Improving Kidney Transplant rates in the South West through the Kidney Quality Improvement Partnership (KQuIP)

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A new renal transplant network has developed in the South West (SW). The national KQuIP initiative has stimulated and supported six SW renal units to create the SW Team Transplant (SWTT). The focus on improving transplantation was agreed at an inaugural meeting in October 2018 with clinicians and patients present in response to data showing variation across the region. The ongoing project has been successful, as measured by enthusiastic representation from all units, data collection, tangible improvements in patient care, and the use of formal quality improvement (QI) techniques.

There had been no regional clinical policy meeting in the region for five years; factors hindering regional collaboration included the large geographical area and no available funding for health professionals to attend meetings or take on additional work.

Why has SWTT been successful? At the inaugural meeting a shared decision to pursue improvements to transplant care was made across the 80 attendees, and a regional lead nominated. Using the KQuIP framework each unit committed two multi-professional team members to attend quarterly meetings and lead on QI projects locally. Subsequent meetings were chaired by the regional lead and supported by the KQuIP programme manager who provided ongoing QI and leadership support through unit visits. In addition, KQuIP supported a two day residential leadership course that emphasised leadership skills, and fostered a strong team ethic amongst leads. A flat structure has been adopted at meetings, with the regional clinical lead summarising NHSBT data and team members presenting their unit’s data (activity, innovation, challenges), enabling healthy and honest discussion and sharing of learning. Patients and relatives also attend with a rolling agenda item led by them. National leaders from the UK Renal Registry, The Renal Association, Northern Ireland and Transplant First have attended meetings, presenting key concepts, sharing experiences and motivational themes.

What has been achieved? SWTT has met on six occasions. SMART objectives were discussed and agreed, to ensure legitimacy of the project. A common purpose was agreed and a regional driver diagram developed using the LIFEQI platform. This has served as a project plan and focus for the team, and has been added to and amended with debate and agreement at subsequent meetings. Change ideas such as e-referral, one stop clinics, patient experience measures and an 18 week pathway have been introduced using a PDSA approach. Data is collected through the Transplant First dashboard as well as locally, by tracking patients along the newly introduced pathway. Units have employed QI techniques to measure their local improvements. A WhatsApp group has encouraged the rapid exchange of ideas between meetings.

What next for SWTT? Units are collecting data for improvement which is being shared across the region and over time individual units and the region will be able to compare important transplant care markers. The regional team members are working well together as a network, and although many have primarily transplant expertise, the newly developed QI skills and ongoing KQuIP support may be applicable to other projects e.g. improving renal patients’ access to exercise.