

Problem Statement

- The volume of blood consent fallouts was noted to be a chronic issue with lack of traction in driving best practice for consent compliance.
- Difficult to measure effectiveness of the established workflow for notifying stakeholders of fallouts via incident reporting system as acknowledgement and feedback were not required.
- Quality Measure: Informed consent compliance for patients with blood transfusion events in alignment with *Policy CP3-115 Administration of Blood Products*.
- Goal: to create a robust workflow in partnership with Multidisciplinary team of stakeholders to improve Blood Consent compliance by engaging frontline staff.

Methods

- To address the increasing non-compliance of blood consents the following specific goals were structured and implemented:



Created a Multidisciplinary team consisting of Nursing and Clinical leaders, Quality Specialists, Data Abstractors and Health Information Management team (HIM).



Utilized Plan-Do-Check-Act (PDCA) process to identify gaps and provide an in-depth analysis of the fallouts.



Quality Specialist held 1:1 meetings for fallout reviews; email notification with drilldown information.



Monthly meetings held with stake holders to increase engagement. Bimonthly data presentation in Blood Transfusion Committee.

Implementation



Multidisciplinary team initiated new workflow to address source of fallouts: missing elements and missing consents.



HIM team initiated new workflow to ensure blood consents scanned into record.



Quality Specialist provided monthly fallout data to Nursing and Clinic Leadership to promote timely staff education and engagement.



Ongoing education re: consent compliance via web-based learning platform and Nursing Department huddles.



Ambulatory Nursing Leaders implemented real time chart audits to ensure blood transfusion consent compliance

Pre-Results

Figure 1: KH Baseline-Represents 3Q-20 to 4Q-20 Compliance of 92% baseline with aim to improve at least 5 pts by end of CY 2021

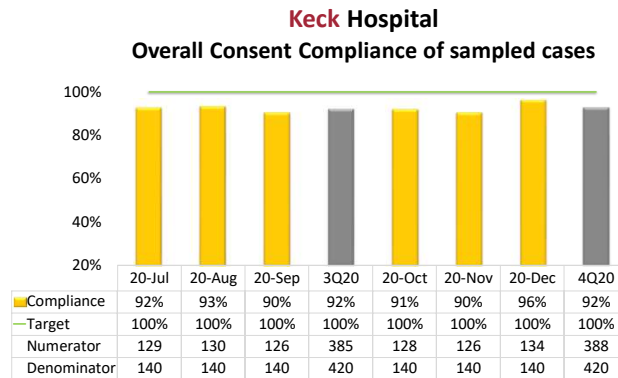
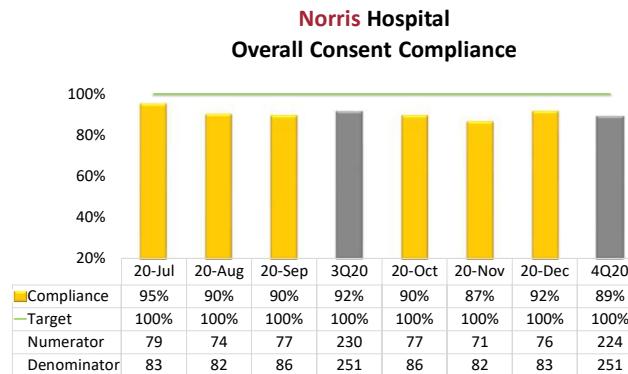


Figure 2: Norris Hospital Baseline-Represents 3Q-20 to 4Q-20 Compliance of 92% baseline with aim to improve at least 5 pts by end of CY 2021.



Post-Results

Figure 3: Keck Hospital CY 2021 performance of 97%-increased of 5 pts from Baseline of 92%.

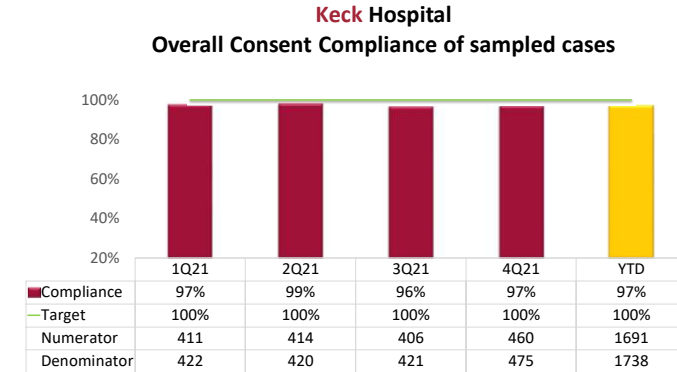
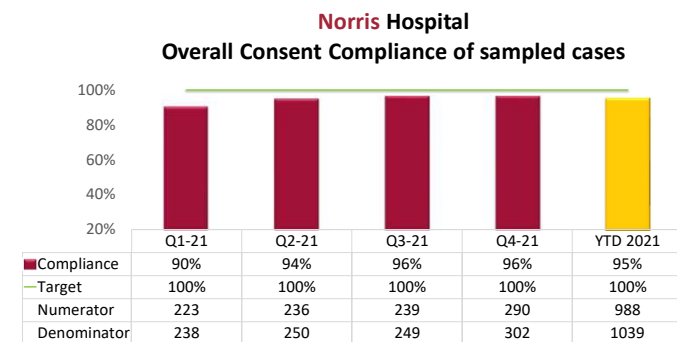


Figure 4: Norris Hospital CY 2021 performance of 95%-increased of 3 pts from Baseline of 92%.



**Nursing Staff
Engagement to
Improve
Transfusion
Consents**

Conclusions and Next Steps

- Blood consent compliance rates were noted to have an overall improvement for both facilities after the initiation of the new workflow engaging frontline staff.
- Quality Specialist connected with Department Leaders to facilitate timely communication of fallout details which resulted in an increased engagement of frontline staff.
- Migrating to Electronic Blood Transfusion Consents Jan 2022; compliance will continue to be monitored and reported to the team.
- Goal for CY 2022 is 98% compliance.