Implementation and Audit of Custom-printed Consent Form in New Territories West Cluster Department of Accident & Emergency
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Introduction
The old format of manually written consent form had many shortcomings including inadequate information concerning important risks and complications of procedures, misuse of non-standardized abbreviations, illegible handwriting and missing doctor’s name and date. The flaws in document integrity may affect the validity of the consent form. In order to address the above problems, Quality and Safety Division worked with clinical departments to establish the system of Custom-printed Consent Form, which was an electronic system used for printing of pre-filled consent forms and factsheets for common procedures. It was implemented in NTWC A&E since September 2014. Auditing was carried out to study the efficacy and acceptance of the electronic consent.

Objectives
1. To improve document integrity of consent forms. 2. To improve communication and information delivery to patients. 3. To illustrate improved efficiency of obtaining consent. 4. To illustrate that electronic consent is welcomed by frontline staff with high compliance.

Methodology
Auditing was conducted to study the new system in four areas, including questionnaire to clinicians and patients, a document integrity audit to study completeness and appropriateness of documentation in the consent, and a compliance audit to the electronic consent.

Result
1. 85.7% of clinicians had used the electronic consent. Most of the doctors agreed
that it facilitates explanation to patients, improves patients’ understanding to procedures and reduces medical-legal consequences of inadequate documentation. The mean rating by doctors of the new system was 8.4 out of 10 scores, compared with the old manually written format with mean rating 5.5 out of 10 scores (p<0.001). 2. Patients’ feedback to the electronic consent was generally good compared with the old manually written format. Patients’ satisfaction to consent explanation had improved from rating of 4.1 out of 5 scores to 4.6 (p=0.014). Patients’ understanding of the potential risks had improved from rating of 3.9 out of 5 scores to 4.6 (p=0.001). 3. Documentation in old manually written format was frequently incomplete. 80% of the consent form was written in language inappropriate to patients’ ethnics. Only 29% of the consent form was appropriate with no abbreviations used. 49% of the consent form documented all core risks and complications of the procedures. With the use of the electronic consent, the above inadequacies were eliminated. 4. The compliance was on rising trend and was 71.9% three months after implementation. Conclusion: The electronic system of Custom-printed Consent Form is effective to improve integrity of documentation and it received possible feedback from clinicians and patients.