



Pharmacy ownership of blood

Janus

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HRT 1511 Medication Improvement Group

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Key Problem

- Blood products within the Mackay Hospital and Health Service had no real clinical governance. Queensland Health Pathology and Mackay Base Hospital Pharmacy Department covered a range of products for supply purposes, but no single point of accountability existed.
- The District Director of Pharmacy was presented with an executive decision that suddenly pharmacy owned blood.
- Blood seen as an agent that is free, easy to use, low risk of adverse events.

Aim of this innovation

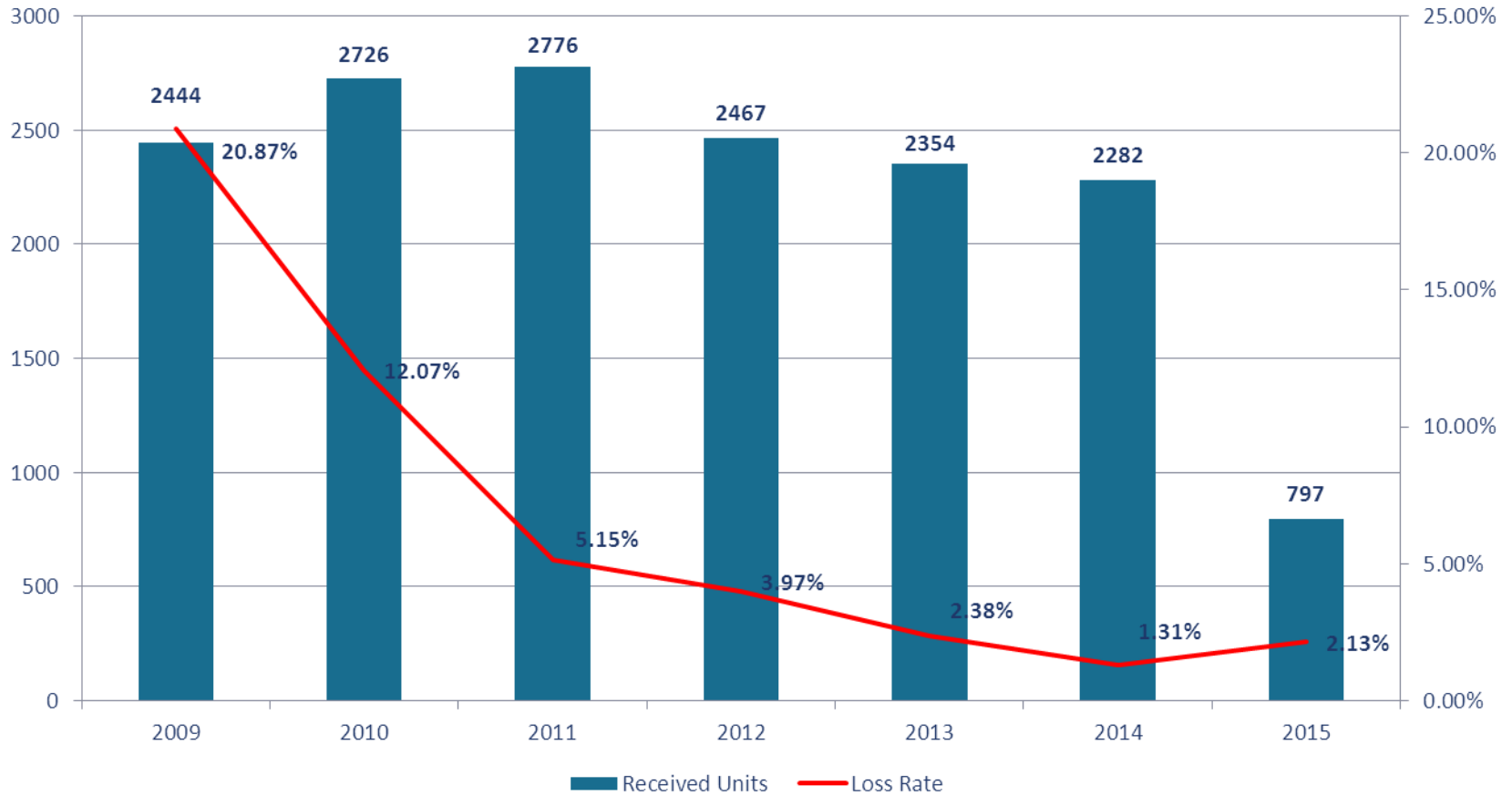
- We needed to impose governance, standards and processes for blood products that would allow safe and clinically appropriate use of products. If this was achieved then accreditation for standard 7 should be attainable.
- That when a blood product was used it was clinically appropriate.
- That wastage was monitored and reduced.
- Single point of supply
- Reduction in cost with blood budgets been devolved to end users.

Baseline Data

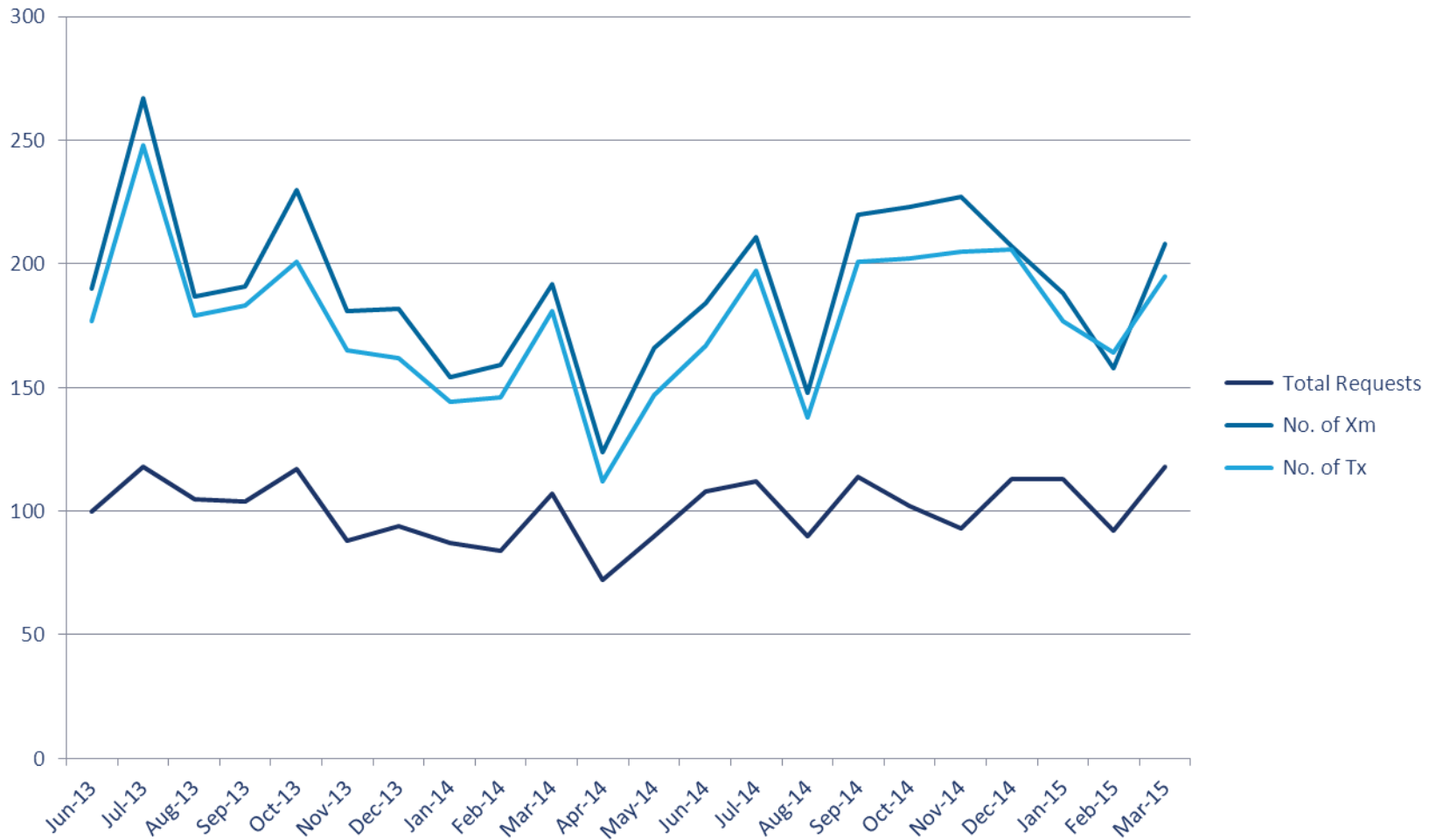
- The Director of Pharmacy had an interesting discussion with the executive to understand the decision, it was declared that the logic behind the decision was that we already had processes in place for governance of medications, the best fit was to view blood as a therapeutic substance similar to any other medication.
- A Haemovigilance Committee was established as a sub committee of the Medication Management Committee.
- Existing controls, ordering practices, guidelines were examined.
- The Blood Forum was attended to establish contacts and to get an understanding of what was happening, and what we should be doing. Actions out of the forum attendance included establishing a formal link with the Jehovah Witness hospital liaison officer.
- A series of audits to check actual bedside activity were undertaken.
- Passionate staff identified.

Reduction in cost of \$171,348 2011 to 2014

41CMAC - Loss Rate 2009 - Apr 2015



Reduction of units used per request



Lessons Learnt

- Pharmacy has processes that can be translated to other areas of clinical care.
- Change leaders do not need to be the content expert.
- Pharmacy can be facilitators of service improvement for other areas.
- Perspective changes when a free product suddenly has a charged attached to it.
- Accreditation standards can be a useful driver for service improvement.
- Involve passionate staff.