Evaluation of the informed consent procedures prior to patient bookings at Western District Health Service

Matthew Krypuy and Lena McCormack

Abstract
The aim of this study was to determine the compliance rate of medical officers in relation to obtaining informed consent from the consumer prior to a booking for elective surgery in the Western District Health Service, a regional hospital service in Western Victoria, Australia. Data on elective bookings was gathered from 1 February 2005 to 31 May 2005. Elective Request for Admission forms that did not incorporate the appropriate documentation were flagged and recorded on an Excel spreadsheet. In addition, elective theatre statistics were obtained from 1 February 2005 to 31 May 2005 from the Patient Administration System, to serve as the denominator for calculating the results. The results revealed that 19 Visiting Medical Officers (VMOs) performed a total of 1194 elective operations during the study timeframe, while throughout the bookings process, 66 patients presented with insufficient consent documentation. The percentage of patients admitted with documented informed consent prior to their booking was above 90 per cent within each month of the study and it was observed that the majority of VMOs who utilised the operating suite at Western District Health Service (WDHS) provided adequate information to their patients prior to their booking.

Keywords (MeSH):
Informed Consent; Elective Surgical Procedures; Informed Consent Forms; Patient Administration; Patient Admission; Medical Staff.

Introduction

Business context
Western District Health Service (WDHS) is located in the regional South West area of Victoria, approximately 300 kilometers from the Central Business District of Melbourne. It comprises three main campuses, Hamilton Base Hospital, Penshurst & District Hospital and Coleraine District Health, and aims to provide efficient and effective healthcare services within their designated catchment area.

The key business strategy is to ‘meet the health needs of the Residents of the Western District by delivering valued, high quality Primary Care, health promotion and illness prevention, Acute Care, Extended Care and Community Based Service’ (Western District Health Service 2003).

To effectively fulfill this strategy, numerous business processes are continuously monitored and evaluated to ensure that high quality services are maintained. Within the last year WDHS has adopted a continuous quality improvement system, which aims to maintain effective informed consent procedures for patients who are admitted electively for surgical treatment at the Hamilton Base Hospital Campus. This system further ensures that WDHS policy statements are complied with.

The following case study provides an overview of methodology of the system used and presents the initial results produced from the first study undertaken in July 2005.
Case studies

Informed consent at WDHS, Hamilton Base Hospital

Consent to elective surgical treatment is a significant aspect of consumer rights and responsibilities. Consumers are entitled to make informed decisions about surgical treatment based on the information provided to them. In all cases, the provision of this type of information is the duty of the attending medical officer, who should explain all the possible hazards, complications and expected or unexpected results of the particular procedure (Bird 2005).

Evidence of informed consent is a necessity as it ensures consumers have exercised their rights and responsibilities and are aware of the risks associated with the provision of medical treatment and procedures. It further manages and prevents the risk of medical negligence claims for ‘failure to warn’ and constitutes good medical practice (National Health and Medical Research Council 2004).

As outlined in the Admission and Discharge policy (A-6) of Western District Health Service (2004), ‘all planned admission requests shall be notified by the Visiting Medical Officer (VMO) in writing’ (p. 2). This entails documentation of the planned procedure and written consent by the patient.

The process for obtaining informed consent to elective medical treatment or procedures from a patient at WDHS is undertaken on the Request for Admission form (MR006). Medical officers are required to document the planned medical treatment or procedure and once the concepts and risks have been explained, the patient’s signature is required on MR006 to acknowledge that informed consent has been sought and given. The completed Request for Admission forms are then forwarded to the Bookings office to facilitate theatre scheduling times.

Aim of the study

The aim of this study is to determine the compliance rate of medical officers in relation to obtaining informed consent from the patient prior to a booking for elective surgery.

Methodology

Data on elective bookings were gathered from the 1 February 2005 to 31 May 2005. Elective Request for Admission forms that did not entail the appropriate documentation were flagged and recorded on an Excel spreadsheet. Each patient’s admission date and attending VMO were further recorded. The criteria applied to flag such cases related to the documentation of the planned procedure by the VMO and evidence of the patient’s signature. The absence of either element on the Request for Admission form indicated that the informed consent process did not occur due to insufficient supporting documentation on the Request for Admission forms received during the patient’s booking.

In addition, elective theatre statistics were obtained from 1 February 2005 to 31 May 2005 from the Patient Administration System to determine VMO compliance rates with the informed consent process for elective theatre cases and the following formula was applied:

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\text{Percentage of elective theatre patients admitted with informed consent prior to bookings} = \frac{\text{Number of elective patients admitted during the period without documentation of informed consent prior to booking}}{\text{Number of elective patients admitted during the period}} \times 100\%
\]

Results and discussion

Nineteen VMOs performed a total of 1194 elective operations during the study timeframe while throughout the bookings process, 66 patients presented with insufficient consent documentation.

Figure 1 displays the overall percentage of elective theatre patients admitted with informed consent prior to their booking. The results reveal that the compliance rate gradually declined over the four-month period and increased slightly in the last month of the study.

Figure 1: Percentage of elective theatre patients admitted with informed consent obtained prior to bookings

<table>
<thead>
<tr>
<th>Month</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb-05</td>
<td>98.51</td>
</tr>
<tr>
<td>Mar-05</td>
<td>93.94</td>
</tr>
<tr>
<td>Apr-05</td>
<td>91.30</td>
</tr>
<tr>
<td>May-05</td>
<td>96.03</td>
</tr>
</tbody>
</table>
In February 2005, the elective separation rate was substantially lower than in the following three months, which may have influenced the results by decreasing the denominator size. Alternatively the elective separation rate in May 2005 provided a greater sample to increase the compliance rate in relation to obtaining informed consent from patients prior to their booking. Although there were nine more separations in April than in February, the percentage of patients admitted with informed consent prior to their booking dropped from 98.51 per cent in February to 91.30 per cent in April.

A further influencing variable of the overall compliance rate was the individual compliance rates of each VMO. Ineffective documentation by one VMO can dramatically affect the overall informed consent compliance rate.

Figure 3 represents the compliance rate for each VMO in relation to obtaining informed consent from their patients prior to an elective booking. These statistics represent the accumulative total of elective patients admitted during the period 1 February 2005 to 31 May 2005 for each VMO.

There were 19 VMOs utilising the operating suite at Western District Health Service during the study period. Seven VMOs achieved 100 per cent compliance with informed consent procedures, with all Request for Admission forms completed for their patients prior to an elective booking. Other VMOs achieved compliance rates ranging from 73 per cent to 98 per cent with the exception of two VMOs whose low compliance rates caused the substantial decrease in the overall compliance rate in the month of April 2005 (see figure 1).

Figure 4 provides a numeric analysis of the compliance rate with the informed consent process prior to patient booking. Although VMO14 achieved a compliance rate of 11.1 per cent, the number of patients who did not have sufficiently documented request for admission forms was identical to VMO17, both non-compliant on eight occasions. This result suggests that the VMOs with a smaller proportion of elective cases have a higher risk of obtaining lower compliance rates in relation to the informed patient consent process at WDHS.
Conclusion
The evaluation of the informed patient consent process prior to bookings at WDHS revealed that there was a good degree of doctor-patient communication occurring when planning for a surgical procedure. This was reinforced by evidence of supporting documentation on the Request for Admission forms. The percentage of patients admitted with informed consent documented prior to their booking was above 90 per cent within each month of the study and it was observed that the majority of VMOs who utilised the operating suite at WDHS provided adequate information to their patients prior to the booking process.

In relation to risk management, there is still a great degree of potential legal liability associated where VMOs do not obtain written consent from their patients for planned surgical procedures, as the responsibility for the explanation of the risks, hazards, adverse outcomes and complications ultimately lies with the VMO.

References


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Figure 4: Number of elective theatre patients admitted with informed consent obtained prior to bookings by doctor