

Developing Quality in Clinical Practice

Richard Baker

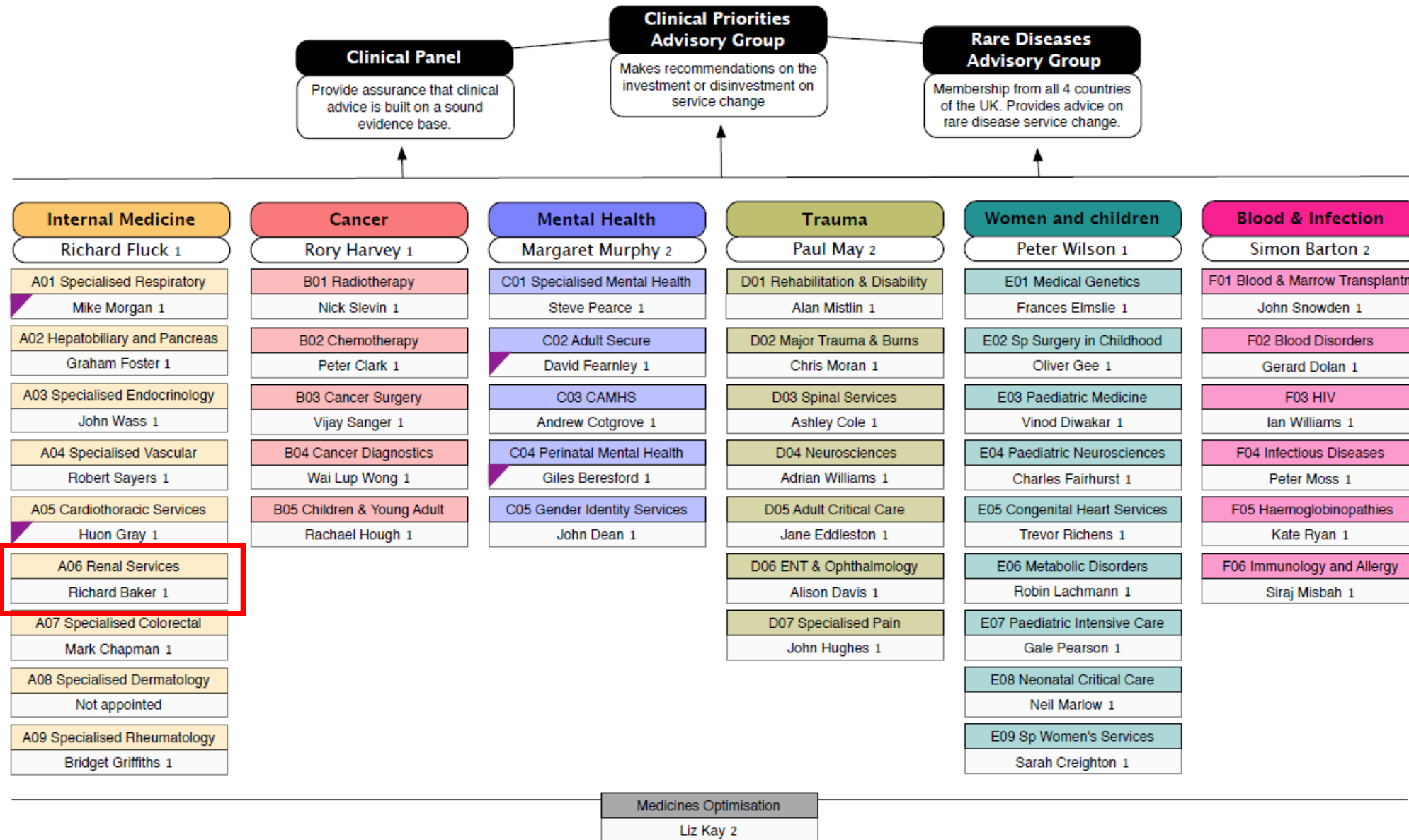
Chair of Renal Services CRG

British Transplantation Society Annual Congress

15th March Brighton

1. Purpose

Clinical Reference Groups (CRGs) have been established as the primary source of clinical advice to NHS England in support of the direct commissioning of prescribed specialised services. Through their work programmes, and by working in partnership with key stakeholders, CRGs drive improvements in the quality, equity, experience, efficiency and outcomes of commissioned specialised services.



Pharmacy
Andrea Devaney (Tx)
Clare Morlidge (D)

PPV
Fiona Loud
Tracey Rose
Phil Willan

Public Health
Ayesha Ali

Clinical Chair
Richard Baker

Lead Commissioner
Jon Gulliver

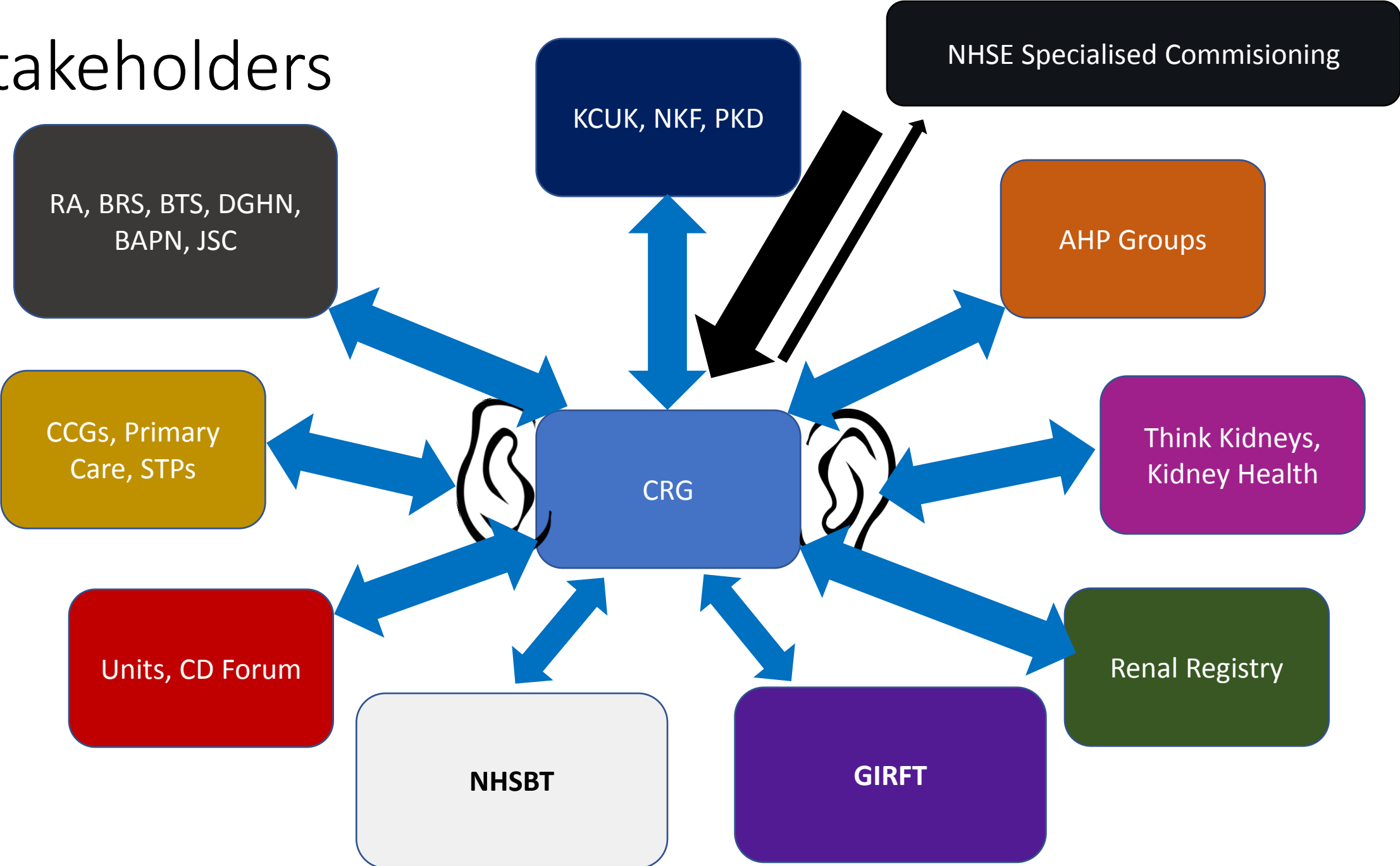
Renal Services A06 CRG

Societies
BRS – Maarten Taal
BTS – Nizam Mamode
RA – Paul Cockwell
Renal Registry – Ron Cullen

Clinical

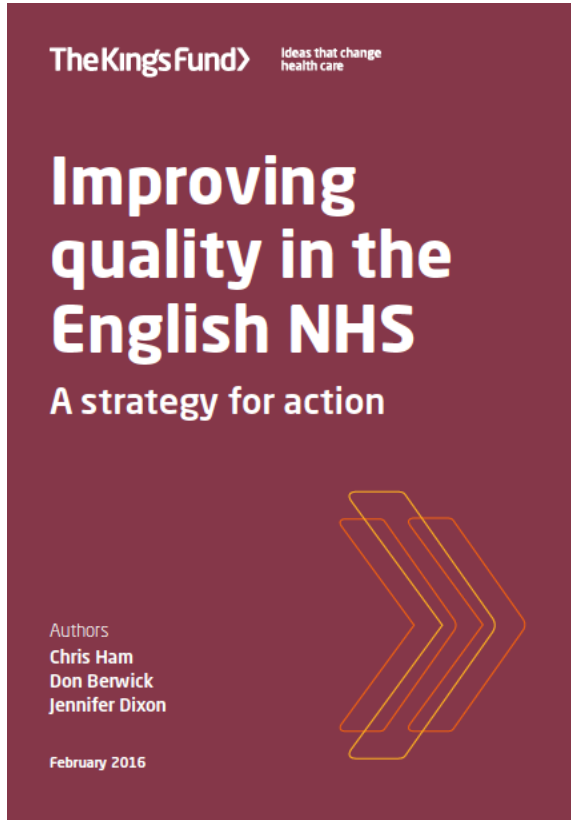
London	<u>Nizam Mamode (T) NIHR</u>	Neil Ashman (D)
North	<u>Will McKane (T) Data</u>	<u>Sandip Mitra (D) NICE</u>
South	Peter Rowe (T)	Phil Mason (D)
M&E	Nick Torpey (T)	<u>Clara Day (D) Value</u>

Stakeholders



What is Quality?

- Designing and redesigning work processes and systems that deliver healthcare with better outcomes and lower costs



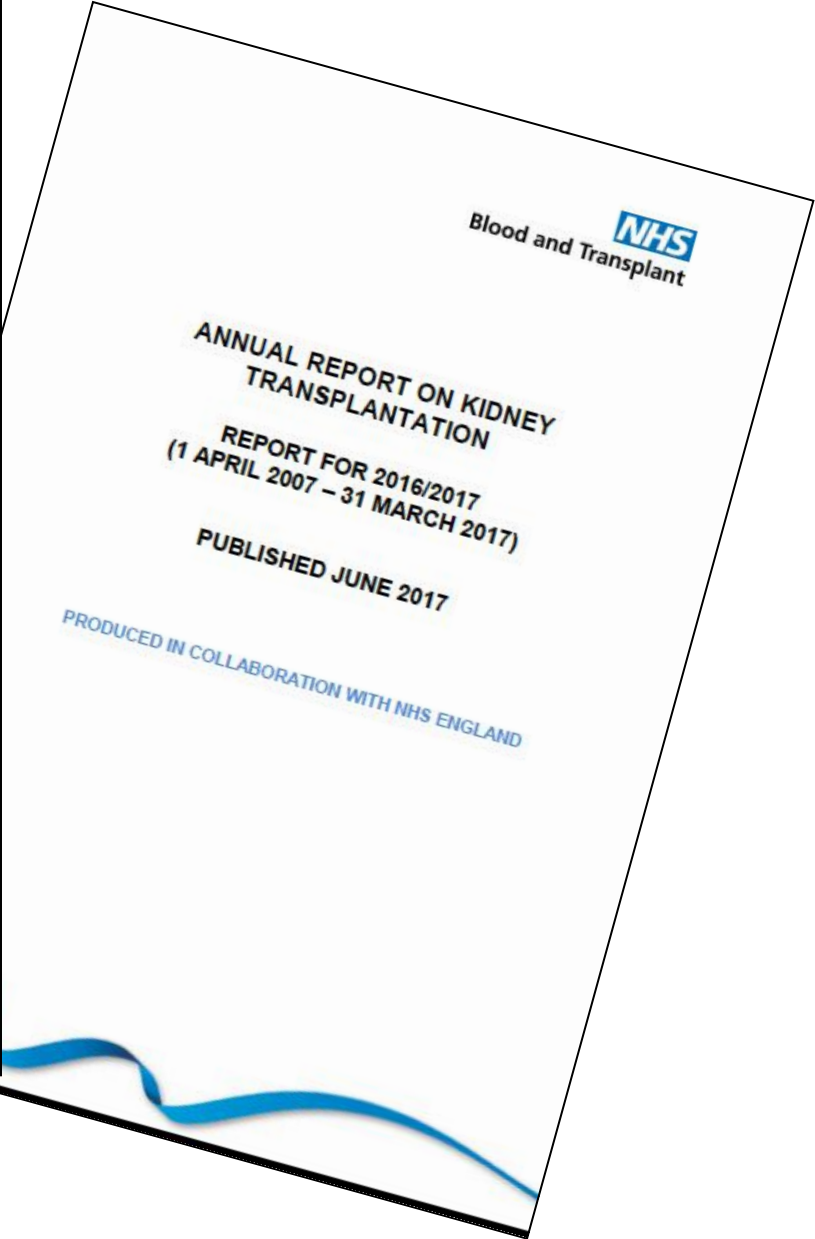
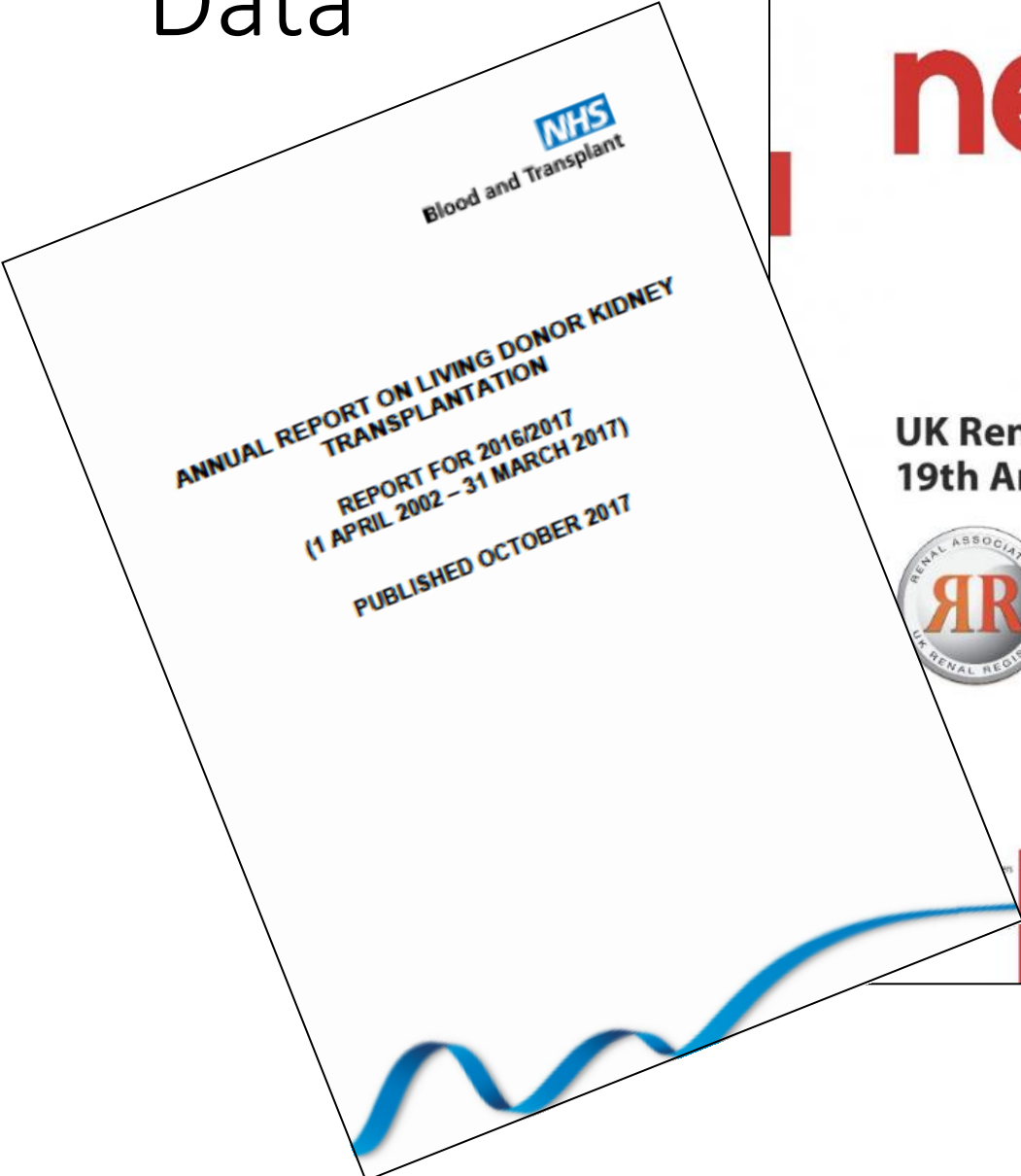
NHS ENGLAND



Our focus – delivering improved outcomes



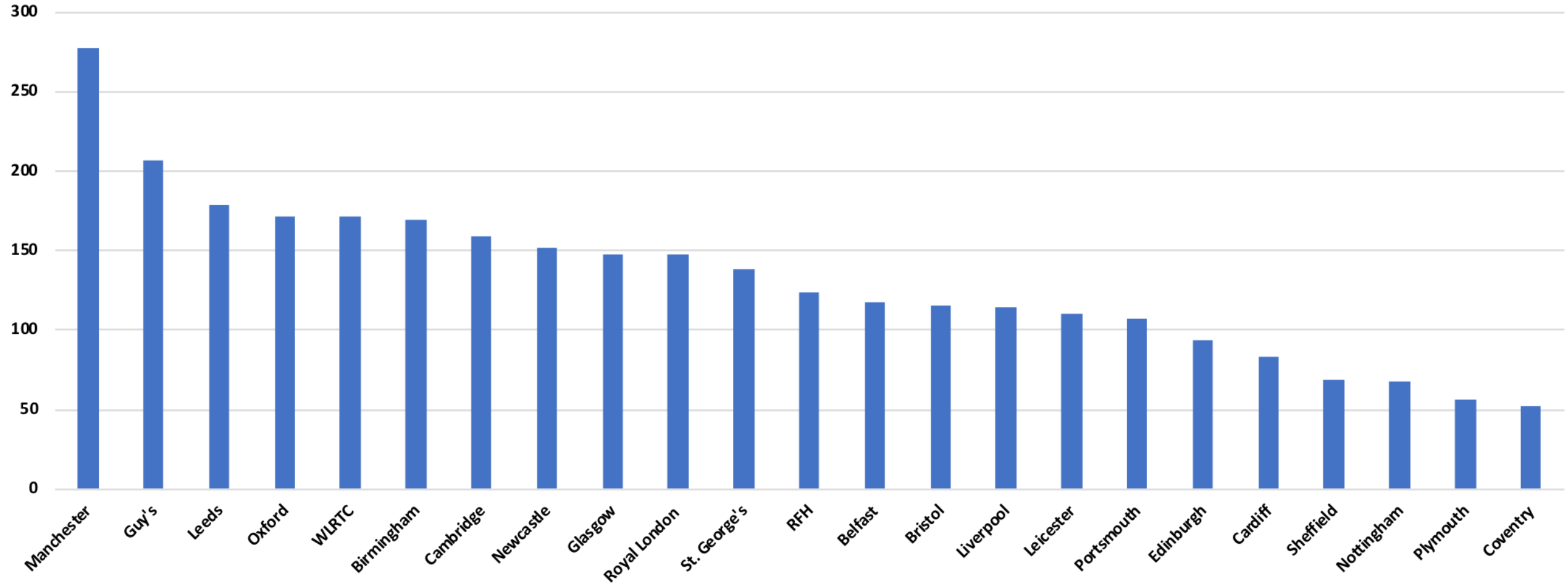
Data



Messages from NHSE Specialised Commissioning

- Long tails
- Frailty
- Variation

Transplant numbers 2016-7



Frailty and Mortality in Kidney Transplant Recipients

M. A. McAdams-DeMarco^{1,2,*}, A. Law¹,
E. King^{1,2}, B. Orandi^{1,2}, M. Salter^{1,2}, N. Gupta¹,
E. Chow¹, N. Alachkar³, N. Desai¹, R. Varadhan⁴,
J. Walston⁴ and D. L. Segev^{1,2}

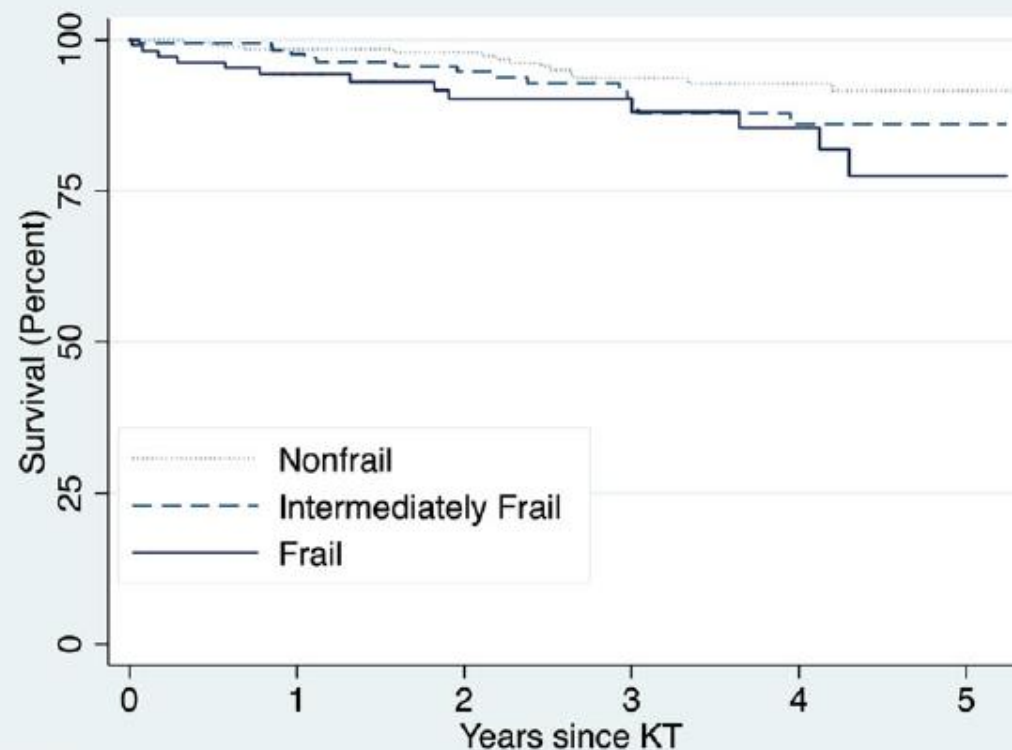
¹Department of Surgery, Johns Hopkins University
School of Medicine, Baltimore, MD

²Department of Epidemiology, Johns Hopkins Bloomberg
School of Public Health, Baltimore, MD

³Division of Nephrology, Johns Hopkins University School
of Medicine, Baltimore, MD

⁴Division of Geriatric Medicine and Gerontology, Johns
Hopkins University School of Medicine, Baltimore, MD

* Corresponding authors: Dorry L. Segev, dorry@jhmi.edu
and Mara A. McAdams-DeMarco, mmcadam4@jhu.edu



Number at risk		0	1	2	3	4	5
Nonfrail	253	225	180	120	81	14	
Intermediately Frail	177	158	110	72	46	8	
Frail	107	83	60	42	27	10	

Variation Mapping

- Patient Level
- Provider Level
- Pathway Level

Sharing Decisions About Your Care	2016	5.2	0.2	4.6	5.8	1.2	1.5	-0.4	This Theme has consistently low scores, and among the widest differences between centres.
	2017	5.5	0.3	4.9	6.4				

UKRR 2nd PREMS Report 2018

Patient Level Quality Standards

Baker et al. *BMC Nephrology* (2017) 18:174
DOI 10.1186/s12882-017-0553-2

BMC Nephrology



CORRESPONDENCE

Open Access

Renal association clinical practice guideline in post-operative care in the kidney transplant recipient



Richard J. Baker^{1*†}, Patrick B. Mark^{2†}, Rajan K. Patel², Kate K. Stevens² and Nicholas Palmer³

Abstract

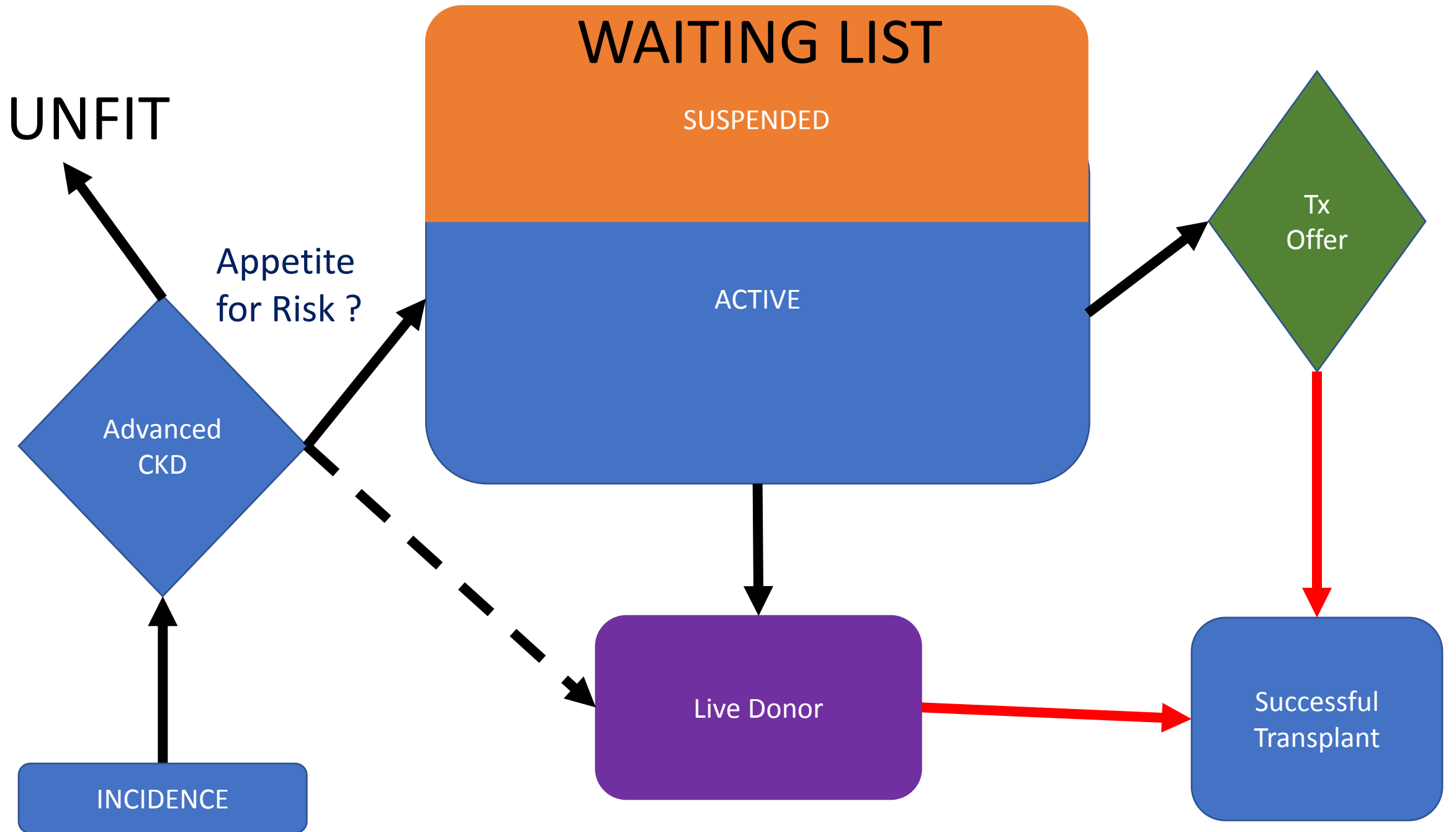
These guidelines cover the care of patients from the period following kidney transplantation until the transplant is no longer working or the patient dies. During the early phase prevention of acute rejection and infection are the priority. After around 3–6 months, the priorities change to preservation of transplant function and avoiding the long-term complications of immunosuppressive medication (the medication used to suppress the immune system to prevent rejection). The topics discussed include organization of outpatient follow up, immunosuppressive medication, treatment of acute and chronic rejection, and prevention of complications. The potential complications discussed include heart disease, infection, cancer, bone disease and blood disorders. There is also a section on contraception and reproductive issues.

Immediately after the introduction there is a statement of all the recommendations. These recommendations are written in a language that we think should be understandable by many patients, relatives, carers and other interested people. Consequently we have not reworded or restated them in this lay summary. They are graded 1 or 2 depending on the strength of the recommendation by the authors, and AD depending on the quality of the evidence that the recommendation is based on.

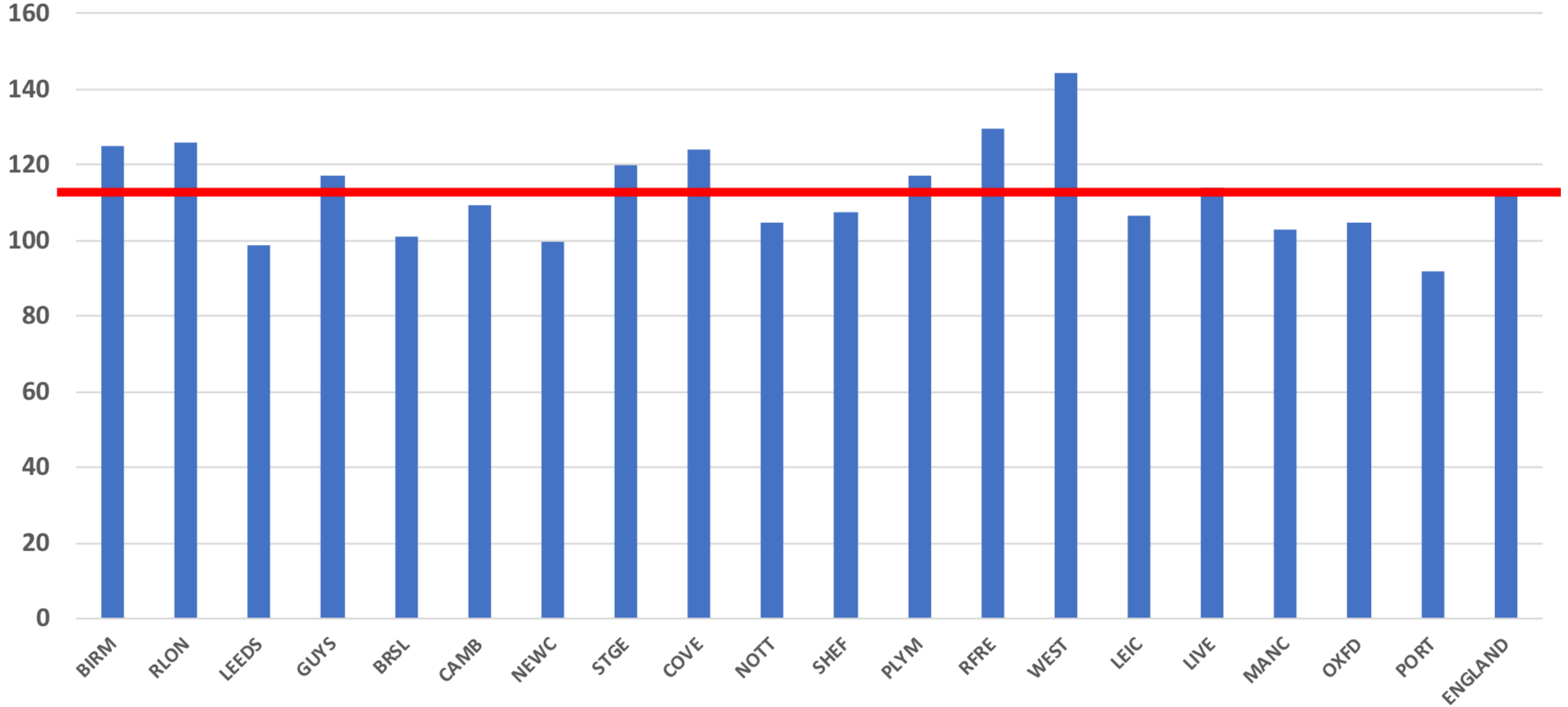


Provider Level Variation

- Getting on the List
(25675 on Dialysis, 4915 active, 41% preemptive in UK ($0.59 \times 4915 / 25675 = 11.3\%$ active))
- Getting off the list (with a transplant!)
- Living Donation rates
- UKLDSS
- Equity across Regions



Incidence of ESRF by Transplant Unit



Absolute and PM waiting list

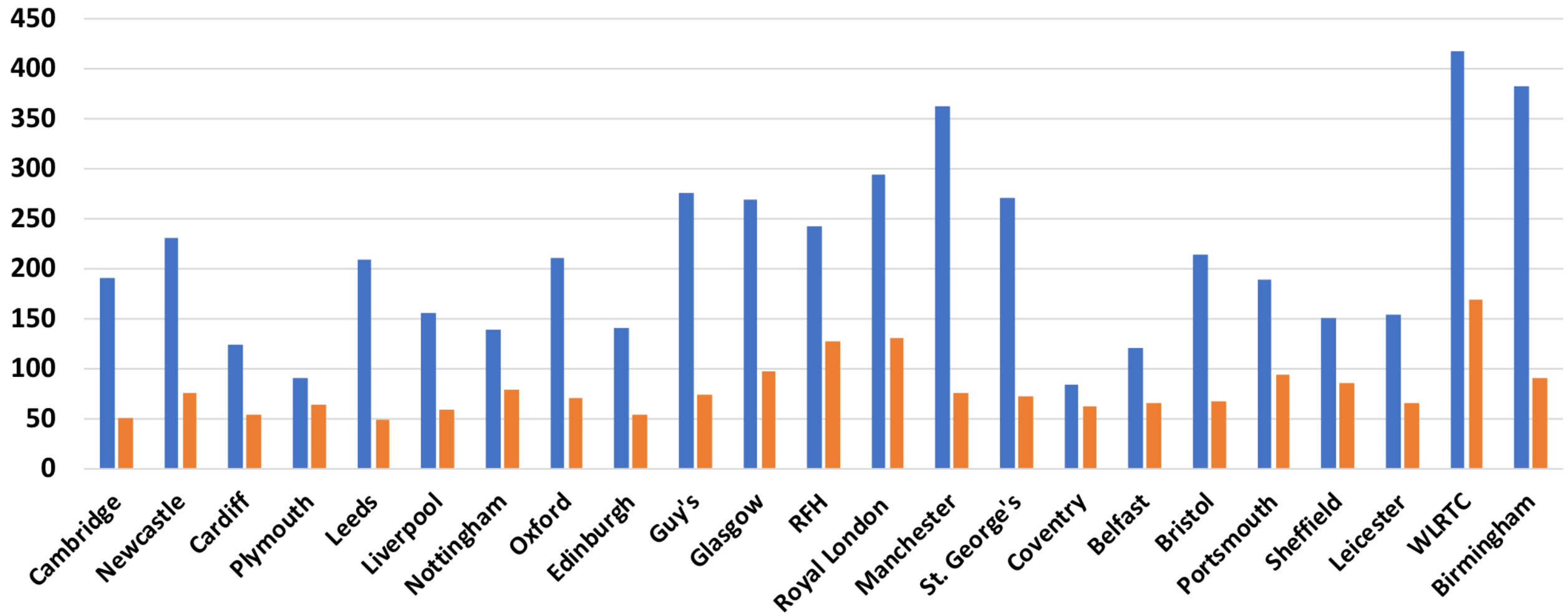


Figure 3.8 Adult registrations on the active kidney only transplant list, 1 April 2016 and 31 March 2017, by centre

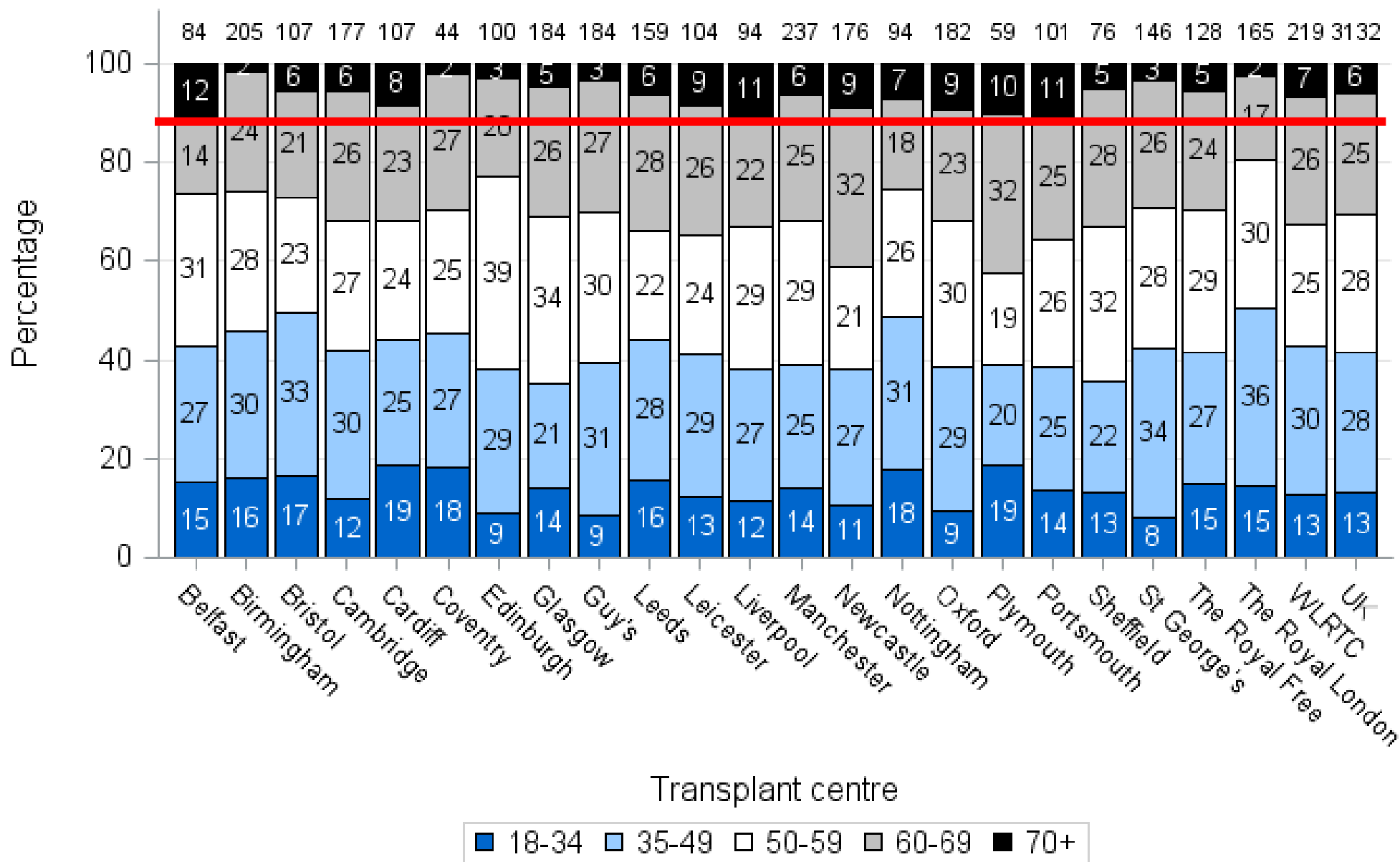


Figure 3.11 Adult pre-emptive listing rates by centre, registrations between 1 April 2015 and 31 March 2016

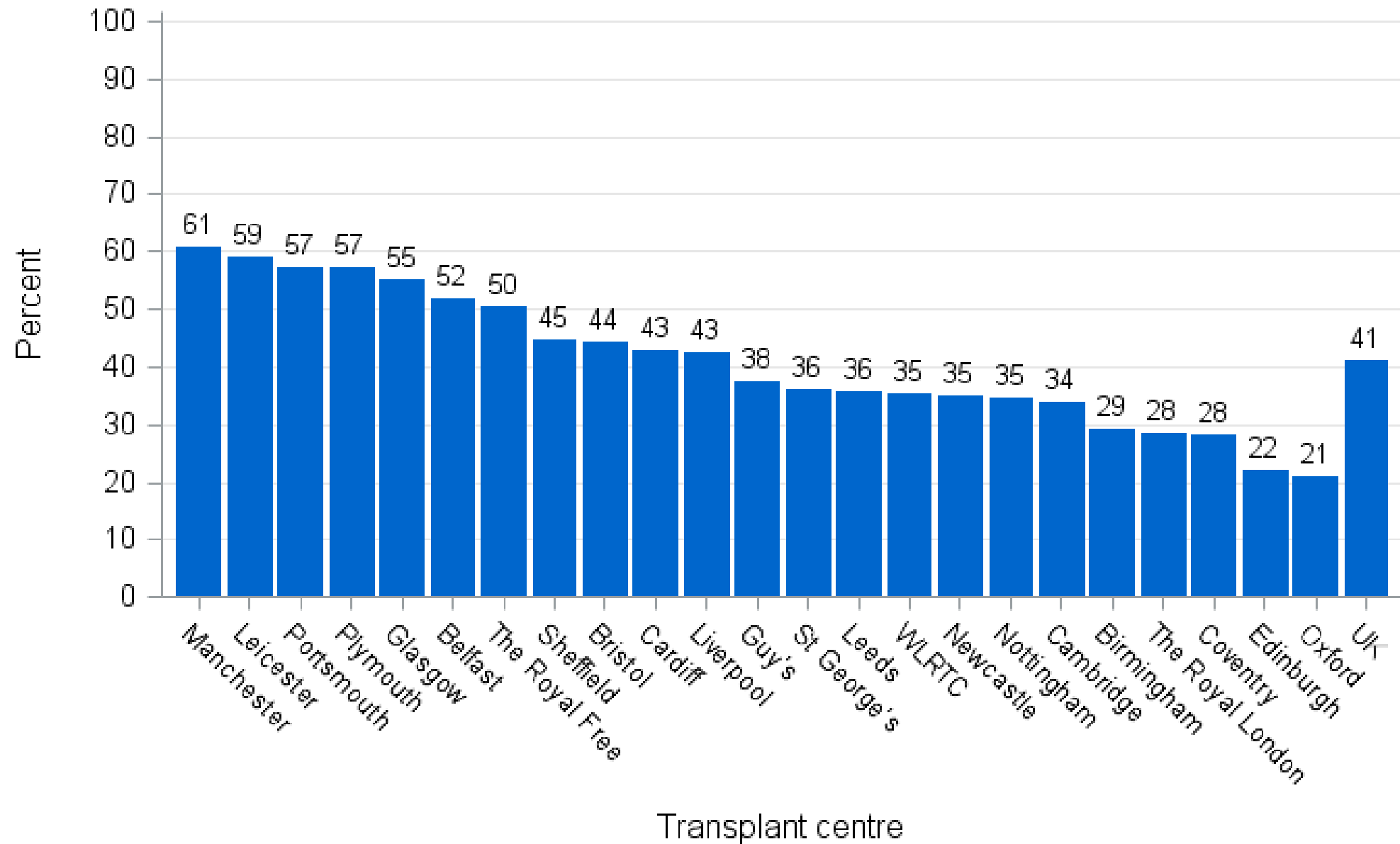


Figure 2 Adult patients who are active or suspended on the kidney only transplant list at 31 March 2017, by centre

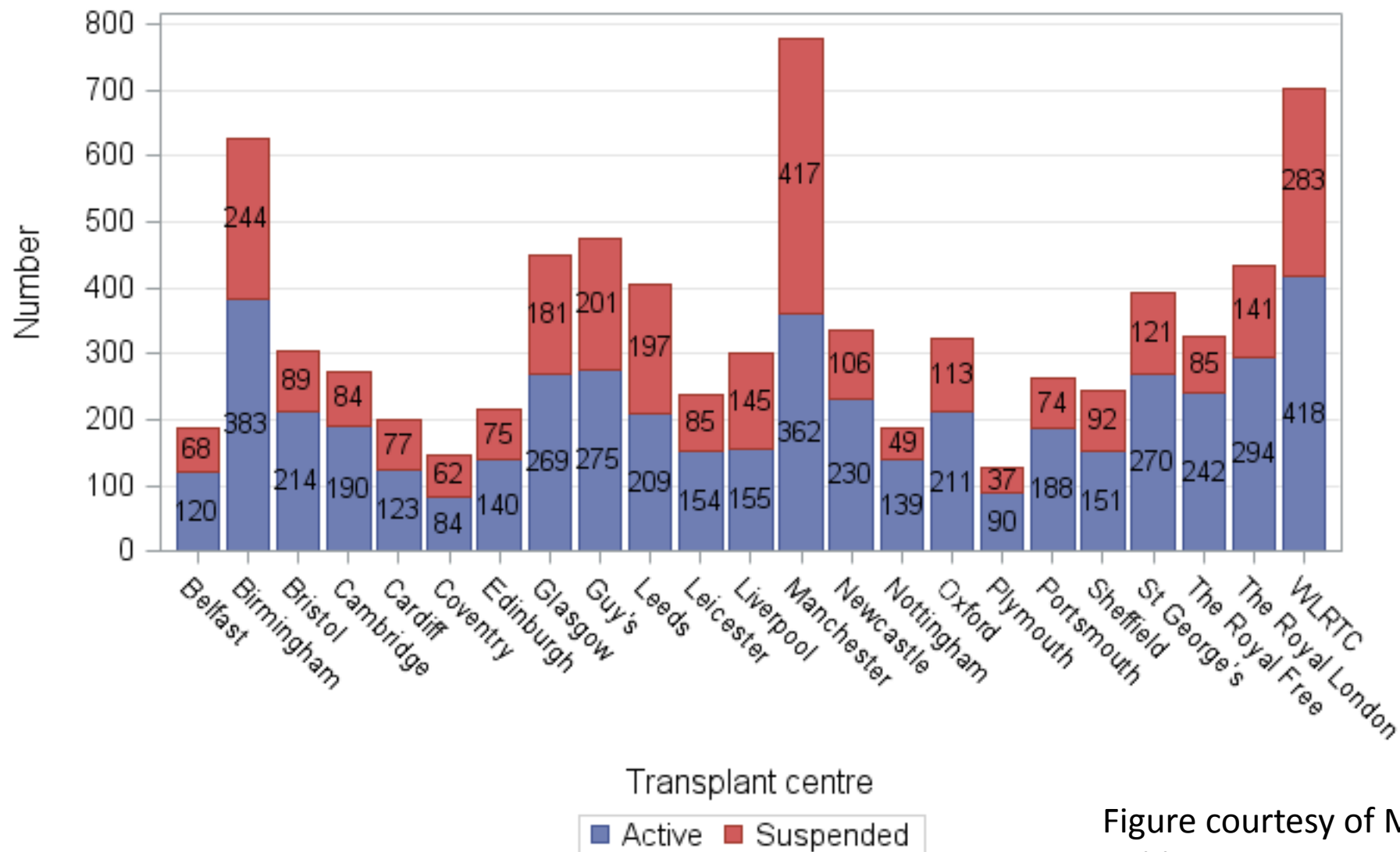
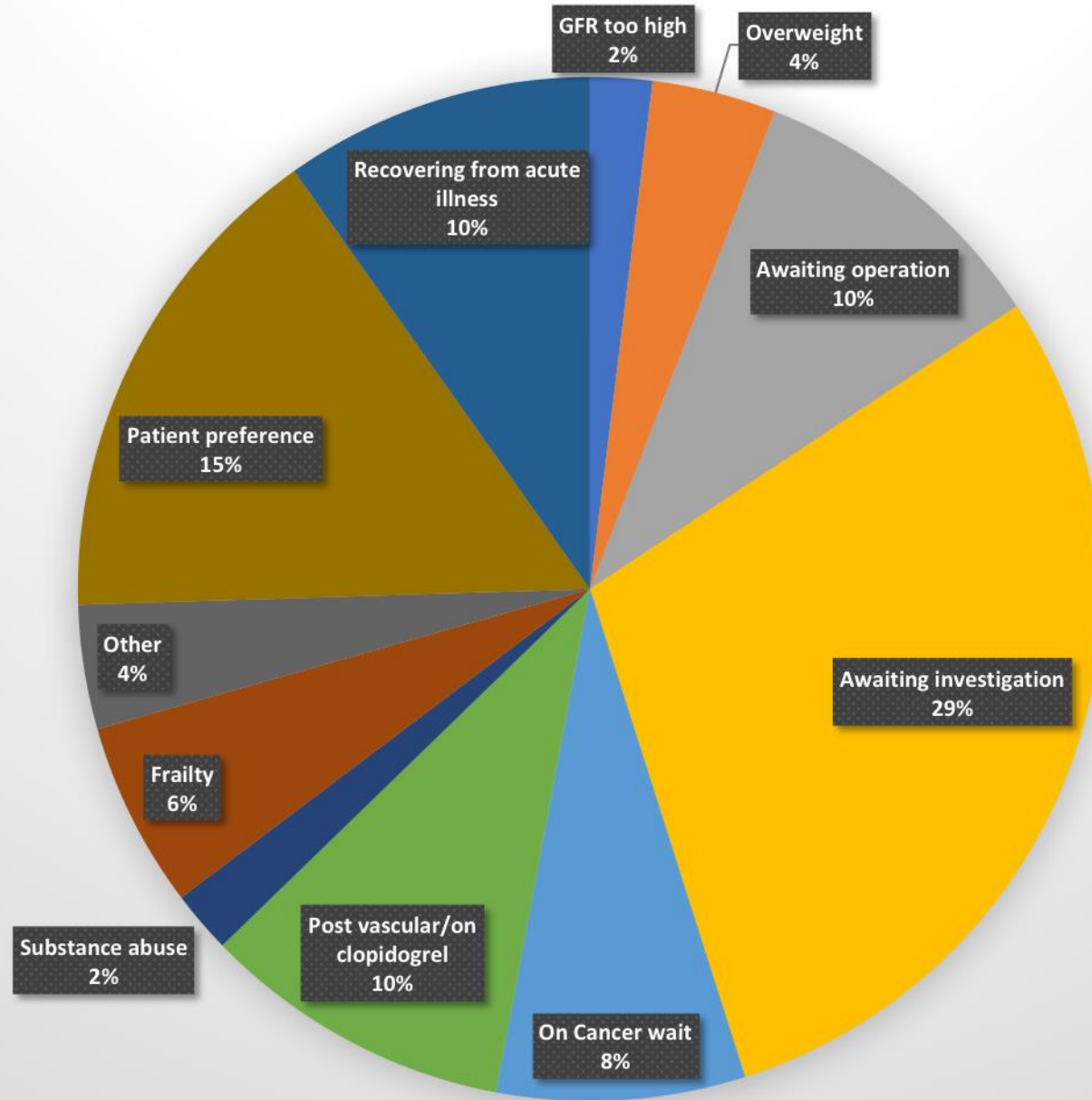


Figure courtesy of Matthew Robb

	Active	Suspended	Total	%Active	% Susp
RFH	242	85	327	74.0	26.0
Nottingham	139	49	188	73.9	26.1
Portsmouth	188	74	262	71.8	28.2
Plymouth	90	37	127	70.9	29.1
Bristol	214	89	303	70.6	29.4
Cambridge	190	84	274	69.3	30.7
St. George's	270	121	391	69.1	30.9
Newcastle	230	106	336	68.5	31.5
Royal London	294	141	435	67.6	32.4
Oxford	211	113	324	65.1	34.9
Edinburgh	140	75	215	65.1	34.9
Leicester	154	85	239	64.4	35.6
Belfast	120	68	188	63.8	36.2
Sheffield	151	92	243	62.1	37.9
UK	2633	1219	3852	68.4	31.6
Cardiff	123	77	200	61.5	38.5
Birmingham	383	244	627	61.1	38.9
Glasgow	269	181	450	59.8	40.2
WLRTC	418	283	701	59.6	40.4
Guy's	275	201	476	57.8	42.2
Coventry	84	62	146	57.5	42.5
Liverpool	155	145	300	51.7	48.3
Leeds	209	197	406	51.5	48.5
Manchester	362	417	779	46.5	53.5

Cause of suspension n=51



Getting off the list

Median Wait Time by Centre 2013-7

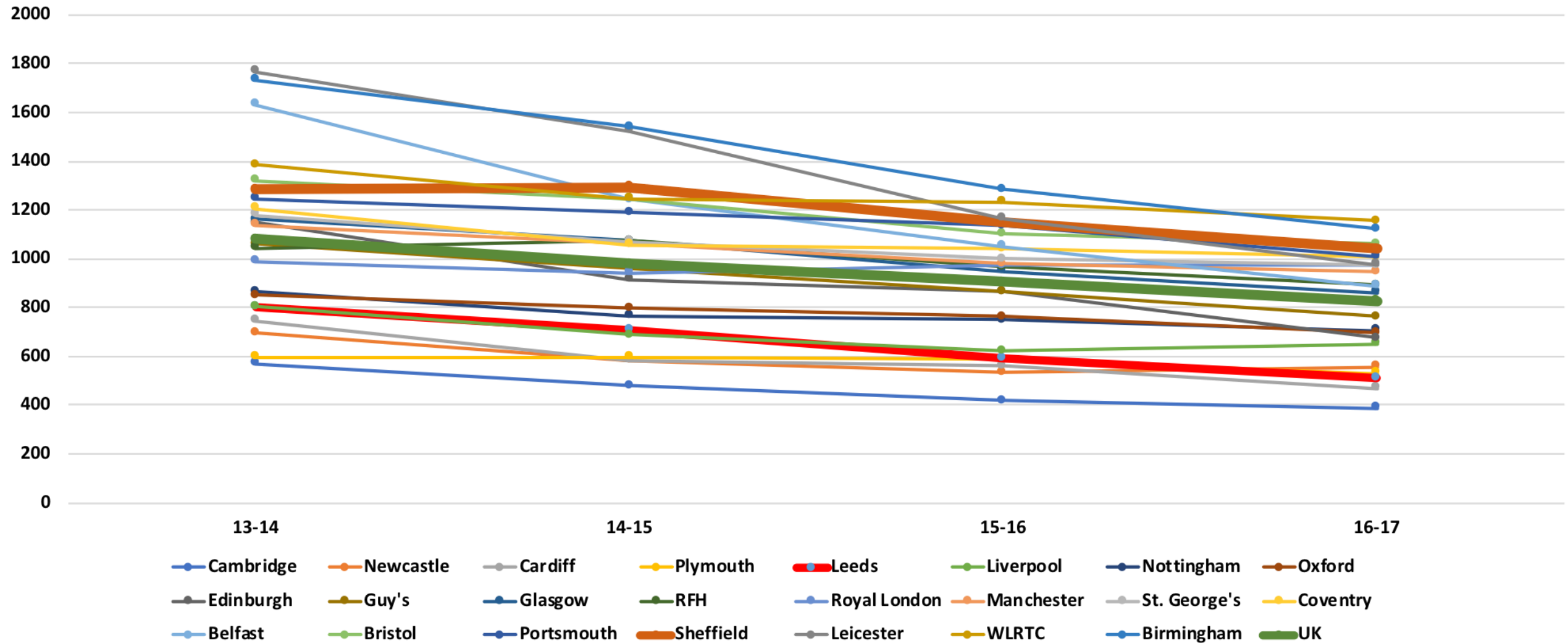


Figure 3.5 Three-year post-registration outcome for 3003 new adult kidney only registrations made in the UK, 1 April 2013 - 31 March 2014, by centre

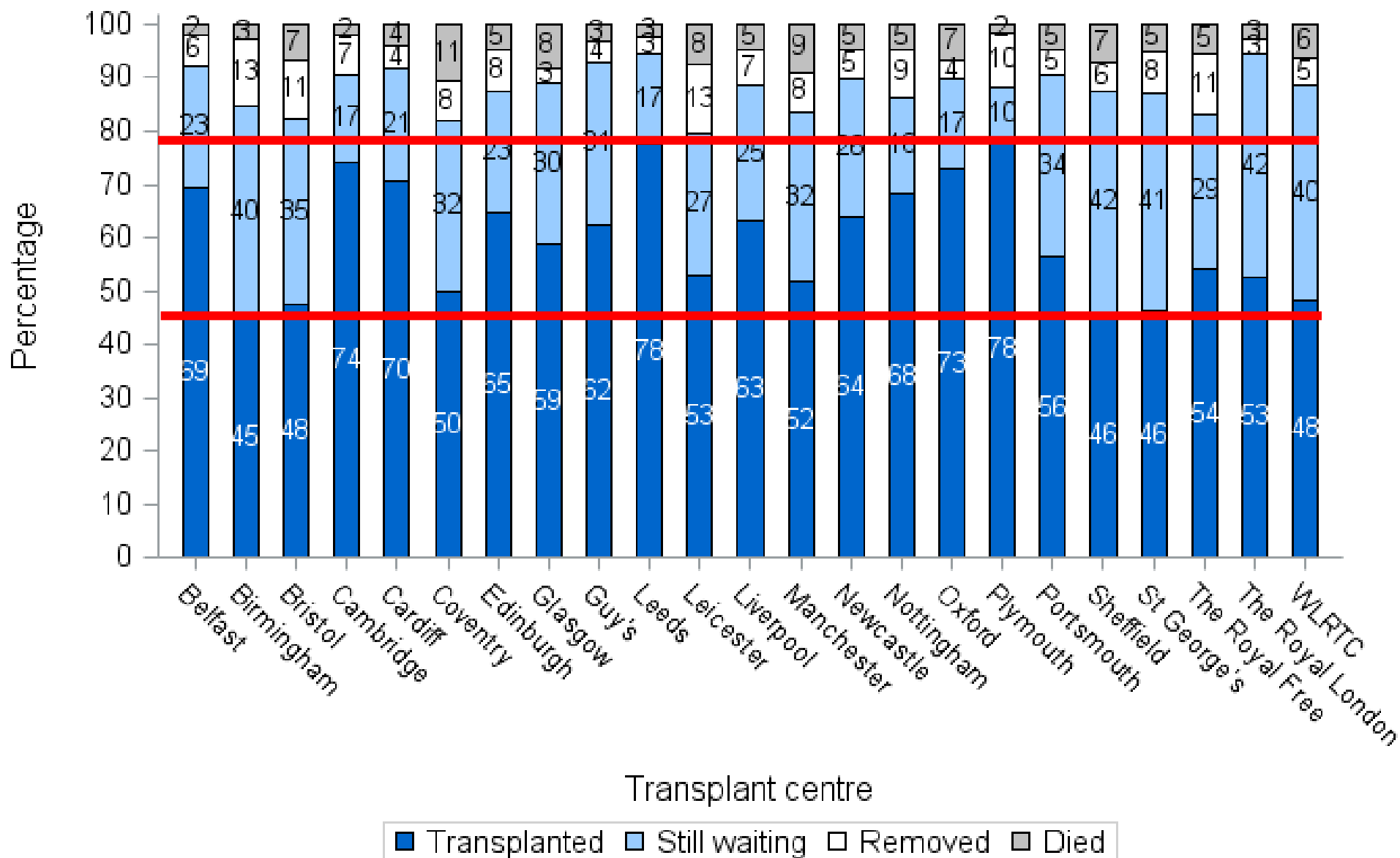






Table 4.2 Adult extended criteria DBD donor kidney offer decline rates by transplant centre, 1 April 2014 and 31 March 2017

Centre	Code	2014/15		2015/16		2016/17		Overall	
		N	(%)	N	(%)	N	(%)	N	(%)
Belfast	A	18	(39)	26	(46)	26	(42)	70	(43)
Birmingham	B	94	(71)	93	(53)	90	(69)	277	(64)
Bristol	C	44	(50)	84	(65)	73	(64)	201	(62)
Cambridge	D	32	(56)	23	(52)	19	(58)	74	(55)
Cardiff	E	11	(64)	19	(68)	31	(81)	61	(74)
Coventry	F	17	(65)	10	(50)	12	(67)	39	(62)
Edinburgh	G	28	(64)	31	(74)	32	(69)	91	(69)
Glasgow	H	35	(49)	58	(52)	67	(51)	160	(51)
Guy's	J	30	(50)	53	(45)	61	(59)	144	(52)
Leeds	K	27	(41)	29	(38)	30	(50)	86	(43)
Leicester	L	89	(80)	40	(60)	41	(49)	170	(68)
Liverpool	M	28	(68)	32	(63)	32	(56)	92	(62)
Manchester	N	62	(60)	102	(41)	80	(38)	244	(45)
Newcastle	O	18	(56)	28	(57)	33	(55)	79	(56)
Nottingham	P	16	(69)	23	(48)	24	(38)	63	(49)
Oxford	Q	17	(47)	33	(61)	49	(51)	99	(54)
Plymouth	R	11	(36)	10	(20)	15	(47)	36	(36)
Portsmouth	S	44	(34)	38	(55)	49	(45)	131	(44)
Sheffield	T	41	(66)	37	(68)	43	(72)	121	(69)
St George's	U	38	(45)	56	(59)	68	(63)	162	(57)
The Royal Free	V	24	(46)	32	(59)	43	(56)	99	(55)
The Royal London	W	44	(55)	52	(73)	77	(71)	173	(68)
WLRTC	X	72	(58)	84	(51)	90	(61)	246	(57)
UK		840	(58)	993	(55)	1085	(58)	2918	(57)

 Centre has reached the upper 99.8% confidence limit
 Centre has reached the upper 95% confidence limit
 Centre has reached the lower 95% confidence limit
 Centre has reached the lower 98.8% confidence limit

Pre-emptive Transplantation Rates 2016-7

Figure 5.8 Adult deceased donor pre-emptive transplant rates by centre, 1 April 2016 - 31 March 2017

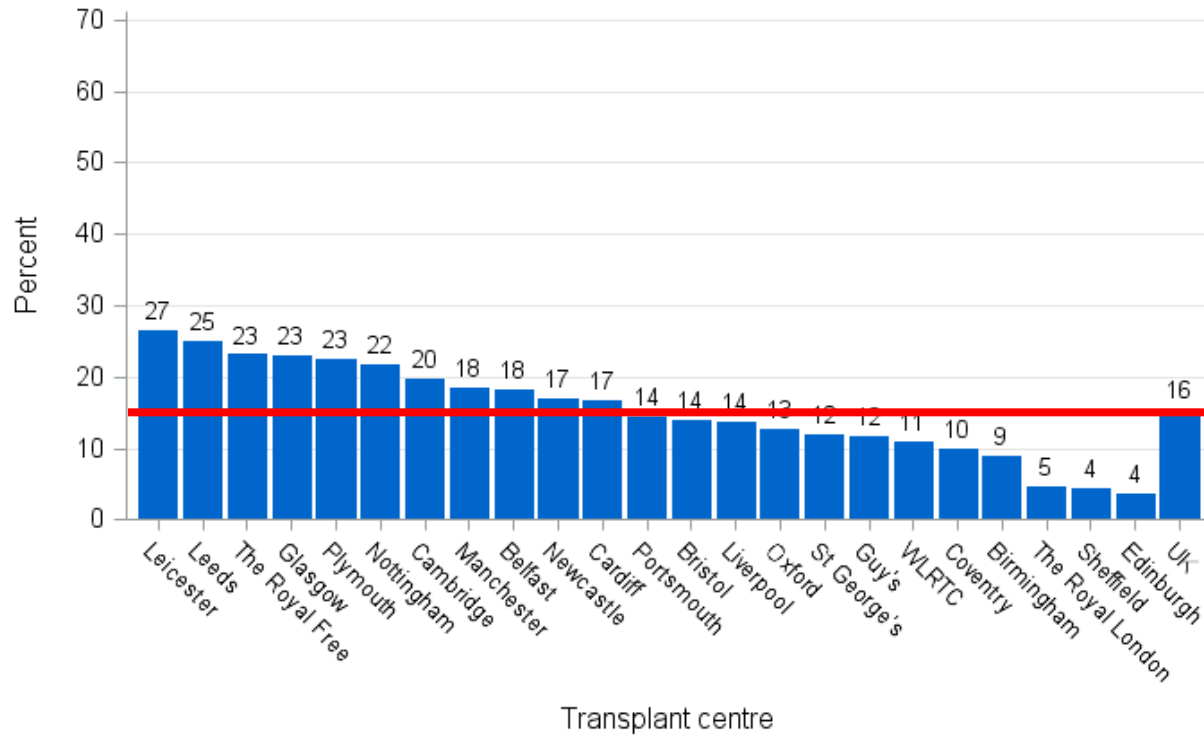
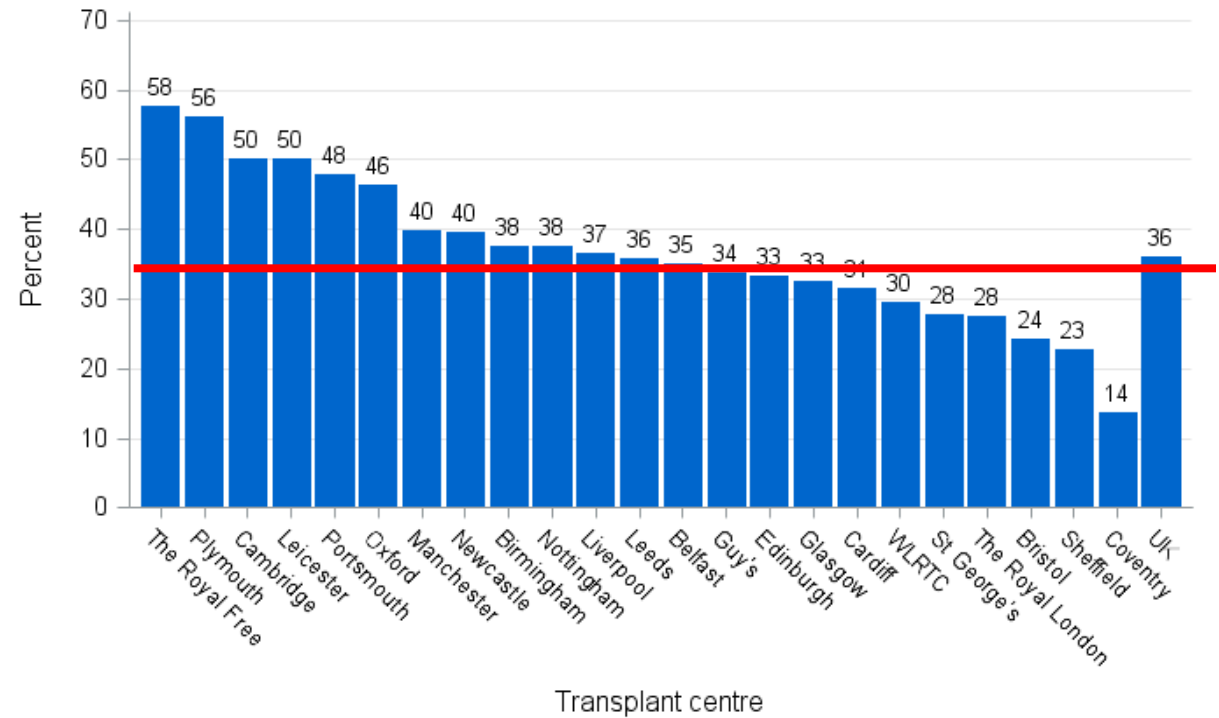
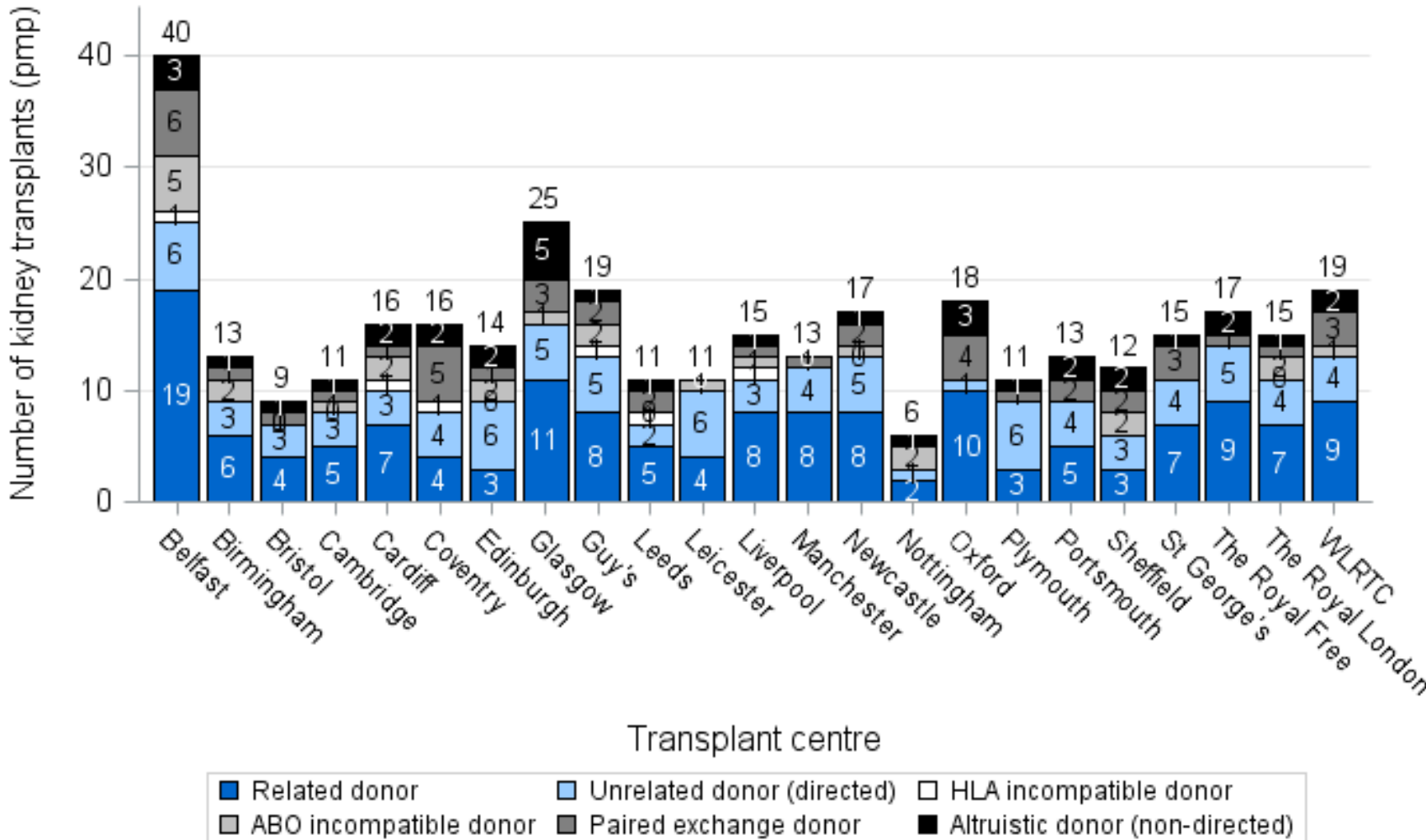


Figure 5.9 Adult living donor pre-emptive transplant rates by centre, 1 April 2016 - 31 March 2017



Living Donation

Figure 2.1 Adult Living donor kidney transplants (pmp) in the UK, 1 April 2016 - 31 March 2017



A MANIFESTO TO INCREASE TRANSPLANTATION

SAVING MORE LIVES WITH MORE LIVING KIDNEY DONORS

A REPORT OF THE FINDINGS OF THE 2017 LIVING KIDNEY DONOR SUMMIT

Hosted by
THE ALL PARTY PARLIAMENTARY KIDNEY GROUP

The production and distribution of this document was supported by the NKF (National Kidney Federation). Editorial control belongs to the All Party Parliamentary Kidney Group.

SpN Chaperon

One stop shop

Parallel Listing

Different attitude to donor risk

Access to IT

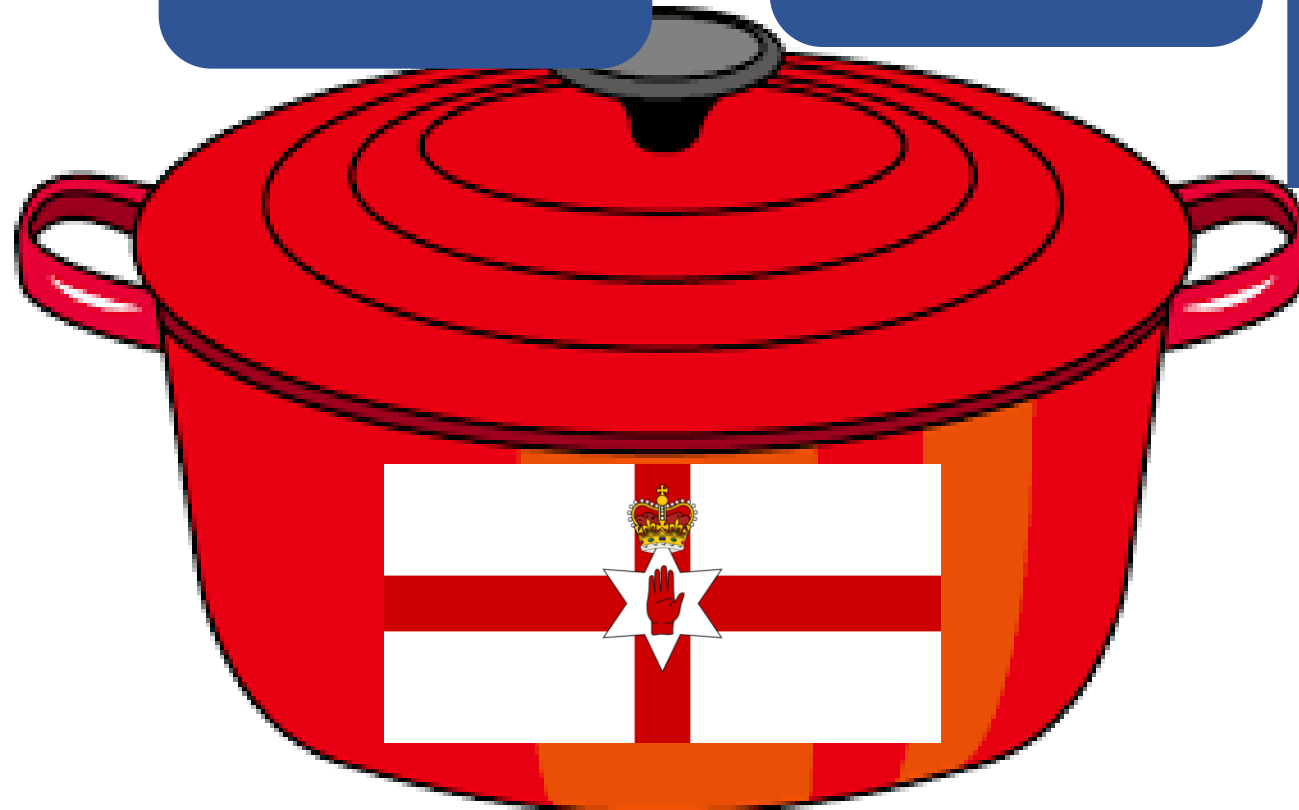
Cold site

Active use of UKLDSS

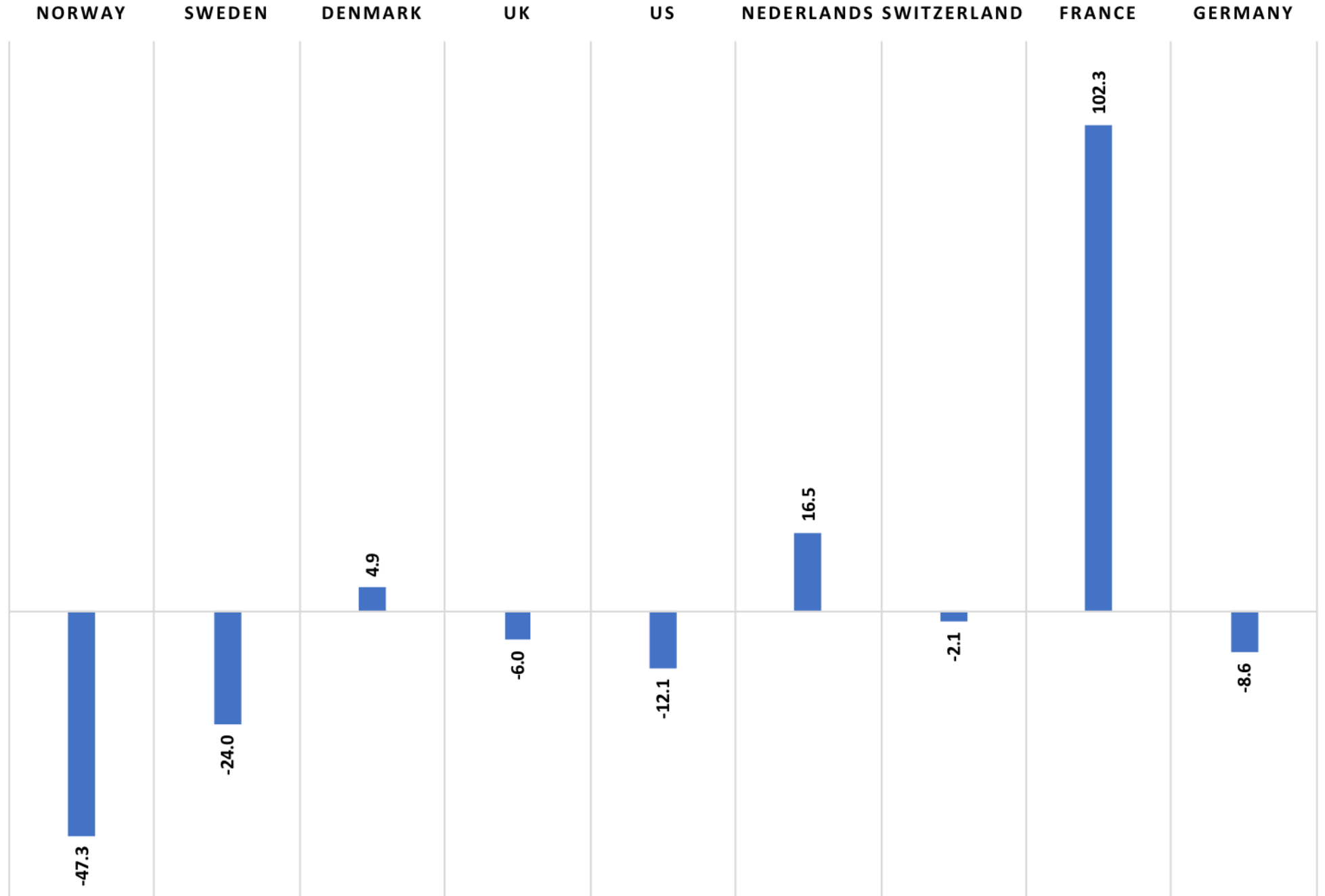


Short questionnaire

Homogenous population with large families



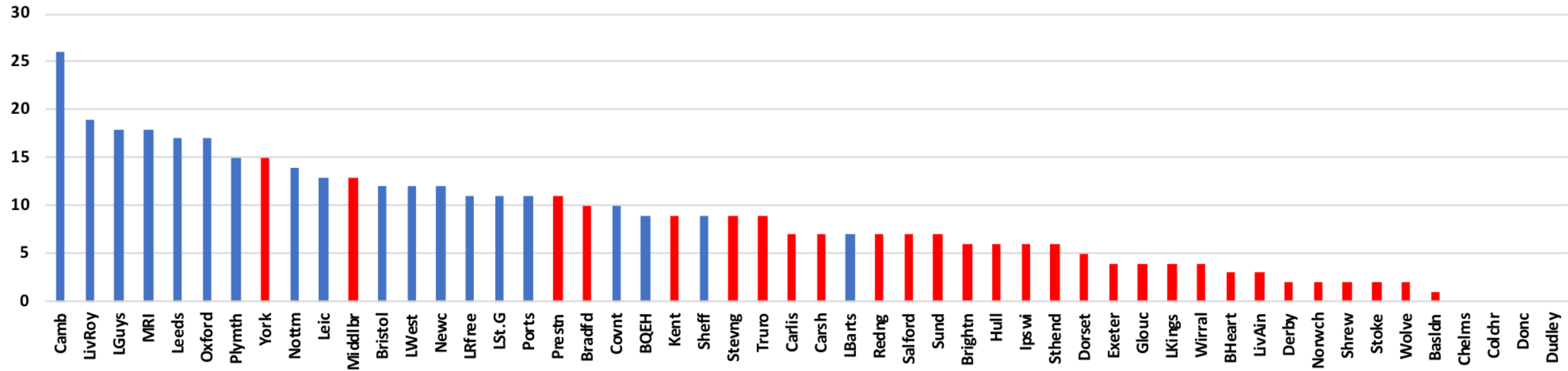
CHANGE IN LIVE DONOR RATE 2010-2016



Regional Equity

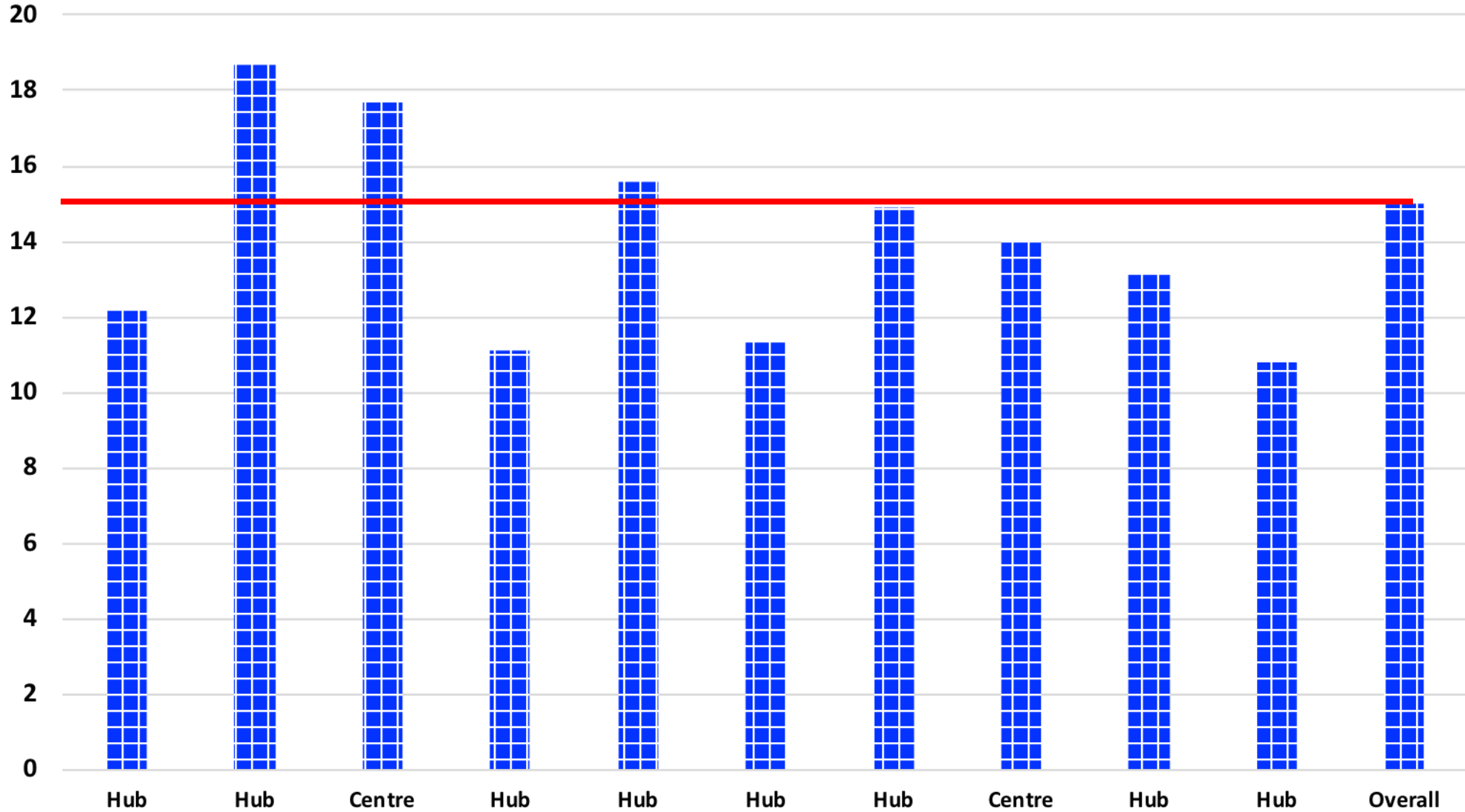


Transplant as RRT at 90 days 2010-15



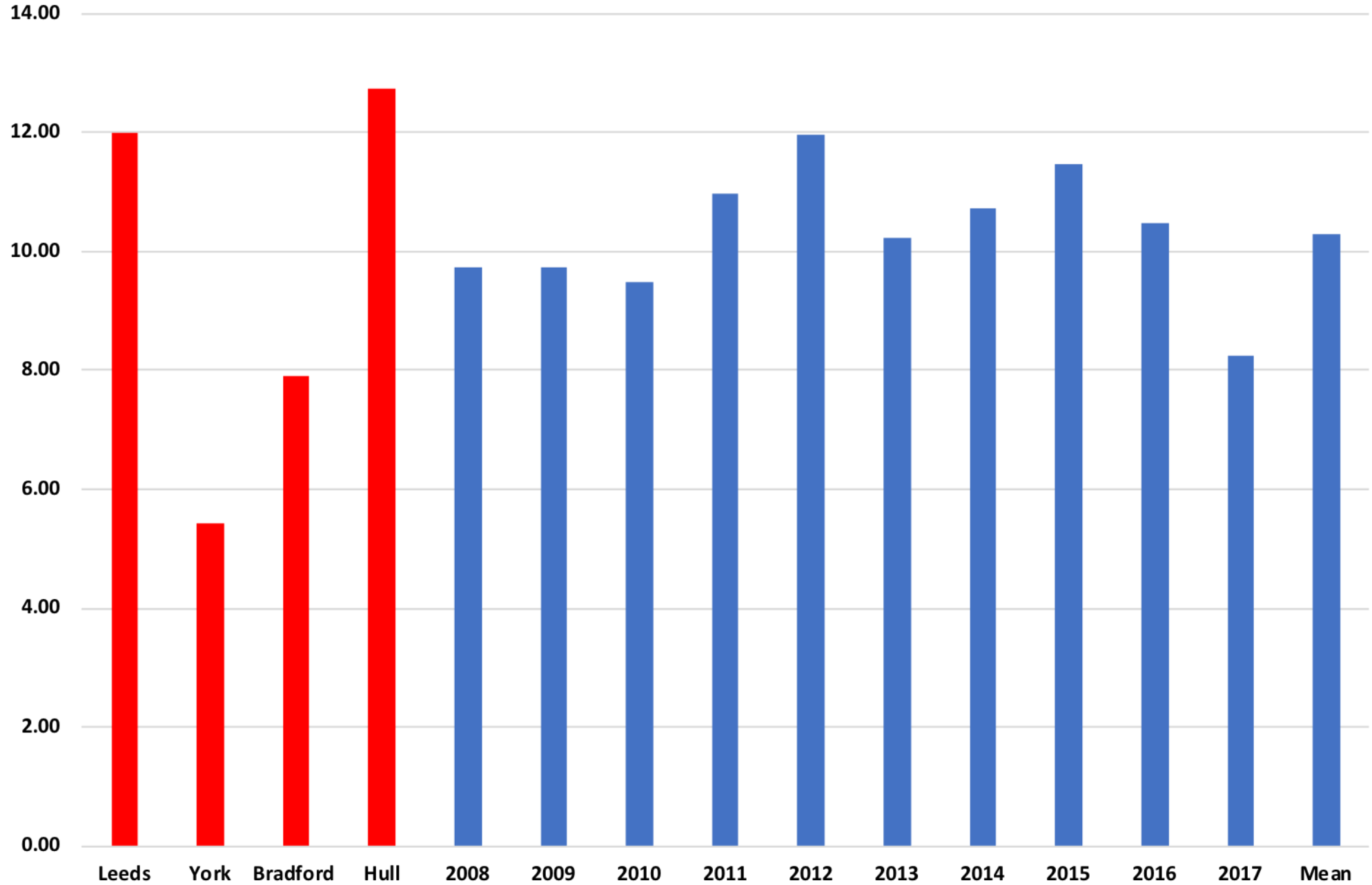
ATTOM

Live donation rates across Scottish Renal Units



*Data courtesy of
Jen Lumsden*

North Yorks and Humber LD Rates



CRG Tools

- Commission NHSBT Report
 - Hub data
- Dashboards
- Service Specifications (NICE, BTS)
- Service Review
- CQUIN
- National Tariff
- Peer Review



Referring centre data

Table 1 Mean eGFR at 3 and 12 months, by donor type renal unit

	Deceased donor transplants				Living donor transplants			
	3 months post-transplant		12 months post-transplant		3 months post-transplant		12 months post-transplant	
	N	Mean	N	Mean	N	Mean	N	Mean
Aberdeen	48	59.7	51	59.3	19	69.4	18	66.1
Airdrie	71	43.5	69	46.4	25	63.9	24	62.8
Antrim	14	47.2	13	46.1	22	53.9	22	55
Bangor	18	40.0	17	46.9	6	54.8	5	58
Basildon	26	42.6	22	43.1	22	46.8	19	45.7
Belfast	37	45.9	36	46.1	72	56.3	68	59
Birmingham Heartlands	67	56.3	69	54.9	47	56.3	46	56.3
Birmingham QEH	131	52.4	138	49.7	87	59.5	84	55.7
Bradford	90	44.1	94	52.5	21	52.5	22	56.4
Brighton	85	45.8	101	51.7	50	55.3	53	57.3
Bristol	122	51.4	104	51.4	67	56.3	54	53.6
Cambridge	69	46.0	76	51.3	31	51.1	23	47.7
Cardiff	126	49.7	131	52.2	67	52.3	73	53.7
Carlisle	32	49.4	35	51.2	8	51.4	7	56.9
Carshalton	128	48.2	131	52.8	90	54.4	84	56.5
Chelmsford	32	53.0	32	51.6	18	55.7	17	57.5
Clwyd	12	40.2	12	39.9	6	48.3	6	55.3
Colchester	31	45.0	40	53.0	9	61.9	8	68.6
Coventry	72	49.8	66	51.7	52	59.1	49	59.2
Derby	74	52.2	53	48.2	19	52.7	16	52.5
Doncaster	37	53.6	32	49.4	18	60.4	14	58
Dorset	53	42.7	56	47.0	20	55.1	20	57.2
Dudley	30	48.9	30	50.7	20	53.2	19	48.2
Dumfries	14	47.0	14	42.4	8	53.4	8	45.9
Dundee	21	51.9	25	55.8	23	66.5	19	64.9
Edinburgh	49	50.6	45	49.5	24	58.9	26	54.4
Exeter	68	50.9	73	53.4	38	54.5	39	59.5
Glasgow	195	49.8	188	50.8	81	62.5	82	62
Gloucester	41	47.2	24	44.4	25	53.8	14	50.9
Hull	77	41.3	75	44.0	46	53.1	43	54.4

Inverness	17	56.3	17	45.2	17	55.5	13	55.9
Ipswich	33	46.1	42	49.5	11	59.9	11	52.7
Kent	81	45.7	100	44.5	49	53.9	61	57
Kilmarnock	33	47.1	33	45.9	18	56.1	17	59.2
Kirkcaldy	17	50.5	9	46.7	9	58	5	56
Leeds	224	42.6	220	47.9	57	53.6	55	60.5
Leicester	245	47.0	241	49.6	135	51	131	57
Liverpool Aintree	37	42.5	36	43.8	20	50.4	18	46.4
Liverpool Royal	67	43.8	69	46.4	53	48.7	56	49.7
London Barts	189	46.9	158	48.1	123	55.3	111	59.8
London Guys	118	46.5	121	46.6	37	51.7	35	50.2
London Kings	138	44.6	146	47.3	57	61.4	56	65.4
London Royal Free	207	46.0	219	49.7	74	56.4	80	59.4
London St George's	67	45.7	74	50.9	26	58.7	35	59.5
London West	280	48.0	310	48.6	139	56.2	150	56.2
Manchester Royal Infirmary	158	44.7	154	49.0	86	51	84	53.5
Middlesbrough	82	50.2	82	49.9	59	58.3	59	56.7
Newcastle	74	47.0	77	46.9	40	55.1	45	54.8
Newry	21	40.3	19	42.0	21	56.7	20	60.7
Norwich	64	47.2	82	45.8	22	52.9	28	51.1
Nottingham	133	47.8	127	52.3	35	57.7	34	59.8
Oxford	163	46.4	177	46.7	101	52.8	104	51.7

Plymouth	51	44.7	55	51.2	18	51.2	21	51.9
Portsmouth	171	54.3	165	51.5	85	58	80	56.6
Preston	128	42.1	126	46.5	95	50.3	90	54.6
Reading	109	52.7	99	53.2	47	55.1	45	54.5
Salford	157	46.1	157	54.2	94	48.6	86	55.8
Sheffield	115	48.0	124	51.6	43	61	44	62.5
Shrewsbury	24	50.6	26	44.7	21	54.2	21	54.7
Southend	22	42.1	15	46.2	19	49.1	17	49.8
Stevenage	113	47.8	126	48.8	74	55.6	67	53.9
Stoke	63	52.9	59	56.1	45	58.7	46	64.5
Sunderland	35	48.8	35	49.4	33	51.2	32	56.7
Swansea	85	44.7	84	49.0	35	61.5	34	54.2
Truro	37	41.4	29	43.0	20	57.2	21	57
Ulster	14	49.9	10	52.0	30	57.8	26	59.3
West NI	32	53.5	24	51.7	27	51	19	50.8
Wirral	48	43.6	48	44.0	29	43.7	26	45.7
Wolverhampton	51	50.2	53	45.2	27	52.7	28	50.4
Wrexham	13	50.4	14	48.8	9	56.6	9	61.6
York	58	41.0	60	45.5	18	42.9	18	46.5
UK	5644	47.5	5674	49.4	2999	55.0	2920	56.2

Data courtesy of Lisa Mumford

Dashboards

RTR_08a	Risk adjusted 1 year graft survival rate (%) for living donor kidney transplants. 	Apr 11 - Mar 15	-	-	99.0	Mean: 98.0	Chart not shown for this indicator type	
RTR_08b	Risk adjusted 1 year graft survival rate (%) for deceased donor kidney transplants. 	Apr 11 - Mar 15	-	-	96.0	Mean: 94.0	Chart not shown for this indicator type	
RTR_09a	Risk adjusted 1 year patient survival rate (%) for living donor kidney transplants. 	Apr 11 - Mar 15	-	-	100.0	Mean: 99.0	Chart not shown for this indicator type	
RTR_09b	Risk adjusted 1 year patient survival rate (%) for deceased donor kidney transplants. 	Apr 11 - Mar 15	-	-	96.0	Mean: 96.0	Chart not shown for this indicator type	
RTR_10a	Risk adjusted 5 year graft survival rate (%) for living donor kidney transplants. 	Apr 07 - Mar 11	-	-	95.0	Mean: 92.0	Chart not shown for this indicator type	
RTR_10b	Risk adjusted 5 year graft survival rate (%) for deceased donor kidney transplants. 	Apr 07 - Mar 11	-	-	84.0	Mean: 86.0	Chart not shown for this indicator type	
RTR_11a	Risk adjusted 5 year patient survival rate (%) for living donor kidney transplants. 	Apr 07 - Mar 11	-	-	98.0	Mean: 95.0	Chart not shown for this indicator type	
RTR_11b	Risk adjusted 5 year patient survival rate (%) for deceased donor kidney transplants. 	Apr 07 - Mar 11	-	-	91.0	Mean: 88.0	Chart not shown for this indicator type	

Wider Access
 eGFR
 Proportion
 transplanted
 Referring unit
 data
 Cancer rates

Service Specifications

Patients will undergo a surgical assessment prior to being placed on the transplant list.

People with CKD are supported to receive a pre-emptive kidney transplant before they need dialysis, if they are medically suitable.

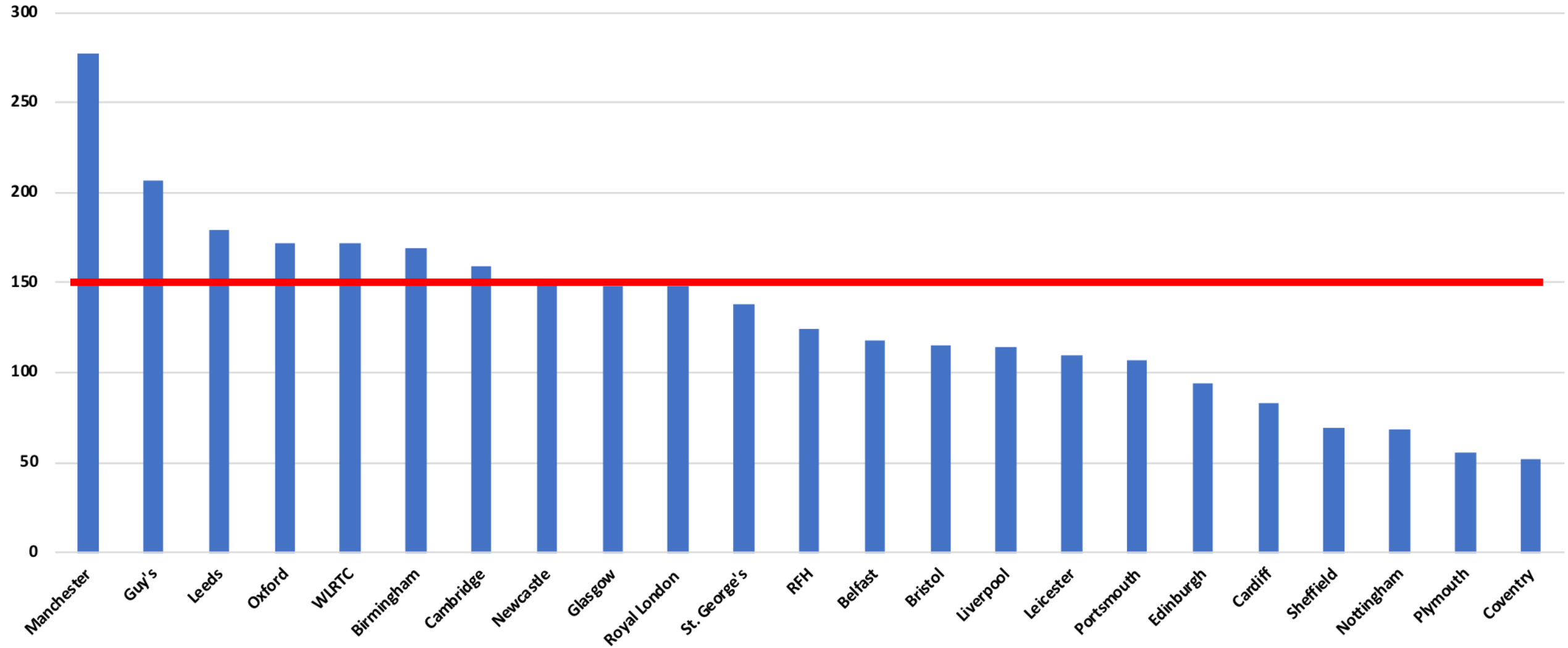
Patients will undergo surgical assessment within 12 weeks

Patients on the transplant list will be supported to receive pre-emptive transplantation, where medically suitable, aiming for 15% of cadaveric transplants and 35% of live donor transplants

Commissioning for Quality and Innovation (CQUIN) national goals

- Percentage of remuneration by tariff
- Preemptive rate
- Live donor rate

Service Review



National Transplant Tariff

- Enables better attribution of funding
 - Increased income for minority
 - Best Practice Tariff????
-
- Shadow Tariff 19/20
 - Live 20/21



- Paul Fenlon
- Jonas Akuffo
- Will McKane

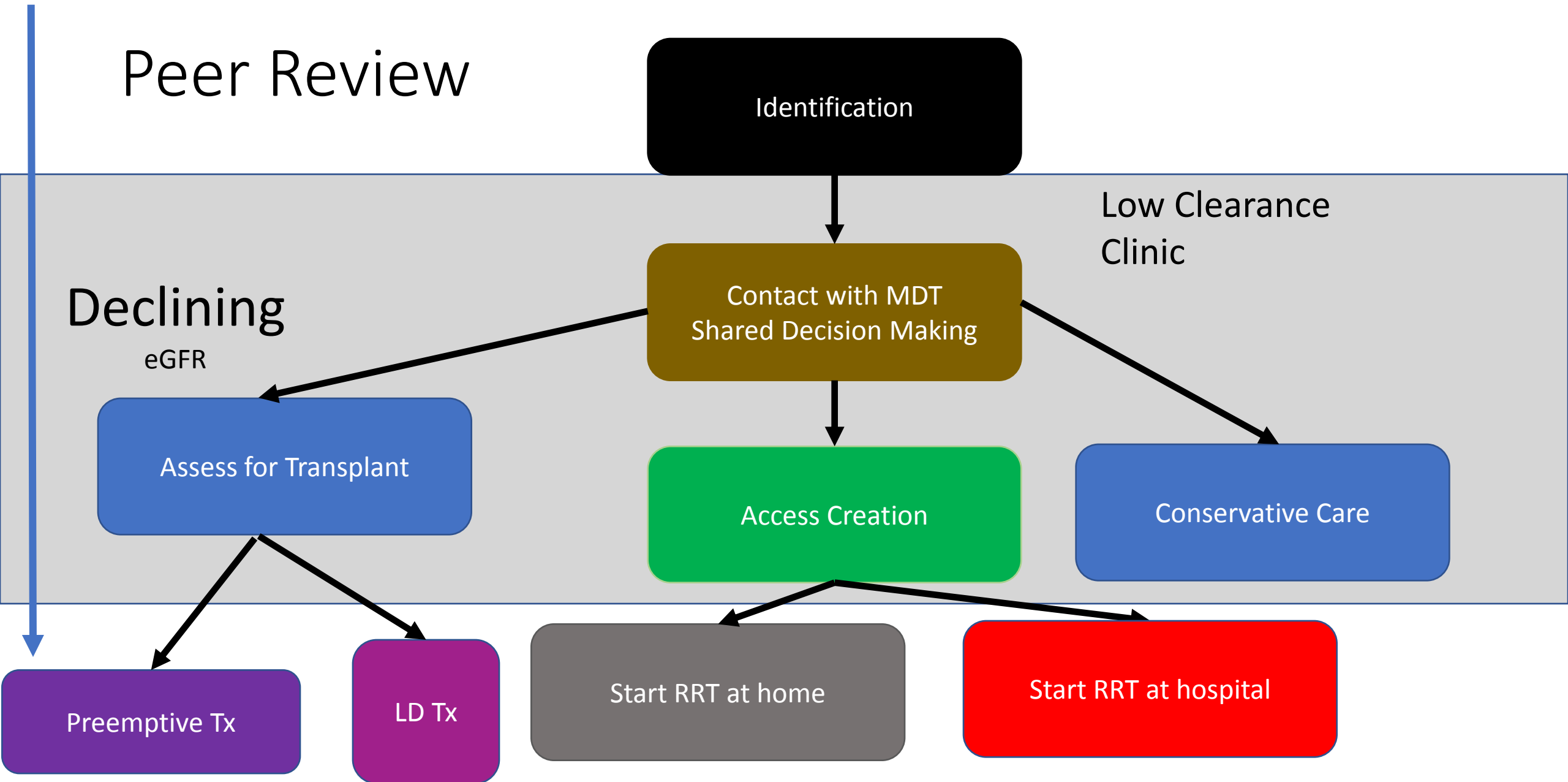
Colu	LA10Z	LA11Z	LA12A	LA12B	LA13A	LA13B	LA14Z	Grand Total
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			46		372			418
			1		669	3	1	674
1	269	511		2741	5	84		3611
				252				252
3	22	6		1646	5	18		1700
	110	329	1	1945	29	47		2461
122	152	184	1	3235	18	212		3924
	587	1469		3742	1	78		5877
31	55	66		2984	12	94		3242
		850		739				1589
163	122	861	10	6442	56	179		7833
7	11	16		371		4		409
				599	2			601
	6							6
76	149	235		5258	16	144		5878
138	229	560		6914	21	172		8034
8	74	170	3	2747	19	72		3093
2	21	1812		6237	3	146		8221
3	5	117		1902	6			2033
14	20	166		1557	1	8		1766
144	167	503	2	9740	50	136		10742
146	7	329	1	5422	15	481		6401
150	98	196		1183	10	20		1657
72	6	2	6	2867	103	789		3845
				4				4
	1	40	2	80	2	22		147
2	205	530		4078	15	89		4919
	1	65		1533	4	12		1615
1082	2317	9064	26	75259	396	2808		90952

LA10Z Live Kidney Donor Screening
 LA11Z Kidney Pre-Transplantation Workup of Live Donor
 LA12A Kidney Pre-Transplantation Workup of Recipient, 19 years and over
 LA12B Kidney Pre-Transplantation Workup of Recipient, 18 years and under
 LA13A Examination for Post-Transplantation of Kidney of Recipient, 19 years and over
 LA13B Examination for Post-Transplantation of Kidney of Recipient, 18 years and under
 LA14Z Examination for Post-Transplantation of Kidney of Live Donor



Peer Review





Daring
Courageous
Autonomous
Self sufficient
Independent



Humility
Discipline
Teamwork
Checklists



Formal vs Informal monitoring

- Colleagues observing each other and adjust behavior to prevalent professional norms
- Collaborative, open, visible
- MDTS, clinics, ward rounds, pathology meetings, referrals, clinical pathology conferences, meetings

An Introduction to
Quality Assurance
in Health Care

Avedis Donabedian

THE END

Thanks to all my fellow CRG Members