Implementing Nurse Authorisation of Blood Components

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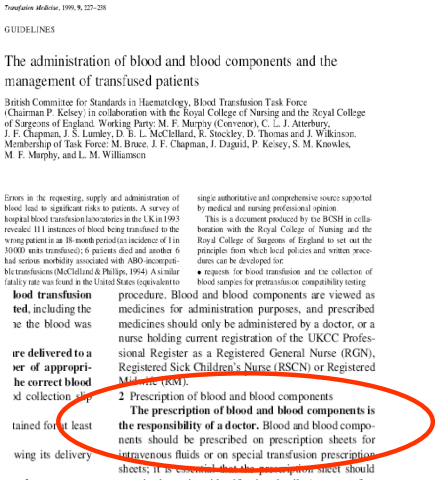
Background

- Fragmentation of patient care for patients who require blood transfusion support
- A collaborative project between SNBTS and NHSBT explored the feasibility of nurses and midwives 'prescribing' blood components (started 2005)
- Supported by UK Better Blood Transfusion Network

Who can prescribe blood ?

‘For administration purposes, blood components should be viewed as medicines and that prescription of these components are the responsibility of a doctor’



Transfusion Medicine, 1999, 9, 227–238

GUIDELINES

The administration of blood and blood components and the management of transfused patients

British Committee for Standards in Haematology, Blood Transfusion Task Force (Chairman P. Kelsey) in collaboration with the Royal College of Nursing and the Royal College of Surgeons of England. Working Party: M. F. Murphy (Convenor), C. L. J. Atterbury, J. F. Chapman, J. S. Lumley, D. B. L. McClelland, R. Stoddley, D. Thomas and J. Wilkinson. Membership of Task Force: M. Bruce, J. F. Chapman, J. Dagnid, P. Kelsey, S. M. Knowles, M. F. Murphy, and L. M. Williamson

Errors in the requesting, supply and administration of blood lead to significant risks to patients. A survey of hospital blood transfusion laboratories in the UK in 1993 revealed 111 instances of blood being transfused to the wrong patient in an 18-month period (an incidence of 1 in 3000 units transfused); 6 patients died and another 6 had serious morbidity associated with ABO-incompatible transfusions (McClelland & Philips, 1994). A similar fatality rate was found in the United States (equivalent to

single authoritative and comprehensive source supported by medical and nursing professional opinion.

This is a document produced by the BCSH in collaboration with the Royal College of Nursing and the Royal College of Surgeons of England to set out the principles from which local policies and written procedures can be developed for:

- requests for blood transfusion and the collection of blood samples for pretransfusion compatibility testing

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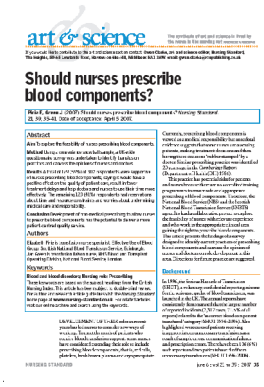
procedure. Blood and blood components are viewed as medicines for administration purposes, and prescribed medicines should only be administered by a doctor, or a nurse holding current registration of the UKCC Professional Register as a Registered General Nurse (RGN), Registered Sick Children's Nurse (RSCN) or Registered Midwife (RM).

2 Prescription of blood and blood components

The prescription of blood and blood components is the responsibility of a doctor. Blood and blood components should be prescribed on prescription sheets for intravenous fluids or on special transfusion prescription sheets; it is essential that the prescription sheet should

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


art & science

Should nurses prescribe blood components?

Ref: Pirie, E., Green, J. (2007) Should nurses prescribe blood components *Nursing Standard*

HMRA, 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'

BCSH Guideline 2009

- National guidance changed

Guideline on the Administration of Blood Components

British Committee for Standards in Haematology

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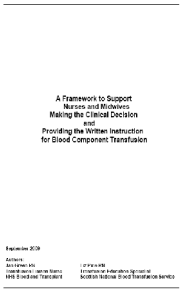
alternatives to transfusion explained to them. All information given, written and verbal, and consent to proceed, should be clearly documented in the patient's clinical record.

10.2 Prescription

- The prescription of blood components is the written authorisation to administer a blood component and is different to the request (see section 11).
- Blood components should only be prescribed by an appropriately trained, competent and locally authorised registered practitioner, using an approved prescription sheet for intravenous fluids or on a special transfusion documentation chart.
- Section 130 of the 1968 Medicines Act has been amended by regulation 25 of the BSQR (SI 2005 No.50 as amended). The effect of this amendment is to include whole human blood and blood components from the legal definition of medicinal products and thus incapable of 'prescription' by any practitioner. Therefore, although the prescription of blood components has traditionally been regarded as the responsibility of a medical practitioner, there are no legal barriers to other appropriately trained competent registered practitioners ordering, authorising and administering blood. A national consultation has been undertaken to develop a framework that will allow practitioners who undertake this role to practice safely (Pirie and Green 2009). Further progress on this work will be reported by BCSH Transfusion Task Force.
- Since it has become 'custom and practice' to refer to blood components as being 'prescribed', the term prescripton has been used throughout this guideline. In this context 'prescription' means the written authorisation or instruction to administer blood components.
- Ideally, to prevent communication or transcription errors, blood components should be prescribed by the registered healthcare professional making the decision to transfuse.
- The prescription should include the following information:
  - patient core identifiers
  - date (and time if appropriate) the blood component transfusion is required
  - type of blood component to be administered
  - any clinical special transfusion requirements e.g. irradiated, CMV-seronegative, blood warmer required

The Framework

- Briefing Paper - Undertook a wide consultation with regulatory and professional bodies
- Set up a multidisciplinary 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



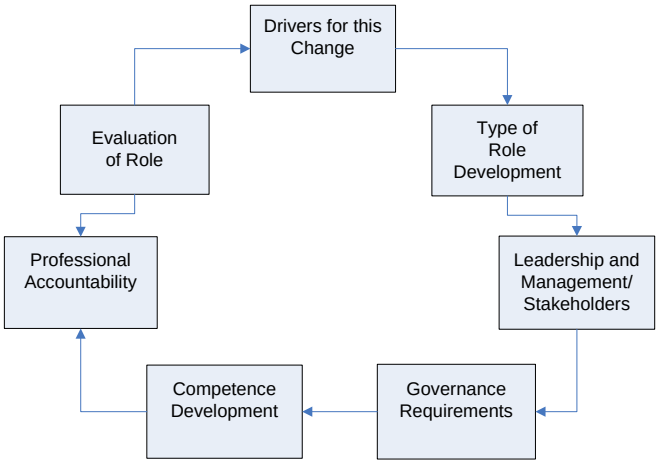
Ref: Pirie, E., Green, J. 2009 www.transfusionguidelines.org.uk

The Framework

Aim: To encourage anticipary and 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 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

Leadership and Management

- Senior management and clinician support
- Lead person identified
- Ensures access to education
- Identify Barriers
- Governance arrangements in place

Governance

- 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
- Supervison 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 (approx 6mnths) 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 their 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: Strategy agreed, Data collection tools developed

Evaluation strategy agreed
Data collection tools developed
Dissemination of evaluations
Performance review
Sustainability/ succession planning

Benefits

- Person centred
- Improved safety
- Improved clinical effectiveness
- Improved service delivery

Ref: The Healthcare Quality Strategy for NHSScotland 2010

Acknowledgements

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Any Questions?

Thanks to all who participated