

# Advance Nurse Practitioners Making the Clinical Decisions and Providing Written Instruction for Blood Component Transfusion Policy

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## 1. Statement of intent

The Trust is committed to reducing errors in the administration of blood and blood components and fully support the guidelines set out by the British Committee for Standards in Haematology (BCSH) Better Blood Transfusion 3(HSC 2007/001) and the National Patient Safety Agency (NPSA Notice No. 14 2006)

The primary purpose of this policy is to:

- Ensure the Better Blood Transfusion is an integral part of NHS care.
- Make blood transfusion safer.
- Avoid unnecessary use of blood components in clinical practice.

## 2. Introduction

This policy is based on “A Framework to Support Nurse and Midwives Making the Clinical Decision and Providing Written Instruction for Blood Component Transfusion” September 2009. The Trust has a responsibility to comply with this framework when accepting and authorising an application to extend the role of an individual to include clinical decision making and providing written instruction for blood component transfusion.

This policy applies to all suitably trained Advanced Nurse Practitioners (ANP's) involved in caring for adult patients (over the age of sixteen), in designated acute settings within the Trust

It is expected that the patient will benefit by promoting seamless continuity of care due to:

- The decision to transfuse will be made by an experienced nurse who has an in depth knowledge within his/her own specialty.
- A reduced delay in the decision to transfuse
- A reduced delay in authorising the transfusion
- A potential reduction in the patients overall length of stay

## 3. Implementation

This policy document is applicable to appropriately trained ANP's who wish to develop their role to include making the clinical decision and providing written instruction for blood/blood component transfusion (e.g. red cells, platelets, fresh frozen plasma and cryoprecipitate).

The Trust will benefit by these staff members

- Contributing to the reduction in junior doctor's hours and European working Time Directive.
- Provides stability to rotating teams
- Contributing to the implementation of the Chief Nursing Officer's '10 key roles' for nurses (To order diagnostic investigations such as pathology tests and x-rays, CNO 2002)
- Preventing delays in care, and allow for seamless continuity of care
- Acting as exemplary role models in their approach to decision making and providing written instruction for blood/blood component transfusion

## 4. Management arrangements

**Sponsoring director** for this policy will be the chair of the Hospital Transfusion Committee (HTC).

**The Clinical Governance Sub-Committee** is responsible for monitoring the use of this policy

**The Hospital Transfusion committee** is responsible for reviewing this policy is in line with national guidance

**The Medical Director and the Chief Nurse** are responsible for ensuring that clinical staff in all specialties are aware of this policy

**The clinical lead** for each of the ANPs who may make written instructions for Blood Component Transfusion are responsible for ensuring that those staff have undergone the relevant training

**The ANPs** are responsible for ensuring that they comply with the content of this policy and any other current transfusion guidelines and regularly undertake appropriate knowledge and practical competency training.

## **5. Developing the Role of the Nurse in Blood Transfusion**

It is acknowledged that for this role development to be successful, a high level of medical consultant support will be required. It is essential for all key stake holders (assistant nurse directors, medical consultants, nursing and laboratory managers) are consulted and that the service is in the best interests of improving patient care.

At present the Trust have introduced the role of the 'ANP' who in order to fulfil their role work autonomously across both the medical and nursing teams to prescribe medications. The aim of this document is to extend that remit to include clinical decision making and written instruction for blood/blood component transfusion.

### **5.1 Selection Criteria and training requirement**

ANPs wishing to extend their remit to include clinical decision making and providing written instruction for blood transfusion must have attained the following:

- Independent Non-Medical prescribing qualification
- Annual assessment and diagnostic competencies
- Attended the curriculum training sessions organised and facilitated by the Hospital Transfusion Team
- Attend yearly updates on Transfusion Issues
- Continuous consultant support to aid learning in practice
- Provide evidence of relevant competency assessments and continual education and training (learning log).

### **5.2 Working practice responsibilities**

To undertake this role the Advance Practitioners must demonstrate appropriate knowledge and expertise in the following areas:

- Patient assessment and clinical decision making – including the clear accurate documentation of rationale to treatment, actions proposed and all conversations with patient/carer.
- Interpreting blood test results
- Writing the prescription in preparation for administration
- Take the necessary sample for pre-transfusion testing
- Understand the potential risks of transfusion and take appropriate actions in the event any reported transfusion reaction/event

- Understanding of legal responsibilities within the transfusion process
- Adherence to all Trust transfusion related policies, guidelines and procedures.

### **5.3 Patient Selection**

There are several patient groups who would benefit from having their blood transfusion requirements managed by this staff group. Each clinical team however, should determine whether this change will improve patient care. The selection criteria for patient groups within each directorate must be determined and agreed with the medical consultant.

However, the Advanced Practitioners themselves must acknowledge their own degree of competency and escalate the patients care to a senior member of the medical team at the earliest opportunity should the need arise.

National guidelines and local Trust policy require that patients give an informal consent for the transfusion of blood components and that this consent is documented within the patient's healthcare records.

## **6. Audit and evaluation**

Individual practice will be audited by the Hospital Transfusion Team and the clinical leads in line with Trust Policy and guidelines on the practice of blood transfusion administration. Regular evaluations of clinical practice and patient outcomes will be performed and reported to the Hospital Transfusion Committee and directorate leads. (see appendix 2)

## **7. Review**

Date of next review for this policy will be December 2013

## **8. References**

Nursing and Midwifery Council (2006) Standards for proficiency for Nurse and Midwife Prescribers NMC, London

Blood Safety and Quality Regulations, 2005, (SI No50)

British Committee for Standards in Haematology, Blood Transfusion Task Force.  
Guidelines for the administration of blood and blood components and the management of transfused patients.  
<http://www.bcsghguidelines.com>

Green J and Pirie E, (2009), A framework to support nurses and midwives making the clinical decision and providing the written instruction for blood component transfusion. NHS Blood and Transplant. <http://www.transfusionguidelines.org.uk/docs/pdfs/BTFramework-final010909.pdf>

## 9. Cross reference documents

- Hospital Transfusion guidelines
- Guidelines for the use of Fresh Frozen Plasma
- Guidelines for the use of Platelet Transfusions
- Guidelines for the management of massive blood loss

## 10. Abbreviations

BCSH	British Committee for Standards in Haematology
NPSA	National Patient Safety Agency
ANP's	Advanced Nurse Practitioners
CNO	Chief Nursing Officer's
HTC	Hospital Transfusion Committee

## Appendix 1

### Equality Impact Assessment (EQIA) Pro-Forma

The purpose of an Equality Impact Assessment (EQIA) is to ensure that we do not discriminate against any of the Equality Groups (Age, Disability, Gender, Sexual Orientation, Race, Religion or Belief) and ensure that we promote equality in the provision and take up of our services and employment practices at Barnsley NHS Foundation Trust.

Div/ Dept	Trust Wide	
Policy/ Service	Advance Nurse Practitioners Making the Clinical Decisions and Providing Written Instruction for Blood Component Transfusion Policy	
Is this policy service New/Existing	NEW	
Assessor(s)	R Harding/J Stubs/S Conlan	
Date of Assessment.	??/07/2011	
Aims/Objectives/Purpose Of Policy/Service	Ensure the Better Blood Transfusion is an integral part of NHS care. Make blood transfusion safer. Avoid unnecessary use of blood components in clinical practice. Provide better information to patients and the general public about blood transfusions.	
Associated Objectives for this Service e.g. NSF's National Targets, References	British Committee for Standards in Haematology (BCSH) Better Blood Transfusion 3 <i>Safe and Appropriate use of Blood</i> (HSC 2007/001) National Patient Safety Agency (NPSA Notice No. 14 2006)	
Who Does this policy Affect?	Any patient presenting with a clinical need for the administration of donor (allogenic) blood components Advance Nurse Practitioners who are suitably trained and deemed competent at to authorization of blood components.	
What outcomes do you want to achieve from this service delivery?	To ensure blood components are used appropriately To maintain patient safety throughout the blood transfusion process	
What factors could contribute/detract from effective delivery of this service?	Contribute	Detract Donor blood component availability  Patients choice to consent to the administration of blood or blood components

Could this service/policy have a different impact on different groups	If Yes please circle which groups Race Age Disability Gender Religion Class Sexual Orientation	Y N N N Y N N
Explain any reasons/evidence to support the above question relevant to this impact ( e.g. language barriers, consultation, complaints, surveys, mystery shopper, evaluations)	Some patients for religious or other personal reasons may choose not to receive allogenic blood or blood components  Race - Language/communication could be a potential issue	
If you have answered yes to the above, please describe any current/planned actions, ( <b>SMART</b> ), agreed workstreams relevant to your EIA which will: <ul style="list-style-type: none"> <li>• <b>Eliminate discrimination</b></li> <li>• <b>Promote equal opportunities</b></li> <li>• <b>Promote good race relations</b></li> </ul>	<ul style="list-style-type: none"> <li>• The availability of a Trust Emergency plan for the management of Blood component Shortages at times of National donor shortfalls.</li> <li>• Implementation of a Trust wide - Guideline for the management of Jehovah's witness patients or others who refuse blood products.</li> <li>• The availability of blood transfusion information leaflets in various languages and large print available electronically via the National Blood Service 'web site'.</li> <li>• Availability of interpreter services, time/situation permitting</li> </ul>	
Following the above actions, will there be a need for a further impact assessment?	<b>No</b>	
How will this EQIA be communicated/shared?	<ul style="list-style-type: none"> <li>• Sent to Trust Equality and Diversity Advisor for sign off.</li> <li>• Uploaded on Trusts public webpage.</li> <li>• HR intranet .</li> <li>• Communicated to relevant Div/Dept at team meeting.</li> <li>• Members of the Jehovah Witness liaison group</li> </ul>	
When is the next review ( please note review should be immediate on any amendments to your policy etc.)	<b>2 year</b>	



## Appendix 2

### Advanced Nurse Practitioner's evaluation audit following the authorization of blood and blood components

Individual Advance Nurse Practitioner practice will be audited by the Hospital Transfusion Team and the clinical leads in line with Trust Policy and guidelines on the practice of blood transfusion administration.

Initial audit performa to be completed by the ANP and delivered to the Blood Bank following completion of the request/sample. Retrospective follow up information will be collected from the clinical area by a member of the transfusion team.

Regular evaluations of clinical practice and patient outcomes will be performed and reported to the Hospital Transfusion Committee and directorate leads.

#### Part A

To be completed by the ANP and returned to Blood Bank with the patients sample and co request card

Patients name:			
Patients unit number:			
Ward / Dept:			
Cross Match Request Date completed:		Time:	
Component requested:			
Number of units/bags Requested:			

**Audit number to be assigned on arrival to blood bank**



#### ANP contact details

Name ..... Bleep Number .....

**Part B** - to be completed retrospectively by a member of the HTT

Audit number



Transfused commenced Unit 1 - Date: Time: Unit 2 – Date: Time:	Record of additional units
Documented indication/reason for Transfusion	
Quality of request form and sample received by Blood Bank	
Pre Transfusion blood results	Time Result
Prescription                      Accuracy: Rate:	
Documented effect of Transfusion	
Post Transfusion blood results	Time: Results:
If not transfused – why?	