

ADL – Clare Hennessy

We move onto Criteria four which is Communication with Patients and Carers. And I'm very pleased to welcome and certainly the first speaker Linley Bielby should be well-known to many of you in South Australia because she looked after IVIG here for an extended period of time and was noted for the remarkable reduction and usage for IVIG. However, in terms of her formal background, she's currently with the Blood Matters program with the Department of Health, Victoria, which is a partnership with the Blood Service. She's worked as a transfusion nurse within a hospital setting and at the Blood Service in Melbourne. As mentioned, she's currently the program manager for Blood Matters in Victoria. She's got a key interest and involvement in the area of blood management and transfusion safety and has presented at state, national and international forums promoting transfusion improvements, the nurse specialist role and patient blood management practice.

Joining her is Miss Clare Hennessy who is a transfusion nurse in Victoria with Eastern Health. Clare is one of two transfusion nurse consultants at Eastern Health and works across eight main sites including Box Hill, Maroondah and Angliss Hospitals. She's worked across many nursing specialties in both the private and public sectors in Australia and UK, the majority of her clinical experience has been in intensive care and she continues to work in the area part-time. As a transfusion nurse consultant Clare works closely with multi disciplinary teams that include doctors, scientists and nurses to promote safe and appropriate blood transfusion. She is a member of both the STIR, Serious Transfusion Incident Reporting and Blood Matters Advisory Committees for the Department of the Health and the Blood Service. And they are colour coordinated as you'd expected with a team from Blood Matters. Please join in me in welcoming them this afternoon.

Hello, thank you all for sticking around this afternoon. I'd like to thank the NBA for inviting me to Adelaide to present some of the work we've done on consent at Blood Matters within the Department of Health in Victoria and also at Eastern Health. In addition to my role as a transfusion nurse at Eastern Health I had the opportunity to lead a working group on consent for blood and blood products at Blood Matters in 2012. This is some of the background to consent. I'm sure most if not all of you are aware that the Australian Health Ministers endorsed the statement of National Stewardship, Expectations for the Supply of Blood and Blood Products at an Australian Health Ministers conference held in 2010. Stewardship in this context means responsible, sustainable and appropriate use of blood and blood products.

This statement together with the revised ANZSBT and RCNA Guidelines, the Administration of Blood and Blood Products and the new National Quality and health Service accreditation standards address the need for informed consent for blood and blood products. So the National Blood Authority Blood Stewardship principles, one of those clearly states that informed patient consent procedures are implemented for all patients, the ANZSBT and RCNA guidelines state that health services must have a transfusion consent policy that is for both adults and children that includes acquisition and documentation of informed consent for

blood, the period of time the consent remains valid, refusal of blood products including policy for Jehovah's Witnesses and when consent is unable to be obtained.

The NSQHS standards, standard seven reflects that the ANZSBT RCNA guidelines and outlines in a developmental standard the need to inform patients and carers about the risks and benefits of using blood and blood products and any available alternatives when obtaining informed consent. This process must be undertaken and documented in accordance with the Informed Consent Policy of the health service.

So consent has been a topical issue in transfusion as long as I've been a transfusion nurse which is three and a half years and I believe it started before my time and it's gained momentum with the publication of the revised guidelines and the national standards. So with this in mind we formed a working group last year and 15 members met in June 2012 and two documents were developed, a core elements of consent table and an informed consent for transfusion template. These documents were approved by the Department of Health Legal Services prior to release and they are available on the Blood Matters website, so if you want to have a look that's our link there. And this working party was also involved in the development of the Blood Matters consent for blood transfusion audit which was conducted in the latter half of last year as well.

So this is the core elements table, so it focuses on four key elements, obtaining informed consent, documentation of consent, documentation of refusal and the inability to give consent. So there's a lot of information there, I won't read it all to you now but once again it's available on the Blood Matters website. And this here is the transfusion consent template that was put together. So it was developed to assist health care services when developing their own forms. We have many different forms in place across Victoria but hopefully this will give those health care services and hospitals that don't have one in place some ideas of what should be included such as duration of consent, what is being consented whether it's fresh blood products or plasma derived products, prompts for medical staff as to what to discuss and a section for the doctor and patient or person responsible to sign.

Now, we've utilised both the core elements tables and this template at Eastern Health to develop and implement our own blood and blood products consent form. So just to give you a brief overview of Eastern Health, the service spans 2,800 square kilometres in the east, the largest geographical catchment of any metropolitan health service in Victoria and there are approximately 750,000 people who live in this area. Eastern Health admits 140,000-odd patients to hospital for acute care each year and we treat the same number of people in our three main emergency departments and we also conduct 29,500 operations annually and importantly about blood we transfuse between 800 and 1,000 units of blood per month across our sites, most of which are transfused at our three main sites, Box Hill then Maroondah and then the Angliss Hospital.

Now, Eastern Health has been auditing their compliance with consent documentation since 2005. That's when it was first outlined as a requirement in the blood and blood product administration policy. Unfortunately, compliance with documentation has been poor, that's because within this policy we didn't obviously have the consent form and medical staff are instructed to write in the

progress notes or the medical record that they have had a discussion with the patient that included the nature of the blood product to be transfused, the risks versus benefits, any alternatives and that they'd given the patient the opportunity to ask questions. Needless to say, doctors really didn't want to write down all of that. So this is an example of one of the earlier strategies that was put in place to try and combat this poor compliance and it was a redesign of the A4 blood request form. It was introduced in late 2009 and as you can see in the requesting doctor section there, although it's in very small writing, the doctors were supposed to circle, yes, no or unable to consent the patient. It did make a difference for a short period of time but unfortunately it was not significant enough and the improvement was not sustained.

Also just to give you a bit more of an idea, this is one of our audits from 2011, this was from all of the request forms we looked at that year and as you can see it was over 600. And compliance just for filling out that little prompt in the requesting doctor's section was on average about 15%. This is one of the audits done in 2012 and this was the 35 medical records that we looked at, so for each of those patients we looked at the A4 blood request slip and the medical records. So only 20% of the blood request slips were filled out in that year and only 5.7% of medical records audited had documentation for informed consent. So as you can see we were really up against it with documentation.

In saying that, we were buoyed by the Department of Health's consent audit that we undertook last year. When we did go around for this audit we actually followed blood packs once they'd been dispensed from pathology to the bedside and discussed with those patients what did the doctor have to say to you with regards to your blood transfusion, did they outline the risks and benefits and all the rest of it. And in 80% of the cases they were satisfied with the information they received and they felt that they had the opportunity to consent yes or no to the transfusion. So we did take some solace in that.

So really, what were we going to do to improve our compliance with documentation? So despite that fact that we did have a fair amount of resistance to putting in place yet another consent form as most people looked at it, we did finally get there and this is one example of where the NSQH standards certainly did assist us with that. We also had two champions, we had the Chief Medical Officer of Eastern Health plus the chair of our Eastern Health Blood Transfusion Executive Advisory Committee to champion our cause and put this in place. So we did have working groups and it was a very difficult process getting a whole group of medical staff to agree on what should and should not be included in the form. So it was adapted from the template from the Department of Health but we did include a duration of consent, we allowed for the consent to be for an acute admission or for patients requiring an ongoing transfusion, having a section in there too, for risks of blood and blood products.

So there's a link there so medical staff could access information on risks to discuss with their patient, also where they should find the patient information brochures. And part of the discussion with the group of doctors was that they wanted to put in a specific risk section because that's what was included on our procedural consent forms. So the documentation of specific risks was for things like (11.26) or Transfusion-Associated Graph-Versus-Host disease. And our initial results have shown that that section is not filled out terribly well. It is an ongoing process though so we will be reviewing. So the consent for blood and

blood products implementation and roll out strategy, the implementation phase is to last between one and three months, we're right in the middle of it now. We needed the endorsement and approval from our blood committee, which we got of course. A memo was sent from the executive, in our case our chief medical officer to all staff advising that the implementation was taking place, it was advertised extensively and we have a Blood Matters intranet web page and also an Eastern Health intranet home page and it was advertised on both Eastern Health Weekly which is a hospital wide weekly newsletter, it's currently in there at the moment.

Staff pay slips, we have a section on all of our pay slips where you can request to have, as long as it's no more than 76 characters, a little sentence in there telling people that it's available. Education sessions were offered at each site both hospital wide and ward based and that's been a great uptake of that and myself and my transfusion nurse colleague, Janine, have been booked solidly for the next six weeks. We've been able to get into executive nurse unit managers and medical staff meetings and we've had to of course update all current resources, standards and practice guidelines. We are going to audit the compliance prior to and post implementation, so we have done the baseline audit.

Baseline audit has shown about a 25% compliance and that baseline was taken two days after the form was in place across the board, so it's already a terrific improvement. We're hoping that we'll see much more significant improvements after six and 12 weeks. These are some of the examples of our advertising campaign, so that's what was up on our Eastern Health home page, so that's Dr Maria Borisac on the left, our transfusion specialist and haematologist, myself and my transfusion nurse colleague Janine Carnell.

This is an educative poster that we put together so really to spell it out in the simplest possible terms how they're supposed to fill out the form and a few more explanatory notes. And also importantly where they were to find a refusal of treatment form. It was surprising to find out how many staff members didn't know where that was located. So some of the lessons that we've learnt from the development and implementation of the consent form, it's important to have a champion in a position of authority because whilst we'd been debating and talking about this consent form for many years we really needed that one person who had the clout to push this and get it over the line. The working group was really important for representations from high use clinical areas such as ICU, obstetrics, ED and haematology and oncology.

And that working group is still continuing to meet. So we've already had one meeting post implementation where we are going to refine and review the form, so there's been a few things like the specific risks. And also because it's just one A4 page that medical staff have requested that the risks of transfusion is printed on the back so it's very easy for them to just flip over and refer to that. Ensuring staff have access to resources, so make sure the patient information brochures, the risks and links to relevant websites are readily available. And education and advertising is vital. I'll leave that there for Linley. Thanks very much.