

How informed are you? Patient Blood Management, Consent and Patient information

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Patient Blood Management



Patient Blood Management

- Evidence-based
- Multidisciplinary approach
- •Optimising the care of patients who might need a blood transfusion.
- Puts the patient at the heart of decisions
- •Ensure that they receive the best treatment
- •Avoid the inappropriate use of blood and blood components.



Why does it matter?

- Improves care
- Reduces inappropriate transfusion
- Ensures availability where there are no transfusion alternatives available



PBM Key Elements

- Use of performance measures (KPIs) in transfusion
- Consent for transfusion
- Cell salvage, IV iron, and use of alternatives
- Management of anaemia
- Clinical audit/tracking of blood use
- NICE guidelines



PBM – 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:
 <u>http://www.transfusionguidelines.org.uk_under 'National Blood Transfusion Committee'</u>



Consent for Blood Transfusion



Background

March 2010 SaBTO initiated a public consultation

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



Why...?

- Patient Choice: Many patients may not wish to receive a blood transfusion and / or may wish to know what the alternatives are.
- Public Health: Recipients may not be aware that they have received blood and then go on to donate.
- General legal and ethical principle: Valid consent should be obtained from a patient before they are treated.



Results

- It showed inconsistent practice across the UK
- Patients not always given enough information
- Patients were unaware that they had had a transfusion



- SaBTO made 14 recommendations over 3 broad categories:
- Clinical Practice
- Governance
- Education



Issues to be discussed when obtaining 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





Document in notes

or

Completion of written consent form



NCA Consent Audit 2014



Results

 Patient Consent Documented 	43%
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- Reason for Transfusion Documented
 37%
- Patients didn't feel involved in decision
 21%



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?



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?



Time Constraints – Montgomery Case

 Information Overload – How do I remember all I need – Don't forget PILs, other resources.



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?

NHS Blood and Transplant

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

Be the Patient.....

NHS
Blood and Transplant
Daughter

Mother

Colleague

Father

YOU!

Wife

Brother

Friend

Husband

Son

Sister



Would you say yes?

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



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?"

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 Resource Blood and Transplant

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



Blood and Transplant

The keys to informed consent:

What you tell 'em

How you tell 'em

Document it all