

# A Patient Centered, Nurse Led Transfusion Program

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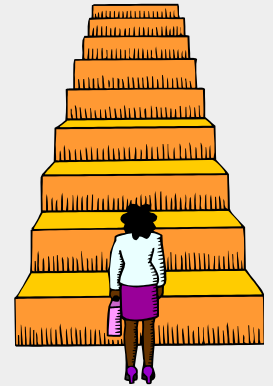
Haematology Cancer Nurse Coordinators

Gosford & Wyong Hospitals



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# The Health Challenge



- Increasing population of patients with a myelodysplastic/myeloproliferative disorder
- Problematic management of haematology patients with progressive disease requiring chronic transfusion support
- A need to increase chair efficiency
- A need to reduce the frequency of hospital admissions
- Opportunity to 'centre' the patient firmly within the team



# Development of innovative practice

- Clinician expertise
- Observing patients
- Observing practice
- Literature review
- Best practice principles
- Gap analysis

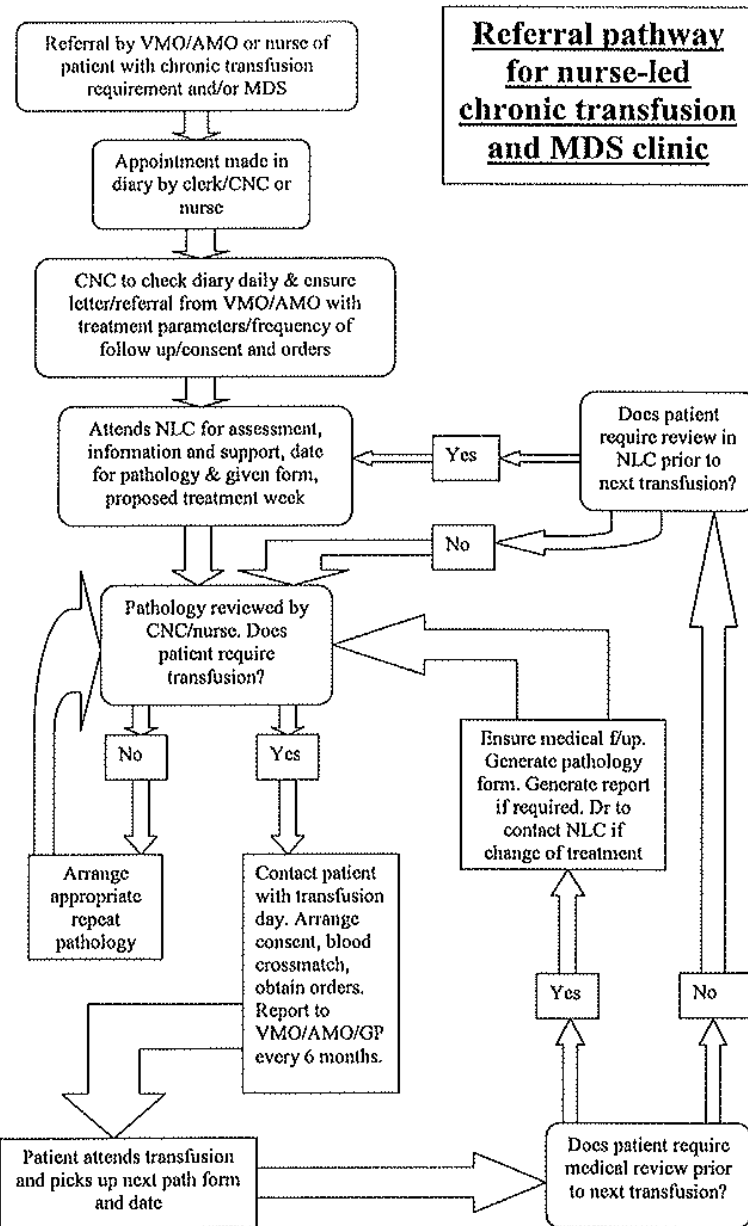
- Discussion
- Brainstorming
- Negotiation, building a collaborative framework
- Being brave and focussed!



# What did we need?

Care provision	Referral pathways	Individualised plan	Blood product management
Chair in a clinic	Referral pathway from haematologist	Pre Transfusion Hb target (subject to change)	Blood product ordering
Patient referrals	Referral pathway back to haematologist	Frequency of pathology checks	Access to blood products – different sites
	Allied health referral pathway	Individual assessment criteria	Stewardship of the resource
	Palliative care referral pathway	QOL parameters & clinical	





How would it look?



- Referral pathway
- Review pathway
- Individualised patient management plans



# Chronic transfusion and MDS nurse led program

- Brief and proposal submitted and accepted
- Program commencement October 2009
- 11 chairs over 4 days in 3 clinics each week - 28 patients

	Tues	Weds	Thurs	Fri
Gosford Cancer care	8am-4.30pm	8am-4.30pm	8am-4.30pm	X
Gosford Ambulatory care	8.30am-4pm	8.30am-4pm	8.30am-4pm	8am-4pm
Wyong Cancer care	8am-4.30pm	8am-4.30pm	8am-4.30pm	8am-4.30pm



# The Practical Steps

- 6 week process review:

*Chairs under utilised & reduced to 9. Admin and education issues*

- 3 month review: *No change required*

- 12 month CT&MDS program evaluation: *Estimated bed days saved (ED presentations) - 70 per annum\*. 85% chair occupancy. 91% patient satisfaction (65% response rate)*

- Mid 2011 (18 months into program) patient numbers at 40: *Adverse effect on HCNC role. Consultation with haematologists/stakeholders/patients - patient referral criteria revised & numbers capped (20)*

- Patient profile and focus of care shifted – more unstable group

\*30 transfusions per month



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# Patient profile

- More unstable - deteriorating bone marrow function
- Monitoring for possible therapeutic intervention (demethylating agents, iron chelation, antifibrinolytics, EPO)
- Focus on avoidance of ED presentation and/or hospital admission
- Symptom management
- Progression towards palliation/end of life care

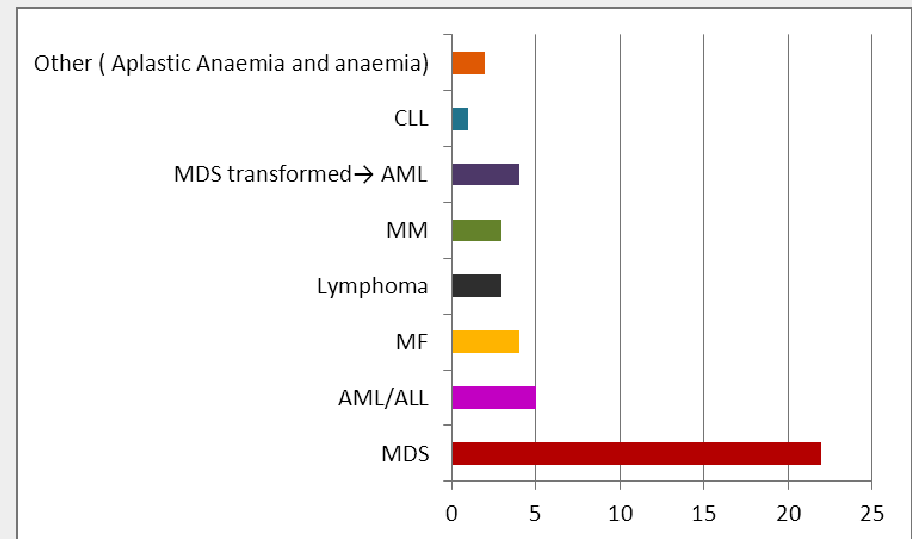




# 2012 Chronic transfusion program evaluation

- 44 patients over the last 12 months (37 transfusions per month)
- 86 admissions, 16 associated with anaemia
  - 6 symptomatic anaemia
  - 3 disease progression
  - 7 sepsis or PR bleeds with associated anaemia

## Patients by disease groups



*\*Only 6 admissions for transfusion over 12 month period in a group of 44 unstable patients\**

# Patient satisfaction survey

Survey questions	Response rate 65%
<ul style="list-style-type: none"><li>Information</li></ul>	<ul style="list-style-type: none"><li>100% program &amp; HCNC info</li><li>92.2% pathology &amp; clinic contact numbers</li></ul>
<ul style="list-style-type: none"><li>Transfusion scheduling</li></ul>	<ul style="list-style-type: none"><li>100% site, 84.6% timing</li></ul>
<ul style="list-style-type: none"><li>Accessibility of coordinators</li></ul>	<ul style="list-style-type: none"><li>92.2% face to face, 92.2% phone</li></ul>
<ul style="list-style-type: none"><li>Frequency of specialist follow up</li></ul>	<ul style="list-style-type: none"><li>100% specialist f/up</li></ul>
<ul style="list-style-type: none"><li>Service improvement</li></ul>	<ul style="list-style-type: none"><li>84.6% no improvement, 15.4% more money for nurses/always room for improvement</li></ul>
<ul style="list-style-type: none"><li>Overall satisfaction</li></ul>	<ul style="list-style-type: none"><li>92.2% 10/10, 7.8% 9/10</li></ul>



# Clinician satisfaction survey

- Five question survey
  - Communication
  - Decision making
  - Referrals
  - Overall satisfaction
  - Suggestions for improvement
- 100% response rate
- 100% satisfaction score
- Areas for improvement:
  - Staffing
  - Space
  - Results access
  - Specialised support in outpatient setting



# Impact of change on unstable patients

- Improved quality of life for MDS and end stage patients/families
- Improved quality of end of life care
- Better communication and relationship with palliative care
- Reduction in ED presentations and hospital admissions
- Team approach to patient management - better AHS access



# Gems of wisdom

- Champion the cause – be clear and consistent
- Build yourself a good team...you'll need it!
- Always ensure consumer involvement...we often talk different languages
- Become best friends with those that can help you with data...and collect it
- Tell everyone about what has been achieved – share the expertise and publish





# What's next...

- NSW Cancer Institute funding for the Outpatient Acute Myeloid Leukaemia Project
- Development of Nurse Led programs:
  - Early discharge programs (nursing triage & collaborative management) – development of the Nurse Practitioner role
  - Symptom management of oral therapies to improve compliance and reduce treatment related side effects
  - Collaborative approach to improving the QOL of those living with haematological cancers



# Thankyou



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