Non-Medical Authorisation of Blood Components

London and South East Coast Transfusion Practitioner Survey

Thanks to all that completed the survey

35 Responses

29 Hospitals/Trusts
Q2: Does your Trust/hospital have a policy for non-medical authorisation of blood components?

- Answered: 32    Skipped: 3
Q3: Who approved the non-medical authorisation of blood policy?

- Answered: 8/9 of those with policy
Q5: Where the London RTC documents used when developing Trust policy?

- Answered: 7/9 of those with policy
Q7: Is non-medical authorisation of blood components something the Trust/Hospital would consider?

- Answered: 17/17 with no policy
Q8: Are there any barriers as to why non-medical authorisation of blood components hasn't been implemented?

- Answered: 17/17 with no policy
Q12: Does your Trust/hospital have staff undertaking non-medical authorisation of blood components?

- Answered: 30
- Skipped: 5
Q14: How often are the competencies reviewed?

- Answered: 7/12 of those that have non-medical authorisers

Other Answers:
- Unknown
- No review date set yet
Q15: Does the Trust keep a log of those staff undertaking this extended practice?

- Answered: 9/12 of those that have non-medical authorisers
Q15. Who is responsible for keeping the record up to date?

- Transfusion Practitioner x 4

- Locally heads of nursing. Trust wide is held by the nominated lead divisional director of nursing and clinical governance

- HTC Chair
Q16. Do staff undertaking non-medical authorisation of blood components audit their practice?

<table>
<thead>
<tr>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
<tr>
<td>NO</td>
</tr>
</tbody>
</table>

Answered: 9/12 of those that have non-medical authorisers

- They produce a log or reflective practice and this is reviewed at their annual PDR and also discussed at the annual update.
- Will be reviewed as part of the trust wide implementation.
- The ANP is currently keeping a record of all components authorised. We plan to do a snapshot of patients with same diagnosis from 2 years ago and compare transfusion care.
Q18: Has this extended practice impacted on patient care and improved appropriate use of blood components?

- Answered: 9/12 of those that have non-medical authorisers
Q18: Has this extended practice impacted on patient care and improved appropriate use of blood components?

- Transfusion needs can be actioned in a more timely manner as soon as blood results are known instead of waiting for authorisation by Consultant. Enabling transfusions to be completed before 7.30 pm
- As ANNPs already prescribed blood components but it would if this had been stopped 3 yes definitely. Nurse Practitioners are more vigilant in their orders for blood transfusion. This has been confirmed through audits of incidents.
- This needs auditing
- Prescriptions were able to be completed in a timely manner. The nurse involved refused to prescribe some transfusions that she thought were inappropriate, however the doctor prescribed and they went ahead anyway.
- Will have no real data till they have been authorising for at least 6 months
- We sat down and reviewed the components authorised so far by the ANP (yesterday) the majority where 1 unit transfusions for red cells and the platelet transfusions were all within guidelines (37 cases reviewed)
Q19. In which clinical areas are non-medical authorisation of blood components implemented?

Clinical Areas where non-medical Authorisation is implemented

- Haematology: 55%
- Oncology: 18%
- Neonatal: 9%
- All areas: 18%
Share your experience

- Open Discussion
  - Audit of practice
  - Governance
  - Clinical need
  - PBM
  - Training and mentorship
  - Maintaining competence
Standardisation of Practice

- RCN / NMC
- What are the main areas of concern?
- How should this be regulated?
- In an ideal world....