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## Ambulatory Diuretic Lounge (RE-WARD) 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: 13<sup>TH</sup> June 2018

Review Date: 13<sup>th</sup> December 2020

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
June 2020	Document extended for 6 months during COVID-19 period	

## **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 /. University Hospital of North Staffordshire NHS 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 Lounge.
- The identification of those patients within WAHT for whom the lounge 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 (2014) CG 187 and ESC Guidelines (2016). WHAT 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 Lounge, 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.
- 2 Senior Sisters with the support of 3 Junior Sisters who have cardiology experience, across Worcester and Redditch sites.
- The Acute Heart Failure Team operate, Monday to Friday 8am until 4pm (except bank holidays). They can be contacted at **Worcester on ext 38793 or 38780 Bleep 115 and Bleep 144**
- Any enquiries from patients or carers regarding treatment, out of hours can speak to staff on Coronary Care Unit **Worcester 01905 760561 or Redditch 01527 512089**

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## WAHT-CAR-059

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- This service is for Adults only.

### 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 Lounge.
- 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)

### Medical Responsibilities

- It is the responsibility of Dr David Wilson or Dr Robin Taylor to assess the patient and prescribe the treatment regime for the individual patient.
- If they are not available then the responsibility will lie with the Cardiology Consultant of the Week.
- If unavailable advice can be sought from the on call Cardiology Registrar **bleep 467**

### Referral Process

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

Or Bleep 144/ 115 Acute Heart Failure Nurses.

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**References:**

European Society of Cardiology Guidelines for the diagnosis and treatment of acute and chronic Heart Failure. *European Heart Journal* (2016) 37, 2129-2200

National Institute of Clinical Guidelines (2014) 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 Roberts
Dr William Foster
Dr Helen Routledge
Dr David Smith
Dr Deepak Goyal
Matron Clare Alexander
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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**Supporting Document 1 - Equality Impact Assessment Tool**

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

		Yes/No	Comments
1	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		
	• Race	No	
	• Ethnic Origin (including Gypsy or travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including Gay, Lesbian or Bisexual people	No	
	• Age	No	Adults only
2	Is there any evidence that some groups are affected differently?	No	
3	If you have identified potential discrimination, are any exceptions valid, legal and/ or justifiable?		
4	Is the impact of the policy/guidance likely to be negative?		
5	If so can the impact be avoided?	NA	
6	What alternatives are there to achieving the policy/guidance without the impact?	NA	
7	Can we reduce the impact by taking different action?	NA	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources

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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.