South East Coast RTC

Informed Consent Action Group
The ICAG-Pad

Simon Goodwin
Specialist Practitioner in Transfusion
Surrey & Sussex Healthcare NHS Trust
ICAG Working Group Lead

Annual SHOT Symposium 2014
“Transfusion World” Drivers to improve Consent

○ SaBTO October 2011
  - Inconsistency of Practice
  - Transfused Patient can no longer be blood donor
  - GMC – General Principle Consent for ALL Treatment

○ Patient Blood Management
  - Improved Consent = Improved Appropriateness
  - Improved Consent = Underpins Safe Practice
What is Consent to Transfusion?

- Compromised from the start
  - Severity of illness at the time
  - Impaired Cognition: hypoxia / pain / anxiety
  - Patient’s Personality
  - Prior ‘Knowledge’ (Google era)
  - Countless other Factors

- Therefore Consent is:
  - NOT Absolute
  - NOT One Conversation
  - NOT solely the doctor’s responsibility
What are the goals of Consent to Transfusion?

- Achieve **GOOD** understanding
- Reached Cumulatively / Re-Enforced
  - from whole MDT
- Why we recommend a transfusion
- What are the Expected Benefits
- What are the Risks (outweighed by benefits)
- NOT turning patients into transfusion experts
What are the main threats to Improving Consent to Transfusion?

- Medical Culture to Consent
  - From Paternalism to Equal Partnership
  - Work in Progress

- Increased workload / throughput of patients
  - Short of time for Consent & Treatment

- Increased acuity of in-patients
  - Patient ability to participate
What are the main threats to Improving Consent to Transfusion?

- Lack of Knowledge / Confidence in Transfusion
  - Fear of Awkward Questions

- Not focused on Transfusion Outcomes
  - Treat the Patient, NOT the Blood Count
  - (Light the Lamp, NOT the Rat! Muppet’s Christmas Carol)
Informed Consent Action Group

- Key Principles of Approach
  - Simple
  - Manageable (5 minutes)
  - Consistent (esp. language)
  - Maximum Use of Current Resources (PILS)

- Shared Knowledge / Experience
- Pool of Initiatives – New Tool
- Lisa Dallman’s ‘Record of Decision to Transfuse’
- Simon Goodwin’s 4 Categories of Risk / Mitigating Actions
Record of Decision to Transfuse Labels

- Lisa Dallman, Specialist Practitioner in Transfusion, EKHUFT.
- Piloted Haem/Onc, Ambulatory Care & Gastro
- Found Nurses more keen to fill in than Doctors
- When pointed out should be Doctors
  - Met with ‘Degree’ of Resistance
  - Time Consuming
  - Why did they have to?
- ? Perceived as threat to independent decision making
## Record of Decision to Transfuse as Required by the BCSH Guidelines

**To be Inserted in the Patient's Medical Notes**

<table>
<thead>
<tr>
<th>Component Required</th>
<th>Indication for Component Use</th>
<th>Special Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red Cells</td>
<td>Symptomatic Anaemia</td>
<td></td>
</tr>
<tr>
<td>Platelets</td>
<td>Bleeding</td>
<td></td>
</tr>
<tr>
<td>FFP</td>
<td>Prophylaxis</td>
<td></td>
</tr>
<tr>
<td>Cryoprecipitate</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**Complete as Appropriate:**

- Pre-Transfusion Haemoglobin: \( \text{g/dl} \)
- Pre-Transfusion Platelet count: \( \times10^9/L \)
- Pre-Transfusion Clotting Results: PT: \( \text{Sec} \), APTT: \( \text{Sec} \)

**Date of Result:**

**Informed Consent Obtained from Patient/Legal Guardian:**
- YES \( \square \)
- NO \( \square \)

If NO, please state reason:

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

**Name (please PRINT):**

**Designation (please PRINT):**

**Date:**

---

Annual SHOT Symposium 2014
4 Categories of Risks +
4 Sets of Mitigating Actions

- Simon Goodwin, Specialist Practitioner in Transfusion, rare brainwave!
- Underpins key principles
  - Simplicity / Manageability / Consistency
- Builds on history of Clinical Resources
- Resource looks & feels right
  - Takes away the mystery / anxiety
Consent to Blood Transfusion

WHEREVER POSSIBLE VERBAL CONSENT SHOULD BE OBTAINED
EXPLAIN HOW BENEFITS OUTWEIGH THE RISKS
RISKS SUMMARISED OVERLEAF
STRESS HOW RISKS ARE MITIGATED
OFFER PATIENT INFORMATION LEAFLETS
EXPLAIN INDICATION FOR TRANSFUSION
CONSIDER / OFFER ALTERNATIVES IF POSSIBLE

Vital Information:
Patients who have received a blood components since 1980 are not permitted to be blood donors.

The indication for transfusion must be recorded in the notes:

Further information or support can be gained from Transfusion Practitioner or Transfusion Laboratory.

South East Coast Regional Transfusion Committee

NHS
Four Risk Categories & Mitigations in Blood Transfusion

**Risk 1: Human Error**
- Risk of patient misidentification error at Critical Steps
- Blood samples must be labelled at patient’s side
- Blood components must be checked at patient’s side
- WRISTBAND / WRISTBAND / WRISTBAND
- Involve patient in checking process wherever possible

**Mitigate 1: Reassure by demonstrating above safe transfusion practice**

**Risk 2: Transfusion Related Circulatory Overload**
- Blood components increase volume & viscosity circulating blood
- Higher risk children, elderly, cardiac/cheat impairment, hypertension

**Mitigate 2:**
- Balance rate against urgency of transfusion (3½ hours max red cells)
- Consider diuretics for those at greater risk (increased monitoring)

**Risk 3: Adverse Immune Responses**
- Patient is screened for antibodies to red cells (unless emergency)
- SHOT data: severe reactions are rare 14/100k red cells & 29/100k platelets

**Mitigate 3:**
- Ensure minimum observation schedule adhered to
- Patient to report any symptoms: Hot / Cold / Shaking / Pain / Itching / Rash / Something Feels Wrong / Any Other Symptoms

**Risk 4: Transfusion Transmitted Infection**
- Blood screened for HIV / Hep B+C / HTLV / Syphilis
- Risks extremely low but cannot be ruled as possible - See data below

**Mitigate 4:**
- Strict adherence to Cold Chain Compliance
- Fully prepare patient for transfusion before collecting blood component
- Strict adherence to Infection Control Policy, e.g. IV access devices

HIV (1 in 6.5 million), HEP B (1 in 1.3 million), HEP C (1 in 28 million), NvCJD (very low risk)
**RECORD OF DECISION TO TRANSFUSE**

<table>
<thead>
<tr>
<th>Component required:</th>
<th>Indication for component use:</th>
<th>Special requirements required?</th>
<th>I confirm I have explained the risks of transfusion as:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Red Cells</td>
<td>Symptomatic</td>
<td>□ Irradiated</td>
<td>□ Human Error</td>
</tr>
<tr>
<td>□ Platelets</td>
<td>Anaemia</td>
<td>□ CMV Negative</td>
<td>□ Circulatory Overload</td>
</tr>
<tr>
<td>□ FFP</td>
<td>Bleeding</td>
<td>□ HLA selected</td>
<td>□ Adverse Immune Responses</td>
</tr>
<tr>
<td>□ Cryoprecipitate</td>
<td>Prophylaxis</td>
<td>Other</td>
<td>□ Transfusion Transmitted</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
<td>Other</td>
<td>Infection</td>
</tr>
</tbody>
</table>

Pre-Transfusion Hb ................................................. g/l
Pre-Transfusion Platelet count ................................ x10^9/L

Based on NBTC Guidance (April 2013)

<table>
<thead>
<tr>
<th>TRANSFUSE TO MAINTAIN Hb</th>
</tr>
</thead>
<tbody>
<tr>
<td>STABLE PATIENT</td>
</tr>
<tr>
<td>EVIDENCE OF CARDIAC DISEASE</td>
</tr>
<tr>
<td>SEVERE SEPSIS / CEREBRAL INJURY OR CVA</td>
</tr>
<tr>
<td>CHRONIC ANAEMIA</td>
</tr>
<tr>
<td>SIGNIFICANT BLEEDING</td>
</tr>
<tr>
<td>PATIENT ON DXT, CYTOTOXICS OR BMF</td>
</tr>
</tbody>
</table>

I confirm verbal consent was obtained from patient / legal guardian □ YES □ NO
If NO please state reason

**I confirm that in my professional opinion this transfusion is indicated**

Name (please PRINT) ..............................................
Designation (please PRINT) ...................................... Date ..............................................

---

**RECORD OF DECISION TO TRANSFUSE**

<table>
<thead>
<tr>
<th>Component required:</th>
<th>Indication for component use:</th>
<th>Special requirements required?</th>
<th>I confirm I have explained the risks of transfusion as:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Red Cells</td>
<td>Symptomatic</td>
<td>□ Irradiated</td>
<td>□ Human Error</td>
</tr>
<tr>
<td>□ Platelets</td>
<td>Anaemia</td>
<td>□ CMV Negative</td>
<td>□ Circulatory Overload</td>
</tr>
<tr>
<td>□ FFP</td>
<td>Bleeding</td>
<td>□ HLA selected</td>
<td>□ Adverse Immune Responses</td>
</tr>
<tr>
<td>□ Cryoprecipitate</td>
<td>Prophylaxis</td>
<td>Other</td>
<td>□ Transfusion Transmitted</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
<td>Other</td>
<td>Infection</td>
</tr>
</tbody>
</table>

Pre-Transfusion Hb ................................................. g/l
Pre-Transfusion Platelet count ................................ x10^9/L

Based on NBTC Guidance (April 2013)

<table>
<thead>
<tr>
<th>TRANSFUSE TO MAINTAIN Hb</th>
</tr>
</thead>
<tbody>
<tr>
<td>STABLE PATIENT</td>
</tr>
<tr>
<td>EVIDENCE OF CARDIAC DISEASE</td>
</tr>
<tr>
<td>SEVERE SEPSIS / CEREBRAL INJURY OR CVA</td>
</tr>
<tr>
<td>CHRONIC ANAEMIA</td>
</tr>
<tr>
<td>SIGNIFICANT BLEEDING</td>
</tr>
<tr>
<td>PATIENT ON DXT, CYTOTOXICS OR BMF</td>
</tr>
</tbody>
</table>

I confirm verbal consent was obtained from patient / legal guardian □ YES □ NO
If NO please state reason

**I confirm that in my professional opinion this transfusion is indicated**

Name (please PRINT) ..............................................
Designation (please PRINT) ...................................... Date ..............................................
ICAG-Pad Summary

- More than Sum of Individual Parts
  - Synergy (S. Covey 7 Habits of Highly Effective People)
- Tool for whole of MDT
- NOT just for the Doctors
- Beauty is MDT know the information already
  - 4 Risks provides Framework existing knowledge
  - 4 Mitigating Action Sets
    - Direct Promise to Patient to follow Policy
- Improved Consent=Improved Appropriateness
Region Wide Implementation

- Oct 2013
  - Region Wide Agreement for Region Wide Trial 2014
- April 2014 funding secured to print ICAG-Pads
- July 2014
  - ICAG-Pads distributed to region
  - Embedding & Training Period (Medical Wards)
- Aug to Sep 2014
  - Trial begins
- Sep 2014 Initial Trial Findings presented to NBTC (RTC Chair)
- Oct 2014
  - in-depth review trial data
  - Compare trial findings with NCA Consent 2013
Sharing Best Practice

- Privilege of Presenting at:
  - BBTS Hospital SIG Ed. Day Birmingham 14/05/13
  - SEC TPG Ed. Day Maidstone 22/11/13
  - SHOT Annual Symposium 2014
- Consistent Promotion: embed 18 to 24 months in SEC region
  - Respond to (existing) requests to share cross regionally
- Ambition: Inclusion on National (PBM) Toolkit
ICAG Members

- Simon Goodwin: (Project Lead) TP at SaSH
- Emma Whitmore: Patient Blood Management Practitioner SEC RTC (NHSBT)
- Lisa Dallman: TP at East Kent NHS Trust
- Leslie Delieu: TP at Darent Valley
- David Blackwell: TP at Medway
- Deeban Ratneswaran: FY Doctor at Medway (2012)
- Emily Budge: Final year Medical Student at BSMS (2012)
- Peter Larcombe: Consultant Anaesthetist & Chair of SEC RTC
Thank you for listening

The key to informed consent is communication

For more information:
Emma Whitmore
Patient Blood Management Practitioner
South East Coast Region
NHS Blood and Transplant
emma.whitmore@nhsbt.nhs.uk
(We accept credit cards!!)