South West Regional Transfusion Committee
2015 Survey on Consent for Transfusion

Introduction
The Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO) is an independent body of experts that advises the Department of Health in England & the devolved UK administrations, and the 4 national UK blood transfusion services. In October 2011, after a comprehensive consultation process, SaBTO published a report on Patient Consent for Blood Transfusion. The report made recommendations relating to clinical practice and education.

Recommendations included ‘Valid consent for blood transfusion should be obtained and documented in the patients clinical record by the healthcare professional’ and ‘Patients who have received a blood transfusion and who were not able to give valid consent prior to the transfusion should be provided with information retrospectively’.

Consent for blood transfusion is also included in Patient Blood Management (PBM) recommendations by NHS England & National Blood Transfusion Committee 7/2014.

The South West Regional Transfusion Committee (SWRTC) discussed compliance with these recommendations in hospitals in the region at a meeting in May 2015. It was agreed to conduct a survey to establish compliance.

Method
The South West Regional Transfusion Team (SWRTT) developed a short questionnaire made up of 4 questions (see Appendix 1).

The questionnaire was sent to Transfusion Practitioners (TPs) in all of the hospitals in the south west region, with instructions that only one response per hospital/trust was required.
Results
18 survey responses were received: from all 17 NHS trusts in the south west, and 1 independent hospital.

Is patient consent for transfusion documented?
All bar one response ticked ‘Yes’.
The ‘No’ response commented “except for Haematology Patients who have specific consent form for regular transfusions” and also that “verbal consent is gained and we advise documentation in the patient notes” – it is debatable as to whether this response should be changed to a ‘Yes’.
One ‘Yes’ response commented that “policy requires if”.
Another ‘Yes’ response commented that it takes place “rarely”

Is there an agreed method to documenting consent?
10 respondents indicated ‘Yes’ to this question, the other 8 left it blank. All respondents ticked at least one method in the subsequent part of the question (including the respondent that indicated No to the question above).

Figure 1

The majority of respondents indicated more than one method. In 7 responses there was only one method (see figure 1).
The one ‘consent sticker’ commented that this was “on haematology ward”.
Other comments were “staff have to tick ‘consent verbally agreed’ and ‘consent/information sheet given to patient’ on the blood track system PDA at the bedside check for all transfusion apart from emergency modes” and “planning to introduce consent sticker for patient’s records”.

2
Is there a mechanism to ensure the patient is aware that transfusion has occurred prior to their discharge?

⅓ of respondents indicated ‘Yes’ to this question (see figure 2).

**Figure 2**

Mechanism to ensure pt. is aware of tx. prior to discharge?

<table>
<thead>
<tr>
<th>6</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>No</td>
</tr>
</tbody>
</table>

The ‘Yes’ respondents reported the following mechanisms:

- **Patient information leaflets** (‘*information for patients who have received an unexpected transfusion*’) are available from our transfusion intranet site
- Information leaflets are sent from the transfusion laboratory with the first unit; NHSBT ‘unexpected transfusion’ leaflets are placed in with the O-neg units
- NHSBT leaflet: ‘*information for patients who have received an unexpected blood transfusion*’
- Included on the discharge summary checklist; the discharge nurse is to identify if the patient has been transfused and ensure they have been given a post transfusion patient information leaflet
- Included in care pathway
- Tranfusion policy states: “if following an emergency situation the patient is unaware that they have received a blood transfusion it must be discussed with them prior to discharge”

The ‘No’ respondents commented:

- …but staff are encouraged to inform patient and patient information leaflets are available
- We are implementing a post transfusion leaflet for any patient that has received a transfusion in hospital; this is going to the September 2015 HTC for ratification
- It is recommendation only, there is no robust system to ensuring it’s done
Is the consent process audited?

50% reported ‘Yes’ and 50% reported ‘No’.

The ‘Yes’ respondents indicated the following frequency of auditing:
- once in 2014 – NCA [National Comparative Audit]
- in NCA [2014] and audit planned post go live with post transfusion leaflet
- annually
- NCA 2014; also pre-assessment are to audit patients coming in for G&S to see if they were given the new consent / information sheet with an explanation and documented in the notes (possibly have results in September 2015)
- quarterly
- annually
- initial audit May 2015; HTC to decide the frequency of re-audit
- plan to re-audit 12-18 months following introduction of consent label

The ‘No’ respondents commented:
- …but took part in the NCA & plan to re-audit next year following our interventions
- auditing of consent is to be implemented; this is one of our PBM topics that has been acknowledged as lacking and part of our quality assurance improvement plan
- not at present but will be included in an ongoing audit of transfusion practice

Discussion

Every trust/hospital that responded appears to be doing some kind of consent for transfusion; however in one trust at least this is only for a specific patient group.

Most respondents have more than one agreed method of documenting consent; which affords flexibility to the consenting process, but makes auditing more difficult.

Free text in patient notes is the most common method of documenting consent; again this a difficult practice to audit. Documentation for a procedure (i.e. surgical consent form) appears to be heavily relied on, but it might be challenged as to how well a surgical consent form elicits informed consent for blood transfusion.

Where there are mechanisms to ensure patients are informed if they have had a transfusion, patient information leaflets appear to be used to support this process (which may be just a ‘passive’ handing over of information).

It is acknowledged that perception of what the question is asking for has varied between respondents for example –
- some said ‘Yes’ to auditing practice citing the 2014 NCA on consent, while some said ‘No’, but also noted participation in the same NCA.
- one comment read “the first question is not really a Y/N answer for us: it should be a ‘yes’ and that is what our policy dictates, but our audit results show there is significant room for improvement - so I am not sure the survey will reflect actual practice”.

The issue of compliance with guidance/policy was discussed at the SWRTC meeting in May 2015 (i.e. the potentially big difference between trust policy/guidance and what is happening in practice) and the survey results support that there is a gap between what should happen and what does happen.
Conclusion

- Consent for blood transfusion is said to be happening in all trusts/hospitals in the south west that responded to this survey.

- The method for documenting consent is highly variable.

- Free text in notes is the most widely cited method: would this practice be supported and better managed with use of a consent ‘sticker’.

- Only ⅓ of trusts/hospitals have any sort of method to ensure patients are informed they have had a transfusion, and only 2 respondents indicated some form of local documentation to support this.

- Ongoing audit of the consent process is happening in a minority of NHS trusts in the south west.

Recommendations

- SWRTC should adopt a consent sticker for use in trusts/hospitals in the region

- Trusts/hospitals should have a robust process to ensure that the patient is informed if they have had a transfusion prior to their discharge.

- Trusts/hospitals should include audit of consent for blood transfusion as part of their local ongoing transfusion audit programme.
Appendix 1
Consent survey questionnaire

South West Regional Transfusion Committee
2015 Survey on Consent for Transfusion

The SaBTO report on Patient Consent for Blood Transfusion published in October 2011 recommended:
* Valid consent for blood transfusion should be obtained and documented in the patient’s clinical record by the healthcare professional
* Patients who have received a blood transfusion and who were not able to give valid consent prior to the transfusion should be provided with information retrospectively.

The SWRTC agreed in May 2015 to undertake a survey of hospitals in the region to see how these recommendations are being implemented.

Please can you take a few minutes to complete the questions below.

Trust/hospital: ________________________________

In your trust/hospital:

a) Is patient consent for transfusion documented: Yes / No

If Yes to a) -

Is there an agreed method of documenting consent: Yes / No

>> If Yes, please indicate how this is done:

> consent ‘sticker’ in notes [ ]
> transfusion consent form [ ]
> surgical consent form [ ]
> on transfusion record [ ]
> ‘free text’ entry in patient notes [ ]
> other: ________________________________

If No to a) -

Is there a specific reason/policy decision for this?

________________________________________

________________________________________

b) Is there a mechanism to ensure the patient is aware that transfusion has occurred prior to their discharge: Yes / No

>> If Yes – what is this mechanism?

c) Is the consent process audited: Yes / No

>> If Yes – how frequently?

________________________________________

Thank you for taking time to complete this survey.

Please return this completed form to jackie.momahon@nhsltd.nhs.uk

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