

Vascular Access Improvement Project

Lead: Mr Ben Lindsey

Item	Title	Lead
1. 5 mins	Welcome/previous actions:	BL
2. 20 mins	Discuss baseline data on line/fistula rates across region + day case rates How does this relate to RSTP deliverables and target	PW
3. 20 mins	Develop an aim and agree a % increase over the next 3 years to achieve the RSTP target	NC /All
4. 20 mins	What we will do to reach this – The Structure Unit feedback	NC
5. 15 mins	MAGIC launch and next steps	ED
6. 5min	Roll of 6 weekly meetings Quarterly meetings for wider VA group Centre meetings	RG /All
7	AOB	All
8.	Close	

London Kidney Network

LKN Data Pack

QI Workstream Data

(June 2021 Data)

Sept-21

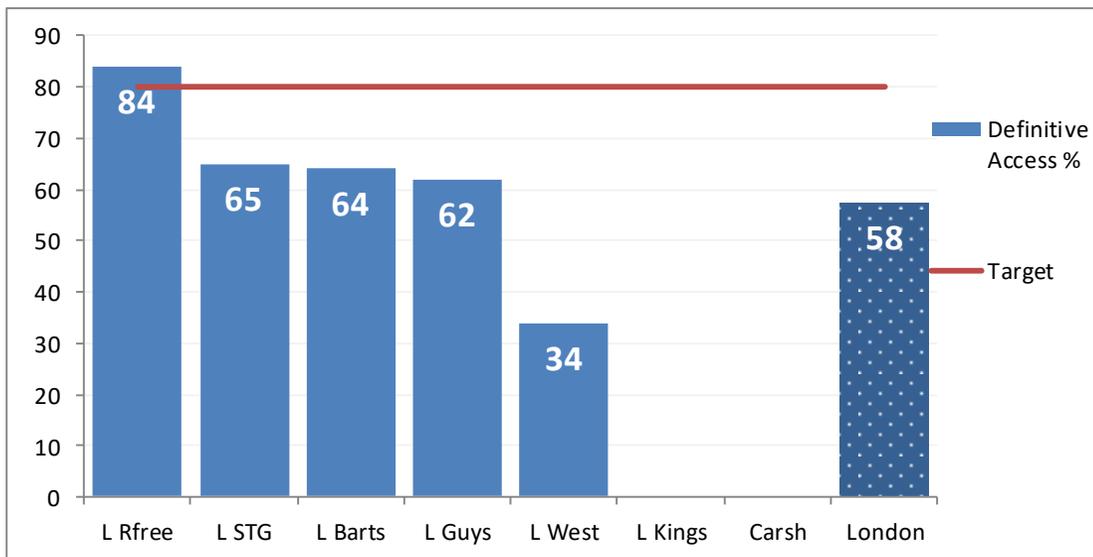
Vascular Access LKN QI Workstream

Definitive Access in Prevalent Patients

Dialysis access in adult patients prevalent to dialysis on 31/12/2018 by centre

Source: UKRR

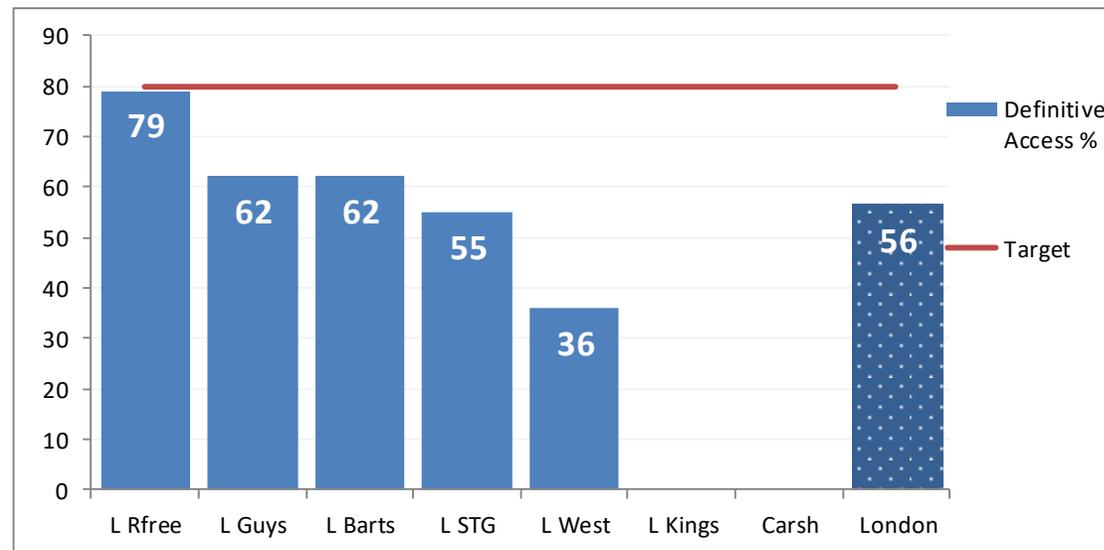
2018



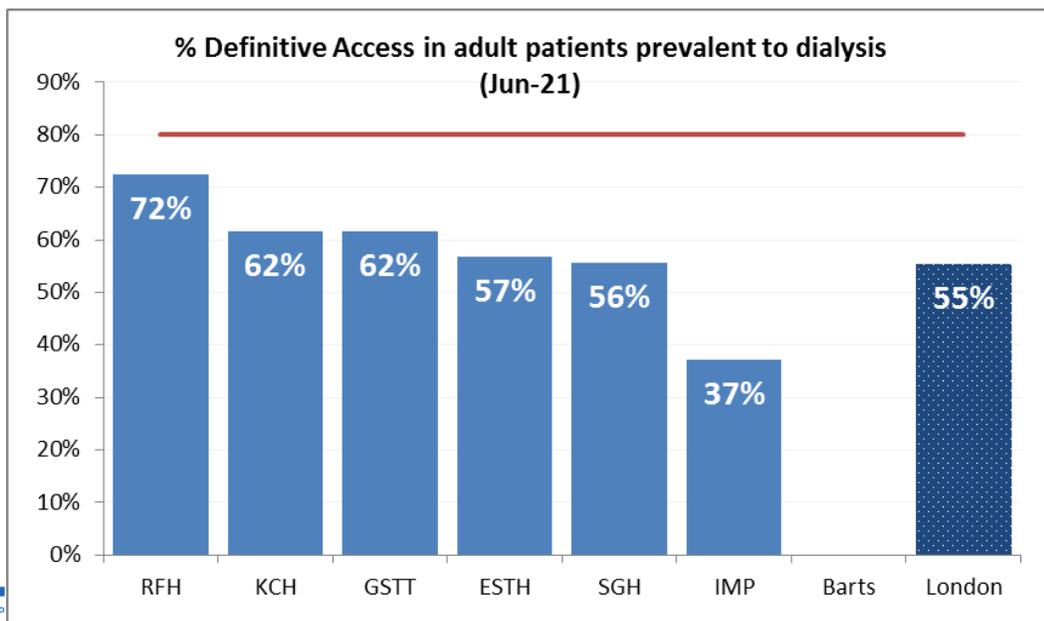
Dialysis access in adult patients prevalent to dialysis on 31/12/2019 by centre

Source: UKRR

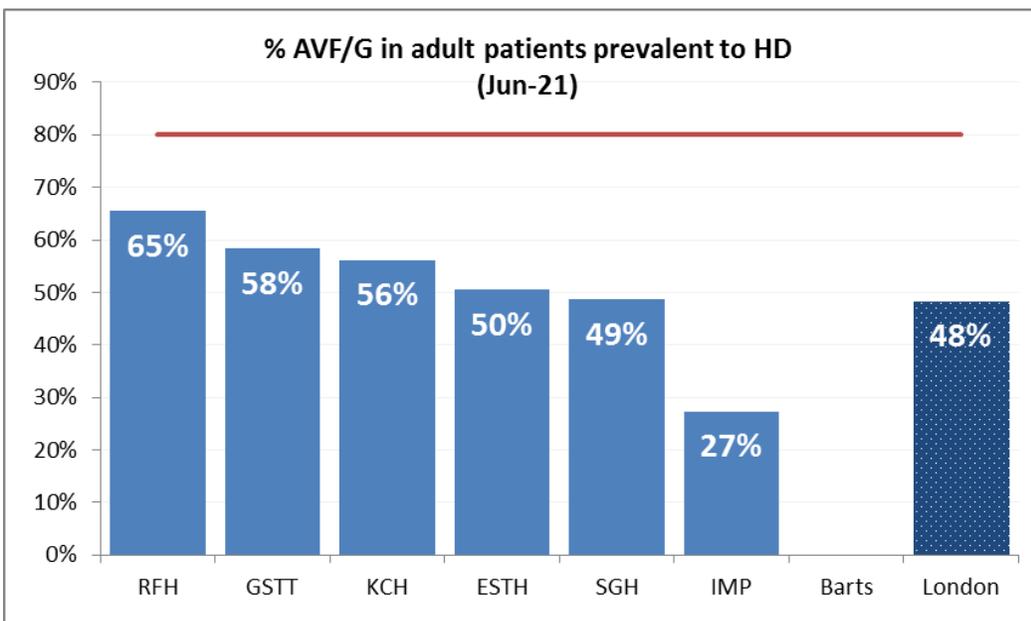
2019



June 2021



June 2021

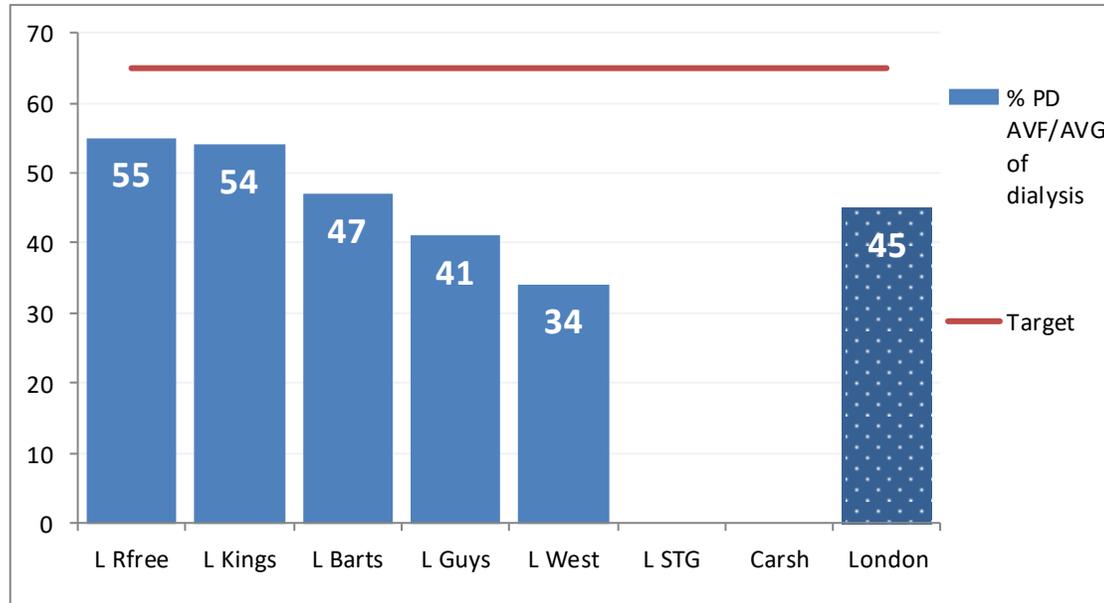


Definitive Access in Incident Patients

Improve definitive access in **incident** patients to 65% in each centre by *date to be agreed*

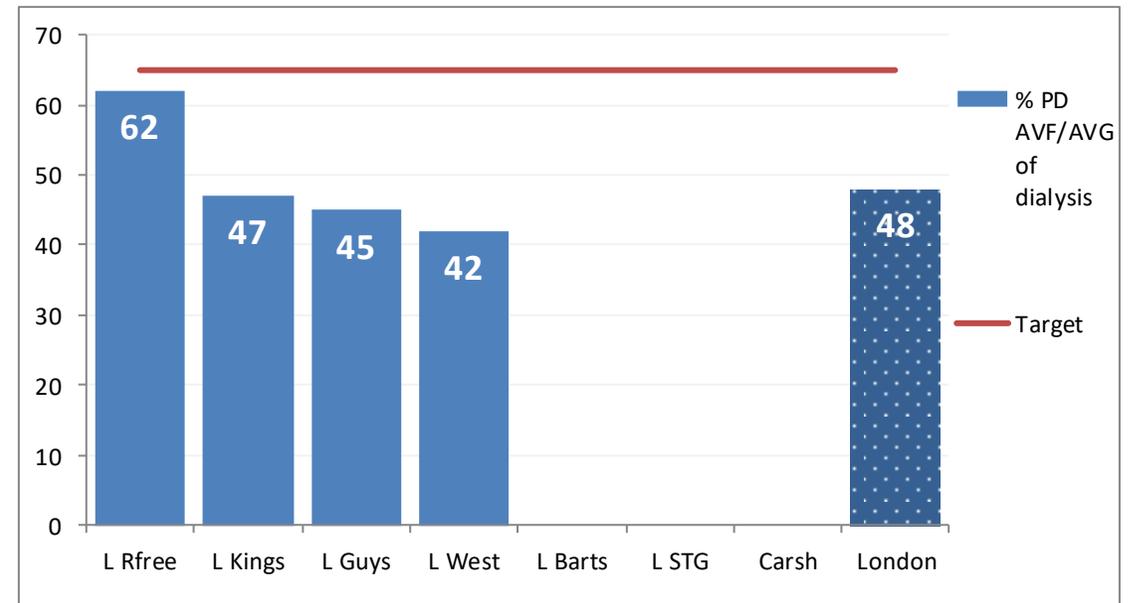
First dialysis access used for adult patients incident to RRT in 2017 by centre

Source: UKRR



First dialysis access used for adult patients incident to RRT in 2019 by centre

Source: UKRR

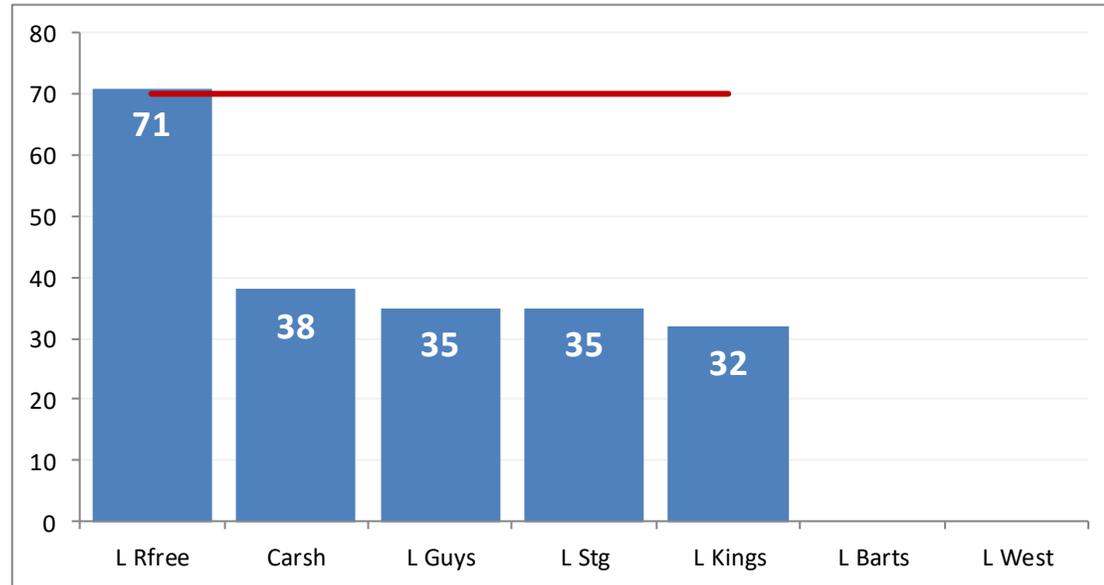


Day Case Surgery Rate

Achieve a Day Case surgery rate for HD VA formation in a minimum of 70% of all cases in each centre by *date to be agreed*

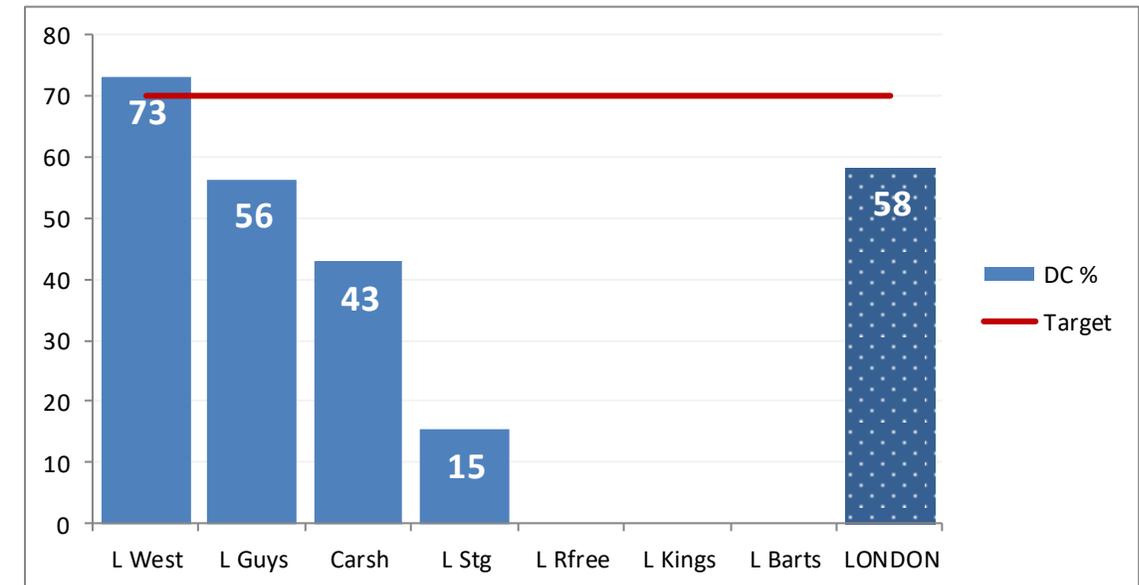
Vascular Access procedures with zero length of stay 2017

Source: GIRFT



Vascular Access procedures with zero length of stay Jun-2021

Source: LKN Dashboard



Dialysis Work plan : Delivering safe & durable dialysis access



	Key deliverables	Timeline for delivery	Lead Resource & resources to implement change		What outcome are we working towards	Data for measuring change
D1	Minimising access infection	12 months / August 2022	National	Clinical Networks, GIRFT, NHSX/D, Medicines Optimisation	1. Fewer infections experienced by dialysis patients	1. Improve dialysis access bacteraemias& PD peritonitis rates per 1,000 at risk days by 10 percent
D2	Timely dialysis access formation and preservation of function	12 months / August 2022	National	Clinical Networks, UKKA & VASBI, NHS Elect, GIRFT	1. Mandate incident access collection and reporting to achieve best practice	1. Improve number of incidents known to service patients commencing with functioning access by 10 percent
D3	Supporting maximal adoption of AVF for haemodialysis	12-18 months / August 2022 – February 2023	National (+IV team)	Clinical Networks, IV team ; GIRFT & NHSX/D to support performance	1. Encourage rapid interventions for failing access 2. Ensure prevalent VA improving in all reporting units	1. Improve prevalent vascular access to comparable UQ in same region

QI WORKSTREAM: Vascular Access – 2021

High level summary

AIMS	OBJECTIVES	OUTPUTS	MEASUREMENT
<ol style="list-style-type: none"> 1. All suitable patient to commence haemodialysis with an AVF/AVG 2. All suitable patients to have day case surgery for the formation of their AVG/AVF 3. Pathway in place by 2023 4. There is a skilled and competent workforce in place 5. All patients to have a good experience 	<ol style="list-style-type: none"> 1. Create an optimum vascular access pathway 2. Define the criteria for early referral for surgery 3. Define a measurement strategy with clear data points 4. Map the resources required for IR/theatre/workforce across London 5. Map variation in definitive access in incident and prevalent patients 6. Map variation in day case surgery 7. Optimise skill mix and competencies of clinical staff in the needling and monitoring of HD vascular access 8. Map vascular access coordinator posts across London 	<ol style="list-style-type: none"> 1. Agree and develop a vascular access pathway for London 2. A pathway for day case surgery and reporting to track progress 3. Report on the resources needed to maintain 80% access per 1000 patients on HD. 4. Implement MAGIC (Managing access by generating improvements in cannulation) – across all units in London 5. Report with gap analysis on vascular access roles across London 	<p>Day case surgery rates</p> <p>Numbers of incident patients starting dialysis with definitive access</p> <p>Number of prevalent patients with definitive access</p> <p>Patient experience/satisfaction with needling technique's</p> <p>Number of missed cannulations, failed fistulae, area puncture, rope ladder & button hole cannulations</p> <p>PREM</p>



London Kidney Network

Vascular Access Steering Group

- Chair
- BI lead
- Project lead
- QI lead
- Subgroup leads
- Patient

Pathway

- Lead
- Group
- Objectives
- Measures

MAGIC

Lead: Lizzie Dalby

Data

Surgery

Unit 1
QI leads
Improvement
Team

Unit 2
QI Leads
Improvement
Team

Unit 3
QI leads
Improvement
Team

Unit 4
QI leads
Improvement
Team

Unit 5
QI leads
Improvement
Team

Unit 6
QI leads
Improvement
Team

Unit 7
QI Leads
Improvement
Team

Unit feedback – what are the issues/themes

- Give each unit a couple of minutes to raise their own issues

