

# How informed are you? Consent and Patient information

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## **Overview**

- Facts
- Change



## **Background**

March 2010 SaBTO

The consultation had the following key objectives:

- Identify the preferred option for recording consent
- Explore the potential operational impact of implementing a standardised form of consent for transfusion
- Confirm what type of information patients should receive

#### **Summary**



14 recommendations / 3 broad categories:

#### **Clinical practice:**

What should be done / hospital policy

#### **Governance:**

Review of clinical practice

#### **Education:**

To help support clinical practice



# Key issues to be discussed when obtaining valid consent

- Type of blood component
- Indication for transfusion
- Benefits
- Risks
- Possible alternatives
- Administration and Positive Patient Identification
- Following transfusion the patient can no longer donate blood

# Provide Patient Information Leaflets





As a precautionary measure to reduce the risk of transmitting variant

Creutzfeldt-Jakob Disease (vCJD), people who have received a blood transfusion since 1980 are not currently able to donate blood.

The hospital should include information in the discharge letter to your GP to tell them that you have had a blood transfusion, and to explain why it was carried out. The hospital should give you a copy of this letter, if they don't,

Do I need to tell my doctor?

you can ask the hospital for a copy.

#### Right Blood, Right Patient, Right Time Transfusion 10 commandments

#### Transfusion s when the bene risks and there alternatives

#### 2. Laboratory deciding facto

#### 3. Transfusion on clinical asse clinical guidelin

- Anaemic pat need transfusio
- Discuss the r transfusion with
- Initial resusci should be with delay ordering
- 7. Patients mus
- 8. The patient s during the tran
- 9. The reason follocumented in
- 10.Education a transfusion pra

#### Visit the ultir clinical tr

#### Is blood transfusion necessary?

Failure

- There is no universal "trigger" for transfusion
  - Transfusion given at any haemoglobin level can cause morbidity and mortality.
     Unnecessary transfusion increases this risk
  - If the haemoglobin is below 70g/L, transfusion is usually indicated
  - If the haemoglobin is above 70g/L and under 100g/L, the decision to transfuse should be based on the clinical condition of the patient
  - If the haemoglobin is above 100g/L, transfusion is rarely indicated
  - BCSH Guidelines for the use of blood components (1999) www.bcshauidelines.com
  - SIGN Perioperative Blood Transfusion for elective surgery (2001) www.sign.ac.uk

#### ason f Right Blood, Right Patient, Right Time

#### ALWAYS positively confirm the patient's identity

 Ask the patient (if able) to state their surname, first name and date of birth check against the ID band

#### CHECK the patient's details are identical on the ID band and the pack

- Do the check at the patient's bedside
- If there is any discrepancy DO NOT transfuse

#### TRANSFUSE blood within 4 hours of taking it out of the fridge

Avoid overnight transfusion in a stable patient



# www.transfusionguidelines.org.uk



#### Document in notes

or

Completion of written consent form



#### **NCA Consent Audit 2014**

Commissioned by SaBTO to audit the extent to which patients receiving a transfusion are:

- involved in the decision making process
- provided with sufficient information to allow them to make an informed choice

#### **And** .....

The extent to which we can demonstrate patient centred care through medical notes



#### Results

- ✓ encouraging
- ✓ improvements
- **X** disappointingly low results in documenting the discussion of risks, benefits and alternatives



## Consent.....what's new?



Montgomery v Lanarkshire March 2015



## Legally.....What does this mean?

- The Bolam test is no longer applicable
- The law now requires a Doctor to take:

"reasonable care to ensure that the patient is aware of material risks involved in any recommended treatment and of any reasonable alternative or variant treatments."



## What does this mean in practice?

- Does the patient know the "material" risks of the proposed treatment?
  - What risks would a reasonable person want to know about?
  - What other risks would this particular patient want to know about?



## What does this mean in practice?

- Does the patient know about available alternatives?
- Have I tried to ensure the patient understands all the information?
- Have I documented the details of the consent process?



## **Exceptions!**

- 1. The patient requests not to be informed
- Clinical situation means consent cannot be obtained
- 3. There is a genuine and significant risk of harm associated with providing the patient the information at that time

Being too busy is not an adequate reason!!



#### Where does that leave us?

Some evidence of good practice



• SaBTO and GMC guidance is clear



...... So why doesn't good consent happen?



#### 1. Time constraints

I only have 5 minutes ..... how am I going to fit everything in?

Remember......Montgomery case

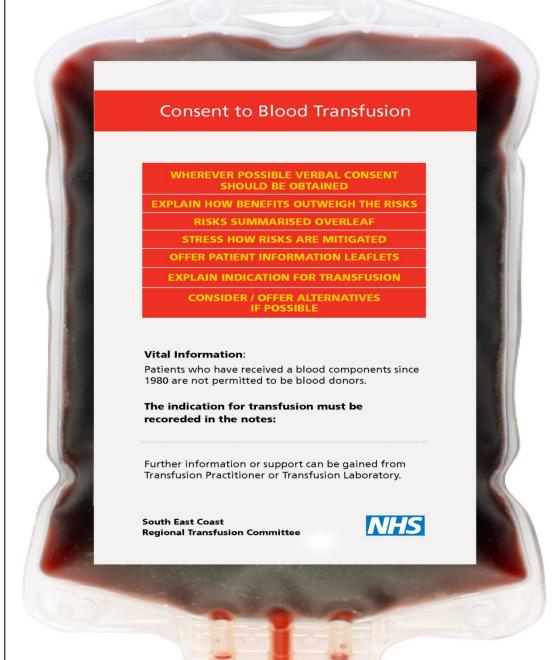
Being too busy is not an adequate reason!!

## 2. Information Overload?



How can I remember everything I need to know? ?? Doctors Information leaflet Who can help me? Be prepared







## 3. Level of transfusion knowledge

- Are we asking too much of the staff who take consent?
- Would it be helpful to have more transfusion information/training?

Would you know the answers to the following patient questions?



## What is the risk of catching HIV from my transfusion?

A. 1 in 6.5 million

B. 1 in 28 million



## How long will my blood transfusion take?

A: up to 4 hours / unit

B: up to 30 mins / unit



# I'm blood group O ..... Does this mean I can have blood from anybody?

A: Yes

B: No



# Would you discuss an alternative to transfusion if applicable?

A: Yes

B: No



## Patient Blood Management – Key messages

- Patient at the heart of decision making
- Blood conserve patient's own blood, avoid transfusion where appropriate
- Management organise and co-ordinate
- Further information can be found at:

http://www.transfusionguidelines.org.uk

under 'National Blood Transfusion Committee'



## Would you say yes?

"We're just going to give you a blood transfusion. Ok?"

"We're just going to give you a kidney/liver transplant. Ok?"



## From the patient's point of view

#### What does the patient want to know?

#### Where do you pitch the conversation?

- Some want to know everything
- Some want to know nothing
- "What do you think doctor?" i.e. make the decision for me!
- Some won't understand....some will
- Some will take everything in...some will need more time to digest info - ideal world give info and go back later



### From the patient's point of view

#### Must cover all the SaBTO points

- use professional judgement
- know your patient
- engage with them
- Listen
- Bespoke
- Ensure understanding



## # hellomynameis

- "I firmly believe that it is not just about knowing someone's name, but it runs much deeper. It is about making a human connection, beginning a therapeutic relationship and building trust. In my mind it is the first rung on the ladder to providing compassionate care"
  - Dr Kate Granger



## I will..... Initiative

"I will.....keep you safe during a blood or blood product transfusion"

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#### **Transfusion Awareness**

- Patients are more informed than ever before
- Patient Choice, Patient's Charter and the impact of the Francis Report
- Patient Blood Management Initiative ~ 2012
- No Decision Without Me About Me ~ 2012
- Transfusion is a part of many patient's treatment
- Individual choice is a basic human right!



## **Local Resources**

**Transfusion Practitioner** 

**Transfusion Laboratory Staff** 

Hospital Transfusion Committee

YOUR Trust Transfusion policy

The Patient Blood Management Team

Regional Transfusion Committee



### Web based Resources

www.transfusionguidelines.org

www.access-24.co.uk

http://hospital.blood.co.uk

www.blood.co.uk

www.learnbloodtransfusion.org.uk

Patient information can also be found at NHS Choices at: http://www.nhs.uk and via Facebook, Twitter and You Tube