Background

Preemptive living donor Kidney Transplantation is considered to be the 'gold standard' renal replacement therapy, compared to dialysis it has better clinical outcomes and is generally the best reported patient satisfaction. In 2012 NHS Ayrshire & Arran (NHS A&A) were an outlier in national statistics for Living Kidney Donor Transplants (LKDT). NHS A&A was one of two health boards in Scotland without a kidney transplant co-ordinator or pathway to ensure patients are identified, educated and worked up for LKDT. Therefore NHS Ayrshire and Arran recognised that improvements were required to get in line with national targets and other health boards. NHS A&A secured charity funding from Kidney Care UK for a LKDT nursing post in September 2016 for 18 months.

Aim

To increase by 20% Living Kidney Donor referrals to Queen Elizabeth University Hospital (QEUH) for suitable recipients who meet the set criteria from within the Renal service in NHS Ayrshire & Arran by March 2018.

Methodology

Using improvement methodology and the model for improvement we engaged with the wider team to devise a project charter and driver diagram in order to share the aim and define roles and responsibilities.

Patient Story

Scott's mum Lorraine donated him a kidney in August 2017. “Being a kidney donor has both been a positive and life changing experience. It has brought our family unit closer together and made us stronger. Being able to donate my kidney to my 23 year old son was like giving birth to him all over again. Being able to give him the gift of an improved quality of life has been a privilege, rewarding and emotional experience. He has his independence back and is enjoying life to the full. I would recommend it to anyone who is considering it as it is a miracle. The kidney donation team held my hand all the way through and made the process as easy as possible.”

Results

Graph 1 – Live Donor Discussions:

Processes were developed in order to achieve our overall outcome. Live donor discussions with patients is a huge factor in number of referrals

Graph 2 – 3 month process:

Through the process we have worked as a team to identify delays in the process. We have now links with Cardiology teams which has had a huge benefit to time frames for request of essential investigations and reduce waiting times.

Graph 3 – Referrals to QEUH

We have demonstrated an increase in referrals compared to previous year. Numbers reflect our expected targets are in line with Scotland's projection of 26mpm LKDT.

Conclusion

We have now increased LKDT discussions in the pre-dialysis clinic, ensuring those who are suitable are being given the information to share with their families and friends.

Those who have come forward are now being assessed in a far more timely process.

We have increased our donor referrals to the QEUH in the first 12 months from 2 to 10, with a total of 15 over 18 months. So we have achieved our overall aim by increasing referrals to QEUH by over 20%. We have also referred 6 potential donors to other health boards, 5 in the UK and 1 to Australia.

During the project we have had a total of 11 LKDT in the 18 months, 2 of which were pre-emptive. 6 were within the first 12 months and 5 in the remaining 6 months.

Since the completion of this project we have submitted a business case to NHS A&A who have authorised permanent funding for 2 nursing posts for both Living Donor and Recipient Transplant co-ordinators for our renal patients. This will be a fantastic asset to our team and patients, we can continue in 'NHS A&A working to achieve Gold Standard in Living Kidney Donor Transplantation'.

References

NHS Kidney Care: Blood and transplant – Transplant First: Timely Listing for kidney Transplantation, March 2013:

- NHSBT: Living Donor Kidney Transplantation 20/20: A UK Strategy, June 2014: