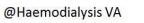
MAGIC Update

Katie Fielding MAGIC Lead

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





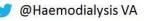




Patient Satisfaction with Needling









Patients Satisfaction with Needling

Please rate your answer between 1 and 7, by marking an X in one of the boxes below:

How was your	Very Bad					V	ery Good
needling today?	1	2	3	4	5	6	7

Mean score of your sample







Patients' Satisfaction with Needling

Please rate your satisfaction between 1 and 7, by marking an X in one of the boxes below:

How was your	Very Bad			Very Good			
needling today?	1	2	3	4	5	6	7

If there are any other comments you would like to make about your needling, please insert these in the box below:

Comments provide context to data – accessed locally only <u>NOT</u> Qualitative data analysis!







Patient Satisfaction with Needling

Advantages

- Easier to understand (better validity)
- Easier to get reliable results
- More confidence in results
- Patients more likely to complete

Disadvantages

- Cannot compare to CKD PREM
- Two different ways to measure patients' experiences of needling
- Lacks depth
- Does not have statistical / academic reliability and validity
- MAY BE NO BETTER!!







Next Steps

- Implement new question
- Note date when changed
 - Mark on run charts
- Present data with this context
 - May not be reliable prior to use of new question
 - Changes may be due to change in question not change in anything else
- Cannot construe meaning from CKD PREM
 question data







MAGIC's Measurement Platform

l	Login
katie.fielding	
	Login
Don't have an account?	Forgot your password?







Why?

- Online platform
 - magic.renalreg.org/accounts/login/?next=/
- Allow you to collect your data
- Converts into line charts (run charts ... ish)
- Can allow your whole team to have access
- Share data in region / unit
- Staff User
 - Add staff
 - See data for all units







Once you are logged in this will take you to your **home screen**:

Magic Measure data Charts Region data Region charts	Welcome Katie Fielding! Options >
Dummy Change	
Patient level measures	
No.s Rope Ladder	
No.5 Buttonhole	
No.s Area Puncture	
No.s Missed Cannulation	
Mean Needling PREM score	
Actions	
Unit level measures	Export patient data
	suport patient data
% AVF	rupot parent dea
% AVF % AVG	t oper parier dea
% AVF % AVG % Hybrid	Tipper (plane) day
% AVF % AVG % Hybrid % CVC	T SDAT (state (dd)
% AVF % AVG % Hybrid % CVC % AVA Acess	- typer (plane) day
Unit level measures % AVF % AVG % Hybrid % OCC % AVA Access % New AVA Access	t sport palen døy
% AVF % AVG % Hybrid % VXC % AVAccess	rðau boru gað

Add patient measures Add unit measures

Patient level measures

	2019-05-01	2019-06-01	2019
No.s Rope Ladder	3	10	3
No.s Buttonhole	7	3	4
No.s Area Puncture	2	4	2
No.s Missed Cannulation	2	7	7
Mean Needling PREM score	3	3.50	3.67
Actions	Edit	Edit	Edit

Unit level measures

	2019-05-01	2019-06-0
% AVF	20%	10%
% AVG	30%	20%
% Hybrid	45%	25%
% CVC	5%	15%
% AV Access	95%	55.00%
% New AV Access	2%	40%
% Lost AV Access	1%	15%
% Infection	2.50%	20%
Actions	Edit	Edit

Add patient measures Add unit measures



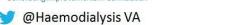




Date:		
Patients:		Number of Patients in Total hameodialysis population
Types of Vascular Access used fo	or HD	
AV Fistula:		AV Fistula: Cannulation of normal vein segment, even if flow is supplemented by artificial material
AV Graft:		AVG: Cannulation of artificial material
Hybrid		Hybrid: One site cannulates normal vein segment and one site cannulates artificial material
Central Venous Catheter		CVC: Tunnelled or non-tunnelled central venous catheter
New AV Fistula / Graft Use		
Number of New AVF/G		Any AVF/G cannulated and used for haemodialysis alongside CVC or only used for the partial treatment
AV Fistula / Graft Loss		
Number of Lost AVF/G		Number of AVF/G in the current haemodialysis population that were cannulated for haemodialysis 1 mo dialysis, those transplanted, deaths and haemodialysis withdrawals in the last month. This is purely for a
Vascular Access Infection		
Number of Infections		Please insert the number of patients who have has a vascular access infection in the last month:
Submit Cancel		









Date:	
Needling technique	
Number of Rope Ladder	Rope Ladder: Cannulation that moves up the vein at each
Number of Buttonhole	Buttonhole: Cannulation of each cannulation site in the s
Number of Area Puncture	Area Puncture: Cannulation in a different site each time t
Number of patients sampled	Please insert the number of patients from your sample.
Missed Cannulation	
Number of patients sampled:	Please insert the number of patients from your sample, w
No of Missed Cannulation:	Number of patients for that haemodialysis session that e insertion.
Needling Satisfaction question	
Number of patients sampled:	Add Please insert th



BRS VASCULAR ACCESS Special Interest Group

"THINK KIDNEYS"

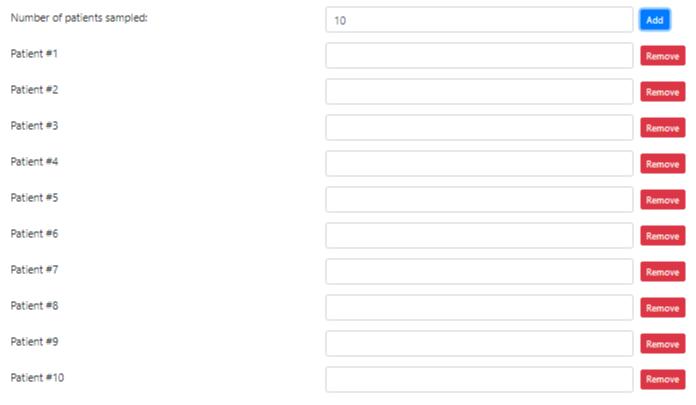
KQuIP







Needling Satisfaction question

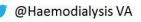


Mean Needling Satisfaction Score: 0

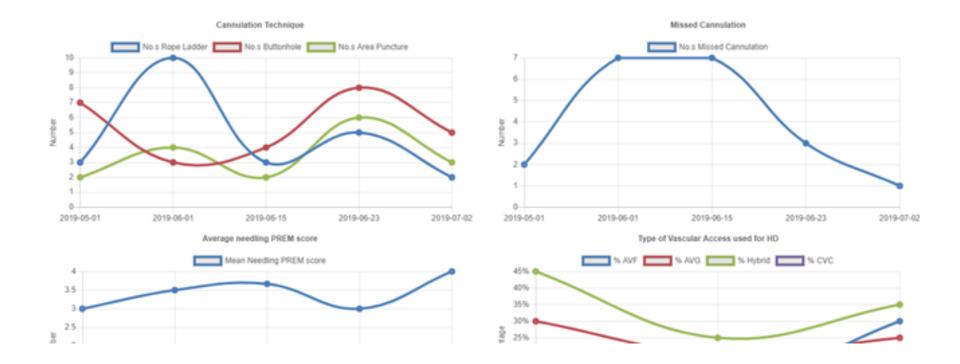
Submit Cancel

















Practicalities

- ? Use post MAGIC
 - Free to use
 - Multiple users
- Identify how you want to structure your unit
 Satellites and main separate or together?
- Identify 'Staff User' (s)
 Can allocate staff log ins
- Let Leeanne and Ranjit know
- Written instructions



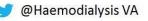




Process Measures









Process Measures

- What has changed in practice?
- How have your processes changed?
- Assumes process change will lead to positive clinical outcomes
- Often provide faster results









Limitations of Process Measures

 Only measures changes in practice, not what has changed for patients

- Similar to surrogate markers in research

Local relevance

Quickly out of date







What process measures do we have in MAGIC?

ELearning

- Number and type of people completing the ELearning
- The average pre and post quiz scores

Awareness materials

- Numbers and types of materials ordered and used
- Pre and post evaluation form
 - 10 patients before and after launch

Evaluation form







Collecting Process Data

- ELearning reports
- Excel spreadsheets

- Unit driven
 - Share with MAGIC steering group via Leeanne / Ranjit



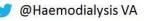




Next Steps















MAGIC Process



Measuring Impact - ELearning

Outcomes

• Do these change?

Process

- How many completed ELearning
- Pre and post test scores
- Evaluation of ELearning form supplied

Balancing

- What has got worse?
 - Missed cannulation?
 - Patient experience?





• Did you enjoy participating?

Level 2:

Did you learn anything?

Level 3

• Did you change practice?

PROCESS MEASURES





MAGIC Awareness Materials

- Important to include patients in cannulation
 - Facilitate their decisions
 - Need information
- Cards and posters
- Available of Think Kidneys webpage
- MAGIC will fund printing
 - Leeanne order form







Love my

- Posters display on RDUs & waiting rooms
- Cards give to patients
- Promote BH / RL and avoid area puncture
- Developed by Portsmouth renal unit

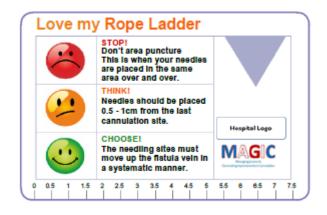






Rope Ladder . . .









STOP!

Don't area puncture This is when your needles are placed in the same area over and over.

THINK!

Needles should be placed 0.5 - 1cm from the last cannulation site.

CHOOSE!

The needling sites must move up the fistula vein in a systematic manner.

KOUIP

THINK HAGIC





@Haemodialysis VA



BRS



.....Buttonholes





STOP!

Don't use a sharp needle in the buttonholes of a fistula.

THINK!

Use a new site with sharp needles using a rope ladder technique at least 2cm away from the buttonhole.

CHOOSE!

Use a blunt needle in the buttonholes of a fistula.

KOUIP MAGIC BRS

Love uv Buttonholes





BRS VASCULAR ACCESS Special Interest Group

Hospital Logo









Needling Techniques

Fistula Needling Techniques **Buttonhole** A sharp needle is placed into the fistula through the same hole in skin, into the same place in vein at same angle, depth and direction every time. After several sessions a track develops allowing blunt needles to be used which should be less painful. Rope ladder A sharp needle is placed into the fistula every dialysis session. A hig his sinterio The needing site moves up the fistula vein in a systematic manner, at least 5 to 10mm from the last site. Once all the fistula has been used (ie one has reached the top). the needles are placed at the bottom again in rotation. Sharp needles must always be used. Area puncture This is not a recommended practice This happens when sharp needles are placed in the same area over and over but not rotated regularly or button holed. Complications associated with area puncture include Risk of developing lumps on the fistula The fistula becoming unsightly · Risk of the skin becoming thin causing ulceration and/or bleeding THE CHOICE IS YOURS BRS BRS insert hospital logo here

Promote BH or RL as a patient choice

Avoid AP







Look, Listen, Feel



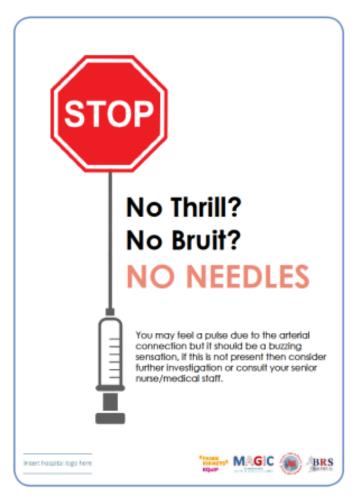
 Informs patients of assessment and signs of problems







No Thrill, No Bruit ...



- Having completed the physical assessment you should not be inserting needles into access that has
- No Thrill
- No Bruit
- = No Needles









Measuring Impact – Awareness Materials

Outcomes

• Do these change?

Process

 Patients complete pre and post evaluation

 Form provided

Balancing

- What has got worse?
 - Missed cannulation?
 - Patient experience?

Level 1:

 Did you enjoy participating?

Level 2:

Did you learn anything?

Level 3

• Did you change practice?

PROCESS MEASURES







Groupwork

- What are your next steps?
 - Where are you in the MAGIC process?
 - What is the next thing to be done?
- Plan the next 3 months
 - What, who, where, when





