

Red Blood Cell and Transfusion**Introduction**

The Avoidable Admissions strategy has been developed as a result of extensive research, and consultation with key clinicians. The strategy identifies that it may be appropriate for patients with specific medical conditions and DRG categories, to be treated for their conditions as a non in-patient hospital admission.

This paper summarises the clinical evidence for patients with some red blood cell disorders (without complications), who require a transfusion, with a DRG category-ANDRG Q61C to be potentially treated through models other than in-patient admission.

Options for alternative models of care to provide patient centered and non-admitted treatments are required. These models may include the development of "Hospital in the Home " (HITH) and Community Acute Post Acute Care (CAPAC) type services.

There will be an even higher demand for health services in the future with the population ageing (1,2). It is therefore important that we start planning and implementing alternative models of care for our patients. Patients' care delivered through CAPAC, or HITH type models has been associated with greater patient satisfaction when compared to hospital care and has been shown to have similar health outcomes to hospital care in selected patients (3,4).

A recent data review found that of patient admissions to EDIS reporting hospitals in NSW during 2005/2006:

- Approximately 1440 patients diagnosed with Red Blood Cell disorders requiring a transfusion, were admitted to hospital as an in-patient through their Emergency Departments.

Models of Care

The development of ambulatory oncology services during the 1990's has provided oncology patients with a choice of ambulatory intravenous chemotherapy and transfusion. Despite these developments non oncology patients presenting to ED with anaemia are often admitted to inpatient hospital beds for treatment, rather than being treated in an ambulatory care setting. Home transfusion has been implemented successfully in some hospitals in the UK, which has reduced demand on their acute services (5).

The purpose of this paper is to assist in bringing evidence into practice within NSW Health services. There have been a number of local studies suggesting improved resource utilisation for CAPAC type services in SESIAHS and SSWAHS (6,7).

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References

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