



NPBM Collaborative Lismore Base, St Vincent's



NCPHN



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National Patient
Blood Management
Collaborative



Our Health Service

Covers an area of 20,732 square kilometers.
Approximate population 300,000.

- Lismore Base Hospital: is a major regional referral hospital within the Northern NSW Local Health District.
- The hospital undertakes over 8,100 surgical procedures annually.
- St Vincent's Private Hospital: accredited acute hospital providing a wide range of services. Performed 10,100 surgical procedures in 2016
- Other partners: GP, North Coast Primary Health Network



Barriers

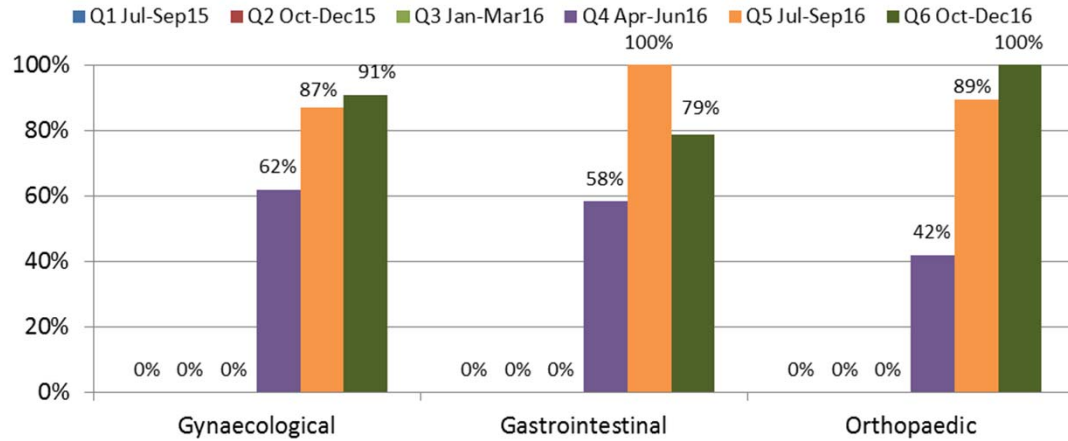
- GPs – IV iron
- Interpretation of iron studies
- Reluctance to administer iron in iron deficiency without anaemia
- No uptake from primary care re education seminars
- Limited time to surgery to manage iron deficiency in gastrointestinal and gynaecological surgery
- Surveys indicate patients are not reading their information

Enablers

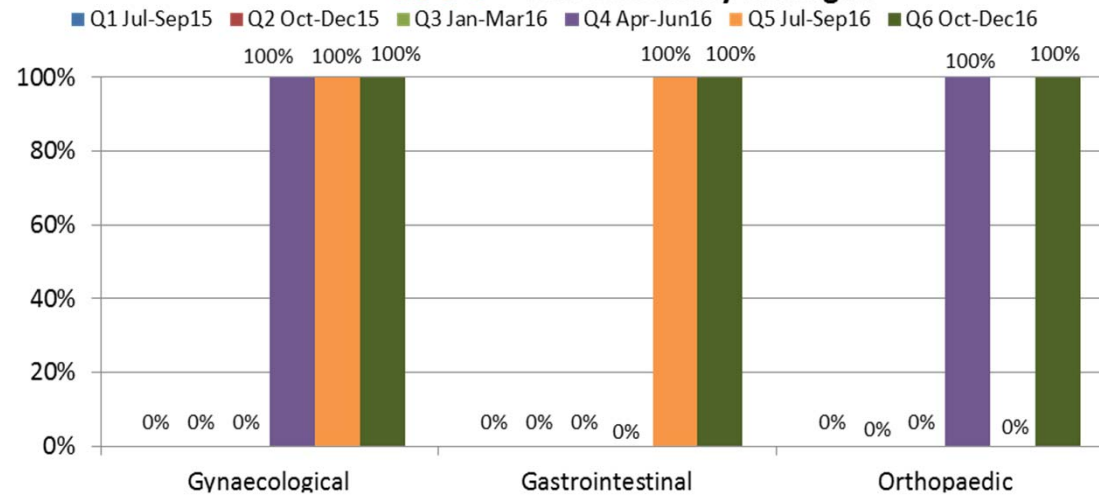
- Executive support
- GP advocate
- Collaboration between our sites
- S&N Pathology
- NPBMC Contribution
- Ferinject available at St Vincent's
- Lismore Base Hospital Transit Unit helps with a fast track booking for IV Iron if limited time to surgery
- Perioperative clinic staff and bed management uptake
- Existing PBM role

Achievements

St V's - Iron assessed



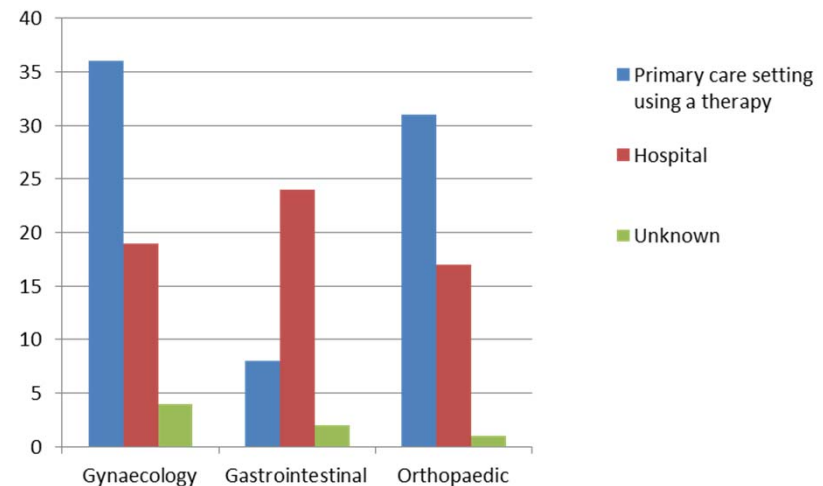
St V's - Iron Deficiency Managed



Achievements

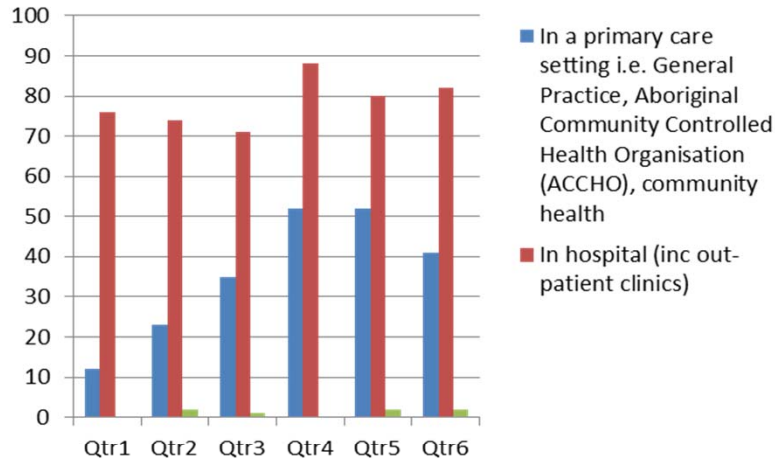
- Developed suite of resources in pre op clinic for PBM
- GP speak articles to create awareness of PBM in General Practice
- Interest shown in educational visiting at GP practice – lead to further GP article
- Increasing trends in iron assessment and iron deficiency management
- Decreasing trends in transfusion rate
- Health pathways developed iron infusion page – Ferinject
- Health Pathways (cancer screening)

Where iron deficiency was managed

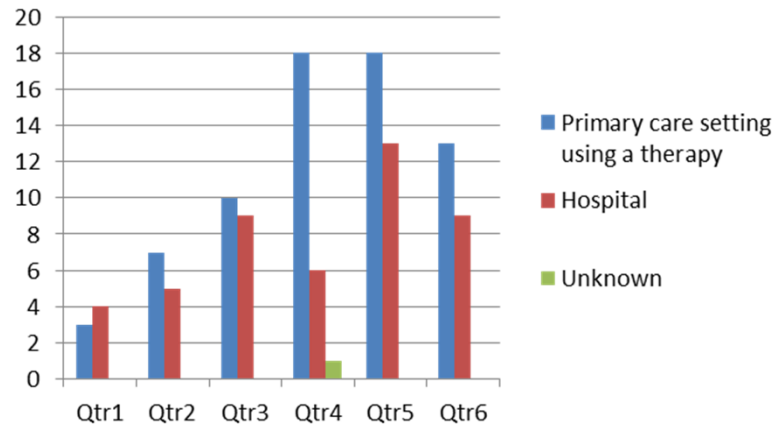


Achievements

Where was pre op assessment for Fe deficiency performed



Where was the pre op Fe deficiency managed



Case review: Gynae patient - V Hysterectomy

48 years old with Menorrhagia and Iron Deficiency Anaemia

- Primary care

1.11.16 Hb 108g/L

Iron Studies Tsat 9% Ferritin 13ug/L
crp 17mg/L

8.11.16 Hb 103g/L

Receives Ferinject 500mg IV at GP clinic

22.11.16 Iron studies Tsat 18% Ferritin 633ug/L

14.12.16 Hb 126g/L Ferritin 126ug/L

- Pre op assessment clinic

16.1.17 Hb 137g/L

Iron Studies Tsat 12% Ferritin 65ug/L

- Inpatient

23.1.17 Uncomplicated V Hysterectomy with minimal blood loss. Discharged Day 1 post op. No further results available to date.

Conclusion

The key learning in implementing this QI process?

Need engagement of stakeholders, have effective change agents on the team, promote team involvement from surgical streams, manage resistance.

Data - powerful tool to promote change

Education – revise delivery approach

Key message for other Health Services for PBM?

Key person in the role

Utilise resources and experience of others – steal shamelessly

Find your PBM champions

Must be sustainable

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

Increasing trends in managing iron deficiency prior to surgery – potentially avoiding transfusion

Promoting an awareness of Patient Blood Management – hospital setting (Junior Medical Officers) and in Primary Practice.

Contributing to reducing trend in transfusion rates

Further collaboration between sites for PBM: internet sites/education events