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

Will I need a blood transfusion?
Patient Information

Will I need a platelet transfusion?
Patient Information

Information for patients who have received an unexpected blood transfusion

While you were in hospital, it was necessary for you to receive a blood transfusion. There are many reasons why patients may need a transfusion, some of which are discussed in the "Will I need a blood transfusion?" leaflet. However, do please ask a member of your healthcare team about why you needed a blood transfusion. They will be able to answer any questions you may have.

Are blood transfusions safe?
Yes, the risk that a blood transfusion may make you ill is very low. More information about any potential infection risks and all the measures that are taken to ensure your safety is included in the leaflet "Will I need a blood transfusion?"

I'm a blood donor. Can I still donate?
As a precautionary measure to reduce the risk of transmitting viral infections, people who have received a blood transfusion since 1980 are not currently able to donate blood.

Do I need to tell my doctor?
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, you can ask the hospital for a copy.

Right Blood, Right Patient, Right Time
Transfusion 10 commandments

1. Transfusion when the benefits are clear and the risks are small.
2. Laboratory results clearly indicate need for transfusion.
3. Transfusion only when clinical and/or transfusion guidelines are followed.
4. Awareness of need to transfuse.
5. Discuss the transfusion with the patient.
6. If initial request is clinically indicated, the decision to transfuse should be based on the clinical condition of the patient.
7. If the haemoglobin is below 70g/L, transfusion is usually indicated.
8. If the haemoglobin is above 70g/L, transfusion is rarely indicated.

Is blood transfusion necessary?
• There is no universal "trigger" for transfusion.
• Transfusion given at any haemoglobin level can cause morbidity and mortality. Unnecessary transfusion increases the risk.
• If the haemoglobin is below 70g/L, transfusion is usually indicated.
• If the haemoglobin is above 70g/L, transfusion is rarely indicated.

www.sign.ac.uk
www.bcchguidelines.com

Right Blood, Right Patient, Right Time

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

Visit the website 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
❌ 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
2. 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
- Montgomery case - clearly states legal position

....... 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
Consent to Blood Transfusion

VITAL INFORMATION:
Patients who have received a blood components since 1980 are not permitted to be blood donors.

The indication for transfusion must be recorded in the notes:

Further information or support can be gained from Transfusion Practitioner or Transfusion Laboratory.

South East Coast Regional Transfusion Committee

NHS
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
"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