INFUSION AUDIT IN HAEMATOLOGY: IMPORTANCE OF EVALUATION AND OPTIMISATION OF PROFESSIONAL PRACTICES


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BACKGROUND AND IMPORTANCE

Intravenous administration is the source of numerous identified risks requiring periodic evaluation of professional practices. In February 2022, an observational audit in the hematology unit was carried out for the first time in order to optimize the infusion setups.

MATERIALS AND METHODS

1 EVALUATION GRID
- Update of the 4-part grid based on the good infusion practices defined by the OMEDIT* Centre,
- Validated by a multidisciplinary working group.

2 AUDIT
Observation of 62 drugs administered in the hematology unit, in February 2022 over 5 half-days.

3 ANALYSIS
Analysis of the audit grid associated with computerized drug prescriptions (search for physical-chemical incompatibilities and flow rate problems)

RESULTS

1 Infusion configuration
- Peripheral venous access: 16%
- Central venous access: 84%
- Presence of plugs at free ends of the ramp for the peripheral infusion: 90%
- Infusion line for nutrition placed as close to the patient as possible and administered by pump: 100%

2 Flow rate problems
- Presence of non-return valve for flow sensitive products: 91%
- Infusion drip chamber filled below maximum limit: 99%
- Appropriate use of flow regulators (FR): 100%

3 Incompatibilities
- Physical-chemical incompatibilities observed: 0%
- Identification of potential incompatibilities during feedback: pantoprazole with parenteral nutrition: 100%

4 Labelling
- Patient-identified products: 100%

And now, what corrective actions can we put in place?

3 to 7 days in hospital (chemotherapy protocols): Under discussion with the medical team
21 days in hospital (autograft and CAR-T infusion)

CONCLUSION AND RELEVANCE

The results of this audit appear to be very positive. The hematology unit, whose nursing team is aware of the risks associated with the administration of chemotherapy, is a unit accustomed to the availability of pharmacists.

This audit allowed us to observe some errors during infusion practice: absence of plugs, inadequate programmed flow rate and absence of non-return valve during flow-sensitive drugs infusion.

In order to improve infusion practice, a new standardized infusion set-up has been proposed to the unit including non-return valves. This set-up should make it possible to prevent the risks, particularly those related to flow rate and incompatibilities.

However, this change in practice will require support for the teams and a new audit to evaluate the impact of this work.

*Observatoire du Médicament, des Dispositifs Médicaux et de l’Innovation Thérapeutique