



Digitising consent: how effective use of IT systems can improve and standardise the consent process for elective gynaecological procedures.

Authors: Dr Stephanie Hasselder, Dr Helena Akter, Mr Harry Gibson, Ms Kiren Gill



INTRODUCTION

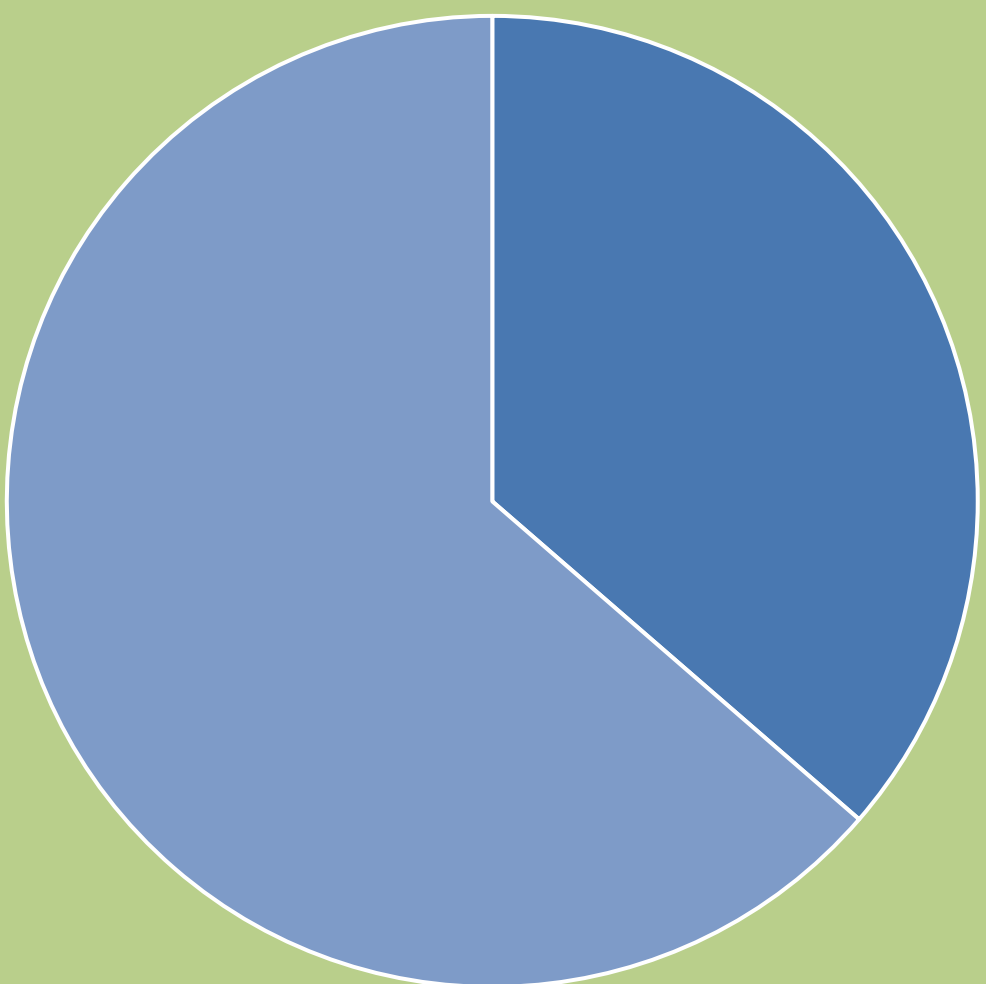
Every patient has the right to properly informed consent, and it is the clinician's job to present this in a personalised and understandable manner. This quality improvement project sought to investigate the quality of documented information provided when consenting patients for elective gynaecology procedures. The documented information was compared to NICE and RCOG two-step consent guidelines. A prospective audit was completed before the introduction of a digital template.

METHOD

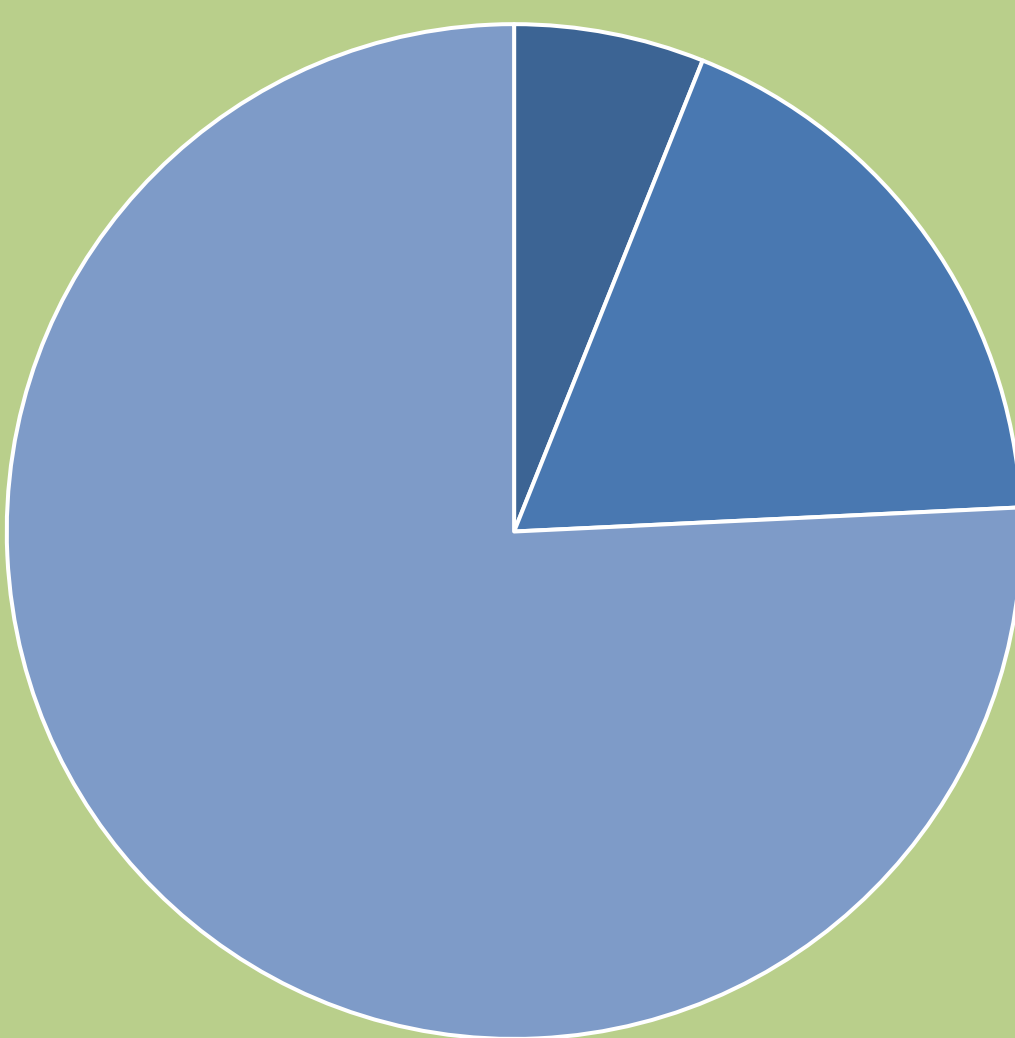
- Review of the notes of 33 patients undergoing elective gynaecological procedures.
- The quality of documentation was compared with RCOG guidelines.
- Each part of the consent process was marked 0 (information not provided), 1 (most information provided), or 2 (all information provided).
- A digital template will be implemented and the notes will be re-audited.

RESULTS

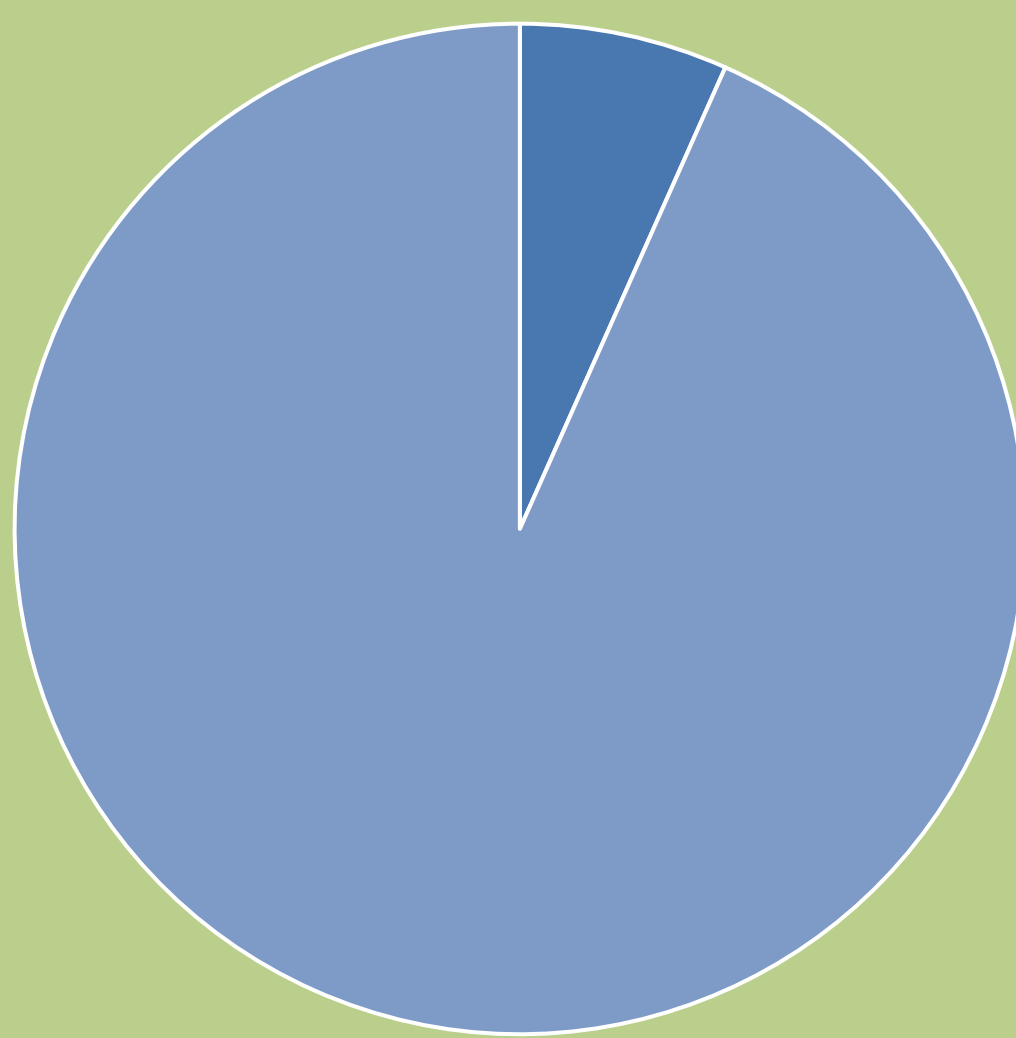
SERIOUS RISKS



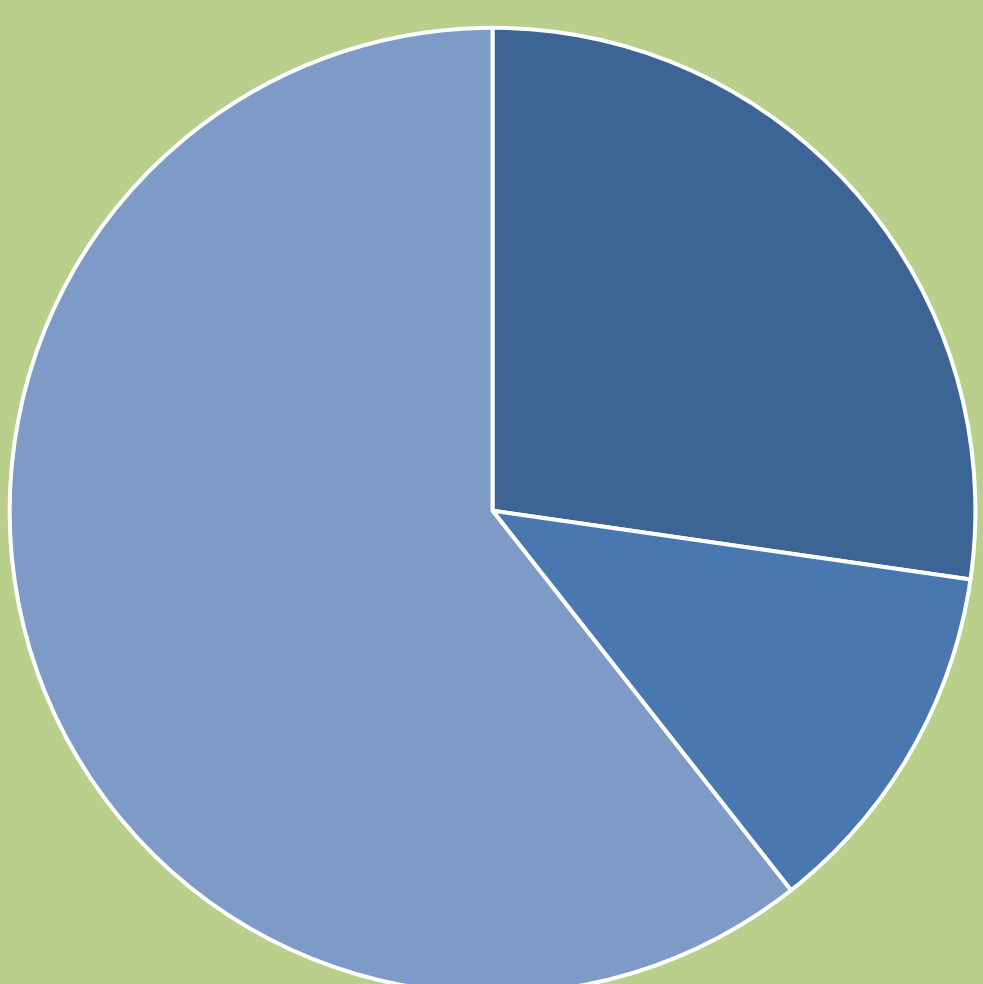
BENEFITS



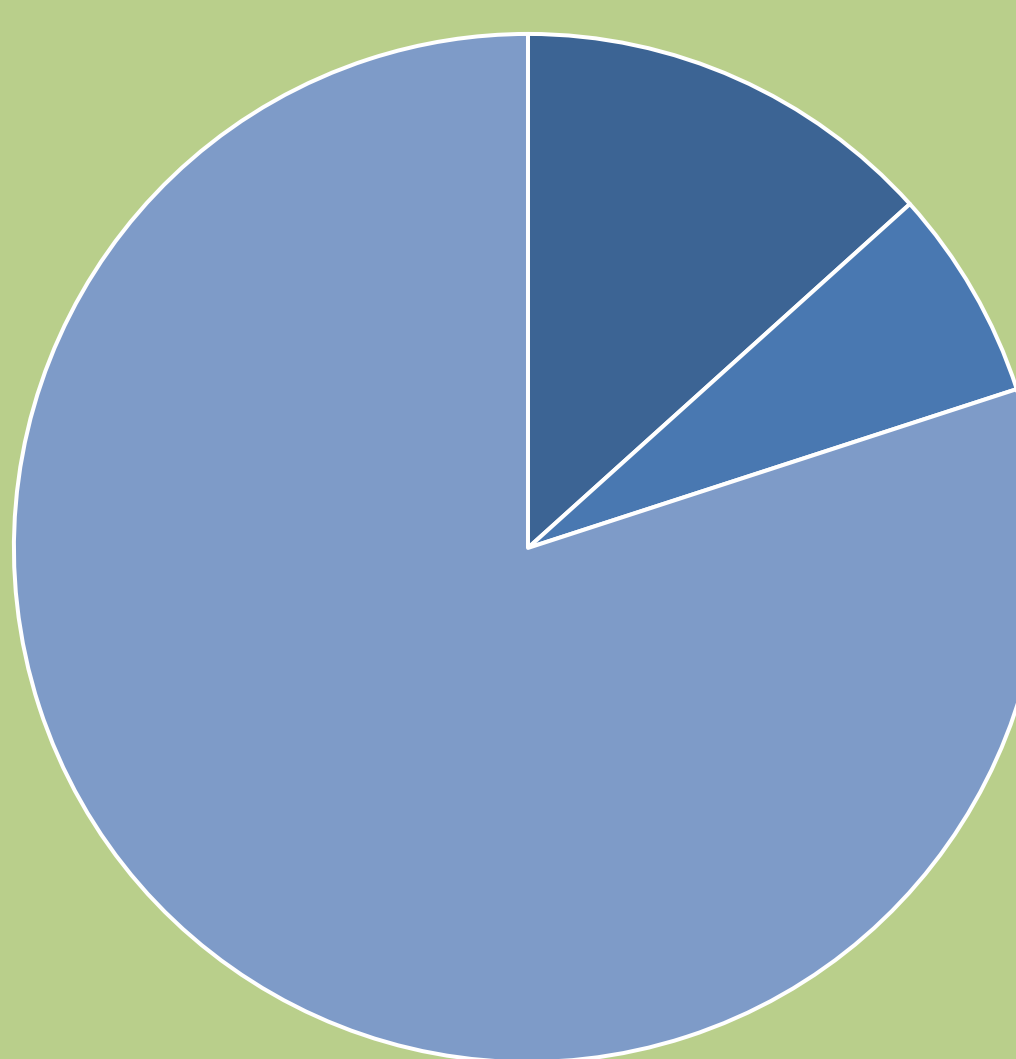
COMMON RISKS



FURTHER INFORMATION



PROCESS DISCUSSED



- information not provided
- most information provided
- all information provided

- Common risks were most often discussed comprehensively - 93%.
- Serious risks were fully provided 60% of the time.
- Intended benefits were comprehensively discussed 73% of the time.
- Only 56% of patients were noted to have received further written information about the procedure.
- 80% of the time, all information was provided about the procedure process.

OBJECTIVES/KEY QUESTIONS

1. What is the quality of the consent process for elective gynaecological procedures at the Whittington hospital?
2. Can digital templates improve documentation and communication of consent prior to elective gynaecological procedures?
3. Can digital templates standardise the consent process to RCOG guidelines?

CONCLUSION

The primary audit showed areas for improvement in the delivery and documentation of consent. This will be re-audited following introduction of a standardised consent template.

FURTHER WORK

Digitised templates have been introduced, stratified by patient risk and standardised to RCOG and NICE guidance. These will be used in the gynaecology clinic and sent to the patient in the form of a clinic letter. It is hoped that using technology can remove some inconsistencies in the consent process.