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Cardiovascular
Society**

Driving primary care to deliver
the best in cardiovascular health



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CVD Academy

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PCCS QI Programme

Quality Improvement

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Dr Raj Thakkar Disclosures



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- PCCS
- AstraZeneca
- Bayer
- Novartis
- Amgen
- Medtronic
- Edwards
- Heathy.io

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Dr Jim Moore Disclosures



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- AstraZeneca
- Bayer
- Boehringer Ingelheim
- Cuviva
- Novartis
- Novo Nordisk
- VIFOR

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Introduction to the programme



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- **WHY?** – CVD has many risk factors
- **WHAT?** – This Quality Improvement (QI) programme is designed to support primary care teams to understand the importance of managing CVD risk factors, improving coding, embedding processes to detect CVD, and how to optimise patients with CVD
- **HOW?** – the programme will take a continuous service improvement approach
- **WHO?** – it will be directed at all HCPs (GPs, nurses, pharmacists and physician associates) in your practice or PCN

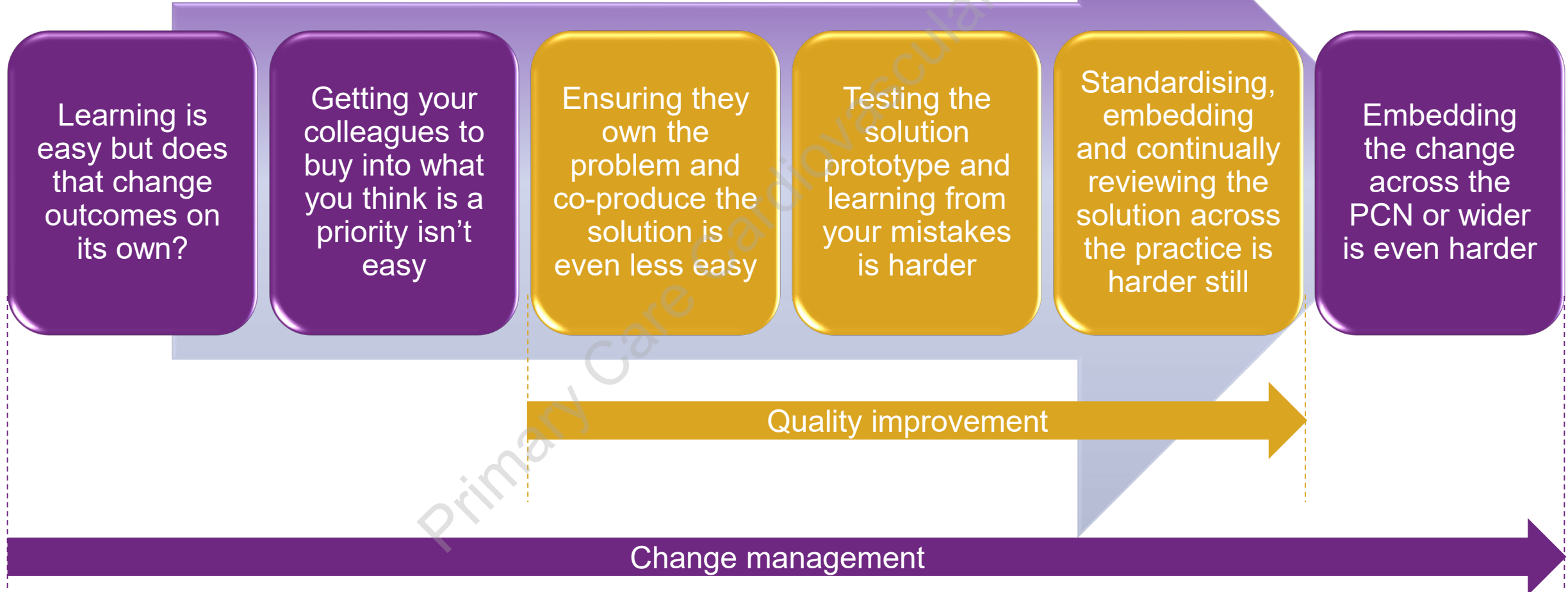


Introduction



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What is quality improvement (QI)?



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- **QI is a methodology for continuous service improvement**
 - Understand how well your practice or PCN currently performs
 - Consider the root causes of any problems
 - Co-create change ideas with key stakeholders
 - Roll out
 - Evaluate → tweak process



KEY NHSE QI tools



An approach to review your CKD pathway

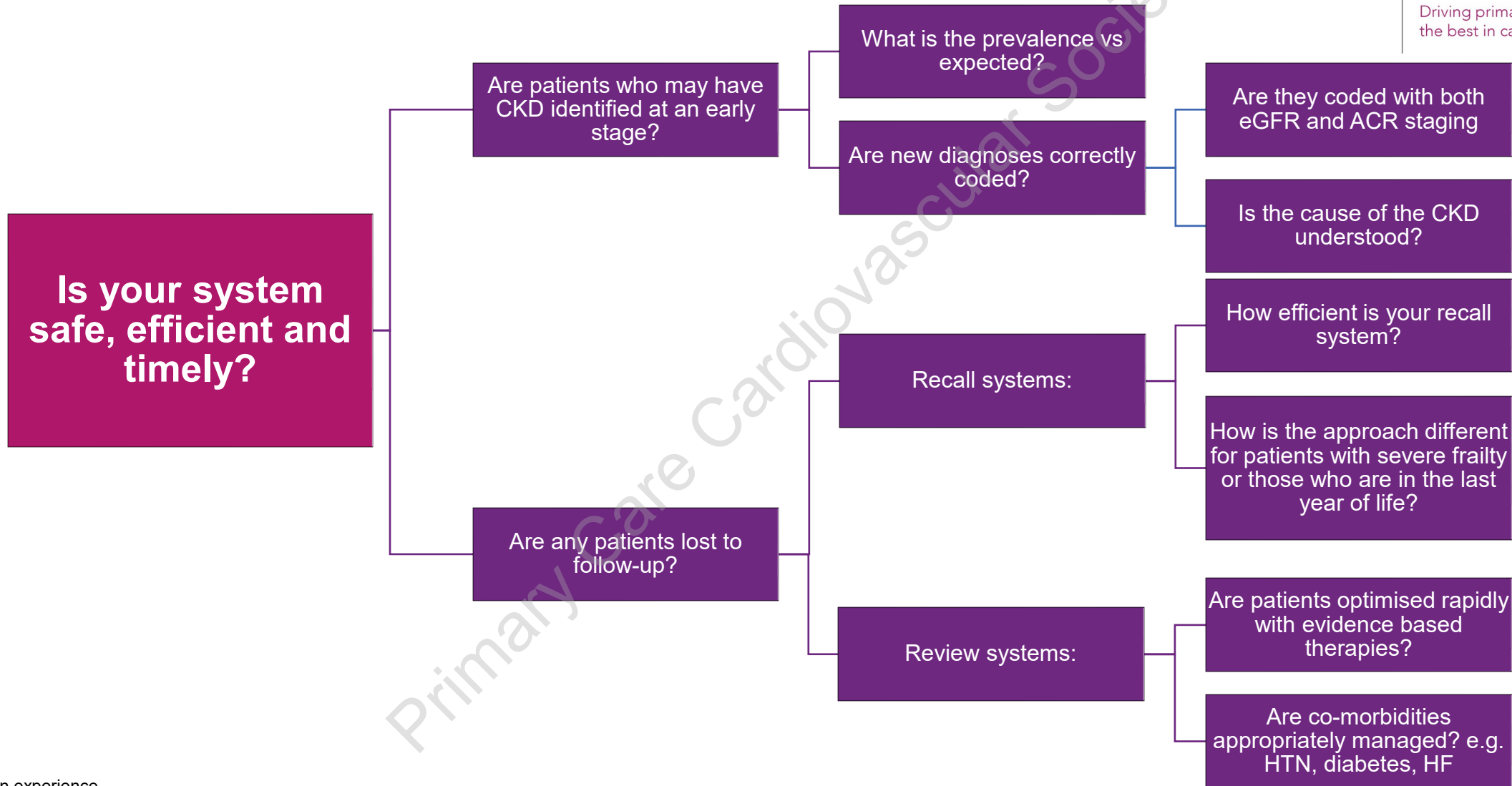


- For each heading, there will be several potential questions, routes of enquiry and root causes to be identified
- If the root cause isn't identified and resolved, the wrong problem may be solved
- The importance of baseline data collection using both qualitative and quantitative approaches should not be underestimated





Reviewing a pathway



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Reviewing a pathway



**Is your approach to CKD
person-centred?**

Are patients' wishes considered?

Are patients who have frailty,
and end of life identified early
enough with individualised care
plans?

How do you collect patient
feedback?

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Reviewing a pathway



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Is your system
equitable?

How are patients in
deprived or in vulnerable
patients reviewed?

How are housebound
patients managed, or
those in care homes?

How do you assure
yourself the all patients
have the same outcomes?

Equality describes offering the
CKD service to all patients
equally and fairly including those
who are hard to reach

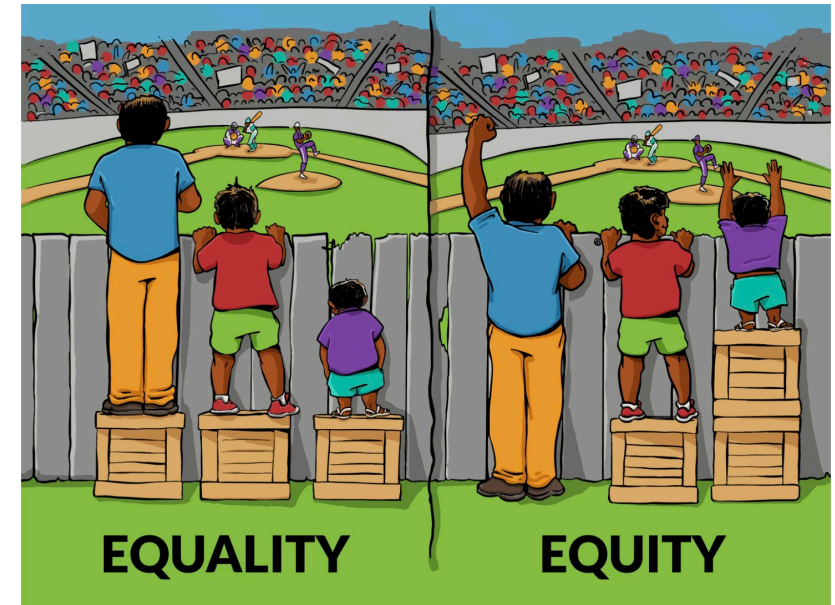


Image attribution: Interaction Institute for Social Change | Artist: Angus Maguire
<https://interactioninstitute.org/illustrating-equality-vs-equity/>

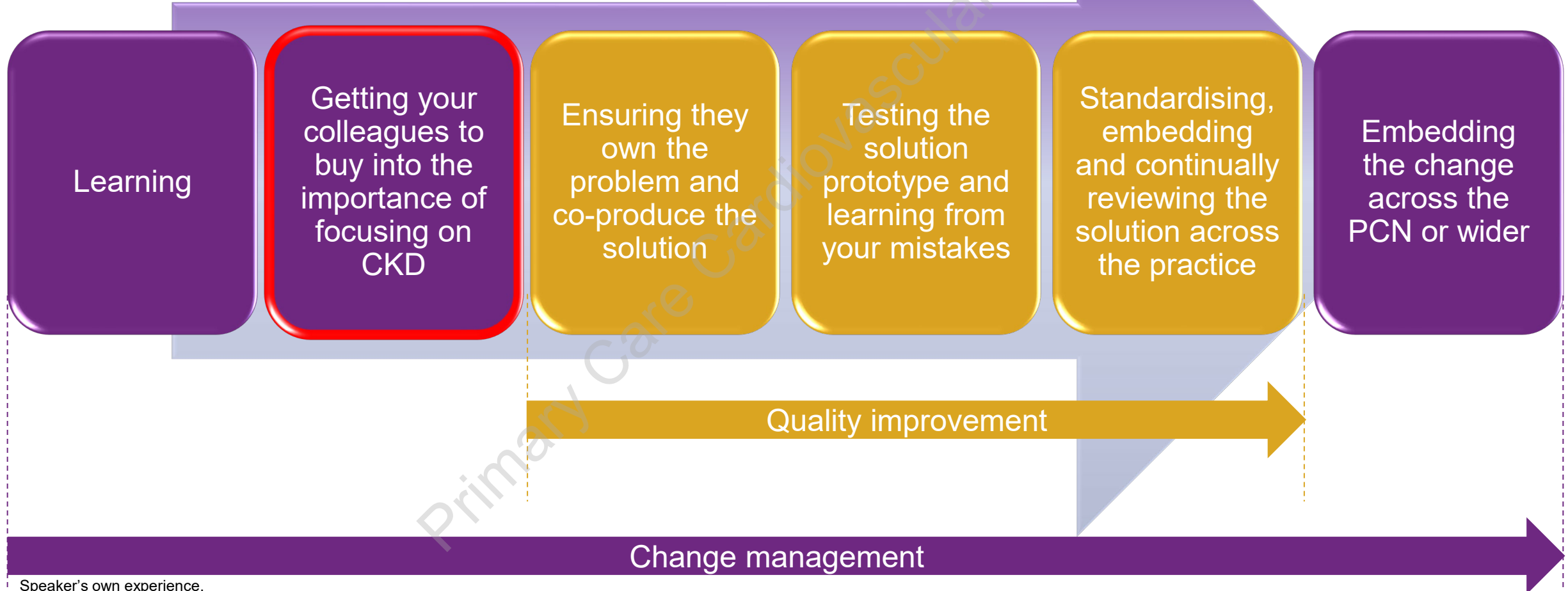


Change management process



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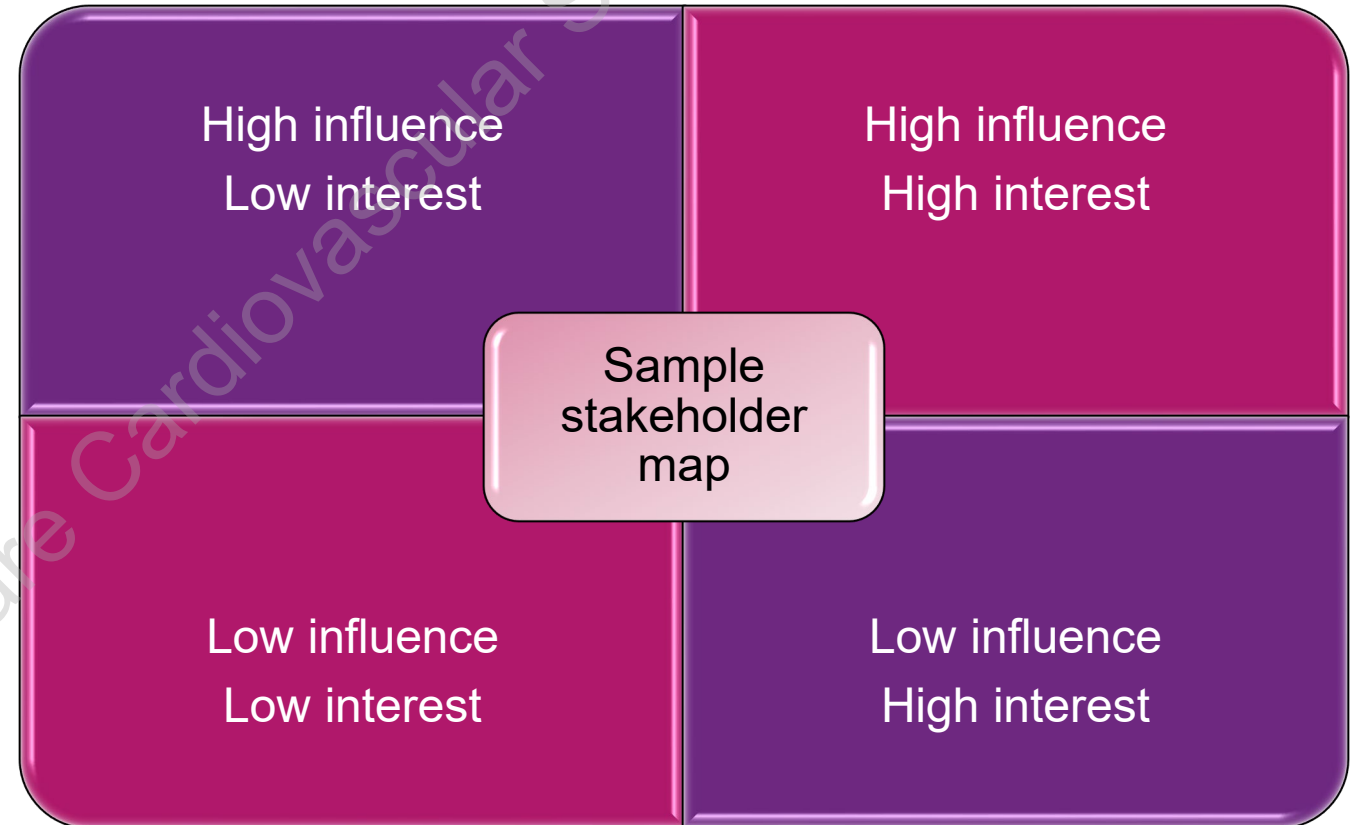
Quality improvement: stakeholders



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- Co-design refers to including all relevant people (stakeholders) being involved in CKD improvement programme
- Stakeholder “mapping” is therefore essential in order not to miss key people who need to be part of the conversation



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Getting your practice(s) on board



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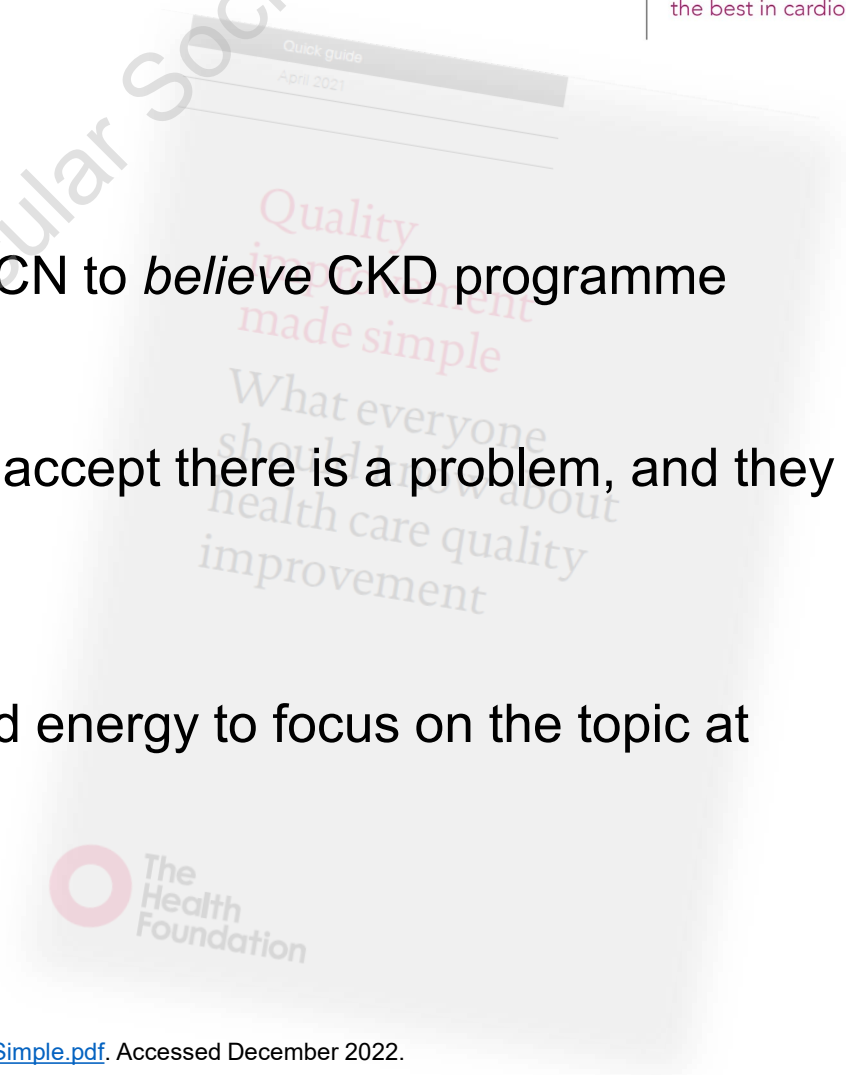
Get your key stakeholders in your practice/PCN to *believe* CKD programme



They need to believe in it so much, that they accept there is a problem, and they *want* to be part of the solution



This is about creating a *sense of urgency* and energy to focus on the topic at hand





Getting your practice(s) on board



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It may be that the process is triggered by a lone voice, and that lobbying and persuading is needed until others start to follow and get on board



This YouTube video depicts the concept of leadership and followership



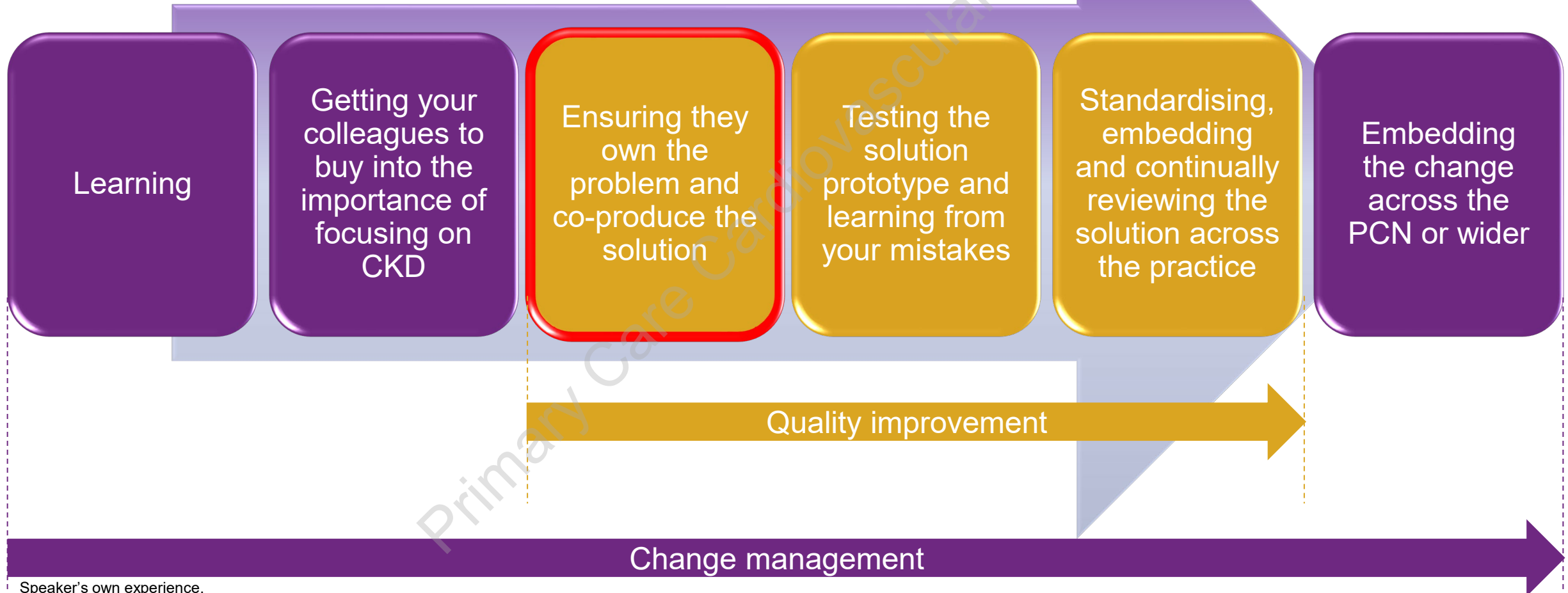


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Root cause analysis



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- For any identified problem you identify in your approach to managing CKD, it is important to:
 - Define the problem
 - Understand the root cause of the problem
 - Define the objective which will address the problem
- The root cause may differ from practice to practice
- If the root of the problem isn't understood and resolved, there is a risk that the problem won't be resolved

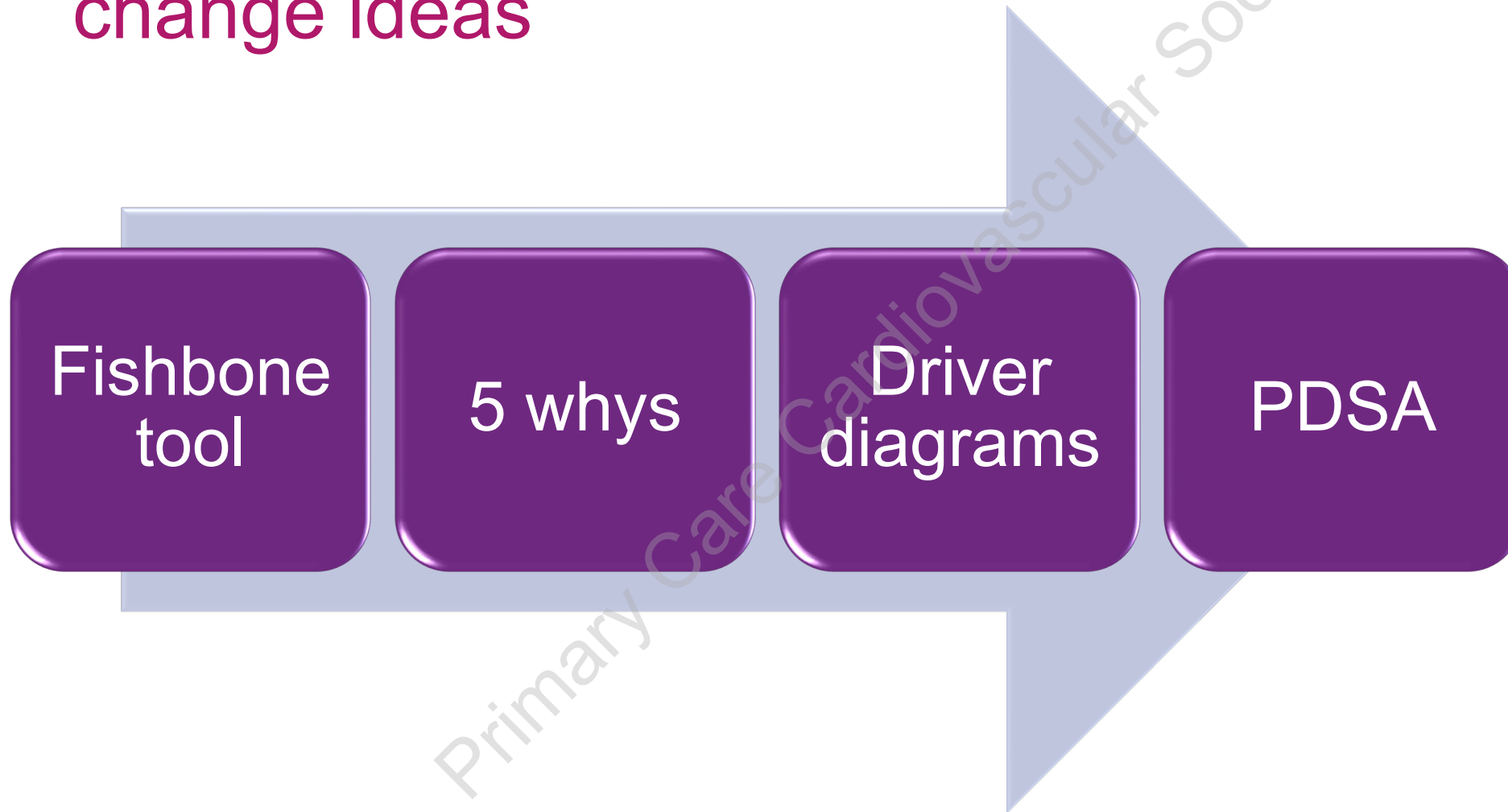


There are multiple tools to help consider the root cause and possible change ideas



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Fishbone (Ishikawa) diagram



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- Cause and effect tool
- Use when trying to understand the themes as to why a problem is occurring
- E.g.



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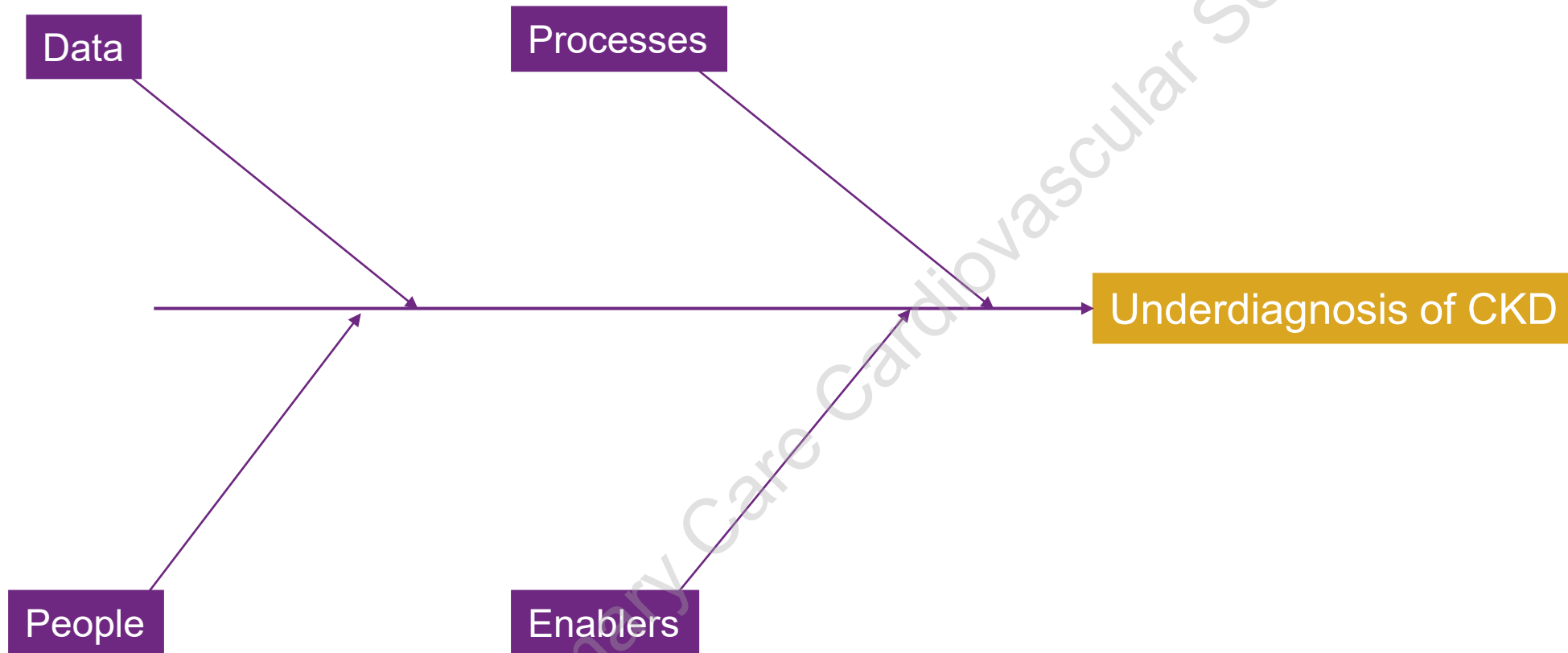


Fishbone diagram



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Consider major contributory factors [examples are in **boxes** above]



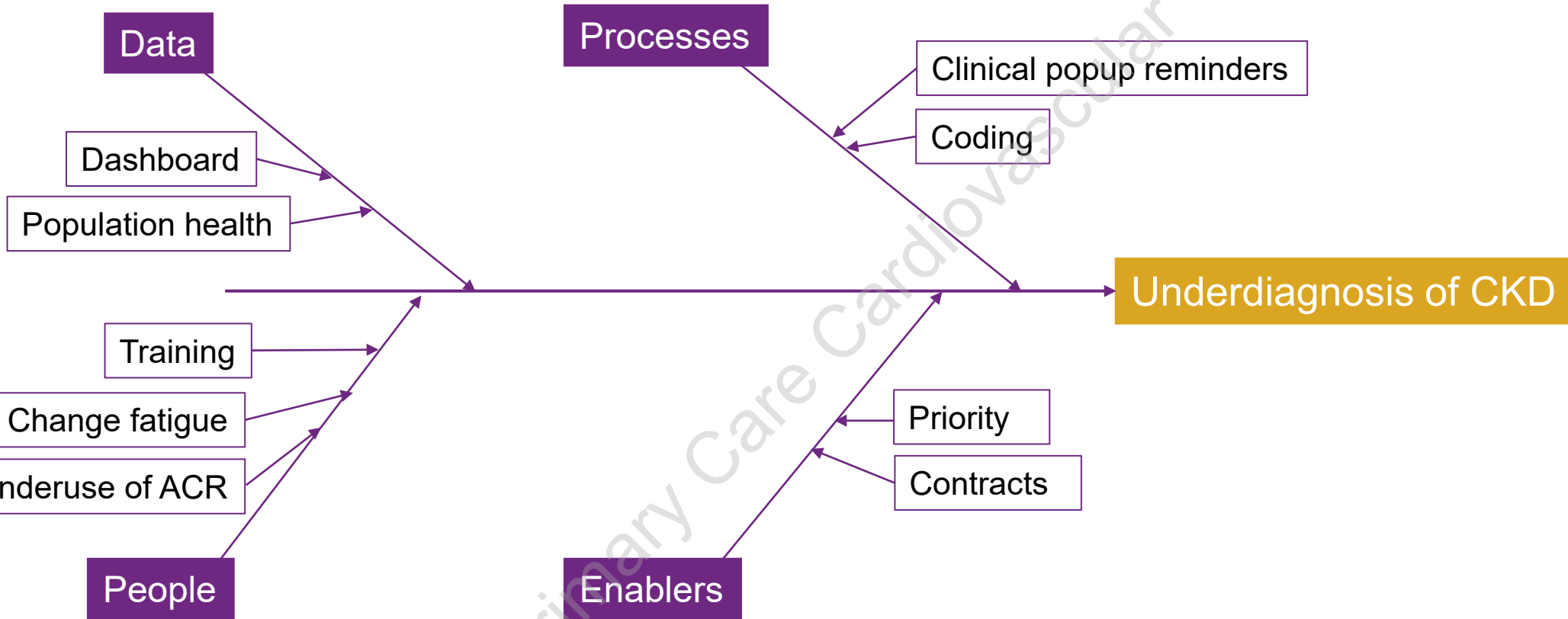


Fishbone diagram



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5 Whys



- The '5 whys' approach helps to drill down into the root of the problem - for example:
 - There are a significant number of preventable strokes and MI's across the NHS attributable to CKD. [[Link to publication on CKD](#)]: *Why?*
 - Patients with CKD are not optimally treated. *Why?*
 - CKD is not well identified (using both eGFR and ACR) or coded. *Why?*
 - There is a significant gap in knowledge around CKD: *Why?*
 - CKD isn't prioritised in the practice: *Why?*
 - There isn't a dedicated CKD lead in the practice or PCN to drive change
- **Solution: nominate a CKD lead**



SCAN ME



Driver diagrams



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- Work backwards from what you want to achieve/your aim
- Help understand what is needed to achieve a SMART (specific, measurable, achievable, realistic and time-bound aim) objective (what, where, how much and by when)
- Need to first develop a clear aim e.g. to ensure patients with CKD or suspected CKD have an ACR checked
- Once the aim is defined, the stakeholder group:
 - Will need to consider the “primary drivers” e.g. the influencing factors required to deliver the aim
 - Will need to consider what “secondary drivers” are required to support the primary drivers
- The change ideas will then emerge from this exercise





Driver diagram: an example



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SMART aim

To ensure patients with CKD or suspected CKD have both an eGFR and ACR checked

Primary drivers

These directly “drive” the aim

To reduce underestimation of risk to the patient

Increase the use of eGFR and ACR testing in at-risk patients (as defined by NICE NG203)

Secondary drivers

Supports primary drivers

Develop a data set

Improve knowledge of CKD diagnosis

Share NICE guidance

Share CVD prevent data

Change ideas

PCN CKD leadership

Standardised CKD care templates in GP system

Monthly automated searches

Project on improving coding of CKD

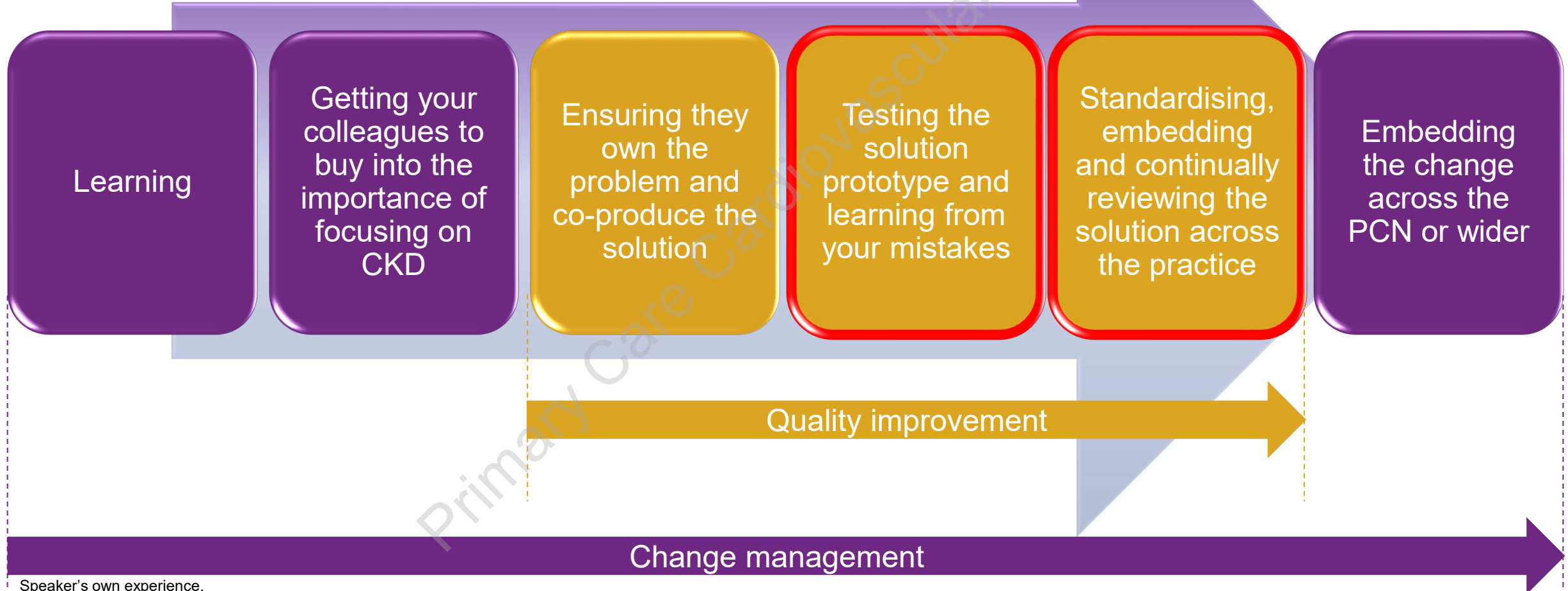


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Plan-Do-Study-Act (PDSA) cycle



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- An approach that uses data to drive and monitor system change
- Changes are tested on a small scale, learned from and tweaked over and over again
- These “learning cycles” used to develop change in structured way before wholesale implementation
- PDSA uses data to determine if the changes tested result in improvement



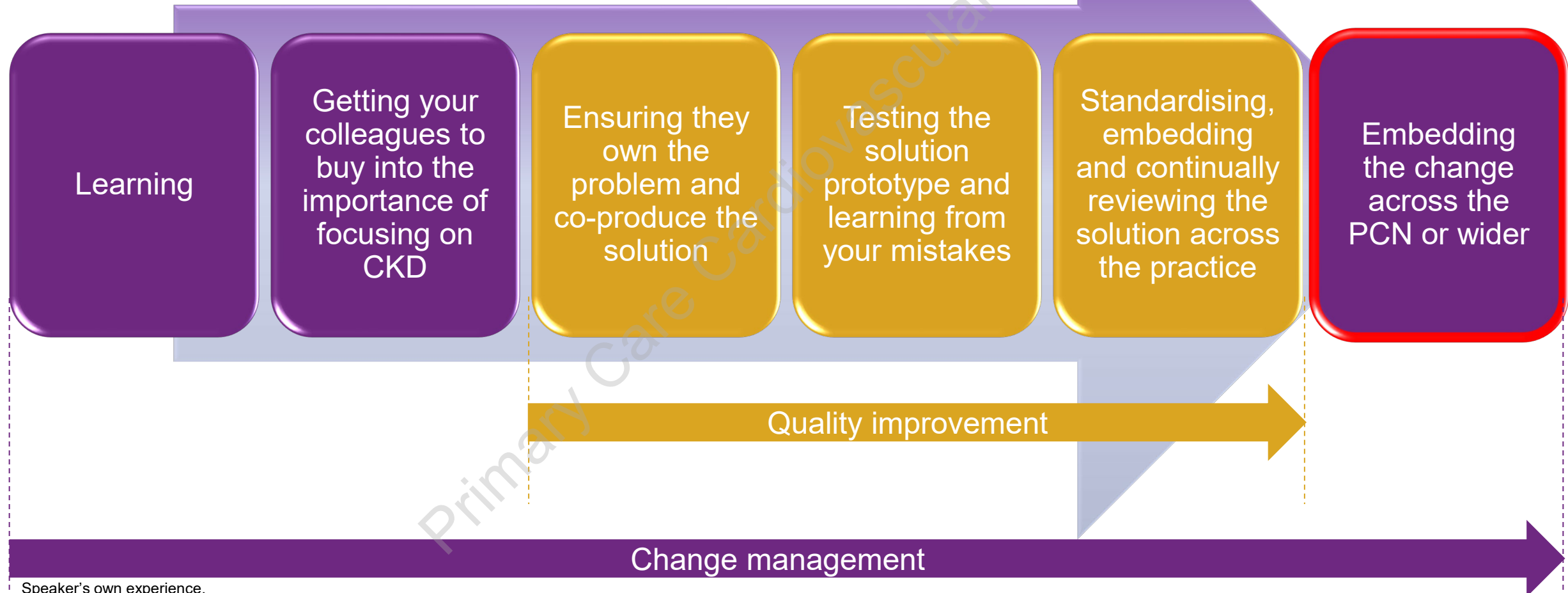


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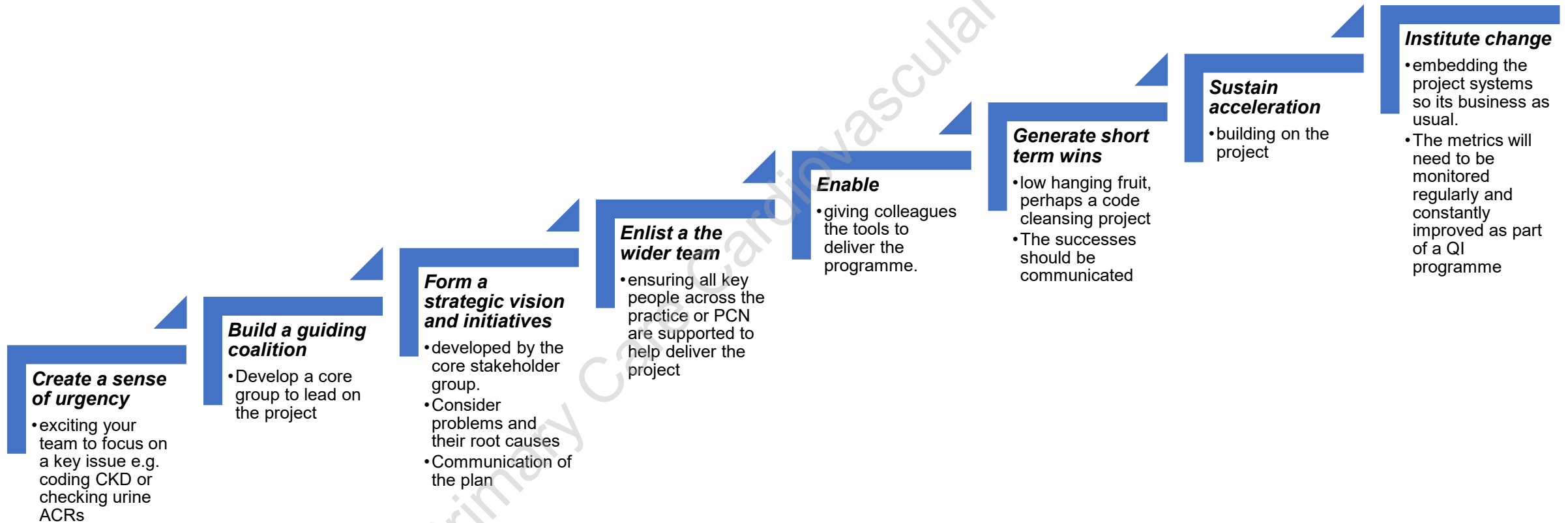


Implementing change in your organisation: Kotter



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