



# Consent for Transfusion Service Evaluation

A SURVEY BY THE LONDON REGIONAL TRANSFUSION COMMITTEE

May 2017

With thanks to Transfusion Staff that completed the Survey

## Introduction

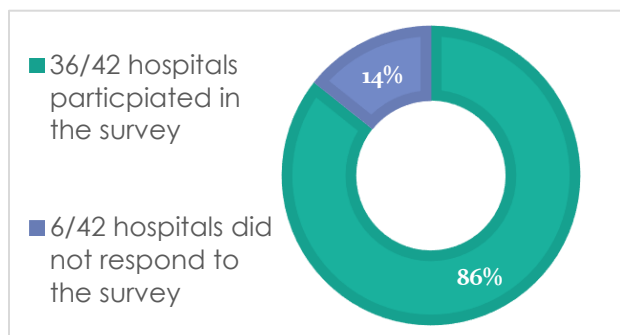
In May 2017, the London Regional Transfusion Committee (RTC) launched the consent for transfusion service evaluation survey.

The aim of the survey was to determine how consent for transfusion has been implemented in hospitals across London.

The survey was sent electronically to all transfusion practitioners working in NHS and private healthcare in London.

The survey was designed so only relevant questions, based on previous answers, were asked.

## Participation



- 35/37 (95%) NHS hospitals participated in the survey
- Of the 5 private hospital providers, 1 participated.
- Responses represent practice in 22 NHS Trusts & 1 private organisation

## Consent



81% (29/36) of hospitals stated that consent for transfusion had been implemented.



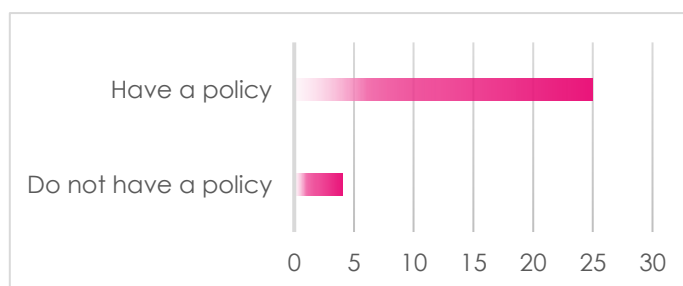
19% recorded that consent had not been implemented. 6 hospitals had tried to implement consent and reported the following barriers to implementation; difficult to change practice, introduction of a paperless system, different processes on different wards.

8 hospitals have implemented written consent for transfusion.

## Policy

The following questions were asked to hospitals that have implemented consent

There a small number of hospitals that do not have consent for transfusion in a policy although it is implemented in the hospital.



100% hospitals with a policy stated that it outlines what should be discussed with the patient.

68% of policies outlined current risks for the clinician or directed the clinician to information on current risks.

84% of policies stipulated how the conversation should be documented.

Training



90% hospitals that have implemented consent answered that it was included in transfusion training.

Those that included consent in their transfusion training detailed what was included in the training. The word cloud shows what was included.

There are different methods of delivering training in hospitals in London as shown below. 18/26 stated that they have more than one training method in place.

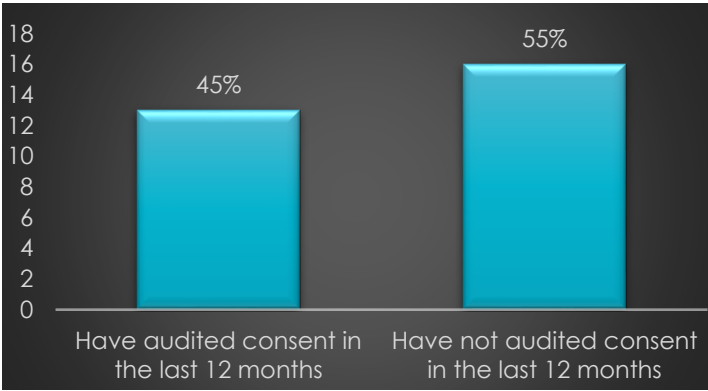
Type of Training	Answers
Audio training sessions	2
Face-to-Face	23
Online	19

Review

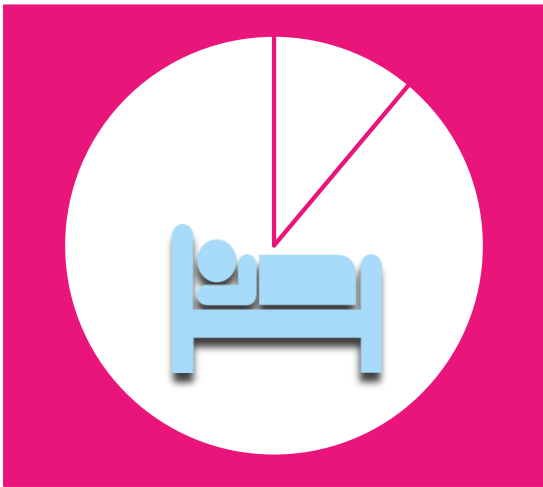
of Practice

There are several hospitals with consent for transfusion who have audited practice in the 12 months prior to this survey.

Only 3/13 stated there was full compliance during the audit.



## Patient Impact



10% of hospitals reported a patient complaint due to them not receiving sufficient information on consent

## Conclusions

SHOT (2015) put the estimated risk of harm from a transfusion at 1:100,000 units issued. This survey has highlighted that in London hospitals there is still variation in practice ranging from no consent implemented to written consent. Transfusion teams are still coming across barriers to implementing the practice of seeking valid consent from patients and ensuring that they are aware of risks and benefits of transfusion.

## Recommendations

- 1. Empower patients to actively participate in the transfusion process.** This would improve the safety culture of transfusion. Engaging patients as a solution for increasing safety has been advocated by NIHR patient safety translational research centre at Imperial College London (Patient Safety 2030, NHS NIHR). They advocate that patients are true partners in the solutions for safety and patient engagement should begin as part of the consent process with discussion of the risks and benefits of transfusion.
- 2. Make information on risks and benefits easily accessible.** Ensure staff gaining consent for transfusion can access information on the risks and benefits of transfusion and know where to find it.
- 3. Include consent for transfusion in training.** Including consent in transfusion training will give staff confidence to have conversations with their patients about transfusion.
- 4. Make transfusion consent mandatory.** SHOT (2015) put the estimated risk of harm from a transfusion at 1:100,000 units issued. This statistic could be used to increase management support for consent.
- 5. Research.** Research with patients regarding what is important to them during the consent for transfusion. Further work to look at the difference of providing written consent as opposed to valid consent.