Kidney Quality Improvement Partnership: a sustainable initiative

In this article, a group of kidney specialists introduce an innovative national quality improvement project—the Kidney Quality Improvement Partnership (KQuIP). This KQuIP an important and sustainable initiative comprising of kidney professional organisations, patient groups, NHS England and the UK Renal Registry. It is a major opportunity for the multidisciplinary renal team.

■ quality improvement ■ sustainability ■ kidney care ■ capacity ■ best practice

The UK kidney community has a proud history of measuring quality and reporting clinical outcomes from renal units in the annual UK Renal Registry (UKRR) report, which started in 1998. The community has also achieved notable successes in improving quality by addressing adverse patient outcomes, including a remarkable reduction in dialysis catheter-associated methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia (Pitcher et al, 2015) and sustained improvement in preferred vascular access for patients on haemodialysis (Rao et al, 2015). However, the UKRR continues to report significant unwarranted variation in outcomes between UK renal units, some of which is not explained by clinical factors.

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Despite previous kidney-specific improvement programmes, there is no systematic structure in the kidney community to support staff to embed improvement as part of routine practice, facilitating renal units to address variations in care. At present, the delivering quality agenda and improving patient safety in the NHS is the focus of regional structures, including academic health science networks (AHSN) and strategic clinical networks (SCN) (National Advisory Group on the Safety of Patients in England, 2013; Smith, 2015). These structures are key to sharing and spreading quality improvement (QI) innovation from one unit to another, particularly across regions.

There is a need for a kidney-specific sustainable support that works with these accountable structures to agree an agenda and deliver improvement across strategic, operational and frontline patient pathways. There is also a need to build QI capability in practice to facilitate clinically effective, safe, high-quality care that generates good patient experience and the best possible outcomes.

For QI to thrive, it requires education of staff, time and a supportive structure. The time is now, to develop with patients a dedicated multiprofessional, sustainable focus on evidence-based care delivery, working together in partnership with key stakeholders, so improvement becomes the core responsibility for all those working in the health-care system (Smith, 2015).

The partnership

The Kidney Quality Improvement Partnership (KQuIP) is a national partnership of professional and patient groups (*Figure 1*) whose purpose is to facilitate measurable QI of services delivered to patients with kidney disease in the UK, targeting improved patient outcomes. KQuIP builds on the existing work of clinicians supported by Kidney Research UK, and links with Q Fellows and The Health Foundation.

Key roles

KQuIP will use an evidence-based approach to identify and enable specific QI projects, supporting education in QI methodology and clinical leadership roles, as well as measure clinical outcomes. It will provide support and advice for QI projects to national and regional NHS structures, and create a QI learning structure by supporting, sharing and increasing innovation and good practice. In order to be effective, KQuIP will establish a programme board involving key representatives, with shared governance structures linked to professional associations and reporting mechanisms to the UK Kidney Research Consortium and NHS England. Five workstreams have been proposed (*Figure 1*).

Identifying projects and people requiring support

KQuIP will adopt flexible approaches to working, recognising there are different ways

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in which QI projects may be developed and implemented (different strategic contexts), and various ways to build sustainable QI capacity and capability within the renal community. For example:

- Clinicians and teams highlighting local QI priorities, education or support needs
- UKRR data indicating variations in practice across units (*Box 1*)
- Patient groups and associations identifying priority issues and opportunities
- NHS England, AHSN and SCN locating and working with groups of frontline staff on shared regional priorities.

The KQuIP programme board will oversee the partnership, develop and advise on its workstreams, identify suitable and transferrable QI interventions and methodologies within the renal community, and introduce measurement techniques to ascertain success of interventions.

Strategic and operational working

There are two clinical reference groups (CRGs) related to renal disease in NHS England—dialysis and transplantation. They consist of clinicians, commissioners, and patient and carer representatives. The CRGs have three broad functions: maintain national service specifications, determine metrics of quality, and provide expertise for specialised issues (e.g. policy development around specific questions). The dialysis CRG is working with the UKRR and Public Health England to enhance the use of intelligent transparent data to drive improvement in patient care, using clinical, patient and commissioning outcome measures.

By using data to identify variation, KQuIP can collaborate with NHS England and CRGs to determine priorities for improvement. The CRG can then engage with the regions linking to AHSN, SCN and commissioning centres to draw up local improvement plans.

Local sustainable change

Sustainable change is more likely if staff and patients are involved in QI design and implementation (The Health Foundation, 2013). The key priority to achieving a national kidney QI sustainable model is to bring on board patients, frontline staff, matrons and clinical directors, through a local accountable nominated QI lead and patient representative. KQuIP could also

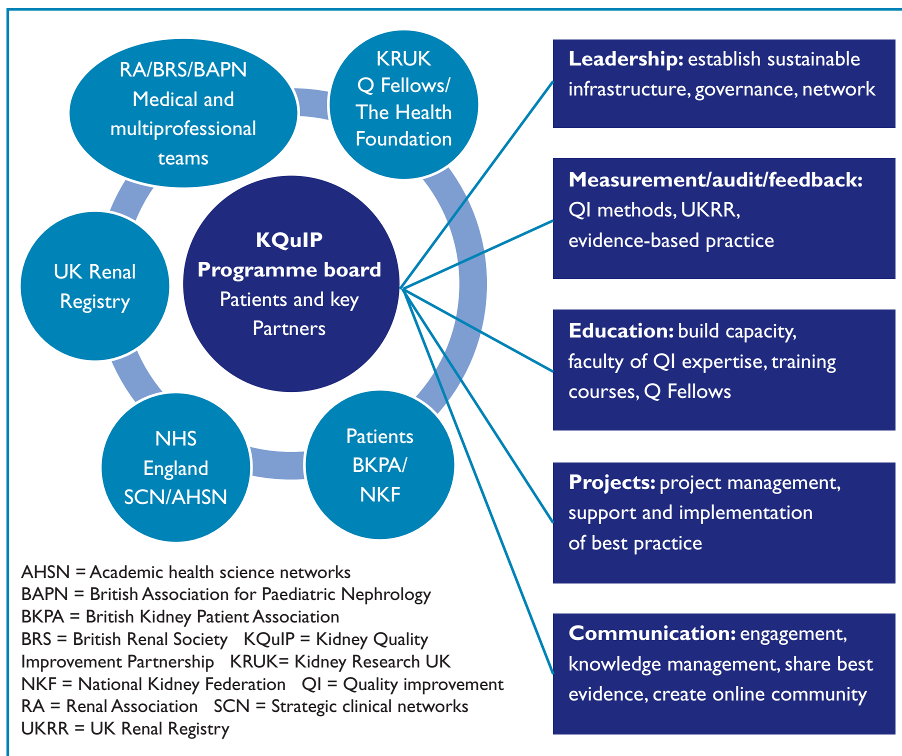

Figure 1. Kidney Quality Improvement Partnership partners and proposed workstreams

help provide education and peer support for the development of local QI capability.

Moving forward

KQuIP is seeking clinicians, teams, managers and renal organisations who:

- Are interested in QI to register and join the faculty of renal professionals
- Would like to learn more about QI methods and access learning opportunities
- Have expertise and experience in QI and are willing to share QI initiatives
- Interested in receiving KQuIP communication updates.

To register your interest in KQuIP, email KQuIP@renalregistry.nhs.uk. JRN

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Box 1. Variations in practice and potential quality improvement spread

- Transplant First: variation in access to transplantation, pre-emptive renal transplant and listing rates, live kidney donation rates and access to cadaveric transplantation
- Dialysis: variation in home haemodialysis and peritoneal dialysis (PD) (continuous ambulatory PD, automated PD and assisted automated PD) between units, not explained by patient characteristics
- Acute kidney injury: Think Kidneys is a successful AKI project. KQuIP could support spread of QI project in one SCN area transferring out to other SCN using a stepped model
- Unwarranted variation in access to expert patient-centred paediatric-to-adult transitional care
- Research and care of patients with rare conditions affecting the kidneys

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