

Improving Access to Transplantation –A Unit’s Experience of Quality Improvement

Mrs Gemma Fox¹, Mrs Kathleen O'Neill¹, Mrs Rachel Gair²

¹Dorset County Hospital, Dorchester, United Kingdom, ²The Renal Association, Bristol, United Kingdom

Introduction-

Evidence shows that patients who have a prolonged wait for a renal transplant experience poorer outcomes regarding life expectancy and cardiovascular risk than those whose wait is shorter. It is also acknowledged that pre-emptive transplantation is the gold standard. At the KQUIP regional day in October 2018, the South West region of clinicians and patients chose Transplant First as their priority project to address the variation in pre-emptive listing and prolonged time taken to complete the donor and recipient pathways. One of the key aims was for 95% of patients starting or on renal replacement therapy to have a documented transplant status as the starting point for more timely referral. Using the KQUIP methodology this study aims to show how a unit from a referring centre met the national target of 95% patients with eGFR <20 having a documented transplant status.

Methodology-

The South West KQUIP project of Improving Access to Transplantation was chosen in October 2018 at an event comprising multi-professionals, patients and carers. Two multi-professional QI leads from the unit were nominated to lead the project and attended a leadership course with other regional QI leads. KQUIP provided project management, QI training as part of quarterly regional meetings and monthly unit visits. A regional driver diagram was developed with change ideas to meet the overall aim of ‘more transplants, faster.’ Data was collected using The Transplant First data dashboard with local QI and IT support. The focus was on improving the documentation of transplant status of all patients with an eGFR <20 by using a PDSA approach involving the identification of all patients without a documented status and a plan on how to address this in a sustainable way through multi-disciplinary team meetings, nurse appointments and consultant ownership. The QI leads engaged the wider multi-professional team by communicating the project aims with regular updates of project status.

Results-

Baseline data on documented transplant status on all patients commenced May 2019 and quarterly thereafter. Documented transplant status of all patients with an eGFR of <20 at baseline was 49.3%, increasing to 74.6 % by September and reaching 94.9% in December 2019. (Table 1)

At the same time referrals for transplant assessment also increased. (Table 2)

Conclusion-

By using QI cycles of change, involving the whole multi professional team and the KQUIP framework, documented transplant status has improved over 7 months to reach the national target of 95%.

However, we need to ensure that the intervention is sustainable by becoming embedded in practice to maintain this. This is important in order to increase the pre-emptive listing and transplant rates in our centre.

This increase in activity in consideration of patients for transplants from May subsequently led to an increase in referrals to transplant centres.