Patient Shared care charter as a measurement and guidance tool

We want you to feel comfortable safe and confident to make choices about your own healthcare. We believe that working together in a partnership with us, you will feel more in control by understanding and participating in a way that is beneficial to you.

1. **Maintain your safety** by overseeing the management of your shared care so that you feel supported at all times are never at risk of being harmed
2. **Build trust** so that you are confident to have conversations about your care, what works well or not so well for you
3. **Provide choice**, without judgement, for how you wish to be involved in your care, accepting that you may change your mind at any time
4. **Listen to how you like to learn** and make a plan that feels relaxed, enjoyable and personal to your needs
5. **Support your choice** with training and encouragement to maintain a level allow you to achieve your level of shared care of and independence and control over your own care
6. **Provide a stimulating environment** where learning new skills and understanding of your healthcare is standard the norm and made easy to access
7. **Encourage social interaction** and recognise the value of being with like minded individuals for your support and personal wellbeing

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See table below to self score based on how you deliver shared care

Element 1	Maintain your safety by overseeing the management of your shared care so that you feel supported at all times are never at risk of being harmed		
Date	Scale of 0-5 Where do you and your mentor score your unit? Detail needed for what 0-5 looks like	Examples of how you have achieved this	What else are you planning?

Examples of how others achieve these elements: We can build on these to provide a wealth of examples from more experienced units

1. **Safety:** Documentation of how you do shared care and what the boundaries are, signed forms etc
2. **Build trust**: Prem results 12,13,20,21,22, 28,29,30
3. **Provide Choice:** Achievement folders regularly completed in own pt folders for all to see
4. **Stimulating environment:** A range of learning opportunities available to optimise learning. Refreshed information boards, opportunities for engagement
5. **Support your choice:** Documentation to state clearly that patients can add to tasks or stop participating if they wish. Evidence of teaching based on audit
6. **Listen to how you learn:** Completed form in the competency book
7. **Encourage peer interaction:** Pro actively match people to encourage peer to peer influence, social friendships etc

Breakout Room Discussions

- Where are you starting from using the roadmap?
- What have you already got in place?
- What are your barriers?
- What are the similarities with mentor team?
- What are the differences?
- Ideas of Where do you want to start?
- Initial actions using smart plan

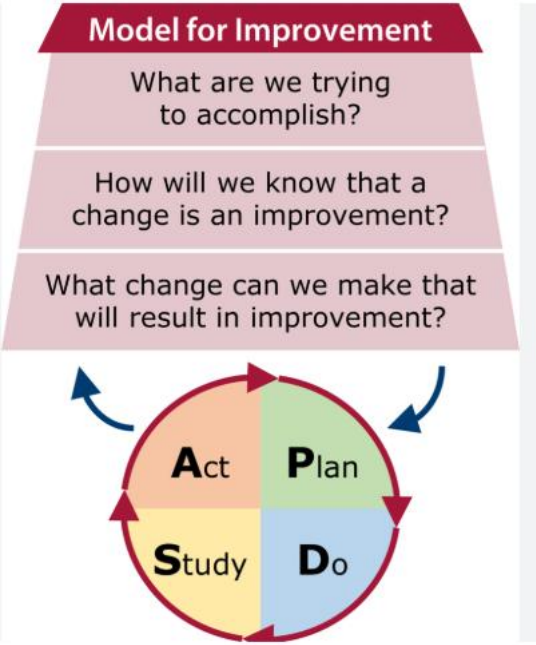
Feedback

Mentees: Why they wish to be mentored

Mentors: What are their next steps for getting started

KQIP 10 Steps to Quality Improvement

1. Leading quality improvement
2. Understanding your problem
3. Defining project aim and scope
4. Identifying and engaging stakeholders
5. Agreeing measures
6. Developing change ideas
7. Testing change ideas
8. Reviewing impact
9. Sustaining your improvement
10. Sharing your project



Share your progress

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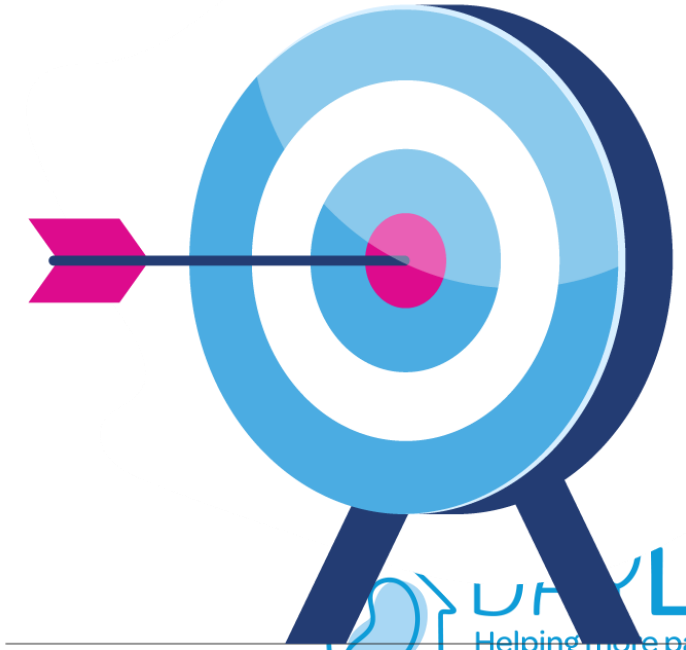
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Definition of aim statement

The Institute for Healthcare for Improvement (IHI) defines aim statement as:

"A **precise** description of
clear and **specific plans**
for the improvement work ahead"



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Aim components

Specific



Measureable

Achievable

Relevant

Time Bound

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Examples of SMART Aims

Specific
Measurable
Achievable
Relevant
Time bound

20% of prevalent patients on dialysis treatment are via home dialysis therapy (PD / HHD) by 31/12/2022 (or 20% increase for units already achieving)

20% of patients start RRT with a pre-emptive transplant by 01/01/2024

To achieve national targets for home dialysis

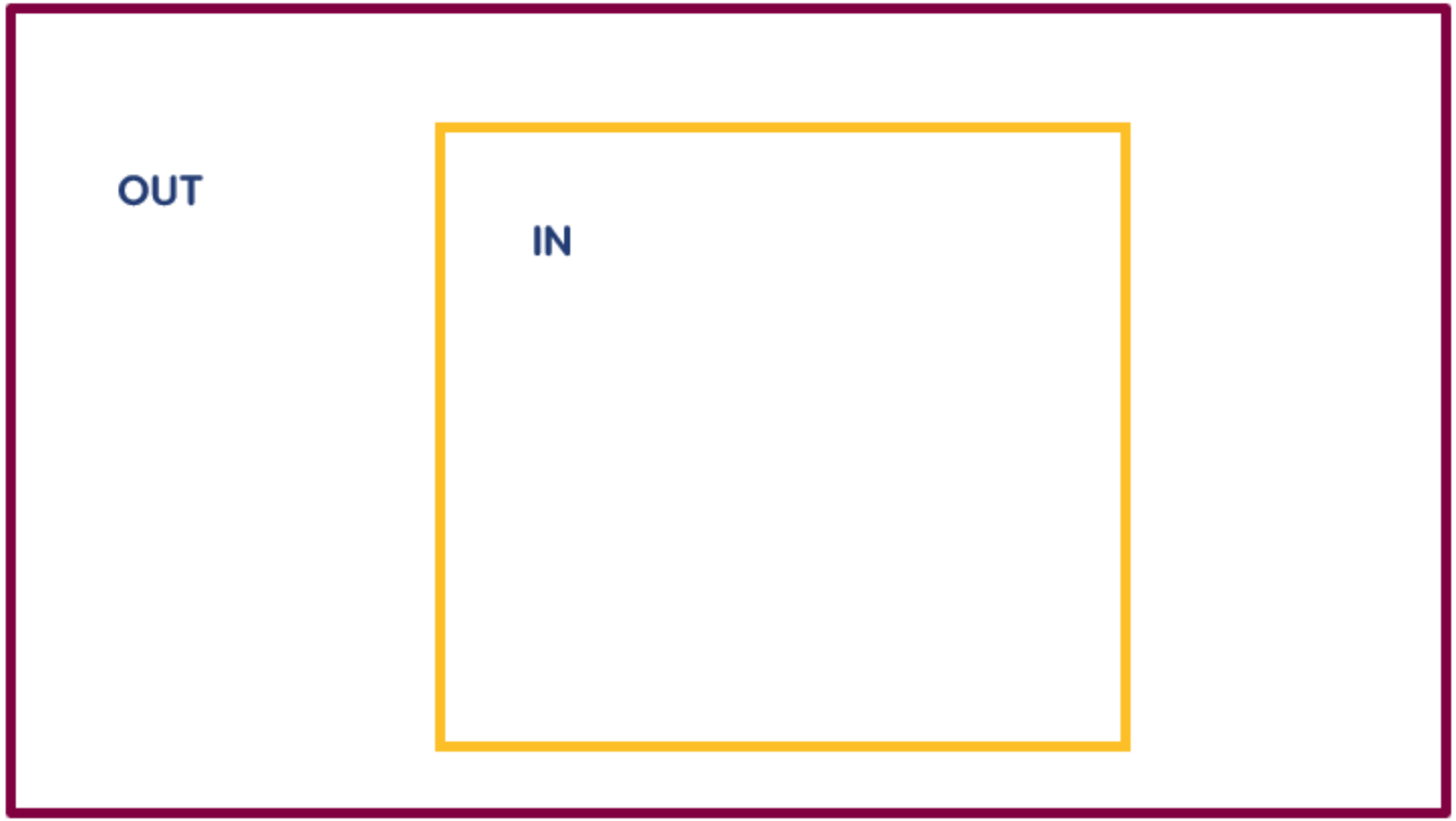
70% of cannulation staff will have completed the MAGIC E-Learning by Dec 2021

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Scope



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Stakeholders

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

Prof Marjorie Godfrey

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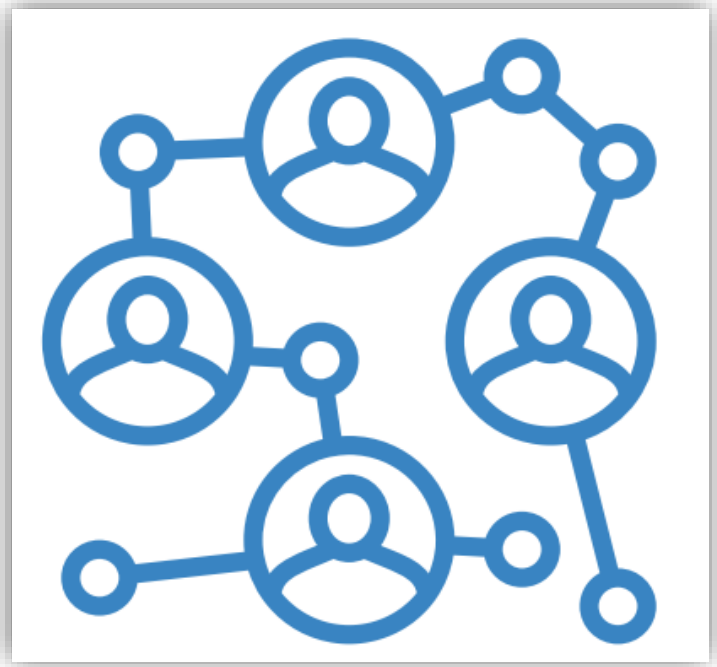
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What is a stakeholder?

- The people who will determine the success – or failure – of what you are trying to achieve.

- Any individual or group who is interested in your change or the outcomes



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Process for stakeholder mapping and analysis



Identify



Prioritise



Understand



Engage

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1. Identify who the key stakeholders are

carers

other specialists

social workers

patients

doctors

GPs

KQuIP Faculty

nurses



NHS England Y&H commissioners

local QI team

Library & Knowledge Service

data analyst

pharmacists

counsellors

Local QI team

admin staff

managers

physiotherapists

dieticians

occupational therapists

psychologists

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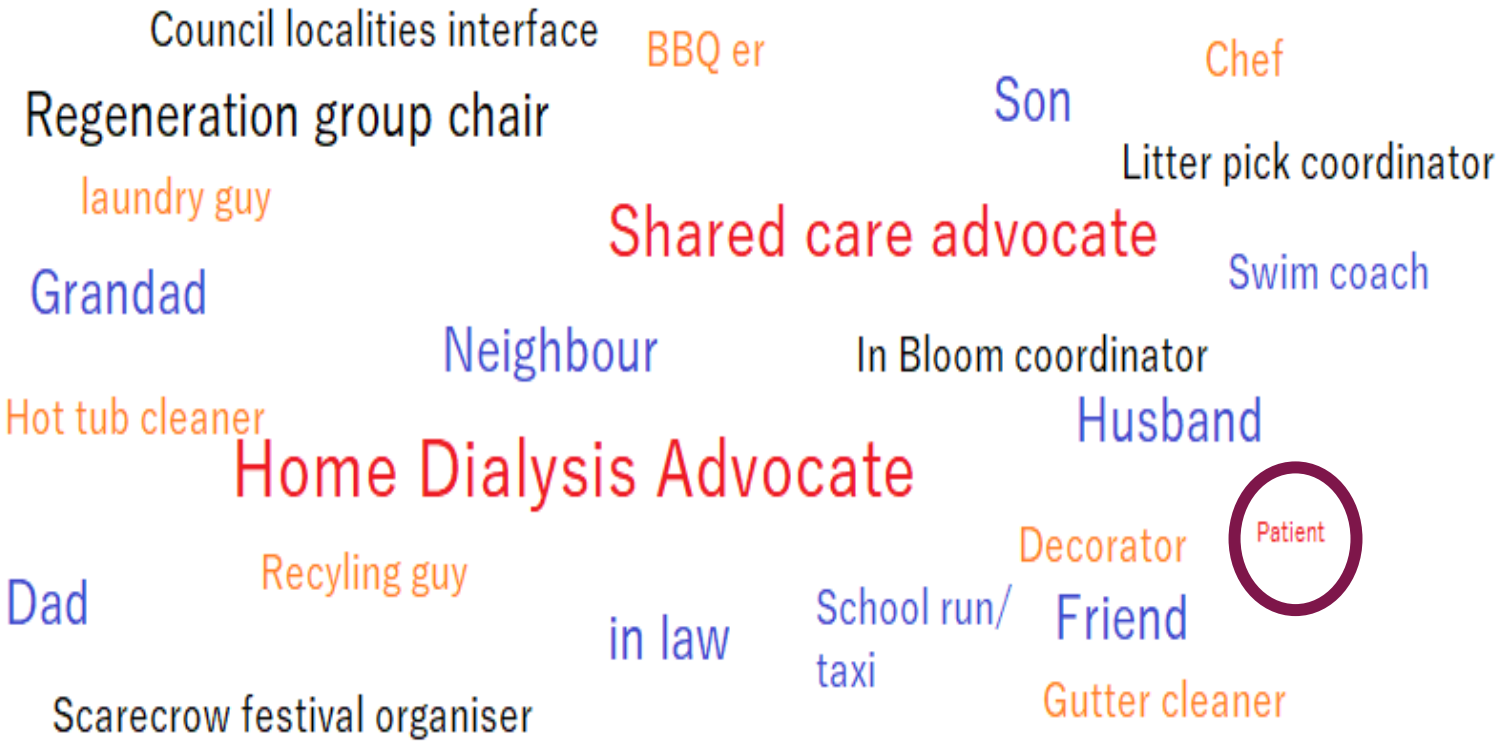
Types of stakeholder

1C	**Commissioners**	Those who pay for the organisation to do things
2C	**Customers**	Those who use the services provided by the organisation
3C	**Collaborators**	Those with whom the organisation works to develop and deliver its services
4C	**Contributors**	Those who help the organisation to provide services
5C	**Channels**	Those who recommend or refer customers (or provide a 'route to market')
6C	**Commentators**	Those whose opinions of the organisation are heard by customers and others
7C	**Consumers**	Those who benefit from the service of the organisation (ie patients, families, carers)
8C	**Champions**	Those who believe in and will actively promote the project
9C	**Competitors**	Those who offer similar or alternative services (in the same area)

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Patients as stakeholders

- What can seem like an excellent technical outcome from the healthcare professional's point of view is not always perceived as excellent experience by the patient



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Step two: Prioritising Stakeholders
Assessing the influence and level of impact

More power in the project	**Satisfy** Opinion formers. Keep them satisfied with what is happening and review your analysis of their position regularly	**Manage** Key stakeholders should be fully engaged through full communication and consultation
Less power in the project	**Monitor** This group may be ignored if time and resources are stretched	**Inform** Patients often fall into this category. It may be helpful to take steps to increase their influence by organising them into groups or taking active consultative work
	Less impact	More impact

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2. Assessing the influence and level of impact

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	Less impact	More impact

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3. Stakeholder involvement plan

Stakeholder	Type	Level of Impact	Level of Influence	Current commitment	Engagement Plan	Communication plan
Name	Influenced Impacted Involved	High Low	High Low	High Medium Low	e.g. invite to the next project team meeting	e.g. include in the group mailing list to ensure always informed

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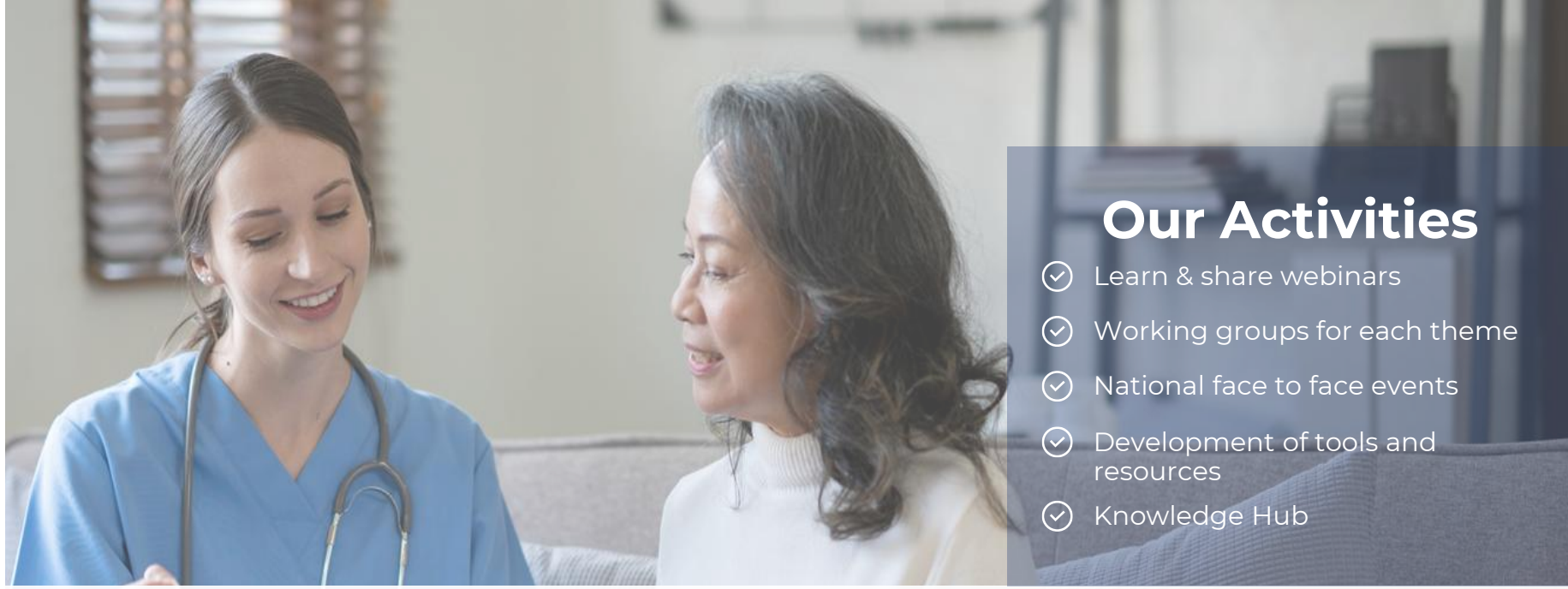
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DAYLife offers healthcare professionals tools, resources and opportunities to champion home therapies and give patients the choices they deserve.

Together, the Fresenius Medical Care, Kidney Care UK, National Kidney Federation, and the UK Kidney Association are working with patients and healthcare professionals to help make home dialysis more accessible and support centres in meeting national targets.



Our Activities

- Learn & share webinars
- Working groups for each theme
- National face to face events
- Development of tools and resources
- Knowledge Hub

The DAYLife Knowledge Hub

The Knowledge Hub empowers healthcare professionals with easy access to a wealth of information and fosters continuous learning and collaboration across the renal community, focused on home therapies.

Sign up today -
https://education.ukkidney.org/course/daylife

DAYLife Knowledge Hub

Contact Us

To get involved in DAYLife or to find out more, join the mailing list by emailing us at KQIP@ukkidney.org

Our Themes

- **Shared Haemodialysis Care**
- **Peer Support**
- **Psychosocial Support**
- **Patient Education and Shared Decision Making**

Next Meeting: 28th April, Sheffield

https://forms.office.com/e/T2FSdJQSYP

Thank you

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