Cathy and Belinda representing ANSA in the **World Kidney Day 2009** march over Westminster Bridge. A reception was held later that day inside the Houses of Parliament.
ANSA once again are supporting
World Kidney Day, Thursday 11th March, 2010

Abstract submissions

ANSA have been involved with two abstracts that have been submitted to the joint British Renal Society/Renal Association conference this year. One is a joint one with BRS/ EDTNA and RCN. It reviews a survey carried out throughout Europe looking at Violence and aggression within renal units. The results are varied, dependent on the area and suggest local guidelines are developed for prevention and management of Violence and aggression within renal units.

The second abstract is an ANSA only submission which reviews the successful **ANSA Anaemia Academy.** The abstract gives a step by step approach from birth of the idea through to findings and includes user's feedback. If you have not yet completed these modules have a go at:

www.anaemianurse.org/nurses.net.uk
or
www.doctors.net.uk

Dates for Your Diary 2010

Thursday 11th March
World Kidney Day

Friday 12th March
Comorbidity in dialysis patients
Royal Society of Medicine, London

Thursday & Friday 18th - 19th March
ANSA Conference - Leeds

Tuesday 13th April
An essential guide to setting up nurse clinics
RCN Research day, Cavendish Square

Monday 17th - Thursday 20th May
BRS/RA Conference, Manchester

Monday 5th July
ANSA Research Training Day
Hallam Conference Centre, London

Saturday 18th - Tuesday 21st September
EDTNA/ERCA International Conference,
Dublin, Ireland

Friday 24th - Saturday 25th September
Renal Pharmacy Group Conference, Manchester

Monday 8th - Saturday 13th November
ASN, Philadelphia, USA

ANSA NEWS

Spring Edition 2010

Cathy Johnson
ANSA President 2007 - 2010

Dear All,

I can hardly believe my time as ANSA President is almost over; I have had such a fabulous time that would not have been possible without the fantastic support of the ANSA Executive and Secretariat.

The fifth ANSA President is Belinda Dring from Nottingham who I know is exactly the right person to take ANSA forward into the "teenies". She will be taking the helm at our Annual Conference taking place in Leeds on the 18th and 19th March at the Leeds City Hilton hotel.

We are just applying the finishing touches to what is a fantastic programme and yet again, for the third year running, we have held our registration fee which at £145 for an ANSA member to attend the conference with accommodation and dinner is an exceptional price, The title this year is **"Anaemia Management – an Age Old Problem"** with the focus on how to manage anaemia in our increasingly older patients, this is a topic I'm sure is relevant to many of us in secondary and primary care.

I am looking forward to seeing many of you in Leeds to say goodbye personally but for those unable to join us, I would like to bid you all a fond farewell and thank you for allowing me the opportunity to lead your organisation.

Take care,

Cathy Johnson *ANSA President*

Dear all

In my final newsletter as editor I have the pleasure of bringing to you an exciting new feature. Our international numbers are growing and members from New Zealand and Australia have been kind enough to share their practice with us.

Please help us to continue this feature and let us know what you do and any changes you have made to improve your practice / patient experience.

I now leave you in the capable hands of Sue Pickard, who takes over as ANSA Newsletter editor.

Best wishes

Belinda

Belinda Dring
ANSA President Elect &
Outgoing ANSA Newsletter Editor

Sue Pickard
ANSA Newsletter Editor Elect

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If you wish to become more involved in ANSA activities,
Write to Us.

Barbara Parker
Transfusion Nurse Consultant
(Safety Quality Risk Management Unit)

I am a Transfusion Nurse Consultant working in a major teaching hospital in Adelaide, South Australia (SA). I am part of a transfusion safety and quality collaborative called BloodSafe. **http://www.health.sa.gov.au/bloodsafe**

Day to day activities include promotion and assisting with safety, quality and efficiency of blood and blood product usage, identifying areas for clinical practice improvement, particularly targeting:

- Appropriateness of blood component transfusions
- Safe administration practice,
- Prevention and minimisation of blood and blood product wastage.

This has been achieved through:

1. Clinical auditing: assessing appropriateness of transfusion, consent, anaemia management/ treatment, two checking signatures, blood components administered over >4hours and pre-transfusion specimen request appropriateness.
2. Adverse event monitoring and management.
3. Education: medical and nursing orientation, clinical units, university undergraduates, support staff. BloodSafe has developed an interactive e-learning program which has been widely undertaken across Australia as well as overseas with over 38,000 registrants. **www.bloodsafelearning.org.au**
4. Review of red cell use by DRG and clinical speciality.
5. Policy and procedure review.

There is an identified need for change in transfusion practice from the traditional product focus to a patient focus which is evidence-based.

Patient Blood Management is a multidisciplinary, multi-modal, patient centered approach which aims to improve patient outcomes by conserving and optimising the patient's own blood and their physiological tolerance of anaemia, thereby reducing the need for transfusion.

Funding has recently been provided to scope and undertake a range of initiatives that will assist in improving anaemia management and lead to the development of a state-wide Patient Blood Management proposal.

There are particular challenges to anaemia management outside of the renal setting eg peri-operative. One initiative involves working with the elective surgery patients undergoing colorectal and joint replacement surgery. Pre-operative anaemia is 40% and 15% respectively in these groups. This dramatically increases the likelihood of transfusion with its associated risks, including increased mortality, ICU admission and increased hospital length of stay and morbidity including increased incidence of infection.

We are currently looking at strategies to manage anaemia and would benefit by learning from others through the challenges and interventions that have proved helpful.

Anaemia Nurse Coordinator Role

Michelle Chamberlain
Taranaki Base Hospital, New Plymouth, New Zealand

Established in Taranaki May 2005.
I have been responsible for setting up a service which facilitates access to, and renewal of, Pharmac funding of Erythropoietin-Beta for patients with Anaemia associated with Chronic Kidney Disease. Initially, one of the objectives of my position was to relieve some of the burden on the only Renal Physician in Taranaki, ensuring that appropriate patients receive treatment.

The majority of my work involves patients in the community who are not on dialysis. I liaise with the GP practices and practice nurses, offering support and advice in the treatment of their patients on EPO, using a protocol written by the Renal Physician, which gives a target range for haemoglobin levels and dosing for EPO. I closely monitor the community patients who are referred to the Anaemia Management service by the GPs & other specialists, ensuring that they receive the required follow-up blood testing and EPO dosing. I also work with the Dialysis staff in the Renal Unit, reviewing blood test results on a monthly basis, making decisions re EPO & iron dosing, using a similar anaemia management protocol.

In setting up the service, my work involved visiting individual GP practices and educating the practice nurses concerning the use of EPO & treatment using the community anaemia management protocol. I also presented information at a collective Practice Nurse meeting (supported by Roche). I encouraged the nurses to identify appropriate patients who would benefit from treatment with EPO – ie. Diabetics with CKD; patients with deranged creatinine, who also might be anaemic; those with anaemia who might have a deranged creatinine; patients with CHF who might also have CKD & anaemia etc. This information was also presented to hospital staff – Diabetes Nurse Educators; CHF Nurse Practitioner; Cardiac Nurse Educators; Medical Ward Staff; ICU/ Coronary Care Unit staff and District Nurses.
From time to time, information is refreshed as required.

I try to meet the patients who are referred to me while they are in hospital. I like to determine how to achieve optimal patient compliance/management in consultation with the patient and their family, if present. For example, most patients are encouraged to independently administer the drug, have blood tests and contact their GP for ongoing prescriptions. There are some patients who require the District Nurse or Practice Nurse to give the injection, and the Lab staff to home visit to take blood. I try to make sure everything is in place to 1. minimise work for the Practice Nurse and 2. ensure the patient is managed satisfactorily.
At all times I communicate with the GP practice and the patient, by telephone and in writing, so that they are well informed..

I am responsible for data collection which enables the Anaemia Management team to perform evidence based studies on aspects of our work. An article has been published in the August 2008 **Nephrology** Journal - titled Anaemia Management in Patients with Chronic Kidney Disease: Management with epoeitin beta in primary care settings in New Zealand.

Wendy Wells edited report.

Wendy works in Northland, New Zealand. Northland is located in what is often referred to by New Zealanders as the Far North, or, because of its mild climate, The Winterless North. It occupies the upper 80 per cent of the 285 kilometrelong North Auckland Peninsula, the southernmost part of which is in the Auckland Region.

The Anaemia Nurse Specialist Service is a 0.8 FTE position for a fixed term period of one year. The primary function of the service is to provide support and education to general practitioner practices and primary health care providers regarding anaemia identification and management for patients with chronic kidney disease, therefore reducing the prevalence of anaemia in the Northland population, whilst co-ordinating the management of anaemia with the use of erythropoietin (EPO). The ANSS will also be a resource for staff and patients regarding anaemia management within the renal service.

The action plan is a framework to enable the ANS to set up, participate and evaluate the effectiveness of the anaemia speciality within the renal service. Using audits and databases to gain insight of the effectiveness of present service, results were used as a starting point to guide formation of a programme to treat anaemia with EPO safely in the primary health care setting, using a simple referral and management protocol.

CONCLUSION
The report demonstrates that the ANS role in Northland has been deemed a success, as it is being utilised as an educational resource for other District Health Boards considering a similar situation. Treatment of anaemia with erythropoietin (EPO) can be successfully accomplished in the primary care setting by general practitioners without the need for patients to attend a nephrology clinic.

Wendy Wells RCpN, BHScNsg
Anaemia Nurse Specialist
Renal Service
Northland District Health Board