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ESTABLISHING A PHARMACIST MANAGED ANEMIA CLINIC TO OPTIMIZE EPOETIN ALFA USE PREOPERATIVELY TO REDUCE HOSPITAL BLOOD UTILIZATION (B1), Elyse Tung. Swedish Medical Center, Seattle, WA 98122. (elyse.tung@swedish.org)

The potential risks of allogenic blood transfusions have stimulated the search for alternatives including autologous blood donation and use of epoetin alfa. Although it is proven that autologous blood transfusions are safer than allogenic transfusions, autologous blood donation prior to elective surgeries is costly, often non-reimbursable, and possibly wasteful. Autologous donation may also provoke an increased need for post surgical red blood cell (RBC) transfusion. It is well known that the use of preoperative epoetin alfa can reduce post surgical RBC transfusion requirements and complications associated with these transfusions. This study examines the impact of a collaborative practice agreement between pharmacists and physicians as an approach to managing patients with anemia prior to elective surgeries. The goals of the clinic are to reduce incidence of post surgical RBC transfusions, improve patient safety and outcomes, and reduce overall hospital blood expenditures and utilization rate. The primary outcome will be comparing blood utilization rates before and after implementation of the clinic. Data collected will include number of transfusions, type of transfusion, dose and frequency of epoetin alfa, lowest hematocrit measured, length of stay, and adverse events. Results will be presented. The role of the pharmacist is justified in this clinic model through blood conservation

guidelines, cost avoidance through decreasing RBC transfusions and generating revenue through outpatient clinic visits.