UKKA UK Kidney Association

KQIP Kidney Quality Improvement Partnership

PD mentoring programme

Development day, 21st April 2026

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Who is here today ?

- Udaya Udayaraj, DAYLife lead
- Georgina Hamill, KQIP Programme manager
- Kay Elson, KQIP Programme officer
- Ranjit Klare, KQIP Programme manager
- Julie Slevin, KQIP Programme manager

Mentor	Mentee
Dorset	Bradford
London St Helier	Peterborough
Nottingham	Edinburgh
Oxford	Exeter
Salford	Sheffield
Shrewsbury	Basildon (Mid and South Essex)

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Aims of the PD Mentoring Programme

- Offer structured peer support from established centres
- Evaluate the effectiveness and the scalability of the mentoring scheme
- Develop QI and mentoring capability to ensure sustainability

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Key dates and meetings

- Virtual Launch day (25th Feb 2026)
- Virtual RCP mentorship skills course (17th March 2026)

- Face to face QI training day (21st April, Birmingham)
- Monthly mentor-mentee meetings (April 26-March 28)
- KQIP team visit to support centres (May-July 26)
- Virtual Project update meetings (quarterly)
- Annual Face to face event (April 27 and April 28)

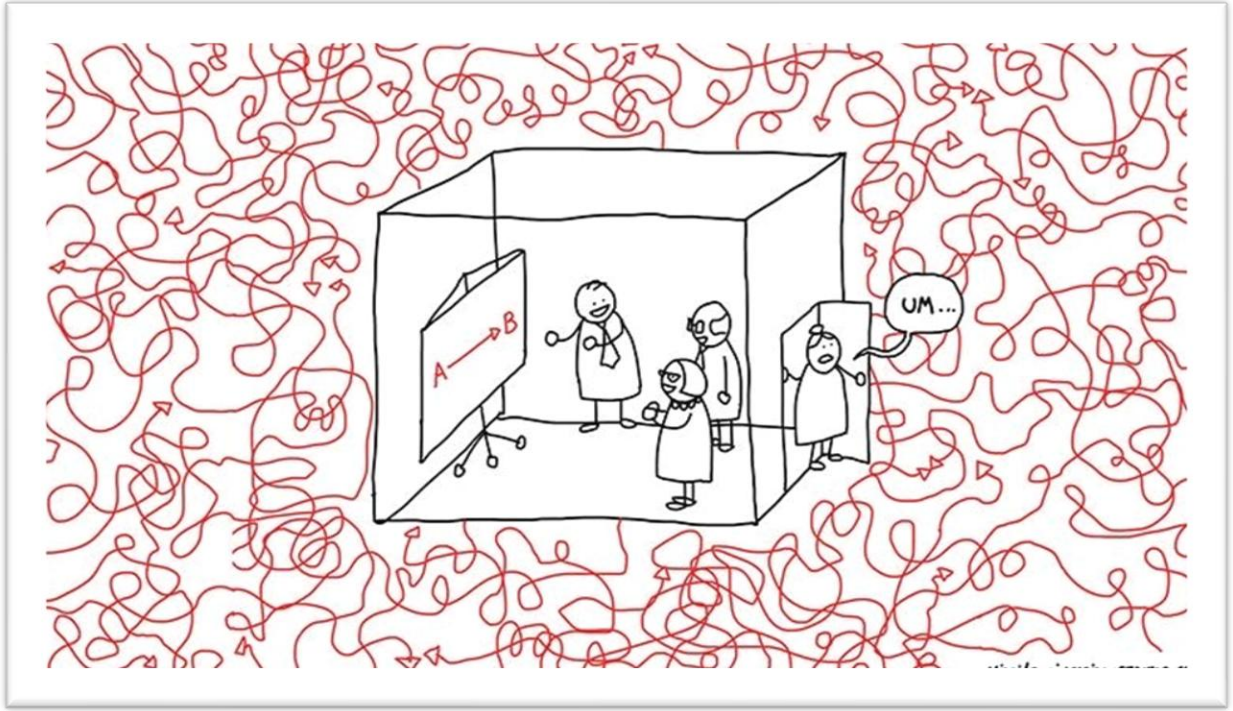
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Why improvement projects fail !

- Lack of team approach
- Lack of QI skills and systematic approach
  - Jumping into solving before understanding
- Resistance to change
  - Cynics; Past failures
- Lack of support from management
  - Resource constraints; Competing goals



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Objectives for today

- Establish connections and networking

- QI skills training
  - Overview of methodology and tools
  - Practical sessions applying the QI tools to your project
  - Team working

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Agenda

Morning	1. **Welcome and Introductions**	10.00-10.10	Udaya
	2. **Understanding the problem**	10.10-11.10	Julie Slevin/ Nottingham
	Teaching, mentor experience, Workshop		
	3. **Developing Aims, change ideas, driver diagram**	11.10-12.10	Ranjit Klare/ Dorset
	Teaching, mentor experience, Workshop		
	4. **Mentee centres presentation**	12.10-12.25	Edinburgh, Bradford
Lunch		12.25-13.15	
	5. **Measurement in QI**	13.15-13.55	Udaya
	Teaching, mentor experience, Workshop		
	6. **Action Planning**	13.55-14.30	Georgina Hamill/Salford
	Teaching, mentor experience, Workshop		
Coffee Break		14.30-14.45	
	7. **What does good centre culture look like ?**	14.45-15.20	Georgina Hamill/Shrewsbury
	Teaching, mentor experience, Workshop		
	8. **Mentee presentations**	15.20-15.50	Exeter, Sheffield, Peterborough, Basildon
	9. Feedback and close	15.50-16.00	All

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Mentee centre presentation

- Edinburgh – Fish bone diagram
- Bradford – Driver diagram
- Exeter – Project measures
- Peterborough – 30/60/90 action plan
- Sheffield – PDSA cycle
- Basildon – centre culture gaps and actions

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Measurement for Improvement



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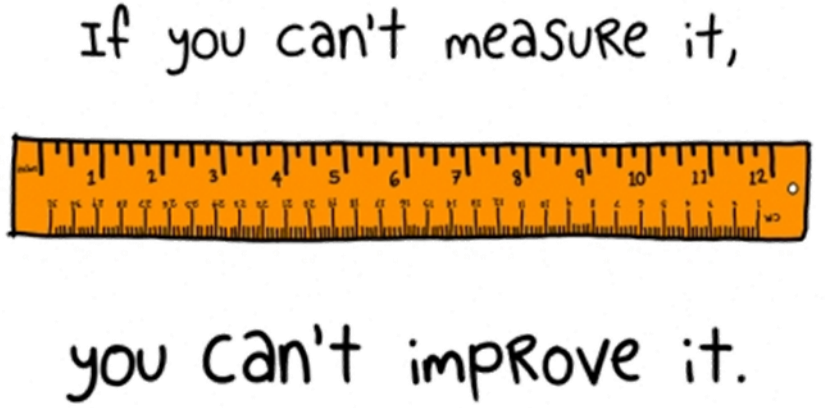
DAYLife Shared HD Mentoring Programme - Development day



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Session Objectives

- Importance of measurement for improvement
- Different ways of measuring
- Presenting data in a meaningful way
  - Run Charts
  - Statistical Process Control charts



Without data you are another person claiming to be an expert

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Measurement in Clinical practice

Think about putting a patient on dialysis...

Would you decide on how much fluid to remove in the session without weight and BP reading?

Individual patient data drives clinical management

Why do we need to measure in QI?

We measure to **understand** and **influence others**:

If we have achieved change

If the change has had the correct effect

Whether we are maintaining the change

What we need to focus on next

Measurement in Clinical Practice

We often rely upon more than one measurement to guide management

Think about a hypotension episode during a dialysis session…

Multiple blood pressure readings could guide management to prevent hypotension?

Blood volume monitoring – additional measure to guide fluid removal

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Choosing Measures in QI

Outcome

Clinical outcomes / ultimate aim

Make things better for patients

Often take time to demonstrate results

MRSA bacteraemia



Process

Have you changed your processes?

Assumes process change will lead to positive change in clinical outcomes

Often provide faster results

Hand washing compliance
MRSA decolonisation compliance



Balancing

Identify any unintended consequences

Generally negative

Ensure you detect the full consequences of change

Staff complaints of dry skin



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"Just enough" data

Data collection is time-consuming

What do you really need?

- 1-2 outcome measures
- 2-4 process measures
- 0-1 balancing measure
- 1-2 patient experience measures



Choose measures that are easy to collect and relevant
Consider the sustainability of data collection

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Examples of outcome measures in PD

- Number (or %) of dialysis patients on peritoneal dialysis at the end of each month
- Number (or %) of dialysis patients starting PD each month
- Number (or %) of PD patients coming off PD each month

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Examples of process measures in PD (linked to change ideas)

- Number of patients in AKCC who have documentation of dialysis choice decision on electronic patient record
- Number of patients in AKCC who have been offered peer support
- Number of patients choosing PD who had home visit
- Number of late presenters starting ICHD each month who had home dialysis education
- Number of patients who had refresher training on PD technique every 6 months

Examples of balancing Measures in PD

- Early Drop off from PD (within 90 days) due to peritonitis or poor compliance

- Staff experience survey to identify burn out and poor morale



Patient Related Experience Measures



Defining measures – Qualities of a good measure

- Easy to understand
- Meaningful
- Appropriate
- Well defined
- Reproducible

Number of new PD starters

Number of new patients who were established on PD therapy for at least 3 days in each calendar month

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Collecting data

Defining is more difficult than you think!

- **Define your measures really carefully at the start**
  - Number or % (define numerator & denominator)
- **Sample size** – all or just a sample?
- Is it **already** being collected?
- Is it / could it be **automated**?
- **Who** has best understanding & role to collect it?
- **When** & how often?
- **How** – excel / paper / something else?
- **Baseline data**
- How can you present it graphically?

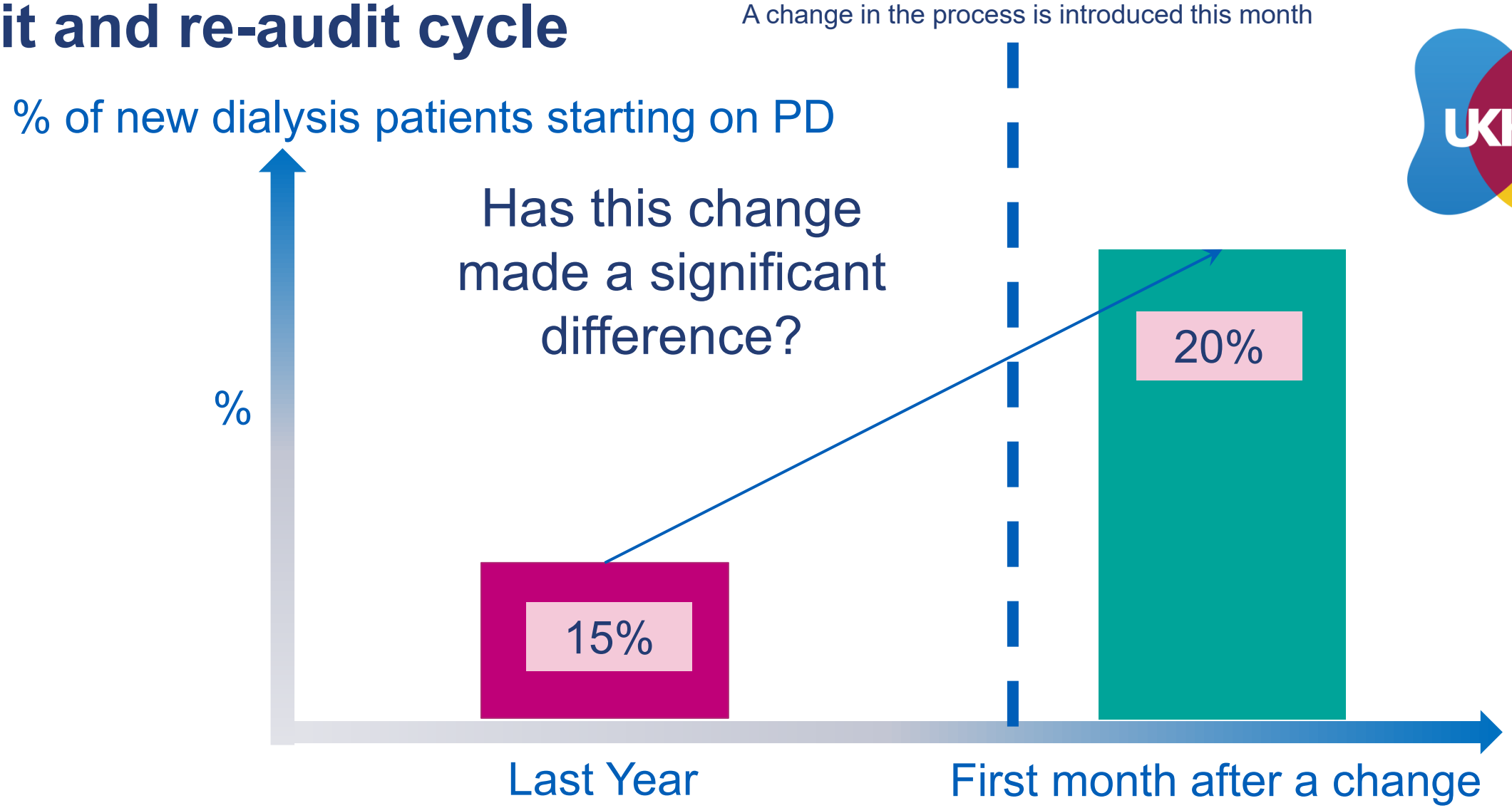


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Audit and re-audit cycle

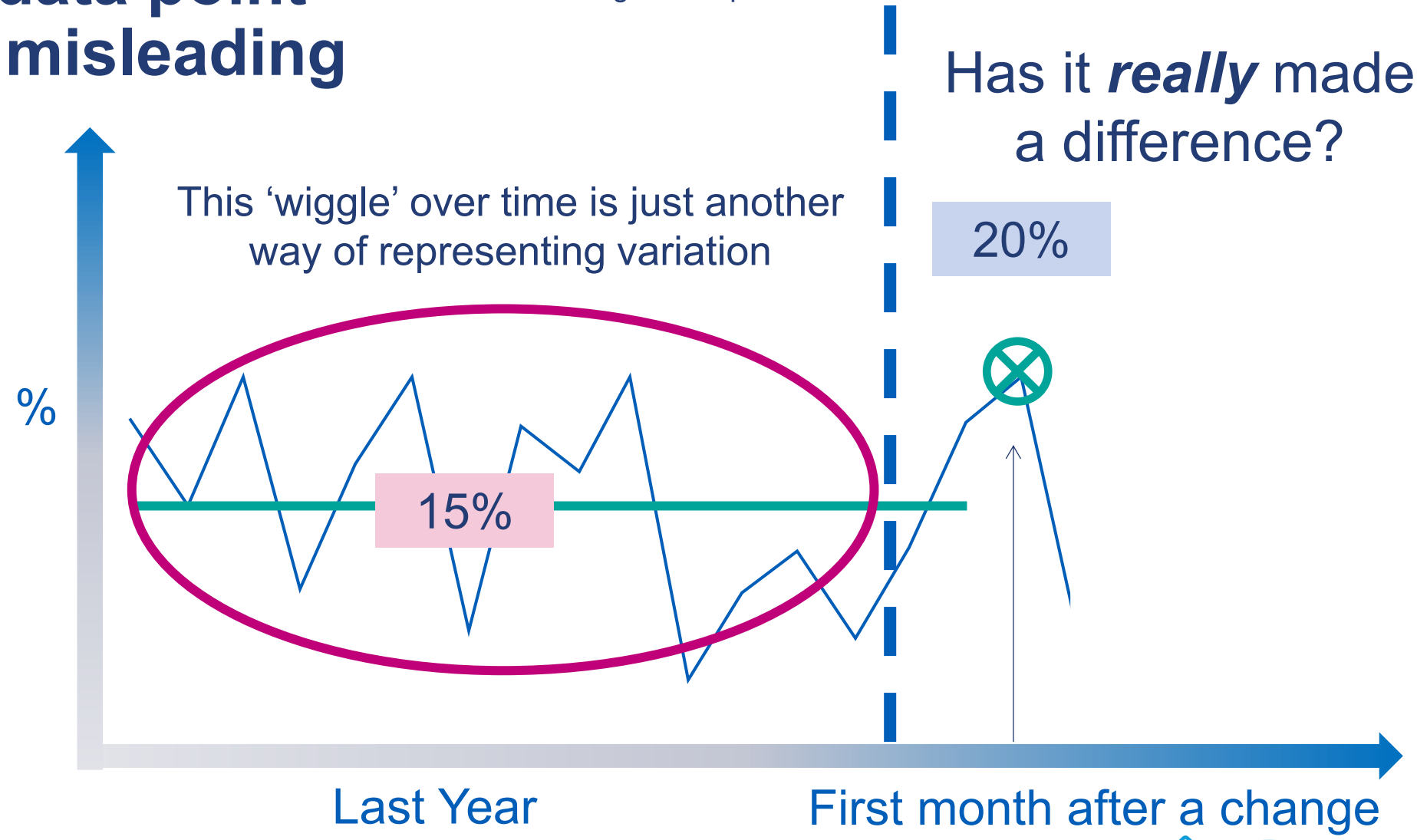


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Single data point can be misleading

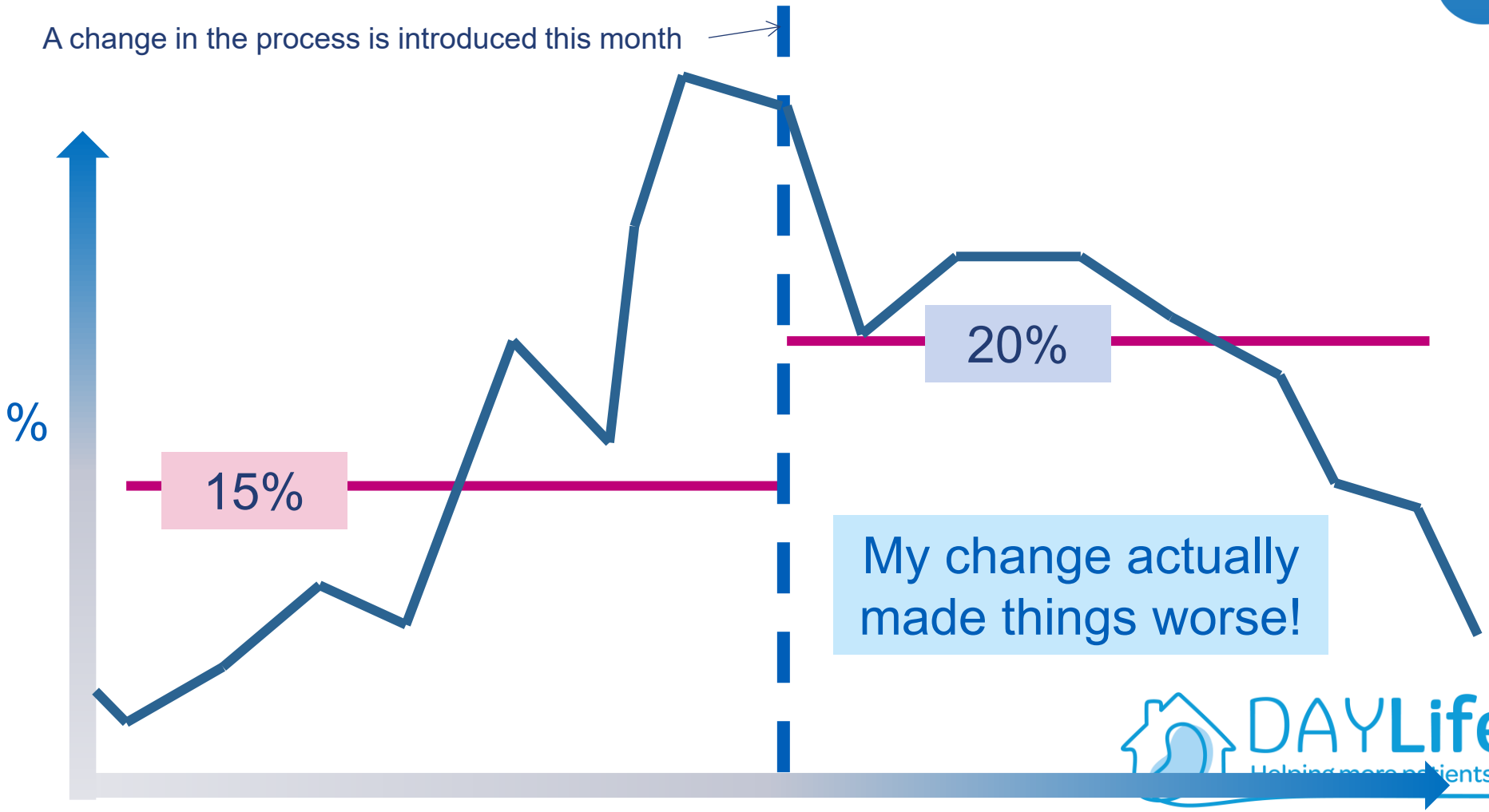


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Why we need several data points over a period of time?

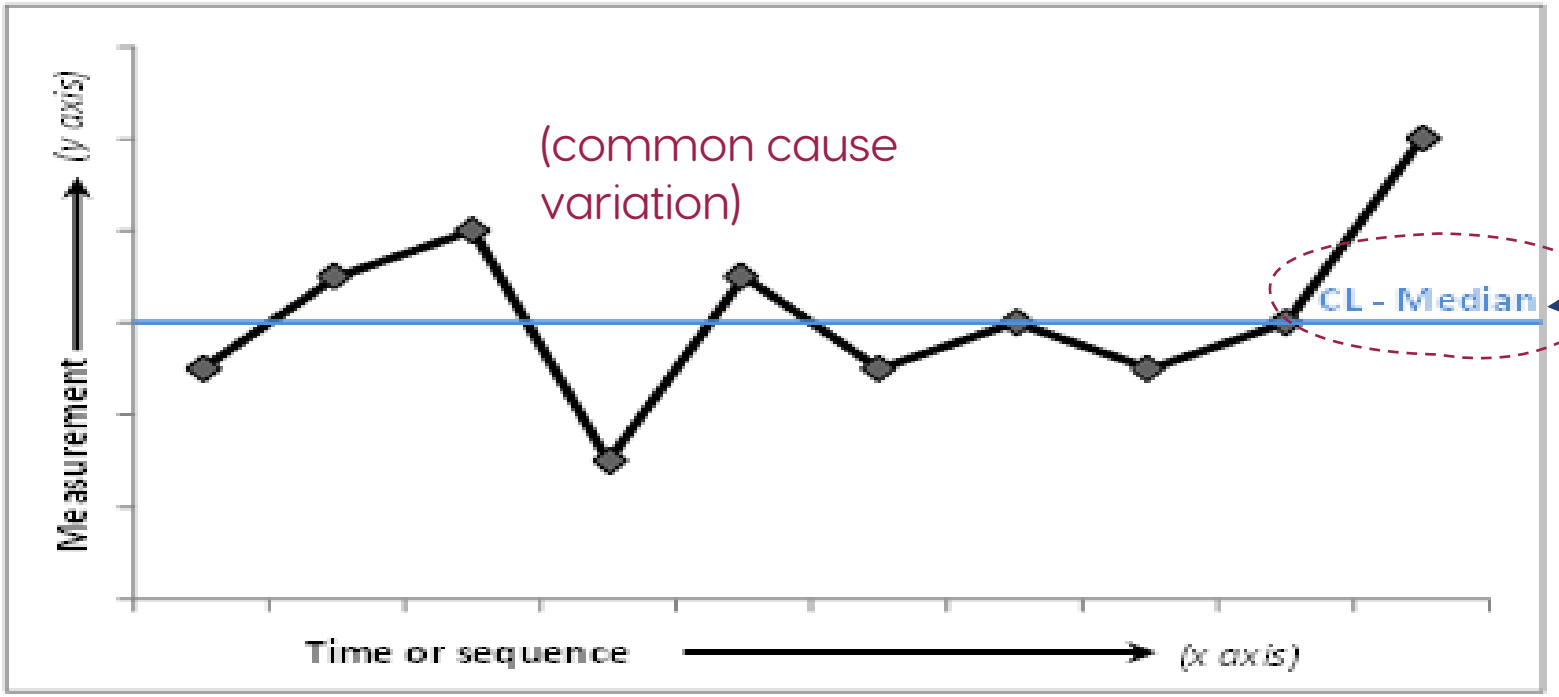


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Displaying serial data - run chart



Baseline median

A "run" = series of points in a row on one side of the median

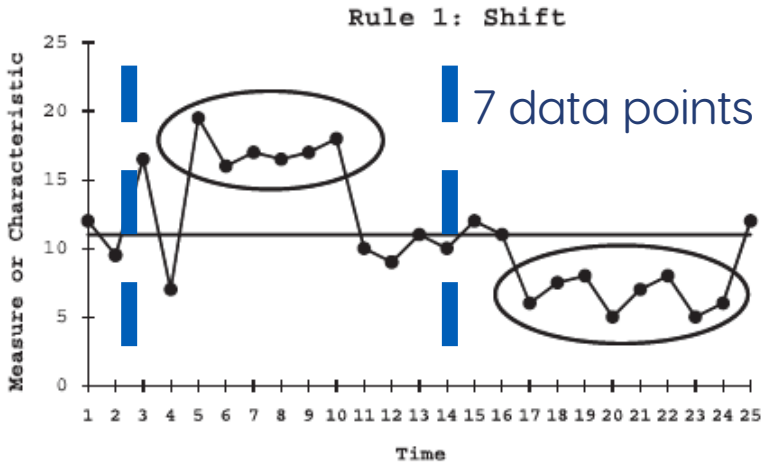
Need 10 – 12 data point to detect meaningful patterns

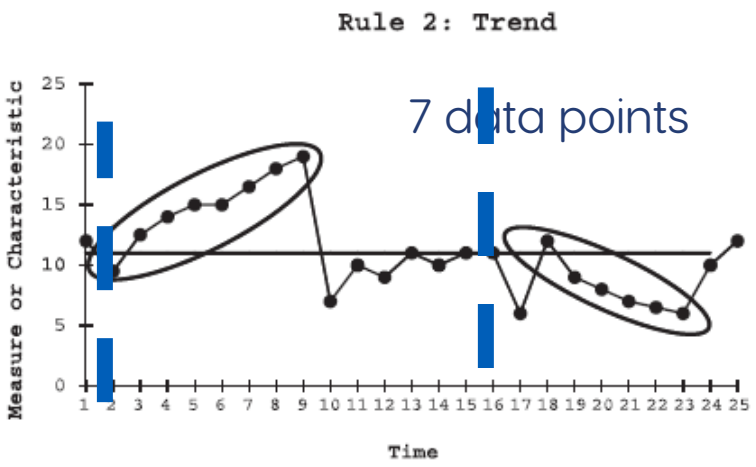
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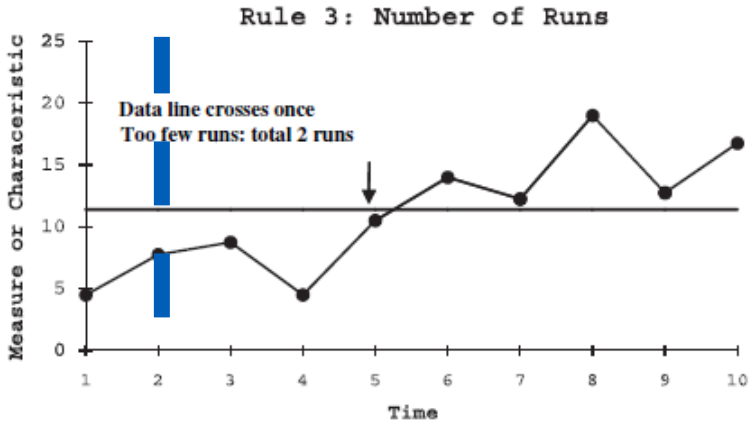
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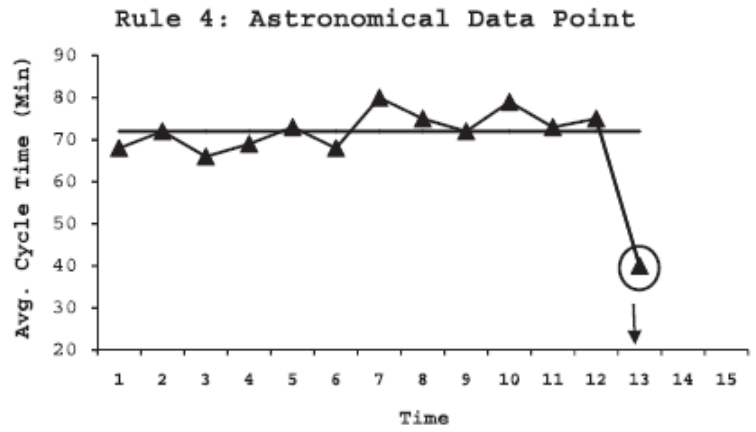
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Run chart rules – special cause variation









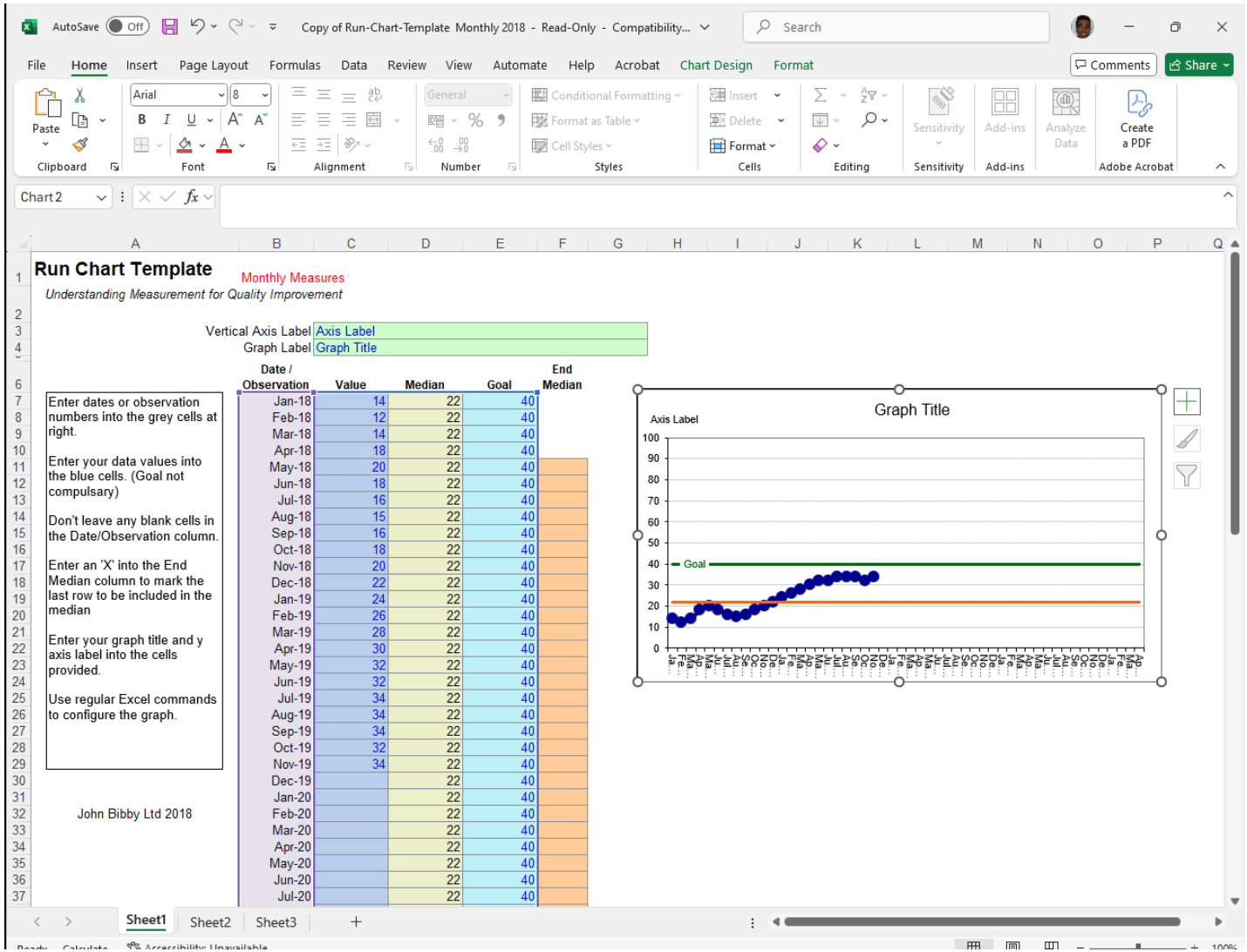
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Creating a run chart



Summary

- Define your measures (before PDSA cycles)
- Different types of measurements (outcome, process, balancing)
- Just enough data (ensure sustainable way of collecting)
- Use Run Charts

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Oxford Experience

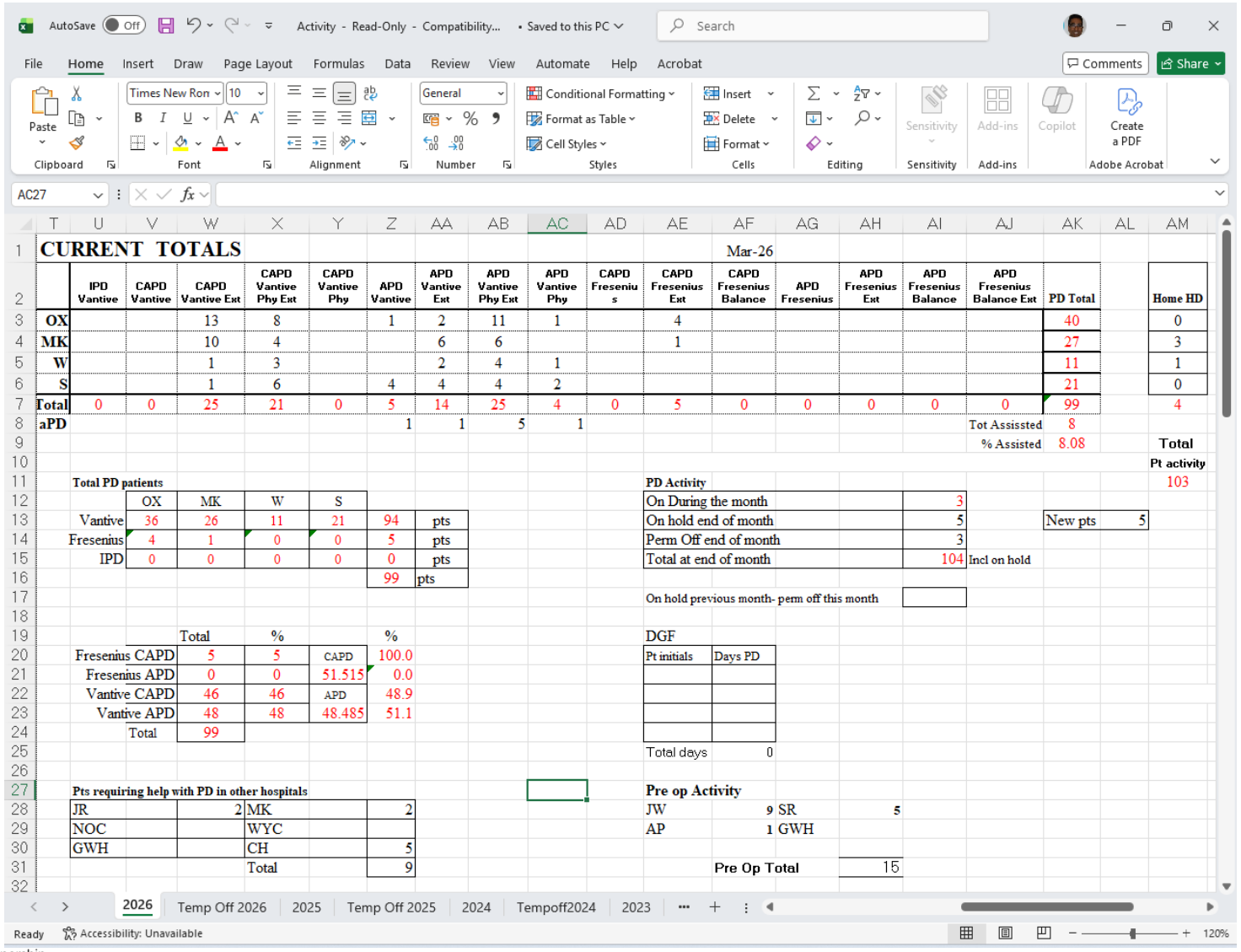
- **Outcome measurements**
  - % of dialysis patients on home dialysis at the end of each month
  - Number of new dialysis patients starting on PD each month
- **Process measurements**
  - % of new patients starting dialysis each month seen by AKCC team
  - % of new patients referred to AKCC > 18 months before needing to start RRT
- **Balancing measurements**
  - Number of patients coming off PD permanently each month and reasons
  - PD peritonitis rates (episodes per patient year)

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Outcome measure



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AC27

CURRENT TOTALS — Mar-26

	IPD Vantive	CAPD Vantive	CAPD Vantive Ext	CAPD Vantive Phy Ext	CAPD Vantive Phy	APD Vantive	APD Vantive Ext	APD Vantive Phy Ext	APD Vantive Phy	CAPD Fresenius	CAPD Fresenius Ext	CAPD Fresenius Balance	APD Fresenius	APD Fresenius Ext	APD Fresenius Balance	APD Fresenius Balance Ext	PD Total	Home HD
OX			13	8		1	2	11	1		4						40	0
MK			10	4			6	6			1						27	3
W			1	3			2	4	1								11	1
S			1	6		4	4	4	2								21	0
Total	0	0	25	21	0	5	14	25	4	0	5	0	0	0	0	0	99	4
aPD						1	1	5	1							Tot Assissted	8	
																% Assisted	8.08	Total
																		Pt activity
																		103

Total PD patients

	OX	MK	W	S		
Vantive	36	26	11	21	94	pts
Fresenius	4	1	0	0	5	pts
IPD	0	0	0	0	0	pts
					99	pts

PD Activity

On During the month	3	
On hold end of month	5	New pts 5
Perm Off end of month	3	
Total at end of month	104	Incl on hold

On hold previous month- perm off this month

	Total	%		%
Fresenius CAPD	5	5	CAPD	100.0
Fresenius APD	0	0	51.515	0.0
Vantive CAPD	46	46	APD	48.9
Vantive APD	48	48	48.485	51.1
Total	99			

DGF

Pt initials	Days PD
Total days	0

Pts requiring help with PD in other hospitals

JR	2	MK	2
NOC		WYC	
GWH		CH	5
		Total	9

Pre op Activity

JW	9	SR	5
AP	1	GWH	
		Pre Op Total	15

2026 | Temp Off 2026 | 2025 | Temp Off 2025 | 2024 | Tempoff2024 | 2023

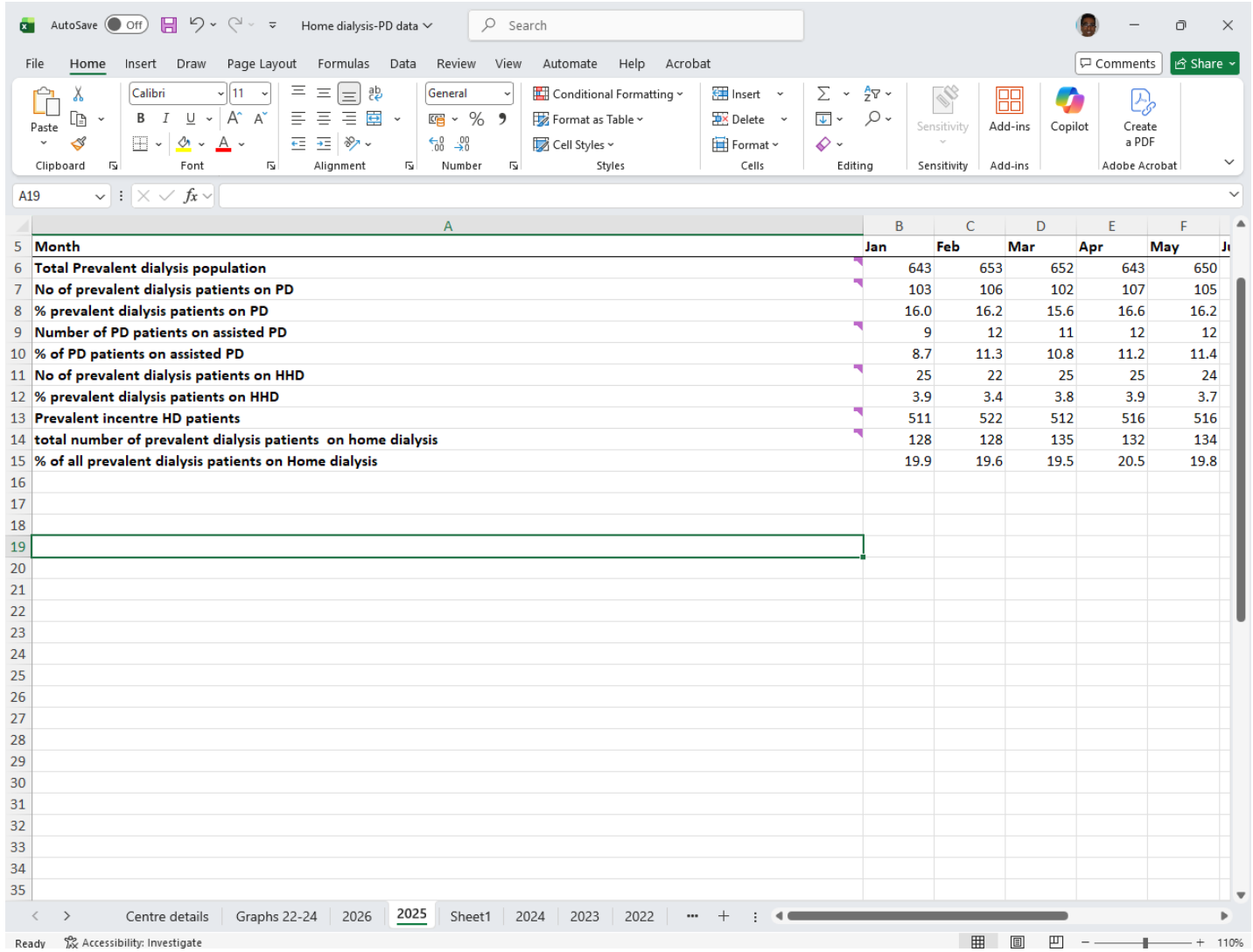
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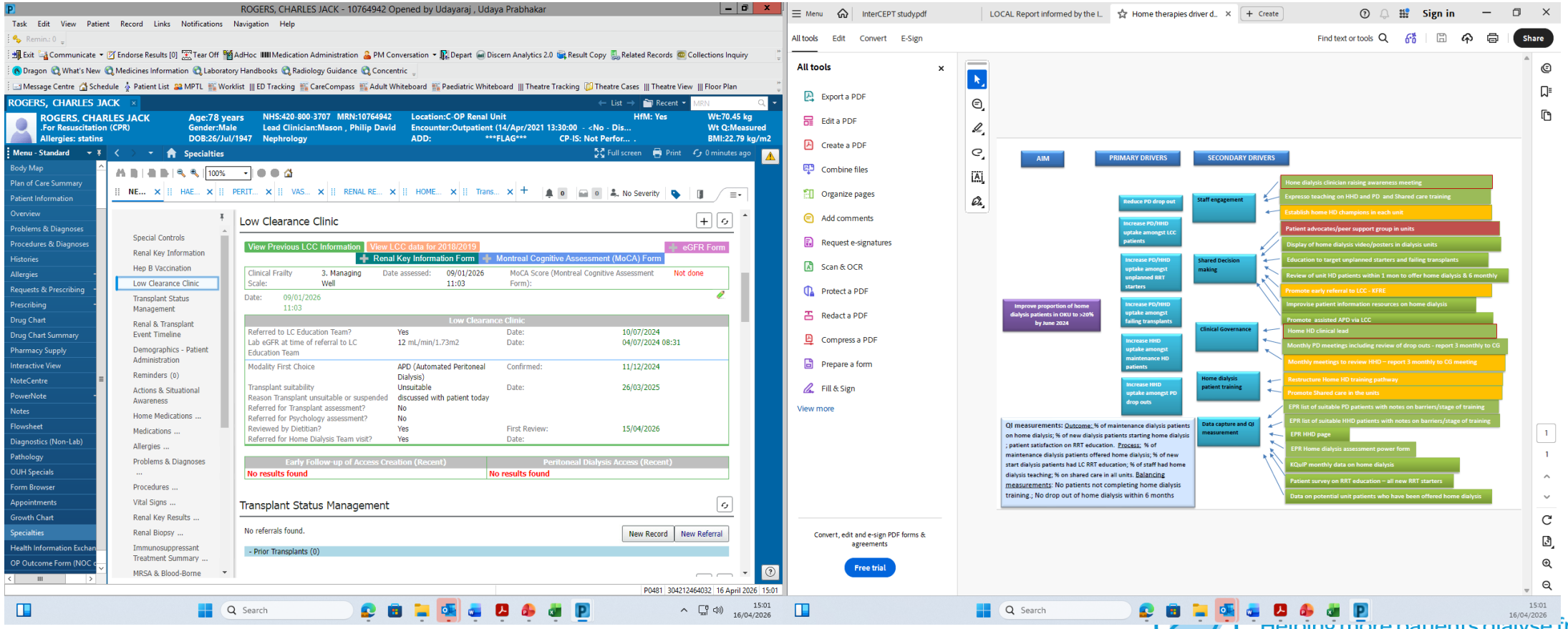
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Outcome measure

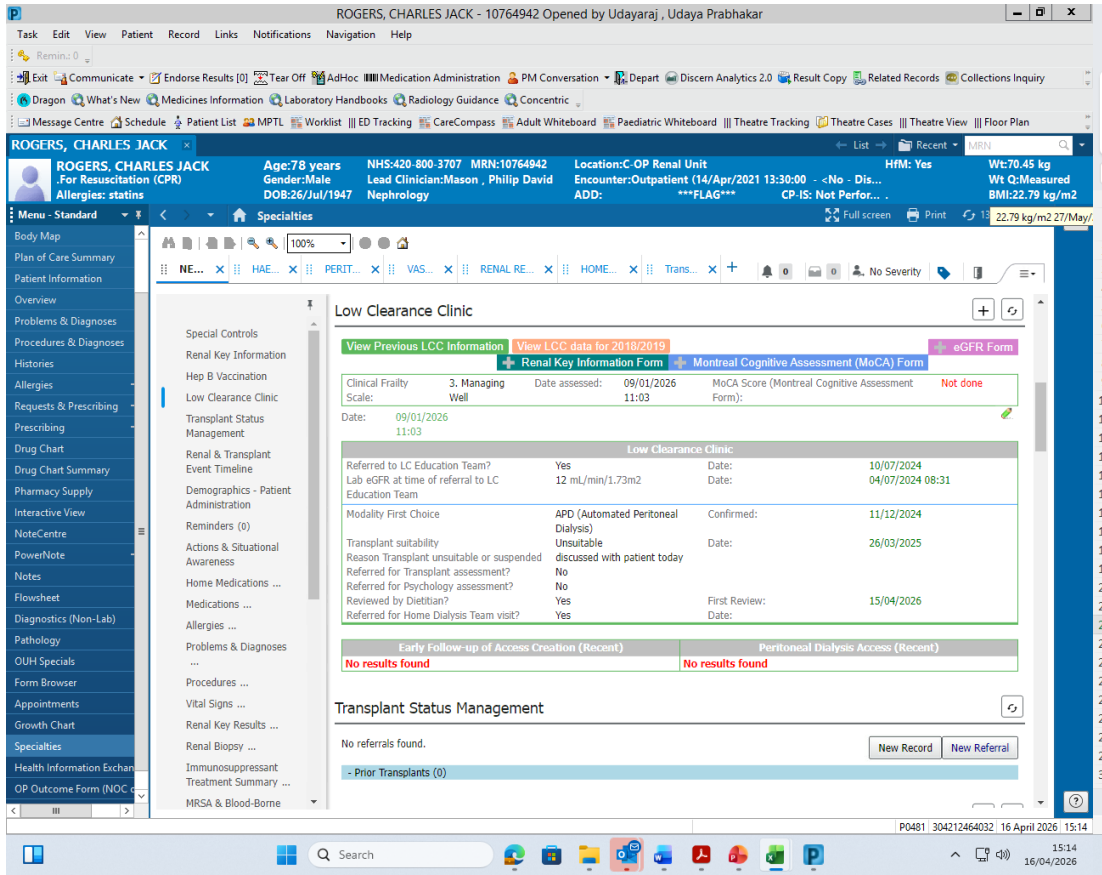


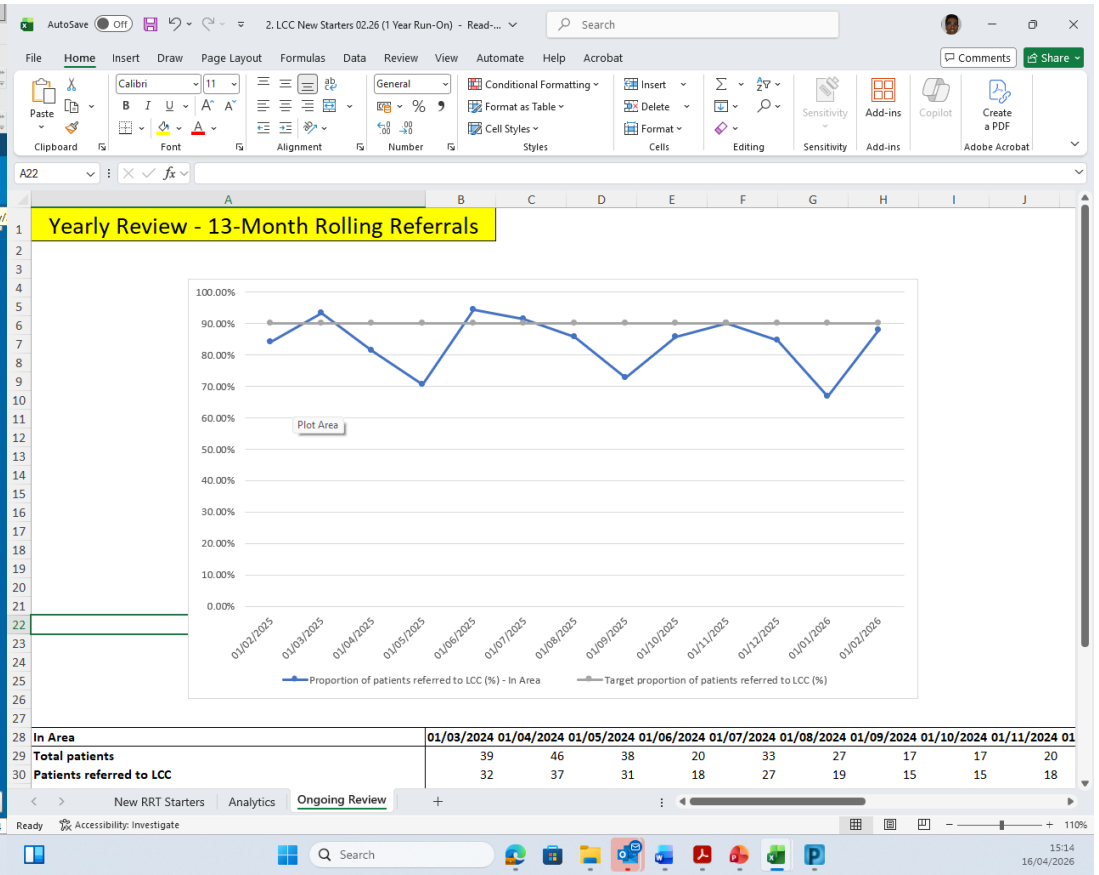
Month	Jan	Feb	Mar	Apr	May
Total Prevalent dialysis population	643	653	652	643	650
No of prevalent dialysis patients on PD	103	106	102	107	105
% prevalent dialysis patients on PD	16.0	16.2	15.6	16.6	16.2
Number of PD patients on assisted PD	9	12	11	12	12
% of PD patients on assisted PD	8.7	11.3	10.8	11.2	11.4
No of prevalent dialysis patients on HHD	25	22	25	25	24
% prevalent dialysis patients on HHD	3.9	3.4	3.8	3.9	3.7
Prevalent incentre HD patients	511	522	512	516	516
total number of prevalent dialysis patients on home dialysis	128	128	135	132	134
% of all prevalent dialysis patients on Home dialysis	19.9	19.6	19.5	20.5	19.8

Process measure (AKCC referral)



% referred to AKCC

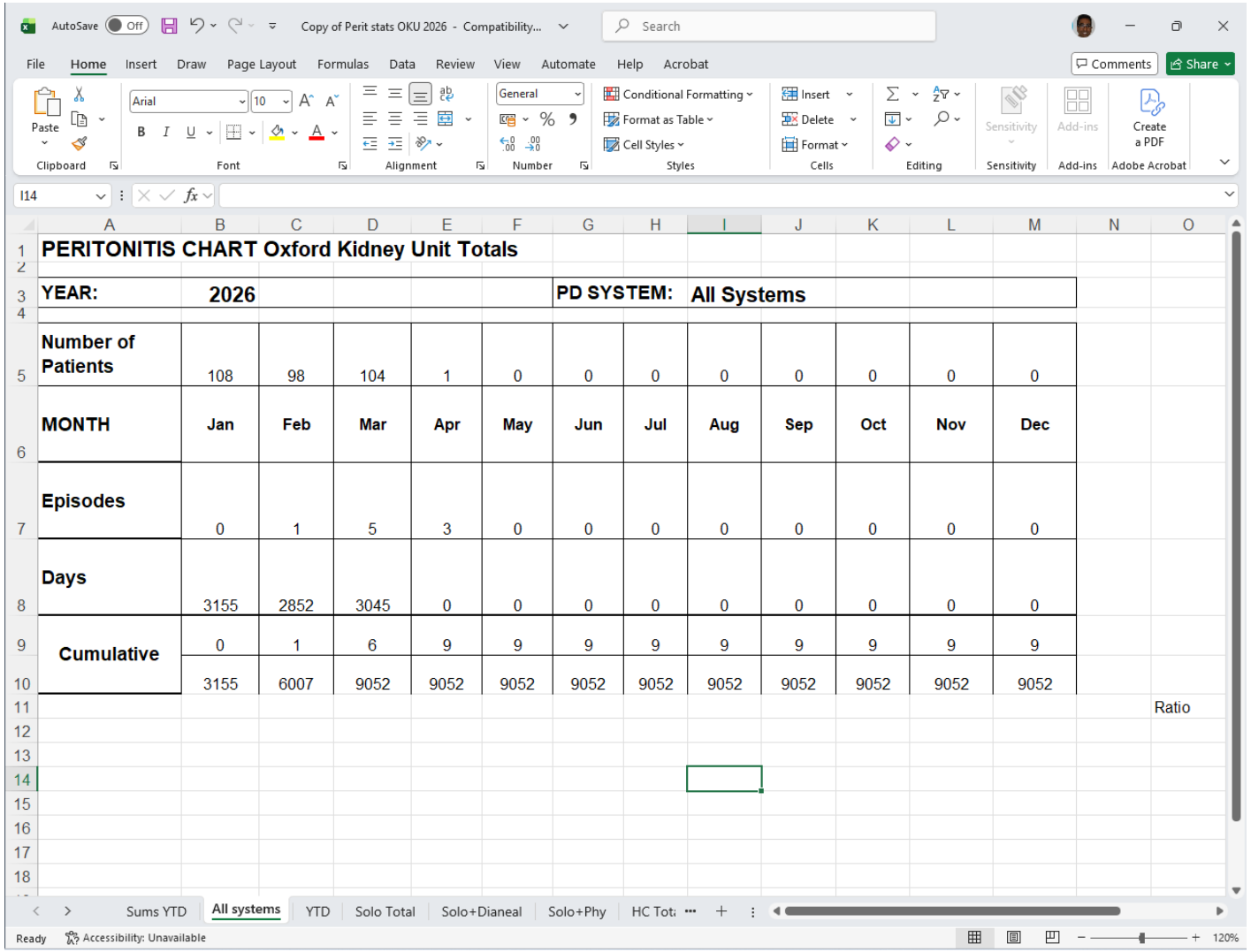




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Peritonitis episodes



PERITONITIS CHART Oxford Kidney Unit Totals

YEAR:	2026					PD SYSTEM:	All Systems				
Number of Patients	108	98	104	1	0	0	0	0	0	0	0
MONTH	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Episodes	0	1	5	3	0	0	0	0	0	0	0	0
Days	3155	2852	3045	0	0	0	0	0	0	0	0	0
Cumulative	0	1	6	9	9	9	9	9	9	9	9	9
	3155	6007	9052	9052	9052	9052	9052	9052	9052	9052	9052	9052

Ratio

Sums YTD | All systems | YTD | Solo Total | Solo+Dianeal | Solo+Phy | HC Tot

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What worked for us with data?

- Defining measures clearly
- Multiple team members involved in completing and collecting different data (PD nurses, PD admin, AKCC nurses, renal IT, Project lead)
- Automating some of the data collection and analyses
- Reviewing this data regularly to identify variations early
- Presenting this data at governance meetings regularly within the department to raise profile and showcase small wins

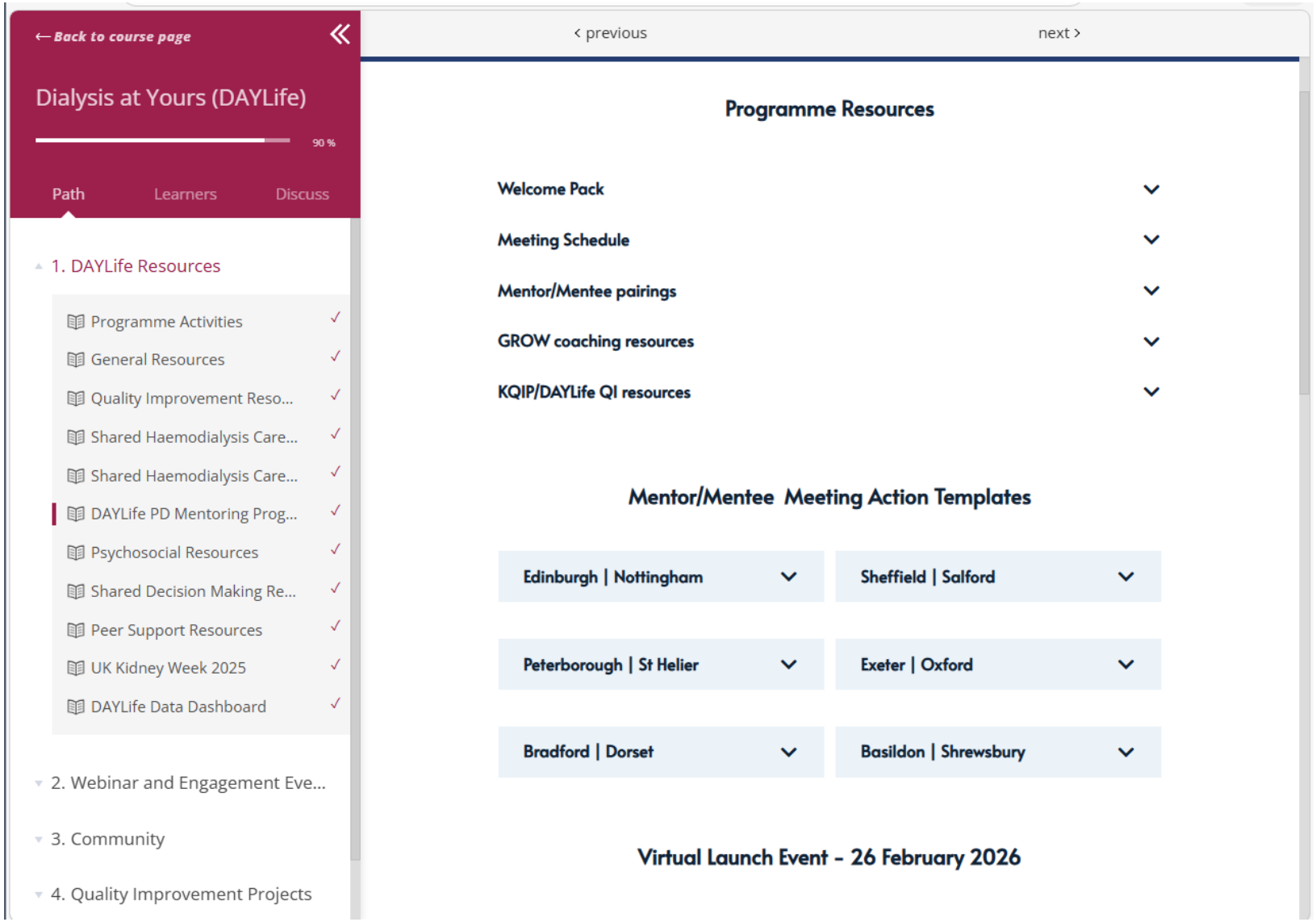
Next steps

- Complete evaluation form
- Schedule monthly mentor meetings for 2 years – complete meeting discussion form
- Assemble team and schedule project team meetings
- Virtual mentoring programme review meeting 16th July– save the date
- Use DAYlife knowledge hub resources
- Georgie will contact to arrange mentee centre visits May- July 26

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