

Transplant QI Project

AIMS (3-5 years)	OBJECTIVES	OUTPUTS	MEASUREMENT
<ol style="list-style-type: none"> 1. All suitable patients are listed pre-emptively in each centre 2. All suitable patients are transplanted pre-emptively 3. All suitable patients are transplanted using a live donor 4. 18 week transplant pathway in place 5. There is a skilled and competent transplant workforce 	<ol style="list-style-type: none"> 1. Agreed unified transplant assessment pathway including e-referral and guidance 2. Formation of unified cardiac assessment pathway 3. Create dashboard to monitor access to transplantation and variance across London 4. Create an 18-week pathway for living donation and transplant pre-assessment. 5. Map the workforce across London and describe what good looks like 6. Agree projects and aims with stakeholders 	<ol style="list-style-type: none"> 1. Individual defined working groups with objectives 2. Agreed pathway across London with electronic referral and guidance 3. Simplified universal pathway to reduce tests and time for workup 4. A simplified and achievable dataset that can be reported on a quarterly basis 5. Reportable data on achievement of 18 week pathways for assessment 6. Provide a workforce planning document to support the running of and recruitment of staff to transplant programs 	<ul style="list-style-type: none"> ➤ Number and proportion of pre-emptive transplants ➤ Number and proportion of post-emptive transplants ➤ Number and proportion of live donor transplants ➤ Number of patients who have a Transplant Listing Decision Documented ➤ (Active, suspended, working up, no decision, unfit permanent/reconsider) ➤ % of patients achieving 18 week pathway



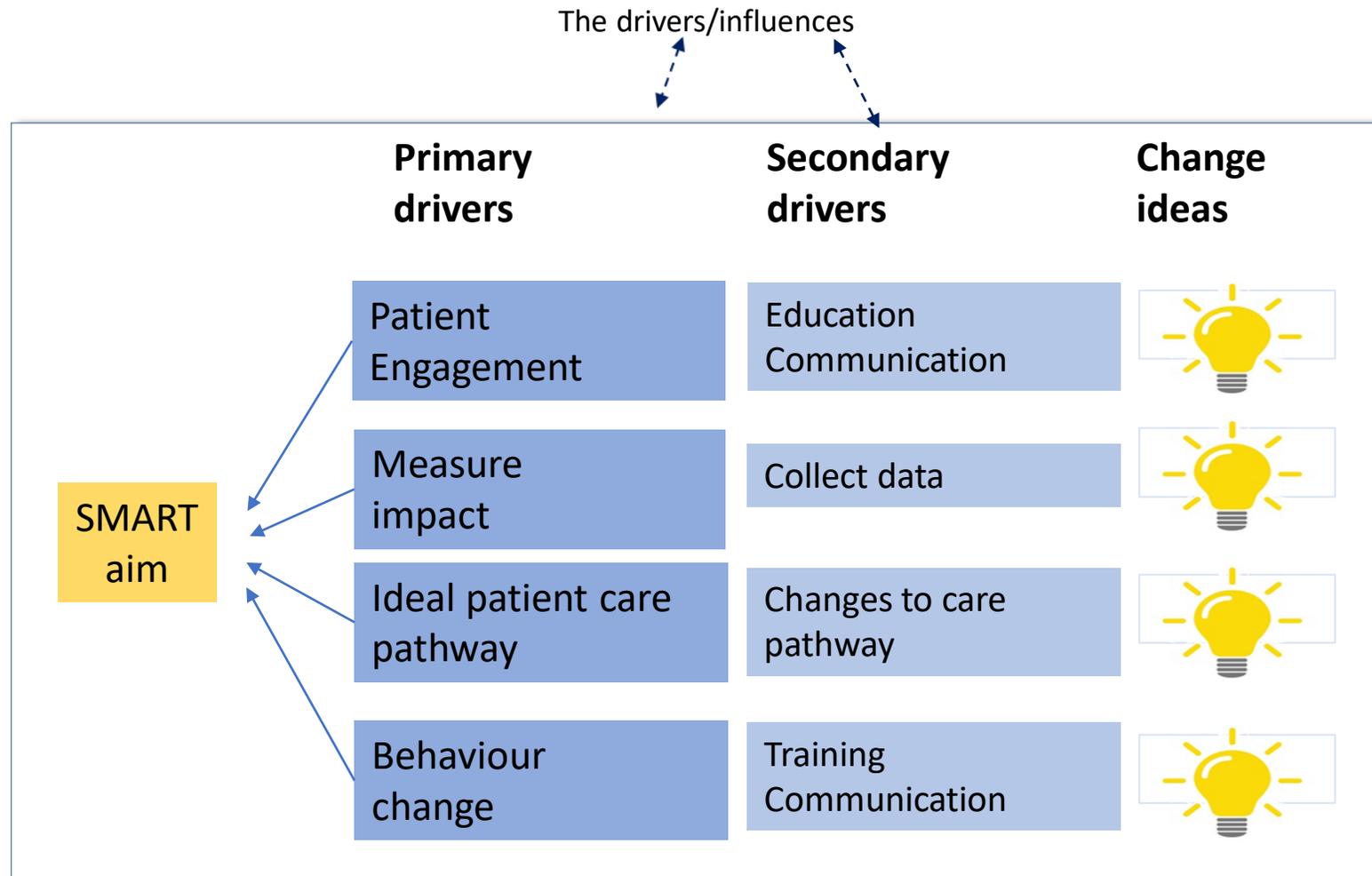
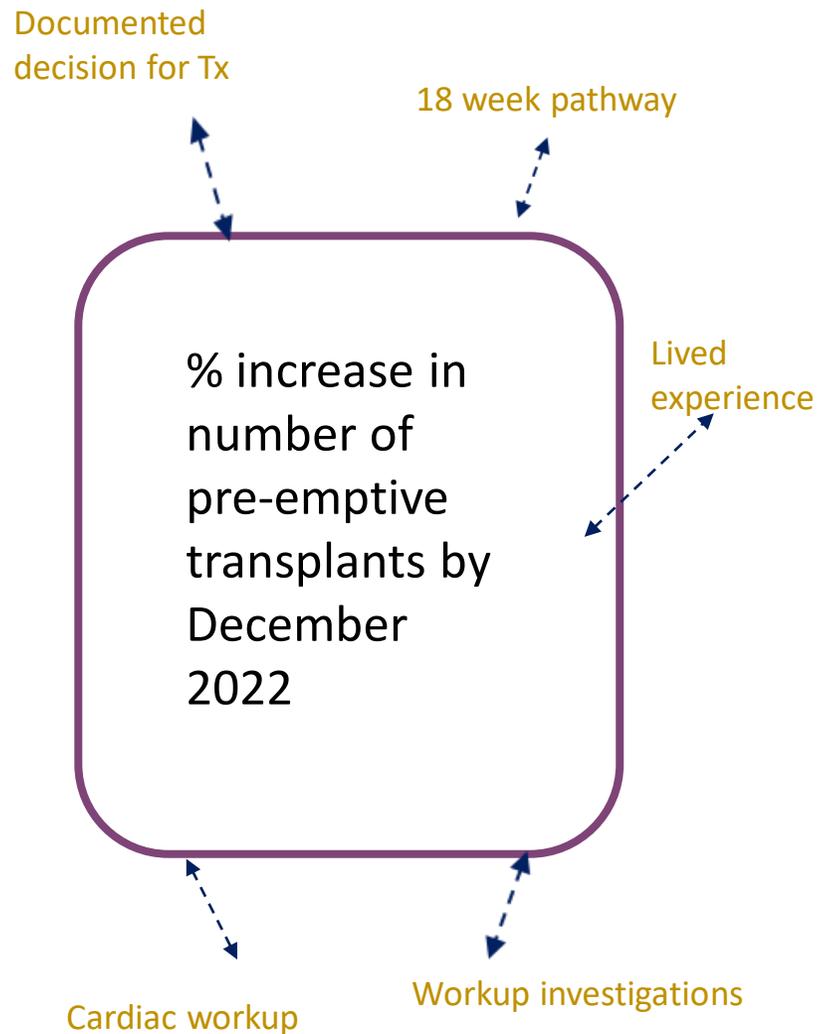
What is the data telling us?

Do we agree with what it is telling us?

Do we want to do something about it?

What does good look like?

What shall we focus on – what does good look like?



18 week pathway:

What is the definition for 'start the clock'

What is definition for 'stop the clock'

Is it currently being collected?

Do we agree it is important to collect?



Quality Improvement – The Ask



Nominated QI leads in each centre – AHP _
nephrologist/Surgeon



Development of improvement teams in each centre



Agree a local aim statement that is owned by centre + feeds into
regional ambition



Agree change ideas and to collect local measurement



Meet regularly as a team – report to Transplant PLC every 6 weeks

Quality Improvement – The Offer



Virtual meetings to diagnose local problem and agree aim

Provide a framework for your project (IHI)

Practical help with testing cycles of change

Support local measurement to show impact of change (run charts)



Holding QI training sessions:

Engage your team

Process map

5 Why's

Develop a plan on a page – driver diagram

Prioritise your change ideas

How to measure

Communicate and share

Being available and on standby for practical help