Service Priorities and Programmes

Electronic Presentations

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Use of Electronic Templates and Pre-printed Consent Forms to Improve Quality of Informed Consent Documentation in Ophthalmology Department

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Introduction

Informed consent is the foundation to quality care. The documentation of the informed consent process is both legally and professional required. However, the busy workload may impede clinicians from having a thorough record. A recent group internal audit in 2014 recommended the use of IT systems and development of templates to aid the informed consent documentation process. We had a head start since 2013 with the development of our custom set of electronic templates and pre-printed informed consent forms.

Objectives

To evaluate the effectiveness of the above measures in improving quality of informed consent documentation, and identify areas for improvement.

Methodology

Retrospective chart review was conducted for all patients undergoing operation in the first week of January in 2013 (before implementation) and 2015 (after implementation). The demographics were listed in table 1. Each pre-operative assessment record and consent form was audited by the principal investigator using a standardized checklist in accordance to items listed in tables 2 and 3. The electronic records saved in CMS was taken for audit instead of the printout where appropriate. Fisher's exact test was used for statistical comparison.

Result

With the implementation of templates, the use of electronic records rose by 43%. This was accompanied by more comprehensive documentation in areas of alternative treatment options (47% rise), procedure risks (25% rise), and questions raised by patients (43% rise). Of note was a slight decline in documentation accuracy in areas of laterality, visual acuity, and anti-platelet status. This was found to be due to copy-and-paste error from using the templates. With the use of pre-printed consent forms, we achieved a near-total same language, abbreviation free documentation (98%). Previous gaps in recording the intended benefit (85% rise) and information sheet provided (74% rise) were closed up. The use of electronic templates and

pre-printed consent forms significantly enhanced compliance to documentation standard. Clinicians should be vigilant against potential copy-and-paste error from use of the electronic templates, and template design could be further refined.