

Informing and engaging consumers about blood transfusion therapy: what are the challenges in a hospital setting?



Better Safer Transfusion (BeST) Program

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Website: www.health.vic.gov.au/best

Questions to you, the audience

- What information should be provided to consumers about transfusion therapy? Eg reason for treatment, what if I don't have it etc
- What is the best way to get that information to the consumers? Eg I want my doctor to tell me. I want to know who to talk to later if I have questions.

BeST program

- One objective is to 'identify and respond to patients' perceptions about the quality and safety of transfusion services'
- Current BeST consent policy is that patients be informed of transfusion therapy they may receive, including:
 - Risks, benefits, alternatives
 - and have an opportunity to ask questions
 - a note be made in the medical record.

Informed consent for blood transfusions

- What is the most common infectious risk of a blood transfusion?
 - A. Hepatitis B
 - B. Hepatitis C
 - C. Bacterial contamination
 - D. HIV

Potential risks of transfusion

- Examples of infectious risks

Bacterial infections 1 in 10,000 to 1 in 500,000

Hepatitis B 1 in 1.3 million

Hepatitis C 1 in 3.6 million

HIV 1 in 7.3 million

- The most avoidable risk is receiving the wrong blood (meant for someone else)

1 in 12,000 to 1 in 77,000

Data source: Australian Red Cross Blood Service

The challenge with transfusion

- How can consumers be informed and engaged when it is just one part of a patients' care;
- Project team has:
 - sought information on how to meet this challenge
 - presents this today as a 'work in progress' and
 - seek your input to inform the next steps
 - General consent versus transfusion consent.

The work so far: an overview of systems and practices

- Systems and policy
 - Accreditation: EQuIP 4, Standard 1.5.5 'the consumer/patient is made aware of the risks associated with blood component therapy'
 - Program policies and tools
 - Hospital policies, procedures and tools
 - 2005 Victoria wide audit: only 36% of hospitals had policies requiring staff to inform patients about the risks and benefits of transfusion

A snapshot of themes in the literature

- Mr Wallace Crellin, Consumer Representative, Better Safer Transfusion Advisory Committee

What is meant by consent?

- Informed consent is a means of ensuring that the patient is fully informed and can make an educated agreement about their care.
- An open disclosure journey: a personal view

Types of Consent

- Verbal Consent
- Written Consent
- Implied Consent

What is Informed Consent?

Some recent views

- National Health and Medical Research Council (NH&MRC) – 2002 – Blood Components: A guide for Patients
- Medical Defence Association of Victoria (MDAV) - The Informed Consent Process – 2006
- A hospital example: Peter Mac Callum Cancer Centre- 2004 Policy on Informed Consent

Do you always need to know the risks?

- Impossible to include every side effect, reaction or risk for every procedure
 - What should be included?



Who Informs the Patient?

- The doctor performing the procedure is responsible and should ensure that the patient understands all the risks, including anaesthesia (advocated by the MDAV)
- Other factors to consider
 - Knows the options, and the risks / benefits of the options
 - Knows the patient and their concerns
 - Knows the patient's medical history and current condition to best assess risks/benefits
 - Has sufficient time to devote to the discussion
- For blood transfusion, the best person is the doctor ordering the blood.

Legal driving forces

- *Justice M. Condozo, New York 1913*

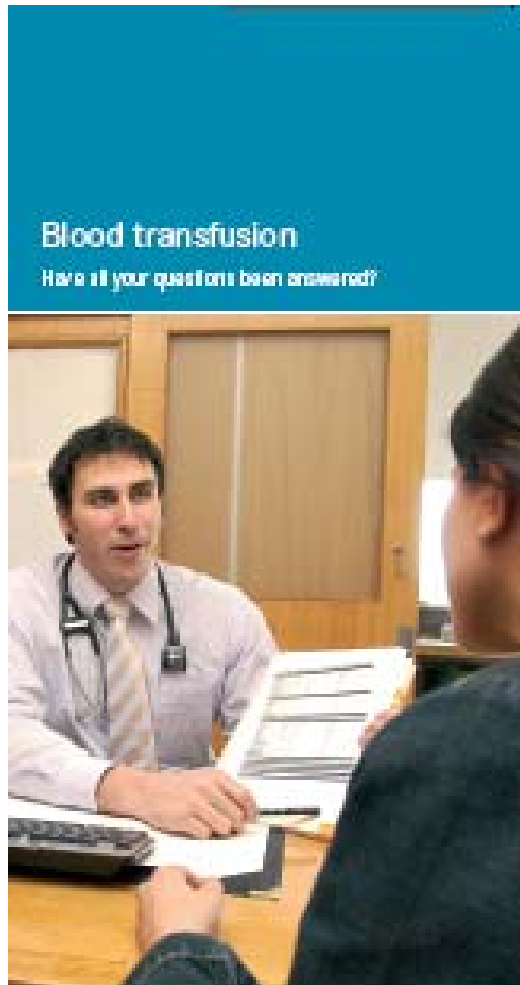
“Every human being of adult years and sound mind has a right to determine what shall be done with his own body, and a surgeon who performs an operation without his patient’s consent commits an assault for which he is liable in damages”

- Recent cases since 1970’s

Research on transfusion and informed consent

- Blood Matters Breakthrough Collaboration Consumer Study, Department of Human Services, Victoria July 2003.
 - Survey of 70 participants, 41% did not receive information prior to transfusion
 - Concluded:
 - all patients should receive written and verbal information;
 - hospital processes are required to encourage dialogue;
 - availability of easy-to-use tools to guide consumer discussions with clinicians.

Transfusion information



Blood Transfusion: have all your questions been answered?

Available to download from the Better Safer Transfusion program website at www.health.vic.gov.au/best.

Individual hospitals may use other transfusion information products.

Perspectives from consumers: a snapshot

Mr Twanny Farrugia, Consumer
Representative, Better Safer
Transfusion Advisory Committee

1. General Education
2. Transfusion consent

Conclusions

- Consent is an important two-way conversation
- About the condition and treatment. Patients must:
 - have an awareness and understanding of the proposed treatment
 - know the benefits of the treatment
 - know the risks of the treatment
 - know what could happen if they deny treatment
 - know the short and long term outcomes
 - be aware of the financial situation
- Respect the rights of the patient, including when and how the messages are delivered. From a patient perspective, documentation of the discussion is not the most important thing.

Conclusions

- Transfusion therapy is one part of their care that patients want to know about.
- More importantly than protection from litigation, consent has been found to improve patient satisfaction and reduce negative feeling and distress
- So that patients are informed about and engaged in the decision making process.

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Better Safer Transfusion for us

Thank you for your participation.

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