



Ferinject promotion to reduce red cell usage associated with PPH

Hospital Name : Mater Mothers' Hospital Brisbane

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HRT 1702 Maternity Services Improvement Group

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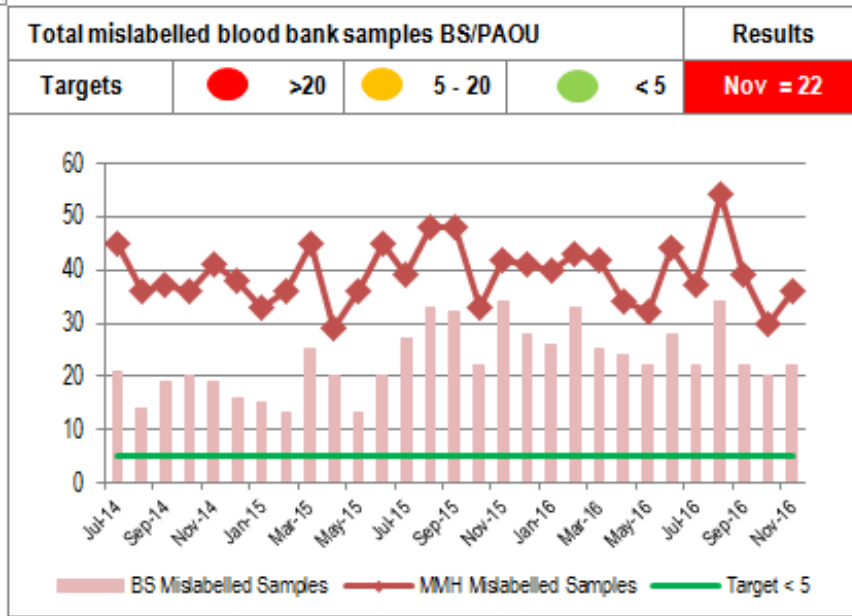
Melbourne



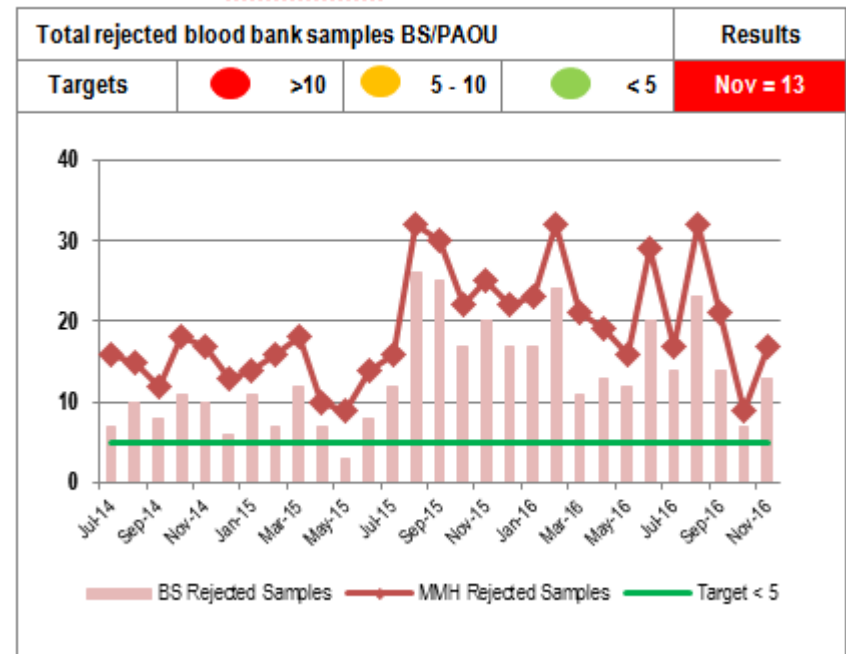
Key Problem

- Blood Safety remains a challenge at our institution
- Blood sample collection scorecarding continues to highlight collection and labelling errors (despite ongoing quality improvement efforts)
- Our patients are placed at risk whenever blood is required

Graph 1 Mislabeled crossmatch samples



Graph 2 Total crossmatch samples rejected



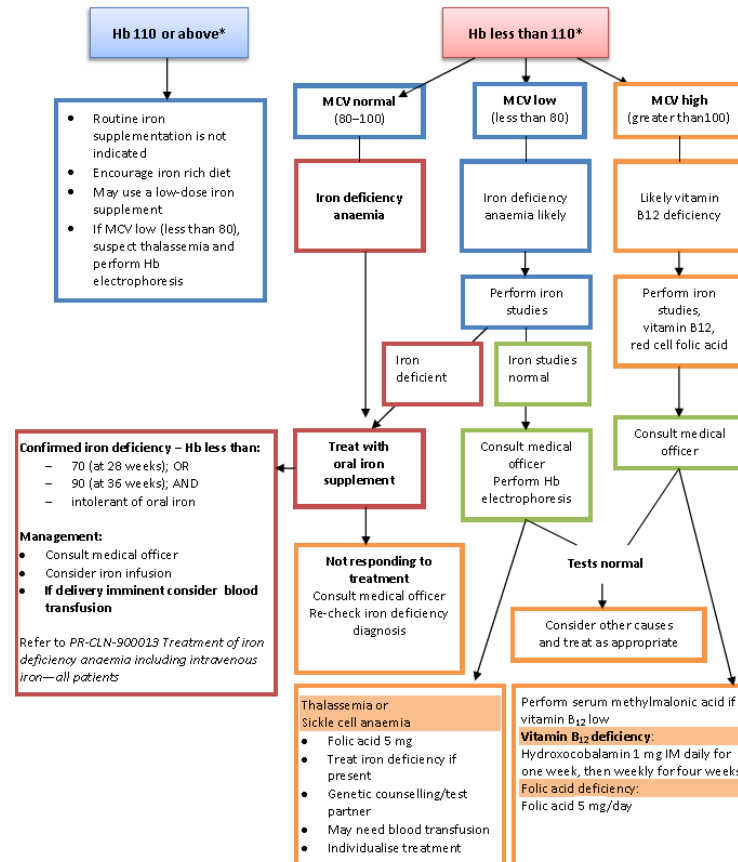
Aim of this innovation

- Ferinject was actively promoted in the antenatal period as treatment for iron deficiency anaemia
- The aim of the initiative was to reduce iron deficiency anaemia rates antenatally so that women giving birth would have, on average, higher haemoglobin levels and less risk of requiring blood therapy in the event of PPH
- With less blood therapy there would be less risk due to blood errors

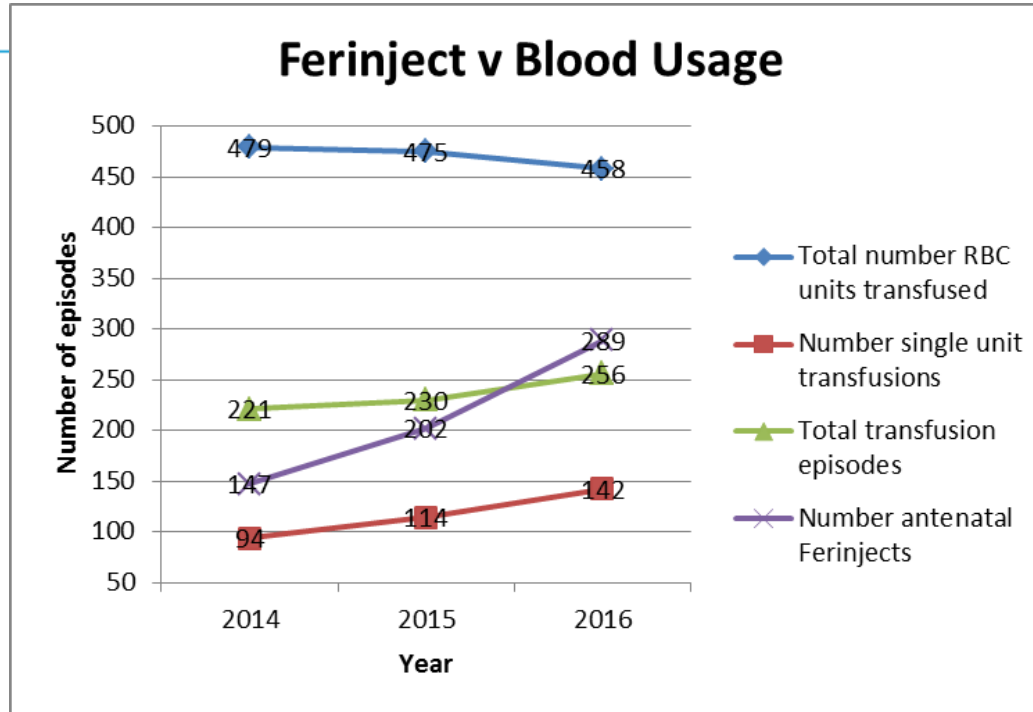


Key Changes Implemented

- The innovation entailed policy development, staff education and upskilling, and the creation of a centralised IV infusion therapy service within the pregnancy assessment and observation unit



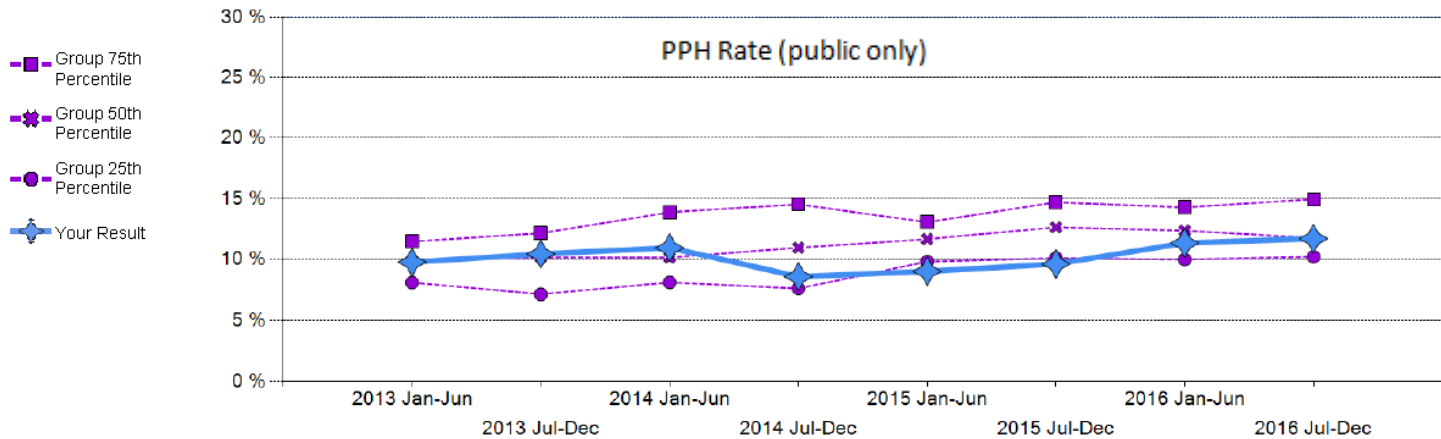
Outcomes so far



Birth Numbers MMH



2014	9691
2015	10165
2016	9931



Lessons Learnt

- A doubling in antenatal Ferinject usage resulted in a modest reduction in overall red cell usage, although the number of transfusion episodes increased, largely explained by single unit transfusions.
- The effects of one initiative (Ferinject promotion) are difficult to distil from those of a coincidental initiatives (single unit transfusion drive).
- Technical procedures with inherent risk (IV infusion therapy) are best centralised to enhance quality and minimise risk of complications (there was a single extravasation injury in our centre during the study period and a lack of staff awareness of early signs of extravasation was felt to have contributed).
- New procedures may be quickly and widely adopted if championed by an influential specialty group (in this case obstetric medicine). In such situations care must be taken to embed a system of audit and review based on outcomes.

Recommendations

- Monitor Ferinject policy adherence closely to mitigate any drift towards inappropriate prescribing (outside of policy prescribing was constantly occurring, placing additional patients at risk of Ferinject complications and potentially mitigating impact)
- Create a centralised IV infusion centre so as to concentrate staff skills and mitigate risk

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