Webinar Agenda

| Timings	Topic	Speaker
5mins	Welcome and Introductions	Prof. Helen Hurst Salford Royal NHS Trust Salford University
20 mins	How to submit a successful QI Abstract for UKKW	Dr Rosie Donne KQuIP co-lead
5 mins	Learning from MDT submission – vascular access	Alison Swain Royal Berks Hospital, Reading
5 mins	Learning from MDT submission - home therapies	Lisa Morris Royal Preston Infirmary
5 mins	Learning form medical perspective – Transplant First	Dr Sourabh Chand Shrewsbury & Telford Hospital
15 mins	Q&A	Panel
5 mins	Sum up	Helen Hurst

Aims and Objectives

You will learn about
- Differences between a QI and a research abstract
- SQUIRE guidelines for publishing your QI work
- How to write a QI conference abstract
- How to submit an abstract for UKKW2023

- Next speakers – top tips on submitting a QI abstract

THE PLAN
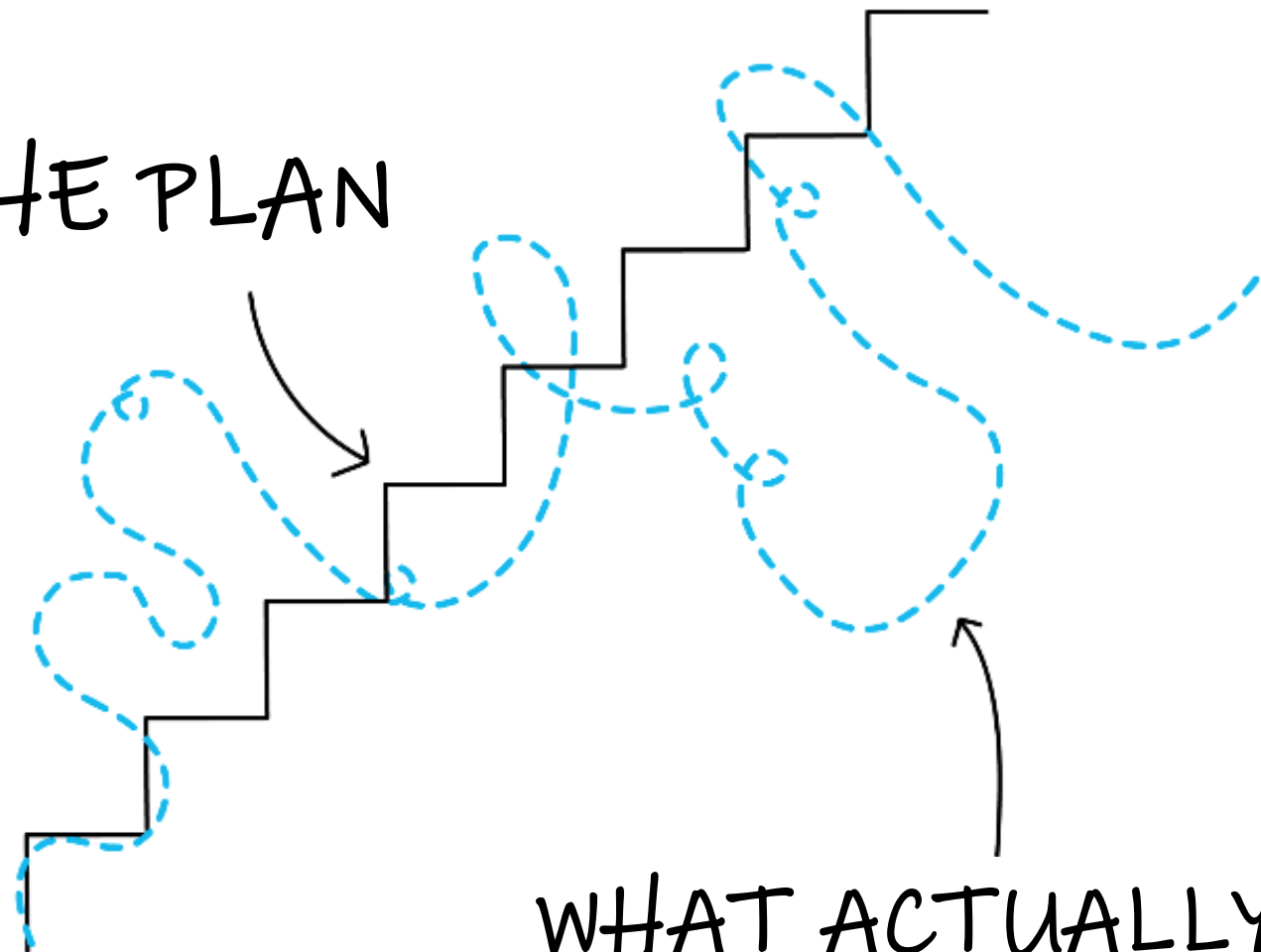
WHAT ACTUALLY HAPPENS
(AND THAT'S OK)

LIZ FOSSLIEN

KQuIP

UKKA

WHAT I THOUGHT I NEEDED TO KNOW TO GET STARTED

EVERYTHING
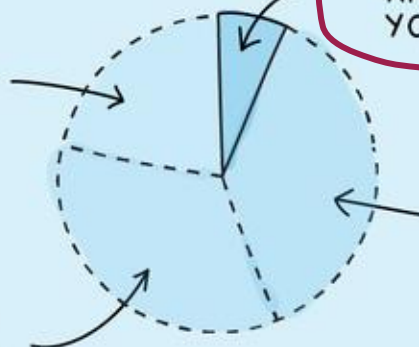
June 5 – 7th 2023, Newport, South Wales

Abstract submission deadline 24th January 2023

https://www.ukkw.org/abstracts2023/

Where else can you share?

https://ukkidney.org/add-your-experience-kidney-community-quality-improvement-learning-hub

Importance of sharing

Why – rapid spread of important innovations in patient care
- "collective memory" of healthcare
- avoids duplication by others
- forces clarification of thinking and conclusions
- sense of achievement

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 - sense of achievement

What – details of improvement journey
 - the reason why you did the work
 - team structure
 - project drivers
 - human factors
 - measurement strategy
 - improvement cycles
 - measured outcomes
 - impact on patients, carers, staff
 - report successes, challenges and failures

QI abstract – comparison with research abstract

QI abstract

- Should provide stand alone summary of how you tried to improve something in practice

- Describes practical implementation of known intervention(s) to produce improvement

Research abstract

- Should provide stand alone summary to answer a specific research question

- Describes finding new information about cause or treatment of a problem

QI abstract – comparison with research abstract

QI abstract

- Should provide stand alone summary of how you tried to improve something in practice

- Describes **practical implementation of known intervention(s) to produce improvement**

- SMART aim
  - Specific
  - Measurable
  - Achievable
  - Relevant
  - Time-bound

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- Should provide stand alone summary to answer a specific research question

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- Details the question which the research aims to address

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- Often describes "human factors"

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- Little focus on human factors involved in the topic

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- Methods – use of various QI techniques
  - measurement strategy, PDSAs, "Lean" etc.
  - may work differently in another setting with different problems and solutions

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- Methods are detailed to ensure reproducibility if used in another setting
  - patient selection / laboratory / statistical / qualitative / literature search strategy

QI abstract – comparison with research abstract

QI abstract

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- SMART aim

- Often describes "human factors"

- Methods - use of various QI techniques
  - measurement strategy, PDSAs, "Lean" etc.
  - may work differently in another setting with different problems and solutions

- Results show **change over time**
  - **run charts** / graphs / tables
  - qualitative / photos

- Discussion – summarise main findings and plans for sustainability of the work

Research abstract

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- Details the question which the research aims to address

- Little focus on human factors involved in the topic

- Methods are detailed to ensure reproducibility if used in another setting
  - patient selection / laboratory / statistical / qualitative / literature search strategy

- Results may or may not show change over time
  - graphs / tables / photos / qualitative

- Discussion – summarise main findings

SQUIRE Guidelines for QI Reporting
Standards for QUality Improvement Reporting Excellence

- Introduction – Why did you start doing the QI work?

- Methods – What did you do?

- Results – What did you find?

- Discussion – What does it mean?
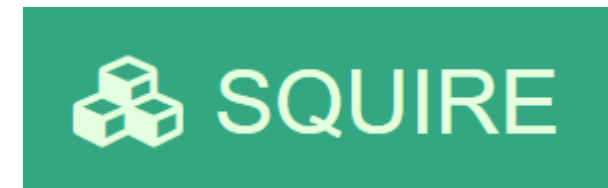
SQUIRE

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squire-statement.org

SQUIRE Guidelines for QI Reporting
Standards for QUality Improvement Reporting Excellence

Introduction – Why did you start doing the QI work?
- Describe local problem, current knowledge
- State evidence based interventions / treatments
- Specific aims of project

Methods – What did you do?
- Team structure
- QI and other methodologies used (e.g. Model for Improvement, driver diagram, process mapping, PDSA cycles)
- Measures – process, outcome, balancing; use of run charts

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SQUIRE Guidelines for QI Reporting
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Results – **What did you find?**

- Describe initial steps of intervention(s) and evolution over time

- Charts / tables of data from process and outcome measures

- Modifications made and why

- Unintended consequences – benefits, problems, failures, costs

- Missing data (and why)

- What you learned along the way

squire-statement.org

SQUIRE Guidelines for QI Reporting
Standards for QUality Improvement Reporting Excellence

Discussion – **What does it mean?**

- Key findings with reference to project aims

- Impact on patients, staff, systems, costs, future practice

- Comment on sustainability – short term and long term

- Potential for spread to other healthcare settings

- Suggested next steps

squire-statement.org

Sample UKKW QI abstract – MAGIC cannulation project

Title – Simple, relevant to topic, includes "improvement"

Introduction– 3-5 sentences on background, SMART project aim(s)

Methods – what did you do, e.g. process map, define measures, PDSA cycles

Results – share data charts and qualitative reports.

Discussion – key findings, impact, sustainability, generalisability

Title: Implementing MAGIC and Improving Cannulation Practice

Introduction: Arteriovenous (AV) access is the optimal form of vascular access for most haemodialysis patients. Cannulation is a challenging but necessary procedure to be able to use AV access for haemodialysis. However, cannulation practice continues to be sub-optimal, with large variations between UK renal units. In 2018, the British Renal Society (BRS) and Vascular Access Society of Britain and Ireland (VASBI) launched a national set of cannulation recommendations. Managing Access by Generating Improvements in Cannulation (MAGIC) is a quality improvement project designed to facilitate units implementing these recommendations, with an aim to improve cannulation practice across the UK.

Methods: MAGIC includes four phases: baseline measures, staff education, patient awareness and a region designed phase. It includes materials to assist units in improving cannulation practice, including a measurement strategy, an eLearning package and awareness materials designed for patients. These materials are implemented in Plan-Do-Study-Act cycles in the four phases, alongside local initiatives. The Kidney Quality Improvement Partnership (KQuIP) assists regions in implementing MAGIC, with the first two regions completing MAGIC. Data (as defined by MAGIC's measurement strategy) have been collected from these regions and amalgamated, to identify the impact of MAGIC to date.
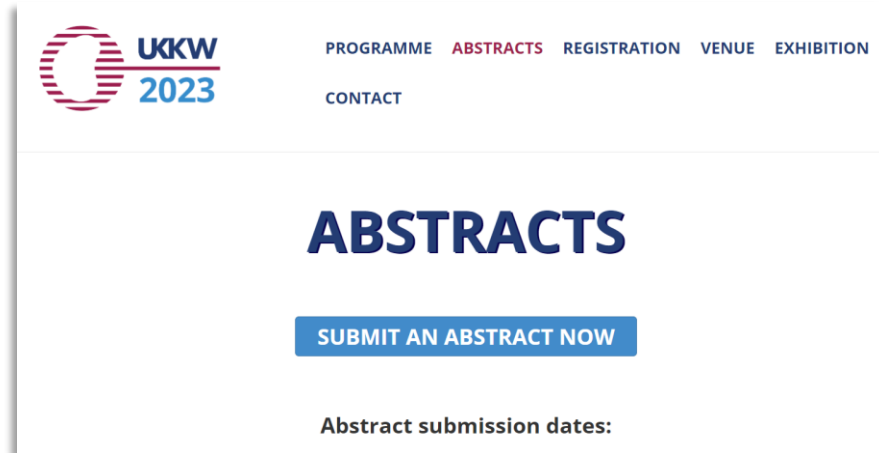
Results: Data collection spanned 11 months (M1-M11), with 3,480 cannulation events audited from 18 different main and satellite units. Yorkshire and Humber implemented the staff education phase at Month 5 (M5) and North West at Month 7 (M7). Use of rope ladder and buttonhole cannulation increased (M1=53.0%; M5=64.9%; M7=63.3%; M11=78.9%). Missed cannulation was identified on 226 occasions (6.5%) with an increase (M1=5.2%; M5=8.7%, M7=7.0%; M11=13.5%). There was a small increase in AV access rates (M1=74.4%; M5=73.8%; M7=74.1%; M11=77.6%). Data was also collected on infection, loss of AV access and use of new AV access. Future regions will also collect data on patient satisfaction with cannulation.

Discussion: MAGIC is leading to an improvement in cannulation technique used for haemodialysis, with increased use of rope ladder and / or buttonhole cannulation, with a corresponding reduction in area puncture. There has been an increase in 'missed cannulation'. However, we anticipate that as nursing cannulation expertise in 'new' practices becomes embedded, missed cannulation should reduce. MAGIC is currently being implemented in 3 further regions (North East, North Wales, South West) and 3 planning to start soon (Northern Ireland, Scotland and London). It is anticipated that improved cannulation practice associated with MAGIC will result in better longevity of AV access.

How to submit an abstract to UKKW 2023

https://www.ukkw.org/abstracts2023/

Create an Oxford Abstracts account

https://app.oxfordabstracts.com/stages/4667/submissions/new?behalf=false&fromDashboard=false&preview=false

Abstract submission guidelines

DO NOT INCLUDE INFORMATION WHICH IDENTIFIES YOUR UNIT OR HOSPITAL IN THE TITLE OR BODY OF ABSTRACT

500 words

Title – Simple, relevant to topic, includes "quality improvement" or similar

Authorship – Check with all the authors that they approve of the abstract submission

First author - person writing the abstract
Last author – often a senior member who led the project

Discuss author order with all team members to ensure agreement

https://www.ukkw.org/abstracts2023/

Abstract submission guidelines

DO NOT INCLUDE INFORMATION WHICH IDENTIFIES YOUR UNIT OR HOSPITAL IN TITLE OR BODY OF ABSTRACT

500 words

You can include tables and figures

Title – Simple, relevant to topic, includes "quality improvement" or similar

Authorship – order – person writing it first, most senior in the team goes last

Introduction– 3-5 sentences on background, SMART project aim(s)

Methods – what did you do, e.g. process map, define measures, PDSA cycles

Results – share data / run charts +/- qualitative, e.g. surveys. quotes

Discussion – key findings, impact, sustainability, generalisability

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https://www.ukkw.org/abstracts2023/

Producing a conference abstract (top tips)

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| Use conference guidance | Start early enough! Involve the project team | Use SQUIRE guidelines & learn from abstract examples* | Tell your QI story be clear, concise, interesting | Share draft with colleagues for editing and improvement SUBMIT |

Show to a colleague not involved in the project for feedback & suggestions

*we will send examples of renal QI abstracts by email

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What to do next

Further Development
https://q.health.org.uk/get-involved/journals-and-learning-resources/
http://www.squire-statement.org/index.cfm?fuseaction=Page.ViewPage&PageID=471

What to do if you're not successful
• Don't be disheartened – high number of abstracts submitted!
• Show to colleagues for feedback & suggestions to improve submission next time
• Submit to KQuIP hub
• Approach ANN UK conference 21/4/23 – abstract deadline in March

Webinar – Writing/submitting an abstract

If I can do it – you can do it!

Alison Swain
Renal Vascular Access Sister
Berkshire Kidney Unit

Compassionate   Aspirational   Resourceful   Excellent

Why submit an abstract?

- Since 2015, I have given 4 oral presentations & presented 7 posters
  - Prior to this, I never submitted anything
  - Worried - always thought it would be too difficult
  - Actually have only been turned down once!

- What to submit?
  - Think about what you have done over the previous year?
  - Doesn't need to be a big piece of work
  - Somebody will find your subject interesting
  … and wish that they had submitted that work instead

**So go for it –
it makes you feel good!**

Compassionate   Aspirational   Resourceful   Excellent

Where to start?

- Engage other people into helping with the submission
  - Team approach is always good
  - Brainstorm ideas
  - Don't rule anything out

- When you've thought of a subject
  - Change it to an interesting and snappy title…
  - Obtain some help with writing the abstract
  - Have a senior person read it through & comment
  - Introduction/Method/Results/Conclusion – consider available word count
  - Conclude with what you want to do next, how else you might study it in the future etc.

If successful?

- **You get that exciting email to say that your work has been accepted**

- Whether it's an oral or poster presentation ….
  - Prepare in plenty of time.
  - Read all the advice you are given – make sure of formats etc.
- Collaborate with colleagues
  - Clear, simple slides or poster
  - Avoid too many different fonts/colours
  - Use pictures/ photos where possible
  - Avoid complicated graphs or tables that people won't have time to grasp
  - Allow plenty of time for printing - before the conference

Practice, practice, practice …

- Whether poster or oral …
  - make sure you are confident of what you want to say
- Be ready for some questions?
- Enjoy yourself

- Any questions?

![UKKA KQuIP - UK Kidney Association logo]

Learning from MDT QI abstract submission – Home Dialysis Therapies

Lisa Morris – Lancashire Teaching Hospitals

Overview of the project

- Our SMART aim was to increase PD from 12% to 20% by the end of March 2023

- **Leading to**:

- Better patient choice and experience – autonomy
- Fewer Hospital admissions
- A reduction in costs

- **By**:

- Reviewing the existing services
- PD first Conversations
- Utilisation of a new training facility
- Understanding current barriers to PD

Overview of the project continued..

- PD patients referred from unplanned starts versus number of PD catheters inserted.

- This led to more questions and more PDSA cycles – where to start?

- **Failing catheters**
- Bowel prep?
- Insertion technique?

- We made some impact!

- What to do next...

Run Chart – Number of patients on home dialysis (Total number on Peritoneal dialysis)
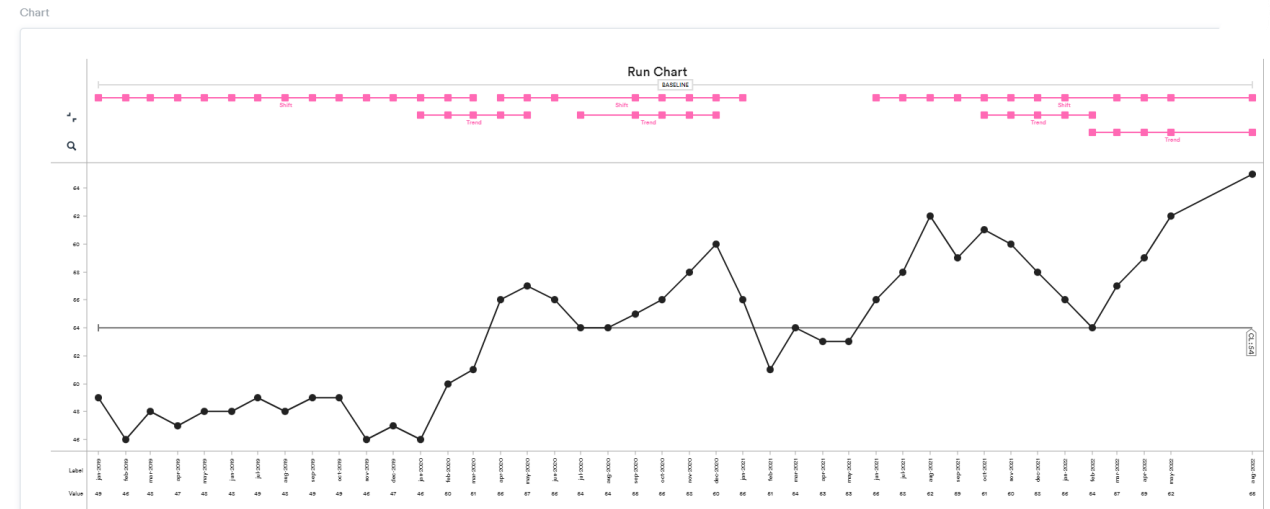
To built the abstract we drew on the experience of experts!

- Project lead – pulled together a team to drive the change. (I joined late!)

- The doctors involved and our wonderful data administrator were an integral part of the project but no one more so than our patient representative.

- The sessions run by KQuIP Facilitators were to me invaluable throughout the project, never more so than when putting the abstract together.

Putting the abstract together?

- Following the assistance from the KQuIP team in the form of templates and workshops the actual formulation of the abstract presented less of a problem than I anticipated.

- The project facilitators assisted greatly when my IT skills were lacking.

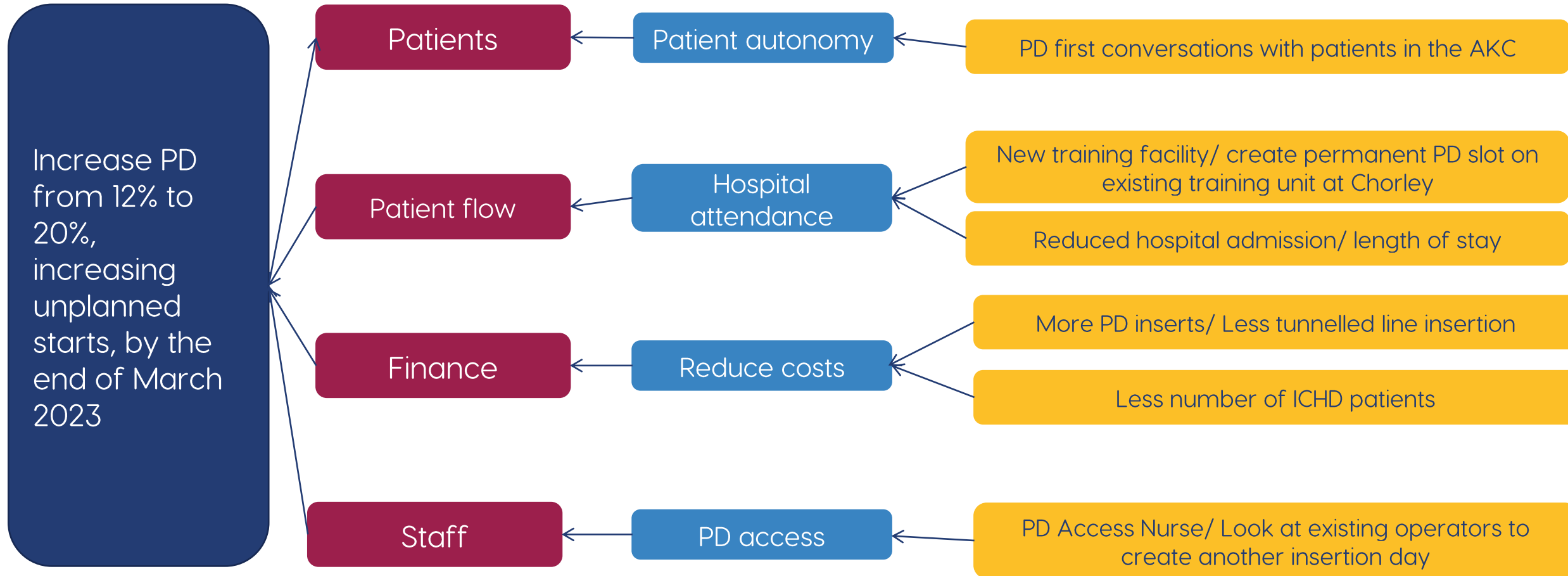- However….

The challenges:

- The greatest barrier was time:

- My time

- Colleagues time

- Choosing one aspect to concentrate on (wanting to address it all at once!)

- Massive challenge - Losing our project lead for a few months.
  (I have only been a caretaker but feel I have learnt an awful lot!)

Top tips

- Involve people early and badger said people!

- Make use of the excellent assistance that is offered by the KQuIP QI Team

- Have confidence is yourself.

- The process is the important thing, asking the important questions leads to more questions a lot of the time.

- Have skills learned in continuous improvement lead to sustainable change.

- Our aim. Why was this QI topic important to us? Why did we come together? What have we achieved?

- Our QI abstract was submitted to a regional QI conference – Kidney week here we come!

Project Driver Diagram

Increase PD from 12% to 20%, increasing unplanned starts, by the end of March 2023

- **Patients** ← Patient autonomy ← PD first conversations with patients in the AKC

- **Patient flow** ← Hospital attendance ←
  - New training facility/ create permanent PD slot on existing training unit at Chorley
  - Reduced hospital admission/ length of stay

- **Finance** ← Reduce costs ←
  - More PD inserts/ Less tunnelled line insertion
  - Less number of ICHD patients

- **Staff** ← PD access ← PD Access Nurse/ Look at existing operators to create another insertion day

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40

Learning from the medical perspective – 'Transplant First'

How to submit a QI Abstract and Poster for UK Kidney Week 2023

Dr Sourabh Chand

10th January 2023

QI Increasing transplantation rates

- Context of main issues that drove the QI
  - Low transplant rates from GiRFT report
  - After transplant first, what next (TIG)
  - Highlighting the local 'environment' drive for change

- Methods
  - QI, with retrospective, and prospective data

QI Increasing transplantation rates

- Results section – largest part
  - Departmental culture change to transplant first
    - Survival benefits
    - Help with dialysis capacity issues
    - Financial incentives

  - Pre-dialysis transplant education
    - When (pre advanced kidney care clinic)
    - How identify
      - Using IT (clinical vision)
    - Named patient consultant to address issues
      - Local CKD, listed (inc suspended) and with transplanting centre MDTs
      - Ensure documented transplant decisions

QI Increasing transplantation rates

- Then monitoring and ensuring change ongoing
  - Transplant First Data Tool
  - Identify those at risk of eGFR decline
    - Start education early

- From introduction, what have been the improvements
  - Rates of transplantation (ppm), living donation
  - Access to transplantation
    - Number of referrals
- Use pdf attachments for examples of tables/charts/graphs etc
- Conclusion
  - What are the next steps to continue change

'Top tips'

- Don't be afraid if you have incomplete data at the time of abstract admission
  - More important to described what has been done so far as this is the crux of the QI

- Be clear on the reason for the QI in the abstract
  - Also understand your motivation
    - Increasing morale amongst the department/celebrating success and hard work

- Know the audience of your conference
  - Beauty of UKKW is the MDT approach