



Royal Darwin Hospital

Top End Trials and Triumphs

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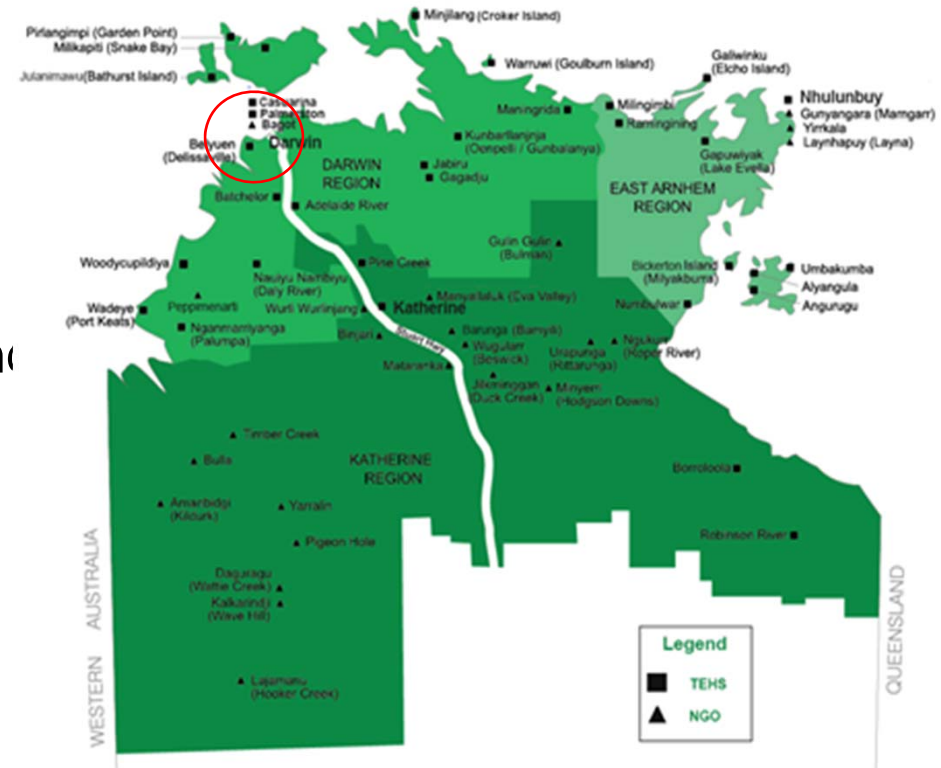


National Patient
Blood Management
Collaborative

Our Health Service

Royal Darwin Hospital:

- 343 bed teaching hospital
- Pop. approx 150,000
 - Darwin urban
 - Referral centre entire Top End
- ATSI
 - 30% total NT pop
 - 70% NT hospital admissions
 - 58% live in very remote areas



Barriers

- Communication:
 - Between acute + primary care
 - Between GPs and RDH
 - External lab results not accepted by RDH
- Surgeon resistance
- OPD Re-structure/redevelopment
- High turnover of staff
 - In all clinical areas
 - Clinician left project team 2015
 - Senior clinical lead resigned Dec 2016

Enablers

- Anaesthetic Department
 - Admin support
 - Senior clinician (up to Dec 2016)
- Executive sponsor – CoDirector(Medical) Surgery and Critical Care; Director of Anaesthesia
- Senior clinician – Anaesthetist and Chair NT Transfusion Committee
- Director Outpatients Department

Achievements

- Percentage of patients assessed for anaemia and iron deficiency increased steadily during NPBMC
- Since August 2016 all patients in the NPBMC surgical groups assessed for anaemia prior to surgery
- Evidence of both anaemia and iron deficiency management increased during NPBMC
- Anaemia/iron deficiency ‘on the radar’ i.e. raised awareness

Achievements

RDH Preoperative Optimisation (Fit for Surgery) Program:

- Will continue beyond the length of the NPBMC
- Has become established practice at RDH
- Includes all patients listed for major elective surgery:
 - Intra-abdominal (excluding laparoscopic surgery)
 - Orthopaedic
 - Gynaecology
 - Intra-thoracic
 - Major Vascular, Urology, OMF, ENT & Plastic cases

Conclusion

The key learning in implementing this QI process?

In a complex change process there is a need for early identification and engagement of all stakeholders, and to make their involvement as easy as possible; with demonstration of early results if able.

Key message for other Health Services for PBM?

Whilst engagement of surgeons/gynaecologists is possibly hardest, this group is critical for success. Ideally an older 'opinion leader' should be onside with the project team.

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

We have improved many aspects of the process and raised the profile of early recognition of anaemia and iron deficiency. We have ongoing team collaboration, and have begun to engage primary care in the process.