



**ST VINCENT'S  
PRIVATE HOSPITAL**  
SYDNEY

CONDUCTED BY THE SISTERS OF CHARITY OF AUSTRALIA

# The SVPHS experience



Edel Murray, Quality Manager  
**Presentation to the NPBMC Showcase**  
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National Patient  
Blood Management  
Collaborative

# Our Health Service: SVPHS Redevelopment



# Steering Committee at SVPHS

- Project sponsor
  - Adjunct Professor Jose Aguilera, DONCS
  - CEO Robert Cusack
- Project team
  - Dr Jenny Stevens (Anaesthetist)
  - Dr Katherine Lee (Anaesthetic Register/accredited to SVPHS for Research)
  - Professor Kim Walker (UTAS/SVPHS)
  - Senior Research Fellow Jed Duff (UTAS/SVPHS)
  - Lisa Davey (Project Leader)
  - Edel Murray (Quality Manager)
  - SVPHS Orthopaedic VMO Craft Group



# Barriers

- Visiting Medical Officers(VMO) rooms poor engagement
- VMO's engaged but don't want to do the 'work'
- Pathology not being completed 6 week to 3 month prior to procedure
- Pathology cost (financial/time etc.) for patients and families
- Pathology completed at preadmission visit 2-4 weeks prior to procedure thus iron infusions only given in this sub optimal period
- Non funded members of the Collaborative



# Enablers

- Preadmission service and Same Day Centre Nursing Team
- Relationship between Preadmission Nursing team & Anaesthetists
- The SVPHS Multidisciplinary 'Blood Squad'
- The 'Collaborative'
- Curran Foundation Grant for our
- SVPHS Operational Plan 'patient safety priority'
- VMO's have incorporated Iron studies into Standing Orders
  - Preadmission staff following these orders (visit 2 weeks to 1 day prior to surgery)

# Achievements

- Iron Studies embedded into elective Orthopaedics standing orders
- Assessing and managing elective surgical orthopaedics patients for iron deficient anaemia now embedded into preadmission process
- Process now being embedded into gynecological and gastrointestinal elective surgery patients
- Formal process to investigate cause of iron deficiency being coordinated by anaesthetic team for each patient
- Communication sent to referring patients GP with evidence based information on assessing and treatment for iron deficiency anaemia
- SDC delivery iron infusions to patients who require it
- From January 2018 a state of the art ambulatory care service at SVPHS will deliver iron infusions

# Conclusion

**The key learning in implementing this QI process?**

- **Start small e.g. 'one surgeon one type of procedure'**
- **Keep every PDSA cycle small and sustainable**

**Key message for other Health Services for PBM?**

- **Essential component of PBM for all health services**
- **Must become part of screening by GP who refer patients for all elective surgery to become sustainable in Australia**

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

- **Compounded the knowledge of the team in PDSA**
- **Added credibility to the project**