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The Kidney Quality Improvement Partnership (KQuIP): Developing and embedding Quality Improvement capability within the kidney community – a local, regional, and national approach

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Introduction: The Kidney Quality Improvement Partnership (KQuIP) is a dynamic network committed to developing, supporting and sharing quality improvement (QI) in kidney services; it has been established by the representative professional and patient stakeholder organisations (Renal Association, British Renal Society, Kidney Care UK). The aim of KQuIP is to enhance quality of life and clinical outcomes for patients with kidney disease by building on existing QI structures, engaging the whole kidney multi-professional team, and enabling leadership in support of this approach. KQuIP also provides a unique platform for sharing and advancing ideas and innovations in QI methodology.
Methodology: A national co-design event for KQuIP was held in June 2016, attended by patients, clinicians, commissioners, and academics. The consensus of the attendees was to focus on three priority areas; Home Therapies, Transplant First, and Dialysis Access. A call to action was sent to all renal clinical leads in England, utilising the previous regional clinical network footprint and infrastructure. Clinical teams and patients from each centre then attended a regional day; unit-level data was used to assess variance and the teams identified a priority area for the region, to be addressed by all participating units. At the regional event, members of the multi-professional team were nominated as QI leads and the teams from all the units were offered a leadership course, project management support, and QI training to establish their work programme. The regions were then supported to hold a launch event to aid engagement with the project and foster long-term sustainability.
Results: KQuIP commenced in 2017. Six regions in England are currently active in KQuIP, hosting regional days, and selecting a national project. To date, two regions have chosen Home Therapies (DAYLiFe), two have chosen Transplant First, and one has chosen Vascular Access (MAGIC.) One of these regions chose two projects (Transplant First and MAGIC). All regions have nominated clinical leads and two multi professional QI leads from participating centres. Twenty nine centres from five of the regions have participated in the KQuIP leadership course with sixty three staff in total completing the course. Two regions have had launch events and the four remaining regions plan to complete these by June 2019. The paediatric community have had a national KQuIP day and have a clear leadership structure and work-plan developing. Four project managers are funded by Kidney Care UK, industry partners and the Renal Association to provide support, facilitation and training across the regions. Since the development of KQuIP, the Getting It Right First Time programme has begun, highlighting the need for QI support in the majority of units visited.
Conclusion: KQuIP is now established to support the kidney community in addressing QI and leadership requirements. As KQuIP has matured it has become clear that there is a major shortfall in QI support for many renal services. KQuIP is now central to enabling kidney services to address variance identified by GIRFT, to prepare for mandatory peer review, and to inform service specification and commissioning requirements.