Clinical Audit – Phase One Informed Consent Documentation of Risks & Complications Related to Interventional Radiology Procedures

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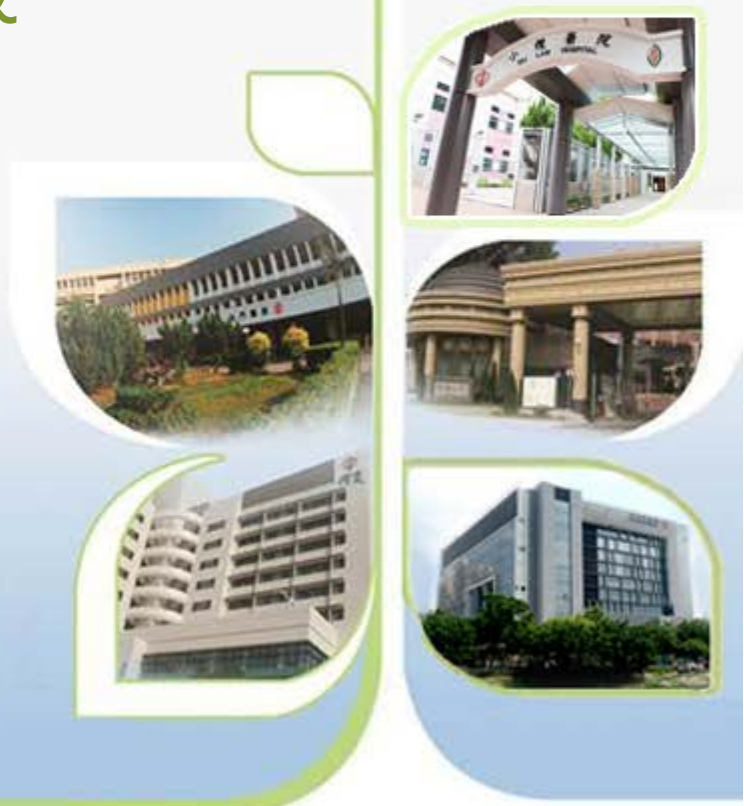

Background

- Prospective data collection of informed consents of index interventional radiology (IR) procedures
- Study period: 2 months (05/2017-07/2017)
- To evaluate the adequacy of informed consent documentation of risks & complications related to IR procedures in Department of Radiology, Tuen Mun Hospital
  - Primary outcome: usage of preprint informed consents
  - Secondary outcome: completeness of risks & complications documented in handwritten informed consents

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Standard

- Preprint informed consents (section of risks & complications)
  - Development of corporate IT system for informed consents under Cluster Quality and Safety Committee in 2014 with trial beginning in mid-2015
  - Adopted and subjected to review by the Coordinating Committee of Radiology [COC(Rad)]
  - Informed Consent System covering IR procedures officially launched in late-2016

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Results

- Primary outcome (preprint informed consent usage)
  - TACE: 100% (n=43)
  - PTBD: 62% (n=13)
  - Cerebral angiogram: 44% (n=27)
  - FNAC: 21% (n=86)
- Secondary outcome (completeness of risks and complications documentation on handwritten informed consents)
  - No single group can achieve satisfactory documentation (>2/3 coverage)
  - Fair documentation (1/3-2/3 coverage) in FNAC and cerebral angiogram groups
  - Poor documentation (<1/3 coverage) in PTBD group

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Discussion

- Excellent preprint informed consent usage in TACE group due to informed consent process mostly handled by one consultant and surgical ward F3B
- Most outpatient procedures or requests from SOPD use handwritten informed consent ($p<0.001$)
- Subgroup analysis
  - For FNAC group: Surgery and ENT use significantly more handwritten consent ($p<0.001$)
  - No significant difference in terms of specialties using preprint informed consent for cerebral angiogram group ($p=0.053$) or PTBD group ($p=0.411$)

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