

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

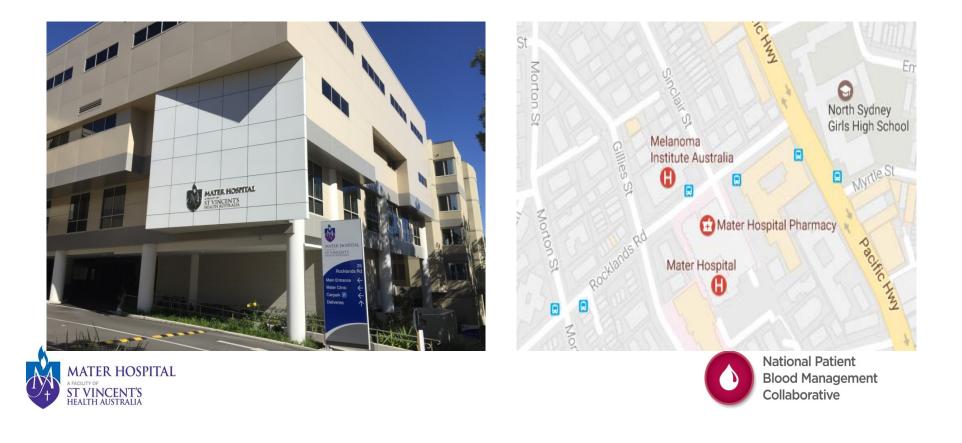
# Barriers, enablers and achievements

Paul Morgan, Project Co-ordinator **Presentation to the NPBMC Showcase** Friday 2 June 2017



## **Our Health Service**

- Total Separations for 2016 = **39,950**
- Total Orthopaedic patients = 7808 (19.5% of total)
- Total Obstetric patients = 2953 (7.4% of total)



#### **Barriers**

- Private Hospital (Stand Alone)
- Pre-admission Clinic 1
- Gynaecologists unwilling to screen pre-operatively for

iron deficiency

• Iron infusion incidents – anaphylaxis and skin staining

1. Munoz et al. International consensus statement on the peri-operative management of anaemia and iron deficiency. Anaesthesia 2017





### **Enablers**

- Plan, do study act cycle
- Established PBMP with three major Orthopaedic surgeons in 2014
- Wide acceptance by Orthopaedic surgeon population to adopt PBM strategies
- Pre-Admission Nursing Staff





## Achievements

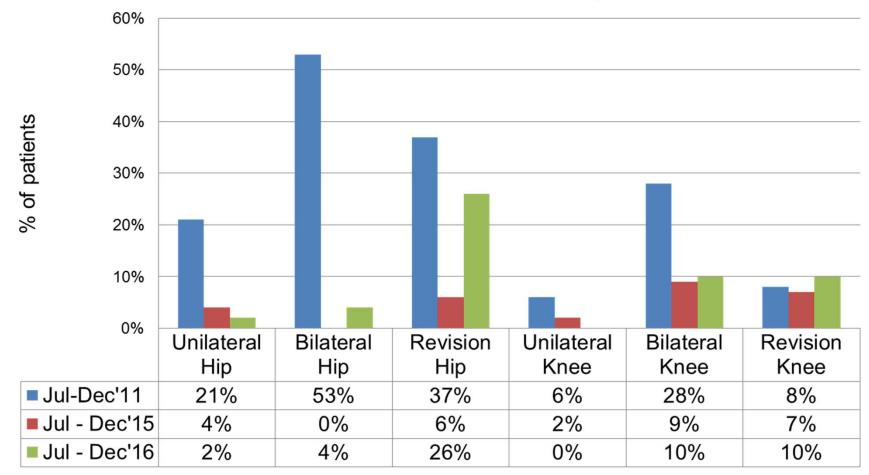
- SMIT (Six minute intensive training) for Nurse Education
- When to administer an Iron Infusion (when full iron studies suggest iron deficiency?)
- Adoption by all Orthopaedic surgeons of MSBOS (maximum surgical blood ordering schedule) recommendation for group and hold rather than Cross-Match
- 2016 DAPI = 3.2% ↓ 5.9% in 2015(National av. 5-10%)
  CT Ratio = 2.1 ↓ 2.6 in 2015





#### **Achievements**

## Comparative Analysis - Percentage of Orthopaedic patients who received a blood transfusion 2011, 2015 & 2016.







## Conclusion

The key learning in implementing this QI process?

Patience, persistence, determination with an organised plan

Key message for other Health Services for PBM?

Begin small, recruit medical champions that are well respected by their peers

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

"The whole is greater than the sum of its parts" (Aristotle). Knowing that we were part of a National program, sharing ideas and experiences. Activity reports.



