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Transplant First – North West England

Kidney Quality Improvement Partnership

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The KQuIP NW Team

- KQuIP team (Leeanne Lockley NW programme)
- Liverpool University Hospitals NHS Foundation Trust (RLBUH + Aintree)
- Wirral University Teaching Hospital NHS Foundation Trust
- Lancashire Teaching Hospitals NHS Trust
- Manchester University NHS Foundation Trust
- Northern Care Alliance (Salford Royal NHS Foundation Trust & Pennine Acute NHS Trust)

KQuIP Launch Event 2018

National Projects were shared

Widespread engagement and support across the region

Opted for 2 projects

Transplant First

MAGIC

Managing Access by
Generating Improvements in Cannulation

Transplant First project aims to improve access to kidney transplantation

- Increased % of transplants from living donors
- Increased no. of pre-emptive transplants
- Increased no. of patients entering transplant list

Transplant First NW Principle Aims

- Increase percentage of patients receiving a pre-emptive Tx
  - UK average : 9% pre-emptive transplant; 91% start dialysis
  - Belfast: 28% pre-emptive transplant; 72% start dialysis
- Reduce ‘time in work up’
- Reduce time to surgical clinic appointment

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Transplant First Project

- Multidisciplinary team
  - Patients at every meeting
- QI methodology
- Measures
  - Wait time for transplant workup clinic
  - Duration of workup
  - No. of patients entering transplant list
  - No. of transplants

KQuIP "Transplant First"

'THINK KIDNEYS'

Primary drivers — How to achieve the aim

Secondary drivers — What will achieve primary drivers

Process change — What we are going to do

20 % increase in no. of Pre-emptive Transplants by 1/7/2021

Donor engagement

Secondary drivers:
- Ad hoc education in AKCS
- BAME engagement
- Social media
- Trust Website / posters
- GMKIN / KCUK

Process change:
- New contact card / sheet
- Live donor nurse in AKCS
- ?Facebook page
- Update website
- BAME engagement events
- Measure no. of new contacts

Live Donor pathway

Secondary drivers:
- Earlier referral
- Dedicated cardiology & urology input
- Database update/replace

Process change:
- Donor feedback
- Do recipient ABO & TT early
- Meet with cardiology & urology
- Measure donor pathway

Recipient engagement

Secondary drivers:
- Patient education in AKCS
- Peer mentors
- Social media
- Website / posters
- BAME events

Process change:
- earlier education in AKCS
- Live donor nurse in AKCS
- Change 1-stop appt letter to reduce DNAs

Recipient Pathway

Secondary drivers:
- Earlier education
- ABO & TT @ 1st AKCS clinic
- Start W/U @eGFR <20
- One-stop cardiac tests
- Dedicated cardiology & urology input

Process change:
- Change AKCS history sheet
- Agree patient categories
- Meet cardiology & CRI
- Meet urology CD
- W/U flowsheet
- Measure time to referral & list

Staff engagement

Secondary drivers:
- talk@25 initiative
- Consultants meeting
- Junior doctors teaching
- Email
- Posters

Process change:
- teaching session for jun docs
- Update RBM & Cons mtg
- Send email updates to dept
- Create posters for OPD /ward.RU

Give a Kidney
one's enough

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Key improvement steps

1. **Creation of "one-stop" transplant workup clinic** – all tests done in one visit
2. **Increased workup clinic capacity**
   i. Wait time for workup clinic reduced from 8 weeks to 3 weeks
3. **Early discussion about pre-emptive living donor transplant** (at eGFR ≤ 25 ml/min)
4. **Saturday live donor assessment clinics**
5. Staff education
6. BAME engagement events

Lean Improvements In Recipient Work-up. Ongoing Since 2014

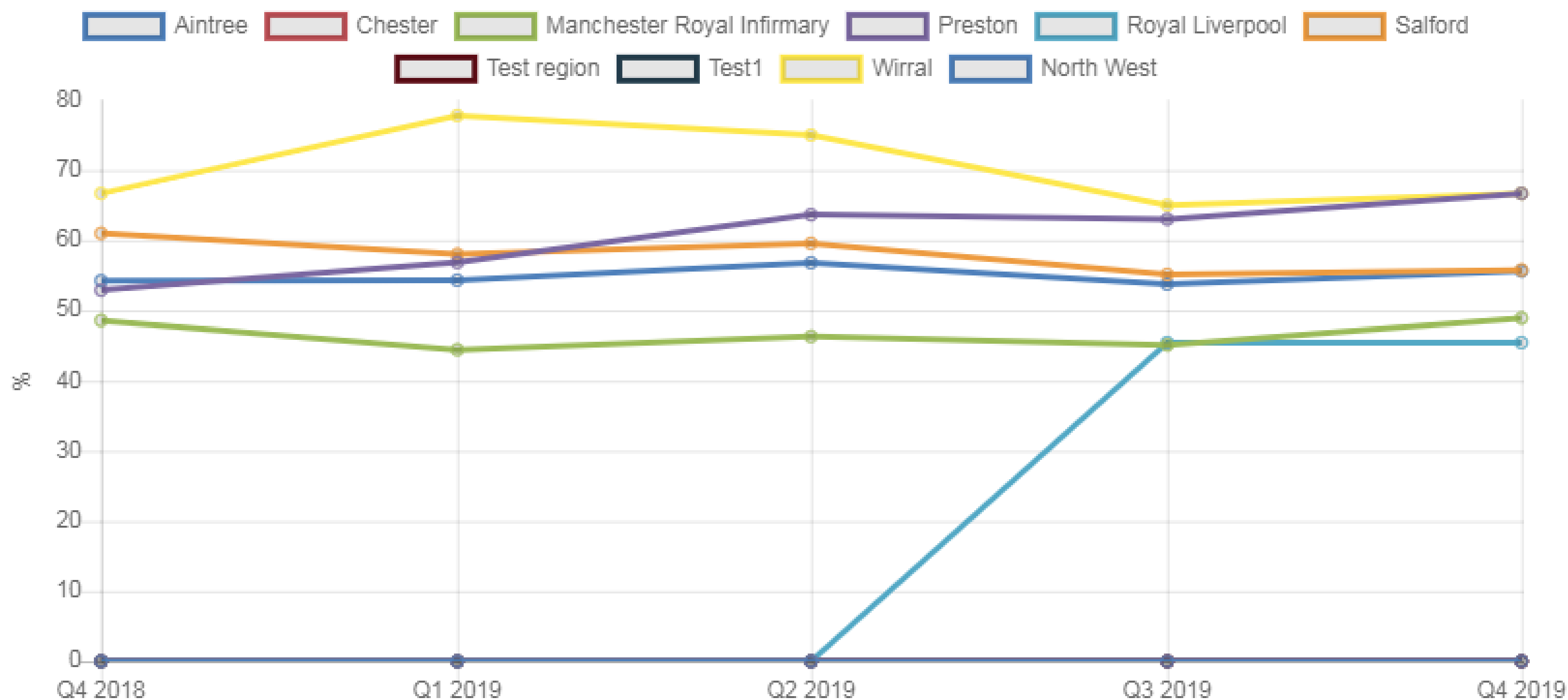
- Electronic referral to the team. Indicate what cardiology investigations required
- Electronic signature for Tx related letters
- Spread sheet – automated flags
- HLA results directly to Tx team, not consultant
- OPD appointments – txt to patients. Filling all vacant and cancelled slots
- Named coordinator at Manchester
- Electronic referrals to Manchester – reply with clinic appointment

Areas of improvement implemented
Quality Improvement Work

- Shorten the pathway and avoid delays in referral
  - e-Signing of letter by nurses/cross cover between doctors
  - Nurses to book investigations
  - Audit mean average waiting times for investigations and discuss delays with relevant directorates
  - Audit average time for referrals to tx centre :
    - LD – 1st appt > surgery
    - Recipient – 1st appt > listed
  - Dedicated regular appt slots for RPH pts in MRI

Project outcomes after 18 months

Transplant First Dashboard: pre-emptive transplant listed



Transplant First Dashboard: reasons for delayed listing

Proportions

Ref when eGFR <15
Ref within 1 year of predicted ESRF
Patient Choice
Patient DNA > 3
Medically complex
Unsuitable became suitable
Unplanned start
Transferred in
Delays in the System

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

Q1 2016
Q2 2016
Q3 2016
Q4 2016
Q1 2017
Q2 2017
Q3 2017
Q4 2017
Q1 2018
Q2 2018
Q3 2018
Q4 2018
Q1 2019
Q2 2019
Q3 2019
Q4 2019
Q1 2020

Transplant First Dashboard: reasons why people are still 'in work up' at the point of dialysis initiation

Proportions

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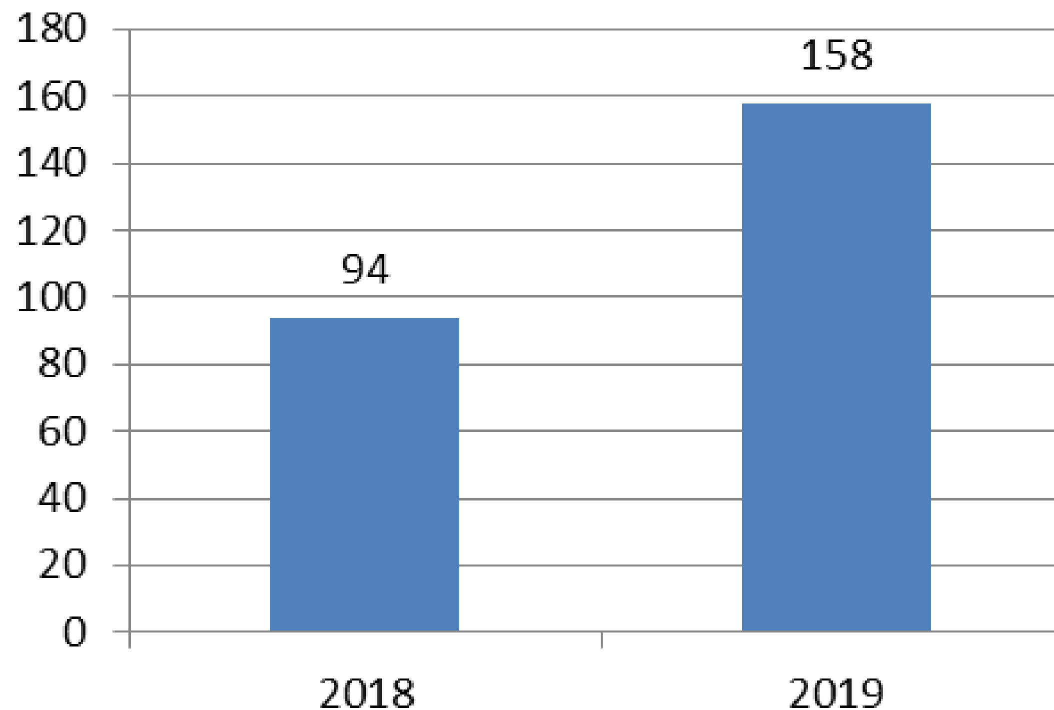
0%

Q1 2016 Q2 2016 Q3 2016 Q4 2016 Q1 2017 Q2 2017 Q3 2017 Q4 2017 Q1 2018 Q2 2018 Q3 2018 Q4 2018 Q1 2019 Q2 2019 Q3 2019 Q4 2019 Q1 2020

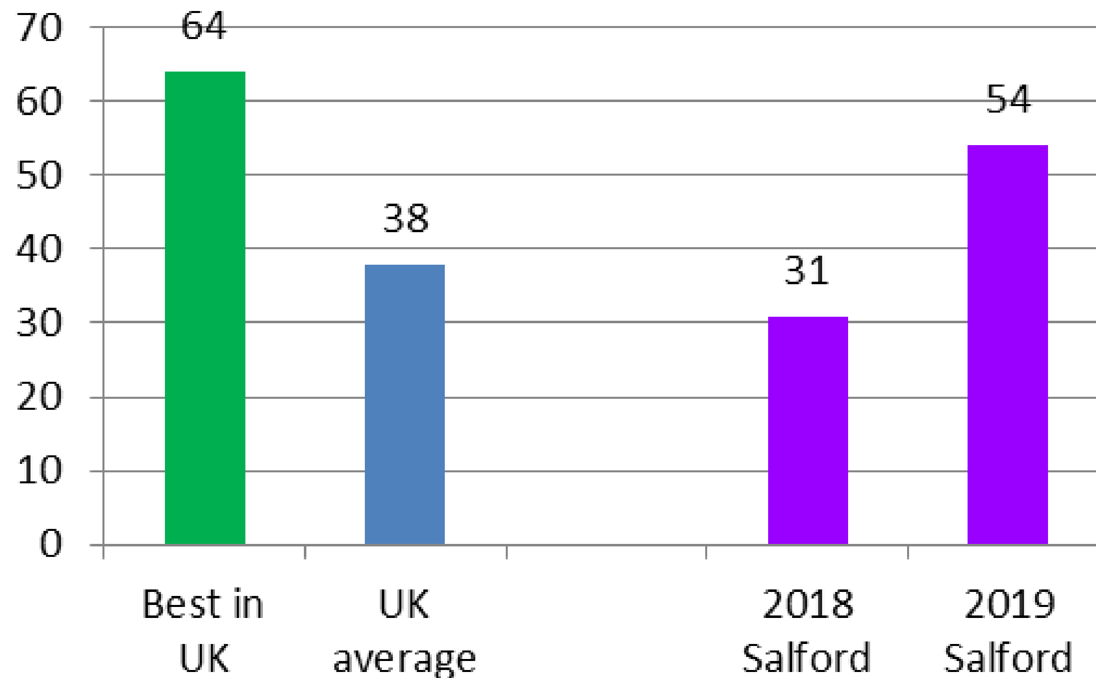
Increased no. of patients entering transplant list



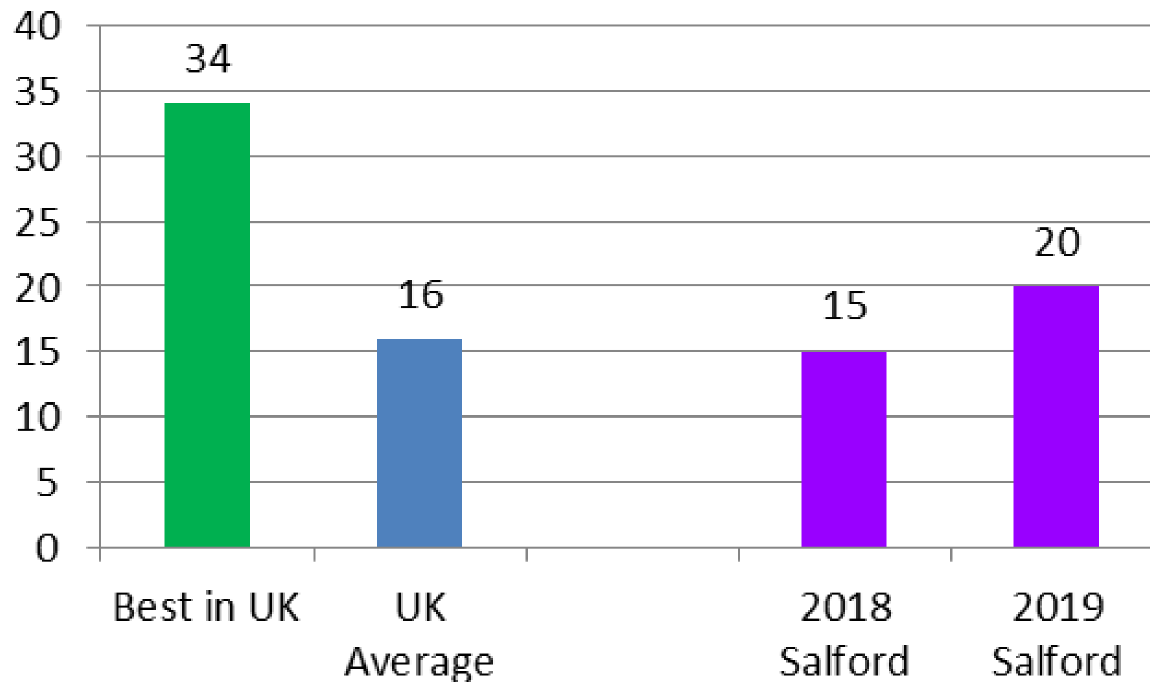
Increase in no. of living donor kidney transplants

Increase in % of pre-emptive living donor transplants

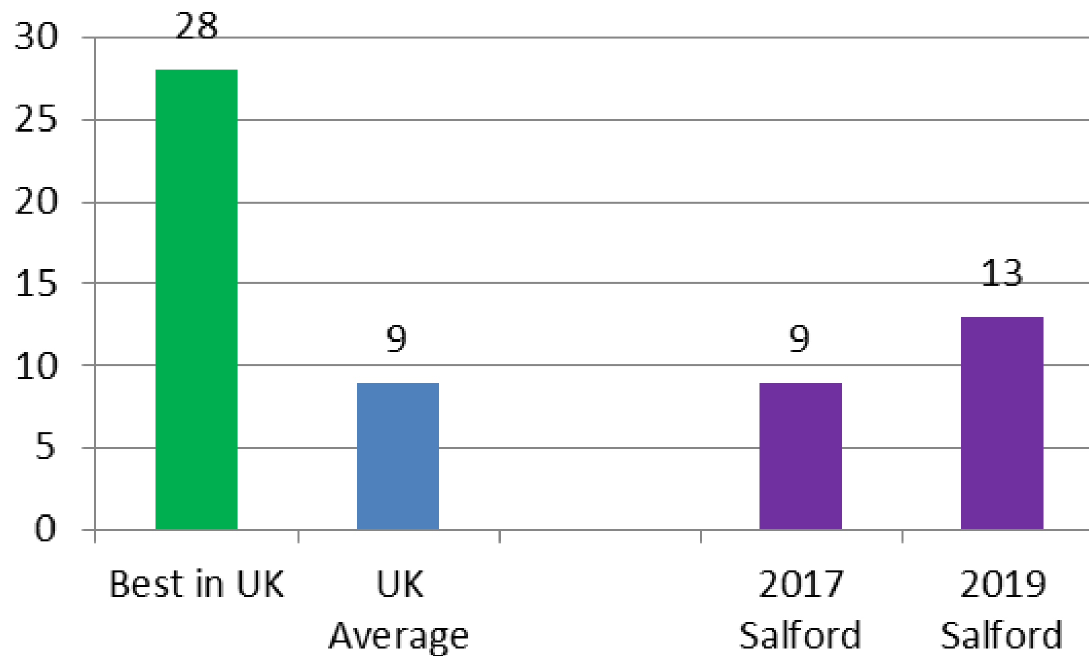
Live donor transplants (% which were pre-emptive)



Increase in % of pre-emptive deceased donor transplants



Increase in % of pre-emptive Tx for all renal replacement therapy starters



The KQuIP NW Challenges

- Resource – teams with dedicated infrastructure to support Transplant First had greater engagement ? Better results
- Unable to engage all trusts
- Mobile workforce especially nursing
- Repeated re-structures impacted on engagement
- Data-sharing agreements to facilitate information sharing with Transplant centres
- Timely referral – rapidly deteriorating patients and early recognition of ‘complex’ patient
- What next? – sustaining improvement and renal network
- Relying on good will is an abuse of people’s good nature

The KQuIP NW Successes

- Quality Improvement expertise – Aintree, SRFT and MFT extended to all hospitals
- Transplant pathways process mapped across region
- Engagement with transplant centres – local transplant listing clinics
- Strong patient engagement/participation from inception ? Pre-existing
- Development of cohesive network and peer-support
- Focus on early access including education programmes inlcuding 'hard to reach' populations

Acknowledgments

- NW KQuIP team
- Leeanne Lockley
- Rosie Donne
- Mark Brady

'THINK KIDNEYS'

Questions?

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KQuIP