

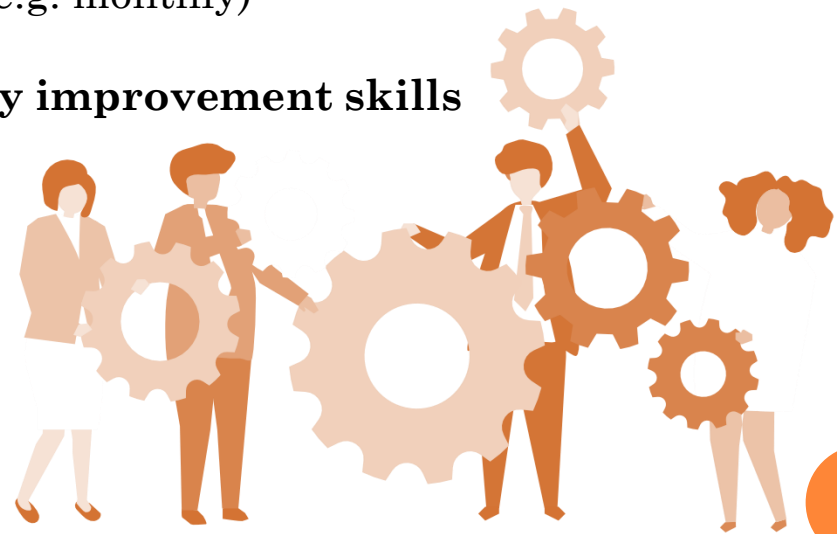


**EMBEDDING AND SUSTAINING
QUALITY IMPROVEMENT**

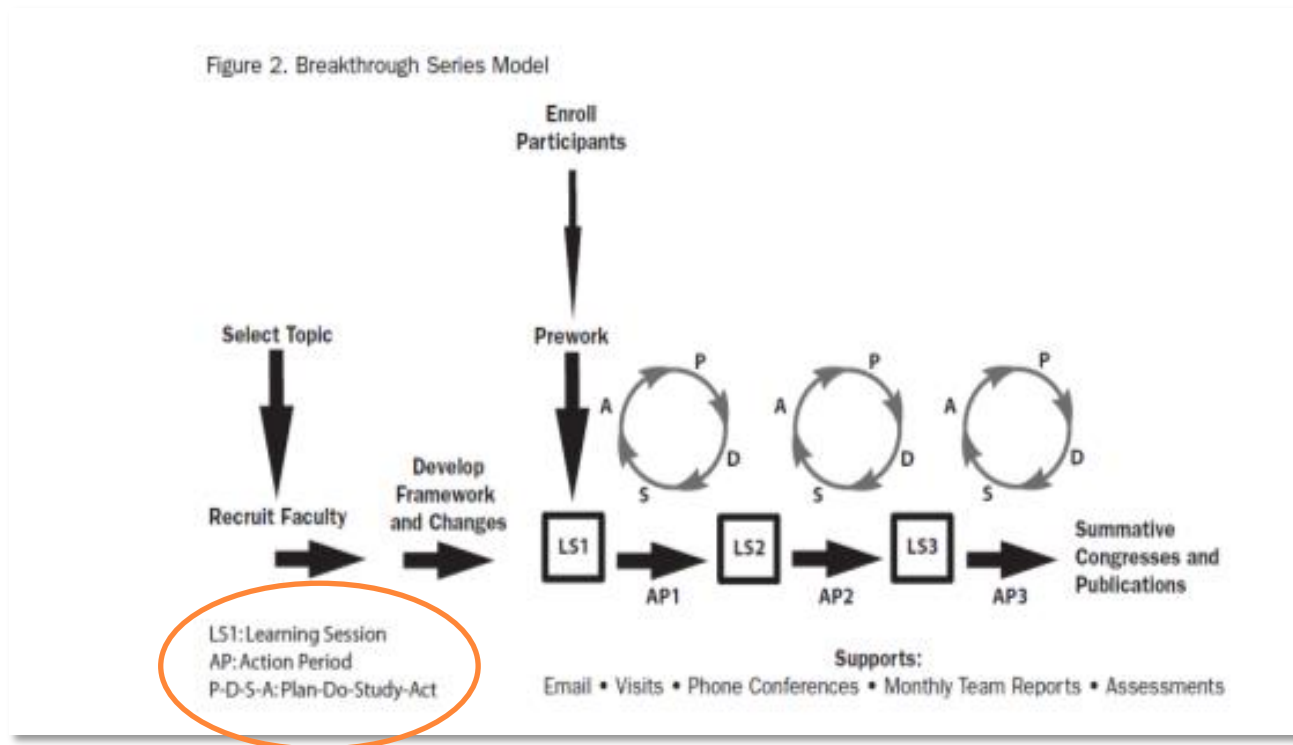
**London Kidney Network PD improvement
collaborative**

Principles

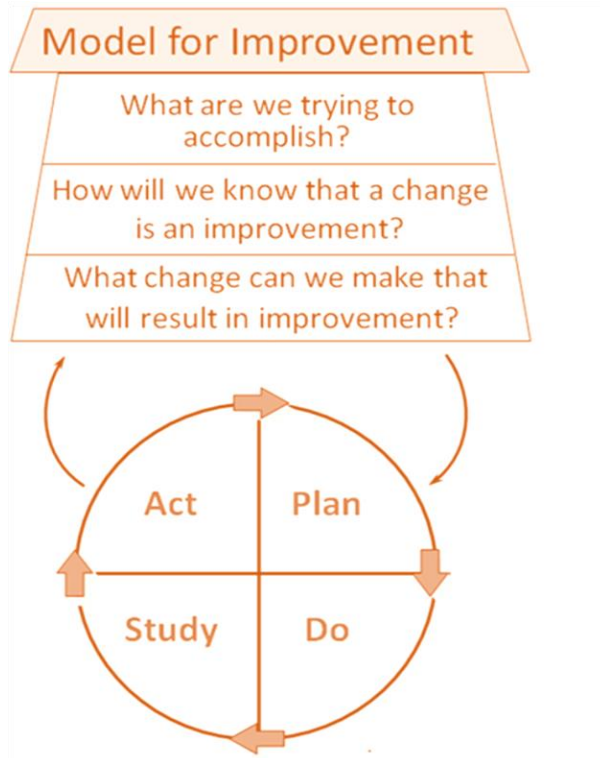
- **Peer assist**
- Institute for Health Improvement's **Model For Improvement**
- Developing **collaborative improvement networks**
(Meet at least four times a year)
- **Developing local improvement teams**
(Meet internally at regular intervals e.g. monthly)
- Developing multi-professional **quality improvement skills**
- Developing **leadership**



1: IHI BREAKTHROUGH SERIES COLLABORATIVE



QUALITY IMPROVEMENT APPROACH 2: MODEL FOR IMPROVEMENT



Widely used

Applicable without advanced training

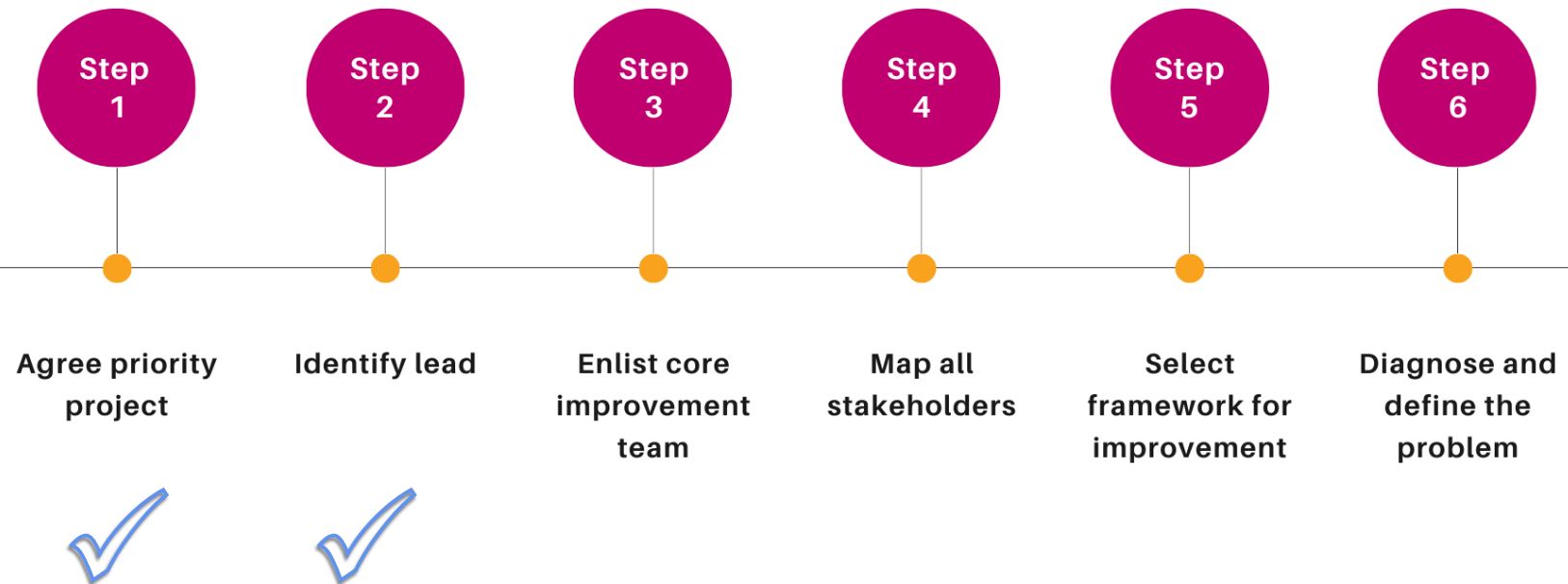
Involves three steps:

1. **Setting aims** to focus improvement
2. **Choosing** a balanced set of **measures** to determine if improvement occurs
3. **Testing** new ideas to change the current process.

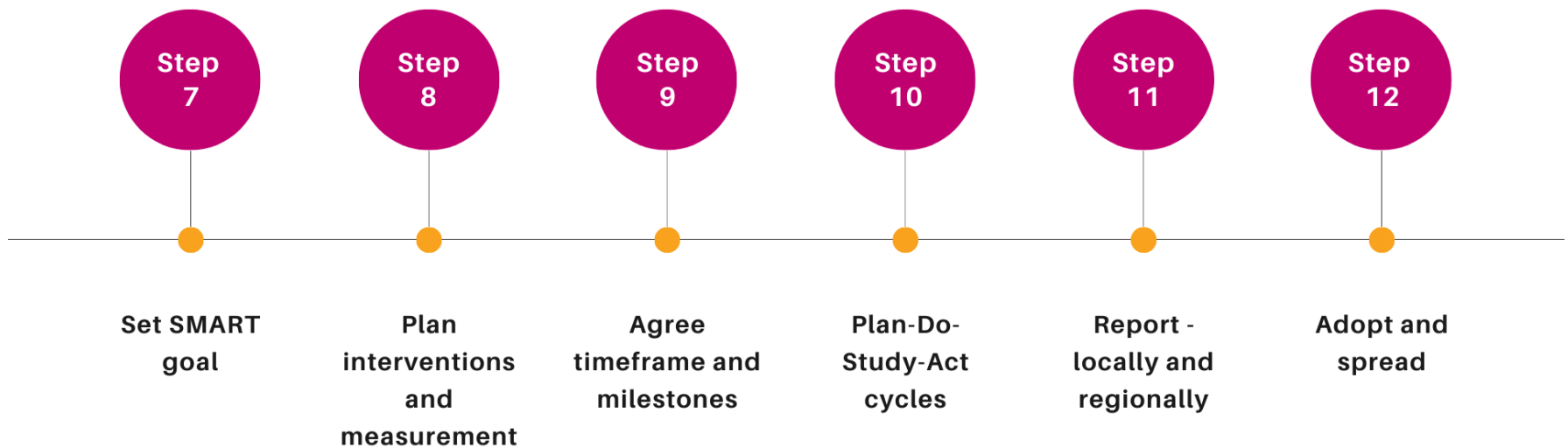
New ideas evaluated using **Plan-Do-Study-Act** cycles

Knowledge is gained by testing changes and reflecting on their effect

Quality improvement steps



Quality improvement steps



PERITONITIS - GIRFT

13. Ensure that all renal centres adopt a systematic QI approach to infection prevention and control (IPC), with HD bacteraemia and PD peritonitis given equal priority.

a) Easily accessible national data to be published quarterly on renal service bacteraemia and peritonitis to drive QI by working with centres and Public Health England (PHE) to improve data reliability.

(UKRR and PHE)

b) Renal centres to appoint a lead from any relevant professional background with responsibility for IPC and oversight into microbial stewardship.

(renal centres)

c) Relevant national and international practice standards to be comprehensively implemented for IPC in dialysis patients.

(renal centres)

d) Patient partnership and education to be at the centre of QI efforts in IPC for dialysis patients.

(renal centres, local and national patient representative groups)

PERITONITIS

IMMEDIATE NEXT STEPS - SUMMER 2021

1. Communicate proposal – get buy-in and support from network and map stakeholders
2. Develop key messages and aspirations for QI collaborative – share with CD's and HON
3. Enlist core improvement team – QI leads from each centre – medical and multi-professional
4. Hold a fact finding/engagement session with PD trainers in each unit led by Elaine/Richard
5. Develop a proforma to understand the key elements of training within each centre
6. Visit each centre to process map delivery of training within each centre
7. Understand the process for data collection within each Trust

September 2021

(Learning session)

Defining the problem

Activity

- Bring together stakeholders – improvement team
- Share MFI framework
- Review evidence and drivers – local/national
- Develop what improvement team wants to achieve

Outputs

- Project aim and common purpose
- Measurement strategy – baseline
- Formation of an improvement team
- Communication plan

Sept-October

(Action period:

Local comms and research)

October 2021

(Learning session)

Co-designing the project

Activity

- Identify drivers
- Share practice
- Generate ideas
- Agree Interventions
- Agree PDSA cycles
- Agree measurement and success (SMART)
- Review NHS Change model

Outputs

- Regional and local driver diagrams
- A suite of interventions to test
- Agreed measures
- A data collection plan
- Timeline and milestones
- Project plan on a page

October-December

(Action period:

Testing interventions)

December 2021

(Learning session)

Study, share and peer assist

Activity

- Peer assist workshops – sharing knowledge
- Run charts
- New interventions
- PDSA cycles

Outputs

- Data analysis
- Evidence of QI capability
- Evidence against milestones

Proposed milestones and timeline

Jan – March

*(Action period
Testing interventions)*

March 2022

(Learning session)
Testing and peer assist

Activity

- Reflection on progress and overcoming challenges
- Peer assist (informal learning)
- Sign posting to tools and information
- Sustainability

Outputs

- Data analysis
- Evidence of QI capability
- Evidence against milestones

April - June

*(Action period
Testing interventions)*

June 2022

(Learning session)
Testing and peer assist

Activity

- PDSA cycles
- Sustainable change – what interventions will be scaled up?
- Measurement

Outputs

- Data analysis
- Evidence of successful interventions
- Evidence of QI capability
- Evidence against milestones

July – September

*(Action period
Testing interventions)*

September 2022

(Regional session)
Improvement and scaling up

Activity

- Review of progress - evaluation
- Sustainability
- Scale up and spread