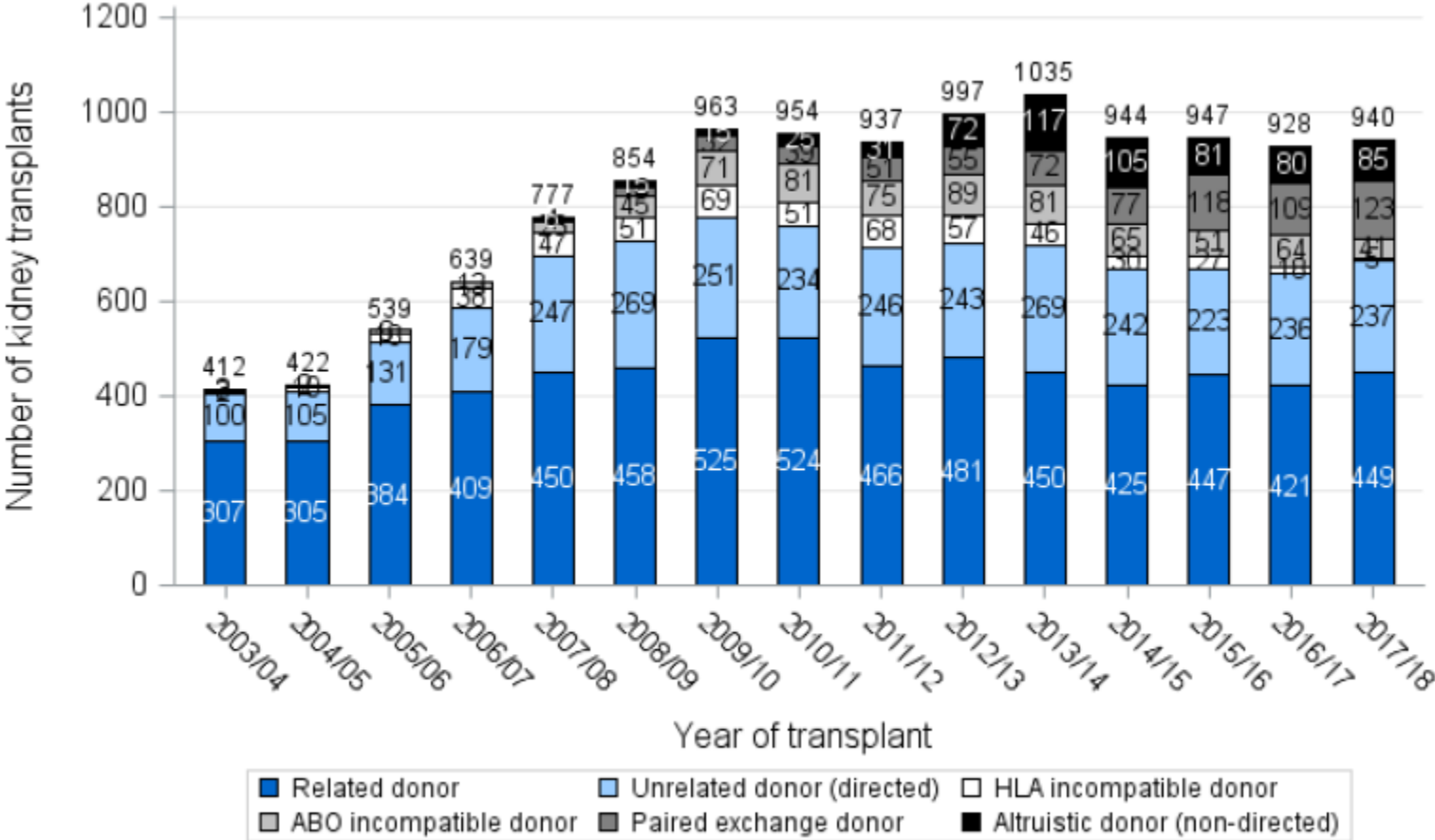


# Living Kidney Donation

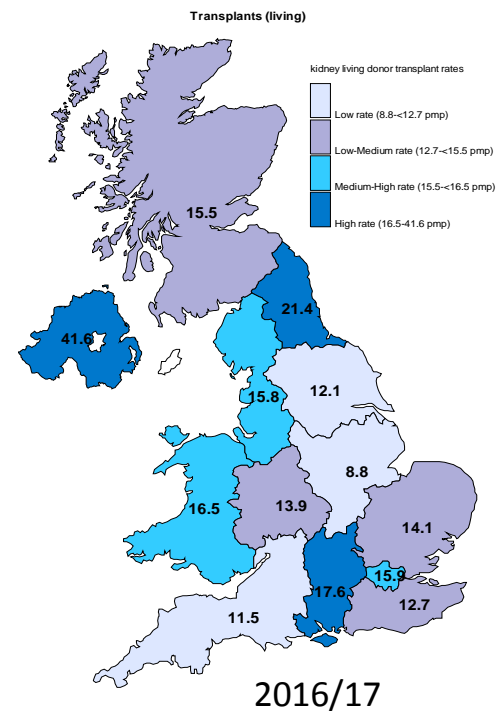
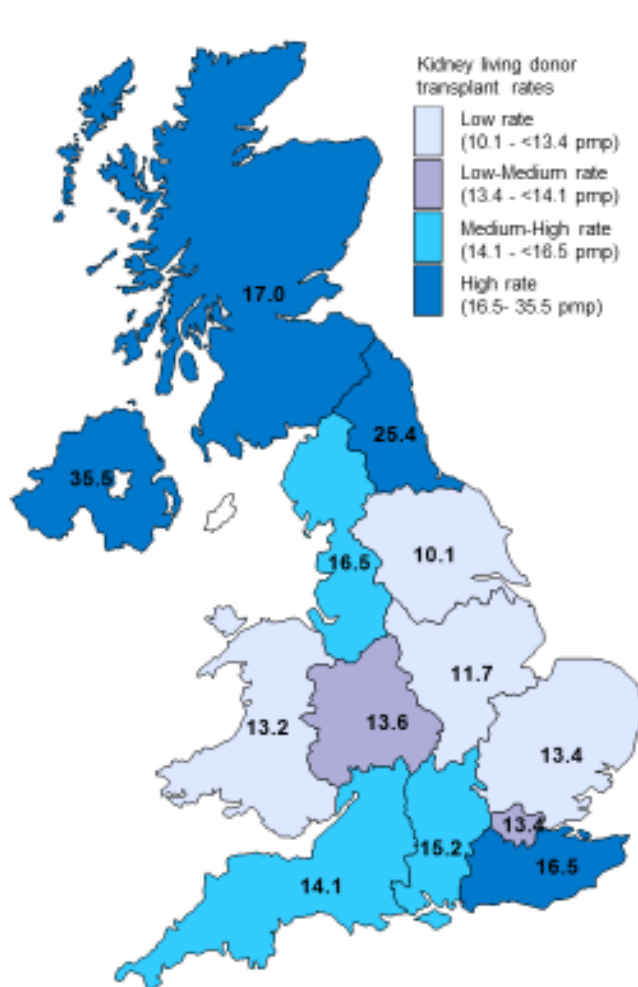
# Adult living donor transplants



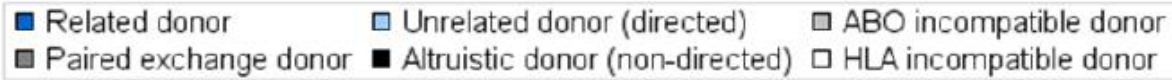
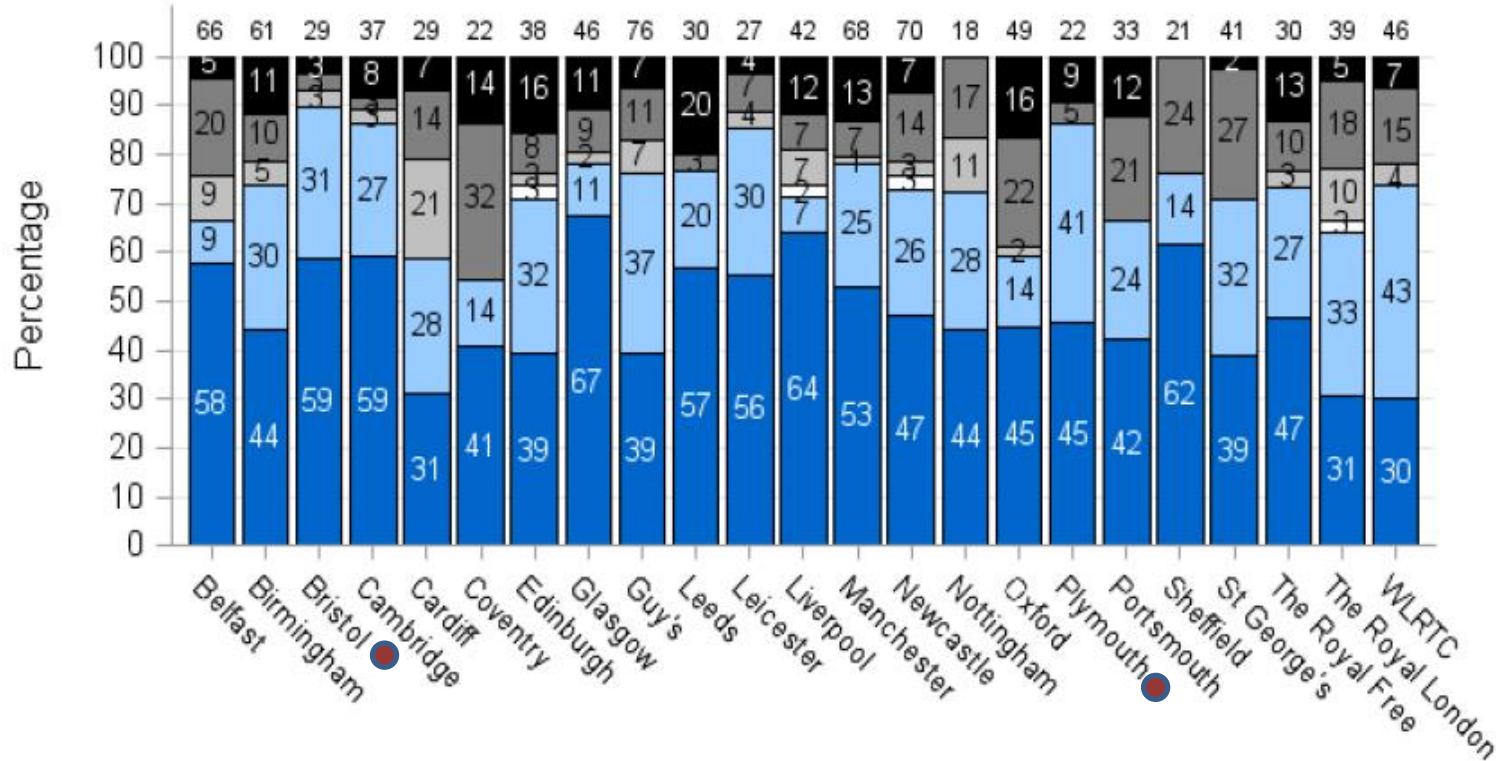
Blood and Transplant



# Living donor Kidney transplant rates (pmp)



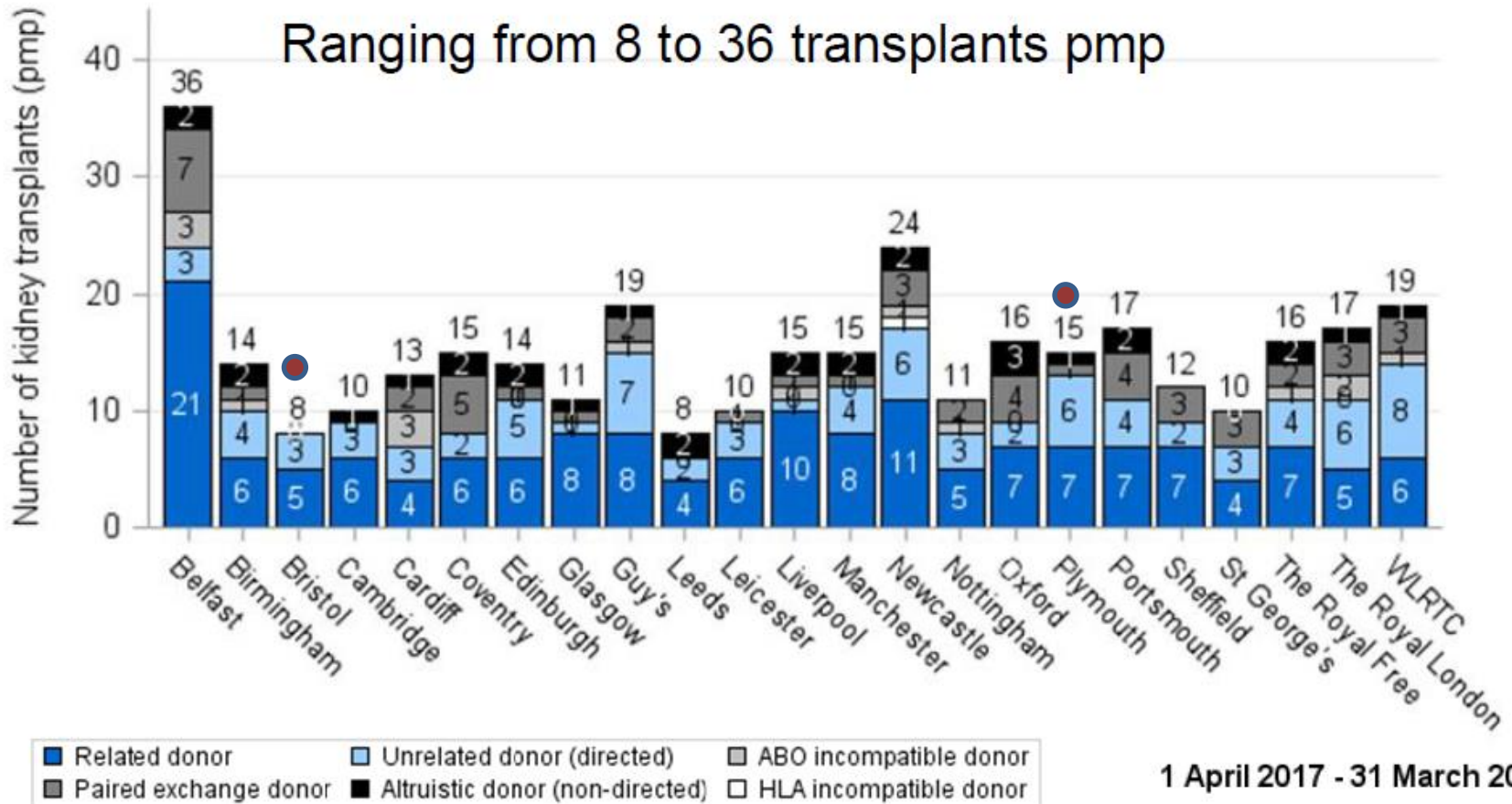
# Living donor kidney transplants by type



1 April 2017 - 31 March 2018



# LDKT by centre per million population



# Deceased donor transplants

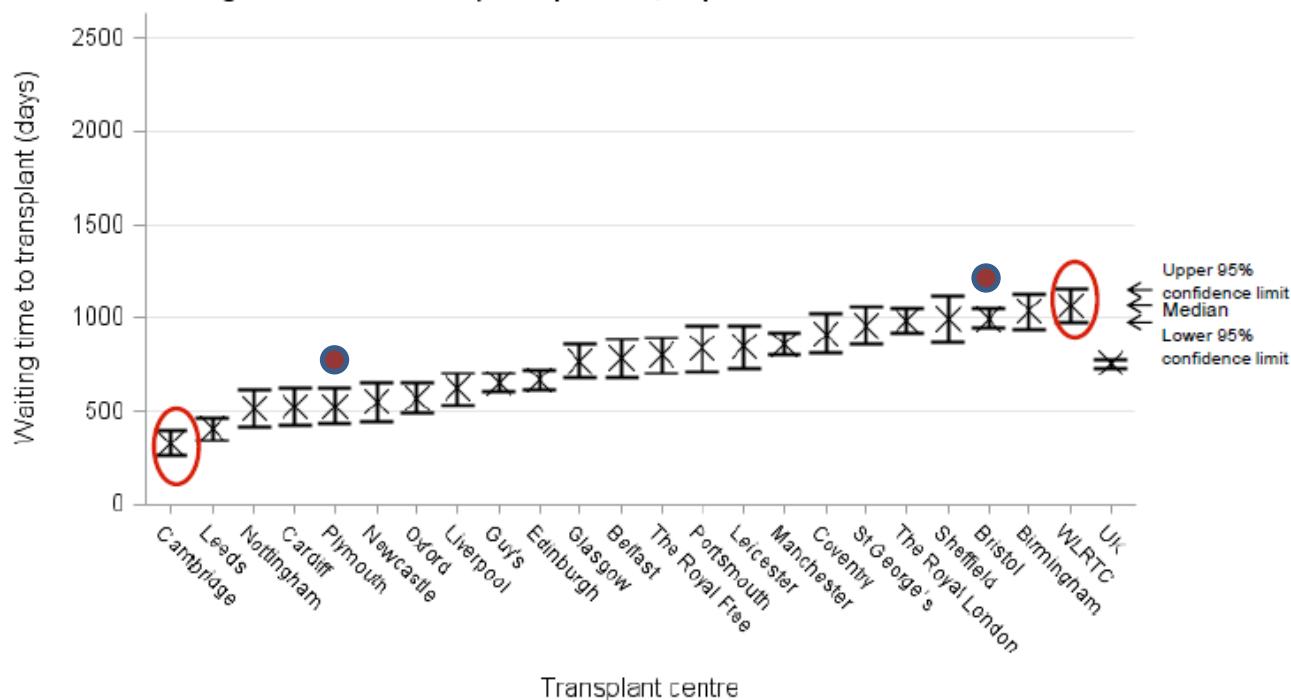
# Deceased donors

## Median waiting time to transplant



Blood and 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



11 months



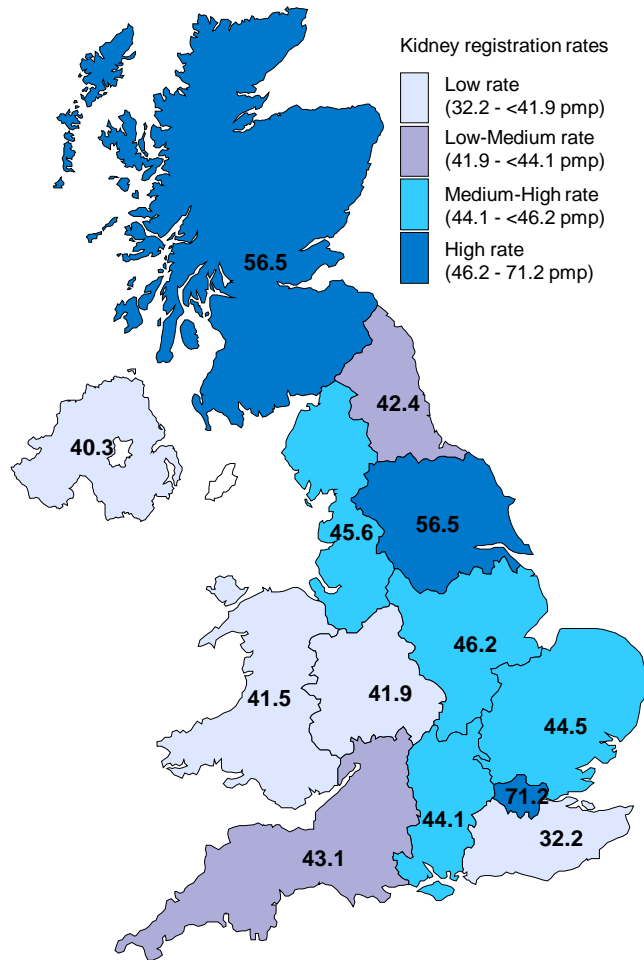
35 months

25 months  
UK average

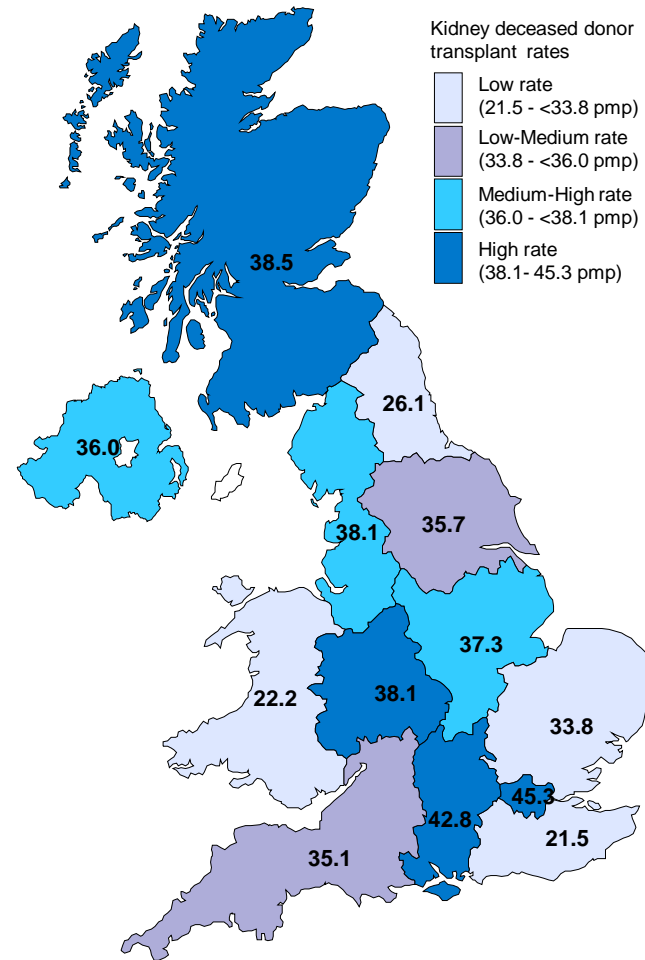


KQuIP  
Kidney Quality  
Improvement  
Partnership

# Patients active on the waiting list pmp



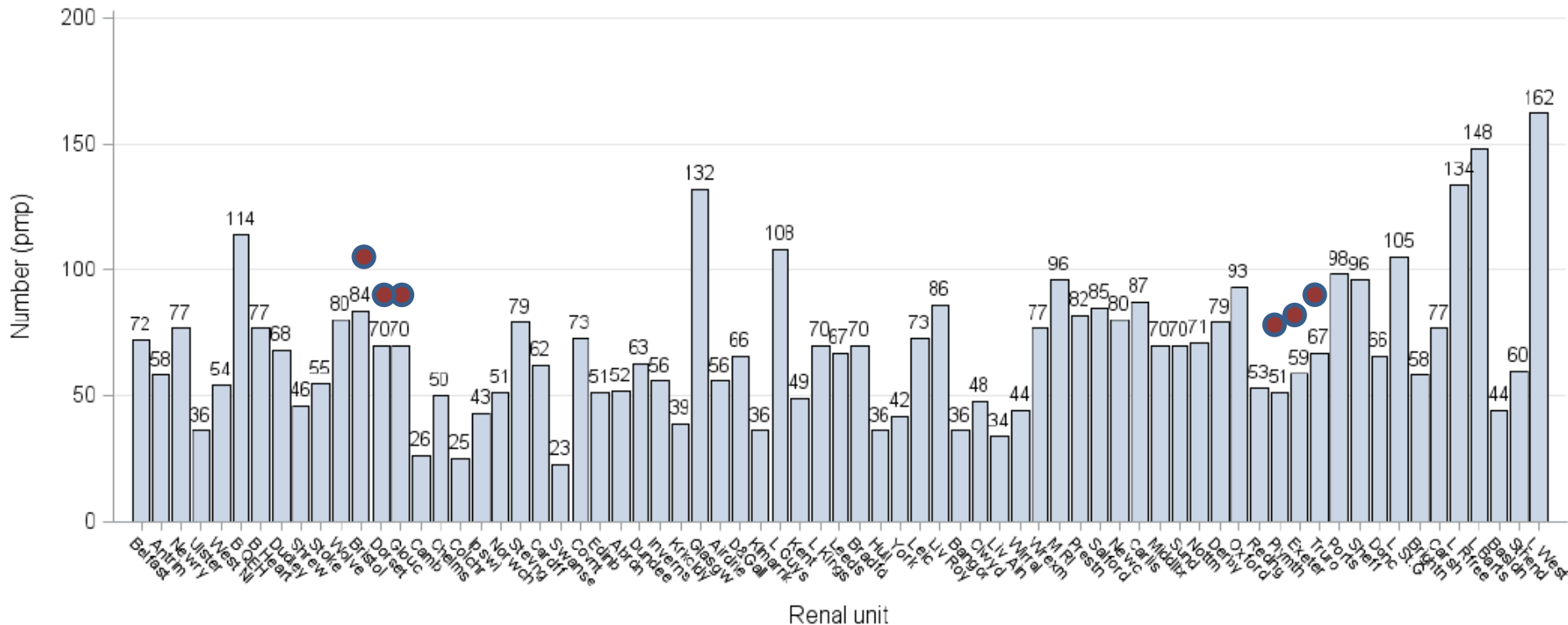
# Transplants (deceased) pmp



# Listing

# Transplant list by Renal Unit

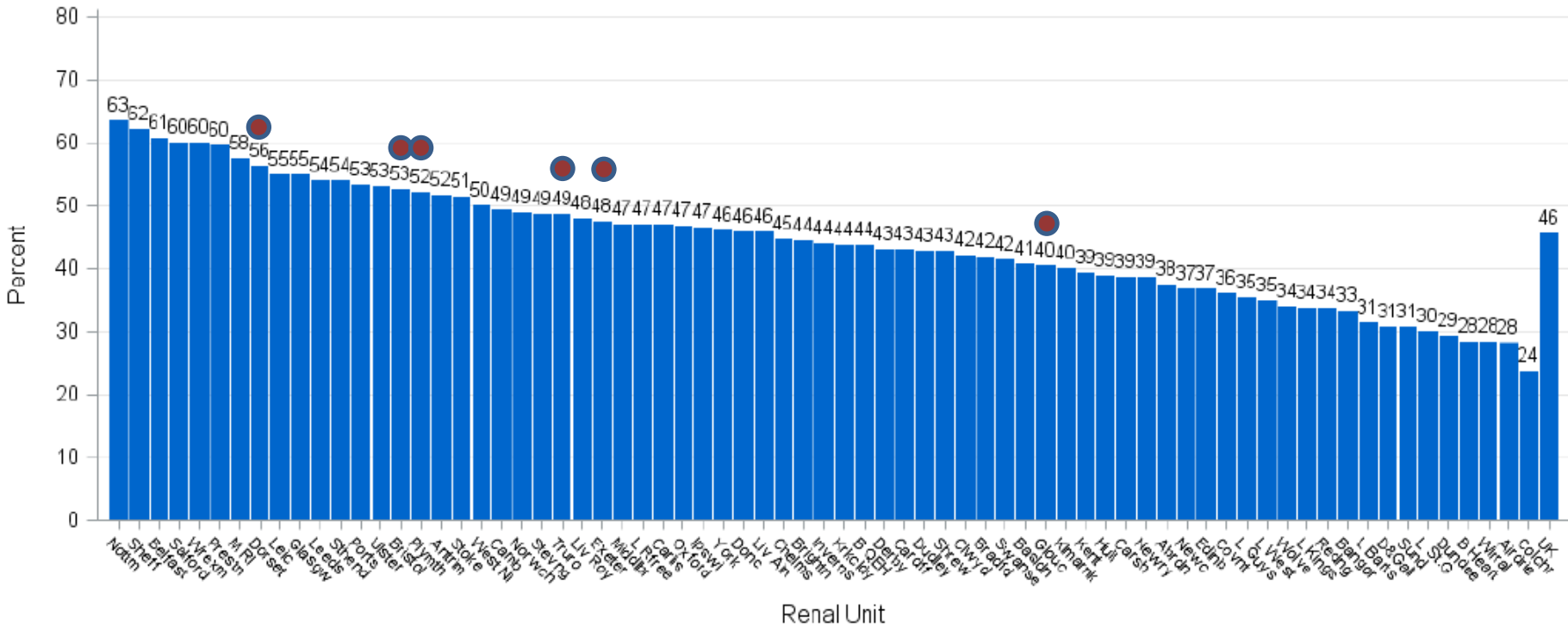
Ranging from 23 to 162 patients pmp



April 2016 – March 2017

# Pre-emptive listing rates by Renal Unit

Ranging from 24% to 63% of listed patients



Patients registered April 2013 – March 2016

# How did we get here?

## KQuIP South West Regional Day 4 October 2018

- Home therapies
- Vascular Access
- Transplant First





# How did we get here?

- Quality Improvement (QI) Leads at each of the six SW Renal centres
- 13 December 2018 QI Leads meeting, Plymouth
- Leadership Training Shortsmoor 6 & 7 Feb Ilminster
- 21 March 2019 QI Leads meeting, Taunton



# Where are we now?

## **South West Team Transplant**

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

# How will we achieve this aim?

## Drivers:

- Supporting communities
- Education and awareness for all
- Reducing delays

# Topics...

- Bristol- Referral protocol
- Dorset- Transplant pathway
- Exeter- Avoiding barriers and delays
- Gloucester- Waiting times and organ turn down rates
- Plymouth- Cardiology pathway
- Truro- Donor experience
  
- Presentations from SW patients
- Dr Kerry Tomlinson

# Enjoy the morning!

10:30 – 11:30

**Overall Aim – South West Team Transplant**

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

[Unit presentations]

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**KQuIP**

## KQuIP South West Launch Event - 11<sup>th</sup> April 2019

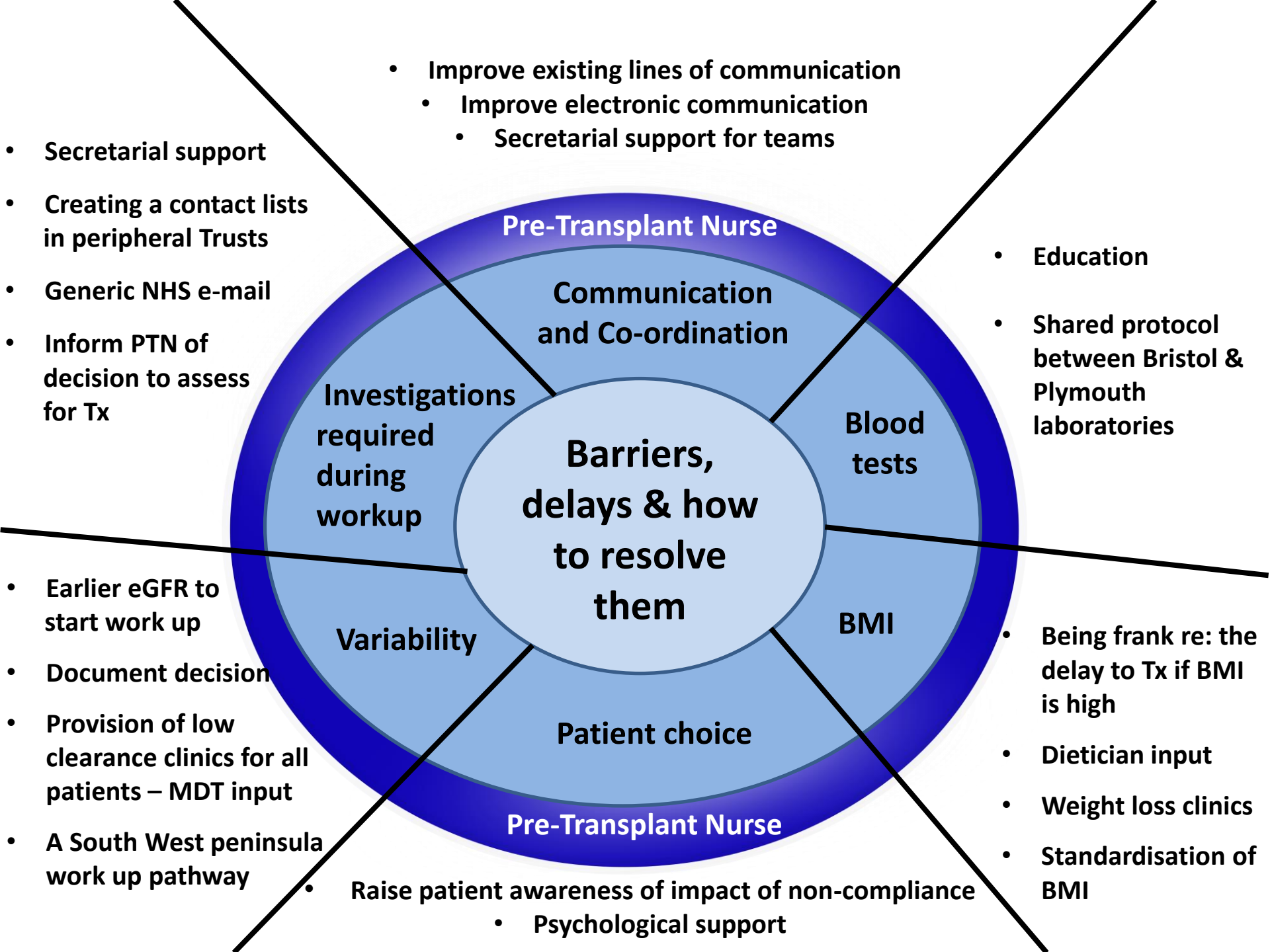
‘As many people transplanted with as short a wait as possible with the best experience’

Barriers and delays in renal transplant work up  
and living kidney donation  
...how to resolve them

Heather Atkins Living Donor Transplant Nurse

Karen Steer Transplant Specialist Nurse

Lynsey Webb Consultant Nephrologist





# Living Kidney Donation - Barriers



Volume of work  
Not being just an LKD nurse

Waiting....for HLA results, renal ultrasound, out-patient appointment and further investigations



Number of appointments, time off from work etc.

APPOINTMENT CARDS

1	2	3	4	5	6
3	4	1	2	10	9
5	7	6	9	1	3
9	11	7	12	14	8
13	15	11	20	17	16
16	21	15	22	19	18
7	8	9	10	11	12
11	12	6	5	7	8
2	16	4	13	17	14
3	6	1	15	2	4
19	14	18	21	3	22
14	17	20	12	13	10
13	14	15	16	17	18
16	20	18	13	21	15
10	12	19	8	11	20
18	5	10	19	22	13
1	8	2	6	5	9
11	7	3	1	8	6
19	20	21	22		
22	14	17	19		
15	18	22	21		
16	21	20	17		
7	4	10	12		
5	9	2	4		

Preparing and sending LKD information between Units

Unsuitable donors

Difference in LKD acceptance criteria  
Waiting for the recipient's suitability

# Marginal gains can result in significant improvement



**Go SW Team Transplant**

**Kidney Quality Improvement Partnership  
(KQuIP)**

**Gloucestershire Hospitals NHS Foundation Trust**

**Jim Moriarty, Helen Giles**

Nephrologist, Lead Nurse



@HotKidneyAction

@HelenGi21436714

@Renalservicesg1

#SWTTx

**‘THINK  
KIDNEYS’**

**KQuIP**

Team  
South  
SWTTA  
Kidney  
Transplant  
First  
West  
Ship  
RRT  
Network

One + all | we care

Royal Cornwall Hospitals



NHS Trust

# Donor Experience

Emma Johns

Susan Durkin

11 April 2019

KQuIP Launch Event

# Donor

Education

Early discussion

Empowerment

Experience

# Education

Peer support

Buddy system

Increase publicity & awareness

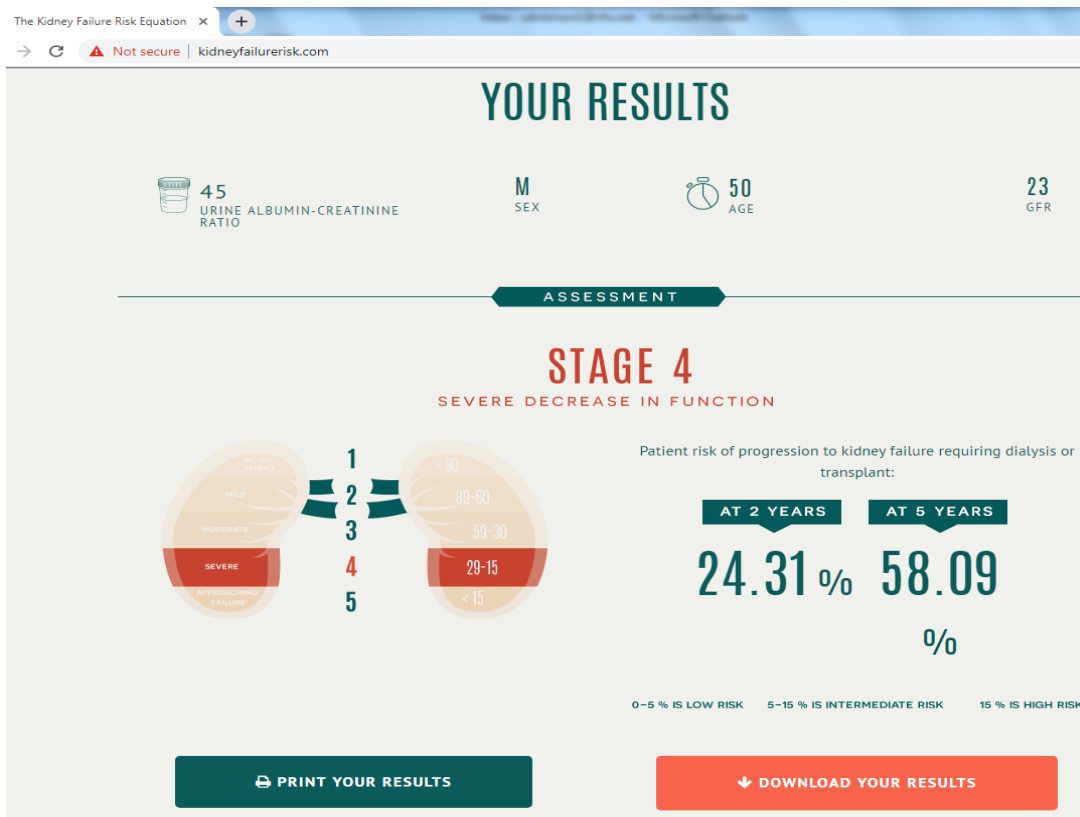
# Early discussion

With recipient at CKD clinic when  
GFR 25 +/- rate of decline factor

Compatibility? GP obtain Bld grp



# Early discussion



Kidney failure risk equation

# Empowerment

Encourage open & honest  
discussions with family & friends

Pre-emptive living donor  
transplant - the best option

# Experience

Measure donor experience after:  
work-up, donation, & 1 year.

Introduce improvements based  
on feedback.

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**11:30 – 11:45**

**COFFEE**

**'THINK  
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**NHS**



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**11:45 – 12:00**

## **Patient Experience**

**[Keith Bucknall]**

**[Deborah Duval]**

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# Kidney Quality Improvement Partnership (KQuIP)

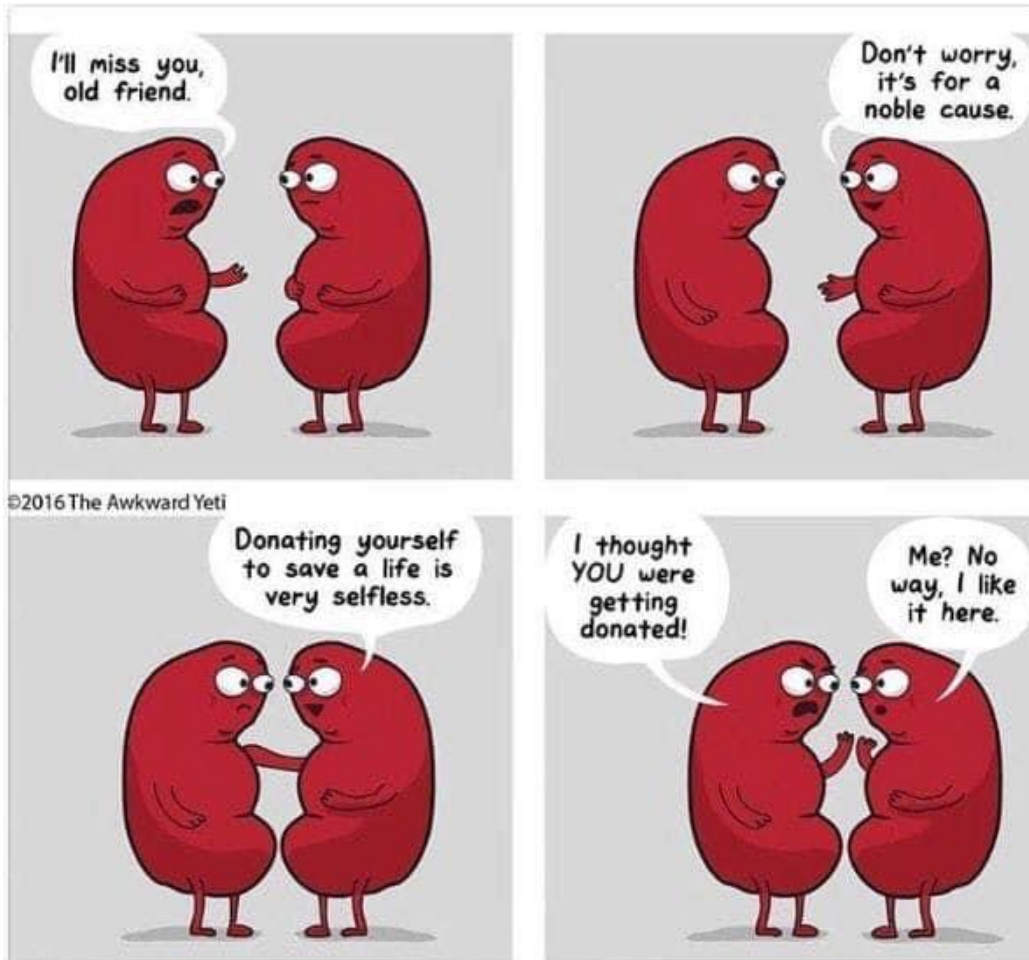
[Keith Bucknall]

[Patient representative]

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# Donor - Doner







time

emotions



# Kidney Quality Improvement Partnership (KQuIP)

[Deborah Duval]

[Patient representative]

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## Transplant Education Session – must be attended by all patients to be listed

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The proposed running order is (all slide presentations except where indicated):

1. Introduction by the Transplant Recipient Co-ordinators
2. Verbal presentation from a psychologist
3. Having a living-donor kidney transplant (one of the LD Co-ordinators)
4. Kidney transplant - the operation (presented by one of the surgeons)
5. What happens on the ward after your transplant (by a ward sister)
6. All about your transplant medicines (by a renal pharmacist)
7. Follow-up transplant clinic (by one of the clinic sisters)
8. Verbal presentation by a transplant recipient
9. Summary

The session is designed to last around 2 hours without a break, but we (i.e. patients reviewing the slides) suggested inserting a 20-minute break in the middle to make it less of a marathon.

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## Transplant Pathway

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This education session is regarded as a key part of transplant pathway, which runs as follows:

- Referral from Nephrologist
- Work-up tests
- Primary surgical review
- Patient education session
- MDT agreement to activate on the list
- Recipient Co-ordinator confirms activation status to patient.

One reason why it's key is to outline not just benefits but also risk of transplantation in order to ensure informed patient consent - especially important following the Montgomery decision: <https://www.themdu.com/guidance-and-advice/guides/montgomery-and-informed-consent>

**12:00-12:30**

**World Café session**

**[All delegates]**

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## World Café Session

1. Measurement – what shall we measure and how?

[Kerry Tomlinson]

2. Objectives – Do we have any targets? If so, what are they? Are they South West targets or unit targets?

[Steve Dickinson]

3. Patient experience – How do we measure and improve?

[Keith Bucknall and Deborah Duval]

4. How do we raise the profile of South West Team Transplant locally and regionally?

[Jim Moriarty]

## How a World Café Session works

- Four tables
- Your choice where you start
- You have 7 minutes to listen and discuss the table topic
- After 7 minutes, move to your next choice of table
- Everyone should visit all four tables

## World Café Session

- Measurement
- Objectives
- Patient experience
- Raising our profile

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**12:30-12:45**

**‘Implementing change – barriers and how to overcome them’**

**[Dr Kerry Tomlinson – Transplant First Project Lead]**

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# Data: 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	

# Data collection: working with RR

## 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 <sup>?</sup>	Status <sup>?</sup>	Reason <sup>?</sup>	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		 
<input type="text" value="6"/>	Working up or under discussion ▾	<input type="text" value=""/> <small>This field is required</small>	<input type="text"/>	 

Add new entry

# Data : Enhanced Dashboard

West Midlands Strategic Clinical Network

Transplant *FIRST*

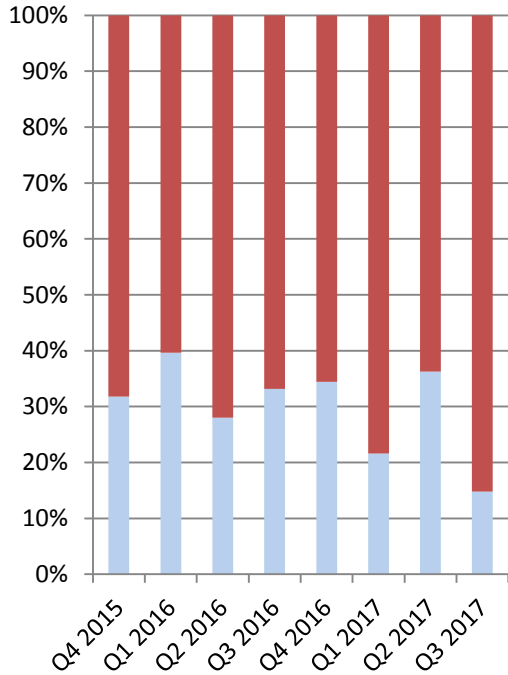
Renal Unit Stoke - North Midlands  
 Contact Email

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)

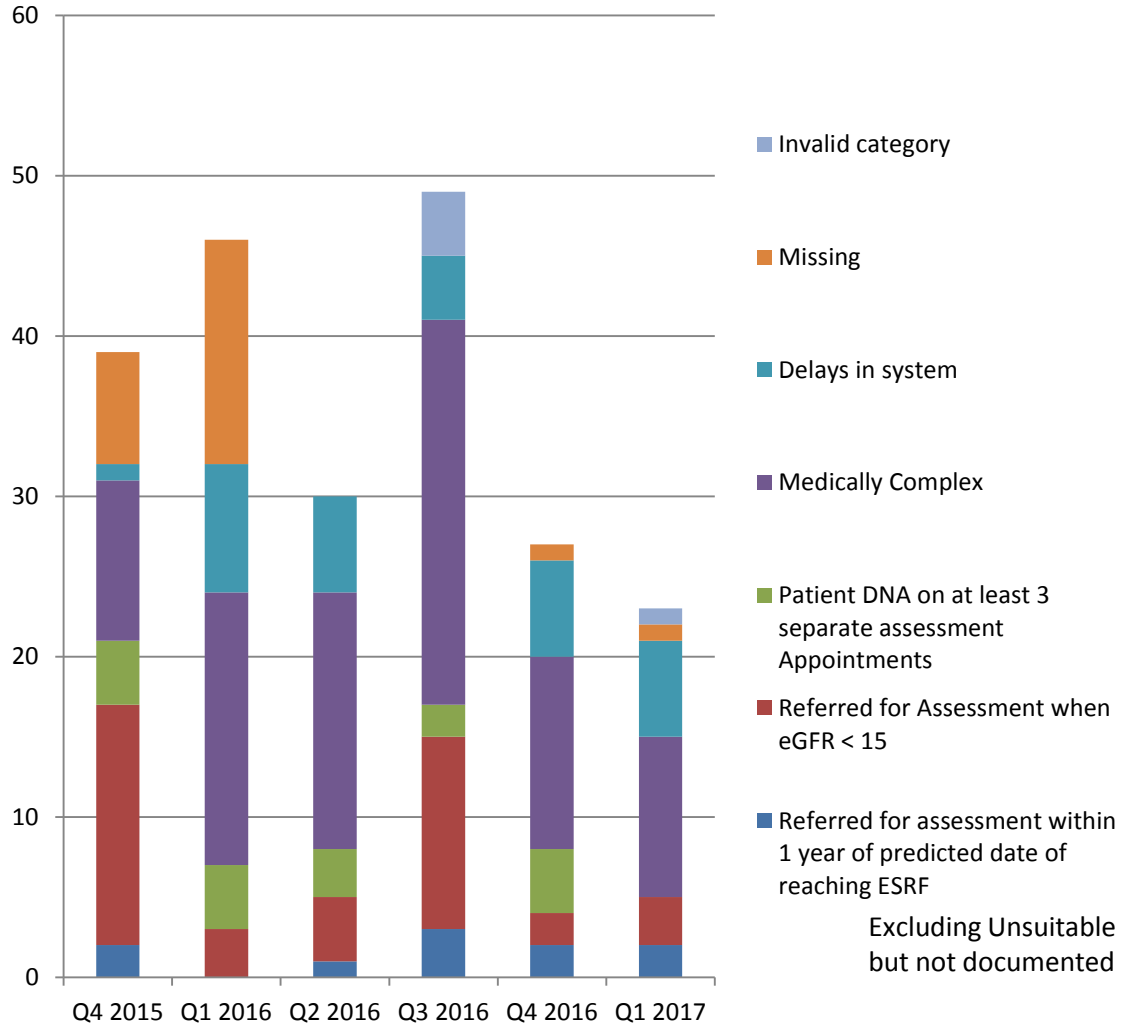
ID no	Renal unit use only (do not include hosp or NHS no)	Transplant status (choose one for each patient)	Reason patient still "working up or under discussion" or "no documented decision" (if you have chosen one of these categories in previous column please choose category from drop down list)	Comment
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

# Reason patients are “missed”



“Missed” patients



Excluding Unsuitable but not documented

**12:45-13:00**

**Route map – dates of future meetings, programme, goals and end date**

**KQuIP support**

**Summing up**

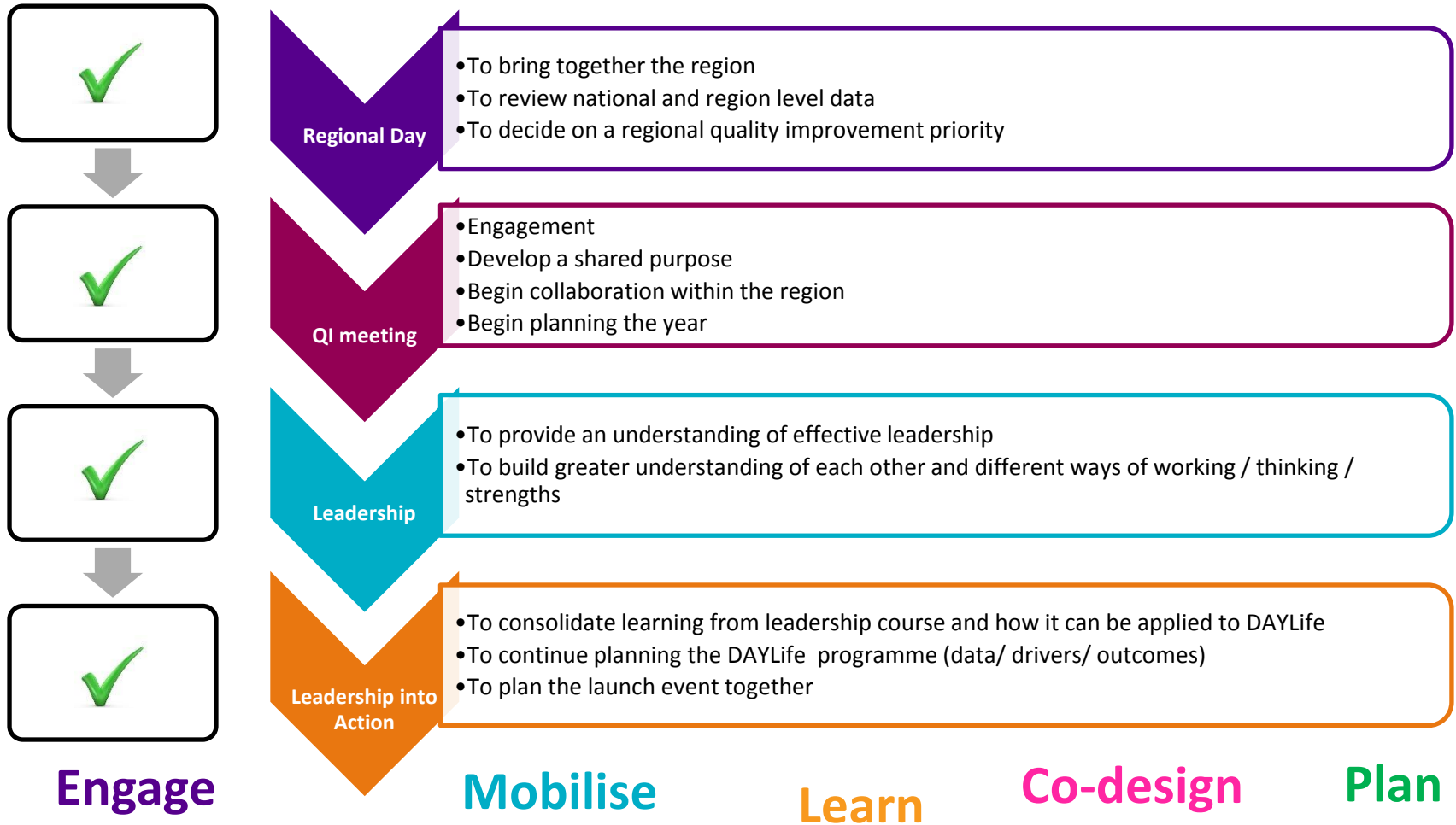
[Dr Steve Dickinson – Royal Cornwall Hospital, Truro]

[Rachel Gair - Quality Improvement Programme Manager]

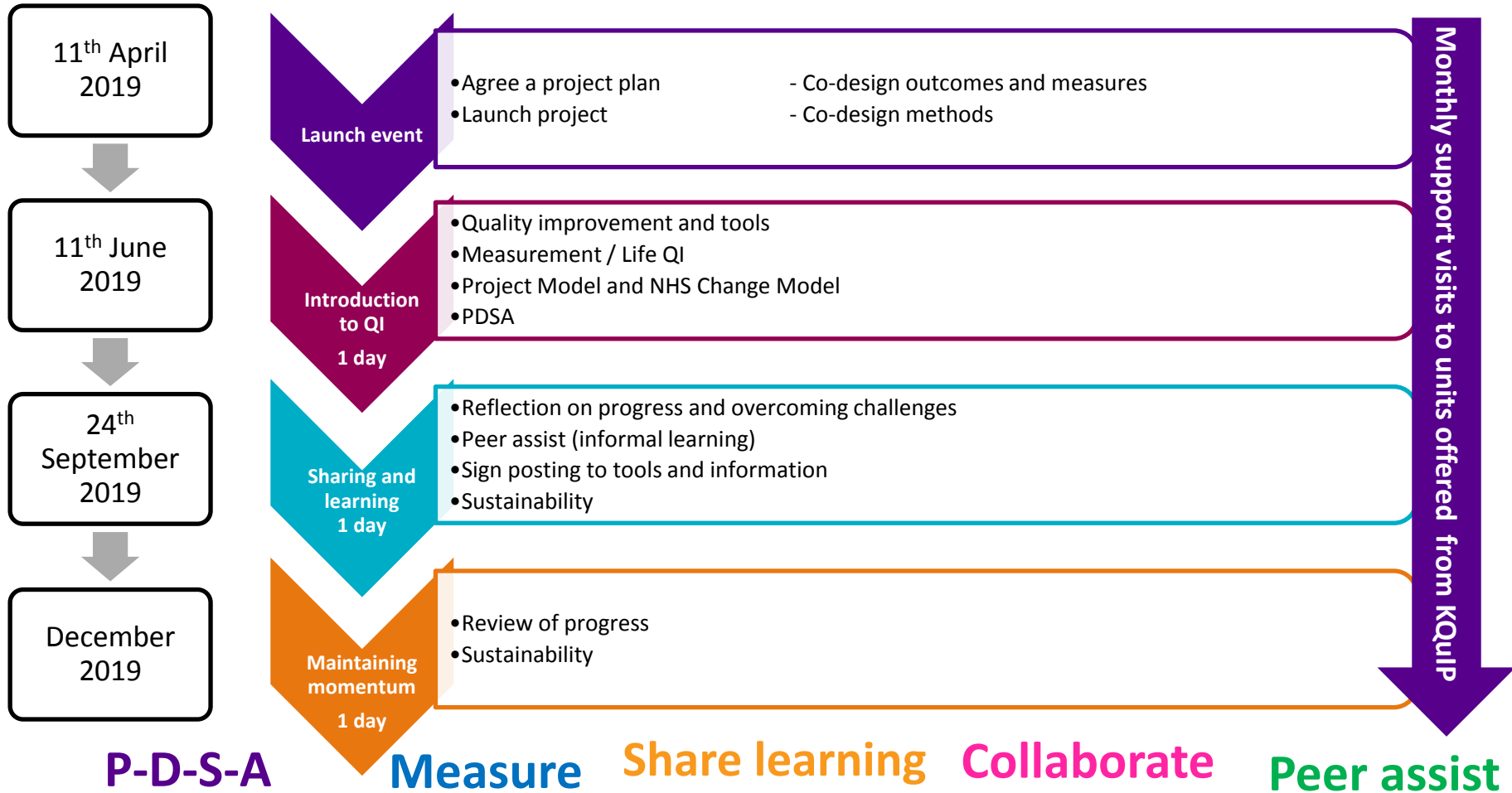
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**KQuIP**

# Preparation phase



# Project phase



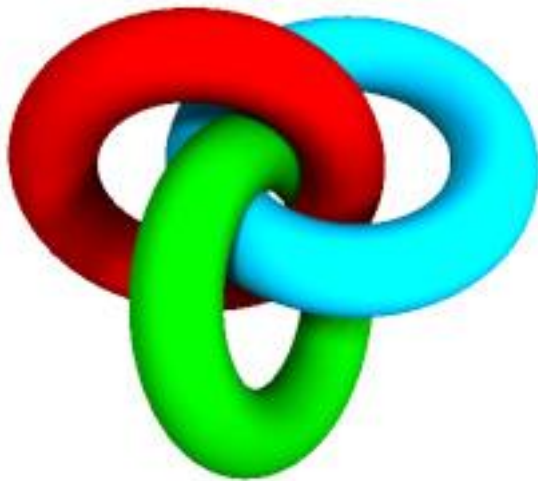




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# My role...

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- Support to connect teams – collaboration
- Assimilate and communicate learning between KQUIP collaboratives – action learning sets, webinars
- Website resources and communications
- Support for organising and providing training /meeting venues / sponsorship

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# KQuIP...

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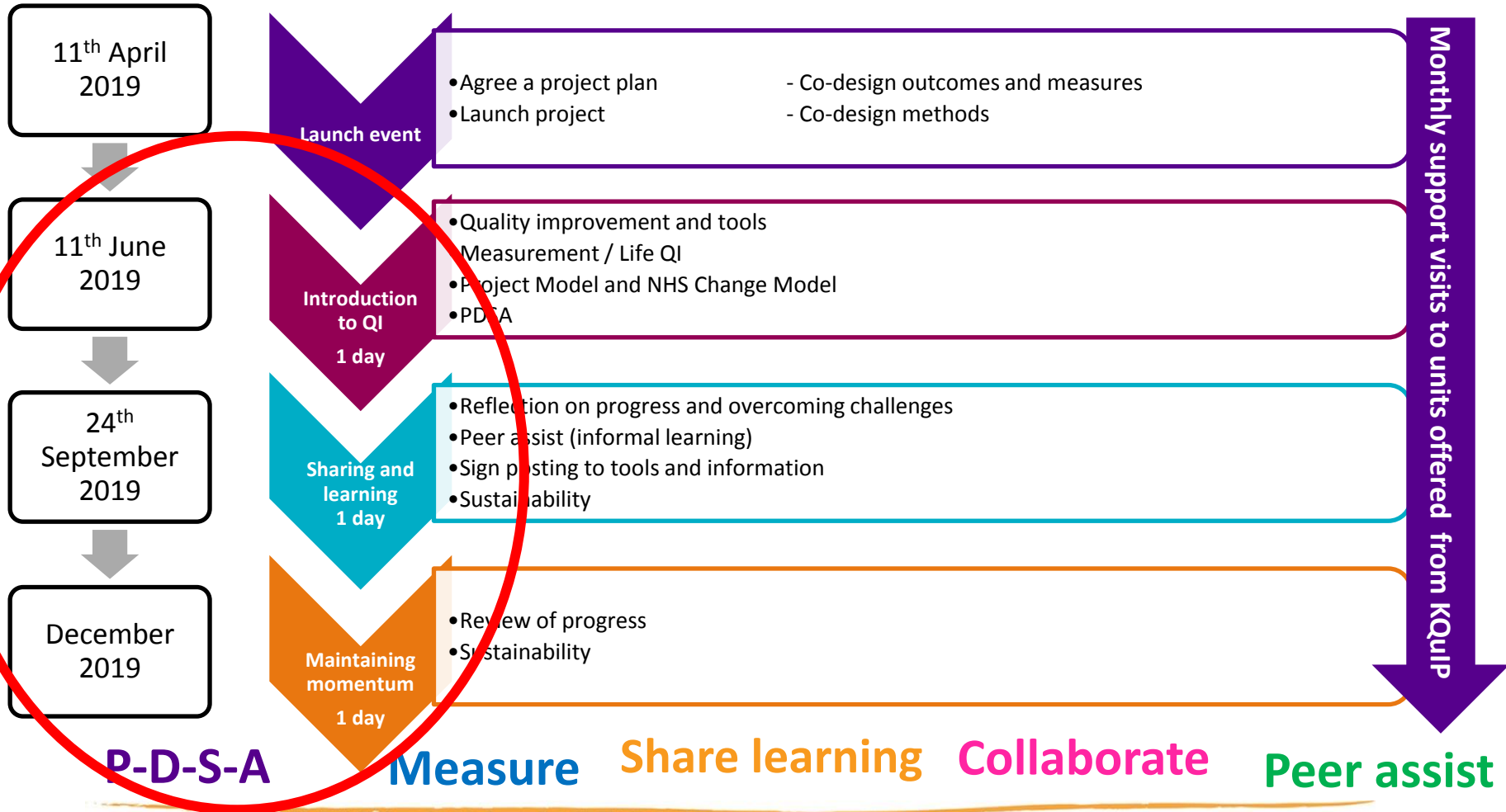
## IS...

- Facilitative
- Enabling
- Local ownership - teams are responsible for the decisions, results and actions
- Keeping the energy, momentum, drive
- Tailored support

## IS NOT...

- The subject matter expert or owner of the project
- Directive
- Inflexible or rigid

# Project phase



# 'THINK KIDNEYS'

13:00– 13:30

Lunch and networking



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# 'THINK KIDNEYS'

13:30 – 15:30

QI leads



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