

National study identified four important enablers in sustaining an intervention: easy to understand, low cost, a sense of local ownership and possibility of local customisation.



Sustaining Quality Improvement – what does the ASSIST-CKD project tell us?

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INTRODUCTION

A programme led by Kidney Research UK, to spread eGFR graph surveillance for the early identification, support and treatment of people with progressive chronic kidney disease (ASSIST-CKD), had the aim to implement at scale and then sustain an intervention that detects people with declining kidney function early and highlights them to their GP.

METHODS OF QUALITATIVE EVALUATION

- Developmental evaluation (Patton 2011)
- Five sites
- Evaluation of fidelity and impact
- Impact: surveys (n=68); interviews (n=14)
- Interviews: thematic analysis

RESULTS

- 18/21 sites have sustained for > 1 year
- eGFR graph interpretation takes less than 1 hour per week
- 18% graphs reported (wide variation)
- GPs found graphs useful
- Low impact on GP workload
- Did not appear to increase new patient referrals to secondary care

DISCUSSION

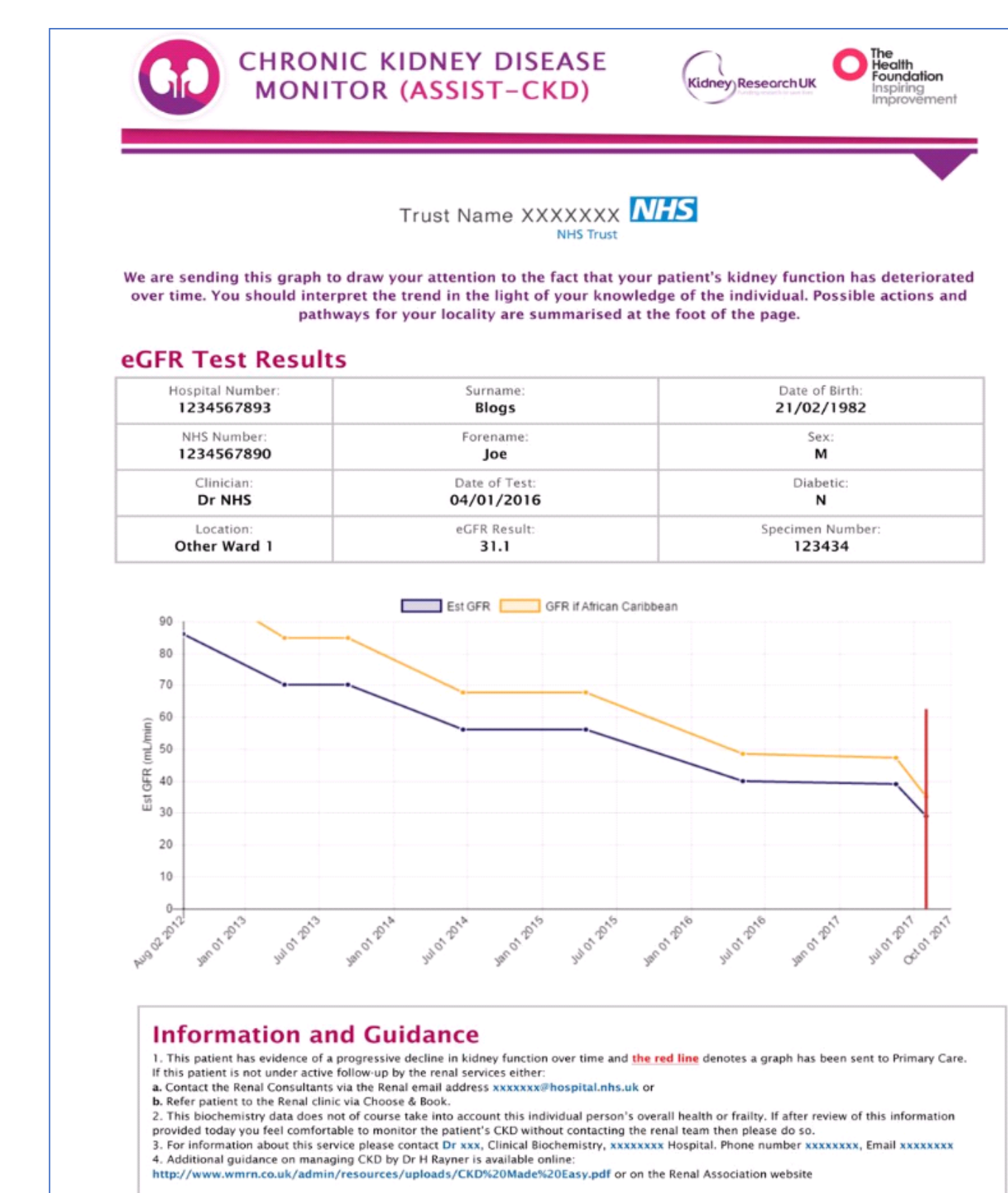
- Conceptually easy to understood by primary care, commissioners, patients
- Cost - £5,000 per year for average clinical commissioning group (CCG)
- Further IT developments could enhance sustainability

Sites involved



- Cornwall
- Lanarkshire
- Chester
- Wirral
- Doncaster
- Southport
- Newry
- Antrim
- Epsom & St Helier
- Hull
- Swansea
- Sunderland
- Derry
- Sherwood Forest
- Leicester
- Kettering
- Northampton
- Hywel Health Board
- Derby
- Wrexham
- Newcastle

Sample graph report



“Please continue. This is a reassuring back-up to our own monitoring” (GP).

I think it's another layer of reassurance, because we are being encouraged constantly to discharge patients and for CKD to be managed in the community” (Nephrologist).

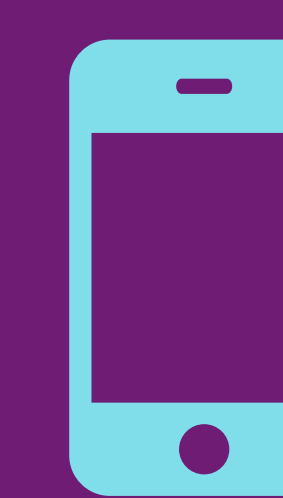
Project led by:



Project supported by:



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