Yorkshire and The Humber
Sharing Haemodialysis Care
Improving Outcomes

Future Plans

- Spread & Sustainability
- Scaling Up
- UK Shared Care Forum

Scaling Up Improvement

Outline application form

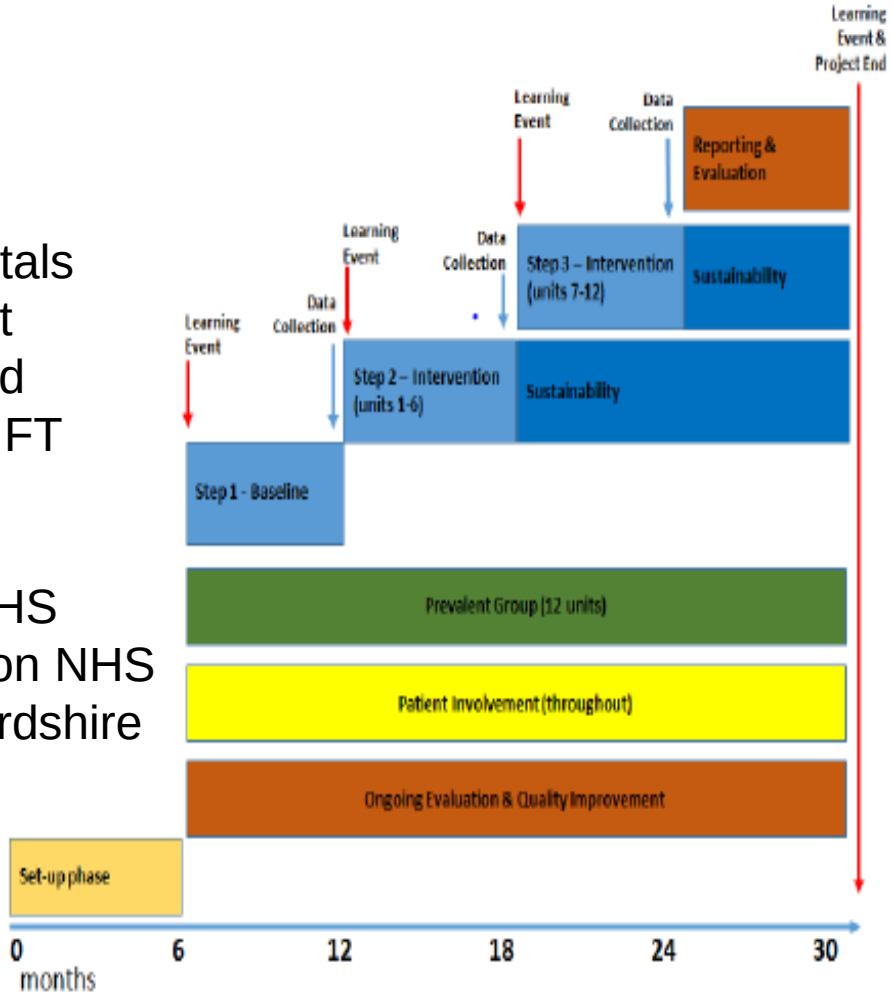
The Health Foundation Inspiring Improvement

BRITISH KIDNEY Patient ASSOCIATION
improving life for kidney patients

Kidney Research UK
Funding research to save lives

Partner trusts

York Teaching Hospitals
Sheffield Teaching Hospitals
Central Manchester Trust
City Hospitals Sunderland
Guys & St Thomas NHS FT
Heart of England NHS
N Bristol NHS
Nottingham University NHS
The Royal Wolverhampton NHS
University Hosp N Staffordshire



nkf SUPPORTING KIDNEY PATIENTS

RENAL ASSOCIATION UK RENAL REGISTRY

Sheffield Hospitals Charity

NHS England

www.england.nhs.uk

Taken from ASSIST-CKD

For background : ASSIST-CKD Aim

To **implement** and **evaluate** a quality improvement programme to identify patients at high risk of progressive renal decline, using eGFR graph reports sent to primary care in 12 sites across the UK

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Aim:

In 12 new UK sites, to increase the percentage of patients participating in 5 or more tasks (out of 14) from less than 5% to more than 15% during the 6 month adoption phase.

The intervention comprises :

- encouraging patient partners to participate in their dialysis care, through the creation of a supportive environment supported by specific nurse training
- a patient training competency book
- a website: sharing experiences and documenting levels of engagement.
- measurement of engagement - % patients participating in 5 or more dialysis related tasks

We will conduct a phased implementation of this intervention using a stepped-wedge design to sustain, scale up activity at 12 renal units that are new to SHC and that have low levels of home HHD. We will then measure the percentage of patients over the subsequent year choosing to go home on HD. In a parallel prevalent group we will relate the number of tasks that patients perform to the likelihood of uptake of HHD.

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Outcome measures –

Primary - tasks measure participation

Dec	2012	2013	2014
Percentage of patients participating in 5 tasks of more:			
PMU	35%	53%	44%
RUG	27%	21%	19%
CSU	10%	11%	8%
BSU	23%	79%	68%
RSU	10%	13%	Did not return data

Secondary - home HD measures independence

Centre	2011	2012	2013	2014
Bradford	0	1	2	5
Doncaster	0	0	0	7
Hull	10	9	10	13
Leeds	13	13	19	20
Sheffield	42	43	48	46
York	7	11	11	10
total	72	77	90	101

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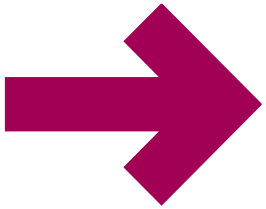
Patient experience – what will be measure and how?

- Need expertise – Hugh Rayner could advise
- Through our qualitative evaluation we will undertake interviews with services users and health care professionals in order to collect non-routinely collected data to inform our understanding the change process and the influence of context on outcomes.
- Patient reported outcomes and patient experience measures will be collected in paper form or on tablets at baseline, 6 & 12 months post intervention. These will include: EQ 5D, patient activation measure (PAM) & specific questions developed in user focus groups.



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% 5 tasks →

Demography
Renal timeline
Diagnosis
Co-morbidity
Dialysis information

+

Health Episode Summary Data

Hospitalisation
Events
Harms

Adjustment for covariates

Impact on HHD uptake
Impact on Harms eg hospitalisation

Qualitative measures → Impact on quality of life

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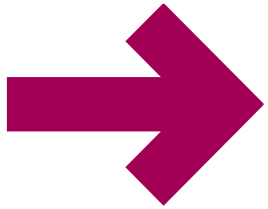
Design

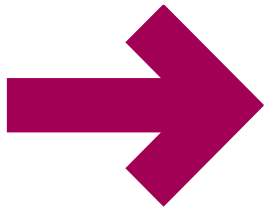
- 12 incident units
  - Selected by low HHD use, low engagement in SHC, willingness to participate
  - Need to survey to be sure that there are enough
- 12 prevalent units



Nurse training – how?

- Sheffield
- Nottingham
- Bristol

Is there enough time in each step



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High level project plan

- A robust governance structure will comprise a Project Board, and a series of work streams –
- Intervention
- Evaluation (qualitative & quantitative),
- Sustainability
- Quality Improvement
- Prevalent Group
- Stepped-Wedge Delivery & Measurement
- An Advisory & Dissemination Board
- Patient Advisory Group and Evaluation Advisory Group
- links with the UK Renal Information Governance Board
- Research governance through NRES.

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Sustainability – how?

a core component of the plan and will be delivered through known effective mechanisms –

- 1) personnel : senior management and clinical leadership, staff motivation, team work and user participation, learning events;
- 2) impact : real time access to metrics, dissemination of emerging evidence;
- 3) context: appropriate IT linkages, congruence with key organisational objectives.

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Partners-

Patients and carers

Health Care Professionals

The Health Foundation

BKPA

NHS England

NKF

KRUK

BRS

- Supported by

Sheffield Hospitals Charity

York Charitable Trust

Regional Innovation Fund

B Bruan

Taken from ASSIST-CKD

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For comparison : ASSIST-CKD partners
Implementation of A Quality Improvement Project across the 4 Nations of the UK

Project Partners

- British Kidney Patient Association
- UK Renal Registry
- British Renal Society
- Kidney Research UK
- National Kidney Federation
- Royal College of General Practitioners
- Renal Association
- School of Health and Related Research, University of Sheffield, UK

Supported by

- Welsh Renal Clinical Network
- National Clinical Director for Renal Disease (NHS England)
- Clinical Director of Quality Scottish Government
- Association for Clinical Biochemistry and Laboratory Medicine
- Public Health England

Questions

Do we have enough incident centres – must have less than 5%?

Do we have enough prevalent centres?

Is the money enough and have we allocated it correctly?

Can we access more resources?