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Involvement of transfusion unit staff in the informed consent process



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ABSTRACT

Background and Objectives: Obtaining informed consent (IC) for a blood transfusion is an absolute requirement. In this study, we compared the depth of understanding of blood transfusion among patients with or without an explanation by the transfusion unit staff and evaluated the usefulness of this intervention in obtaining IC.

Materials and Methods: Expert staff from the transfusion unit started to provide patients with a basic explanation of blood transfusion (intervention group, n = 129). The efficacy of this strategy was assessed by comparison with explanation given by the primary doctors only (conventional group, n = 31). We performed a questionnaire survey to analyze the length of time spent providing information of blood transfusion and the depth of understanding of blood transfusion in the two groups.

Results: The median time in providing information in the conventional and intervention groups was 6 and 20 minutes, respectively ($P < 0.0001$). Patients in the intervention group had a better understanding of several key points on blood transfusion than those in the conventional group.

Conclusion: Our results show that expert staff from the transfusion unit should be involved in obtaining IC for a blood transfusion. Patients who were provided information by transfusion unit staff were more likely to have a better understanding of the risks and benefits of transfusion.

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1. Introduction

Blood transfusion is an important treatment during many surgical procedures and medical emergencies. However, blood transfusion carries the risk of transfusion transmitted infectious diseases, immunological reactions or transfusion malpractice [1–4]. Consequently, informed consent (IC) must be obtained before performing a blood

transfusion [5,6]. The American Association of Blood Banks (AABB) states that the minimum acceptable requirements for obtaining IC should include all of the following: (1) giving potential recipients information on risks, benefits and treatment alternatives, including non-treatment; (2) allowing a sufficient opportunity to ask questions; and (3) explaining that potential recipients have the right to accept or refuse transfusion [7]. This information should be provided in plain language with backup material [8,9].

Recently, there has been a shift in the focus of medicine with a trend toward patient-centered care with greater patient involvement in medical decision-making. As a result, the IC process has taken a more critical role in the patient–physician relationship, making the optimization

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Table 1
Demographic data on questionnaire respondents.

	Total (N = 160)		Conventional group (n = 31)		Intervention group (n = 129)		P value
	N (%)	Mean (SD)	n (%)	Mean (SD)	n (%)	Mean (SD)	
Gender							0.896
Male	59 (36.9)		12 (38.7)		47 (36.4)		
Female	80 (50.0)		17 (54.8)		63 (48.8)		
Unknown	21 (13.1)		2 (6.5)		19 (14.7)		
Age, years		62.2 (16.7)		66.2 (14.4)		61.2 (17.2)	0.140
Age group							0.650
<17	6 (3.8)		0		6 (4.7)		
18–49	19 (11.9)		6 (19.4)		13 (10.1)		
50–79	100 (62.5)		18 (58.1)		82 (63.6)		
>80	14 (8.8)		5 (16.1)		9 (7.0)		
Unknown	21 (13.1)		2 (6.5)		19 (14.7)		
Department							0.183
Surgery	91 (56.9)		17 (54.9)		74 (57.4)		
Medicine	27 (16.9)		7 (22.6)		20 (15.5)		
Other	26 (20.1)		5 (16.1)		21 (16.3)		
Unknown	16 (10.0)		2 (6.5)		14 (10.8)		

of the IC process more important than ever. Additionally, with the increase in the number and variety of medical procedures requiring IC, physicians have experienced an increased time commitment required by this process. In turn, as physicians are pressed for time, patients are all too frequently not provided the time for extensive explanations and for appropriate decision-making [10,11].

However, reports that focus on establishing methods to provide information before obtaining IC for a blood transfusion and educating medical staff on these methods have been scarce. We have recently started a new approach in which expert staff from the transfusion unit provides patients with a basic explanation of blood transfusion to improve their understanding of blood transfusion and lighten the workload of doctors in obtaining IC. In this study, we compared the depth of understanding among patients who did and did not receive an explanation on blood transfusion provided by transfusion unit staff and evaluated the usefulness of intervention by the transfusion unit in obtaining IC before blood transfusion.

2. Materials and methods

2.1. Changes in the number of patients given an explanation of blood transfusion by transfusion unit staff

In July 2010, a technician specializing in blood transfusion (transfusion unit staff member) began to provide patients with a basic explanation of blood transfusion. Doctors were encouraged to utilize this service via the Transfusion Therapy Committee and meetings held in each department providing treatment. For the period between July 2010 and March 2014, for each month we summarized the number of patients who received information from the transfusion unit, and determined the intervention rate

by dividing it by the total number of patients who subsequently received blood transfusion.

2.2. Comparison of the length of time for explanation of blood transfusion between discussions performed by transfusion unit staff and IC performed by a doctor

Study patients were those who had provided IC before a subsequent blood transfusion and agreed to collaborate with this study. Tables 1 and 2 show the demographic data on questionnaire respondents and the contents of questionnaire, respectively. The length of time required for an explanation of blood transfusion was retrospectively analyzed and compared between patients whose explanation was conventionally given only by a doctor (conventional group, n = 27) and that given by transfusion unit staff before a disease-specific explanation by a doctor (intervention group, n = 120). There were 4 and 9 patients from the respective groups who responded to the questionnaire but could not remember the length of time. Patients reported the length of time in a questionnaire survey after the blood transfusion and just before leaving hospital. Both doctors and transfusion unit staff knew that this survey would be conducted.

2.3. Comparison of the utilization rate of testing for transfusion-transmitted infections

In Japan, we must inform patients that they can receive a screening test for transfusion-transmitted infections two or three months after a blood transfusion [12]. The utilization rate of the screening test is considered to reflect the depth of understanding of blood transfusions. To estimate the depth of understanding of blood transfusion, we calculated the utilization rate of the screening test in patients who were transfused between April 2010 and March 2014.

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