Timely listing for kidney transplantation

RA Clinical Directors Forum

9th March 2012

Partha Das
NHS Kidney Care Fellow
Deaths 1991-1997

Patients on dialysis 84713

- Patients on the waiting list 4353
- Recipients of cadaveric transplants 2436

[USRDS, adapted from Wolfe et al., NEJM 1999]
Preemptive Transplantation

Time on Dialysis
First 1-Haplotype Related Kidney Transplants 1998-2009

Time on Dialysis
Deceased Donor, First Kidney Transplants 1998-2009

[Collaborative Transplant Study courtesy of Chas Newstead]
Guidance

“We recommend that patients with progressive deterioration in renal function suitable for transplantation should be placed on the national transplant list *within six months of their anticipated dialysis start date.*

Pre-emptive transplantation should be the treatment of choice for all suitable patients whenever a living donor is available.”

[Guideline 1.3A, Assessment of the potential kidney transplant recipient, RA Jan 2011]
Variation
International Live Donor Kidney Transplantation 2010 (Rate PMP)

[Adapted from WHO/Global Observatory on Donation and Transplantation]

Better Kidney Care for All
England Live Donor Kidney Transplantation 2010 (Rate PMP)

[Atlas of Variation 2.0, Right Care NHSBT data]

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Listing prior to start/within 2 years of start of RRT

[Ravanan et al, BMJ 2010/UKRR]
Evidence based strategies to improve listing

Dedicated multi professional clinic setting

Early patient education

Better Kidney Care for All
The Project
Aim

to support renal units in identifying and overcoming barriers to timely listing for kidney transplantation
Timeline

- June 2011: EOI
- Sept 2011: Projects Start
- April 2012: Projects Start

- 6 month duration
- Individual unit start time
- 6 and 12 month updates

Better Kidney Care for All
Participating Centres

- Bradford
- Colchester
- SW Transplant Centre
- Freeman Hospital, Newcastle
- WLRTC
- James Cook, Middlesbrough
- Lister
- MRI
- New Cross, Wolverhampton
- City Hospital, Nottingham
- UHB
- Heartlands
- Royal Berkshire Hospital
- Royal Derby Hospital
- Royal Shrewsbury Hospital
- Salford Royal Hospital
- Southmead Hospital
- Sussex Kidney Unit
- North Staffordshire

Better Kidney Care for All
Common Themes

[Derived from individual unit project profiles and monthly reporting, 2011-12]
Process and Pathways

- Delays in getting “work-up”
- Delays in getting specialist investigations
- Delays in getting results
- Delays in telling patients
Process and Pathways

**Aintree:**
MultiProfessional Team Clinic (MPT)

**Heartlands:**
electronic link to labs

**QE UHB:**
Weekly MDT of LCC patients and co-ordinator presence in subsequent clinics

**Lister:**
Timed slots for radiology and cardiology investigations

**SKU:**
Business case for dedicated TTE slots

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Patient Engagement

- Lack of awareness of transplantation
- Sustaining involvement in work-up
- Coping and support

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Patient Engagement

**Nottingham:**
New patient information leaflet

**WLRTC:**
Redraft of existing waiting list document

**UHB:**
Patient satisfaction survey

**Newcastle:**
Presentations and feedback from local KPA
Patient held care plans

**Bradford:**
Ethnic Liaison Support Officer

Better Kidney Care for All
Education and Training

- Varying ownership of transplantation
- Varying attitudes/knowledge within MDTs
- Varying emphasis in pre-RRT patients
Education and Training

Lister:
- Transplant link
- Nurses study days
- Co-ordinators order investigations
- Monthly staff education sessions

UHB:
- Staff knowledge questionnaire

All:
- “Transplant first”
Data Collection

- Lack of local collection of quality or audit indicators
- Lack of a systematic method to identify patients without a transplant decision
Data Collection

Bradford:
“prompts” and “process” metrics

Wolverhampton:
IT solution for tracking and flagging tests

WLRTC:
Comprehensive CKD patient database with recorded transplant status (A, S, WU, N/A)
Quality Improvement Methodology

IHI model
Lean
PDSA
EBD
Learning and sharing

E-seminars
Press Releases
Abstracts/Conference Presentations
Internet
Impact and Outcomes

Complete April 2012
End of project unit reporting
Improvement data
PROMs
Presentation and publication
Legacy

Sustainable changes to practice nationally
Sharing and publicity of “what works”
Relation with national strategies and research
(eg. NHSBT LKD, QIPP, ATTOM)
Improve delivery of best treatment for patients
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