



South West Team Transplant KQuIP

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Leads

**'THINK
KIDNEYS'**

KQuIP
Kidney Quality
Improvement
Partnership



How did we get here?

KQuIP South West Regional Day 4 October 2018

- Home therapies
- Vascular Access
- Transplant First



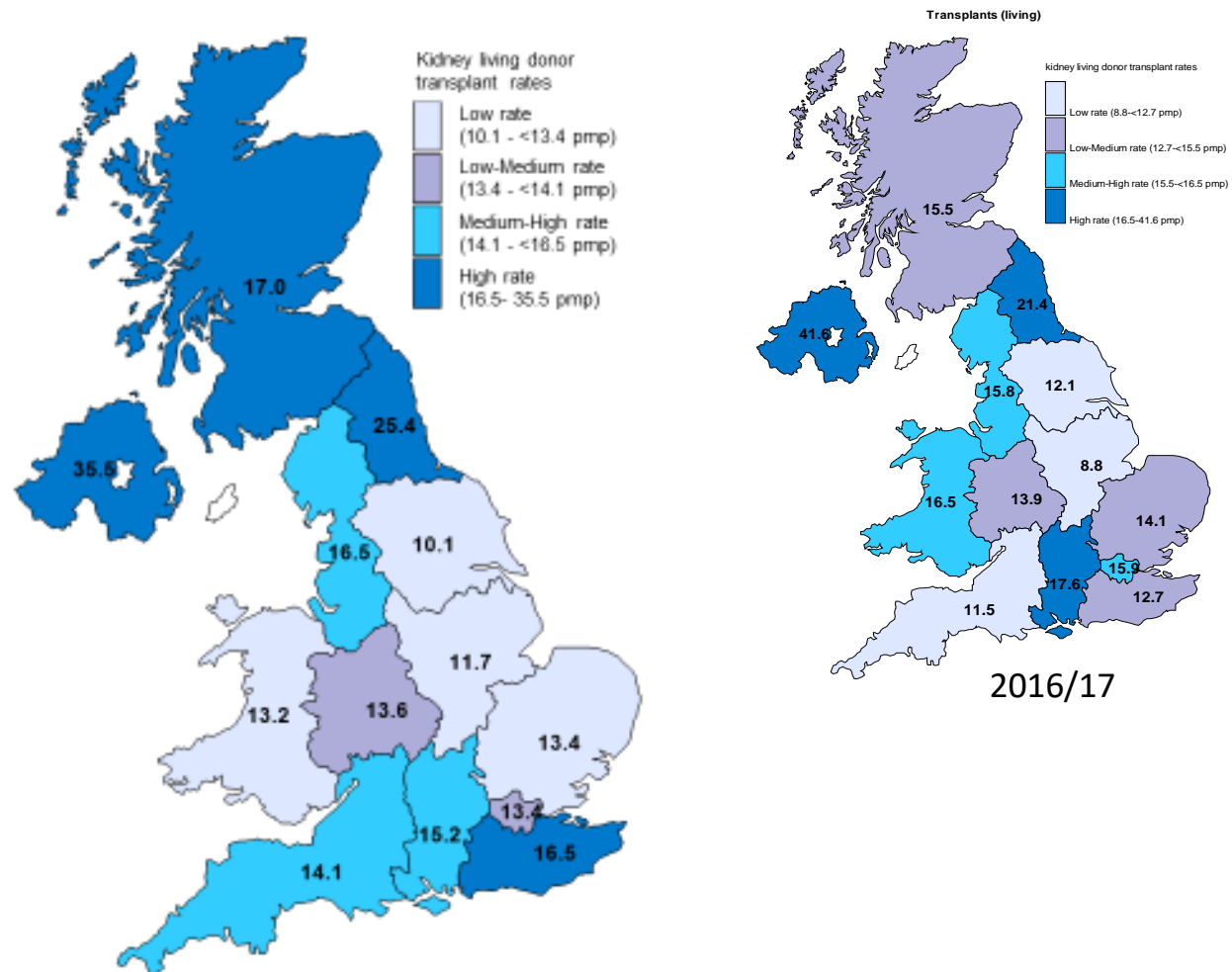
What did we need to do...?

- Each unit to identify at least two QI leads
- People needed to get to know each other
- Units needed to understand how each other work
- All units needed to involve and listen to patients' views
- Referring units needed to understand Bristol and Plymouth perspectives
- Bristol and Plymouth needed to understand units' perspectives
- Then need to agree on common and achievable goals, as well as allowing / supporting units to improve aspects within

Template for the meetings

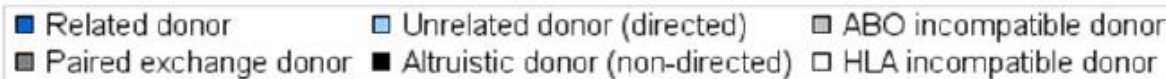
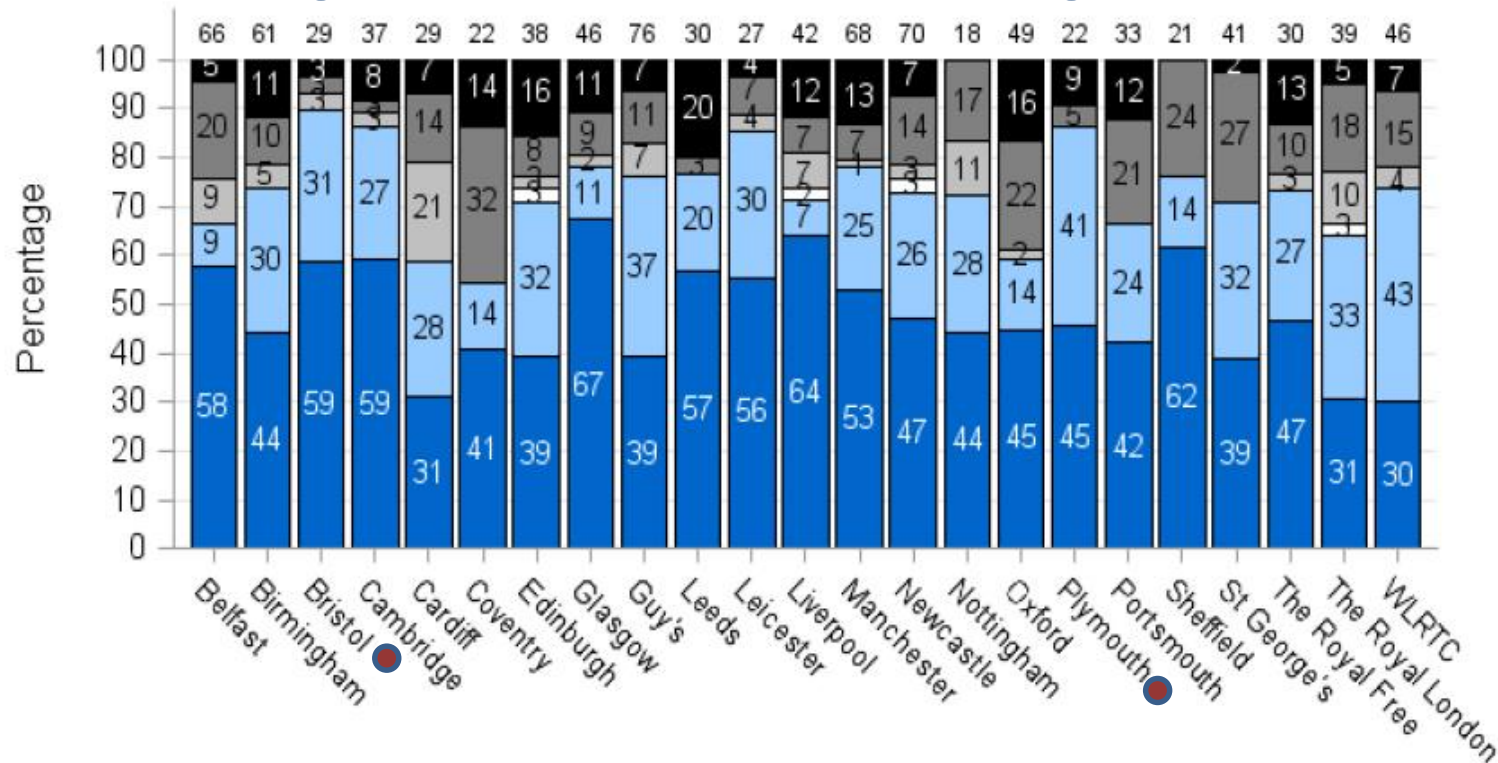
- At the beginning of each meeting we have invested an hour in each of the 6 units presenting
 - Their local data
 - Local issues identified
 - Improvement ideas
- Data from NHSBT on regional and local activity
- Round table discussions

Living donor Kidney transplant rates (pmp)



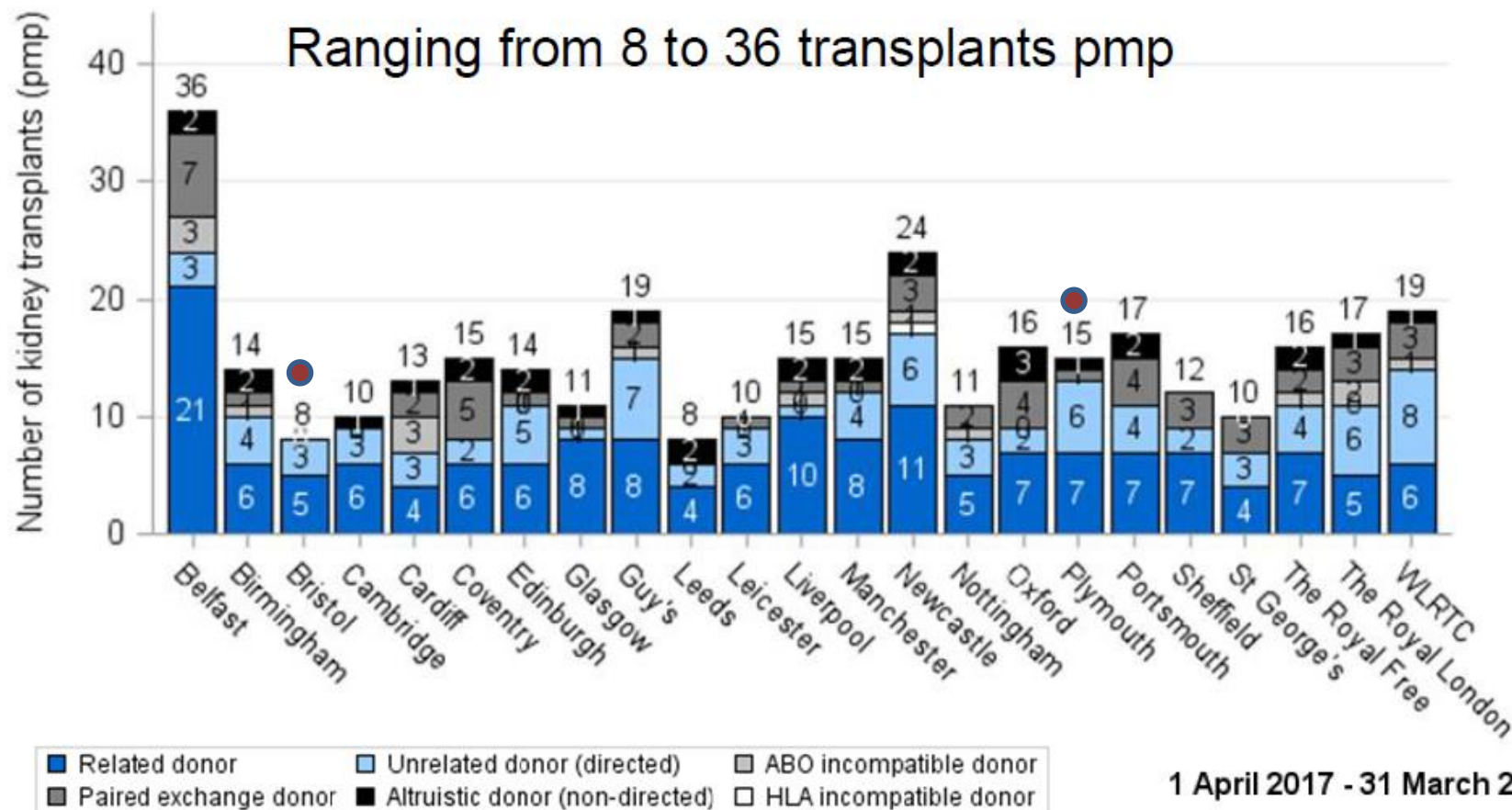
Source: Annual Report on Kidney Transplantation 2017/18, NHS Blood and Transplant

Living donor kidney transplants by type

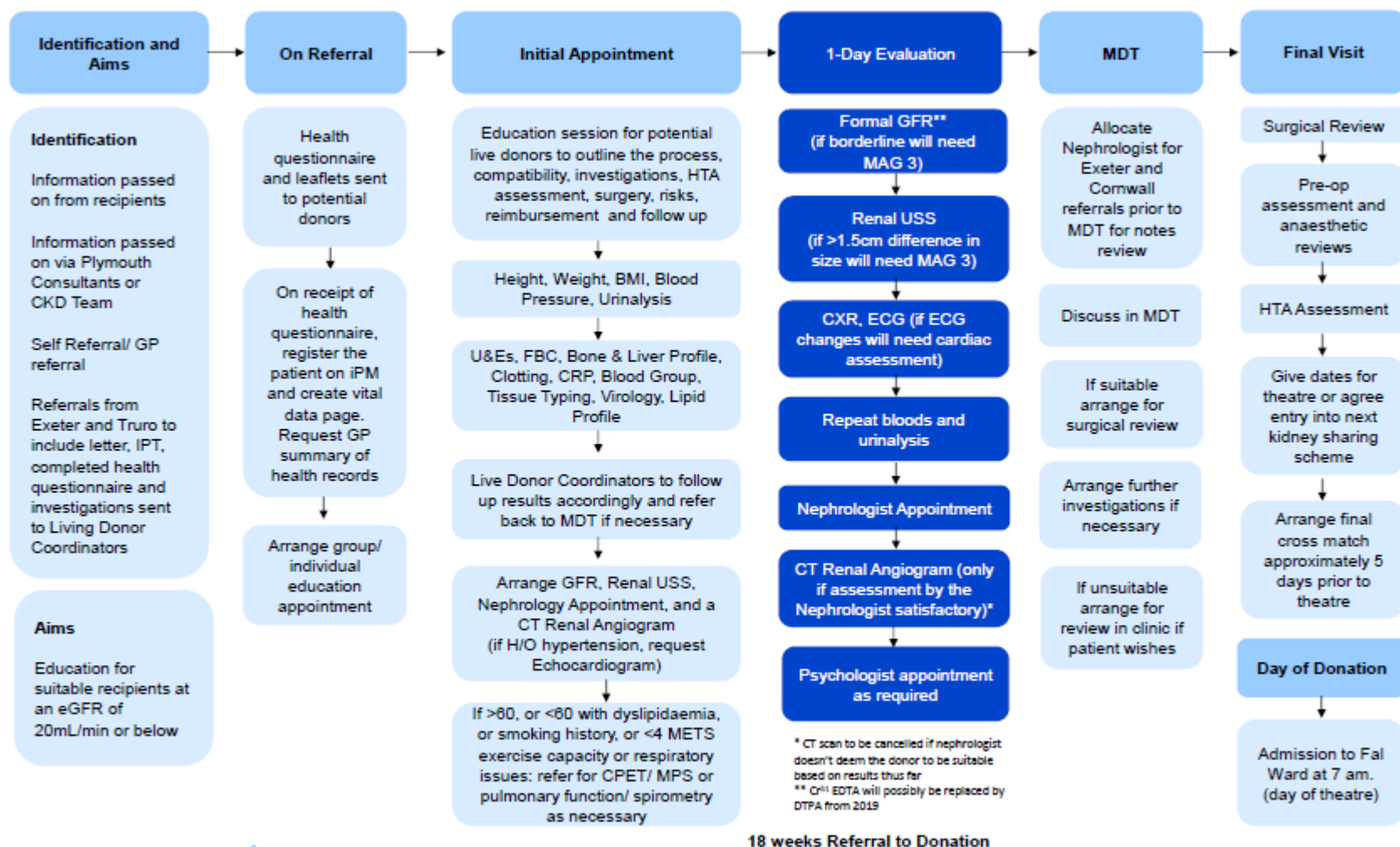


1 April 2017 - 31 March 2018

LDKT by centre per million population



Living Kidney Donor Referral Pathway



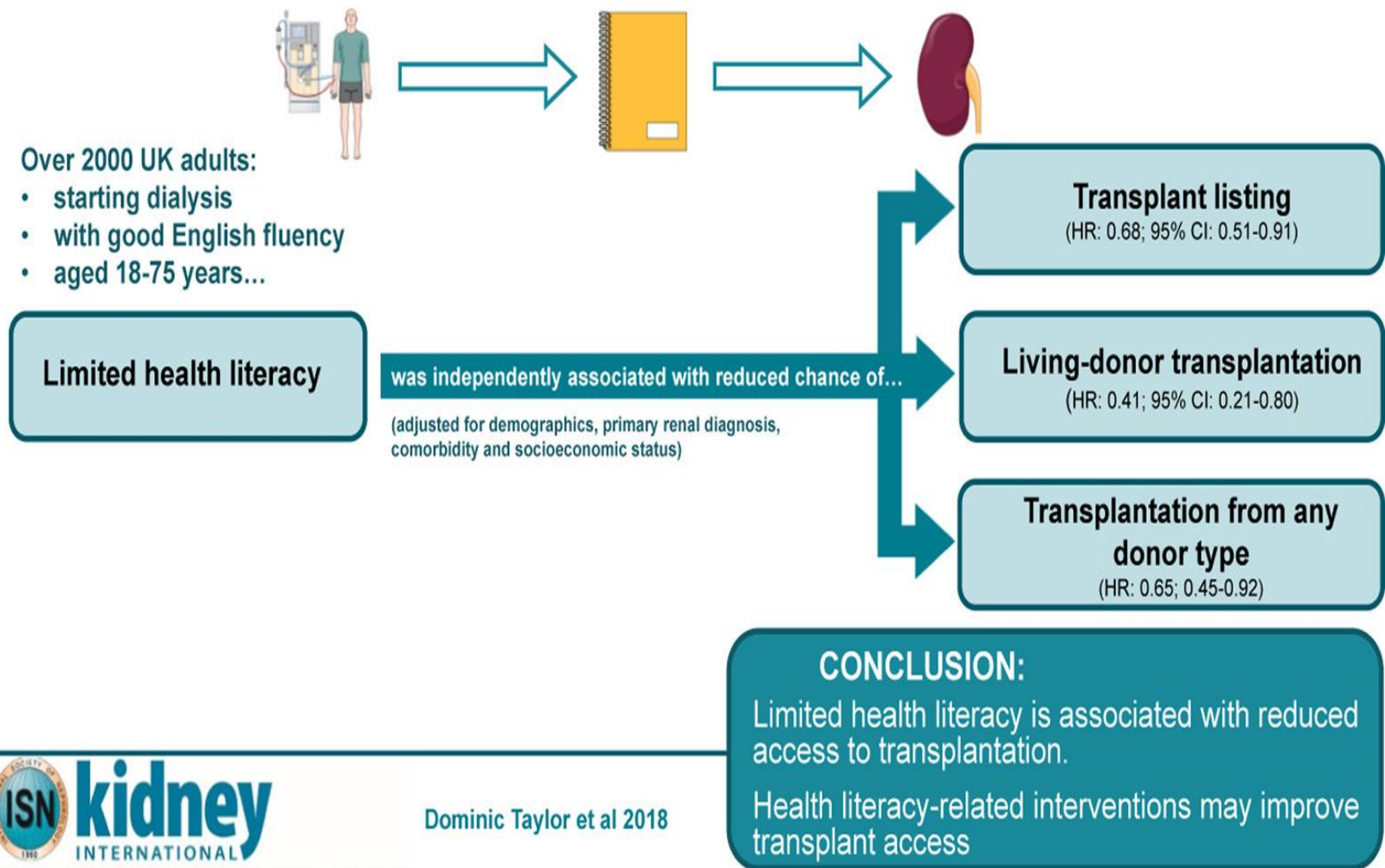
LKD Pathway

- Live Kidney Donors currently average 7 hospital visits prior to day of surgery
- We aim to reduce this to 3 visits
 - Will require more if cardiac/psychology/ABO i
- Referral to readiness to be 18 weeks
 - (100 days for an uncomplicated donor)



Stage	Practicalities
<ul style="list-style-type: none"> • Referral via phone or ODT • LKD coordinators contact • Questionnaire received 	<ul style="list-style-type: none"> - Self, recipient, nephrologist, other centres - Email information websites and health questionnaire - potential donor registered and invited for triage appointment
1. Nurse-led Triage appointment	<ul style="list-style-type: none"> • Education • Medical history • Bloods and Tissue typing • Urinalyses, MSU, PCR/ACR • Request cardiac/psychology if required
2. Medical Day	<ul style="list-style-type: none"> • mGER • CTRA • Nephrology
<ul style="list-style-type: none"> • MDT + Radiology review 	
3. Surgical Day	<ul style="list-style-type: none"> • Surgeon • HTA assessment • POAC
<ul style="list-style-type: none"> • MDT signoff + date 	

Limited health literacy is associated with reduced access to kidney transplantation



Dr Pippa Bailey



The ASK trial:

improving **A**ccess to living-donor **K**idney transplantation



Erasmus MC
Universitair Medisch Centrum Rotterdam



bristol.ac.uk

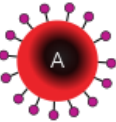
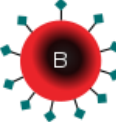
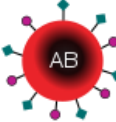









- Dorset
 - GIRFT
- Gloucester
 - Organ turn down rates
 - Waiting times
- Exeter
 - Barriers and delays
 - Unique in SW – refer routinely to both Bristol and Plymouth
- Truro
 - Focussed on improving donor education, early identification, empowerment & experience



Blood Group

- All units agreed early potential donors faced some problems finding out what blood group they are...
- suggestions....?

	Group A	Group B	Group AB	Group O
Red blood cell type				
Antibodies in plasma	 Anti-B	 Anti-A	None	 Anti-A and Anti-B
Antigens in red blood cell	 A antigen	 B antigen	 A and B antigens	None



Through discussion common priorities identified

- Need to reduce work up times...18 weeks from start, and need to start to collect this data rigorously (with aim to reduce time)
- Increase theatre availability for live kidney transplants eg Bristol have negotiated a weekly theatre slot. 33 live transplants in 2018/19.
- Systematically review patients with eGFR <20
- Standard protocol for referral to Transplant Assessment Clinic- Bristol & Plymouth history

Transplant First measurement tool

<https://transplantfirst.renalreg.org/>

Transplant First

IntroductionEnhanced Dashboard DataTransplant listing dataSummaryEDD ChartsTLD Charts2019 Q2 ▾ExplanationsOptions ▾

Transplant listing data (2019 Q2, Royal Cornwall Hospitals NHS Trust)

Sheet for help with calculating time to transplant listing. Enter dates for the start of dialysis and date of transplant listing for each patient. If the patient hasn't started dialysis leave that column blank. The chart will calculate the number of days from starting dialysis to listing. The second column will correct the figure so that you don't get "negative" days for listing pre-emptively. If The patient was listed pre-emptively the number in the adjusted column will be 0. Enter as many patients as you listed in the quarter.

Number of patients listed in quarter	0
Number of patients pre-emptively listed	0
Percentage of patients pre-emptively listed	0
Median time to listing (in days)	NA
Mean time to listing (in days)	NA

List all patients who were registered on the renal transplant list in quarter no matter how long they had been on dialysis or if they were pre-emptive

Export data

No	Date started dialysis	Date tx listed	Days start to listing	Adj pre-emp list ?	Reason not listed ?	Comment	Actions
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What else is planned...?

- Raise the profile of transplantation and donation locally and regionally
- Strategies to involve patients, learning from recipient and donor experience
- Bristol piloting a standardised in-coming referral form

Targets

- Living donation rates of ...
- % achieving 18 week pathway ...
- % of patients with eGFR <20 with decision about transplantation status...

Next steps...

- Next SW Team Transplant meeting 11 June
 - Aisling Courtney Belfast Consultant Nephrologist attending & presenting

Questions/ comments