

Patient Descriptions of Receiving a Blood Transfusion

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Why Patient Descriptions

- HCUPS (2008)
- Time consuming approx 1.25 nursing hours.
- It's Expensive.
- It's a common procedure.
- Are nurses meeting the needs of patients receiving transfusions?
- What are nurses doing well and what are the areas for improvement?

Review of the Literature

- Found no US studies on this topic, only one in Australia
- Lee et al in 2003 compared patient perspectives with physician perspectives
- Canadian study by Whitaker et al that studied blood donor deferment
- 2003 French Study by Fillion that followed a French Scandal

Fitzgerald, Hodgkinson & Thorp (1999) Study

- Purpose- “rich” patient descriptions of preparing for and receiving blood transfusion
- Themes- a) information
 - b) physical & emotional
 - c) care & treatment
- Nursing impact- search for most efficient & effective means of care

Findings of the Fitzgerald Study

- Medical staff first to tell
- Nurses explain as going along
- Little time to discuss or ask questions
- Patients level of understanding
- Not a stressful event

Patient Descriptions Purpose

- Describe how patients view transfusion
 - a) decision
 - b) information
 - c) consent
 - d) administration
- Use information to improve transfusion processes

Research Question

- “What is the perception of the transfusion experience of patients undergoing the treatment of blood transfusion?”

Methodology

- List from blood bank of transfused patients
- Patients chosen arbitrarily
- Interview conducted after consent was obtained approximately 24 hours post transfusion
- 21 interviews conducted

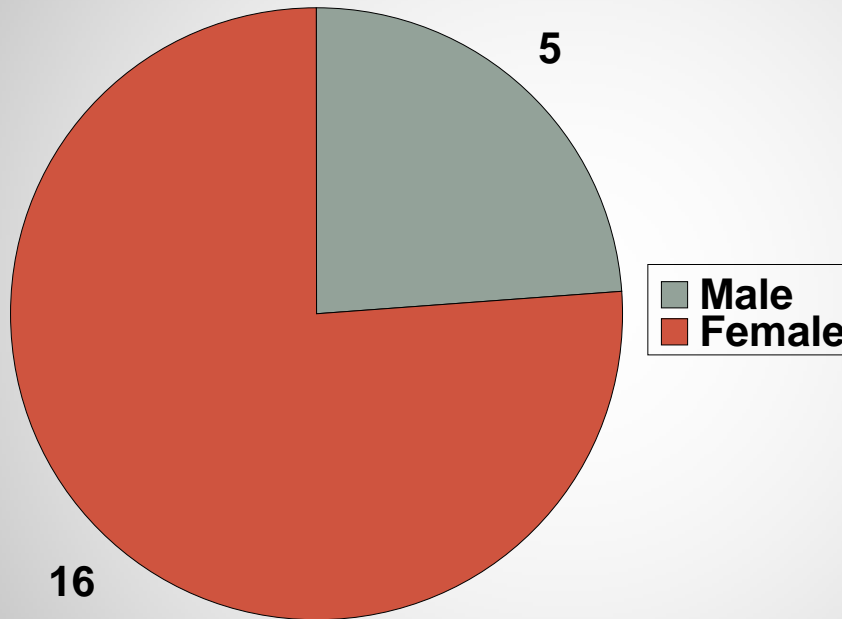
Data Collection

- Occurred in the patient hospital room.
- We used an open-ended interview technique.
- Semi-structured format.
- We planned for research bias by using a bracketing method.
- We interviewed patients until data saturation was reached.

Data Collection

- Chart review
- Data cataloged by RBC unit number
- Interview tapes transcribed
- Coded into like themes
- Verification of transcription

Patient Demographics



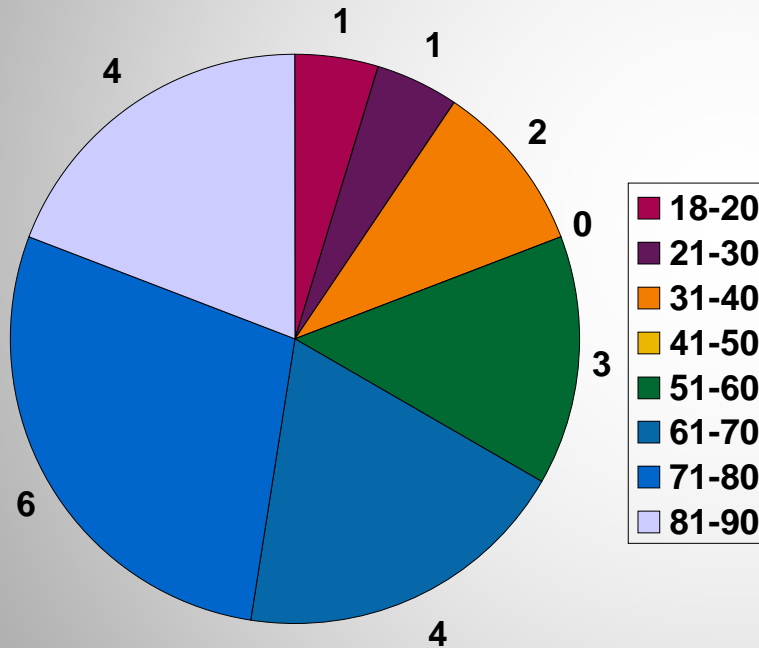
*19 patients were Caucasian

*1 Patient was African American

*1 Patient was Hispanic

Patient Demographics

Age distribution of sample size.



Patient Demographics

Reason for Transfusion	Number of Patients in Study
Anemia due to GI Bleed	4
Anemia due to gastric Ulcer	1
Anemia due to CABG	3
Anemia due to Chronic Renal Failure	1
Anemia due to Vaginal Bleeding	1
Anemia due to acute diastolic CHF	1
Anemia due to leukemia	1
Anemia, unknown origin	2
Hysterectomy	2
Cervical cancer	1
Colon Cancer	1
Breast cancer	3

Findings

- Four general categories:
 - a). Paternalism and decision making
 - b). Patient knowledge
 - c). Perception of safety and administration
 - d). Nurses role

Paternalism

- “I took their word that it [blood transfusion] was necessary”. “There is no question, the doctor says you need it... you need it”
- “The doctor just told me about it [blood transfusion] and we went with it.”

Paternalism (2)

- “I trusted that the doctors were doing what they were supposed to do, what needed to be done. I didn’t question the fact of them having to do it or the whole process in general. I was just at least happy that they were able to do it and they did”.
- ...two doctors conferenced and made the decision that I should have blood transfusions” “..if I didn’t really need it, they wouldn’t have said I did...”.

Patient Knowledge

- “They did give me a pamphlet about blood transfusions”. *Patient had a friend read the brochure.* “...she read a few things out loud to me so I understood what it was”
- *Patient asked if given a brochure or information.* “they just came in and said you’re getting a blood transfusion. Yeah, yeah, it was kinda fast”.

Patient Knowledge (2)

- “I just had to write a consent, or sign a consent”.
- “I think it was a talk with the nurse and brochure. I think that was it”.
- ...I got a pamphlet here that they gave me to read” *Asked if patient read it.* “No, I did not...just didn’t feel like it”.

Perception of Safety & Administration

- “I would imagine that that’s pretty much, you know, they filter it out for a lot... I suppose you can’t be 100% sure, but it’s certainly got better.”
- “there’s a lot of concerns about getting a blood transfusion nowadays because of AIDS and Hepatitis C and disease like that.”
- “I had a lot of worries because...they could have the disease...and that’s what the paper [patient brochure] says about risks and I was worried about it.”

Perception of Safety & Administration (2)

- “but the blood is pretty purely...really cleaned off” “...after all the things you hear...I didn’t express the worry, but... I think about it a little bit.”
- “I appreciate the check list, the comparing to my name tag, having 2 people do that, that was reassuring to make sure I was getting the correct blood. It just relaxed me. I wasn’t nervous about it beforehand, but it certainly added to the experience in a positive way”

Role of the Nurse

- “She [the nurse] I remember her telling me about the itching and things like that.”
- *Interviewer asks patient who told her she needed a transfusion* “After having labwork done I was shopping and walking around for 5 hours. I got a call from the doctor’s office and it was the nurse. She told me to report to the hospital ED right away to be evaluated. My hemoglobin was 5.2. It was the nurse on the floor who said I need a transfusion.”

Role of the Nurse (2)

- *Interviewer asks patient about the blood administration process* “She [the nurse] just hooked it up to my IV and it went so smooth, just so smooth. I had never been given blood before, and all the things you hear made me panic. I didn’t express the worry but she did it so good it was no big deal.”
- “I asked if I really needed two bags. The nurse said to do the first one and to see how I feel. The nurse asked me if it was as bad as I thought it would be, and it wasn’t. So she asked if I would like the second unit and I said sure, let’s do it!”

Implications for Practice

- Nurses were the primary advisors
- Shared decision-making
- Informed consent process
- Blood Management
- Checking-in
- Following hospital policy

Limitations

- Sample size
- Patient demographics
- Single site

Future research

- Gaps in transfusion knowledge
- Patient awareness of type & screen
- International studies on shared decision making or cultural attitudes about blood transfusion
- Can duplicate with other procedures

Thank You!

Q & A