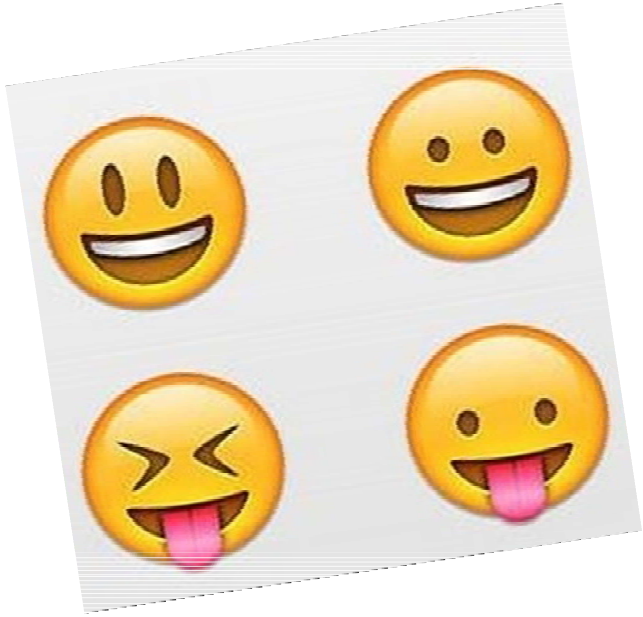
NSW GOVERNMENT Health
Central Coast
Local Health District

Wait…..The Collaborative is over ? ? ?

when you're



Greg Thomson, Project Co-ordinator
Presentation to the NPBMC Showcase
Friday 2 June 2017

National Patient
Blood Management
Collaborative

Our Health Service

Population				
Central Coast Council area - Total persons	2011	2006	Change	%
Population	Number	Number	2006 to 2011	Increase
Estimated Resident Population	322,657	303,051	+19,606	16.45
Usual Resident Population	312,185	297,880	+14,305	21.82
Enumerated Population	307,807	292,715	+15,092	20.4

Source: Australian Bureau of Statistics, Census of Population and Housing 2006 and 2011.

Participating in NPBMC

- *CCLHD - Gosford Hospital*
  - Wyong Hospital
- *GP Collaboration Unit*
- *Hunter New England Central Coast Primary Health Network*

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phn
HUNTER NEW ENGLAND AND CENTRAL COAST
An Australian Government Initiative

National Patient Blood Management Collaborative

Challenges

- Who thought resources were inadequate ?
- Initial buy-in from across sites – How do we get both sites doing the same thing ?
- Design, development and testing of processes meant that implementation was slow to commence
- GP involvement challenging as sheer numbers

  *Central Coast region - 352 GPs across 106 practices **

** Source: Health Workforce Australia 2014*

Enablers

- Ground work (foundations) built by proactive and supportive Blood Management Committee
- Extremely knowledgeable & supportive CNC Blood Management - *Penny O'Beid* 🙏🙏🙏
- Executive sponsor support – leverage to drive clinical practice change
- Integrated Booking Unit 🔑 as common reference point
- Some data acquisition & support from JMO unit

Achievements

- Development and implementation of robust and reliable assessment and management processes for patients presenting for surgery which ensure iron stores and Hb are optimised

caring FOR THE coast OUR PATIENTS

- Developed a number of resources to ensure patients have access to information about iron and Hb optimisation
- Engaged clinicians to strive for best clinical practice through education and regular project related feedback

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Achievements

- Sustained increase in percentage of patients being assessed and managed for sub-optimal Iron and Hb stores from 41% (baseline) to > 98% (current local data)
- Initial three cohorts (OR/GA/GY) now extended to Urology and able to be adapted for other high risk procedures – eg Vascular Surgery
- Potential to incorporate into ortho-trauma – depending on proposed model adaptability (future opportunity)
- Anaesthetics looking at incorporating into intraoperative pathway for certain cases

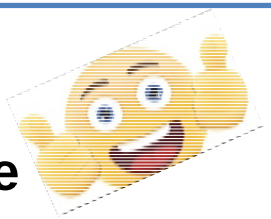
Conclusion

The key learning in implementing this QI process?

We learnt that if you respect and accept the challenge, take time at the start to plan, your service can achieve balance, and implement the task at hand…

Key message for other Health Services for PBM?

Try to engage the clinicians of whom the change affects, to design, develop and implement processes, which have the great success…



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

If you're booked for surgery on the *Central Coast*, expect to be assessed and managed with the most, care and respect to your body's needs, *Optimised Hb & Iron stores ??* –

O' Yes Please !

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Prince of Wales Hospital and Royal Hospital for Women

Dr Susan MacCallum, Lead Clinician, POWH
Ellen Barlow, Project Co-ordinator, RHW and
Presentation to the NPBMC Showcase
Friday 2 June 2017

National Patient Blood Management Collaborative

Our Health Service

- Tertiary Hospitals:
  - Prince of Wales Hospital (POWH), St George, St Vincent's (not part of South Eastern Sydney Local Health District (LHD)
- Speciality Hospitals:
  - Royal Hospital for Women (RHW), Sydney Children's Hospital
- GP Network: Central and Eastern Sydney Primary Health Network includes Royal Prince Alfred Hospital
- 25% admissions to POWH are not residents of SESLHD

2011 : SESLHD population 838, 415

- 11.6% of NSW population
- Elderly

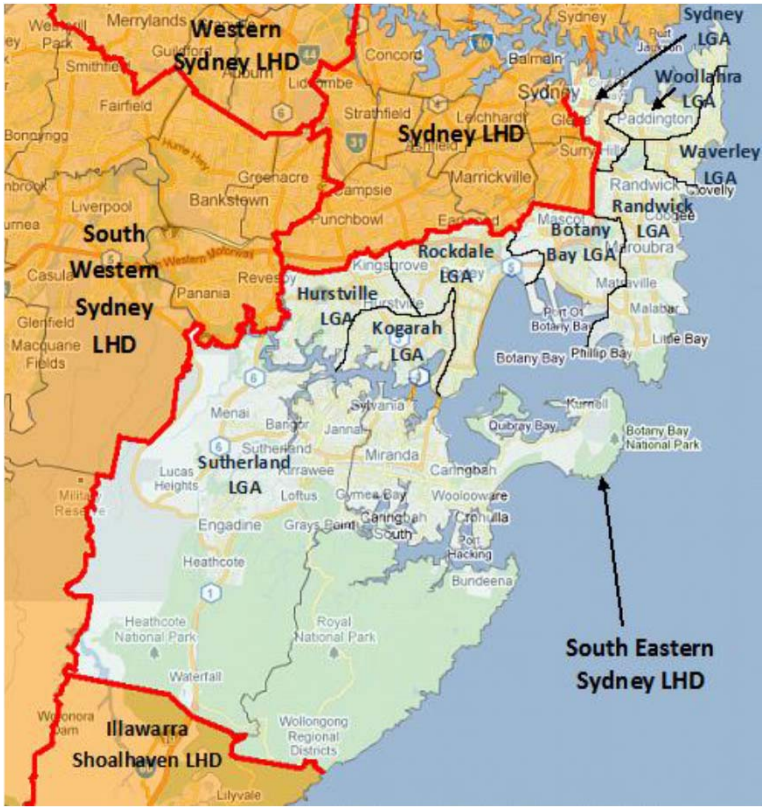
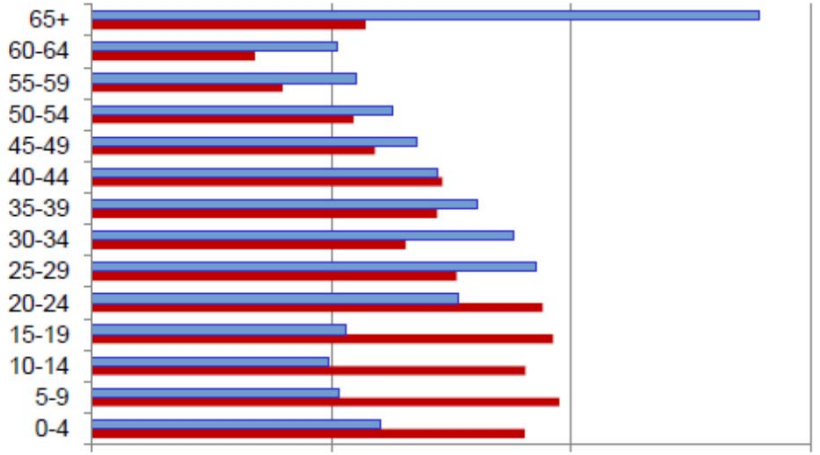


Figure 3: Proportion of Aboriginal & non Aboriginal resident populations in each age group (years), SESLHD, 2011 (%)



Barriers

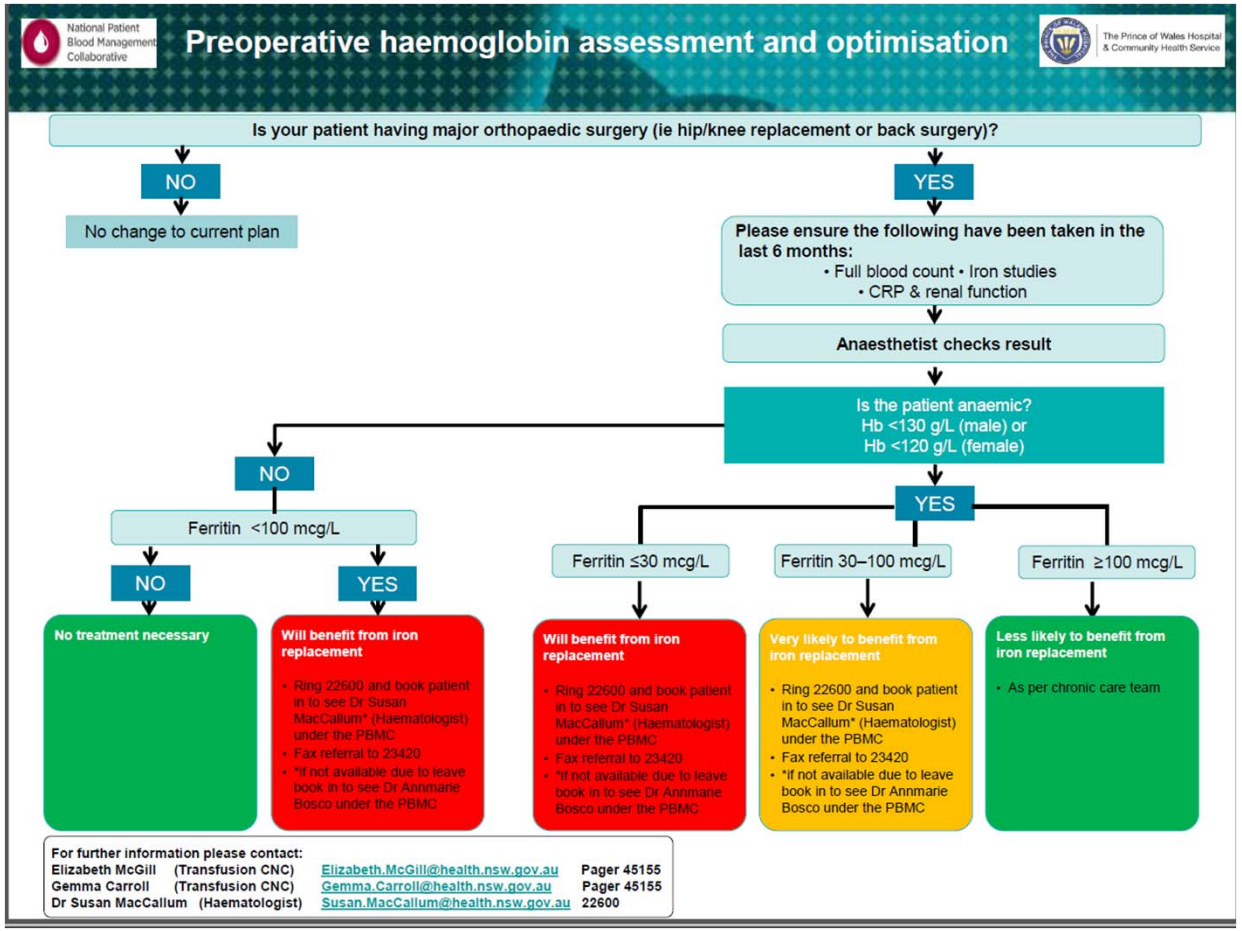
- Top down:
  - Delay in receiving funding - Collaborative ran from May 15 to March 17, funding for co-ordinator/data manager received Jan 16
  - CESPHN unable to be engaged despite repeated approach and a line in the newsletter
- Mid level:
  - Initial resistance of peri-operative service, success on third approach
  - STOP (Sensible Test Ordering Project) in conflict with ferritin ordering
- Bottom up:
  - Lack of a single common pathway for patients going to surgery
  - Blood tests performed by a variety of pathology providers –results difficult to find
  - Clinical Lead and Transfusion CNC both work part-time with clinical responsibilities
  - Transfusion CNC turnover during project - #3 currently
  - Data difficult to find and data entry laborious

Enablers

- PBS availability of Ferrinject (rapid intravenous iron)
- New cancer centre allows for more iron infusions
- Colorectal, oncology and orthopaedics happy to hear the message
- Involvement of orthopaedic CNC and oncology service
- Perioperative support (eventually!)
- Support (general, in principle) from POW Director of Clinical Services

Achievements

- Interest from the peri-operative service on the third approach !
- Involvement of orthopaedic CNC
- Uptake by radiotherapists and medical oncologists
- Traffic light approach to managing peri-operative anaemia



POW – guess ?

POW: Late bloomers

- Delay in implementing project -results have not yet been seen , especially for orthopaedics
- Suspect that data collected does not reflect activity at POW
- Continued interest in maintaining the project (although data will not be collected)
- Patient satisfaction

Royal Hospital for Women Barriers

- Time to commit to the project.
- Inability to engage nursing staff to assist with the data collection.
- Inability to engage with Gynaecologists (benign service).
- 50% of gynaecological oncology admissions are from regional and rural NSW (short time to act on anaemia).
- Data for benign gynaecology difficult to find (multiple sources).

Royal Hospital for Women Achievements

- Buy in from all of the Gynaecological Oncologists.
- Agreement of the Day Surgery Unit NUM to administer the Fe transfusions.
- Involvement of CNE to educate the DSU staff to administer Fe transfusions.
- Increased awareness of staff to assess for iron deficiency anaemia (not perfect but better than previously).
- Like POW, I suspect that data collected does not completely reflect activity at RHW.
- Understanding and completing a PDSA cycle.

Conclusion

The key learning in implementing this QI process?

Manpower is the most important – needs a constant, key figure who has time to attend to the QI

Key message for other Health Services for PBM?

Staff it properly!

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

No evidence for reduced red cell transfusions yet

Patients appreciated the extra care

General improvement in awareness of the need for iron, even in ED