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Consent & SaBTO Guidelines: So Far, So Good or So What?

Simon Goodwin,
Specialist Practitioner in Transfusion,
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An Associated University Hospital of
Brighton and Sussex Medical School

What does Consent to Blood Transfusion Mean?

- Arguably different for different patients / times
    - Severity of illness / impairment HUGE factor
    - Urgency of transfusion
    - Personality / Anxiety / Prior ‘knowledge’
    - Countless other factors

- Consent to Transfusion is inherently flawed / compromised from the start
    - Aim for optimum consent for that patient at that time

The need to be patient focussed

- No Decision About Me Without Me
- How can we argue with that?
- Responsibility of treatment decisions = VERY BIG STRESS
- The ‘I decide you decide’ continuum is a long one
- Supportive Partnership
    - Context
    - Main responsibility must lie with Authorising Clinician / HPC
    - Involve wider MDT
    - Informed Consent = Informed Choice
    - Provide Information by Variety of Approaches

Success depends upon Self Awareness

We need to

- know why we want to champion consent to transfusion
- understand the complexities to:

    - Directly impact our own practice
    - In-directly influence our colleague's practice

    - We need strong understanding of what we mean by Appropriate 'Informed Consent'

    - We need strong understanding of why we are motivated to promote Appropriate 'Informed Consent'

What are the drivers?

- General
  - First do no harm!
  - SaBTO includes reference to GMC
  - Accurate information in the ‘Google’ era
- Transfusion Centred
  - Promote critical appraisal of the indication to transfuse
    - BCSH
    - Better Blood Transfusion (1998, 2002 & 2007)
    - Safety
    - Cost
- Legal Case Chester V Afshar (2004): judge ruled patients should be told of any potential risks of their proposed treatment

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SaBTO

(Advisory Committee on the Safety of Blood, Tissues and Organs)

Patient Consent to Blood Transfusion Guidelines & Recommendations

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SaBTO Consultation

- March 2010 initiated public consultation
- 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

- Guidelines launched at public meeting October 2011

Key issues identified in Transfusion Practice

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

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SaBTO Summary of 14 Recommendations

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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

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Perhaps the most important: No. 1

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

Important Change recommendation No. 2

There should be a modified form of consent for long term multi-transfused patients, details of which should be explicit in an organisation's consent policy

A nod to easing the process
Recommendation No. 3

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

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SaBTO Regulatory Teeth

The Care Quality Commission (CQC) and NHS Litigation Authority (NHSLA) and equivalent organisations will be made aware by SaBTO of this consent standard for blood transfusion

CQC Essential Standard 2

NHSLA Standards 5.3 and 5.8

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National Baseline

National Comparative Audit, to be led by Dr Shubha Allard and it is expected that data collection will commence Autumn 2013

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What do we know now of the Baseline?

So Far So Good?

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Consent to Transfusion: Patients' & Healthcare Professionals' ATTITUDES towards the provision of Blood Transfusion Information.

- Davis R. Vincent C. Sud A. Noel S. Moss R. Asgheddi M. Abdur-Rahman I. Murphy M
- Transfusion Medicine. 22(3): 167-172, 2012 June
- Cross sectional qualitative survey
  - 110 patients
  - 123 Healthcare Professionals
- 56% Recalled 'consenting' to the transfusion
- 61% Told they needed a transfusion
- Only one patient (0.9%) full discussion about benefits and risk took place
- 75% said they were satisfied with the information provided
- 20% said they would have liked more details
- 76% HCPs felt patients were often not given sufficient information

Conclusion:

- Greater effort to provide information on Risks and Benefits
- Future research into most effective ways to deliver information

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Trust in SEC Region – Local Audit Consent to Transfusion (March 2013)

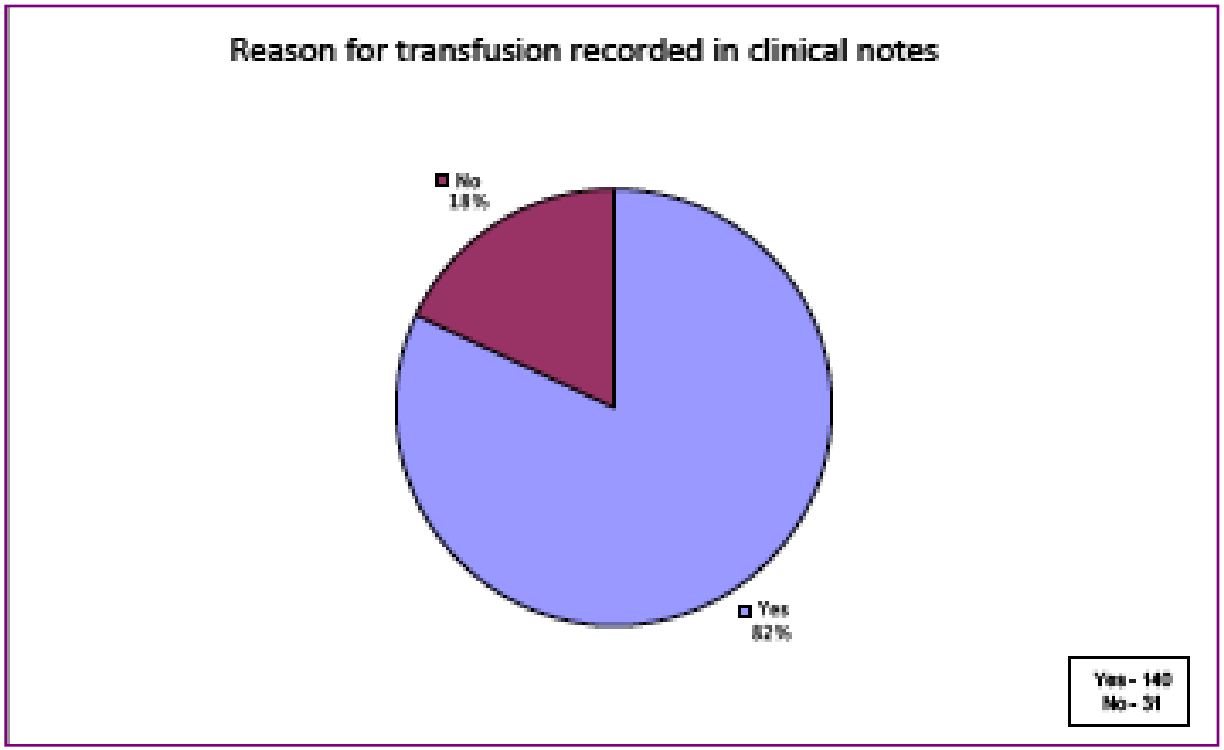
- 80 transfusion episodes – Retrospective review of clinical notes
- NONE complied with Local or National Guidelines
- 6 / 80 (7.5%) documented discussion RE: Reasons
- 3 / 80 (3.75%) documented discussion RE: Risks
- 1 / 80 (1.25%) documented discussion RE: Benefits
- No documentation of:
    - Previous transfusion history
    - Alternatives
    - Benefits or Expected Outcomes
- 1 Nurse documented that Patient Information Leaflet provided
- 70% recorded Hb or Platelet results (? Indication ?)
- 30% No recorded evidence for the transfusion at all.

Welsh Audit into Consent

- Snapshot audit of clinical notes
- Distributed to Wales Transfusion Practitioner Network
- Number of forms returned = 171
- Received from 15 hospitals and 139 different locations
    - i.e. Pan Wales

Welsh Audit to Consent Question 1

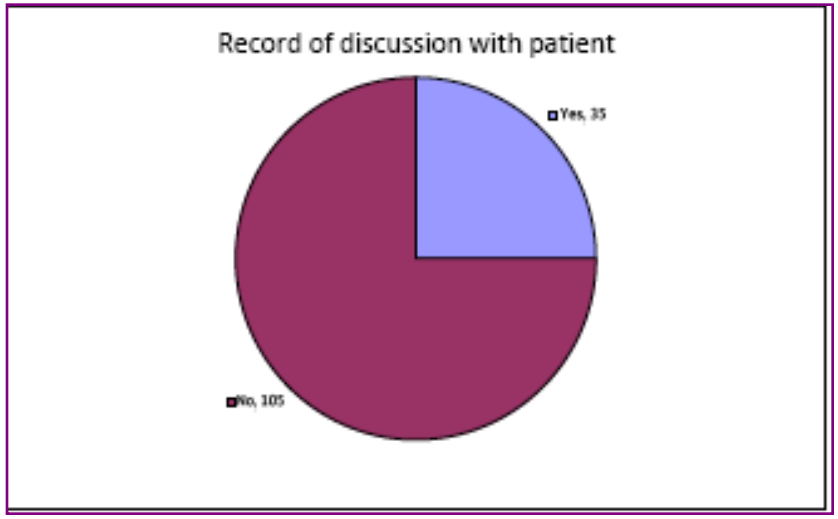
1	Is there a clear reason for transfusion documented in the clinical notes?	YES ☐	NO ☐

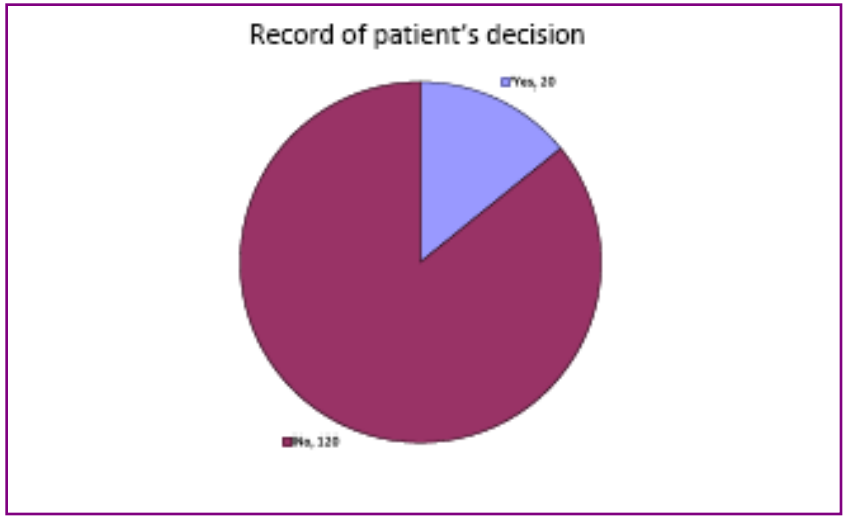


- 82% (140) showed a clear reason for the transfusion

Welsh Audit Questions 2 & 3

2	Is there a record of the discussion with the patient?	YES ☐	NO ☐
3	Is there a record of the patient's decision?	YES ☐	NO ☐





- 25% (35 cases) had a record that transfusion had been discussed
- 14% (20 cases) there was evidence of patients decision

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Dartford & Gravesham NHS Trust (Darent Valley Hospital) uses ICP

- ICP (In place for 8 years) completed by RN or RM
- Snapshot audit October 2012
    - 239 / 282 (85%) ticked ‘Consent Given’
    - 22 / 282 (8%) ticked ‘Consent NOT Given’
    - 21 / 282 (7%) Nothing Recorded
    - Consent Recorded in Notes
    - 123 / 239 (51%) recorded
    - 66 / 239 (28%) NOT recorded in notes
    - 50 / 239 (21%) Unknown

‘This is just a tick box, I suspect Consent meant the patient was willing to put out their arm’.

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SaSH introduced Pre-Transfusion Checklist on Blood Prescription Chart Sep 2011

- Local Bedside Practice Audit April 2013
- 25 Episodes
- 23 / 25 (92%) Ticked YES to Consent Obtained
- 2 / 25 (8%) Ticked NO to Consent Obtained
- Needs focussed audit on Consent to see if genuine
- Presently at best can be described as ‘aide memoir’
- One patient said she did not know why she was being transfused & her nurses said they did not know why she was being transfused either!
- What do you suppose the tick box said?
- Patient Information Leaflets
    - 5 offered / 5 given / 3 N/A = 52%
    - 10 not given = 48%

RECORD OF DECISION TO TRANSFUSE ***as required by the BCSH Guidelines***
(To be inserted in the Patients Medical Notes)

Patients Name…….. DOB……

Identification Number……

Component required:	*Indication for component use:*	*Special requirements required?*
Red Cells ☐	Symptomatic Anaemia ☐	Irradiated ☐
Platelets ☐	Bleeding ☐	CMV Negative ☐
FFP ☐	Prophylaxis ☐	HLA selected ☐
Cryoprecipitate ☐	Other……	Other……
Other……	……	

Complete as appropriate:

Pre-Transfusion Haemoglobin……g/dl

Pre-Transfusion Platelet count ……x10^9/L

Pre-Transfusion Clotting Results: PT……Sec APTT……Sec

Date of result……

Informed consent obtained from patient / legal guardian YES ☐ NO ☐

If NO please state reason……

I confirm that this transfusion meets the requirements of EKHUFT Blood Transfusion Policy & National Guidelines

Name (please PRINT) ……

Designation (please PRINT) …… Date ……

SEC Trust piloted Pre-Transfusion Checklist Sticker for Clinical Notes

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- Piloted in Haem / Onc Ward, Ambulatory Day Care Unit & Gastro Ward
- Found Nursing Staff more willing to complete the stickers
- When pointed out it should be medical staff
    - Met with ‘degree’ of resistance
    - Time Consuming
    - Why did they have to?
- ? Perceived as Threat to independent professional decision making?

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South East Coast

Regional Transfusion Committee

Informed Consent Action Group

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Informed Consent Action Group

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- Taking a realistic and practical approach
  - Keep Simple
  - Maximum Use of Current Resources
  - Create New Specific Resources
  - Find out what the barriers are
  - Plan further course of action once identified

ICAG Resource Plan

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- Promote use of NHSBT patient information leaflets
    - Surgical Pre-Assessment
    - Haematology Clinical Nurse Specialists (+ Haematologists)
    - All Training Sessions

- Write a one page crib sheet to Support / Promote Consent
- 4 risk headings
    - Human Error
    - Circulatory Overload
    - Adverse Immune Effects
    - Transfusion Transmitted Infection

ICAG Medical Survey

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- What is preventing better consent to transfusion?
  - Knowledge of Risks?
  - Fear of awkward questions?
  - Time factor?
  - Empirical / Cultural Practice?
  - Not focussed on expected transfusion outcomes?
- Survey Monkey
  - Promote through RTC Chair
  - Sample from across the hierarchical structure
  - Sample from across specialities

- Prioritise further approach on findings
- Recognise this work will be on-going
- Requires widespread support.
- Present approach to BBTS (hopefully)

ICAG Members

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- Simon Goodwin: (Project Lead) TP at SaSH
- Emma Whitmore: Patient Blood Management Practitioner at NHSBT
- Leslie Delieu: TP at Darent Valley
- Lisa Dallman: TP at East Kent NHS Trust
- David Blackwell: TP at Medway
- Deeban Ratneswaran: FY Doctor at Medway
- Emily Budge: Final year Medical Student at BSMS
- Peter Larcombe: Consultant Anaesthetist & Chair of SEC RTC

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