



TheAlfred



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National Patient
Blood Management
Collaborative

Our Health Service

- Tertiary metropolitan hospital with three campuses
- Approximately 5 km from the Melbourne CBD
- Trauma centre, the state's largest Intensive Care Unit and is home to multiple statewide services e.g. haemophilia, CF.
- Caulfield Hospital specialises in community services, rehabilitation, aged care and aged mental health.
- Sandringham Hospital provides healthcare in emergency, paediatrics, general medicine and elective general and orthopaedic surgery.

Barriers

- Patients from all over the state –difficult to liaise with GPs
- Time – everyone has limited time
- Staffing –how to engage staff and encourage them to take on extra role
- Reluctance to change – some staff unable to see benefit, set in ways

Enablers

- Enthusiastic and engaged working group
- Established link with anaesthetists and surgical groups
- Pre-existing peri-op haemoglobin optimisation guideline

Achievements

- Managed to set up a process that is sustainable in our service
- Moving into other surgical groups to follow a similar process
- Reduction in transfusion rates (orthopaedics)
- Improvements likely due to multiple factors e.g. altered practice, increased use of tranexamic acid

Achievements

Orthopaedics	2012-13	2015-16	2016-17
Transfusion rate	35% (80/231)	17% (39/234)	10% (18/182)
Single unit transfusions	15% (12/80)	23% (9/39)	39% (7/18)
Use of tranexamic acid	NA	39% (n=92)	70% (n=128)
No. patients anaemic	17% (n=39)	13% (n=31)	7% (n=13)
No. patients with low ferritin	NA	7 (63/234 tested)	29 (179/182 tested)
No. of iron infusions	NA	9 (3 patients with normal ferritin or untested)	21

Gastrointestinal	2015-16	2016-17
Transfusion rate	12% (13/109)	9% (10/115)
Single unit transfusions	38% (5/13)	20% (2/10)
No. patients anaemic	33% (n=30; 91/109 tested)	32% (n=35; 108/115 tested)
No. patients with low ferritin	7 (8/109 tested)	24 (73/115 tested)
No. of iron infusions	9 (4 patients with normal ferritin or untested)	16 (1 patients with normal ferritin or untested)

Conclusion

The key learning in implementing this QI process?

Executive support and good links with anaesthetic/surgical groups helps to ensure the process goes ahead, even if there is some opposition

Key message for other Health Services for PBM?

Patience and persistence; changes take time and it will take time to see results

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

Ongoing improvement to our processes. We had commenced a project in this area, but this helped make sure we stayed on track and continued to work to improve the process.