



National Patient
Blood Management
Collaborative

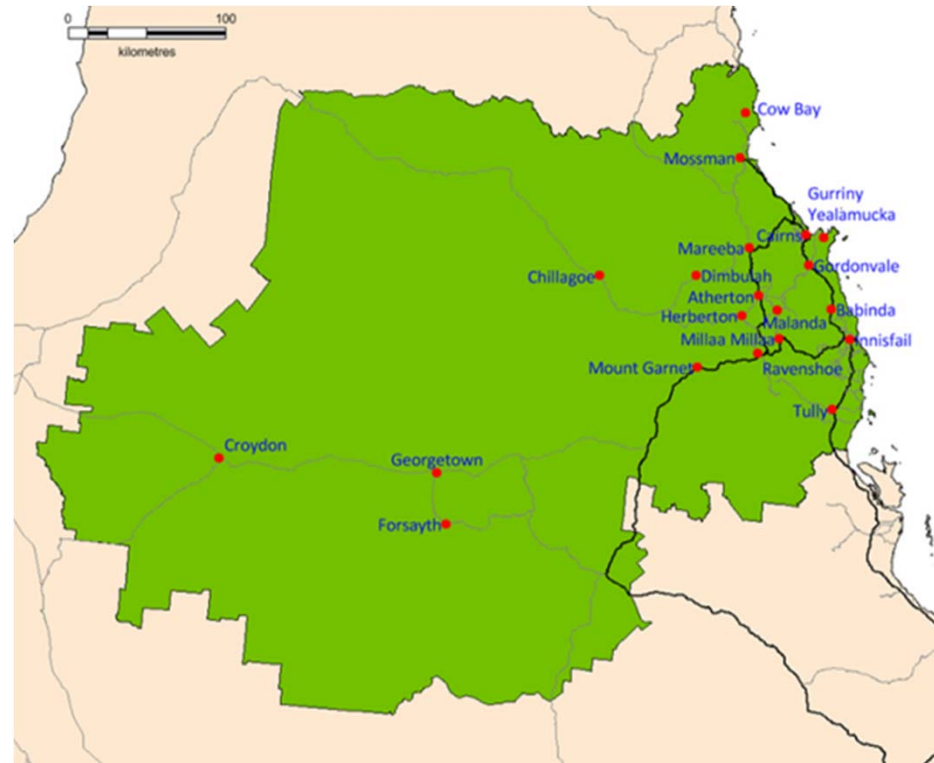
Cairns and Hinterland Hospital and Health Service CHHHS



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Presentation to the NPBMC Showcase
Friday 2 June 2017

Our Health Service

- Supports a population of 283,000 which is forecast to grow by 9% by 2026.
- Responsible for the delivery of health services in a geographical area of 141,000 km²
- The major referral centre for tropical North Queensland
- Our Hospital is Australia's first large-scale regional Digital Hospital
- Total 531 beds - \$454.6M Redevelopment completed 2015



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Barriers

Anaemia management service was suspended in 2013.

- Developed anaemia management in October 2012. Transfusion CNC monitored patients' progress for IDA and liaised with Haematologist for prescribed treatment. A letter sent to local GPs to inform of new anaemia management service at Cairns Hospital. An anaemia assessment referral form and IDA management plan was created.

Financial deficit – limited resources

- No funding to re-establish anaemia management service

Team members changed

Limited Executive support



Enablers

Anaesthetic Consultant and Pre-admission clinic team

- Knowledge of PBM and keen staff enabled anaemia management as part of pre-op assessment for elective surgery patients

New Haematologist and Haemovigilance Transfusion Committee members

- Understanding benefit of Patient Blood Management to improve patient outcome



Achievements

Updated
Pre-admission
Screening Form
Iron studies included

Refrain from
MARKING

Queensland Government

(Affix patient identification label here)

UR number:
Family name:
Given names:
Address:
Date of birth: Sex: M F I

Facility: _____

Procedure: _____ Date: _____

Please answer the following questions

Do you have:	Yes	No	Nursing use only Pre-op Investigations (Only order if "Yes" selected)
Difficulties with anaesthesia			<input type="checkbox"/> ECG (if >40 yrs) <input type="checkbox"/> FBC <input type="checkbox"/> U&E
Asthma, emphysema or bronchitis			
Sleep apnoea			
Shortness of breath with minimal exertion			
Neuromuscular disease			
High blood pressure			<input type="checkbox"/> ECG <input type="checkbox"/> FBC <input type="checkbox"/> U&E
Regular chest pain or a previous heart attack			
Palpitations / cardiac arrhythmia			
Valvular heart disease			
Stroke			<input type="checkbox"/> ECG (if >40 yrs) <input type="checkbox"/> FBC <input type="checkbox"/> U&E, Glu and HbA1C
Diabetes			<input type="checkbox"/> ECG (if >40 yrs) <input type="checkbox"/> FBC <input type="checkbox"/> U&E and TFT
Thyroid disease			<input type="checkbox"/> ECG (if >40 yrs) <input type="checkbox"/> FBC
Kidney disease / Renal failure			<input type="checkbox"/> ECG (if >40 yrs) <input type="checkbox"/> FBC

DO NOT WRITE IN THIS BINDING MARGIN

PRE-ADMISSION SCREENING

Nursing use only:

Patients >60 yrs old (do not need referral to the anaesthetic clinic unless they meet criteria above).	<input type="checkbox"/> ECG <input type="checkbox"/> FBC, <input type="checkbox"/> U&E
Patients having bowel surgery, hysterectomy, THR, TKR, major back surgery, TURP, major vascular surgery irrespective of disease.	<input type="checkbox"/> FBC, <input type="checkbox"/> U&E <input type="checkbox"/> Iron Studies



Achievements

Anaemia screening and treatment for elective patient

- Iron studies included for major surgery patients
- IV iron infusion can be conducted in 2 clinical areas (MPU and Transit Lounge) and covers 7 days a week

Established follow up process

- Developed the letter for anaemia patient who had received iron infusion in hospital
- Patient information



Conclusion

The key learning in implementing this QI process?

- Learning to adapt to changing circumstances – developing resilience
- Where there is a will, there is a way

Key message for other Health Services for PBM?

- Engage keen key stakeholders
- Focus on small goals first – eg. Pre-operative patients

How the Collaborative made a difference to your hospital and your patients

- Anaemia screened and treated pre-operatively
- Reduced number of blood transfusions

