AB214. SOH21AS264. Audit cycle aimed at improving surgical consent in the Orthopaedic Department in University Hospital Waterford

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Background: Informed consent is an important safety element of any proposed surgical procedure and essential aspect in patient care. Failings in this area may result in patient dissatisfaction, litigation as well as surgical error. Aims: Assess our practice and performance around surgical consent against national guidelines and the introduction of a new surgical consent form to improve and maintain our standards towards achieving best medical practice.

Methods: 1st cycle: 20 consecutive orthopaedic trauma consent forms were assessed from March 2020 against HSE (2019) and RCSI (2018) guidelines. Information collected: procedure details (operation name and laterality of procedure), clinician's/patient’s details (printed name, signature and date), adequacy of procedure-specific complications listed as well as legibility of forms. Results from the initial audit were disseminated to the department reinforcing the deficiencies highlighted. Staff education about avoiding abbreviations and ensuring clear legible writing. A new surgical consent form was then introduced in the department in July 2020 over a 1-month pilot period.

2nd cycle: re-audited 40 of the new consent forms over 1 month. Results compared with cycle 1 and presented at departmental meeting.

Results: One hundred percent of consent forms had adequate documentation of risks, up from 50%. Fifteen percent had abbreviated form of procedure on consent form, down from 35%. 95% of forms were easily legible, up from 50%. Correct patient identification (written or labelled) was present on all consent forms across both cycles.

Conclusions: Improvement, through the process of an audit cycle, across all areas of surgical consent with pilot introduction of new consent forms and staff education. This highlights the benefit of regular auditing of surgical practice and can be directly transferable to other surgical departments.

Keywords: Audit cycle; orthopaedics; quality improvement; surgery; surgical consent

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Footnote

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