



## Pledge to MAGIC

MAGIC is a quality improvement project created by BRS Vascular Access and the Vascular Access Society of Britain and Ireland (VASBI) and is supported by the Kidney Quality Improvement Partnership (KQuIP). It aims to improve cannulation / needling of arteriovenous fistulae (AVF) and grafts (AVG) using the 'BRS Clinical Practice Recommendations for Needling of AVF and AVG' as a basis to define best practice. The MAGIC group have developed a number of materials, endorsed by BRS and VASBI, to help units implement best needling practice. The ultimate aim of MAGIC is to improve rates of AVF and AVG use through preserving the lifespan of existing AVF and AVG; improving patient experience of needling, to encourage patients to choose AVF or AVF as their preferred type of vascular access, promoting service structures to support AVF/G formation and care and promoting future quality improvement into vascular access.

MAGIC takes a collaborative approach. Individuals will drive MAGIC within their own local area, with support and advice from experts involved in MAGIC and KQuIP. Therefore, there are a number of criteria that will improve the success of MAGIC within your region.

### Criteria for Success

- 1) Units included in MAGIC require a desire to:
  - a. Improve their needling practice of AVF / AVG
  - b. Engage with haemodialysis patients about needling practice
  - c. Measure outcomes related to needling practice
  - d. Perform quality improvement into vascular access
- 2) Each unit will nominate one or more needling champions. Needling champions should be haemodialysis staff who regularly needle AVF and AVG. If multiple champions are nominated, then one champion should be a lead. The lead needling champion will be a registered nurse who has enough seniority and experience to influence local renal unit policy and practice.
- 3) The lead needling champion will:
  - a. Collect data, on the defined objectives for MAGIC and any regionally agreed data
  - b. Implement the educational materials, competency package and awareness materials at the set time points in MAGIC
  - c. Actively participate in discussions through attendance at KQuIP regional activities and MAGIC webinars / calls. This will include 7 regional study days and 3 monthly MAGIC network webinars / calls.
  - d. Deliver outcome and process measures to MAGIC at the set time.
- 4) Each unit will nominate a lead for the vascular access (VA) lead to support the needling champion. This will be a medical colleague at consultant level, who has the influence to lobby for changes to structures of services and policies related to vascular access.
- 5) The VA lead will:
  - a. Meet with the needling champion monthly to support implementation of MAGIC in their local unit
  - b. Actively participate in discussions through attendance at KQuIP regional activities and MAGIC webinars / calls. This will include 7 regional study days and 3 monthly webinars.
  - c. Deliver outcome and process measures to MAGIC at the set time.



- 6) Each unit will expect to participate in peer review following on from their involvement in MAGIC.
- 7) Units involved in MAGIC will collaborate with other units in a professional and constructive manner, appreciating the diverse culture each unit brings. Whilst content of discussions may be disclosed to assist with learning and development of MAGIC, content will not be disclosed in an inappropriate or disrespectful manner by anyone involved in MAGIC.
- 8) Units involved in MAGIC will be encouraged to disseminate their individual journey with MAGIC, and the regions encouraged to disseminate their regional journey. MAGIC will also disseminate the national journey, providing credit to individual unit and region involvement.