Improving the process of obtaining patient consent and clinical documentation in blood transfusion

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Contents of talk

• Why is consent important?

• What guidance exists in consent for blood transfusion?

• My project

• Discussion
Why is consent important?

- Blood is a living transplant

- SHOT report 2015
  - 3288 incidents
  - 26 deaths
  - 166 episodes of major harm

- Human factors may never disappear
  - 78% of reports
What guidance exists?

• GMC - working in partnership with patients

• NICE, SaBTO, BCSH:
  – Standardised information to patients – risks, benefits, alternatives
  – Document discussion
  – Document reason for transfusion
  – Include in the discharge summary
  – Standardised resource for clinicians
Aims of my project

• Ensure patients are being appropriately consented for blood transfusion

• Ensure reason for transfusion is documented in the clinical notes and discharge summary
Method

• Retrospective case note audit

• All blood transfusions over 2 week period

• Exclusions
  – Emergency transfusion
  – Haematology
Initial audit results
n=24

- **Indication**
- **Risks, benefits, alternatives**
- **Verbal consent**
- **Information leaflet**
- **Discharge summary**

% of clinical notes
Why were results so bad?

• Time pressure

• Blood transfusion not ‘taken seriously’

• Expectation of patient knowledge

• Lack of documentation – ‘if it isn’t written down, it didn’t happen’
Checklist for blood transfusion

Indication for transfusion: ________________________________

Risks/benefits/alternatives to transfusion explained  □

Patient has given verbal consent □

Patient provided with written information □

Doctors name:   Signature:   Date:

_________________________   ___________________________   ____________

**Don't forget to document transfusion in the discharge summary**
Results: comparison following implementation of change

- Indication
- Risks, benefits, alternatives
- Verbal consent
- Information leaflet
- Discharge summary

Red bars represent re-audit (n=12), blue bars represent initial audit (n=24).
Discussion

• Clear improvement in our practice

• Simple and cheap to implement

• Not too time consuming

• Easy to re-audit
Limitations

• Small study size. One centre.

• Need for ‘encouragement’

• ‘Yet another checklist’

• Availability of information leaflet
Future work

• Bundle including information leaflet

• Accessible information for clinicians

• Patient feedback – are we improving their experience?
Conclusion

• Room for improvement in obtaining consent for transfusion

• Simple measures can effect change

• Potential for a cost-effective change in practice
Thank you

Checklist for blood transfusion

Indication for transfusion: ________________________________

Risks/benefits/alternatives to transfusion explained  ☐

Patient has given verbal consent  ☐

Patient provided with written information  ☐

Doctors name:  Signature:  Date:

________________________  __________________________  ___________

**Don't forget to document transfusion in the discharge summary**