

Leeds Teaching Hospitals NHS Trust: Written Consent for Transfusion - Why & How we did it and Results of Implementation

This is a transcript from a presentation given on the above:

Leeds Teaching Hospitals NHS Trust, 2005:

- Audit of medical staff showed (response rate: 78/230 (34%));
 - 11% did not know if consent had been given
 - 64% did not discuss risks, benefits, alternatives
 - 1% provided written information
 - 99% respondents did not provide written information to patients as per BCSH & HSC BBT guidance
- Clearly “Improvement needed” and..
- ...Risk management not impressed with these results & concerned by the risk vCJD transmission (litigation)!
- “Written Informed Consent must be introduced”
 - Pro’s & con’s discussed by the Transfusion Committee...

...Written Consent: why on Earth not?

- Getting a patient signature is unlikely to detract from the process of obtaining *valid* consent
- Doesn’t take much longer to obtain than verbal consent
- It is feasible in hospital practice and achieves a more robust documentation or *evidence trail*
- Puts patients at the heart of decisions made about transfusion
- May improve standards of information exchange & in the decision to transfuse (couldn’t make it worse!)
- Red herring of emergency situations and patients who lack capacity- the same issues and regulations apply as for verbal consent

How we Introduced Written Consent:

- **Jan’ 2006** Policy drafted covering:
 - Elective & emergency admissions
 - Patients unable to provide written consent
 - Details of what to discuss; benefits, risks outlined (including statistics) & alternatives available
 - When to seek consent (pre-assessment, on admission, on diagnosis)
 - Who should seek consent
 - How to record consent

2006: Dedicated Consent Form Introduced

2006: Consent Discussion Checklist Introduced

Aug’ ‘06: Draft policy circulated to all Consultants/Heads of Nursing for comment - very little dissent (elderly care & ITU)

Nov’ ‘06: Policy approved by Trust Board

Written Consent for Transfusion Roll-out Plan:

- Publicise policy to Directors of anaesthesia, medicine, nursing, Foundation School, matrons, ward managers, educators and specialist nurses
- Train all new FY1s on written informed consent for transfusion
- Key points circulated as an at-a-glance guide
- Advertised on HTT webpage & newsletter and added to Trusts transfusion e-learning programme

2007: Leeds Written Consent Introduced

Re-audit 2008 (5 months after policy introduction)

Case notes reviewed of patients transfused over 7 days: 134 patients

- 81% cases with evidence of transfusion discussion (improved by 45% since 2005)
- 20% cases with evidence of PIL (improved by 19% since 2005)

We've proved that the process for written consent is feasible, that there is an improved *evidence* trail & at the very least, practice doesn't worsen.

Maintaining Momentum...

- Informed consent is *policy* and is regularly reviewed
- Junior doctor transfusion consent etc training programme in place
- Transfusion consent training & awareness for all staff via HTT newsletters, generic training sessions, e-learning programme
- Regularly do leaflet drops to all wards and advertise other PILs available
- PILs included in cardiac, antenatal etc pre-assessment info' packs

Challenges Faced...

- The concept of *documenting* the transfusion discussion (i.e. risks/benefits) is still alien to a minority of some stalwart staff - maybe the NCA results will convince them

2014: Leeds: Patient Responses in NCA

Leeds is such a large Trust & covers all main specialties perhaps we can be considered a snap shot for the positives of written consent.

Received 20 out of 24 patient responses

- 9 men
- 15 women
- Average age = 64 years old (range 26-90 years)
- 11 x Medical Patients
- 12 x Surgical Patients
- 1 x Obstetric Patient

| | Involved in Transfusion Decision Making Process? | Did you Receive Written Information? | Were the Possible Risks of Transfusion Discussed? | Were the Benefits of Transfusion Discussed? | Were you Offered any Alternatives to Transfusion? | Were you Given the Opportunity to Ask Questions? | Do you Feel you Received Enough Information on Transfusion? |
|------------------------|--|--------------------------------------|---|---|---|--|---|
| Yes | 12 (60%) | 10 (50%) | 13 (65%) 83% in LTH case note evidence* | 16 (80%) 88% in LTH case note evidence* | 1 (5%) 25% in LTH case note evidence* | 15 (75%) | 15 (75%) |
| No | 2 | 5 | 3 (!) | 2 | 13 (!) | 2 | 2 |
| Certain Degree | 4 | - | - | - | - | - | - |
| Cannot Remember | 2 | 5 | 4 | 2 | 6 | 3 | 3 |

Leeds: By providing a copy of the pre-printed consent form, patients at least receive information on risks and benefits to transfusion which bucks the national trend where the proportion of patients receiving written information was overall low

Leeds: The majority of patients (50%) remember they received written information on transfusion which again bucks the national trend of 28% and is much improved from our original audit in 2005 of 1%!

Leeds: We don't seem to have done very well in discussing alternatives to transfusion - gives us a focus for future work!

However...it would seem that Leeds patient feedback is saying that they have benefitted from the introduction of written consent and the improved 'information exchange'

& co-incidentally...

Since the introduction of written consent in 2007 red cell usage in Leeds has reduced by 25% - perhaps because the 'speed bump' of obtaining written consent has helped clinicians to further rationalise the need for transfusion?

Apart from possibly helping to reduce blood use, the use of written consent for transfusion doesn't detract from patient care, indeed it seems that patients in Leeds have benefitted from the now ingrained practice of offering transfusion information and discussing its pro's and con's.