Implementing Nurse Authorisation of Blood Components

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Background

- Fragmentation of patient care for patients who require blood transfusion support
- A collaborative project between Scottish National Blood Transfusion Service (SNBTS) and NHS Blood and Transplant (NHSBT) explored the feasibility of nurses and midwives ‘prescribing’ blood components (started 2005)
- Supported by UK Better Blood Transfusion Network
Who can prescribe blood?

- The Administration of blood and blood components and the management of transfused patients (1999) stated:
  - *The prescription of blood and blood components is the responsibility of a doctor.*
- The Handbook of Transfusion Medicine (2001) stated:
  - *It is a medical responsibility to prescribe blood components or blood products (i.e., to give the authority to administer).*
  - *Completion of the request form may be delegated to a nurse or midwife.*

*(Handbook of Transfusion Medicine 2001, BCSH, 1999)*
Project Findings

- Literature review – no published papers
- Nurses assessed the patient’s clinical status and transfusion requirements, influenced the decision to transfuse
- 60% respondees supportive
- Blood components excluded from 1968 Medicine act since 2005
- No specific legislation, which requires a doctor to carry out the activity of writing the authorisation for blood components

Ref: Pirie, E., Green, J. (2007) Should nurses prescribe blood components Nursing Standard
MHRA, NMC, RCN Advice

- No legal barrier to an appropriately trained nurse or midwife authorising blood transfusion

- Each hospital should identify the limits of which practitioner can carry out each activity relating to blood transfusion
National guidance changed, now states:

- Section 130 of the 1968 Medicines Act has been amended by regulation 25 of the Blood Safety Quality Regulations (BSQR) (SI 2005 no.50 as amended). The effect of this amendment is to exclude whole human blood and blood components from the legal definition of medicinal products and thus incapable of ‘prescription’ by any practitioner.
The Framework

• Briefing Paper - Undertook a wide consultation with regulatory and professional bodies

• Set up a multi-disciplinary group to consult on the content of a governance Framework - launched 2009

• Support received from key stakeholders, UK Blood Transfusion Services and the National Hospital Transfusion Committees

Ref: Pirie, E., Green, J. 2009
www.transfusionguidelines.org.uk
The Framework

To encourage a structured approach
− Patient selection
− Selection criteria for nurses and midwives
− Indemnity issues
− Education and training
− Clinical governance procedures
− Responsibilities of the nurse/midwife, medical consultant and management
− Informed consent
− Reviewing and monitoring practice
Role Development

Drivers for this Change

Evaluation of Role

Professional Accountability

Competence Development

Type of Role Development

Leadership and Management/ Stakeholders

Governance Requirements
Drivers for Change

- Policy aims:
  - enhance patient care
- Managerial aims:
  - potential to address service needs
- Professional aims:
  - enhance practitioner autonomy
Type of Role Development

- Which nurses?
  - e.g. Advanced Neonatal Nurse Practitioners, Haematology Nurses, Intensive Care Practitioners, Advanced Renal Practitioners
- Boundaries of the role
• Senior management and clinician support
• Lead person identified
• Ensures access to education
• Identify barriers
• Governance arrangements in place
• Role developed in line with NMC regulatory framework
• Clearly defined role, responsibilities and boundaries
• Appropriate protocols and local guidelines in place
• How to report / manage adverse events
• Supervision and professional support arrangements in place
Competence Development

Framework provides info on knowledge/ skills required

• Identify appropriate learning activities e.g.
  – Learnblooodtransfusion.org.uk
  – Authorising Blood Components for Nurses workshop

• Identify any remaining knowledge gaps and develop action plan

• Undertake appropriate learning activities and provide evidence in a Learning Portfolio

• Supervision and assessment of competence by workplace case based assessments
Professional Accountability

- NMC does not place any conditions or restrictions on the practice of registered nurses or midwives
- Adjust their practice in response to changing patient needs
- Develop practice in accordance with their knowledge and competence
- Ensure they are appropriately prepared to take on new aspects to their roles
- **Personally accountable** for their own practice
- Able to **justify decisions** regardless of advice or directions from other professionals
Professional Accountability

- Legally, nurse or doctor expected to provide the **same standard** of care
- Nurses and midwives are covered for vicarious liability by their employer
- Additional professional indemnity insurance e.g. by means of membership of a professional organisation or trade union is recommended
Evaluation

- Assist in process of continuous quality development
- Assess impact of role development
- Performance review
- Sustainability / succession planning
Benefits

- Person centred
- Improved safety
- Improved clinical effectiveness
- Improved service delivery
- Survey carried out by NE RTC in 2014
Has the theory been put into practice?

- Short survey to gain feedback
- Survey emailed to the 55 delegates who have attended an event
- 26 completed the survey
Are they authorising blood components?

- 18 are fully competent
- 1 is authorising with supervision
- 7 are not authorising
  - Role change
  - Non clinical role
  - No longer in post
  - Job change
  - Competencies not complete
  - No Trust policy
Which components and how often?

- 15 of the 17 who answered, do so for both red cells and platelets
  - 4 authorise once a week
  - 4 authorise 2-3 days per week
  - 5 authorise 4-5 days per week
  - 3 authorise daily
  - 1 authorise once every 2 weeks
Difference to clinical practice

- More autonomy
- Necessary for role - now able to fully undertake my role as an advanced practitioner on the medical rota
- Smoother pathway for patient / completes the pathway
- Allows effective management / ability to respond quickly to meet the patients transfusion needs
- Made me competent to order blood components
- Better access to blood, especially in emergency situation
- Greater understanding of the whole process
Difference to the patient

- Immediate care / fewer delays
- Increased safety, as well as increased efficiency
- Patients not waiting for prescription
- Reduce length of stay and effective patient care management
- Increased patient education
- Bloods done by community staff and I organise transfusion, it saves the patient a clinic visit
- Not sure if patients notice a difference
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• Any questions?