

Improving Kidney Transplant rates in the South West through Kidney Quality Improvement Partnership (KQuIP)



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Introduction

A new renal transplant quality improvement network has developed in the South West (SW). The national KQuIP initiative has stimulated and supported six SW renal units to create the SW Team Transplant (SWTT). The focus on improving transplantation was agreed at an inaugural meeting in October 2018 with clinicians and patients present in response to data showing variation across the region.

KQuIP Principles

- Develop quality improvement capability
- Develop and embed leadership across the multi-professional team
- Measure to improve
- Work in partnership with patients, multi-professionals and industry

Why

There had been no regional clinical policy meeting in the region for five years; factors hindering regional collaboration included:

- the large geographical area
- no available funding for health professionals to attend meetings or take on additional work

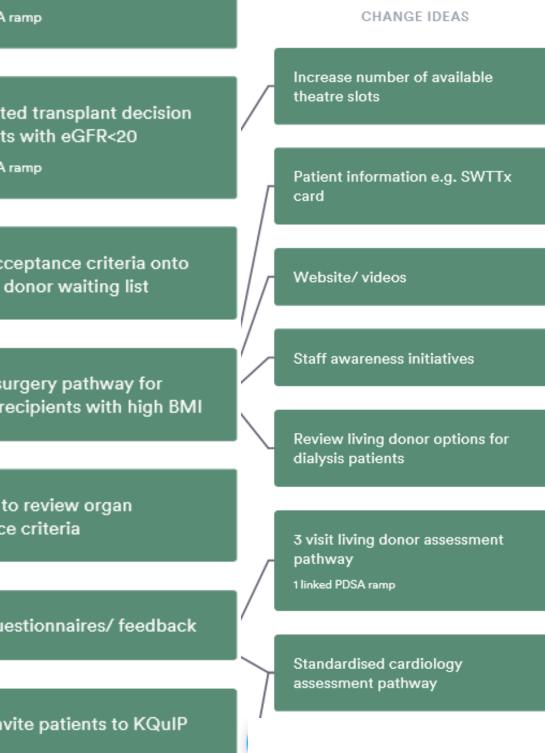
Agreed aims of South West Team Transplant

- A maximum of 18 weeks pathway from initial appointment to transplant for both recipient and live donors
- Maximum of 2/3 visits for non-complex live donors and recipients before operation
- Improve pre-emptive listings mirroring the Transplant First objective of 'half of all patients on the transplant list to be pre-emptive'

How

- An inaugural meeting was held and a shared decision to pursue the Transplant First project was made across the 80 attendees
- Endorsement was given by clinical directors and lead nurses within each Trust to support this QI network
- A regional clinical QI lead was nominated
- Using the KQuIP framework each unit committed two multi-professional team members to attend quarterly regional meetings and lead on transplant QI projects locally
- Subsequent meetings were chaired by the regional lead and supported by the KQuIP programme manager who provided ongoing QI and leadership support through unit visits
- KQuIP supported a two day residential leadership course that emphasised leadership skills, and fostered a strong team ethic amongst QI leads
- A flat structure adopted at meetings, with the regional clinical lead summarising NHSBT data and team members presenting their unit's data (activity, innovation, challenges), enabling healthy and honest discussion and sharing of learning
- Patients and relatives also attended with a rolling agenda item led by them
- National leaders from the UK Renal Registry, The Renal Association, Northern Ireland and Transplant First have attended meetings, presenting key concepts, sharing experiences and motivational themes.

Each unit to review organ



Achievements

- SWTT has met on eight occasions
- Leadership skills developed
- SMART objectives were discussed and agreed, to ensure legitimacy of the project
- A common purpose was agreed and a regional driver diagram developed using the LIFEQI platform. This has served as a project plan and focus for the team, and has been added to and amended with debate and agreement at subsequent meetings
- Change ideas such as e-referral, one stop clinics, patient experience measures and an 18 week pathway have been introduced using a PDSA approach
- Data is collected through the Transplant First dashboard as well as locally, by tracking patients along the newly introduced pathway. Units have employed QI techniques to measure their local improvements
- A WhatsApp group has encouraged the rapid exchange of ideas between meetings
- The ongoing project has been successful, as measured by enthusiastic representation from all units, data collection, tangible improvements in patient care, and the use of formal quality improvement (QI) techniques such as process mapping, driver diagrams, PDSA cycles.



What next for SWTT?

Units are collecting data for improvement which is being shared across the region

Over time, individual units and the region will be able to compare important transplant care markers

The regional team members are working well together as a QI network, and although many have primarily transplant expertise, the newly developed QI skills and ongoing KQuIP support may be applicable to other projects.