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

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Background

Blood-derived medicines (BDM) have a particular status because of their origin and their theoretical infectious risk.

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

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:
- Problems in traceability: 48%
- Problems in prescription: 20%
- Orders not respecting procedures: 6%
- Errors in pharmacy distribution: 4%
- Loss of BDM in care unit: 2%
- Stock shortage in pharmacy: 2%

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.