Prince of Wales Hospital and Royal Hospital for Women

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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

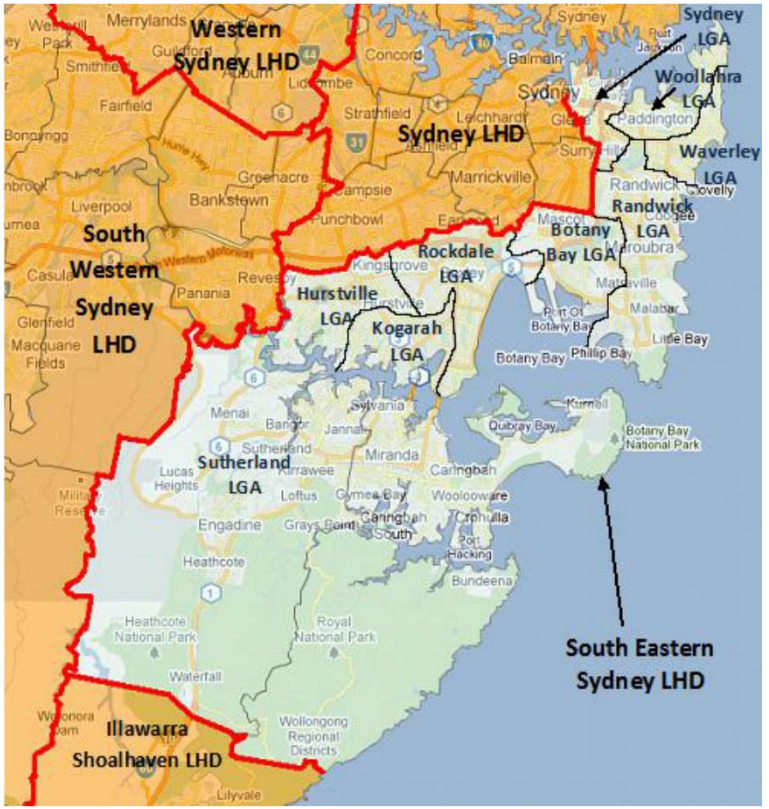
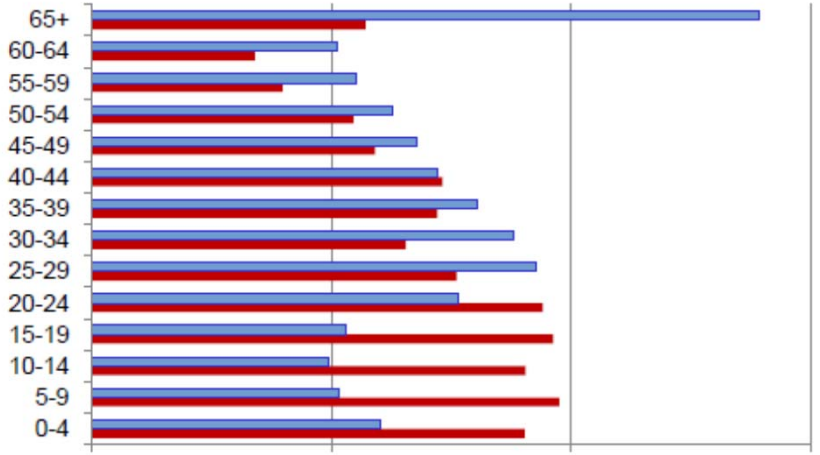


Figure 3: Proportion of Aboriginal & non Aboriginal resident populations in each age group (years), SESLHD, 2011 (%)



Barriers

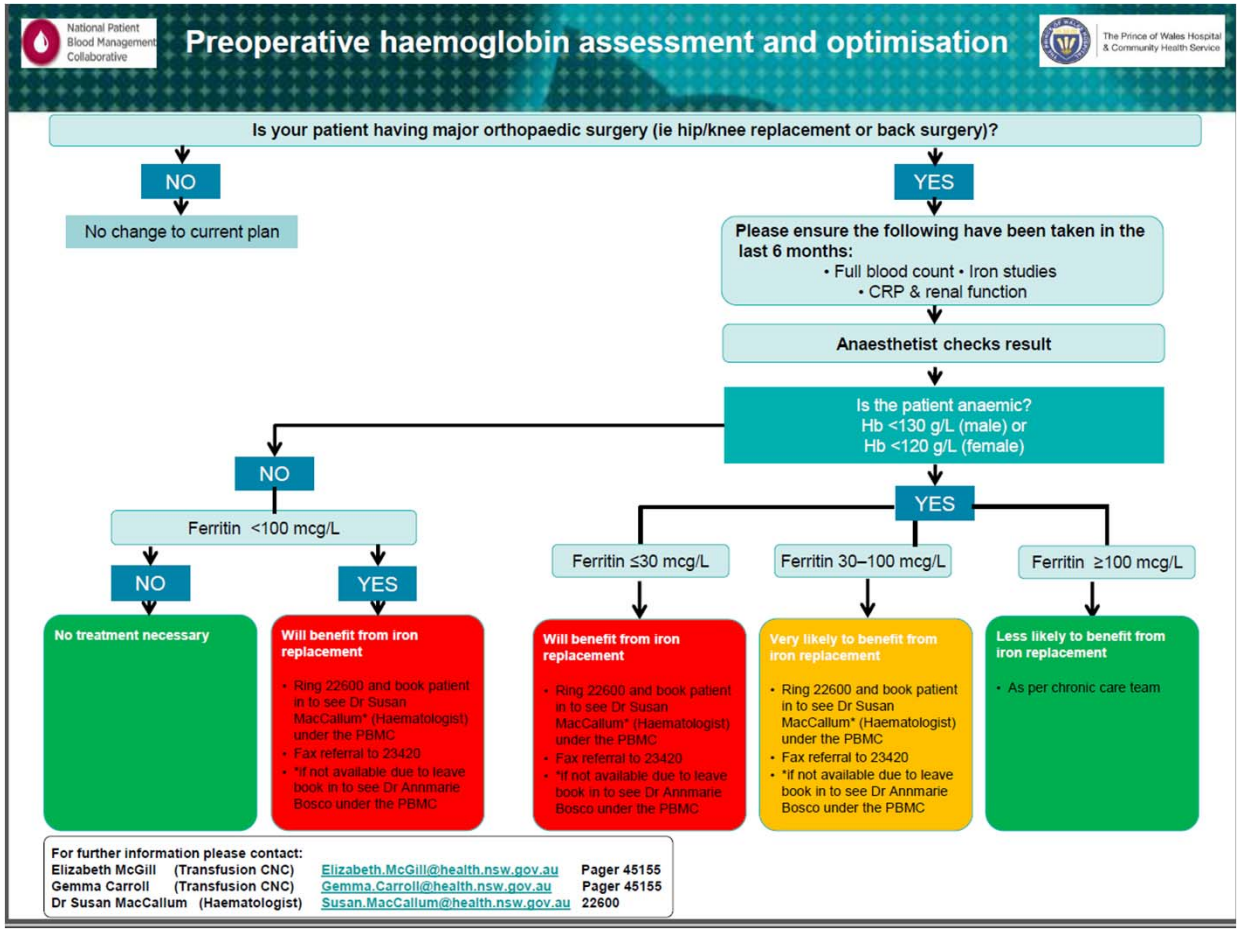
- Top down:
  - Delay in receiving funding - Collaborative ran from May 15 to March 17, funding for co-ordinator/data manager received Jan 16
  - CESPHN unable to be engaged despite repeated approach and a line in the newsletter
- Mid level:
  - Initial resistance of peri-operative service, success on 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