

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

National Patient Blood Management Collaborative Snapshot for

LISMORE BASE HOSPITAL and ST VINCENT'S PRIVATE HOSPITAL, LISMORE



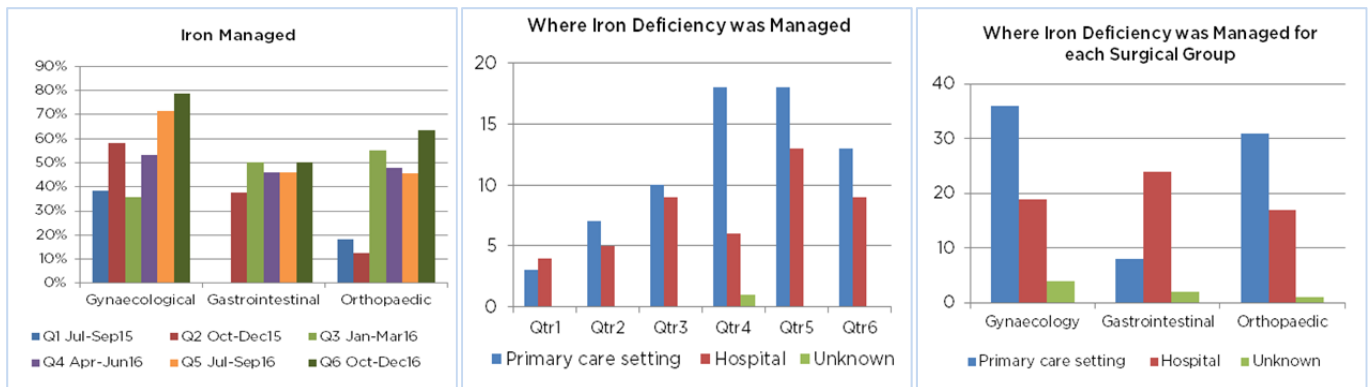
- 35% Male and 65% Female
- 0.2% aged under 0-19 years; 43.0% aged 20-64 years and 56.8% aged over 65 years
- 97% non-Indigenous Australians and 3% Aboriginal and Torres Strait Islander people

Table 1: Percentage of patients assessed, confirmed and managed for anaemia and iron deficiency, May 2015 to March 2017

Age Range	Gender	ASSESSED		% of assessed who were CONFIRMED		% of confirmed who were MANAGED	
		% with anaemia	% with iron deficiency	% with anaemia	% with iron deficiency	% with anaemia	% with iron deficiency
0-19	Female	0.1%	0.2%	0.0%	0.0%	0.0%	0.0%
0-19	Male	0.1%	0.2%	0.0%	0.0%	0.0%	0.0%
20-64	Female	31.2%	33.4%	22.5%	44.7%	34.3%	49.7%
20-64	Male	11.7%	12.2%	10.0%	8.9%	7.5%	7.8%
65+	Female	33.6%	31.0%	36.9%	23.7%	31.3%	22.2%
65+	Male	23.4%	23.0%	30.6%	22.7%	26.9%	20.3%

KEY ACHIEVEMENTS

Strong focus on improving iron deficiency management in the primary care setting prior to major surgery.



Collaborated with the North Coast Primary Health Network to add point 2 (see below) to the Mid and North Coast of NSW HealthPathways with an aim to increase iron deficiency management in the primary care setting in the gastrointestinal cohort, as time to surgery is often short post colonoscopy findings.

Bowel Cancer Symptoms

Management

2. If iron deficiency identified, consider commencing iron replacement, as this will not affect results of colonoscopy, and will lead to improved outcomes if surgery is required. If rapid iron replacement is required, see Iron Infusion.

