Implementing an Ambulatory IV Iron Service in a DGH

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Introduction

IV Iron is a guideline recommended therapy for patients with HFrEF. RCT data support it's use for the improvement of symptoms and reduction on HF hospitalisations[1, 2]. Iron deficiency should be actively sought and IV iron provided. Our hospital did not have an ambulatory OP service that catered to the eligibility criteria for IV iron in the HFrEF population. Myself and a wider team of colleagues from the cardiology department therefore decided to implement such a service, and the process is ongoing.

OBJECTIVES

- To develop an SOP for the administration of IV iron in an ambulatory setting.
- To understand the funding source and financial impact of such a service.
- To disseminate knowledge of the service and identify eligible patients in the community.

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MATERIALS & METHODS

Stakeholders involved for implementation are as follows:

- Finance Intelligence Department
- HF Nurse Specialists, Community Nurses and ward Nursing Team
- Pharmacy
- Long term Care Planning Leads
- NE London Project Management Office
- Trust Business Case Assurance Group

RESULTS

The project is ongoing, but progress to date includes:

- Identification of physical space and staffing involved completed
- Clinical SOP, referral form and prescription produced
- Community nursing team informed of proposed mechanism for diagnosis of ID and referral into the service
- Suggested tariff identified and costings underway

Next steps planned:

- Engage LTCP leads
- Produce documentation for NE London PMO approval
- Obtain BCAG support
- Proceed to Business Case submission
- Once approvals in place locally, obtain ICB consent to begin infusions
- Pilot first 100 patients with planned review of systems, outcomes and financials prior to scaling up

CONCLUSIONS

Setting up a new service is time consuming and requires teamwork.

The success of the project hinges on having the right skillset in the team, driven by a few motivated individuals.

Identifying a clinical need does not automatically ensure that systems will be put in place to fulfill that need – this will require intentionality to achieve the desired outcome, even when guidelines back the intervention in question.

Multiple stakeholders, both in secondary and primary/community care must be involved in service design and implementation. Engaging them early in the process means that all relevant concerns are addressed in a timely fashion

ICBs help deliver equitable care across a large geographical area, but this means that competition for funding extends to a larger patch than it might have previously.

References

1. McDonagh T et al, 2021 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure, 2021; *European Heart Journal*; 42(36), 3599–3726
2. Jankowska E et al. Effects of intravenous iron therapy in iron-deficient patients with systolic heart failure: a meta-analysis of randomized controlled trials; 2016; EJHF; 18(7), 786-795