

Implementing consent to transfusion

An institutional perspective

As if I have
time to
spare!

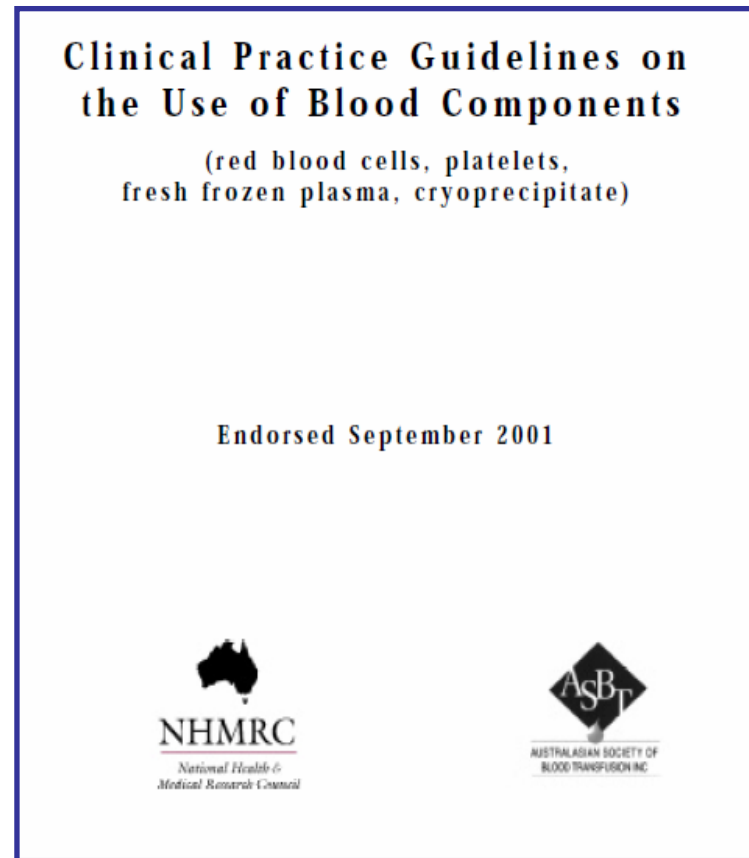
Why did
someone get
sued?

Great!!
More
paperwork!



*Susan McGregor
CNC Transfusion
Western Health*

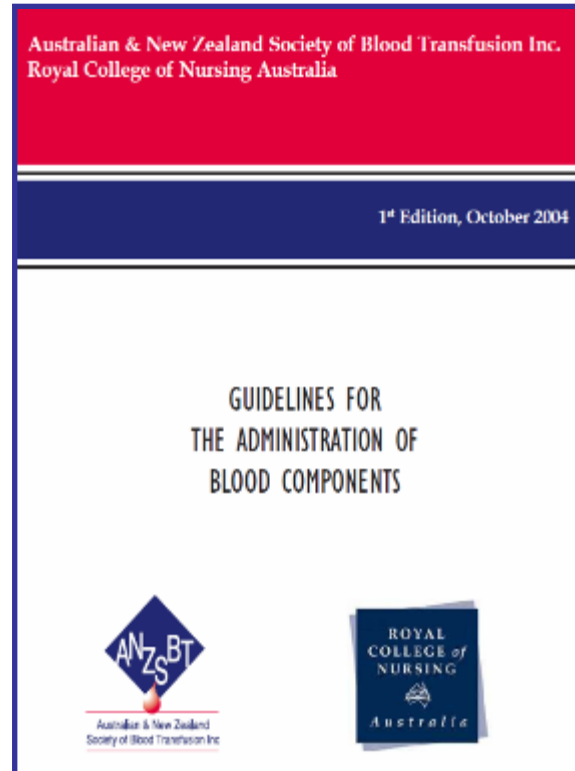
Why did we need to?



RECOMMENDATION

- 16 As part of the informed consent process, a patient should be given clear explanation of the potential risks and benefits of blood component therapy in his or her particular case.

Informed consent for transfusion means a dialogue has occurred between the patient and the doctor.



The consent shall be documented by a consent form or by documenting the discussed information in the patient's case notes.

1.5.5 The system for prescription, sample collection, storage and transportation and administration of **blood and blood components** ensures safe and appropriate practice

LA

a) A policy exists for:

- v. ensuring written consent is obtained
- vi. a process for refusal of transfusion

b) The blood management policy is compliant with:

- i. ANZSBT / NHMRC / RCNA guidelines

SA

b) The consumer / patient is made aware of the risks associated with blood component therapy

Increasing consumer awareness of their right to be included in decisions and choices about care.

AUSTRALIAN CHARTER OF HEALTHCARE RIGHTS

The Australian Charter of Healthcare Rights describes the rights of patients and other people using the Australian health system. These rights are essential to make sure that, wherever and whenever care is provided, it is of high quality and is safe.

The Charter recognises that people receiving care and people providing care all have important parts to play in achieving healthcare rights. The Charter allows patients, consumers, families, carers and services providing health care to share an understanding of the rights of people receiving health care. This helps everyone to work together towards a safe and high quality health system. A genuine partnership between patients, consumers and providers is important so that everyone achieves the best possible outcomes.

Guiding Principles

These three principles describe how this Charter applies in the Australian health system.

1 Everyone has the right to be able to access health care and this right is essential for the Charter to be meaningful.

2 The Australian Government commits to international agreements about human rights which recognise everyone's right to have the highest possible standard of physical and mental health.

3 Australia is a society made up of people with different cultures and ways of life, and the Charter acknowledges and respects these differences.



For further information please visit www.safetyandquality.gov.au

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY OF HEALTHCARE

What can I expect from the Australian health system?

MY RIGHTS	WHAT THIS MEANS
Access I have a right to health care.	I can access services to address my healthcare needs.
Safety I have a right to receive safe and high quality care.	I receive safe and high quality health services, provided with professional care, skill and competence.
Respect I have a right to be shown respect, dignity and consideration.	The care provided shows respect to me and my culture, beliefs, values and personal characteristics.
Communication I have a right to be informed about services, treatment, options and costs in a clear and open way.	I receive open, timely and appropriate communication about my health care in a way I can understand.
Participation I have a right to be included in decisions and choices about my care.	I may join in making decisions and choices about my care and about health service planning.
Privacy I have a right to privacy and confidentiality of my personal information.	My personal privacy is maintained and proper handling of my personal health and other information is assured.
Comment I have a right to comment on my care and to have my concerns addressed.	I can comment on or complain about my care and have my concerns dealt with properly and promptly.

THE AUSTRALIAN CHARTER OF HEALTHCARE RIGHTS

A GUIDE FOR HEALTHCARE PROVIDERS



FOR MORE INFORMATION ON THE CHARTER AND HOW YOU CAN CONTRIBUTE TO ACHIEVING HEALTHCARE RIGHTS VISIT WWW.SAFETYANDQUALITY.GOV.AU

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY OF HEALTHCARE

Greater consumer access to health-related information.

Studies have shown that finding health information is one of the most common uses of the internet¹



"I'M SORRY DOCTOR, BUT AGAIN I HAVE TO DISAGREE."

Cultural and religious beliefs of patients

- Australia is a multicultural multi-faith nation
- The people living within our catchment make up one of the most culturally diverse communities in Victoria, with more than 100 languages and dialects spoken
- Individuals may be “westernised” in some areas but traditional in others
- Traditional practices can and do come into direct conflict with Western scientific medicine & health care

Where did we start?

- 30 patients who had received a transfusion of red cells in Jan 2006 were randomly chosen
- A retrospective audit of the medical histories of these patients was conducted to ascertain documentation of consent to transfusion
- Results : 0% of audited medical records had documentation of discussion or consent

We had some work to do!

First steps

- Which type of consent?
 - Implied?
 - Expressed?
 - Verbal?
 - Written?
- Who should obtain consent?
 - Medical staff?
 - Intern
 - HMO
 - Registrar
 - Nursing staff?

- How long should consent be valid for?
 - This episode?
 - The entire admission?

- What about patients with chronic conditions that required regular transfusions?
 - Each admission?
 - A month?
 - A year?

- What about when consent cannot be obtained?
 - Life-threatening/urgent situations
 - Sedated patients
 - Drug/alcohol affected
 - Dementia
- What information would patients require to make an informed decision?
 - The type of blood component
 - The risks
 - The benefits
 - Any alternatives
 - The risk from not having the transfusion
 - Written information?

**These questions provoked considerable
robust discussion amongst clinicians!**



“I am dressed for success! Of course, my idea of success may not be exactly the same as yours.”

What did we decide?

Verbal consent with a requirement that the clinician having the discussion and obtaining consent document this in the patient's medical record.

Validity of consent : current admission

<p><u>Transfusion / Administration agreed to by</u></p> <p><input type="checkbox"/> Patient <input type="checkbox"/> Parent (If Child) <input type="checkbox"/> Guardian</p> <p><u>Patient donated own blood?</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Transfusion/ Administration refused because</u></p> <p><input type="checkbox"/> Personal reasons <input type="checkbox"/> Jehovah's Witness</p> <p><u>Refusal recorded?</u></p> <p><input type="checkbox"/> On RC form <input type="checkbox"/> In history <input type="checkbox"/> Not recorded</p>	<p><u>Patient/ guardian incapable of agreement to, or refusal of, transfusion</u></p> <p>Blood products administered as emergency life saving treatment</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>I have / have not been able to explain to the patient/person legally responsible for the patient, the indications, the nature and the possible effects of the transfusion or administration of the blood product. I have / have not given them written information. (Please circle / cross as appropriate)</p> <p>Signature of Clinician:Surname Printed:.....</p> <p>Designation:..... Date:</p>		

AD 283

Why clinician and not medical officer?

- We envisioned that in the vast majority of episodes it would be medical staff who had the discussion with the patient

HOWEVER

- Our midwives predominantly conducted discussions with women re Anti-D (especially prophylaxis).
- The emergence of advanced practice nurses e.g. nurse practitioners

The prescription form also included a “consent” prompt for nursing/midwifery staff

Clinician confirmation over page completed: Yes <input type="checkbox"/> No <input type="checkbox"/> Signature:						
PLEASE NOTE : DO NOT TRANSFUSE IF A REFUSAL OF TREATMENT FORM HAS BEEN COMPLETED						
SPECIAL REQUIREMENTS: Irradiated <input type="checkbox"/> CMV negative <input type="checkbox"/> Leukocyte filter <input type="checkbox"/> Warming <input type="checkbox"/> Autologous <input type="checkbox"/>						
Date	BLOOD PRODUCT Saline Flush/ Diuretic if required	Infusion Rate	M.O. Signature	Unit / Batch Number	Administration Time	Nurse Initials x 2
					Start:	
					Finish:	

Policies & Procedures were amended to include the requirements

POLICY
<p>The Western Health policy on blood product administration is:</p> <ul style="list-style-type: none"> • The risks and benefits of the administration/ transfusion of the blood product(s) must be explained to the patient or the person legally responsible for the patient prior to administration/commencement and the clinician obtaining consent must sign the clinician declaration on the Blood Prescription form. • The risks and benefits of the administration/transfusion of blood products must be discussed with the patient when applicable during consultations at Pre Admission Clinic and consent obtained at this time. The Clinician obtaining consent must sign the declaration on the Blood Prescription form.

Written information for patients

- Development of multi-lingual WHS brochures was cost prohibitive due to translation costs
- NH&MRC “Blood who needs it” brochures



- Maintaining stock of hard copies across all wards and 3 campuses not realistic
- Solution
 - Brochures made accessible via the Intranet
 - Hard copies located in PAC & Day ward

So how did we go?

- The prescription form & consent policy was implemented in June 2006
- An audit of 30 red cell transfusion episodes conducted in July 2006 showed 90% of audited episodes had documentation of consent to transfusion
- In all audited episodes this documentation was on the blood prescription form

Has this been sustained?

- In a word – NO!!
- Despite inclusion in all nursing/midwifery and junior medical staff orientation and education programs on-going audit results have fluctuated between 30 % and 85%
- Transfusions without documentation of consent or unable to obtain consent commenced despite the consent prompt for nurses/midwives prior to administration.

- The envisioned “gatekeeper” role did not prove to be effective.
- Should we have expected this?
- Nursing/midwifery staff conduct checks that consent has been obtained and is documented prior to, for example, surgical procedures.
- If consent to transfusion is a requirement, then should nursing/midwifery staff be responsible for checking that this has been obtained and documented prior to administering?

So what have we changed?

- Extended consent to 12 months for transfusion-dependant patients
- Revised the blood prescription form to include
 - Extended consent
 - More options for recording when consent cannot be obtained
 - A documentation of consent check

Patient consent date:/...../..... Documentation of consent checked by:.....					
DO NOT ADMINISTER OR COMMENCE TRANSFUSION UNLESS PATIENT CONSENT / UNABLE TO OBTAIN CONSENT SECTION HAS BEEN COMPLETED					
Note: Transfusions should not be commenced after 2000 hours unless urgent / critical for patient condition					
Date: / /	Component/Product (inc specific orders)	Route	Dose/Volume	Rate	Medical Officer
Component/Batch number	Checked by		Administered by		Time Started/Given

- Inclusion of consent to transfusion in the Western Health *Consent to Treatment* policy

On-going challenges

- Mobility of health care professionals
 - Public
 - Private
 - Interstate
 - International
- Nature of health care services
 - 24 hours a day
 - 7 days a week
 - Multi-campus
 - Locum medical staff
 - Agency/bank nurses/midwives

- Currently no consensus
 - State & Territory Legislative consent requirements
 - Consent to transfusion requirements and processes vary across health services & states
 - The forms used for prescribing blood components & documenting consent vary between health services
 - Blood prescription forms
 - IV Fluid forms
 - General consent forms