Exploring User Engagement During a Remote Consent Pilot at Moorfields Eye Hospital

Sharmananthan Ganesananthan[1], Rishi Ramessur[2] , Jeremy Chan[3], Claire Lovegrove[2], Hira Rana[2], Safwana Abdulrasid[2], Peter Thomas[2], Pei-Fen Lin[2], Swan Kang[2]

[1] University College London Medical School [2] Moorfields Eye Hospital [3] Queen Mary and Bart's University

INTRODUCTION

PROBLEM: Improved consent processes are needed due to:

1. Increases in remote patient encounters
2. Concerns regarding on-the-day consent detailed in the Paterson Inquiry
3. Trust-wide move towards carbon neutral paperless systems

AIM: We piloted a remote consent platform, Concentric, at Moorfields Eye Hospital

METHODOLOGY

1. Patients attending virtual and F2F appointments in Cataract and Oculoplastics Clinics
2. Given instructions and an email or text message link for home access to remote consent form for their intended procedure
3. Standard paper consent forms were available on the day of surgery for patients unable or unwilling to remotely consent
4. A 5-item questionnaire explored patient satisfaction and usability of the platform.

CONCLUSION

Remote consent platforms can complement virtual surgical pathways

Patients with worse visual acuity may be less likely to consent remotely

Strategies (e.g. text-to-speech functions) should be explored to mitigate this.

QUALITATIVE RESULTS

EASE OF USE

- 91%: "Very" or "Somewhat" easy to learn
- 88%: Able to consent remotely without issues

RECOMMENDATION

- 65%: Recommend to friend/family member

SATISFACTION

- 94%: "Very" or "Somewhat" satisfied with service

QUANTITATIVE RESULTS

PATIENT CHARACTERISTICS

1. 145 patients sent remote consent form
   - 63% Seen Virtually
   - 37% Seen Face-to-Face
2. Characteristics of patients consented remotely (n = 97)
   - Average Age: 59.8 years
   - 53% Male; 47% Female
3. Characteristic of patients who did not consent remotely (n = 48)
   - Average Age: 65.8 years
   - 37% Male; 61% Female; 25 Transgender

NO SIGNIFICANT DIFFERENCE IN AGE; p = 0.06

VISUAL ACUITY

0.3 LogMAR or worse in the better-seeing eye was associated with greater risk of not consenting remotely (RR 1.88, p=0.02; 95% CI 1.3–3.1).

OPERATION ATTENDANCE

- 70%: of those remotely consented proceeded to have operation
- 67%: of those who did not consent remotely proceeded to have operation