Consent

Another Boring Audit

Terrie Perry & Donna Beckford-Smith – Transfusion Practitioners
Audits are such fun!
Introduction

• The issue of Consent was specifically tackled by the Advisory Committee on the Safety of Blood, Tissue and Organs (SaBTO) in 2011, in part prompted by inconsistent practice across the UK.

• The final recommendations re-enforced the need for valid consent for blood transfusion to be obtained and documented in the patient’s clinical record by the healthcare professional.
Late in 2011, in conjunction with the NCA Use of Blood in Adult Medical patients, we seized the opportunity to undertake a local audit, to evaluate the process of documenting consent in our trust.

We audited 58 clinical notes, over a 3 month period, looking for evidence that patient consent was documented and a patient information leaflet had been given.
# 2011 Consent Audit of Medical Patients

(\( N = 58 \))

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<thead>
<tr>
<th></th>
<th>Number Yes</th>
<th>% Yes</th>
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<tbody>
<tr>
<td>Verbal consent documented in the notes?</td>
<td>11</td>
<td>19</td>
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<tr>
<td>Evidence that a patient leaflet was given?</td>
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Conclusion

- Buckinghamshire Healthcare Trust was pretty dire in relation to the documentation of consent to transfusion.
Our Reaction

- August 2012 we launched the new and improved Adult Prescription and Care Plan

- This featured an extra column for doctors to sign that they had documented consent in the clinical notes

- It was written in red for Maximum Impact
Adult Prescription, Observation Chart and Care Plan for the Transfusion of Blood and/or Blood Products

Patient's Name__________________________________________ Is Irradiated blood needed? ☐ Yes ☐ No

NHS No_______________________________________________

MRN No_________ Date of birth ____________________ Gender ________________________________

Diagnosis ____________________________________________ Recent Hb __________________ Date Hb taken __________________

If there has been a previous transfusion reaction consider giving the following prior to the transfusion.
Chlorphenamine 10 – 20 mg IV and Hydrocortisone 100mg IV
In the event of a transfusion reaction consider giving the following at the time of the reaction.
Chlorphenamine 10 – 20 mg IV and Hydrocortisone 100 mg IV
Furosemide 20 mg may be given orally with 2 or more units of blood. (red cells)
Refer to the Transfusion Policy No. 312

NB
Prescribe and record administration of medicines given in conjunction with transfusion on the prescription and administration record chart.

<table>
<thead>
<tr>
<th>Date of Transfusion</th>
<th>Infusion rate</th>
<th>Name of blood/blood product</th>
<th>Doctor’s signature</th>
<th>Is verbal Consent documented in the Clinical Notes? Dr’s signature</th>
<th>Start time of unit</th>
<th>Blood unit no.</th>
<th>Volume of unit</th>
<th>Administrator’s signature</th>
<th>Stop time of unit</th>
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One of the SaBTO recommendations was

‘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.’
August 2013

- Following much discussion and several drafts we produced a consent form to satisfy this recommendation
- It went to the HTC, where it was welcomed by clinical areas other than Haematology
- It was approved and the journey through the various committees began
- The Transfusion Consent for Medical/Obstetric Patients form went live June 2014
Transfusion Consent for Medical/Obstetric Patients
- to be completed by prescribing clinician

For transfusions during a single hospital admission ☐
Patient expected to be long-term transfusion dependent ☐

All patients requiring a transfusion must be informed of the risks & benefits below, ideally prior to the transfusion where possible:

1. The following information should be discussed:
   - Type of blood / blood component
   - Reason for and benefits of transfusion
   - Possible alternatives to transfusion
   - Risks of transfusion (refer to NHSBT patient information leaflet)
   - Acute & delayed transfusion reactions: fever, rash, feeling unwell
   - Circulatory overload: feeling out of breath
   - Transfusion transmitted infection
   - Importance of correct patient identification
   - Is the patient aware of any special transfusion requirements? eg. known antibodies or requirement for irradiated products

Inform the patient that following a blood transfusion they can no longer be a blood donor due to the theoretical risk of transmission of vCJD

2. Has written information been provided? ☐
(NHSBT patient information leaflet)

In the emergency setting or if the patient is unconscious, the information will need to be given retrospectively. Tick here if unable to obtain prior consent* ☐
*Document in clinical notes that information regarding any blood products transfused needs to be given to the patient retrospectively where appropriate.

Tick here if the Mental Capacity act has been invoked* ☐
*See Consent policy for advice on mental capacity issues.
In these cases the patient would be treated in best interests and their carers involved.

If further information required, contact Transfusion Practitioners: Donna Beckford-Smith SMH
110 5359 or Terrie Perry WH 120 2313

I have discussed the above and the patient agrees to proceed with the transfusion / I am unable to obtain consent for reasons above

Print name __________________________________________________________
Signature ___________________________________________________________
Grade ___________________________ Date ______________________________
Contacted by Jacky Nabb from NHSBT asking for a topic we would like to present at this years Transfusion Bites

We took this opportunity to re-audit the documentation of consent and the use of the new consent form

As part of the audit we decided to look retrospectively at the effectiveness of the previously introduced new and improved Adult Prescription and Care Plan
Retrospective Audit

We examined the electronic notes of a number of medical patients who had been transfused after the introduction of the care plan for the answers to two questions

1. Was consent documented in the clinical notes
2. Had the doctor signed the care plan indicating that consent WAS documented in the notes
Retrospective Audit of Medical Transfusions During Sept/Oct 2013 (N = 72)

Of the 47 signed prescription forms, 19 did not have any corresponding consent documented in the clinical notes.
We were unable to collect any data concerning patient information leaflets.

<table>
<thead>
<tr>
<th>Documented in clinical notes?</th>
<th>Numbers</th>
<th>% Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>32</td>
<td>44</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indication of documented consent on the care plan?</th>
<th>Numbers</th>
<th>% Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>47</td>
<td>65</td>
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</table>
Consent Audit

- Our main aim was to see if the introduction of our consent form had improved the documentation of consent.

- All transfusions over a 3 week period were audited within 24 hours of the transfusion looking for evidence that a patient information leaflet had been given and that consent for the transfusion had been documented.
#### Consent Audit Sept/Oct 2014

(N = 76)

We found documented consent in 88% of transfusions

<table>
<thead>
<tr>
<th>Consent form used?</th>
<th>Consent form</th>
<th>Clinical notes</th>
<th>Surgical consent form</th>
<th>No documentation</th>
<th>Patient information leaflet</th>
</tr>
</thead>
<tbody>
<tr>
<td>63% (48)</td>
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<td></td>
<td></td>
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<tr>
<td>Other forms of consent?</td>
<td>13% (10)</td>
<td>12% (9)</td>
<td>12% (9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient information given?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>50% (38)</td>
</tr>
</tbody>
</table>
## Comparison

<table>
<thead>
<tr>
<th></th>
<th>2011 N = 58</th>
<th>2013 N = 72 Post Care Plan</th>
<th>2014 N = 76 Post Consent Form</th>
<th>National consent audit N = 2784</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was consent documented?</td>
<td>7%</td>
<td>44%</td>
<td>88%</td>
<td>43%</td>
</tr>
<tr>
<td>Was patient information given?</td>
<td>0%</td>
<td>No data</td>
<td>50%</td>
<td>19%</td>
</tr>
</tbody>
</table>
We know that the new consent forms are being used but what do our users think of it?
I Wonder...?
SurveyMonkey Results

There were 94 responses

- 34% had used the form
- 76% of those who had used the consent form found it a useful prompt as to what to discuss with the patient
- 43% said they gave out patient information leaflets
- From those that responded the majority found it a useful tool
**Conclusion**

- We have improved the process of consent documentation from 19% in 2011 to 88% in 2014 by the introduction of 2 consent tools.

- We will re-audit the use of the Consent Form next year.

- We would also like to repeat the SurveyMonkey at the same time but in the light of experience we will refine our questions.
Thank you to the staff of Blood Bank for providing the transfusion data
So it’s goodbye from me & it’s goodbye from her.
Goodbye