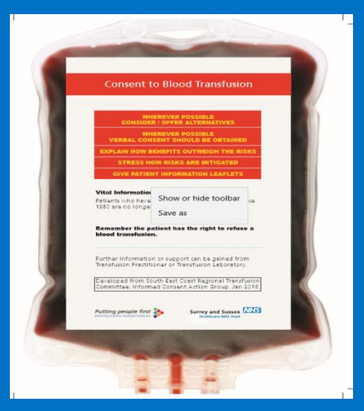


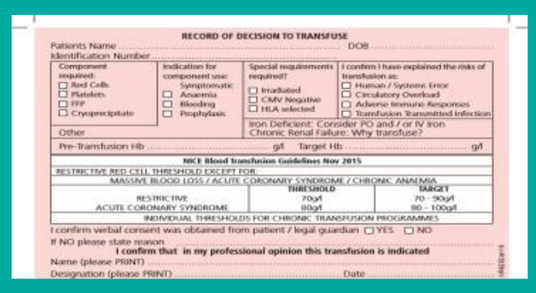
Consent for blood transfusion

The experience of a large District General Hospital.

Elizabeth Tatam (Transfusion Practitioner)
Surrey and Sussex Healthcare NHS Trust

Background

- In 2012 the SEC TPG formed an Informed Consent Action Group (ICAG). The drivers were the results of local documentation audits and the desire to facilitate compliance with SaBTO guidelines (2011).
- A transfusion episode sticker was designed by East Kent.
- The East Kent sticker was then adapted into the ICAG pad (below), including risk consideration and transfusion triggers.
- May 2014: SASH introduced the ICAG pad to Haemato-Oncology, Ambulatory Day Care & Gastro Wards, extending Trust-wide except Paediatrics in March 2015.



Introduction

There have been decades of debate on what constitutes consent for transfusion[1]. However, the publication of SaBTO guidelines (2011), NICE guidelines (2015), NICE quality standards (2016) and BSH guidelines (2016) have created a consensus that this should be undertaken and offered guidance of what should be included.

Informed consent is not only a right of the patient, but also assists in the implementation of PBM initiatives - as reason for transfusion and consideration of alternatives need to be made explicit.

For all these reasons the ICAG pad is heavily promoted within SASH. While its use is supported by all the adult healthcare teams, the routine application of this formalised process is not yet established.

A regular snapshot audit has been commenced to gauge the use of the stickers and facilitate discussion and teaching.

Method

An audit of consent for transfusion was conducted in July and December 2017 for patients who had received blood within SASH.

The audit involves looking for the sticker in a patient's medical record, assessing the standard of completion, and identifying other consent associated documentation.

The sample is selected from the complete list of patients transfused within the month and whose notes are available on site at East Surrey Hospital at the time of audit. Those who received blood only during an emergency were excluded.

The July audit included patients from all specialities, but the December audit focused on those within the surgical division.

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Results I

July 2017

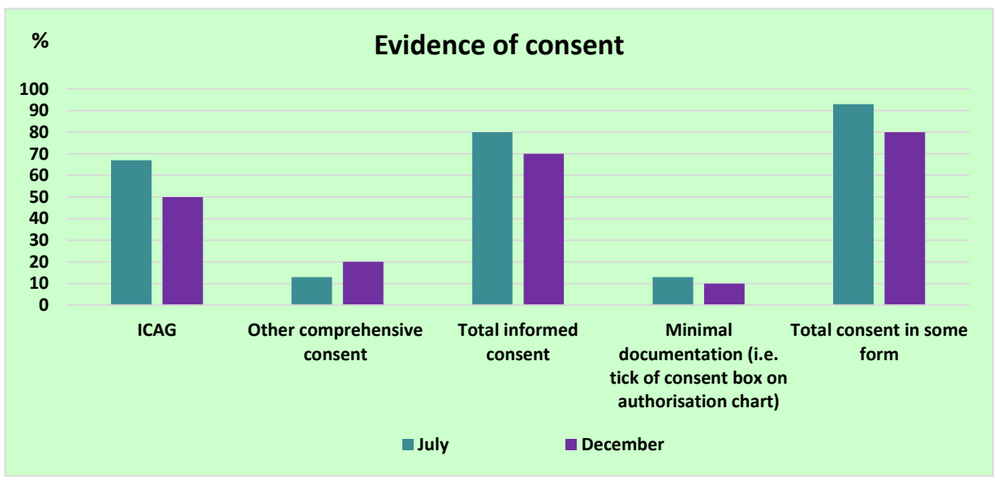
- 67% use of ICAG sticker (15 sets of notes) – including all specialities.
- In addition, 1 'unable to obtain consent' form.
- 12/15 (80%) medical records had documentation that risks and benefits explained, either via sticker completion or handwritten entry. These are accepted as informed consent for the purposes of this audit.
- 2/15 had no ICAG sticker, but the consent box on the authorisation chart was ticked.
- 100% documentation of reason for transfusion.

Results II

December 2017

- 50% use of ICAG sticker (20 sets of notes) – surgical division only.
- In addition, 1 'unable to obtain consent' form.
- 13/20 (65%) medical records had documentation that risks and benefits explained, either via sticker completion or handwritten entry. These are accepted as informed consent by this audit.
- 4 patients sedated at time of transfusion, with no documentation that in best interests or that this was followed up once conscious.
- 100% documentation of reason for transfusion.

Results I & II



Conclusions

- Although informed consent was not facilitated and documented for every patient in the audit, the results suggest that the profile of consent for transfusion is high at SASH.
- There are a few episodes when the ICAG pad was not used but consent was comprehensively documented –this could be personal choice or the availability/accessibility of the stickers in all areas. If the latter a quick remedy is possible.
- Full use of the ICAG pad is probably hindered by human factors, including individual choice, rotating teams, number of staff working as agency, locum or Trust doctors, workload pressures etc.
- Rotation of doctors between Trusts means message delivered as new to every induction, so teaching and promotion will have to continue indefinitely.
- Future plan for SASH to improve uptake, and adapt the ICAG pad for paediatrics. A Blood Transfusion Patient Experience Survey is to be undertaken, including exploration of consent process.

Reference

1. Murphy MF et al (1997) Survey of the information given to patients about blood transfusion and the need for consent before transfusion. Transfusion Medicine. 7:287-8.

Acknowledgements

Thanks to Karen Allnutt (Transfusion Team Assistant), Simon Goodwin (Previously SASH TP) and the SEC Transfusion Practitioner Group – former and current members.