

## HAEMATOLOGY SERVICES

### CHAPTER 30

Clinical Haematology manages patients with neoplastic and non-neoplastic blood disorders.

Services include and are not limited to, diagnosis and management of, on an inpatient and non-inpatient basis, patients with: leukaemia, lymphoma, myeloma, thalassaemia and other haemoglobinopathies, acute and chronic coagulopathies, myeloproliferative disorders and thrombocytopenias. Procedures include: chemotherapy, including lumbar puncture and intrathecal chemotherapy, bisphosphonate administration, transfusion of blood and blood products including platelets and cryoprecipitate, plasmapheresis, leukopheresis, venesections for polycythaemia and haemochromatosis, stem cell harvesting and autologous transplantation. Autologous marrow transplantation is being performed increasingly as a method of “dose intensification” especially in the present climate where it can be undertaken more safely using growth factors and monoclonal antibody therapy. All patients requiring allogeneic transplants (14-18 per annum) are referred elsewhere.

Additionally, all haematologists are qualified pathologists and supervise the Haematology Laboratory and Blood Bank. These are part of South Western Area Pathology Service (SWAPS), a separate Area business unit that is centralised at Liverpool Hospital.

Haematology services in SWSAHS are provided as an Area Service, with close links to SWAPS. Liverpool Hospital is the principle administrative site for SWSAHS haematology services and the hospital where haematologists admit patients under their care. Patients with haematological conditions are admitted at other SWSAHS hospitals also. Clinics are provided by haematologists at Bankstown Liverpool, Campbelltown and Bowral Hospitals, while consultations are provided at Fairfield and Camden Hospitals as required.

In 2002/03, SWSAHS was 71% self-sufficient in public sector haematology, providing a total of 2,914 separations (58% day only) and 7,643 beddays. Most resident outflows were to Concord, Royal Prince Alfred and Westmead Hospitals. For SWS residents, the private sector provided 9% of haematology separations.

At a planned occupancy of 85% and assuming no change in flows, it is projected that adult haematology services in SWSAHS Hospitals will increase by 21% to 2006 and a further 15% to 2011.

Demand by SWS residents for haematology is projected to grow by 21.9% to 2006 and a further 15.1% to 2011.

### Current Services

#### Bankstown Hospital

A consultation service to inpatients is provided from Liverpool and, where possible, patients are seen on the same day at the Haematology clinic. In 2002/03, there were 1,037 haematology DRG separations, including 84% day only, occupying 1,916 beddays at an average LOS of 1.8 days.



### **Fairfield Hospital**

A consultation service to inpatients is provided from Liverpool. In 2002/03, there were 107 haematology separations, including 35% day only, occupying 470 beddays at an average LOS of 4.4 days.

### **Liverpool Hospital**

There are seven Haematologists based at Liverpool Hospital who provide the Area clinical service and undertake the laboratory work. Additional haematologists are required to bring SWSAHS more in to line with other large metropolitan Area Health Services. On the ward, inpatient numbers range from 10 to 28 patients at any one time. Consultations on inpatients of other services both at Liverpool and other hospitals of the Area Health Service are in the order of 10 to 30 per week. In 2002/03, there were 663 haematology separations, including 18% day only, occupying 4,428 beddays at an average LOS of 6.7 days.

### **Campbelltown Hospital**

A consultation service to inpatients is provided from Liverpool and, where possible, patients are seen on the same day at the Haematology clinic. In 2002/03, there were 153 haematology separations, of which 41% were day only, occupying 441 beddays at an average LOS of 2.9 days.

### **Camden Hospital**

A consultation service to inpatients is provided from Liverpool. In 2002/03, there were 107 haematology separations, of which 70% were day only, occupying 255 beddays at an average LOS of 2.4 days.

### **Bowral Hospital**

A consultation service to inpatients is provided from Liverpool. In 2002/03, there were 127 haematology separations, of which 91% were day only, occupying 133 beddays at an average LOS of 1.05 days.

### **Non-inpatient**

A significant part of the service is the non-inpatient activity, with up to 20 haematology patients per day at Liverpool's Cancer Therapy Centre, Ambulatory Therapy Unit and the apheresis facility. Privately-referred non-inpatients numbers are approximately 400 per week across Liverpool and other hospitals. Outside Liverpool, these non-inpatients are seen in SWAPS facilities.

### **Research and Teaching**

Current research programs running in the haematology laboratory are on CD34 purification and the raising of polyclonal antibodies to assist in the assessment of stem cell function and investigation of minimal residual disease in leukaemia and autologous transplantation. There is also some collaboration with the Cancer Therapy Centre. Education includes: medical undergraduates for years 4 and 6 in pathology and internal medicine for UNSW, postgraduate medical training for resident medical officers, registrars and specialist registrars and advanced trainees in haematology up to standards required for FRCPA and FRACP, undergraduate and postgraduate training for scientists of the laboratory and specialist training of nursing staff of the clinical unit.

### **RECOMMENDATIONS**

- Haematology services be provided as an Area Service.
- Inpatient care of haematology patients be established at Bankstown Hospital with appropriate senior nursing and allied health support.
- Area appointments of additional haematologists be primarily based at Bankstown and Campbelltown Hospitals.
- Plans for the future provision of allogeneic bone marrow transplantation be developed.
- Liverpool Hospital continue to be the centre for the management of complex haematological disease. Inpatient facilities at Liverpool hospital be given priority for re-development including the Apheresis Unit.