

Blood Refuser Referrals and Their Outcome: How Well Are We Doing at St. George's?

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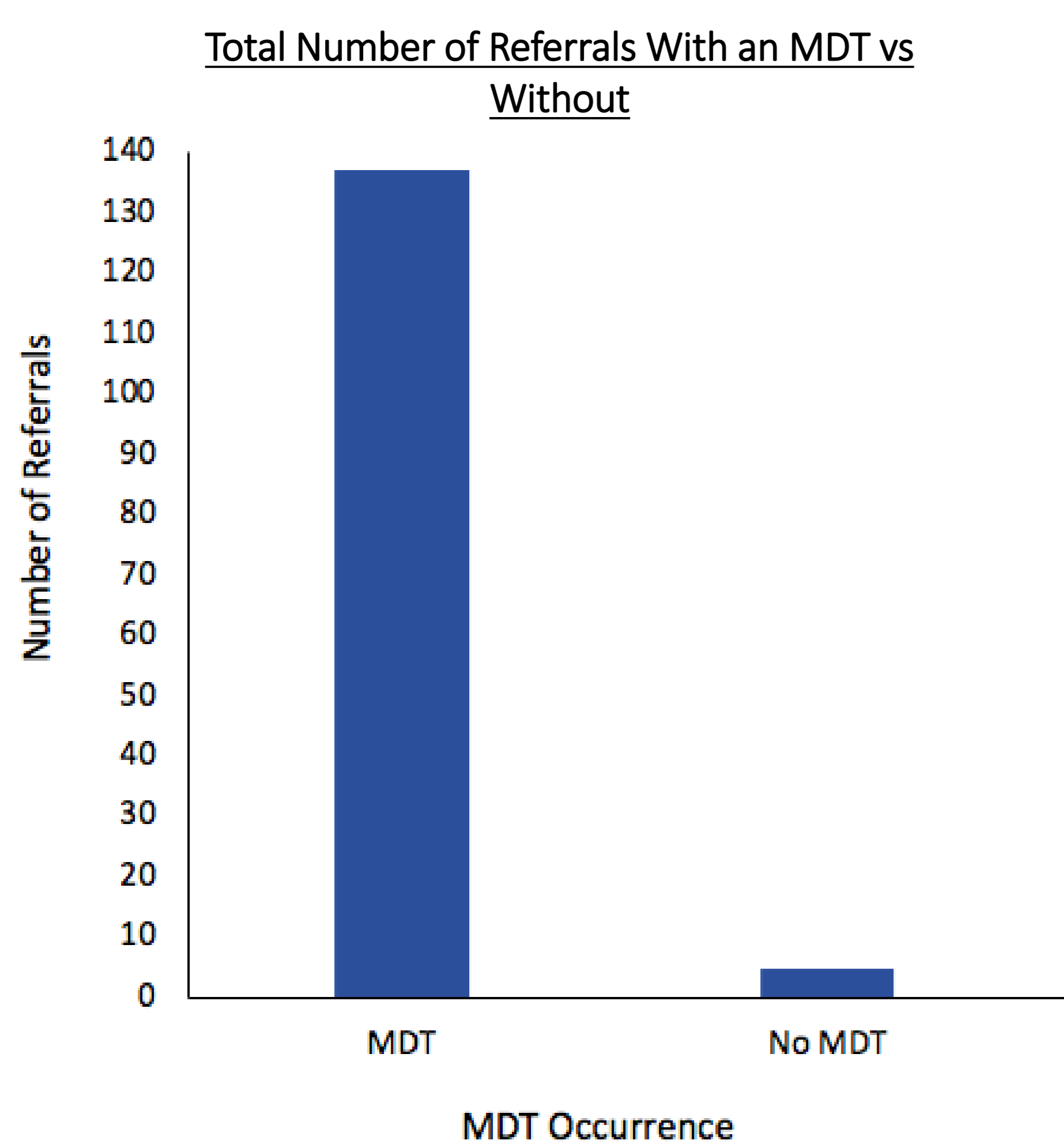
Introduction

- Hospital policy at St. George's states that any patients who refuse blood and/or blood products and are pregnant/ awaiting surgery or require treatment that is typically associated with transfusion support must be referred to a multidisciplinary team (MDT) to determine a care plan in the event of blood loss.
- This MDT should take place at least 3 weeks before the procedure and must involve a surgeon, anaesthetist, haematologist or transfusion practitioner and the patient.
- This study aims to:
 - Review blood refuser referrals from St. George's Hospital between 2017-2018 to assess whether the MDT took place at the appropriate time.
 - Determine the number of cases in which a patient did not have an MDT but a surgical procedure took place.

Methods & Standard Audited

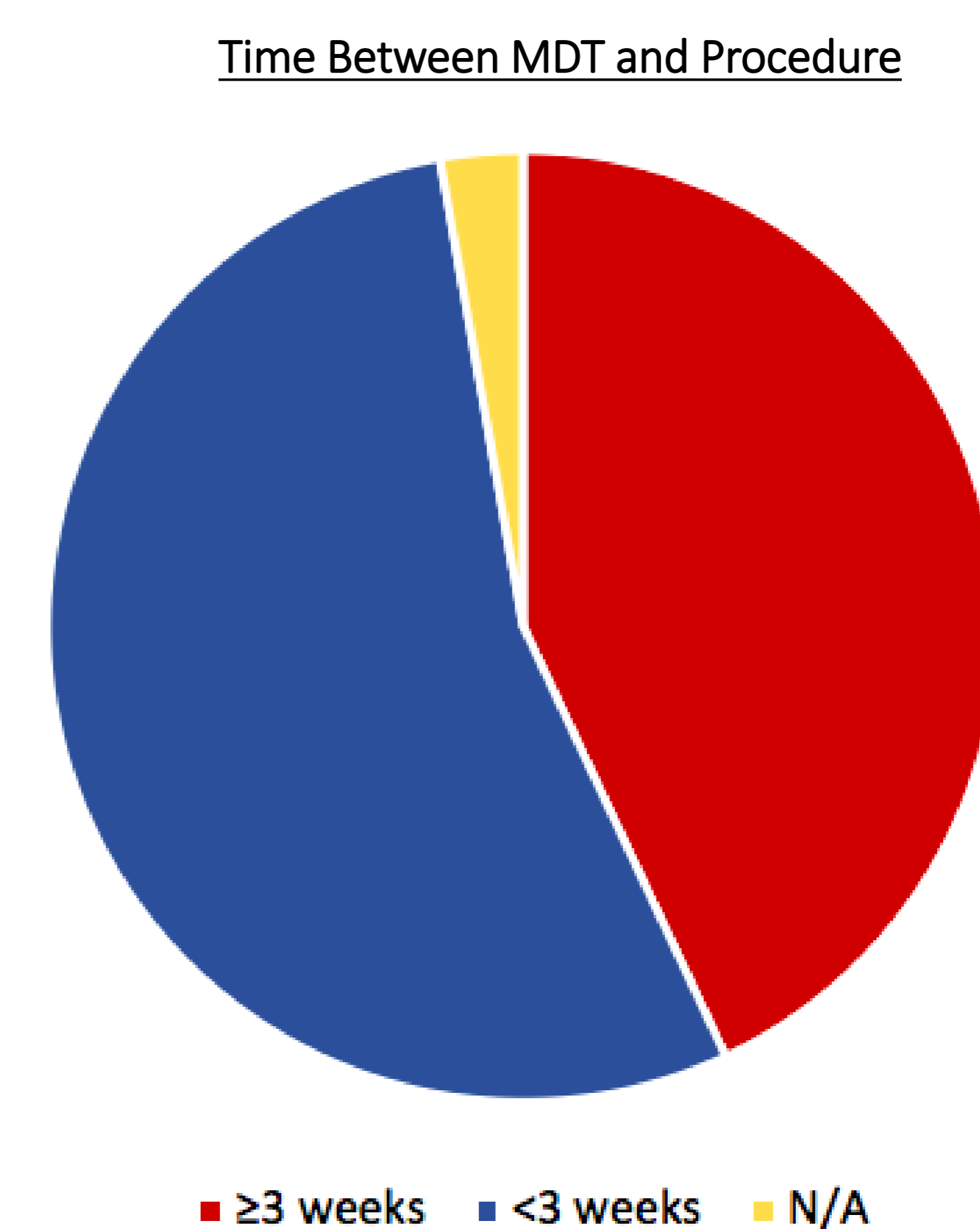
- All patients who had a blood refuser referral between 2017-18 were included in this study.
- Scanned referral forms were used to gather data from patients who had attended an MDT meeting and subsequently underwent a procedure.
- Electronic Patient Records were used to identify patients who underwent a surgical procedure but did not have a prior MDT meeting.
- The standards audited were taken from:
 - St George's Hospital - Policy for the Clinical Management of Patients Who Refuse Blood Transfusion (including Jehovah's Witnesses)
 - St George's Hospital - Transfusion Policy.

Total Referrals in 2017-18



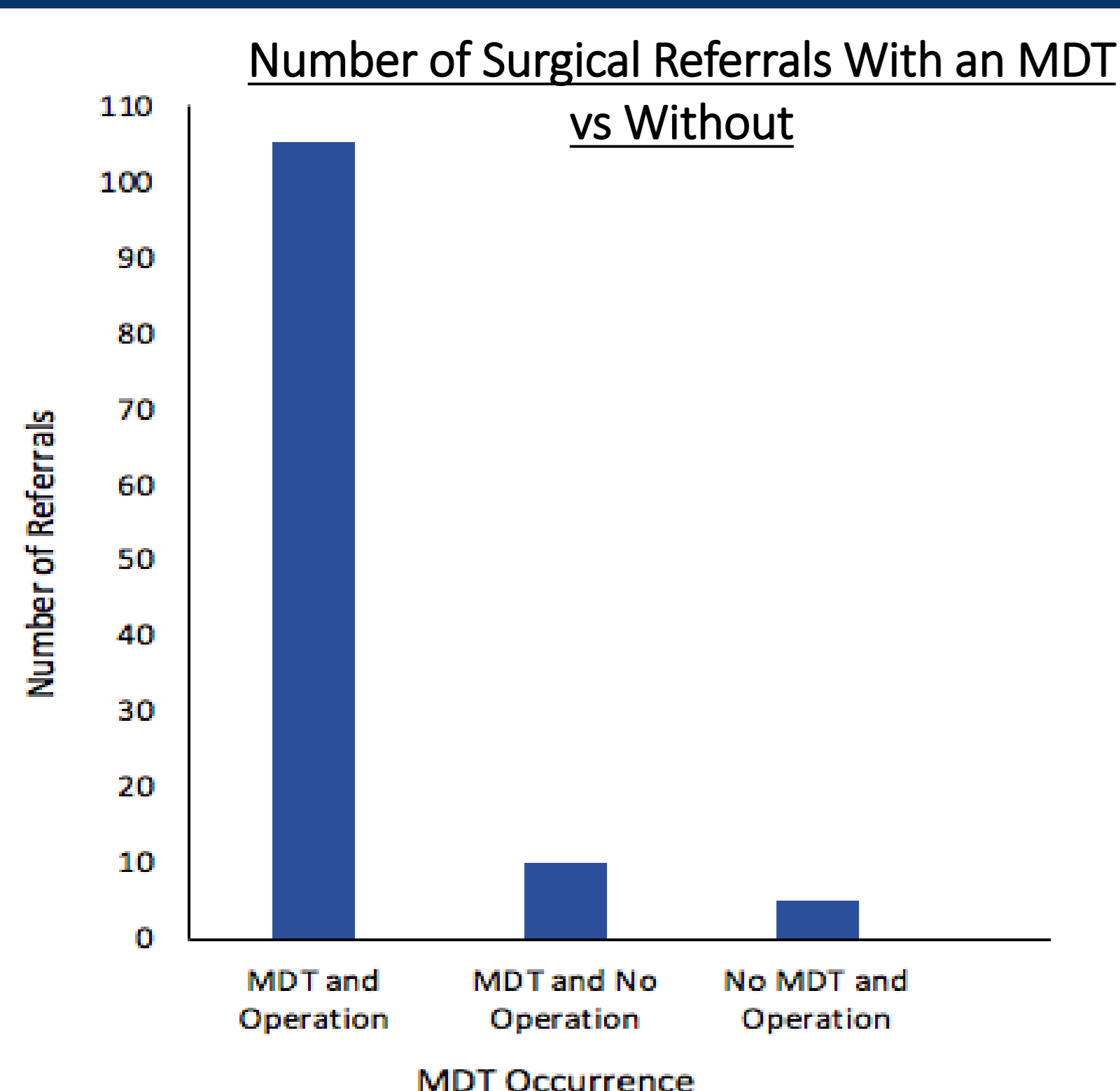
- Between 2017-2018 there were **142** referrals to the blood refuser MDT.
- Of these referrals, **137** had an MDT whereas **5** patients did not.
- In total, there were **22** medical referrals and **120** surgical referrals.
- Surgical referrals include pre-birth plans in the event of an emergency caesarean section. Obstetric referrals accounted for **23** of these surgical referrals.

Time Between MDT and Operation

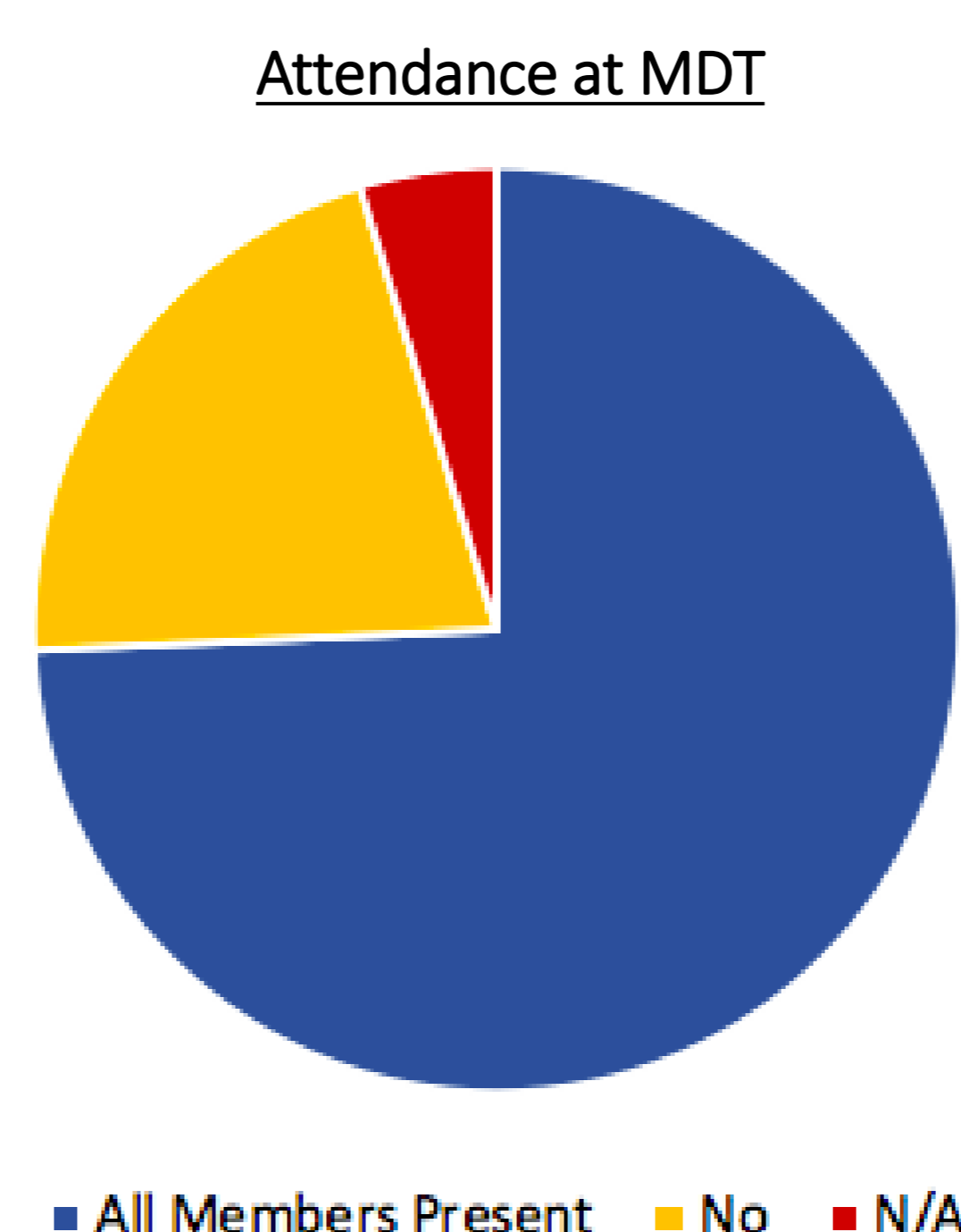


- Of the 105 surgical referrals that had an MDT, only **40%** (42 referrals) had an MDT ≥3 weeks before the procedure.
- The date of the MDT was not recorded for **3%** (3 referrals) of the referrals.
- Approximately **57%** (60 referrals) of referrals occurred less than 3 weeks before the subsequent procedure. However, **9** of these referrals were emergency cases.

Surgical Referrals 2017-18



- Of the 120 surgical referrals, **105** patients (88%) both attended an MDT and underwent an operation.
- In 2017-18, **5** patients underwent an operation despite not having an MDT. For the remaining **15** referrals, the operation was cancelled.



- Out of the 105 surgical patients who received an MDT and operation, all members were present for **74%** (78) of the meetings.
- Absent members were noted in **21%** (22) MDTs, of which the commonest absentee was an anaesthetist (absent for 18% of all surgical MDTs).
- In **5%** (5) MDTs, the members present were not recorded.

Conclusions and Discussion

- St George's deals with a high volume of MDT referrals for blood transfusion refusers, these referrals are mostly surgical.
- For surgical referrals between 2017-18, only 5 operations went ahead despite not having an MDT. However, around 57% of referrals had an MDT that took place less than 3 weeks before the operation and absent members of staff were noted in 21% of cases. Although some cases were emergencies and may partly account for absent members/ MDTs occurring within 3 weeks, this highlights a lack of adherence to trust policy perhaps arising from a lack of awareness regarding transfusion guidelines at St. George's.

Actions

- All departments should be reminded of the blood transfusion refuser policy.
- Ensure the outcome and all details of the MDT is clearly documented.
- Re-audit in January 2020