Evidence-Based Practice Change: Is It Worth the Extra $2?
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**Problem**: Nurses asked why infusion pumps are not used for transfusions? The response received indicated current infusion pumps could not handle transfusions. The clinical practice committee recommended benchmarking with other institutions and a literature review. **Evidence**: A literature review indicated very little current research with most studies completed in the 1980’s. Results of the studies found no clinically significant effects on blood cells when transfused by infusion pump. The advantages of infusion pump transfusions cited in the literature were controlled flow and decreased product waste. The current vendor for the infusion pumps utilized in the institution provided research results that supported the use of the pumps. New tubing was the only equipment requirement to implementing the change. Benchmarking with similar institutions revealed both methods of transfusion were utilized. **Strategy**: Approval for practice change was sought and received from three major practice committees. Once new tubing was obtained the change could be implemented; however, the tubing cost two dollars more than current tubing used, translating to a large increase in cost for the health system. Approval for such an increase was required from another committee, but was not granted as the evidence provided did not support the cost increase. **Evaluation**: The focus of the study needed to change to why pumps should be used. New data was collected over the ensuing three months which examined costs related to missed or incomplete transfusions and nursing time invested in difficult transfusions. The cost, over $60,000 supported the change. **Results**: There has been a dramatic drop in incomplete transfusions and staff and patient satisfaction with transfusions is high. **Recommendation**: All impacts of practice change need to be evaluated in the process of gaining evidence so that glitches to implementing change do not occur.
Bibliography


