

OPTIMISATION OF THE BLOOD DERIVED MEDICINES CIRCUIT BY COLLECTING AND ANALYZING NON-COMPLIANCES

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Background

Blood-derived medicines (BDM) have a particular status because of their origin and their theoretical infectious risk
 → **strict regulation**

Specific circuit in our hospital but **numerous dysfunctions** identified daily by the BDM team in the pharmacy



BLOOD DONATION



BLOOD DERIVED MEDICINE
(Albumin, Immunoglobulins,
Factors of coagulation...)

Purpose

To **identify recurrent non-compliances** in the BDM circuit in order to set up **specific and efficient actions** to improve this circuit.

Material and methods

Pharmacist and pharmacy technician collected non-compliances at each stage of the BDM circuit : from prescription to administration's traceability over an 8-months period (March 2015 to November 2015)

Results

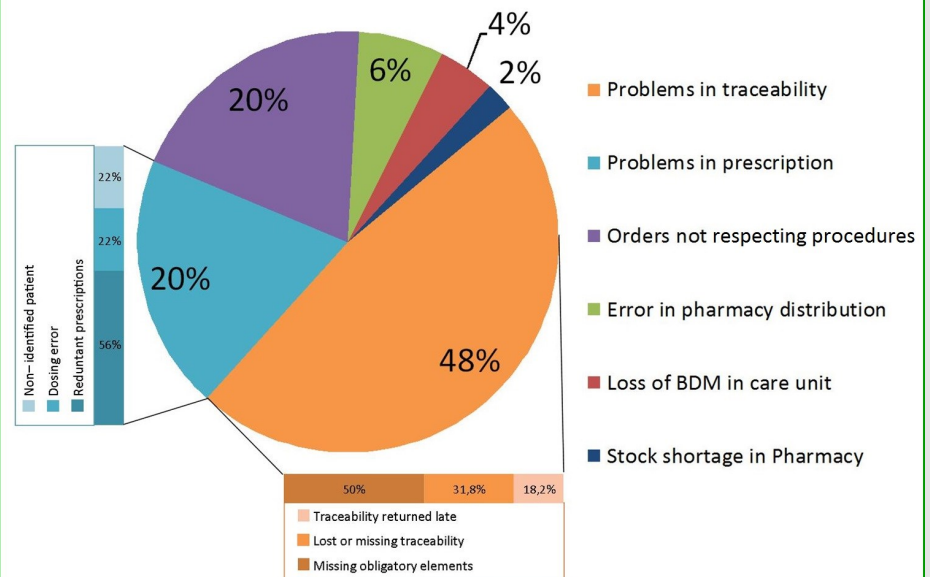
- Over the study period, 2242 dispensations of BDM were realized
- 46 non-compliances were noticed

In every case a **corrective measure** was immediately introduced (contacting the care unit, searching for the missing information, searching for administration traceability in the transfusion record, information on good use...)

Obligatory elements on traceability :

- Patient label
- Specific label of the BDM
- Date of administration
- Hour of administration
- Indication for expensive BDM
- Indication and signature of prescriber for BDM in dotation in the service

Types of non-compliances



Conclusion

- Identification of critical points in the BDM circuit → most of non-compliances affected **administration's traceability** of the BDM
- Improvements actions :
 - development of training actions about circuit and management of BDM
 - information documents have been created to secure each step of the circuit
 - evaluation of professional practices in progress to evaluate these improvements actions