

## Ambulatory Diuretic Service

## Operational Policy

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

## Introduction

The Acute Heart Failure Service has been developed to incorporate and facilitate the administration of ambulatory IV diuretics following recommendation outlined in NICE Guideline CG 187 Acute Heart Failure: Diagnosis and Management.

**This policy is for use by the following staff groups :**

All clinical staff groups

**Lead Clinician(s)**

Dr Robin Taylor

Consultant Cardiologist

Dr David Wilson

Consultant Cardiologist

Policy reviewed and approved by forum on:

10<sup>th</sup> June 2024

Review Date:

10<sup>th</sup> June 2027

This is the most up to date and should be used until a revised version is in place

## Key amendments to this guideline

Date	Amendment	Approved by:
13 <sup>th</sup> June 2018	New document approved at medicine divisional board meeting	DMB
4 <sup>th</sup> October 2021	Amendments made and approved at Cardiology Directorate Meeting	DMB
10 <sup>th</sup> June 2024	Ambulatory Diuretic Lounge changed to Ambulatory Diuretic Service. References updated Document reviewed and approved for the next 3 years	CDM

## Acute Heart Failure Specialist Nurses

### 1.1 Service Operational Policy

The Acute Heart Failure team has been developed following recommendations outlined in:

NICE Guideline CG 187 Acute Heart Failure: Diagnosis and Management

The service is modelled on:

**The model of ambulatory diuretic therapy has been trialled in other NHS Trusts and proven to reduce length of stay and also maintain and improve quality of care and clinical effectiveness.** Central Manchester University Hospitals NHS Foundation Trust

### Aims of the service

The overall aim of the Acute Heart Failure Team is to improve patient outcome and prevent overnight stays in hospital for IV diuretic therapy by facilitating:

- The early identification of patients within WAHT suitable for the Ambulatory Diuretic Service.
- The identification of those patients within WAHT for whom the Ambulatory Diuretic Service would not be in their best interests.
- Cardiology intervention and optimisation of treatment and care in liaison with members of the multi-disciplinary team in accordance with NICE Guidelines (2021) CG 187 and ESC Guidelines (2023). WAHT 041
- Good communication and seamless care delivery between the Community and Acute Heart Failure services.
- Sharing of skills with ward staff, identifying educational needs and providing training opportunities to meet those needs and support their practice.
- Improvement of patient flow/ capacity for WAHT
- Audit of patients to assess usage of the Ambulatory Diuretic Service, effectiveness, length of treatment days and bed days saved.

### Service Provision

- Led by the Cardiology Consultants in conjunction with the Acute Heart Failure Specialist Nurses.
- Continuous development of the Acute Heart Failure Service relies on feedback from members of the multi-disciplinary team to continue to improve and develop the service.
- 3 Senior Sisters with the support of 2 Junior Sisters who have cardiology experience and 1 Admin Support Officer across Worcester and Redditch
- The Acute Heart Failure Team operates, Monday to Friday 8am until 4pm. They can be contacted at **Worcester on ext 30251 Bleep 0115**
- Any enquiries from patients or carers regarding treatment, out of hours can speak to staff on Coronary Care Unit **Worcester 01905 760561**
- This service is for Adults only.

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### Key Functions of the Acute Heart Failure Team

- Identify patients in Acute Heart Failure.
- Offer support and advise ward staff in the care of these patients.
- Provide regular review of patients with Heart Failure in WAHT.
- Increase the prescription of life-prolonging medicine for patients with Heart Failure.
- Help reduce the length of stay for patients with Heart Failure.
- Reduce hospital re- admissions with Heart Failure.
- Identify patients suitable, for IV diuretic therapy in the Ambulatory Service.
- Delivery of the Ambulatory Diuretic Service.
- Maintain a visible presence on the wards to encourage and facilitate a collaborative and multi-disciplinary approach to patient care.
- Identify learning needs of ward staff and provide formal and informal training sessions to meet those needs.
- Provide a link between cardiology and other patient areas within the hospital.
- Educate and counsel patients and carers on the management of Heart Failure.
- Provide a link between Primary and Secondary Heart Failure management of patients.
- Participate actively in Heart Failure multi-disciplinary team meetings.
- Participate in the National Heart Failure Audit. (NICOR)
- Facilitate IV Iron Infusions

### Medical Responsibilities

- **It is the responsibility of the AHFN to assess the patient and arrange prescription of treatment or review from Dr Wilson, Dr Taylor, Cardiology Consultant of the Week or a AHFN who is a Non-Medical Prescriber.**
- If unavailable advice can be sought from the on call Cardiology Registrar **bleep 0467 at Worcester or bleep 1021 or 1003 at Redditch**

### Referral Process

To discuss a patient, contact Dr David Wilson or Dr Robin Taylor

#### Worcester Acute Heart Failure Nurses

Bleep 0144/ 0115 or call ext 30251

Email wah-tr.acuteheartfailurenurses@nhs.net

#### Redditch Acute Heart Failure Nurses

Bleep 1382 or call ext 42058

Email wah-tr.acuteheartfailurenurses@nhs.net

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### References:

European Society of Cardiology Guidelines for the diagnosis and treatment of acute and chronic Heart Failure. *European Heart Journal* (2023) vol 44 issue 37, 3624-3639

National Institute of Clinical Guidelines (2021) CG 187 Acute Heart Failure: Diagnosis and Management

Worcestershire Acute Hospital Trust 041 Managing Heart Failure due to Left Ventricular Impairment Policy.

### Contribution list

This key document has been circulated to the following individuals for consultation.

Designation
Dr Robin Taylor
Dr David Wilson
Dr William Foster
Dr Helen Routledge
Matron Clare Alexander
Lead Nurse Kerry O'Dowd
HFSN Kerry Burbidge
HFSN Heidi Nunwick

This key document has been circulated to the chair(s) of the following committees/ groups for comments.

Committee
Cardiology Directorate
Divisional Medical Board

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Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to:  <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	<b>WHAT?</b>	<b>HOW?</b>	<b>WHEN?</b>	<b>WHO?</b>	<b>WHERE?</b>	<b>WHEN?</b>
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.

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## Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.



### Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

#### Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	X	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

<b>Name of Lead for Activity</b>	<b>Kerry Burbidge</b>
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<b>Details of individuals completing this assessment</b>	<b>Name</b>	<b>Job title</b>	<b>e-mail contact</b>
<b>Date assessment completed</b>			

#### Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<b>Title:</b> Ambulatory Diuretics Lounge Operational Policy			
What is the aim, purpose and/or intended outcomes of this Activity?	See body of document			
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input type="checkbox"/> Staff <input type="checkbox"/> Communities <input type="checkbox"/> Other _____		
Is this:	<input checked="" type="checkbox"/> x Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?			

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What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	See body of document
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	See body of document
Summary of relevant findings	See body of document

### Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		X		
Disability		X		
Gender Reassignment		X		
Marriage & Civil Partnerships		X		
Pregnancy & Maternity		X		
Race including Traveling Communities		X		
Religion & Belief		X		
Sex		X		
Sexual Orientation		X		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		X		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		

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### Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	N/A			
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

### Section 5 - Please read and agree to the following Equality Statement

#### 1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	
Date signed	
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	



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### Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document	Yes/No
1	Does the implementation of this document require any additional Capital resources?	No
2	Does the implementation of this document require additional revenue?	No
3	Does the implementation of this document require additional manpower?	No
4	Does the implementation of this document release any manpower costs through a change in practice?	No
5	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff?	No
	Other comments	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.