Improving the Blood Product Administration Process at HCA Florida Osceola Hospital

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Background

- The pathology department has noticed partial compliance in obtaining complete written informed consent for blood product transfusion prior to non-emergent transfusions.
- We have also noticed some misconceptions amongst our peers regarding the need for physician signature on the consent form.
- Consent for treatment is a required ethical principle, and patient understanding of their own treatment empowers them. Non-compliance with obtaining written informed consent violates the principle of autonomy and non-maleficence and increases the possibility of litigation and financial risk to the hospital should an adverse outcome occur.

Problem Statement

- Some patients on the GME inpatient medicine service receive blood product transfusions without a fully completed and signed blood transfusion consent in the chart. This is a safety, regulatory, and patient autonomy concern. Typically, those forms are missing the physician signature, but do have a signature by the patient or proxy.
- There are delays in transfusions and inconsistencies with orders due to an improper process with ordering transfusions and missing nursing orders to transfuse.
- **Aim Statement:** Improve the number of nonemergent blood product transfusions that have a proper and fully signed consent in the paper chart to 80% by May 1, 2024.

Method

- We started with creating a process map through interviewing nurses, residents, and blood bank to better understand the process, find each stakeholder's role, and identify areas of improvement.
- A retrospective review of electronic medical records and physical charts was done in March and June of 2023.
- We surveyed residents in April 2023 to evaluate the residents' understanding of the process of blood transfusion in the hospital.
- After identifying areas of improvement and based on the results of the survey we employed several interventions including education sessions to explain the current process of transfusion of blood products in the hospital with emphasis on the role of the physician in the process.
- Residents were surveyed again in August 2023 to evaluate responses to intervention.

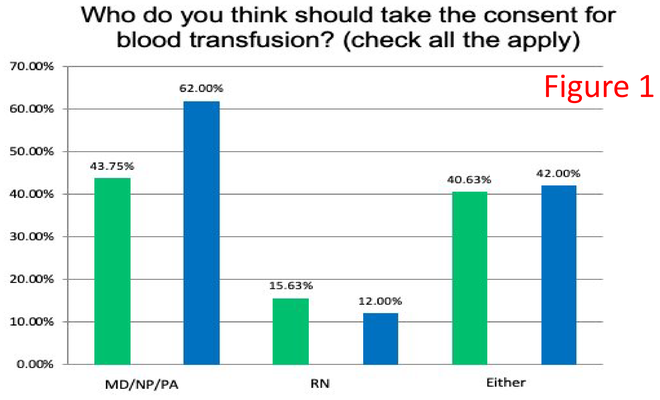

Figure 1

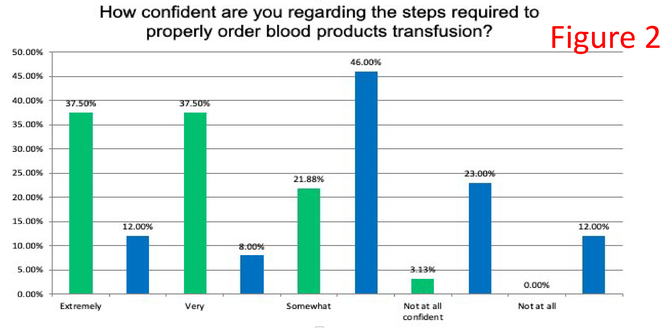

Figure 2

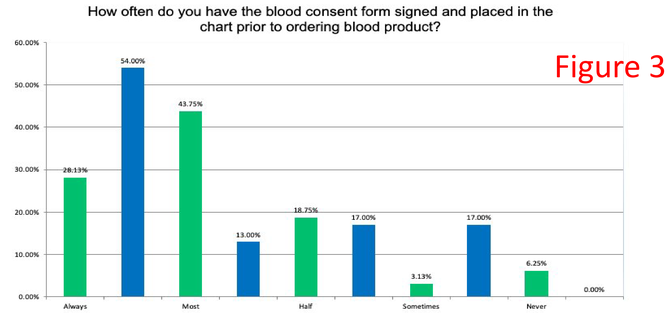

Figure 3

Analysis and Results

- Our initial chart review revealed that only 25% of the charts had properly filled out blood consent forms, including all required signatures.
- The results of the resident surveys in April 2023 and August 2023 were compared and summarized in Figures 1,2,3
- Root cause analysis and areas of improvement identified through the process map, resident surveys, and interventions suggested or implemented are described in Table 1.

Root cause	Counter-measurment	Results
Complex order system	Changes in EMR	Limitation in changing EMR
Convoluted consent form	Design simplified form	Designed, pending approval
Lack of the understanding of the process	Education to residents and nursing staff	
Lack of easy access to consent form	Design the Transfusion Station	

Table 1: Root Cause Analysis

Discussion

- A properly filled and understood consent is important and pertains to the patient's principle of autonomy.
- Our data suggested that although blood consents are present on the charts, they are often not properly and completely filled.
- Non-compliance with obtaining written informed consent violates the principle of autonomy and non-maleficence and increases the possibility of litigation and financial risk to the hospital should an adverse outcome occur.
- After identifying the problem, process, and areas of improvement, this problem was addressed as below :
  - Re-design a simplified consent form to replace the previously complex form.
  - Multiple education sessions, reminders, and broadcasts to educate residents and nurses regarding the process.
  - Providing easy access to consent forms in the work area.
- Limitations:
  - Challenges with access to data.
  - Inability to have electronic consent forms available instead of physical forms.
  - Inability to change the Electrical Medical Record.

This research was supported (in whole or in part) by HCA Healthcare and/or an HCA Healthcare affiliated entity. The views expressed in this publication represent those of the author(s) and do not necessarily represent the official views of HCA Healthcare or any of its affiliated entities.