1. AIM: To assess and improve compliance to documentation during blood transfusion.

2. BACKGROUND:

SAFE BLOOD ADMINISTRATION GUIDELINES *(BCSH: British Committee For Standards In Haematology)* states that documentation in clinical records should entail:

- Pre-transfusion documentation:
  - Reason (clinical and laboratory data).
  - Summary of information (leaflet) and consent.
- Post-transfusion documentation:
  - If transfusion achieved desired outcome (improvement in symptoms, haemoglobin increment).

Advisory Committee on Safety of Blood Tissues and Organs (SaBTO) also emphasizes on:

- Valid consent to be obtained and documented
- Use of standardised source of information/leaflets

3. METHODOLOGY:

A prospective audit was carried out on 50 clinical records of patients receiving blood transfusion in orthopaedic wards over a period of three months. Data was collected from blood transfusion form (FIGURE 1) and medical notes.

Variables measured

- Pre-transfusion haemoglobin/reason for transfusion
- Post-transfusion haemoglobin/improvement
- Consent
- Leaflet

Results were distributed through department meeting and outcome following changes made was measured through re-audit cycle.

4. CHANGES MADE:

- Education of junior doctors regarding the importance of documentation of blood transfusion.
- Dissemination of results at department meeting, hospital transfusion committee and wards to inculcate a multidisciplinary approach.
- Introduction and reinforcement of consent stickers (FIGURE 2) to prompt changes in practice

5. RESULTS:

- Marked improvement in documentation across all variables measured was observed in the re-audit cycle especially in leaflet provision and documentation of pre-transfusion haemoglobin (CHART 1).
- The practice in documentation of indication and consent was significantly better in the QA hospital compared to national comparative audit (CHART 2).
- Significant improvement in provision of leaflets to patients.

6. LESSONS LEARNT:

- To start with small samples and identify stakeholders early.
- Recognising that improvement in practice is a slow and steady process requiring repeated cycles.

7. NEXT STEPS:

- Continue to reinforce consent stickers and provision of patient leaflets.
- Promote engagement of multidisciplinary team to improve the practice.
- Extending practice to outpatient department to target poor compliance in consent and leaflet provision.