

Patient Blood Management, Consent for Transfusion and Patient Information

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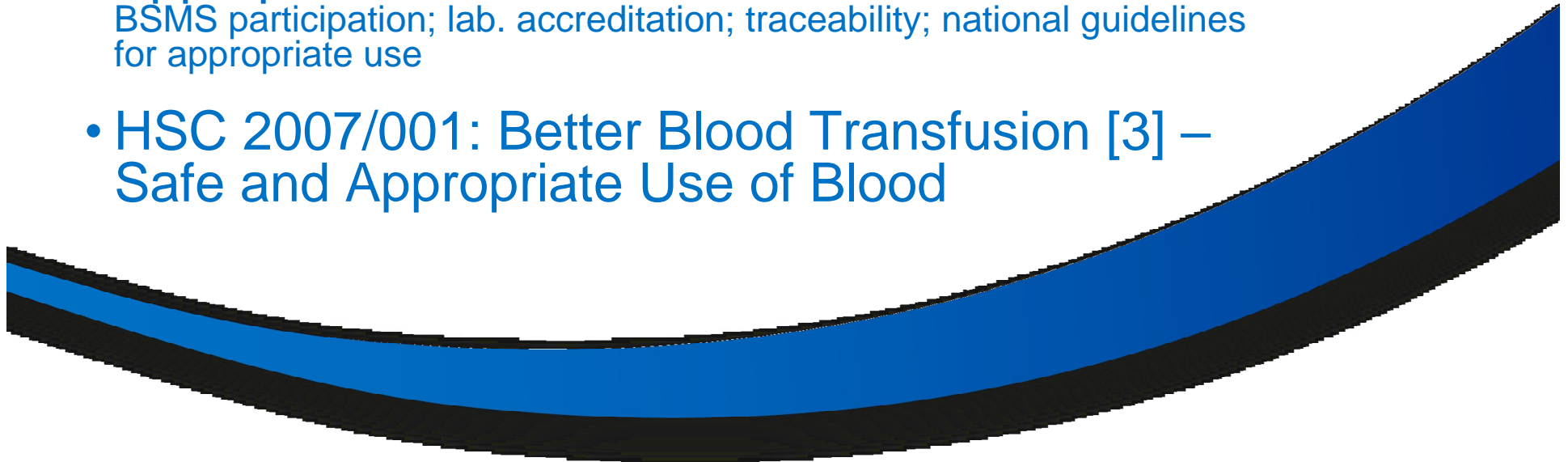
25th March 2015 Oake Manor

BBT

(Better Blood Transfusion)

Department of Health *Health Service Circular (HSC)*

- HSC 1998/224: Better Blood Transfusion
HTCs; Transfusion guidelines and protocols; SHOT participation
- HSC 2002/009: Better Blood Transfusion [2] –
Appropriate Use of Blood
HTTs;
BSMS participation; lab. accreditation; traceability; national guidelines
for appropriate use
- HSC 2007/001: Better Blood Transfusion [3] –
Safe and Appropriate Use of Blood



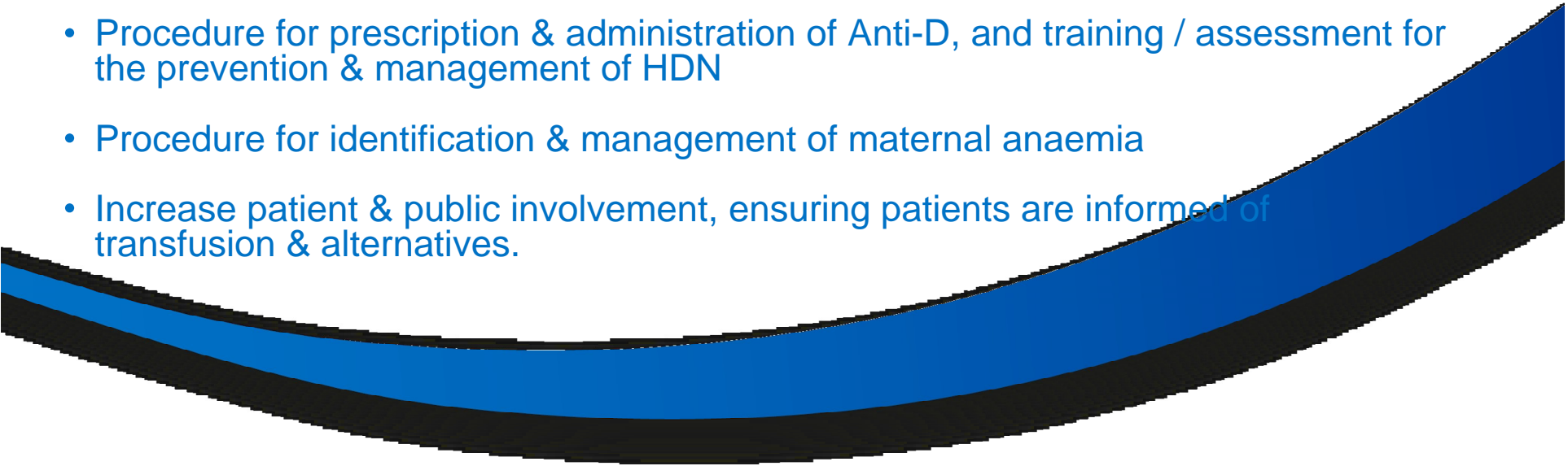
BBT3

All NHS Trusts providing blood transfusion should [have]:

- Functioning HTT & HTC
 - Action plan for compliance with BSQR
 - Meet NPSA competency assessment
 - Policies for blood transfusion & refusal; patient identification and technologies to support this
 - Participate in BSMS & NCA
 - Laboratory: CPA accreditation, out of hours covers, & GMP
 - Report to SHOT & SABRE
 - Regular audit of transfusion practice
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BBT3

..... and should [have]:

- Guidance for the use of red cells, FFP & platelets [indications]
 - Establish protocols to empower laboratory staff to ensure appropriate clinical information is provided with requests
 - Pre-operative assessment/ anaemia management of surgical patients
 - Develop blood conservation strategies: cell salvage, point-of-care testing, pharmacological agents
 - Procedure for prescription & administration of Anti-D, and training / assessment for the prevention & management of HDN
 - Procedure for identification & management of maternal anaemia
 - Increase patient & public involvement, ensuring patients are informed of transfusion & alternatives.
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BBT3

- NHSBT & NBTC required to support HTT/Cs
- Trusts required to ensure representatives from HTC can attend regional & national committees.



Patient Blood Management

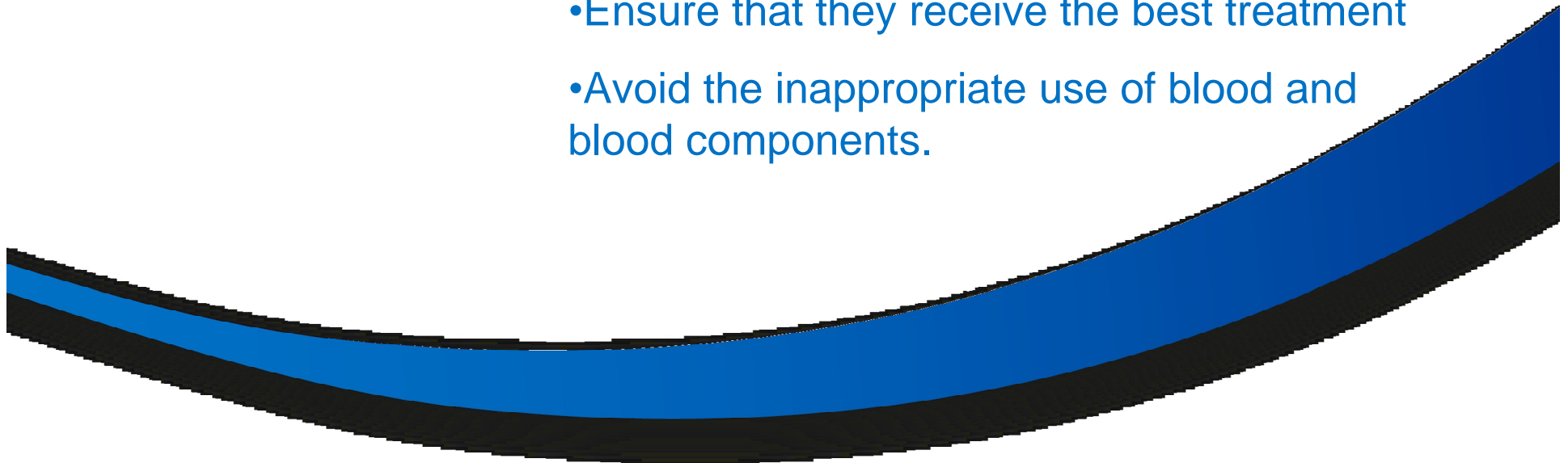


Patient Blood Management

Sub heading

Text

- 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



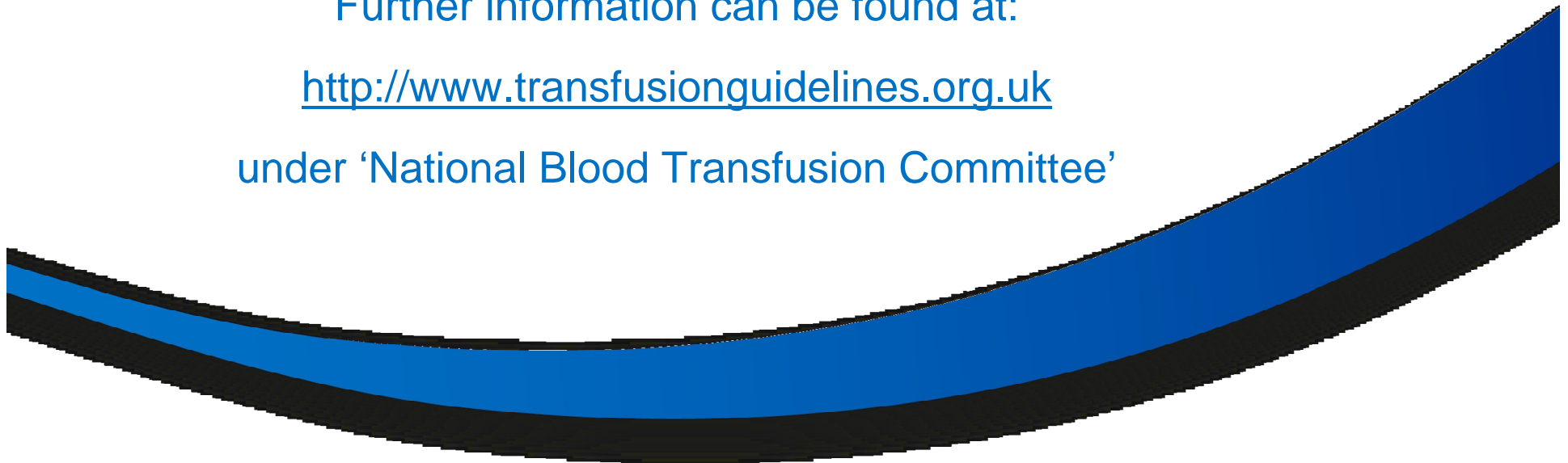
PBM – Key Messages

- **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:

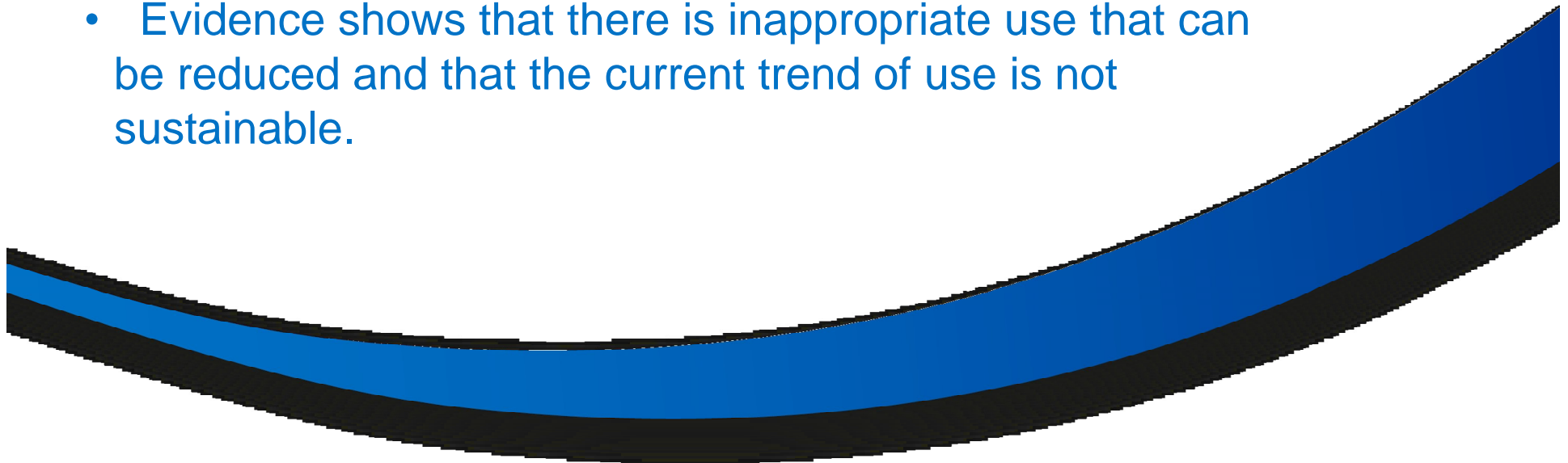
<http://www.transfusionguidelines.org.uk>

under 'National Blood Transfusion Committee'



PBM

- Represents an international initiative in best practice for transfusion medicine; NHSBT is working with the Department of Health and the National Blood Transfusion Committee to support NHS Trusts to manage their blood use effectively.
- Evidence shows that there is inappropriate use that can be reduced and that the current trend of use is not sustainable.



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

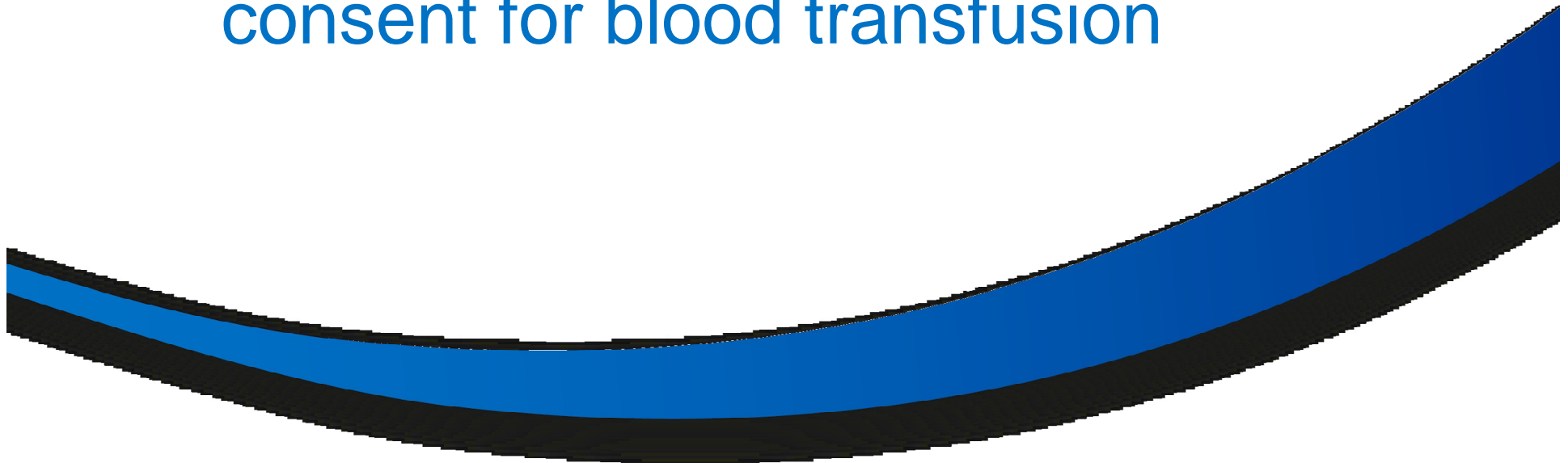


- Consent for Blood Transfusion



Background

In March 2010 SaBTO initiated a public consultation on patient consent for blood transfusion



Why?

- **Patient Choice:** Many patients may not wish to receive a blood transfusion and / or may wish to know what the alternatives are.



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- **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.



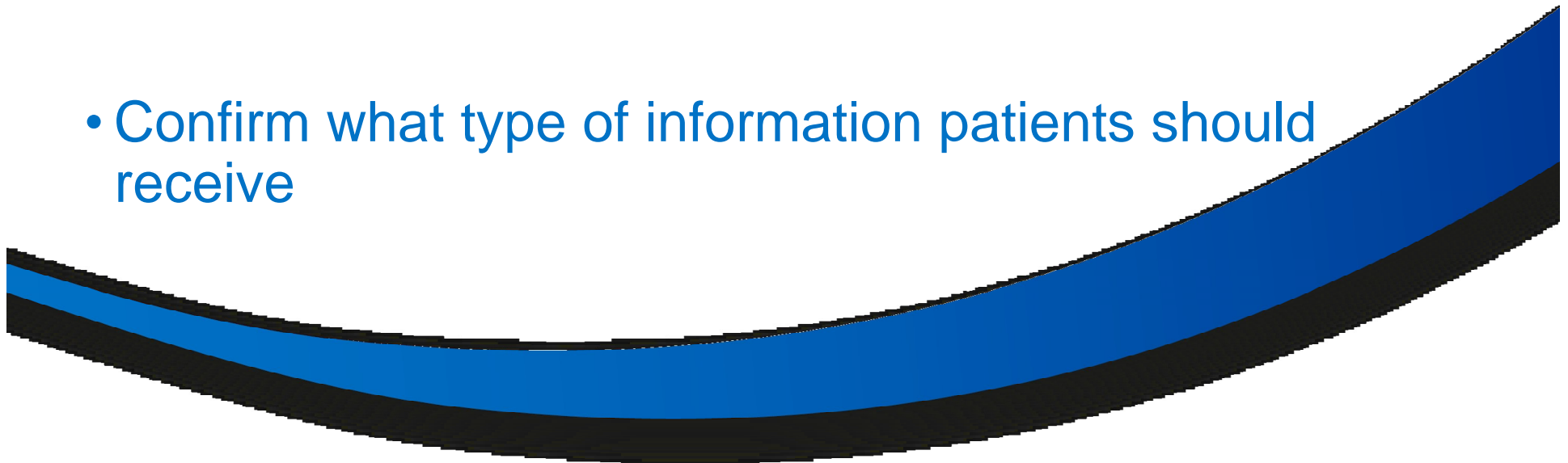
Why?

- **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.



It had the following 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



Identified key issues in transfusion practice

- Not always given information on risks, benefits, and alternatives to transfusion, or the right to refuse transfusion
- Not always made aware that they have had a transfusion
- Those unaware that they have received a transfusion may go on to donate blood when they should not
- There is inconsistent practice across the UK



Summary of Action Plan

14 recommendations / 3 broad categories:

Clinical practice:

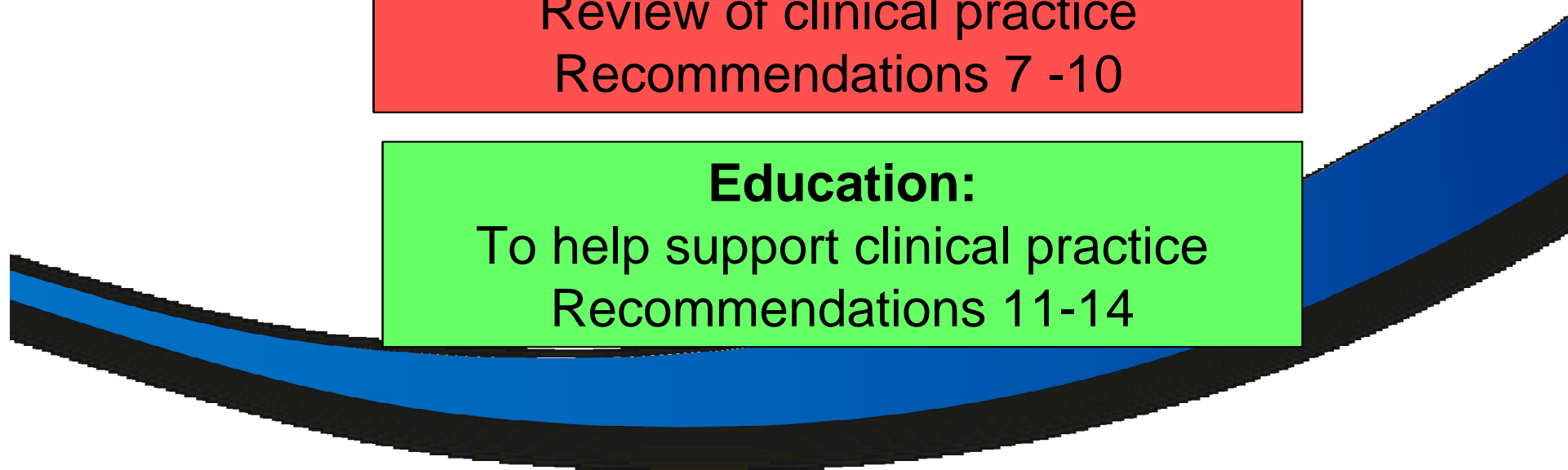
What should be done / hospital policy
Recommendations 1-6

Governance:

Review of clinical practice
Recommendations 7 -10

Education:

To help support clinical practice
Recommendations 11-14



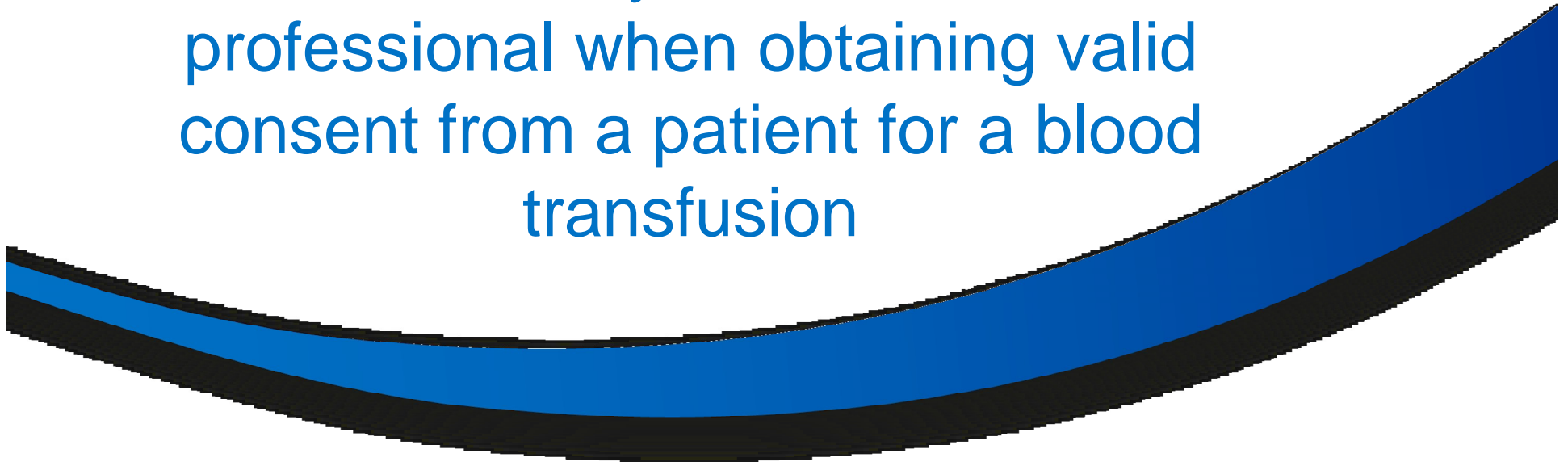
1.

Valid consent for blood transfusion should be obtained and documented in the patient's clinical record by the healthcare professional



2.

There should be a standardised information resource for clinicians indicating the key issues to be discussed by the healthcare professional when obtaining valid consent from a patient for a blood transfusion



Standardised Information Resource



Blood and Transplant

<http://www.transfusionguidelines.org.uk/index.asp?Publication=BBT&Section=22&pageid=7691>

SaBTO

Advisory Committee on the Safety of
Blood, Tissues and Organs

GUIDANCE FOR CLINICAL STAFF

TO SUPPORT PATIENT CONSENT FOR BLOOD TRANSFUSION

Patient may require Blood / Blood Component Transfusion

Patients receiving a blood transfusion (red cells, platelets or plasma) whether for a medical or surgical cause should be informed of the indication for the transfusion including risks, benefits and alternatives. A record of this discussion should be documented in the patient's clinical records.

Ideally the decision to transfuse should be made with the patient or parent/carer in advance of any planned transfusion.

In the emergency setting, the information will need to be given retrospectively.

Prospective Information

Valid consent* should be obtained prior to any planned transfusion and documented in the patient's clinical record.

* Valid consent entails the provision of information on risks, benefits and alternatives available before asking the patient to give consent. This does not have to include a signature from the patient.

Retrospective Information

Patients treated in emergency setting where it was not possible to obtain valid consent pre-transfusion.

Patients who were told pre-procedure (e.g. pre-operatively) that they *might* require a transfusion then need to be informed whether they did/did not receive a transfusion.

Key issues to be discussed when obtaining valid consent

- The following information should be discussed:
 - Type of blood / blood component
 - Indication for transfusion
 - Benefits of the transfusion
 - Risks of transfusion
 - Possible alternatives to transfusion
 - How the transfusion is administered and the importance of correct patient identification
 - Inform patient that following a blood transfusion they can no longer be a blood donor.
- Provide written information.
- Check if patient needs time to consider or requires further information.
- Document the discussion in the patient's clinical records.

At discharge

- If patient has had a transfusion, ensure that they have been informed.
- Record information about the transfusion in the discharge summary, also stating that the patient has been informed.

Resources

This guidance applies to the transfusion of all blood components (red cells, white cells, platelets, fresh frozen plasma & cryoprecipitate) and should be used by healthcare organisations to strengthen the consent processes already in place.

Specific guidance should also be used to ensure that alternatives have been considered for blood and blood components e.g. pre-operative iron therapy, intra-operative cell salvage where appropriate for avoidance of red cell transfusion and prothrombin complex concentrate in place of FFP for warfarin reversal.

Adverse events

Clinical teams involved with the prescribing and administration of blood and components must be aware of adverse events that can be associated with transfusion including prompt recognition and management (www.shotuk.org). These include:

Incorrect Blood Component Transfused (IBCT)	Inappropriate, Unnecessary, Under/Delayed Transfusion (IUDT)
Acute and Haemolytic Transfusion Reactions (ATR and HTR)	Transfusion-Transmitted Infection (TTI)
Transfusion-Associated Circulatory Overload (TACO)	Transfusion Associated Acute Lung Injury (TRALI)
Transfusion-Associated Dyspnoea (TAD)	Transfusion Associated Graft-versus-Host Disease (TA-GvHD)
Post Transfusion Purpura (PTP)	

Clinicians should refer to the HPA website (www.hpa.org.uk) to get the latest information on the risks of transmissible infections. Current guidance from the HPA states that the risk of getting hepatitis from a blood transfusion in the UK is currently (January 2011) about 1 in 870,000 for hepatitis B and 1 in 83 million for hepatitis C. The chance of getting HIV (Human Immunodeficiency Virus) infection is about 1 in 5 million or HTLV (Human T-Lymphotropic Virus) infection is about 1 in 18 million.

Although the risk of getting variant Creutzfeldt-Jakob Disease (vCJD) from a blood transfusion is probably very low with a single blood transfusion, the risk of any infection will increase with each additional blood component.

Long-term transfusion-dependent patients

Long-term transfusion-dependent patients will need modified consent. This should where possible include an initial discussion at the start of a transfusion regime with a regular update including appropriate information regarding the benefits and risks of transfusion and specific relevant issues e.g. iron overload, risk of allo-immunisation including haemolysis risks (red cells) and platelet refractoriness (HLA antibodies), infective risks and other transfusion reactions.

Other information

Where needed, patients should be provided with contact details of key specialists for further discussion around blood transfusion issues relevant to their specific clinical diagnosis e.g. hospital transfusion practitioner, local haematologist or other clinician such as anaesthetist, surgeon or obstetrician.

The Trust website can be used to provide information for patients about consent and safe blood transfusion.

Useful websites

www.transfusionguidelines.org.uk	www.blood.co.uk
www.nhs.uk/conditions/blood-transfusion	www.nhs.uk/healthquality
www.hpa.org.uk	www.bchguidelines.co.uk
	www.sign.ac.uk/guidelines/

Patient information leaflets are available from: www.hospital.blood.co.uk

5.

A UK Comparative Audit of consent for transfusion should be carried out, facilitated by the National Comparative Audit for Blood Transfusion



NCA 2014 Audit of Patient Information and Consent

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



6.

There should be a standardised
source of information for patients who
may receive a transfusion in the UK



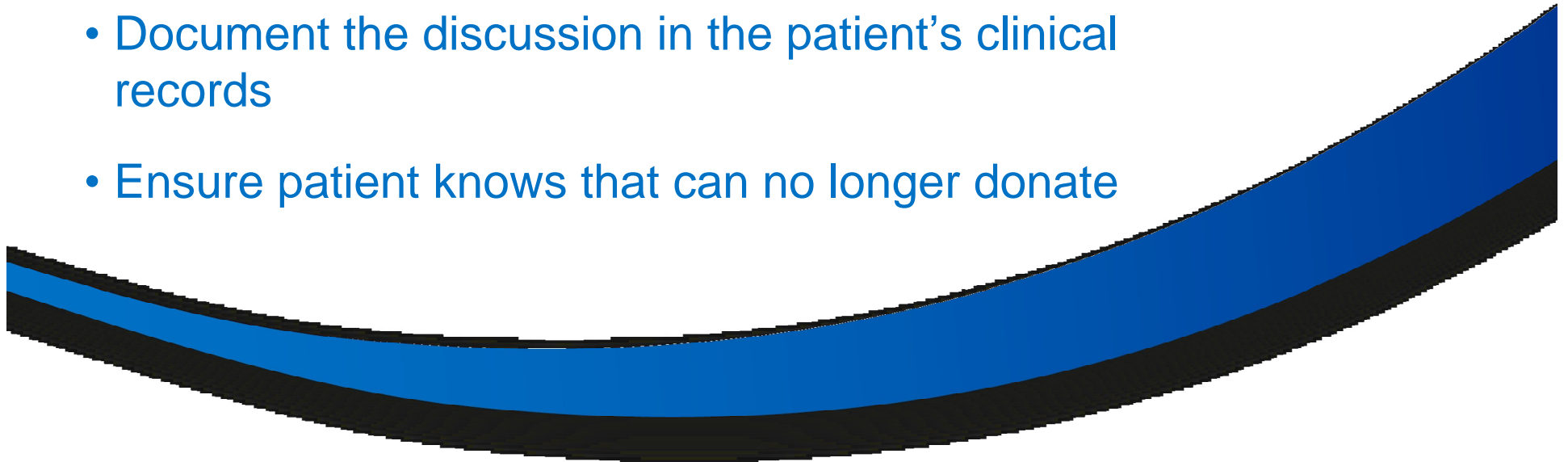
Patient Information Leaflets

- There is a list of key points that should be included in all adult patient information leaflets.



Key issues

- Discuss indications, benefits, risks and alternatives
- How transfusion is administered and importance of positive patient identification
- Provide the patient with written information
- Document the discussion in the patient's clinical records
- Ensure patient knows that can no longer donate




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*
- *www3.access-24.co.uk*
- *<http://hospital.blood.co.uk>*
- *www.blood.co.uk*
- *www.learnbloodtransfusion.org.uk*

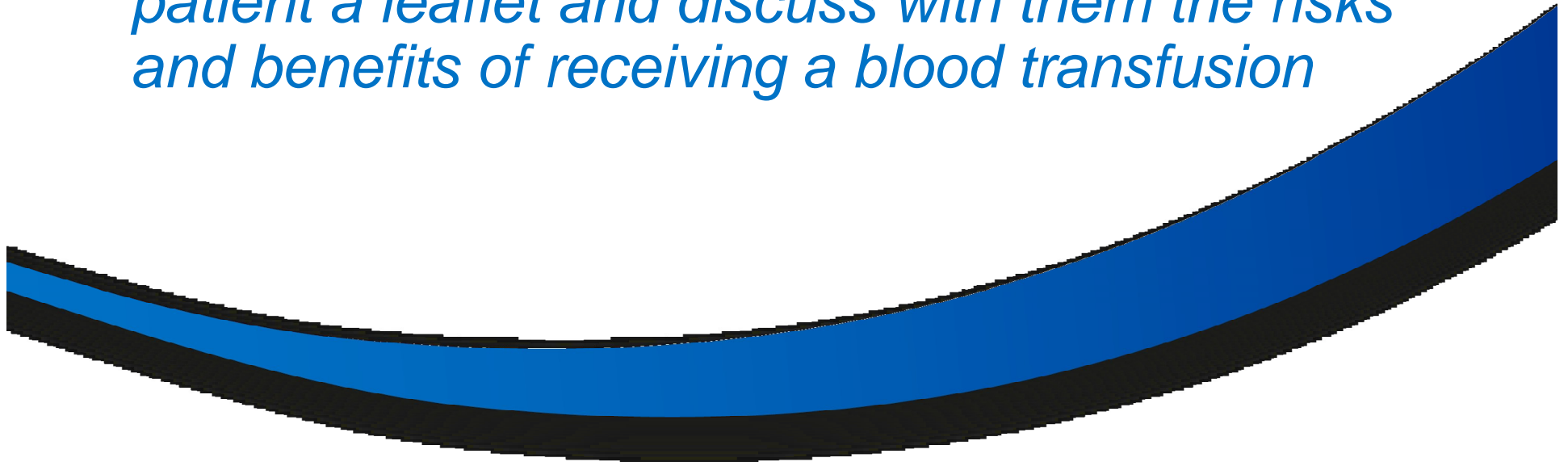


Patient information can also be found at NHS
Choices at: *<http://www.nhs.uk>*
and via Facebook, Twitter and You Tube



**DON'T
FORGET**

- *The majority of blood transfusions go to elective patients where there is time to discuss transfusion and the alternatives available*
- *It is very important that you find time to give your patient a leaflet and discuss with them the risks and benefits of receiving a blood transfusion*



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