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Karen Olson, Project Co-ordinator, LMH and Jodie Grech, Project Co-ordinator, WCHN **Presentation to the NPBMC Showcase** Friday 2 June 2017





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Karen Olson, Project Co-ordinator, LMH



The Northern Adelaide Local Health Network





NALHN includes

- Lyell McEwin Hospital
- Modbury Hospital
- GP Plus Health Care Centres and Super Clinics
 - Modbury
 - Elizabeth Vale
 - Giles Plains

Population 320,795 people **NPBMC Partnerships**

 GPs, in the Northern Adelaide Health Network





Aim



- a) Promote preoperative blood management as a standard of care for pre-surgical work up, encompassing the scope of the patient journey.
- b) Bring PBM guidelines & resources into everyday use.









'No Barriers, just horizons'

To successfully complete a project, it become necessary to open channels of communication and treatment options for between the Lyell McEwin Hospital and General Practitioners (GP's) within the network.

- How do we develop a partnership with the GP's?
- How do we effectively and consistently communicate within/outside of the hospital?

Everything takes time...

- 2015 ✓ Worked on reviewing current processes and developing ideas
- 2016 ✓ Development of ideas, consultation and approval
- 2017 ✓ Implementation.





Enablers



- ✓ NALHN Hospital Executive Committee
- ✓ NALHN Division of Surgery and Anaesthetics
- ✓ Northern Adelaide Health Network
 - CEO
 - Education Officer
- ✓ BloodSafe program
 - Development of an IV iron infusion service at Modbury GP Plus Super Clinic





Achievements

- Development of a patient blood management care plan
- Development of 'one stop' sources for Patient Blood Management information
 & resources
- ✓ GP letter templates with information attached to the template.
- Consumer letter templates with information and diary attached to the template.
- ✓ Development of a generic PBM email to assist GP's with access support and advice
- ✓ Introduction of IV Iron infusion service for GP's to access in the community.
- ✓ IV Iron infusion referrals
- ✓ Intravenous iron infusion referrals for LMH day surgery and Modbury GP Plus super clinic
- ✓ Promotion of preoperative patient blood management
 - Medical education
 - Nursing education
 - Northern Adelaide Health Network







Conclusion

The key learning in implementing this QI process?

The courage to create and implement ideas.

Key message for other Health Services for PBM?

- a) To create a flow chart of how patients enter the hospital and progress through the healthcare system. Step through each time point and question "what are we currently doing?" and "how can we improve?"
- b) Remember "feedback is a gift and ideas are the currency of our next success. Let people see that you value both feedback and ideas."

 Jim Trinka and Les Wallace

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

The NALHN PBMC project team aimed to provide a service to the local health network and the community which is effective, efficient and sustainable beyond the NPBMC project.



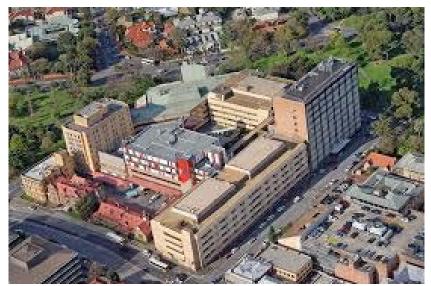




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Jodie Grech, Project Co-ordinator Women and Children's Health Network



Women and Children's Health Network

Gynaecology stream only

Hysterectomy for non-malignancy

WCH Gynaecology Service:

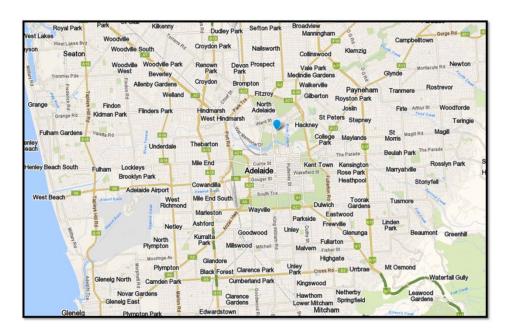
- Early pregnancy assessment
- Management of menstrual disorders
- Contraceptive services
- Family advisory services
- Reproductive endocrinology
- Pelvic floor dysfunction
- Colposcopy
- Menopausal management
- Other acute and chronic gynaecological disorders

Early focus on referral to gynaecology service

- GP letter with identification template developed
- Difficult, focus changed to hospital based management

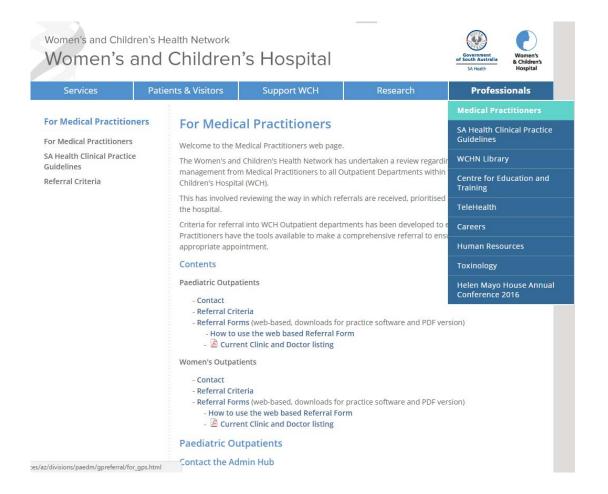
Hospital management - Implemented key points for testing

- On waitlisting for surgery
- At preoperative clinic appointment



Referral Process

- PBMC coincided with review of WCH outpatient referral process.
- Access to referral information now easily accessible and process clearly outlined.



Gynaecology referral guidelines

The WCHN Gynaecology Unit provides a general gynaecological service for women, but has a focus on advanced endoscopic procedures. Broad Areas of service provision include:

| provision include; | |
|------------------------------------------------------------------|------|
| Contents | Page |
| PriorityAccess. | 2 |
| Adolescent Gynaecology | 3 |
| Contraceptive Services | 4 |
| Implanon | 4 |
| Sterilisation | 4 |
| Dysplacia | 5 |
| Abnormal pap tests | 5 |
| Genital warts | 5 6 |
| Vulval disorders Vulval ulcers | 6 |
| Vulval ulcers | . 0 |
| Endometriosis | 7 |
| Family Advisory Services | 7 |
| Terminations of Pregnancy | 7 |
| Gynaecology Endoscopy | 8 |
| Fibroids | 0 |
| Ovarian Cysts | 8 |
| Pelvic Inflammatory disease | |
| Menopause Management - Complicated | 9 |
| Menstrual Management | 10 |
| Petric Floor / Urogynaecology | 11 |
| Incontinence/ Recurrent UTI Vaginal Prolapse | 11 |
| Reproductive Medicine | 12 |
| Infertility Assessment Endocrine problems (Polycystic Ovariar | 12 |
| Syndrome) | 13 |
| Recurrent miscarriage | 13 |





MENSTRUAL MANAGEMENT

| Initial pre-referral workup | GP management | Guidelines for specialist referral |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
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Enablers

- Small team, junior medical staff keen to lead
- Small patient numbers = minimal burden on workload
- Process for IV iron infusions already in place

Barriers

- Time
- Small numbers problem not profoundly visible
- Referrals from across wider Adelaide
- Review/restructure of outpatient referral process

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Achievements

- Improvement on identification and management of iron deficiency in patient population
- Improved documentation in medical record regarding investigation and management of these women

Conclusion

The key learning in implementing this QI process?

Team, Takes Time, and Training

Key message for other Health Services for PBM?

Take care with planting your seed and nurture it well. It takes time to establish.

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

Small beginnings but hope for sustained spread



