

Barriers to the Implementation of a Renal Anaemia Management Protocol

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Background: This qualitative study explored the barriers on the adherence of an existing anaemia management protocol as identified by anaemia link nurses working in one of a dialysis facility in Abu Dhabi, United Arab Emirates.

Aim: To assess renal nurses perceptions as to the barriers to the successful management of renal anaemia using the existing anaemia management protocol. Suggest an evidence based service development plan to improve anaemia management and patient outcomes.

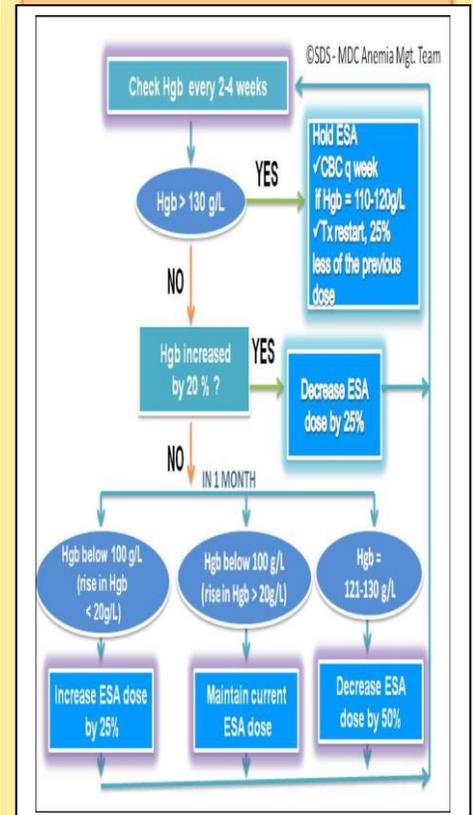
Method: A face to face semi structured interview was conducted using an interview guide which included six open ended questions followed up by elaborating probes that aimed to elicit information about the nurses experience as an anaemia management link nurse, their current unit protocol, hurdles in implementation as well as their suggestions in order to improve outcomes.

Result: Five renal anaemia link nurses were selected and invited in this qualitative phenomenological study and throughout the data analysis three main themes emerged: staff understanding of anaemia management protocol, perceived barriers to the implementation of anaemia management protocol and proposed solution.

Conclusion: Major healthcare problems of anaemia management among dialysis patients can be efficiently managed by tackling the issues in various ways, first and foremost would be to ensure a standardized protocol is in place. Continuous education and effective orientation towards standardized clinical pathways need to be implemented. Once the systems are in place regular auditing processes should be conducted to check on the adherence to the clinical protocol. Proposals to address perceived barriers which include provision for delegating an Anaemia Nurse Coordinator, redefining the roles of staff to develop workforce to function effectively and training to improve assertiveness. Also aspects of communication as presented by evidence in literature proved effective in improving practice in the standard of delivery of care.

Key Words: Anaemia, Barrier, Implementation, Management, Protocol, Nurse led.

The Anaemia Management Protocol:



IV Iron Sucrose Dosing Recommendations

IRON PROFILE VALUES	ACTION
Tsat < 20% and/or Serum Ferritin < 200ng/L	<ul style="list-style-type: none"> Iron sucrose 100mg IV weekly for 10 doses Repeat Iron profile after 10 IV Iron doses
Tsat 20 - 30 % & Serum Ferritin < 500ng/L	<ul style="list-style-type: none"> maintenance of iron sucrose 100 mg IV every 2 weeks or 50mg per week
Tsat 30-50% and Serum Ferritin < 500ng/L	<ul style="list-style-type: none"> start or continue maintenance dose iron sucrose at 100mg IV every 4 weeks Continue checking iron profiles every 3 months and titrate accordingly
Tsat > 50% or Ferritin > 800ng/ml	<ul style="list-style-type: none"> Hold iron Continue checking iron profiles every 3 months and titrate accordingly
Ferritin > 500ng/ml, Tsat <30% & Hgb < 100g/L	<ul style="list-style-type: none"> Trial of 100mg iron sucrose IV weekly x 10 doses and evaluate response

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