Field-Force Analysis 1

Forces supporting change

- LD Coordinator presence
- Education
- Engaged Urologists
- Standardisation of Histopathology

Forces opposing change

- Not always Direct access To Urology
- Result not easily accessible
- Long wait time

Timely assessment
To prevent delays
Forces supporting change

- More LD coordinator time
- Timing of clinics
- Peer support
- One stop investigation
- Referral centre LD Nephrology Lead

Forces opposing change

- Timing of suspension From DD list within pathway
- Lack of admin Support to process screening
- 1.A Funding
- Lack of Mental Health support
- LD Donor coordinator asked to Provide recipient o/c

Effective streamlined Donor care pathway
Forces supporting change

- Engage H&I labs
- Names/linked tissue typist
- Statement to interpret results/Standardisation of XM in UK
- National H&I Patient record. Diff units working up, 2nd TX Standardisation of report
- Good communication between Referring and transplant centres

Forces opposing change

- Standardisation of practice/timing
- Of tissue typing for sharing Scheme matches
- Capacity/Staffing
- IT issues to view results
- Cost
- Competing priorities
  - For lab (deceased donor)
- Prompt identification
  - Of best donor
Field-Force Analysis 4

Forces supporting change

- Patient will die
- Financial input
- Efficiency
- Professional goodwill

Forces opposing change

- Financial input
- Available staff
- LDK Guidelines
- (???) lessons

Address 18-month pathways
Field-Force Analysis 5

Forces supporting change

- Good communication
- 1 stop clinic or pre-book/reserve tests
- MDT
- Culture – very keen

Forces opposing change

- Timing of MDT
- Finances
- Isotope GFR
- Resources for e.g. CT surgeons

Less visits
Field-Force Analysis 6

Forces supporting change

- Maximising contact time
- Universal RRT referral
- Clinician attitude
- Joint education/Team work
- Consistent care

Forces opposing change

- Clinician attitudes
- Mutually exclusive pathways
- Divided/specific responsibility
Field-Force Analysis 7

Forces supporting change

- Transplant first
- Good working relationships
- Funding/time
- Healthy individual communication
- Altruistic donors/Mental Health direct benefit

Forces opposing change

- Speed up external/internal referral
- Whole hospital education
- Funding/time
Field-Force Analysis 8

Forces supporting change

- Donor healthcare questionnaire
- Health screen on first visit
- Letters back for HLA report
- Donor and recipient seen together
- Virtual cross match

Forces opposing change

- Delays in recipient work up
- Timing for tissue typing
- Antibodies leads to delays in results back
- Report back needed in plain English – easy to understand
- Communication lines between Feeder units to transplant centres

Better communication – HCP/Recipient/Donor
Forces supporting change:

- Lab availability & equipment
- 3 monthly recipient antibody screening
- Cheaper
- Length of time for cross match result

Forces opposing change:

- Patients may need extra visit if virtual not enough
- May need extra screen for sensitized recipients
- Remembering to take screening sample every 3 months (reminder required from lab)
- Lots of samples being taken in wrong containers

Speeding up initial cross match
Field-Force Analysis – Blank Template

Forces supporting change

- Factor 1
- Factor 2
- Factor 3
- Factor 4
- Factor 5

The proposed change

Forces opposing change

- Factor 1
- Factor 2
- Factor 3
- Factor 4
- Factor 5

The proposed change