

# London Kidney Network MAGIC Launch

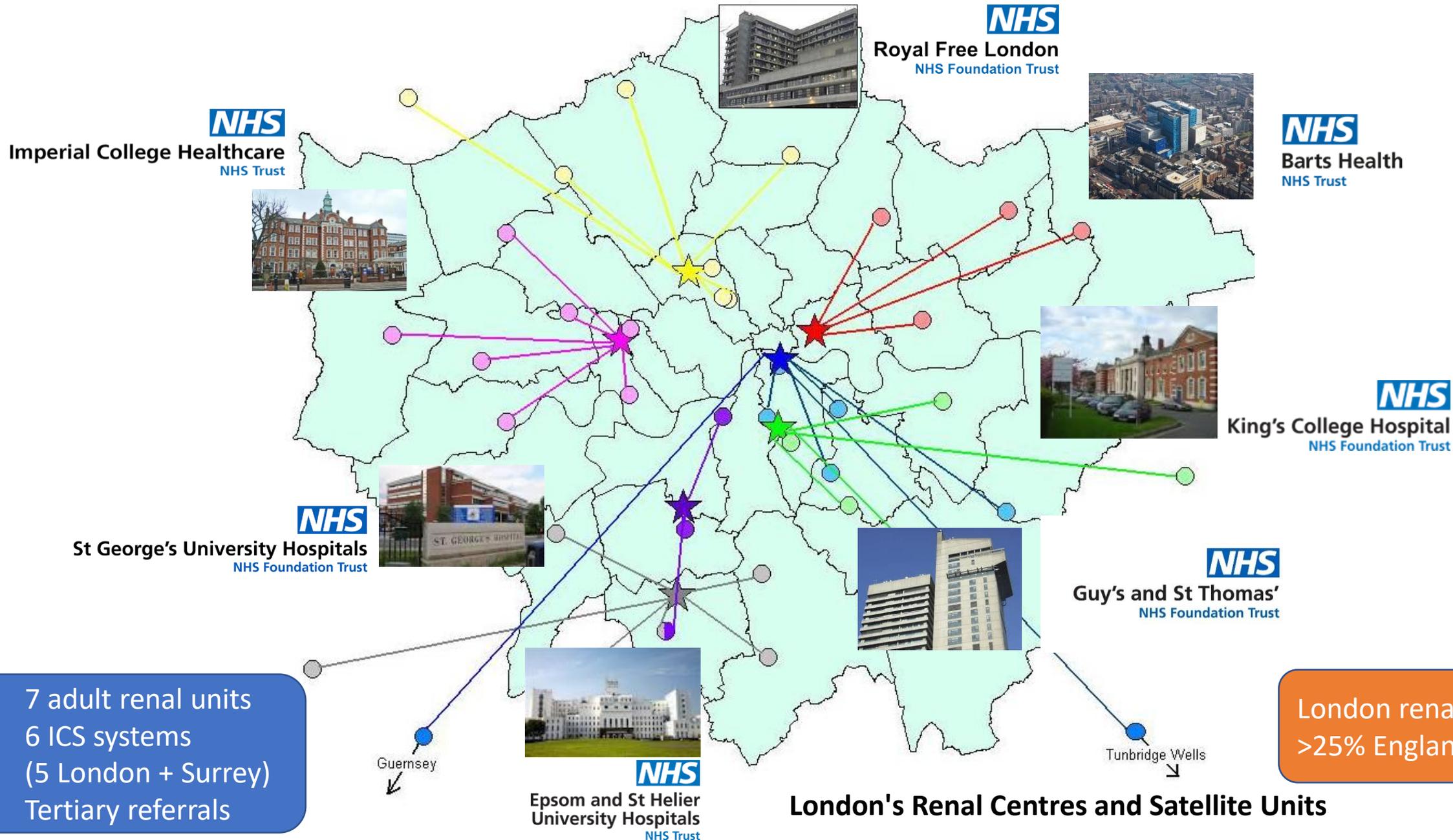
**MAGIC**  
Managing Access by  
Generating Improvements in Cannulation

## Workshop Programme

TIMINGS	AGENDA ITEM	Speaker
1-1.15 15 mins	Welcome and Introduction to the LKN MAGIC Launch <ul style="list-style-type: none"> <li>➤ The national picture ( GIRFT/RSTP)</li> <li>➤ What/who is the LKN</li> <li>➤ LKN aspirations for vascular access</li> </ul>	Rachel Gair – QI lead LKN
1.15 – 1.30 15 mins	Why is MAGIC important? <ul style="list-style-type: none"> <li>• Nurse leadership as part of MAGIC and the wider LKN</li> <li>• Patient Perspective - needling</li> </ul>	Lizzie Dalby – VA Nurse, Imperial
1.30 – 1.55 25 mins	What is MAGIC? The process, interventions, measures and ambition	Katie Fielding – MAGIC Lead Margaret Aitkin – MAGIC Co-Lead
1.55 – 2.15 20 mins	Top tips from other regions - what worked for them	Yorks and Humber Lead – Dr Mark Wright Leeanne Lockley – KQuIP QI Lead
2.15 - 2.25	<b>COMFORT BREAK</b>	
2.25- 2.40 15 mins	QI leadership – What does this look like and how is it relevant to me?	Rachel Gair – LKN QI Lead
2.40 – 3.10 30mins	1) Introduction to aims and objectives - 10 mins –  Group Work in breakout rooms – Instructions to access breakout rooms will be given separately  2) Review MAGIC’s objectives and develop an aim for MAGIC for your unit - 15mins  3) Feedback on group work – 10 mins	Margaret Aitken – MAGIC co-lead  Each unit will be invited to join a facilitated breakout room  Agree a spokesperson to feedback at end of session
3.10 – 3.15	<b>COMFORT BREAK</b>	
3.15 – 3.45pm 30 mins	Introduction to measures - 10mins  Q&A about measures 15 mins - Think about: <ul style="list-style-type: none"> <li>• How are you going to baseline (time frame)</li> <li>• Who is going to do it</li> <li>• Where are you going to record it</li> <li>• How are you going to operationalise it</li> </ul>	Katie Fielding – MAGIC lead  This will be held as a full group discussion
3.45 – 4pm Close	Next steps <ul style="list-style-type: none"> <li>• KQuIP QI support</li> <li>• Ongoing meetings</li> </ul>	Lizzie Dalby Katie Fielding Rachel Gair



# Geography of the London Kidney Network



- 7 adult renal units
- 6 ICS systems (5 London + Surrey)
- Tertiary referrals

London renal activity >25% England

**London's Renal Centres and Satellite Units**

## Kidney care priorities for the London Kidney Network

Kidney care strategic priorities for London next 3-5 years:

1. Prevention
2. Self management and choice
3. AKI prevention & management

5 Quality Improvement priorities

- CKD Prevention
- Transforming Transplant pathway
- Improving Vascular Access services
- Developing Home Therapies
- Improving Access to Supportive Care

- Setting the national vision
- 3-year programme
- 5 National Clinical Leads
- 11 mandated networks in 7 regions
- Network specification pending
- 100 GIRFT recommendations



**Renal Medicine**

## Renal Service Transformation Plan



### System Working

**Address inequalities, strengthen system working and collaboration across** and between systems and providers (including AKI and other services), improving transfers of care, estimated opportunity.

### Renal Dialysis

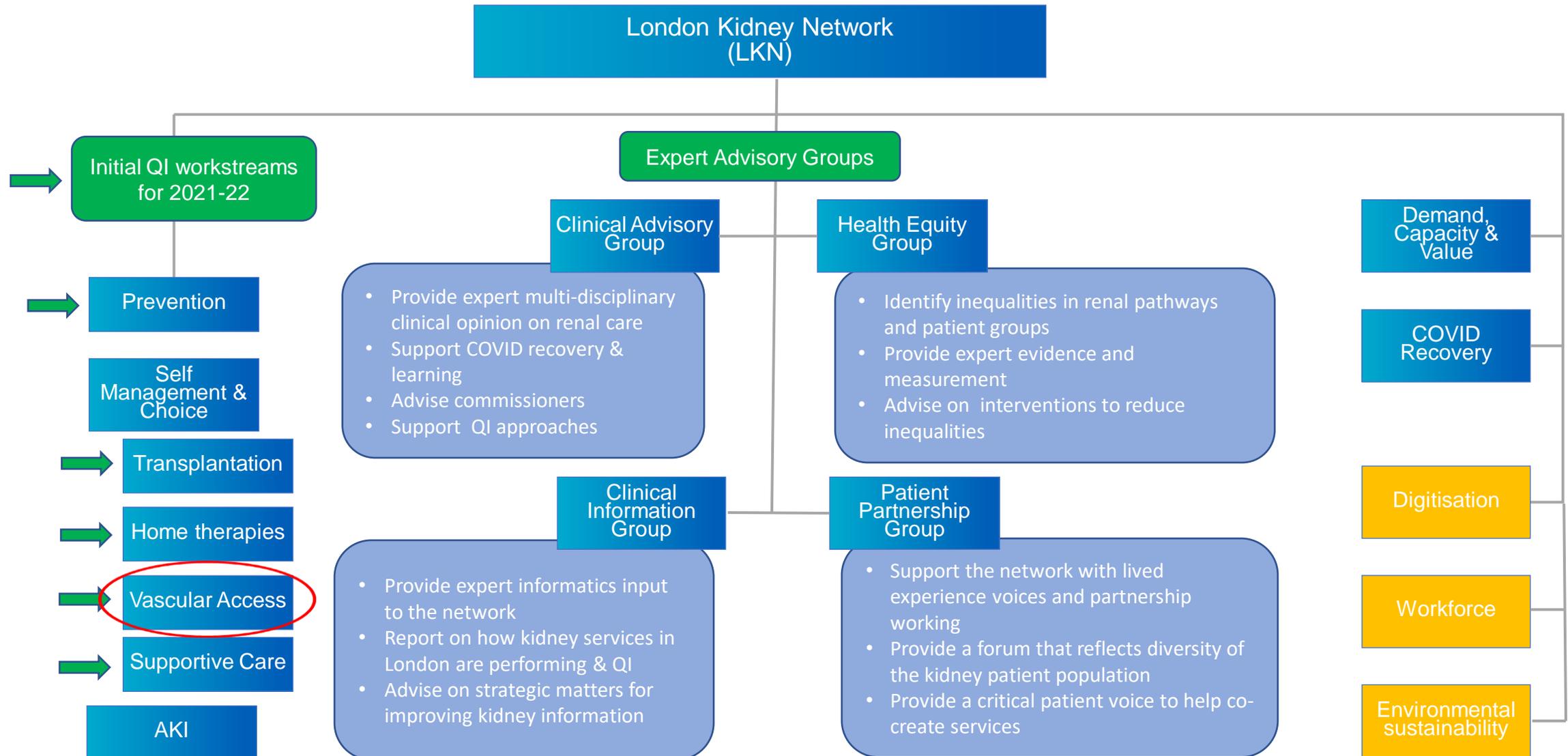
**Optimising dialysis pathway**, home therapies, vascular access, commissioning approaches and spread and adoption of innovation, estimated opportunity.

### Renal Transplant

**Optimising transplantation pathway**, enabling national transplantation coordination, addressing waiting times, commissioning approaches, estimated opportunity.

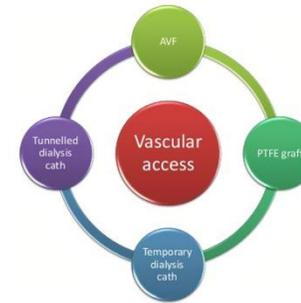
### Community CKD

**Enabling earlier detection of disease, population level risk stratification** to identify most at risk populations, optimising multidisciplinary working, strengthening interface between primary and secondary care, and optimal conservative treatment and end of life care pathway.

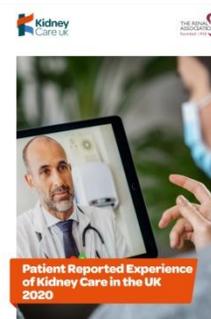




- Improve definitive access in incident patients to 65% by 2024
- Achieve a day case surgery rate for HD VA formation in a minimum of 70% of all cases by 2023
- Improve definitive access in prevalent patients to 80% by 2024
- Measure and improve patient experience



To increase the number the patients who perceive a good cannulation experience



Needling



Do Hemodialysis  
Needles  
Hurt?

Thumbnail Maker



# Improvement Begins Here With You!

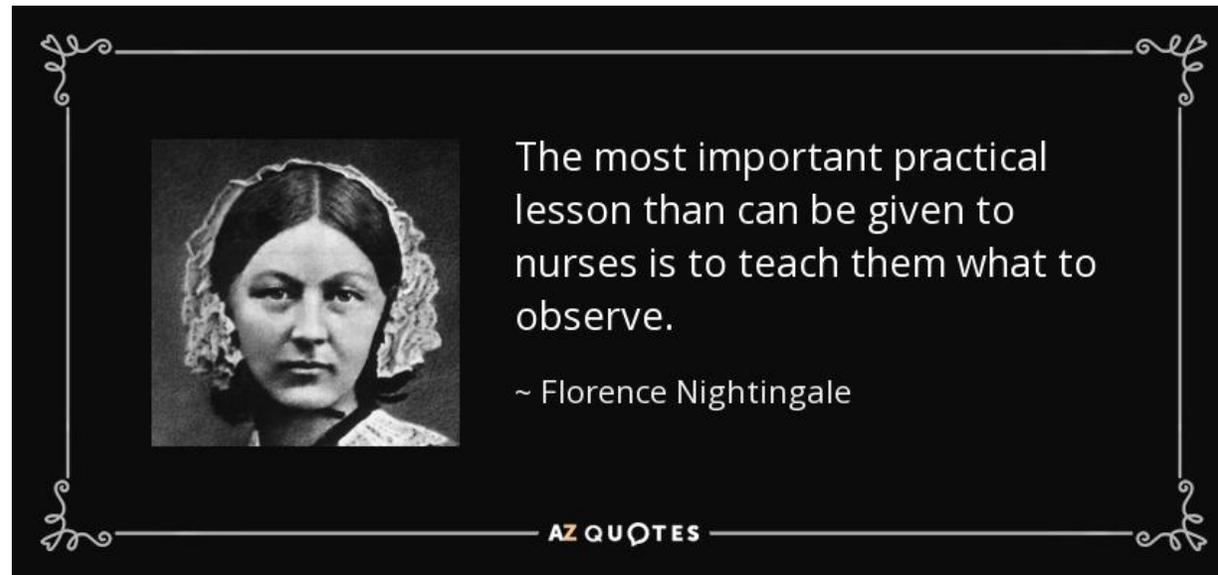


- Understand the aims and objectives of MAGIC and your role in it
- Recognise the role of leadership in quality Improvement
  - Gain an understanding of a basic QI approach
- Cultivate a MAGIC network



# Why is MAGIC important?

- Lizzie Dalby – Vascular Access Specialist Nurse ( Imperial)
- LKN MAGIC Lead



# What is MAGIC?



## The process, interventions, measures and ambition

- Katie Fielding – MAGIC lead
- Margaret Aitken – MAGIC co-lead

# London MAGIC Collaborative

## Learning from Y&H MAGIC Collaborative

**Leanne Lockley**

**Mark Wright**

## Comfort Break



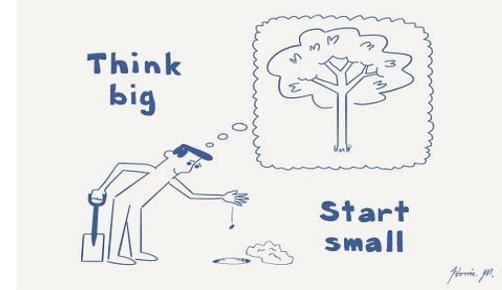
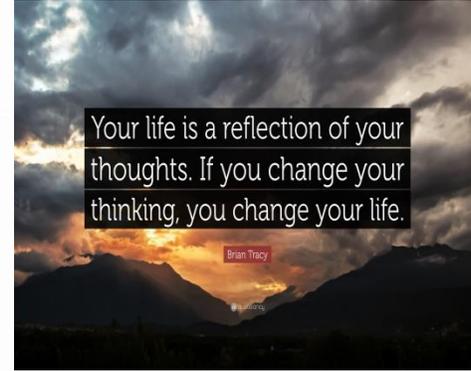
2.15 – 2.25pm

# Leading Improvement

What does this look like and how is it relevant to me?

Rachel Gair – QI lead LKN

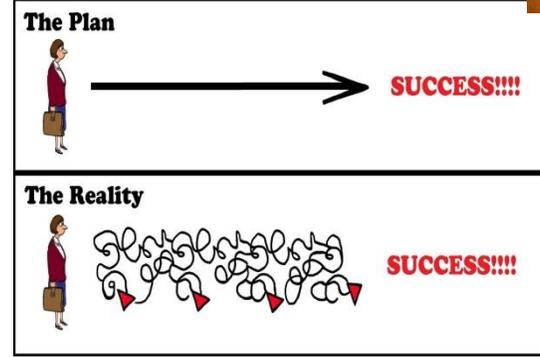




Humility is not thinking less of yourself, it's thinking of yourself less.



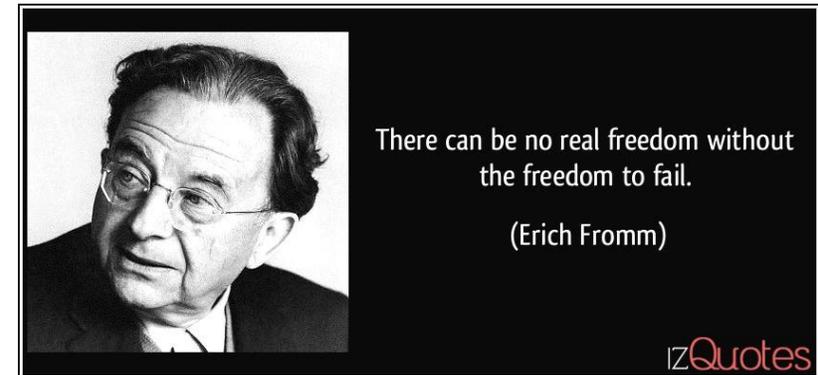
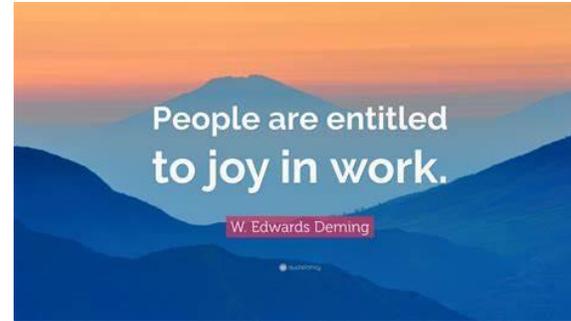
SOME IS NOT A NUMBER. SOON IS NOT A TIME.  
DONALD BERWICK  
PICTUREQUOTES.COM



Patience is also a form of action.  
Auguste Rodin

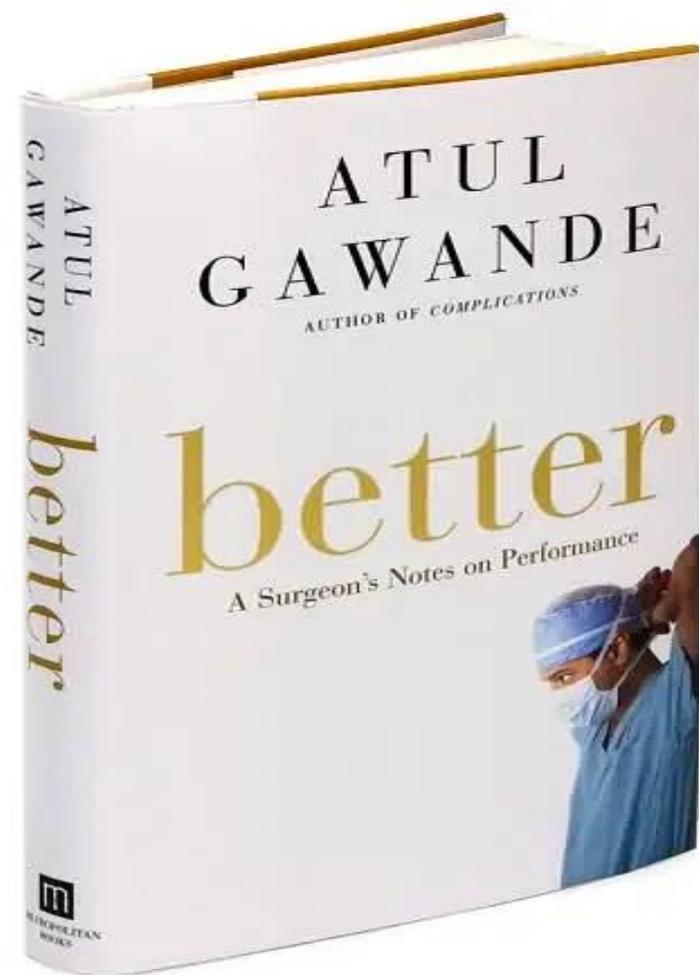


# What does good leadership feel like?



# What is Quality Improvement?

Learning to  
do things  
**BETTER!**



# Doing things better

“It does not take genius

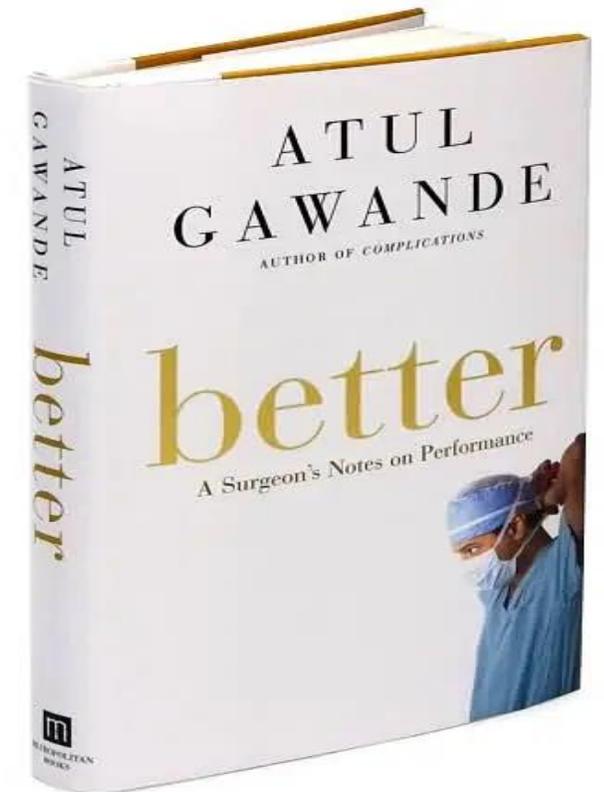
It takes diligence

It takes moral clarity

It takes ingenuity

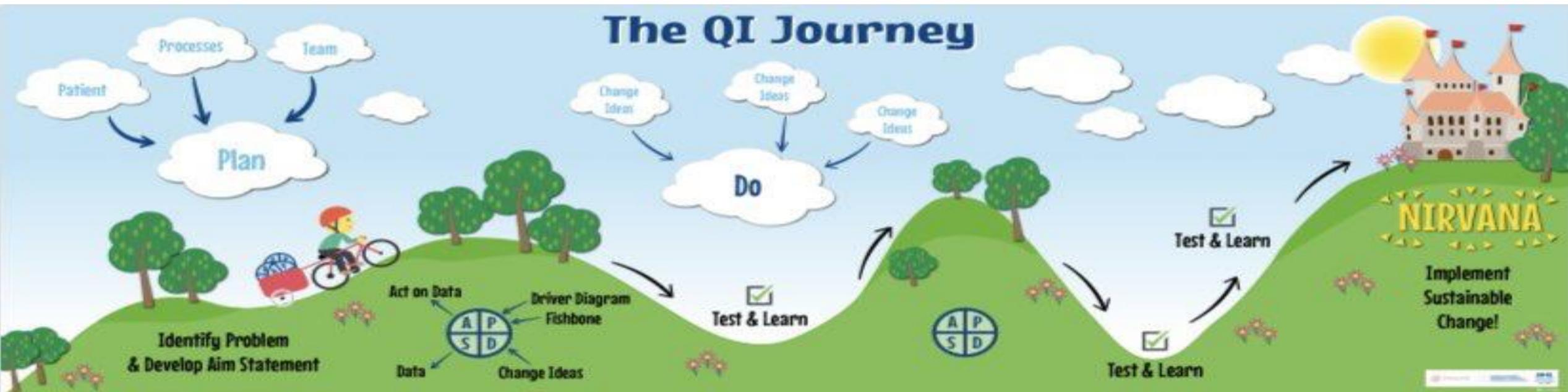
Above all, it takes a willingness to try”

“Ingenuity – willingness to recognise failure, not to paper over the cracks and to change”



# The QI journey

“Not all changes lead to improvement, but all improvement requires change”



- **20% of QI in healthcare is about understanding the tools**
- **80% is about understanding the people**

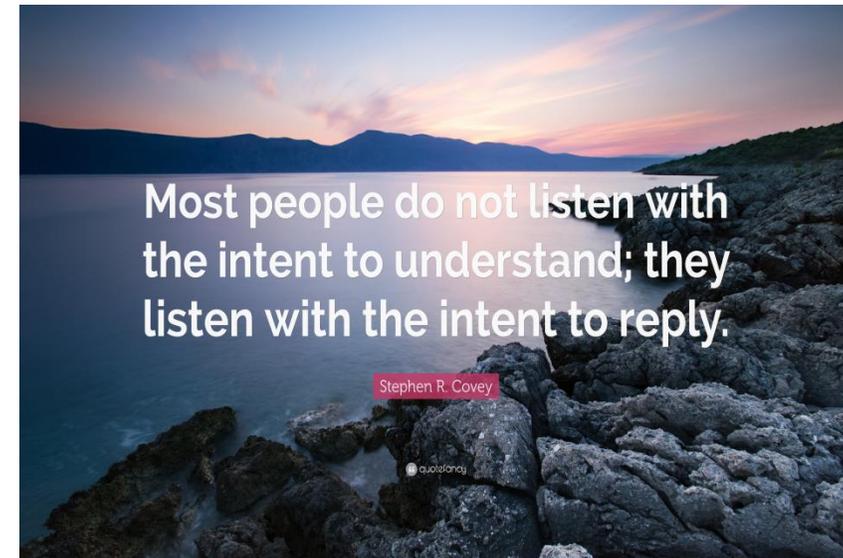
**Prof Marjorie Godfrey**

# When it gets hard – what can you do?



# It wont always be easy!

- Resistance to change – try to understand why
- Staffing constraints
- Feeling lost
- Blind alleys
- Failures
- Scathing feedback



# Assemble your team

**Your greatest asset!**



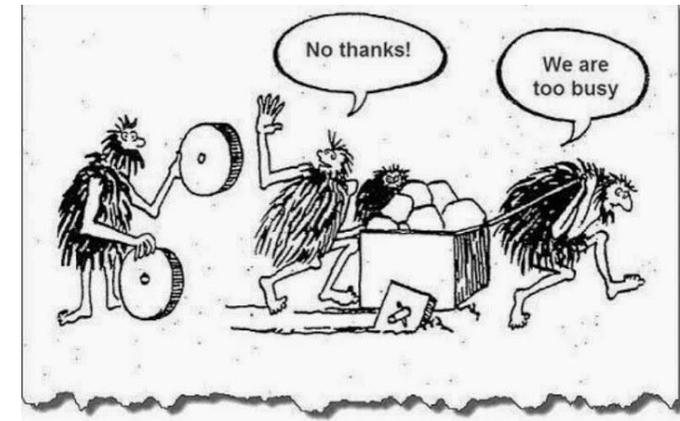
Multidisciplinary

Everyone has an equal voice

Keep an open mind

Think who you will need in your team

**Choose the focus for your project**



Assign roles – e.g. leadership, measurement, communication, running meetings, keeping records

# Communicate your plan – formally and informally

**“The single biggest problem in communication is the illusion that it has taken place.”**

**George Bernard Shaw**

LindaJoyceJones.com



# 7 WAYS TO BOOST RESILIENCE AT WORK

## AT WORK

by @inner\_drive | www.innerdrive.co.uk

- 

**1 BE AUTHENTIC**  
Know your values, develop your strengths and emotional intelligence
- 

**2 FIND YOUR CALLING**  
Do work that really matters
- 

**3 MAINTAIN PERSPECTIVE**  
Learn from setbacks, focus on solutions, manage negative thinking
- 

**4 MANAGE STRESS**  
Find a work-life balance and find time to relax
- 

**5 WORK WITH YOUR COLLEAGUES**  
Seek feedback and advice as well as supporting others
- 

**6 STAY HEALTHY**  
Do physical activity and have a balanced diet
- 

**7 BUILD NETWORKS**  
Use the social support available to you both in and outside of work



# 10 Things Fab Leaders Do!

- 1. INTRODUCE THEMSELVES**  
 #hello my name is...
- 2. Less Talking ...MORE LISTENING**
- 3. EMPOWER!**  
 Help others develop as leaders. Encourage learning from ~~mistakes~~ mistakes
- 4. LIVE THE VALUES** 
- 5. BE ACCESSIBLE**  

- 6. GIVE CREDIT AND THANKS**  

- 7. REMAIN POSITIVE**  
 ... even when having a bad day!  

- 8. WELCOME CHALLENGE**  
 I recognise I don't have all the answers, and I seek different views.
- 9. BALANCE**  
 When to intervene... and when to get out of the way!  

- 10. LEARN AND DEVELOP**  


Thanks to Helen Bevin, Leigh Kendal from NHS Horizons for the sketchnote



# Breakout Session

## Introduction to Aims and Objectives – Margaret Aitken

You will be allocated to break out rooms by centre – you will have a facilitator to support your discussion

Agree a spokesperson to feed back at end of session

Review MAGIC's objectives – do you agree with them – how might you implement them in your unit – is there anything else you would like to add – what may be the challenges

Return to main session and feedback 3 points from your discussions

# MAGIC Aims and Objectives

Margaret Aitken,  
MAGIC Co-Lead

Vascular Access Clinical Nurse Specialist, Queen Elizabeth  
Hospital Glasgow

# Core Aims and Objectives

**MAGIC AIM: To promote good cannulation practice and improve the patient experience of cannulation**

## Short Term

- Maximise RL and BH, minimise area puncture
- Minimise missed cannulation
- Minimise infection
- Optimise patient satisfaction

## Long Term

- Increase rates of AV access
- Reduce AV access loss
- Minimise CVC use

# Groupwork

Is there anything you would want to add to the objectives?

Is there anything you would like to change in the objectives?

# SMART Objectives

- Specific
  - Measurable
  - Achievable
  - Realistic
  - Timely
- 
- Once you have your baseline data, set your SMART objectives

## Comfort Break



3.10 – 3.15pm

# Whole Group Session

## Katie Fielding – Introduction to Measures ( 10 mins)

### Questions and answers session:

- How are you going to collect the baseline measurement
- When are you going to start the collection
- Who is going to collect the data
- Where are you going to record it
- How are you going to make sure it happens



# Next Steps

- Start collecting data
- Developing a MAGIC collaborative
- Support and learn from one another
- Grow your team and meet regularly – get dates in the diary

## **SUPPORT**

- 6 weekly regional MAGIC meetings – dates will be circulated
- Support with local meetings and the MAGIC platform
- Ongoing QI and leadership support
- Learning from other regions implementing MAGIC

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