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A Novel Approach to anaemia management in an advanced kidney care setting

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Introduction
We describe a change in the management of an anaemia service for non-dialysis patients in a tertiary referral centre situated in a district general hospital.
Method
Following the retirement of the anaemia nurse and the re-organisation of the advanced kidney care (AKC) nursing team, the management of anaemia was redesigned to become a multidisciplinary (MDT) service. Over a period of a few months the service was redesigned to involve AKC nurses, nephrologists and renal pharmacists in a more streamlined service.
All patients were contacted and informed of the new process for obtaining their erythropoietin stimulating agent (ESA). A new designated email and phone number were set up where patients are requested to contact the nursing staff when they are running low on medication, thus empowering them to be involved in their treatment. The nursing team ensure repeat blood tests are available and also accept referrals from the doctors in clinic for patients who require ESA or iron therapy. The independent prescribing pharmacists review patient's blood tests, discuss dose changes with patients, and prescribe medication which is dispensed in the hospital. The medication is distributed to the clinics for patients to collect whilst maintaining the cold chain and saving on delivery charges. Intravenous iron is given on the Renal Intervention and Treatment Area.
The nursing team educate the patients on how to administer their ESA injections and the importance of having regular blood tests to monitor therapy.
Results
Just over 200 patients are looked after via this MDT service. On average 20 prescriptions are dispensed each week and distributed for the nursing team to give to the patients in clinic. Patients now have their anaemia monitored every 6-8 weeks in a more robust process as prescriptions are only issued when recent blood tests are available.
Table 1.
The change in service was also predicted to save about £50,000 over a 12 month period, largely due to the reduction in the cost of delivery.
Discussion
This is a true MDT process which has had a positive financial effect on the trust whilst focusing on patient safety. Monitoring of haemoglobin and iron stores is a more robust process as it is now linked into supply and therefore patient safety has been paramount in the change.