Summer Internship Project Report

Topic – CONSENT FORM AUDIT

AT

Fortis Memorial Research Institute Gurugram

(April 4th to June 18th 2022)

Submitted by-

Dr. KASHISH MOHAN

Post-graduate Diploma in Hospital and Health Management

2021-2023

International Institute of health Management Research,New Delhi

ACKNOWLEDGEMENT

This year during the summer break I worked as an intern at Fortis Memorial Research Institute. I worked for a duration of 10 weeks from 04/4/2022 to 18/6/2022. I was assigned under Medical Administration Department.

Firstly, I would like to express my indebtedness appreciation to Dr Nikita Sabharwal for her constant guidance and advice played an important role in making the execution of the report. She always gave me her suggestions that were crucial in making this report as flawless as possible.

I would like to thank Dr Nisha Sharma, At Fortis Memorial Research Institute, Gurugram and to allow in her esteemed organization to access the required data.

Finally, I am very lots thankful to my family who constantly gave me regular support and encouragement. I would really like to thank my seniors who helped me substantially to finish this paper. In addition, I want to thank my friends who additionally inspired and helped me to complete my work.

Date Name:

17/06/2022 Dr. Kashish Mohan

Certification of Approval

The Summer Internship Project Titled "**CONSENT FORM AUDIT**" at **FORTIS MEMORIAL RESEARCH INSTITUTE, GURUGRAM**, is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed, or conclusion drawn there in but approve the report only for the it is submitted

Dr. Nikita Saberwal

Associate Dean (Training)

Associate Professor (Hospital Administration)

IIHMR-Delhi

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RESEARCH INSTITUTE
GURUGRAM

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June 17, 2022

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Kashish Mohan** has undergone an internship in the **"Department of Medical Administration"** from **April 04, 2022 to June 17, 2022** at **Fortis Memorial Research Institute, Gurgaon.**

During this period, she exhibited a high level of professionalism and a tremendous zest for learning.

We wish **Dr. Kashish Mohan** all the best in her future endeavors.

With Best Wishes,

Shivani Dhir
SBU Head-Learning & Development

Fortis Hospitals Ltd. Gurgaon

Head of Department

Medical Superintendent
Fortis Memorial Research Institute
Sector - 44, Gurgaon - 122002
Haryana (India)

FEEDBACK FORM

(Organization Supervisor)

Name of the Student: Kashish Mohan

Summer Internship Institution: Fortis Memorial Research Institute, Gurugram

Area of Summer Internship: Medical Administration

Attendance: Adequate

Objectives met: Completed tasks on radiology TAT & Tracer audit.

Deliverables: Did tracer audit in IPD.
Did TAT of patients advised for radiography.

Strengths: Sincere, polite, patience

Suggestions for Improvement: Constant practise & need to be more flexible.

Assistant Medical Superintendent
Fortis Memorial Research Institute
Sector-44, Gurugram-122002, Haryana

Signature of the Officer in Charge (Internship)

Date: 16th June 2022
Place: FMRI, Gurugram

FEEDBACK FORM

Dr.Nikita Sabherwal

Name of the Student: Dr. Kashish Mohan

Summer Internship Institution: Fortis Memorial Research Institute, Gurugram.

Area of Summer Internship: Medical Administration

Attendance: Regular

Objective met: Completed task on radiology TAT & tracer audit in IPD

Deliverables: Did tracer audit in IPD
Did TAT of patients advised for radiology.

Strength: Sincere, polite, patience.

Suggestion for Improvement:
Keep yourself updated on latest in the industry

Date:

Signature of the Officer Incharge (Internship)

Place: IIHMR, Delhi

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FORTIS MEMORIAL RESEARCH INSTITUTE

INTRODUCTION

About The Hospital

One of the top hospitals in Gurgaon is the multi-super specialty, quaternary care Fortis Memorial Research Institute (FMRI). Fortis Hospital, Gurgaon has dedicated to consistently meeting strict international standards and has undertaken a thorough on-site examination of the quality and safety of the care being given. Fortis Hospital, Gurgaon has solidified its position as one of the top hospitals in Gurgaon by using cutting-edge technology and top clinicians to provide the best possible healthcare. Unmatched in the fields of Neurosciences, Oncology, Renal Sciences, Orthopedics, Cardiac Sciences, and Obstetrics and Gynecology. One of the biggest healthcare organizations in the nation, Fortis Healthcare, operates the main hospital, Fortis Memorial Research Institute. Currently, Fortis hospitals throughout the nation treat more than 3.5 lakh patients annually, relying on the pulse of the people we serve, ranging from customized preventive health checks to quaternary care from super specialized clinicians conducting rare and complicated operations It was "patient first" back then, and it still is. Because Fortis will always put you first.

Fortis Memorial Research Institute beat out many other top-notch medical facilities worldwide to be ranked No. 2 among the 30 most technologically advanced hospitals in the world by topmastersinhealthcare.com

VISION

To serve as the "Mecca of Medicine" for healthcare.

MISSION

To deliver quaternary care in a caring, honorable, and distinctive way to the community

AFFILIATIONS AND ACCREDIATIONS

The accreditation of hospital programmers and divisions, in FMRI's opinion, is yet another significant accomplishment that strengthens the institute's position in the healthcare industry and will further its exceptional quality medical services.

The National Accreditation Board for Hospitals & Healthcare Providers (NABH) has granted accreditation to Fortis Memorial Research Institute, which abides by its principles in order to meet patients' requirements and establish standards of excellence for the healthcare sector.

On the other hand, the FMRI blood bank has considerable service delivery in the relevant domain, earning it accreditation from NABH. Additionally, the National Accreditation Board for Testing and Calibration Laboratories (NABL), whose goal is to offer the government, regulators, and industry a programme of laboratory accreditation, has granted us accreditation for our laboratory services.

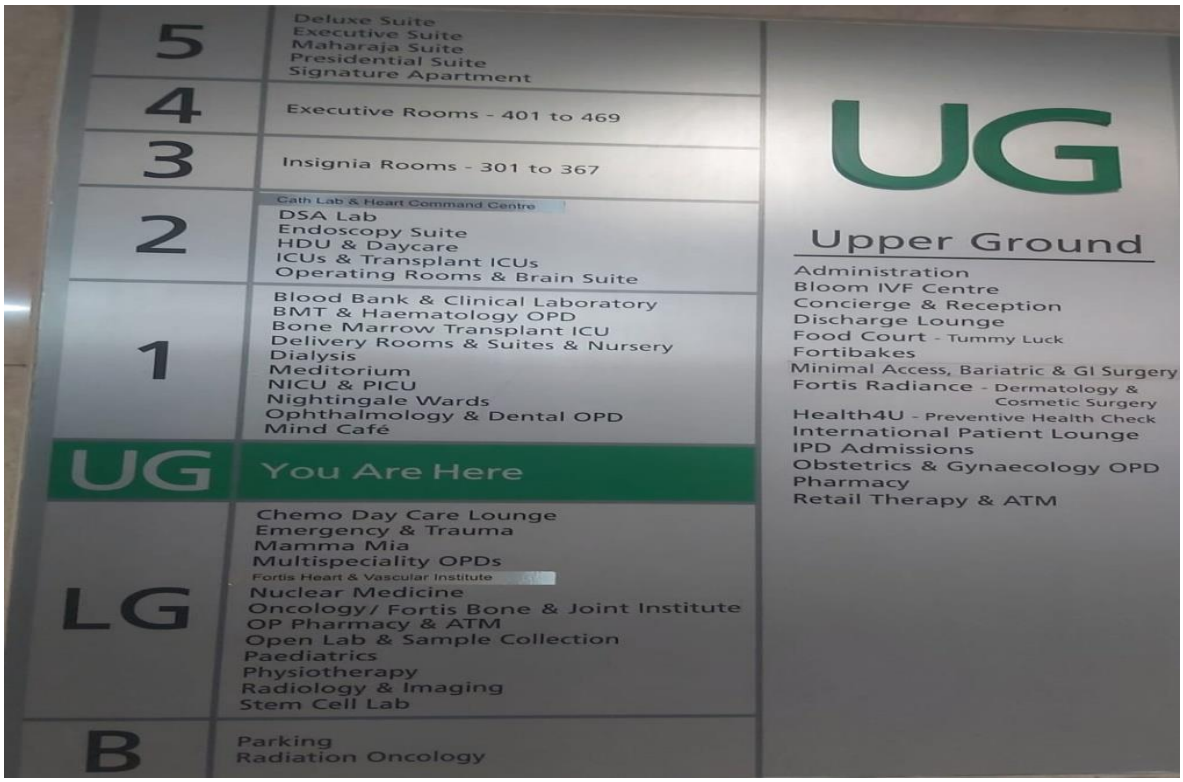
DRIVE TOWARDS CONTINUOUS IMPROVEMENT

The leadership of FORTIS adheres to the quality cycle of planning, designing, checking, and applying the learning to constantly enhance the services, with the collective understanding that the simplest solutions are frequently the most effective. Every important procedure has been given a set of quality indicators, which are tracked to ensure ongoing quality improvement. More significantly, there are frequent contacts between management and employees, ensuring that everyone in the organization shares the commitment to ongoing learning and improvement

FLOOR	DEPARTMENTS
5	Deluxe Suite Executive Suite Maharaja Suite Presidential Suite Signature Apartment
4	Executive Rooms-401 to 469
3	Insignia Rooms-301 to 367
2	**Cath Lab and Heart Command Centre** DSA Lab Endoscopy Suite HDU and Daycare ICUs and Transplant ICUs Operating Rooms and Brain Suite

1	Blood Bank and Clinical Laboratory BMT and Hematology OPD Bone Marrow Transplant ICU Delivery Rooms and Suites and Nursery Dialysis Meditorium NICU AND PICU Nightingale Wards Ophthalmology and Dental OPD Mind Café
UG	Administration Bloom IVF Centre Concierge and Reception Discharge Lounge Food Court Fortibakes **Minimal Access, Bariatric and GI Surgery** Fortis Radiance-Dermatology and Cosmetic Surgery Health4U-Preventive Health Check International Patient Lounge IPD Admissions Obstetrics and Gynecology OPD Pharmacy Retail Therapy and ATM
LG	Chemo Day Care Lounge Emergency and Trauma

	Mamma Mia Multispecialty OPDs **Fortis Heart and Vascular Institute** Nuclear Medicine Oncology/Fortis Bone and Joint Institute OP Pharmacy and ATM Pediatrics Physiotherapy Radiology and Imaging Stem Cell Lab
B	Parking Radiation Oncology



CENTRE OF EXCELLENCE

FOTIS BONE AND JOINT INSTITUTE

FORTIS CANCER INSTITUTE

FORTIS HEART AND EXCELLENCE INSTITUTE

INSTITUTE BLOOD DISORDERS AND BONE MARROW TRANSPLANT

MINIMAL ACCESS, BARIATRIC AND GI SURGERY

NEUROSCIENCES

PAEDIATRICS

RENAL SCIENCES

ROBOTIC SURGERY

SPECIALITY

ANAESTHESIOLOGY

COSMETIC, RECONSTRUCTIVE AND PLASTIC SURGERY

CRITICAL CARE

DENTAL SCIENCES

DERMATOLOGY

DIABETIES, ENDOCRINOLOGY AND METABOLIC DISORDERS

EMERGENCY MEDICINE AND TRAUMA

FORTIS BONE AND JOINT INSTITUTE

GENERAL SURGERY

GERIATIC MEDICINE

HAEMATOLOGY

HEPATO-PANCREATED-BILIARY SURGERY

INFECTIOUS DISEASES

INSTITUTE BLOOD DISORDERS AND BONE MARROW TRANSPLANT

INTERNAL MEDICINE

INTERVENTIONAL RADIOLOGY

IVF AND INFERTILITY

MINIMAL ACCESS, BARIATRIC AND GI SURGERY

MOTHER AND CHILD

NEUROSCIENCES

NUCLEAR MEDICINE

OPTHAMOLOGY

OTPRHINOLARYNGOLOGY

PAEDIATRICS

PAIN MEDICINE

PULMONOLOGY, PULMONARY CRITICAL CARE AND SLEEP

RHEUMATOLOGY AND CLINICAL IMMUNOLOGY

ROBOTIC SURGERY

STEM CELL THERAPY

SUPPORT SERVICES

SURGICAL ONCOLOGY

THORACIC SURGERY

TRANSFUSION MEDICINE

TRANSPLANT MEDICINE

URO-ONCOLOGY AND ROBOTIC SURGERY

Floor Structure

3rd Floor

Executive room

401 - 469

2nd Floor

Insignia room

301 -367

Cath Lab

DSA Lab

Endoscopy suite

HDU & Day-care

ICUs &Transplant ICUs

Operating rooms & Brain suite

1st Floor

Blood bank

Clinical Laboratory

BMT &Haematology OPD

BMT ICU

Delivery rooms & Nursery

Dental OPD

Dialysis

UPPER GROUND FLOOR

This floor contains Administration department, Reception, H4U, Obs & Gynae OPD, ATM, IVF centre, IPD Admission & discharge Lounge, Tummy luck etc.

LOWER GROUND FLOOR

This floor contains Multispecialty OPDs, Oncology, Mamma Mia, Labs, Radiology & imaging, Emergency & Trauma, Physiotherapy, and Pharmacy etc.

BASEMENT

Parking of Hospital staff

Radiation Oncology

MRD

Project Report

2.1. Introduction:

Patient consent procedures for medical treatments must be exact and transparent in order to achieve excellence in clinical practice and a high level of healthcare delivery. Patients who are having elective surgery in particular need to be well educated before giving their consent. The importance of the consenting process for doctors is emphasized in the General Medical Council's guidelines, which are titled Consent: Patients and Doctors Making Decisions Together. Almost always, the level of completion of the permission forms has an impact on how well the consenting process works. Additionally, if something goes wrong, physicians and the trust could be held accountable for medical-legal acts due to missing information on consent forms.

Purpose of consent forms

Informed consent has become the standard prototype for safeguarding patient's legal rights and directing the medical practice in an ethical direction. It may be used for different purposes in different contexts: legal, ethical or administrative. Although these purposes overlap, they are not identical, thus leading to different standards and criteria for what constitutes "adequate" informed consent.

Legal: Legally, Consent protects patients against assault in the form of unwanted medical interventions. The higher standard of informed consent further safeguards patients' rights to autonomy, self-determination and inviolability. It is important for the decision maker to understand the relevant information, he or she should also be able to appreciate the information's importance and use it to weigh treatment options in light of their values.

Ethical: It is morally correct to uphold patients' autonomy and their stated objectives. The ethical purpose of informed consent is somewhat more abstract and ideological, seeking to respect patient autonomy by ensuring that treatment is directed toward the ends desired and is chosen by the patient. In this context, informed consent is intended to shift the ethical prototype for decision-making away from physician-centered models to more patient-centered approaches. The ethics literature regarding informed consent also emphasizes that it is not an event, but a process that precedes the "signing" of the document and continues for as long as the choice remains relevant. Thus, the consent to undergo dialysis or continue with chemotherapy is continually re-evaluated (and may change). The consent form should not be confused with the consent process; the form merely documents that the process has occurred. Importantly, other parts of the patient record (e.g., clinic and/or operative notes) should corroborate details of the process.

Administrative: For the sake of compliance, the informed consent document serves the administrative purpose of a systems-level check to ensure that a consent process has occurred. Patients simply do not advance to the operating room, for example, without a signed consent form. Unfortunately, pressures for efficient workflow may shift the focus of the informed consent process from robust conversation to the mere requirement of getting a signature.

Stakeholders in the informed consent process agree on at least four basic elements for discussions of informed consent: decision makers must have the capacity to make decisions; the doctor must disclose enough details for the decision maker to make an informed choice; decision makers must demonstrate understanding of the information disclosed; and the decision maker must freely authorize the treatment plan.

In present clinical practice, these four factors translate into five components that must be included in the discussion in order to reach agreement: diagnosis, suggested treatment, and risks and benefits associated with the treatment. alternative treatments, their risks and benefits, and the risks and benefits of refusing treatment.

2.2 Aim and objectives: -

2.2.1 Aim: -

The aim of this prospective study was to audit the quality of consent forms in a multidisciplinary 1000 bedded hospital and to suggest measures for improvement of practice.

2.2.2. Objective: -

- This project's goal was to evaluate our consenting procedures and identify the area of improvement.
- To suggest relevant measures for optimal consent taking procedure in order to maintain best practices.

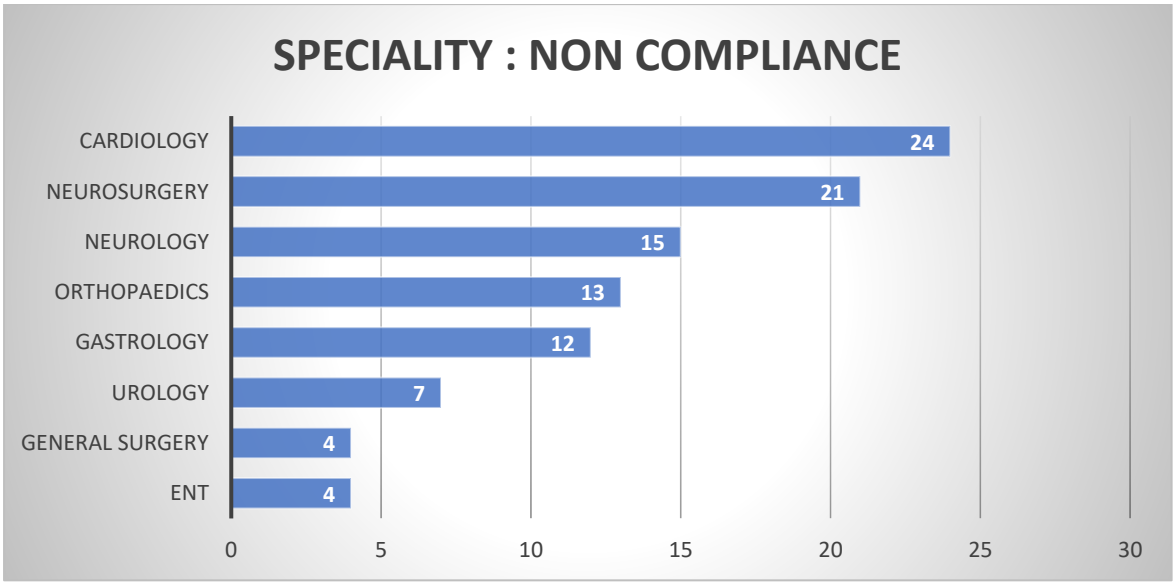
2.3 Methodology: -

- **Type of Study:** Qualitative Study.
- **Study Area:** Main OPD Area
- **Duration of Study: 6 weeks**
- **Type of Data**: Qualitative Data
- **Technique**: Direct observation
- **Sample size**: 200(N=200)

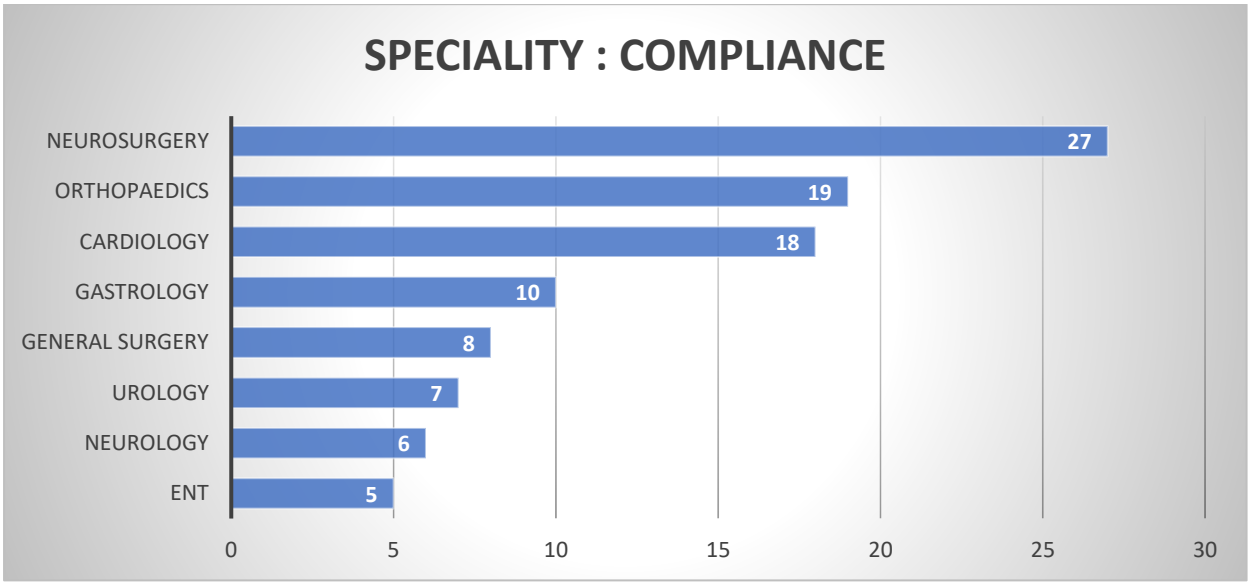
- **Sampling Technique**: Stratified Randomized selection was done.
- **Data Collection:** Primary and secondary.
  Primary data collection was done by auditing the patients' files in various IPDs to look for the completion of different types of consent forms.
  Secondary data was collected through internet by various data sources like PubMed, google scholar for review of literature.
- **The Methods of Ratings**: Here we give ratings to the findings,
  '0' Means the listed parameter is not documented in the form.
  '1' Means the listed parameter is documented in the form.
  '3' Means not applicable.
- **Data Analysis**: Using bar charts in Microsoft Excel

2.4 Data Analysis: -

SPECIALITY	COUNT OF 0	%
CARDIOLOGY	247	24
ENT	42	4
GASTROLOGY	121	12
GENERAL SURGERY	46	4
NEUROLOGY	155	15
NEUROSURGERY	220	21
ORTHOPAEDICS	139	13
UROLOGY	70	7



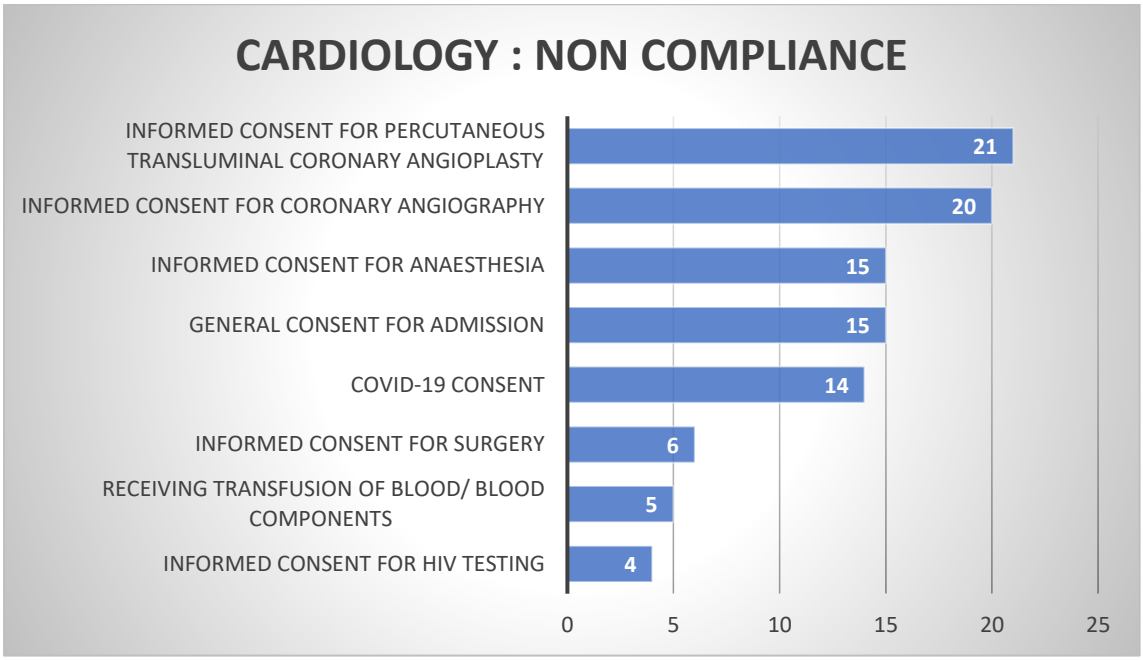
SPECIALITY	COUNT OF 1	%
CARDIOLOGY	396	18
ENT	103	5
GASTROLOGY	234	10
GENERAL SURGERY	188	8
NEUROLOGY	130	6
NEUROSURGERY	616	27
ORTHOPAEDICS	420	19
UROLOGY	162	7



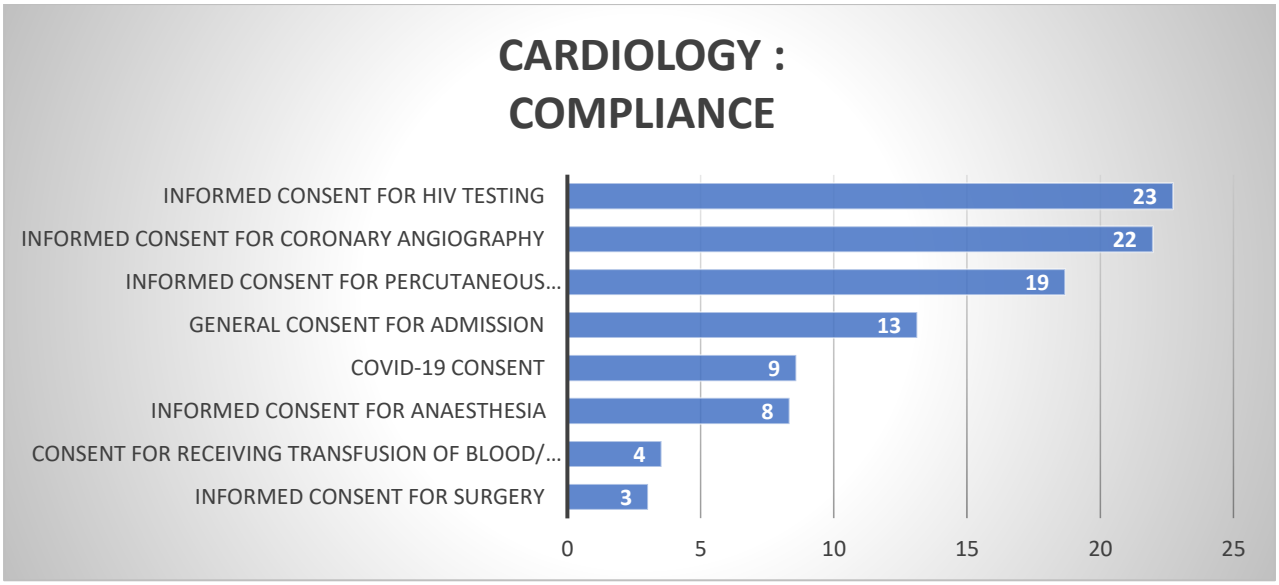
CARDIOLOGY

GRADE	COUNT OF GRADE
0	247
1	396

CARDIOLOGY CONSENT FORMS	NON-COMPLIANCE	NON-COMPLIANCE%
Receiving Transfusion of Blood/ Blood Components	12	5
Covid-19 consent	35	14
General Consent for Admission	38	15
Informed Consent for Anaesthesia	36	15
Informed Consent for Coronary Angiography	49	20
Informed consent for HIV Testing	11	4
Informed Consent for Percutaneous Transluminal Coronary Angioplasty	52	21
Informed consent for surgery	14	6



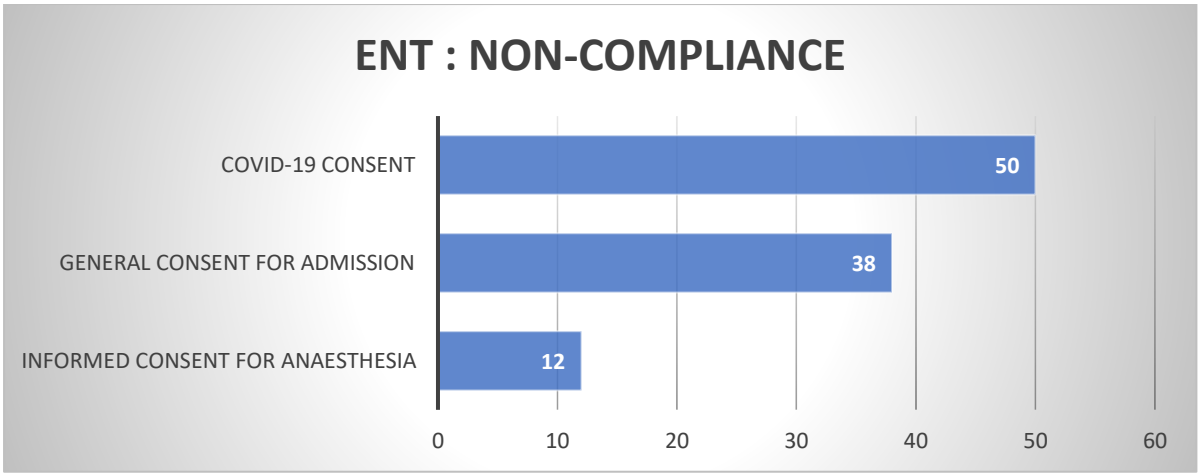
CARDIOLOGY CONSENT FORMS	COMPLIANCE	COMPLIANCE%
Informed consent for surgery	12	3
Consent For Receiving Transfusion of Blood/ Blood Components	14	4
Informed Consent for Anaesthesia	33	8
Covid-19 consent	34	9
General Consent for Admission	52	13
Informed Consent for Percutaneous Transluminal Coronary Angioplasty	74	19
Informed Consent for Coronary Angiography	87	22
Informed consent for HIV Testing	90	23



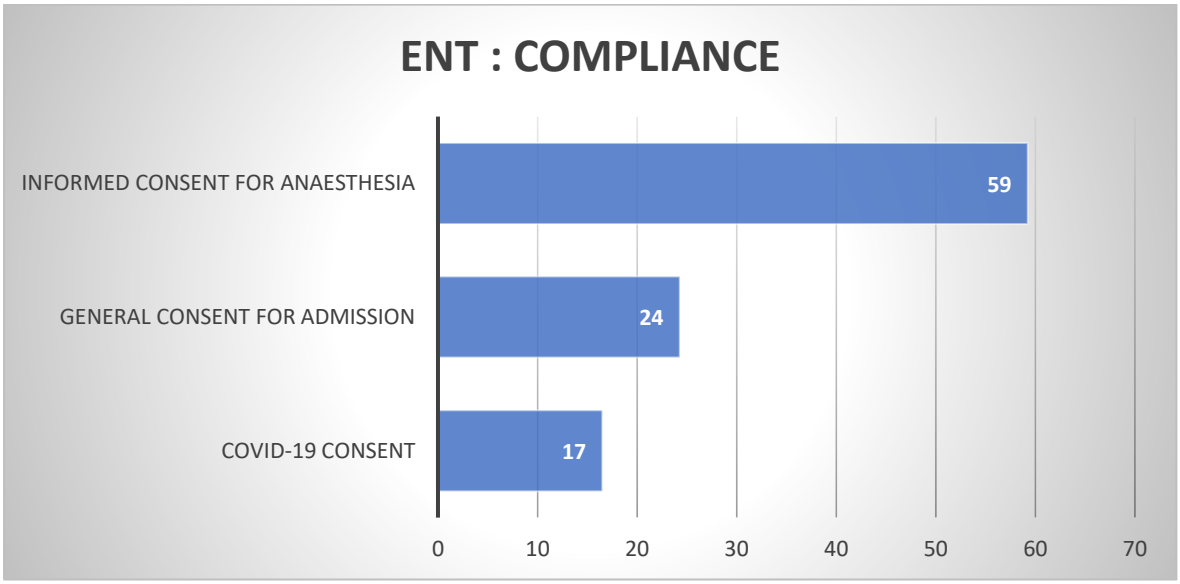
ENT

GRADE	COUNT OF GRADE
0	**42**
1	**103**

ENT CONSENT FORMS	NON-COMPLIANCE	NON-COMPLIANCE%
Covid-19 consent	21	50
General Consent for Admission	16	38
Informed Consent for Anaesthesia	5	12



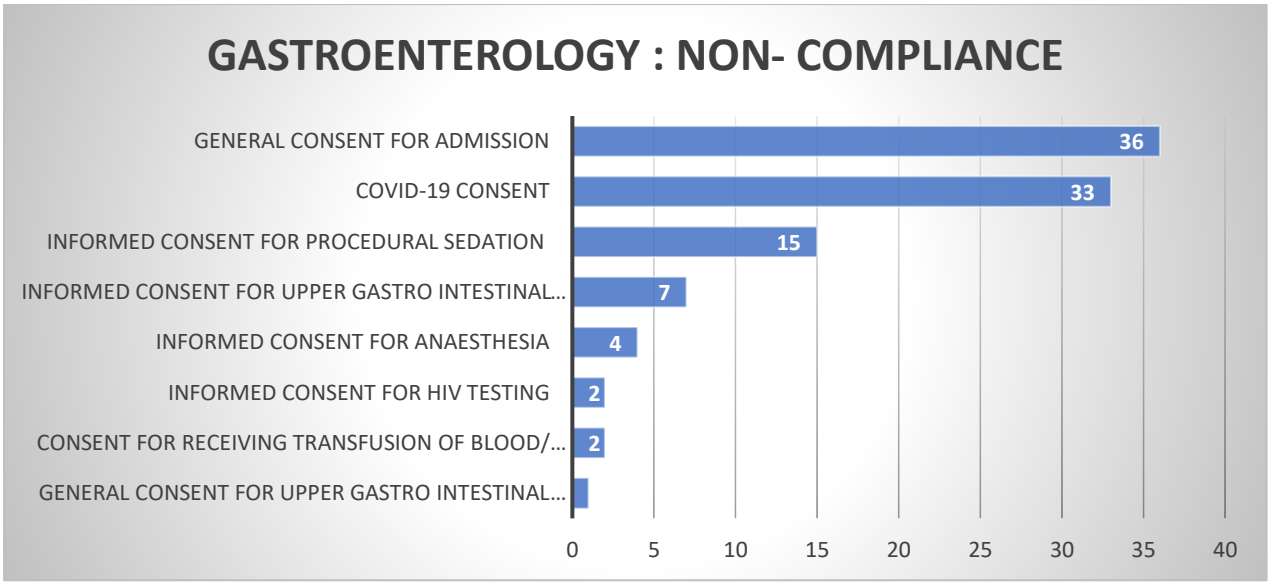
ENT CONSENT FORMS	COMPLIANCE	COMPLIANCE %
Covid-19 consent	17	17
General Consent for Admission	25	24
Informed Consent for Anaesthesia	61	59



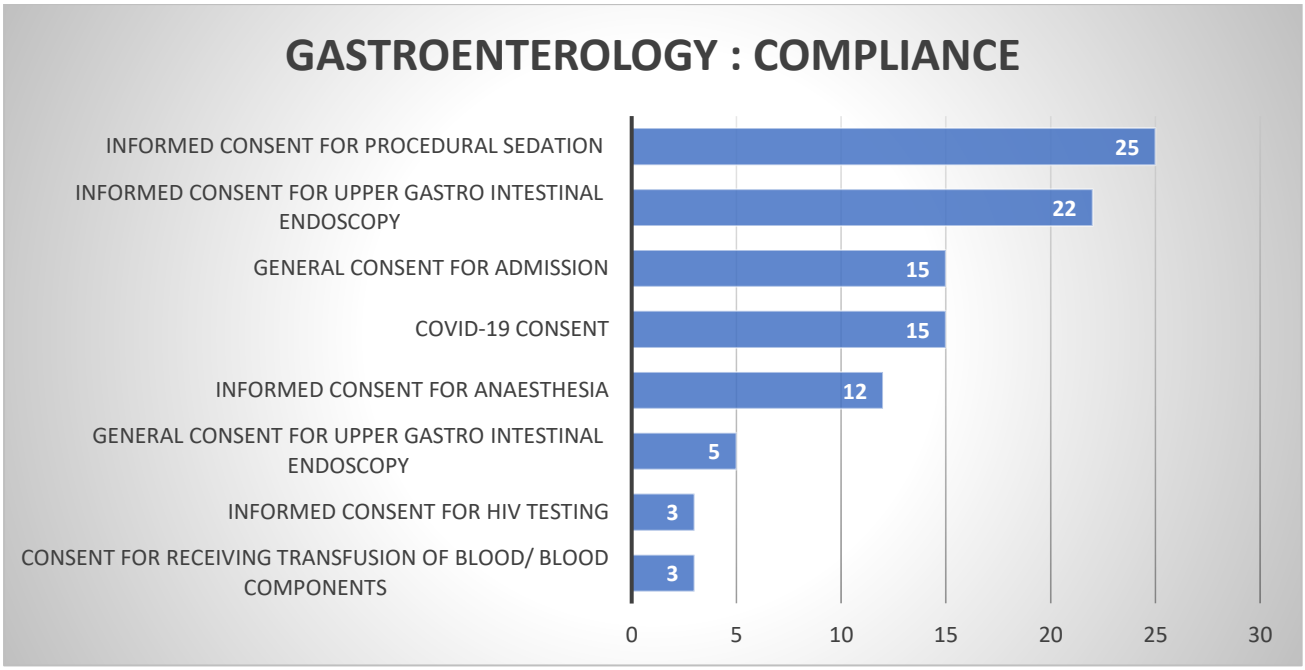
GASTROENTEROLOGY

GRADE	COUNT OF GRADE
0	121
1	234

GASTROENTEROLOGY CONSENT FORMS	NON-COMPLIANCE	NON-COMPLIANCE%
Consent For Receiving Transfusion of Blood/ Blood Components	3	2
Covid-19 consent	40	33
General Consent for Admission	43	36
General Consent for Upper Gastro Intestinal Endoscopy	1	1
Informed Consent for Anaesthesia	5	4
Informed consent for HIV Testing	2	2
Informed Consent for Procedural Sedation	18	15
Informed Consent for Upper Gastro Intestinal Endoscopy	9	7



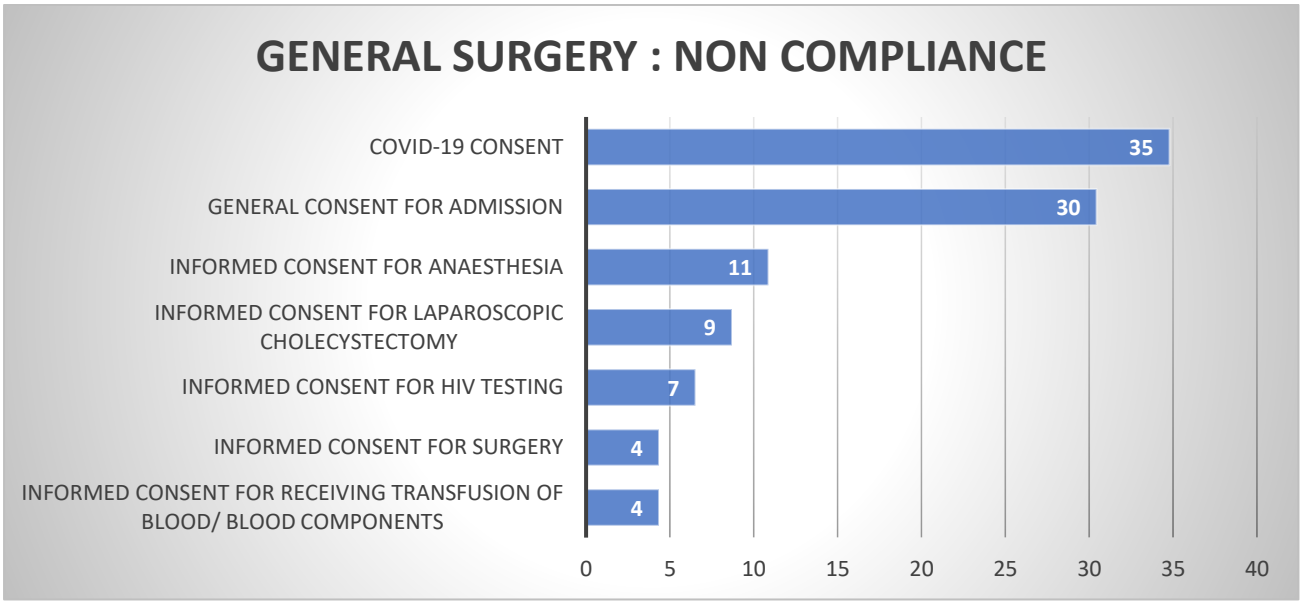
GASTROENTEROLOGY CONSENT FORMS	COMPLIANCE	COMPLIANCE%
Consent For Receiving Transfusion of Blood/ Blood Components	8	3
Covid-19 consent	36	15
General Consent for Admission	35	15
General Consent for Upper Gastro Intestinal Endoscopy	12	5
Informed Consent for Anaesthesia	28	12
Informed consent for HIV Testing	7	3
Informed Consent for Procedural Sedation	58	25
Informed Consent for Upper Gastro Intestinal Endoscopy	51	22



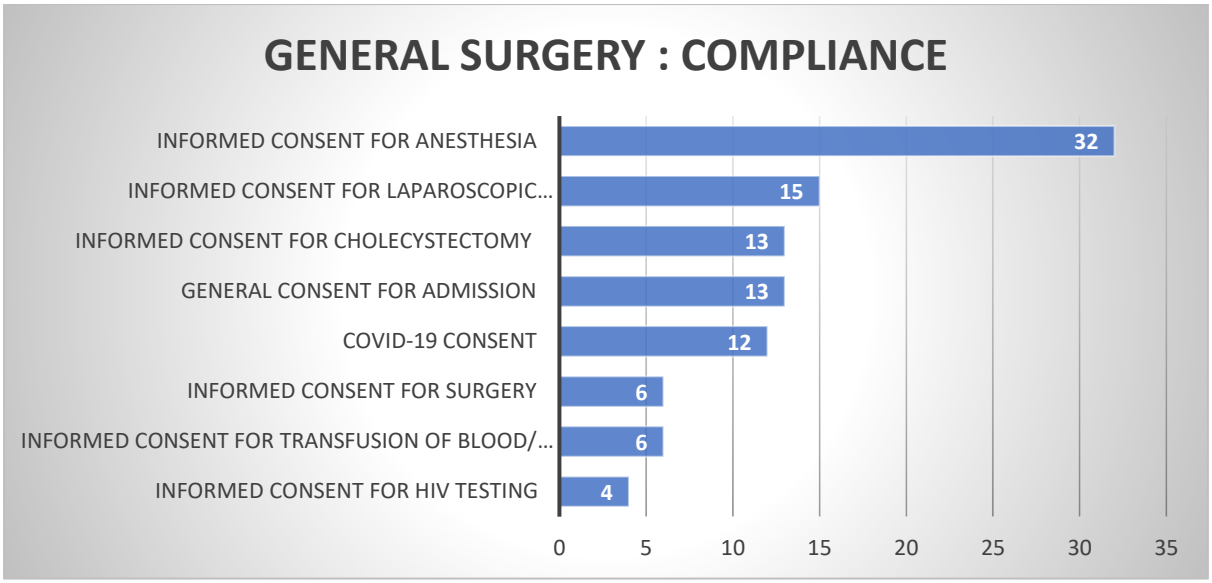
GENERAL SURGERY

GRADE	COUNT OF GRADE
0	46
1	188

CONSENT FORM OF GENERAL SURGERY	NON COMPLIANCE	NON COMPLIANCE%
Covid-19 consent	16	35
General Consent for Admission	14	30
Informed Consent for Anaesthesia	5	11
Informed consent for HIV Testing	3	7
Informed Consent for Laparoscopic Cholecystectomy	4	9
Informed Consent for Receiving Transfusion Of Blood/ Blood Components	2	4
Informed consent for surgery	2	4
Informed consent for surgery	2	11



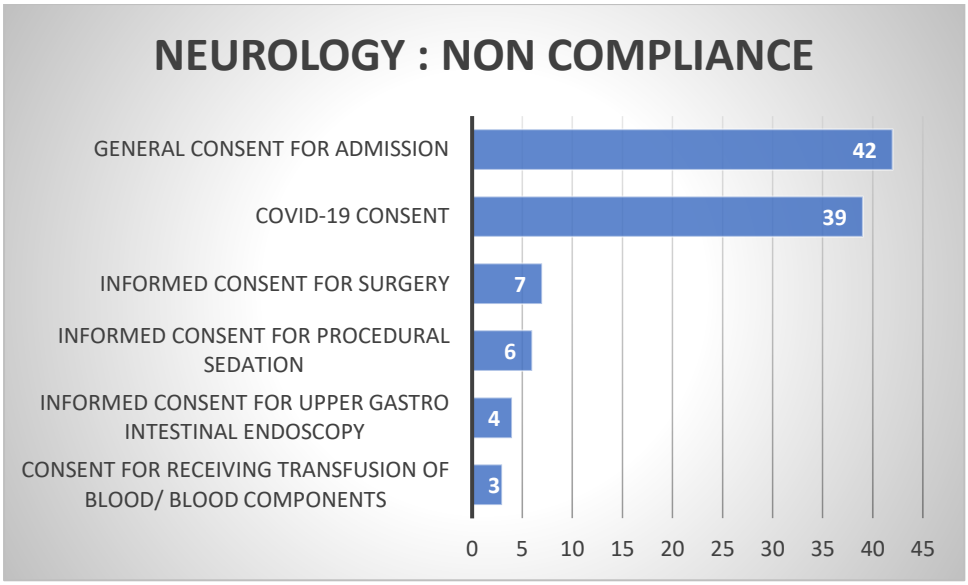
GENERAL SURGERY CONSENT FORMS	COMPLIANCE	COMPLIANCE%
Covid-19 consent	22	12
General Consent for Admission	24	13
Informed Consent for Anesthesia	60	32
Informed Consent For Cholecystectomy	24	13
Informed consent for HIV Testing	7	4
Informed Consent For Laparoscopic Cholecystectomy	29	15
Informed Consent For Transfusion Of Blood/ Blood Components	11	6
Informed consent for surgery	11	6



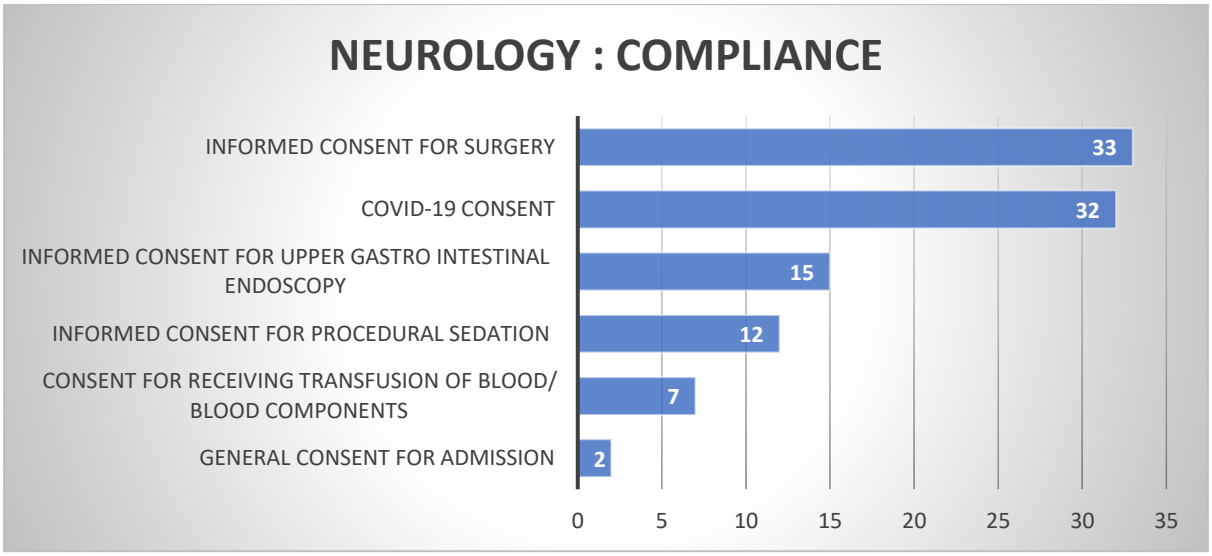
NEUROLOGY

GRADE	COUNT OF GRADE
0	**155**
1	**130**

NEUROLOGY CONSENT FORMS	NON COMPLAINCE	NON COMPLAINCE%
Consent For Receiving Transfusion of Blood/ Blood Components	4	3
Covid-19 consent	60	39
General Consent for Admission	65	42
Informed Consent for Procedural Sedation	9	6
Informed consent for surgery	11	7
Informed Consent for Upper Gastro Intestinal Endoscopy	6	4



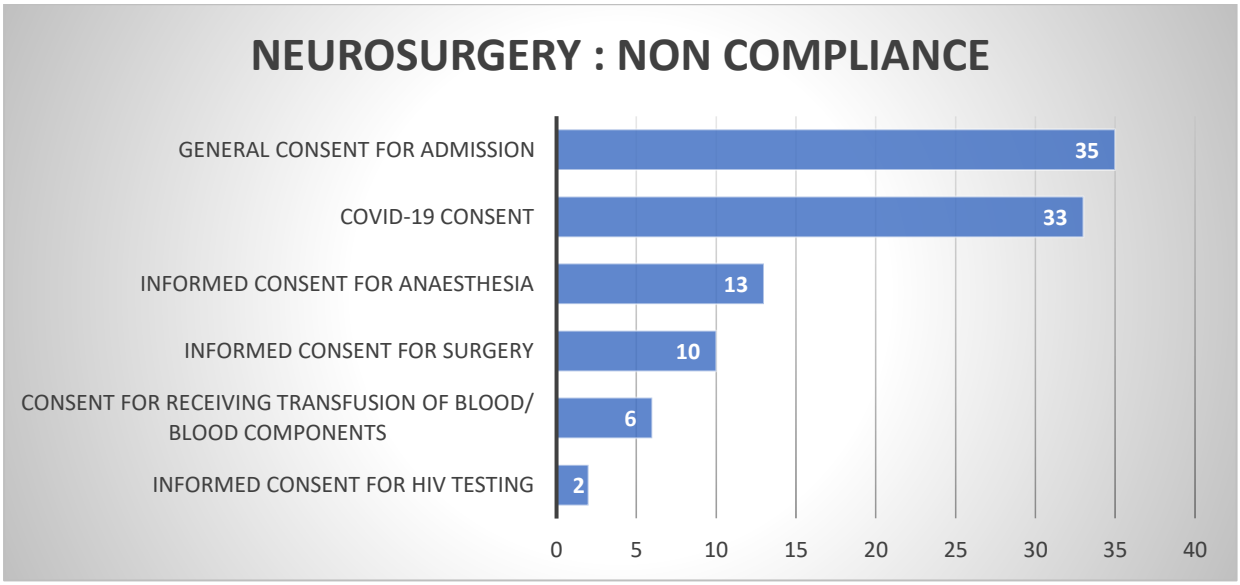
NEUROLOGY CONSENT FORMS	COMPLIANCE	COMPLIANCE%
Consent For Receiving Transfusion of Blood/ Blood Components	9	7
Covid-19 consent	41	32
Informed Consent for Surgery	43	33
Informed Consent for Procedural Sedation	15	12
General consent for Admission	3	2
Informed Consent for Upper Gastro Intestinal Endoscopy	19	15



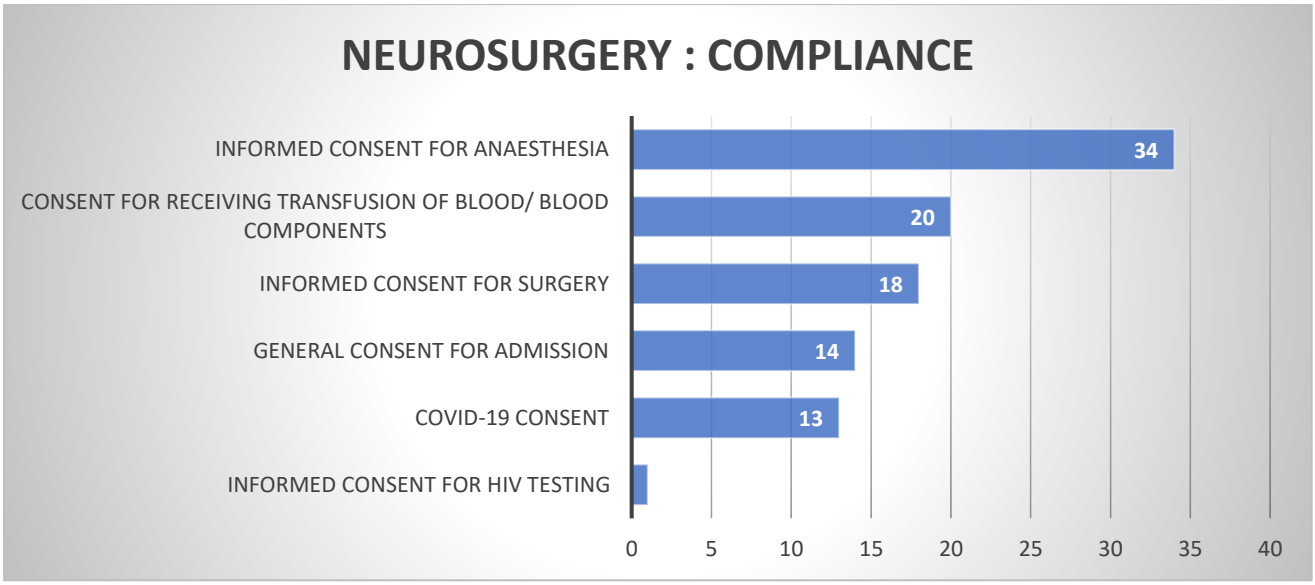
NEUROSURGERY

GRADE	COUNT OF GRADE
0	220
1	616

NEUROSURGERY CONSENT FORMS	NON COMPLIANCE	NON COMPLIANCE%
Consent For Receiving Transfusion of Blood/ Blood Components	14	6
Covid-19 consent	72	33
General Consent for Admission	78	35
Informed Consent for Anaesthesia	29	13
Informed consent for HIV Testing	4	2
Informed consent for surgery	23	10



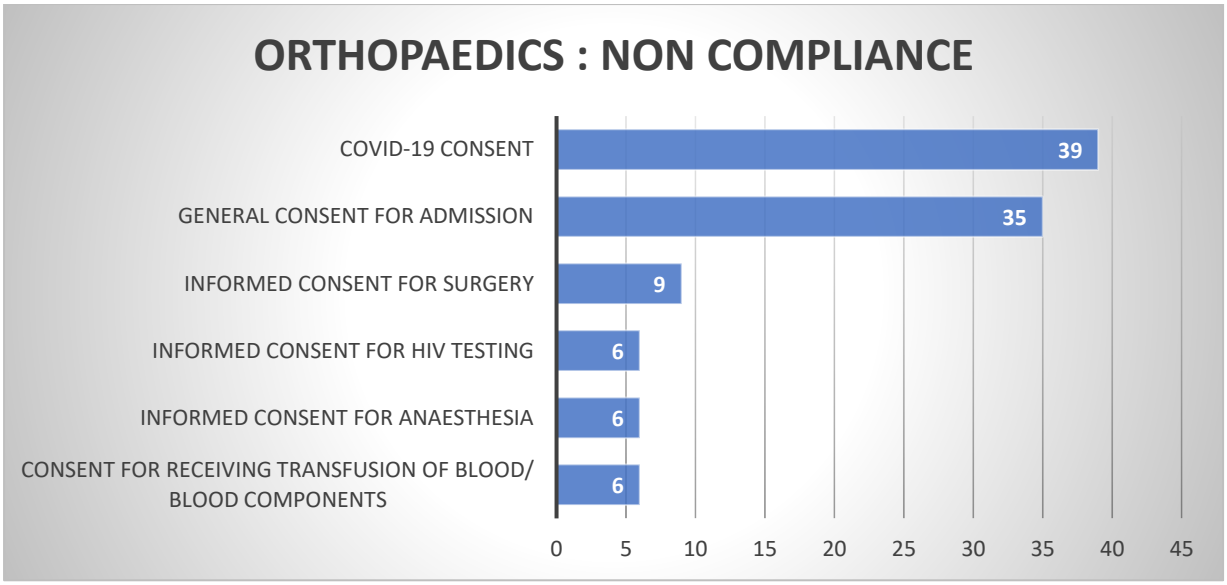
NEUROSURGERY CONSENT FORMS	COMPLIANCE	COMPLIANCE%
Consent For Receiving Transfusion of Blood/ Blood Components	122	20
Covid-19 consent	79	13
General Consent for Admission	88	14
Informed Consent for Anaesthesia	209	34
Informed consent for HIV Testing	5	1
Informed consent for surgery	113	18



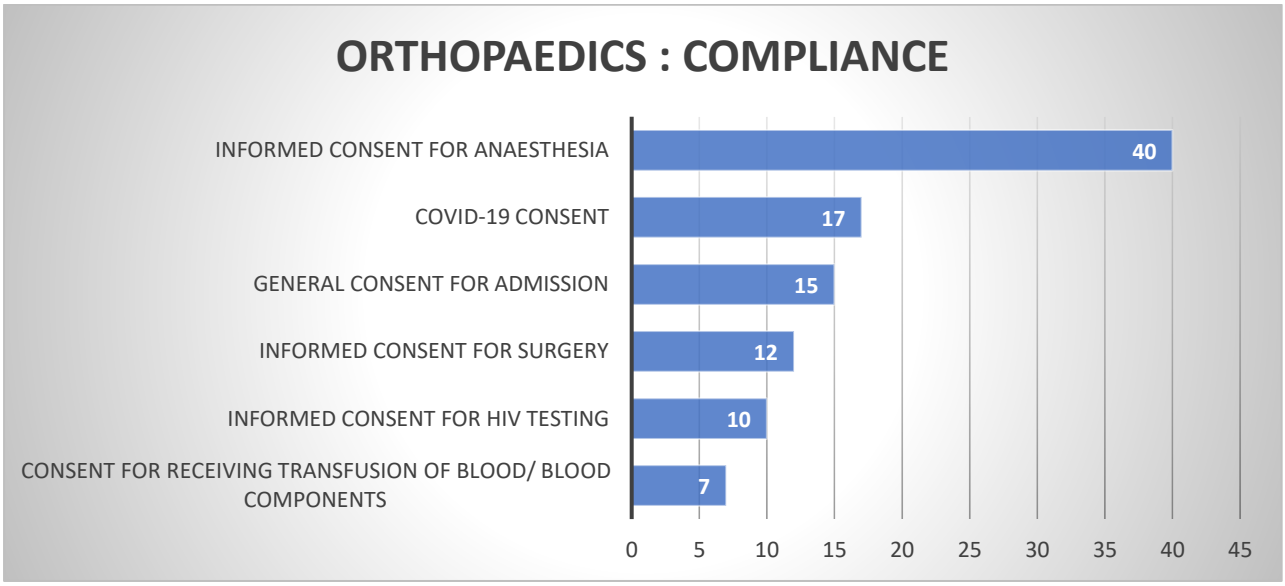
ORTHOPAEDICS

GRADE	COUNT OF GRADE
0	**139**
1	**420**

ORTHO CONSENT FORMS	NON-COMPLIANCE	NON-COMPLIANCE %
Consent For Receiving Transfusion of Blood/ Blood Components	8	6
Covid-19 consent	54	39
General Consent for Admission	48	35
Informed Consent for Anaesthesia	8	6
Informed consent for HIV Testing	9	6
Informed consent for surgery	12	9



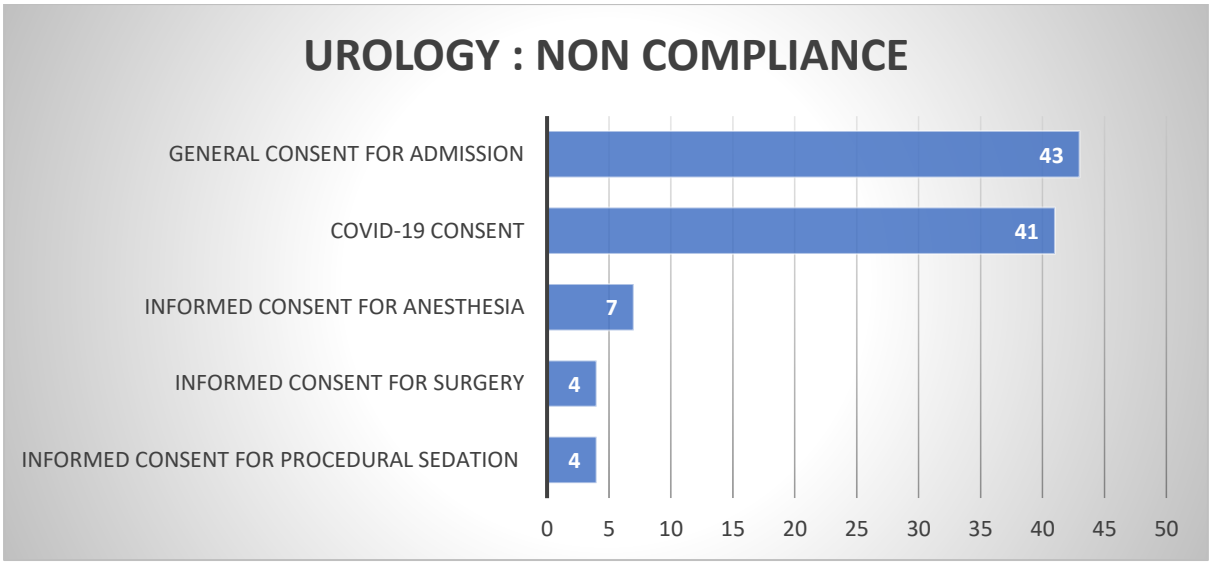
ORTHO CONSENT FORMS	COMPLIANCE	COMPLIANCE %
Consent For Receiving Transfusion of Blood/ Blood Components	29	7
Covid-19 consent	70	17
General Consent for Admission	61	15
Informed Consent for Anaesthesia	168	40
Informed consent for HIV Testing	42	10
Informed consent for surgery	50	12



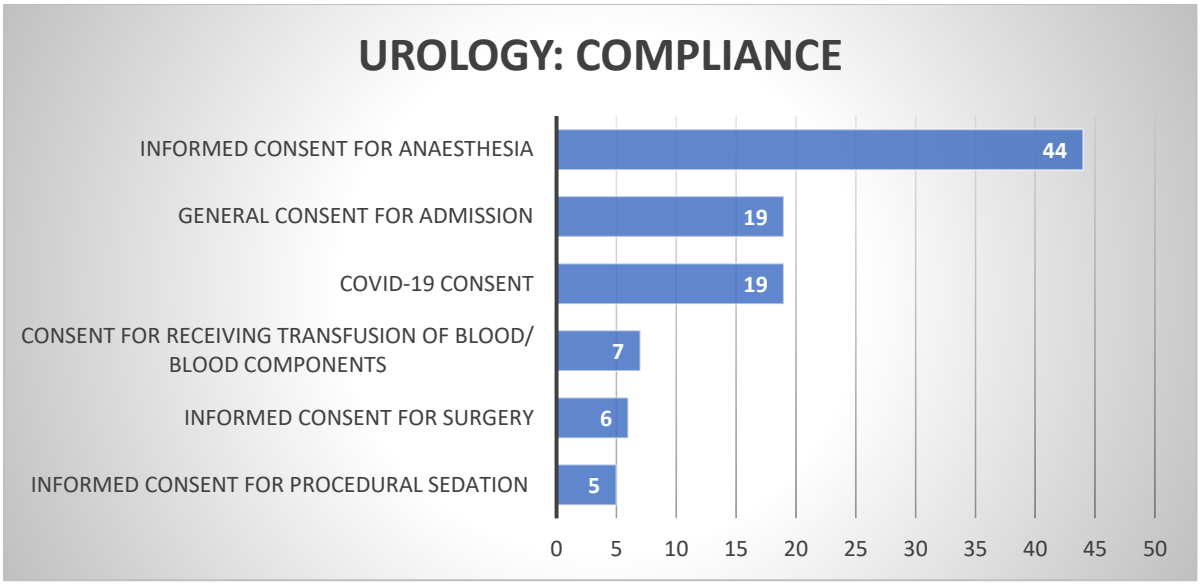
UROLOGY

GRADE	COUNT OF GRADE
0	**70**
1	**162**

UROLOGY CONSENT FORMS	NON-COMPLIANCE	NON-COMPLIANCE%
Covid-19 consent	29	41
General Consent for Admission	30	43
Informed Consent for Anaesthesia	5	7
Informed Consent for Procedural Sedation	3	4
Informed consent for surgery	3	4



UROLOGY CONSENT FORMS	COMPLIANCE	COMPLIANCE %
Consent For Receiving Transfusion of Blood/ Blood Components	12	7
Covid-19 consent	30	19
General Consent for Admission	31	19
Informed Consent for Anaesthesia	72	44
Informed Consent For Procedural Sedation	8	5
Informed consent for surgery	9	6



2.4 Data Interpretation: -

Out of 200 files studied, maximum parameters listed in the form i.e., Compliance was seen in Neurosurgery specialty followed by orthopedics and cardiology.

- Out of 14 samples in cardiology, non-compliance was seen in 247 parameters of consent form and compliance was seen in 396 parameters of consent forms. Noncompliance was highest seen in Informed Consent for Percutaneous Transluminal Coronary Angioplasty and compliance was seen highest in Informed consent for HIV Testing.
- Out of 7 samples in ENT, noncompliance was seen in 42 parameters of consent forms and compliance was seen in 103 parameters of consent forms. Noncompliance was seen highest in Covid 19 Consent and compliance was seen highest in Informed consent for Anesthesia
- Out of 12 samples of Gastro-enterology, non-compliance was seen in121 parameters of consent forms and compliance was seen in 234 parameters of consent forms. Noncompliance was seen highest in General consent for Admission whereas compliance was seen highest in Informed consent for Procedural Sedation.
- Out of 6 samples of General surgery, non-compliance was seen in 46 parameters of consent forms and compliance was seen in 188 parameters. Noncompliance was seen highest in Covid 19 consent and compliance was seen highest in Informed Consent for Anesthesia

- Out of 16 samples in Neurology, non-compliance was seen in 155 parameters of consent forms and compliance was seen in 130 parameters. Noncompliance was seen highest in General consent for Admission whereas compliance was seen highest in Informed consent for Surgery.
- Out of 23 samples of Neurosurgery, non-compliance was seen in 220 parameters of consent forms whereas compliance was seen in 616 parameters. Noncompliance was highest seen in General Consent for Admission and compliance was seen highest in Informed consent for Anesthesia
- Out of 18 samples of Orthopedics, non-compliance was seen in139 parameters of consent forms and compliance was seen in 420 parameters. Noncompliance was seen highest in Covid 19 Consent and compliance was seen highest in Informed consent for anesthesia
- Out of 9 samples of Urology, noncompliance was realized in 70 parameters of consent forms and compliance was seen in 162 parameters. Noncompliance was seen highest in General consent for admission and compliance was seen highest in Informed Consent for anesthesia.

2.5 <u>Recommendation: -</u>

- **PROCEDURE SPECIFIC STICKERS:** Using procedure-specific stickers in surgical and medical departments that employ consent forms that require handwritten inputs is straightforward and may be easily generalized. This implementation ought to be long-lasting given how simple and satisfying it is to use.
- Printed leaflets and fact sheets: Additionally educating patients about the clinical trial may also help them grasp it better.
- Audio-visual presentation: It has been shown that audio-visual methods are effective at communicating informed consent information. With the use of this instrument, textual knowledge can be immediately spoken reinforced, facilitating efficient comprehension and retention.
- Extended discussions about informed consent: Encouraging extended discussions between the patient, attendant, and medical team for greater understanding and information retention is another strategic method to improving the informed consent process. These protracted conversations can

2.6 Discussion & Conclusion: -Although the historical evidence is somewhat ambiguous, informed consent in the sense in which it is understood and practiced today appears to be a relatively recent arrival in medical ethics. Consent has been an important area of clinical surgery since the early 20th century, with shift in attitude of clinical practice from an authoritative role of the physician or surgeon to a patient centred approach.

The "reference guide to consent" published by the department of health, stated that although not a legal requirement, the completion of consent forms is good practice where an intervention is to be undertaken.

The NABH guidance regarding consent states that the task of seeking consent is the responsibility of the doctor providing treatment. This responsibility may be delegated to someone else, as long as they are suitably trained and qualified. In particular, they must have sufficient knowledge of the proposed investigation or treatment, and understand the risks involved.

Audiotape analysis showed that consent information provided to patients through verbal discussion is often deficient. It has been reported that patient recall of the information at the consent interview is generally poor. The NABH guidance also states that information discussed with the patient and any written information given as well as details of any decisions must be recorded in the patient's medical records or a consent form.

However, there remain concerns regarding the quality of documentation of the consent process.

The aim of this study was to assess the documentation of the consent process FMRI, Gurugram undertaking a wide range of invasive procedures in different surgical specialities. In our study, we assumed that patients had a copy of the consent form if the "patient's copy" was not found in the medical records. Although the medical records were randomly selected, we believe that this study represents the current practice.

Initially only 20-25% of consent forms completely met NABH guidelines. This demonstrates an alarmingly poor adherence to such guidance that plays a vital role in patient safety, patient ethics autonomy, not to mention potential medico-legal and clinical governance implications for surgical practice.

Our intervention has improved the quality of consenting within our hospital according to these guidelines. With these interventions set to continue and further develop, we expect that the quality of the consenting process will continue to provide patients with all that it is designed to.

The results of this study led to several changes being made within the trust. We have developed a presentation to be given to all new doctors starting at the trust with the intention of giving appropriate training on the process of consenting of patients and how related documentation should be completed. We have also increased the availability of patient information leaflets on common procedures, by placing them in clinics and wards. Staff

awareness regarding importance of securely filing consent forms and the process of confirming consent in those patients consented in advance was increased.

To determine whether these interventions improved our adherence to consenting guidelines we completed a re-audit exercise. This involved the random selection of adult patient medical records who were undergoing procedures at our hospital. We examined the notes in the same way making note of whether the NABH guidelines for consenting were adhered to.

2.7 References: -

1. Panos A Dimitriadis, Stavros Constantinou: Audit of the quality of consent form completion and improvement of practice September 2012,
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7. Raab EL. The parameters of informed consent. Trans Am Ophthalmol Soc 2004;102:225-30.

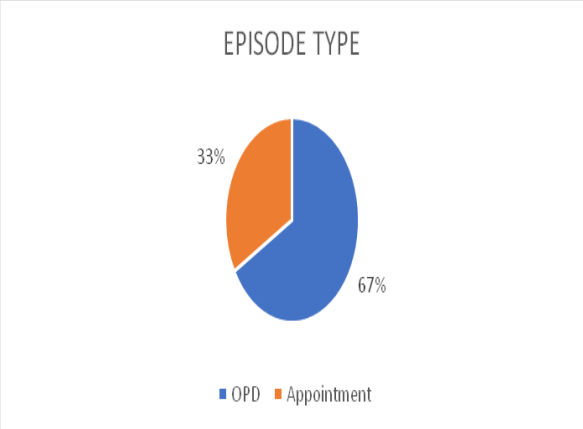
2.8 <u>Annexure</u>

SR. NO	Name of Department	Date of Visit	Interacted with (Name)
1	Radiology	26/04/22-18/05/22	Ms. Ritu Bahree

RADIOLOGY TAT

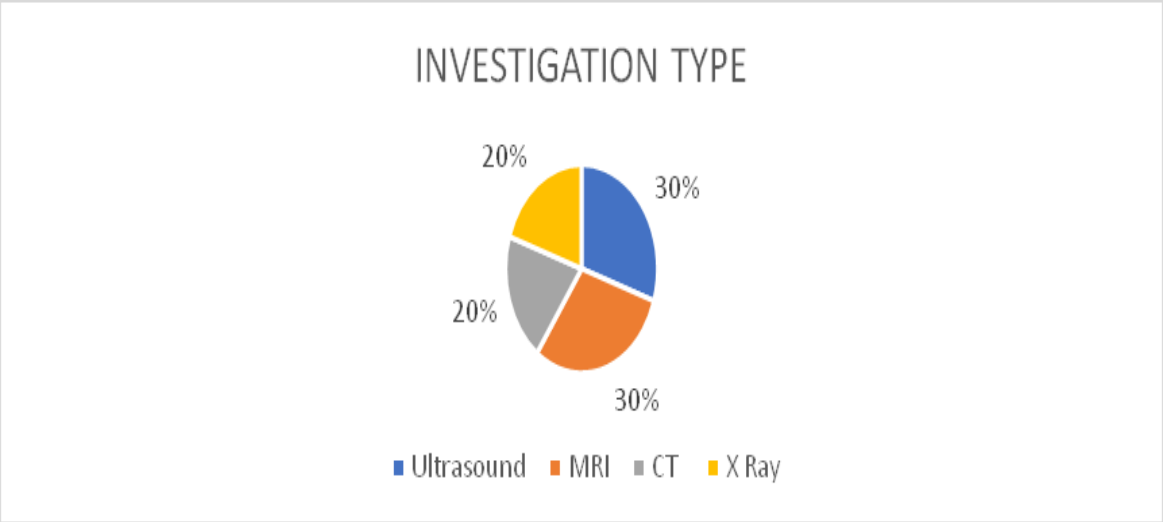
A STUDY ON RADIO TAT

EPISODE TYPE	NO OF PATIENTS
IPD	**80**
OPD	**80**
Appointment	**40**



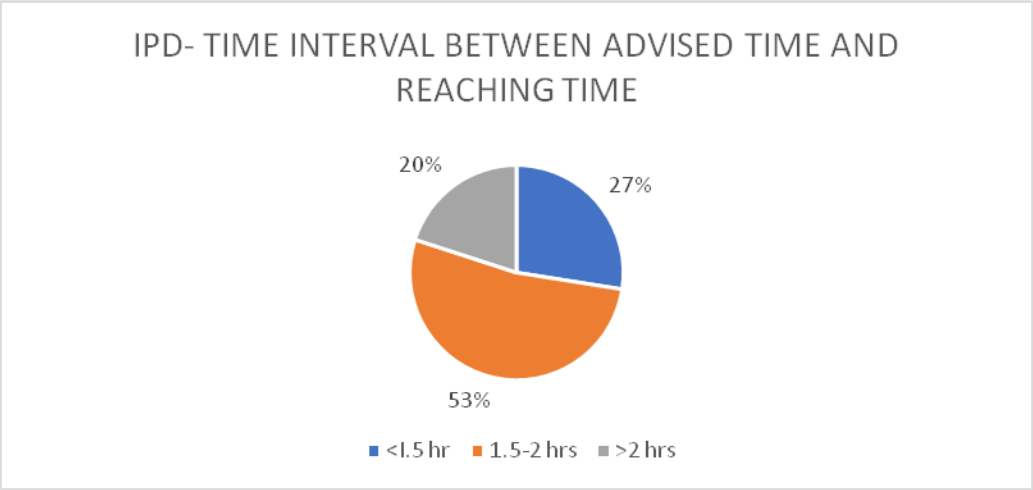
INVESTIGATION	NO OF PATIENTS
Ultrasound	60

MRI	60
CT	40
X Ray	40

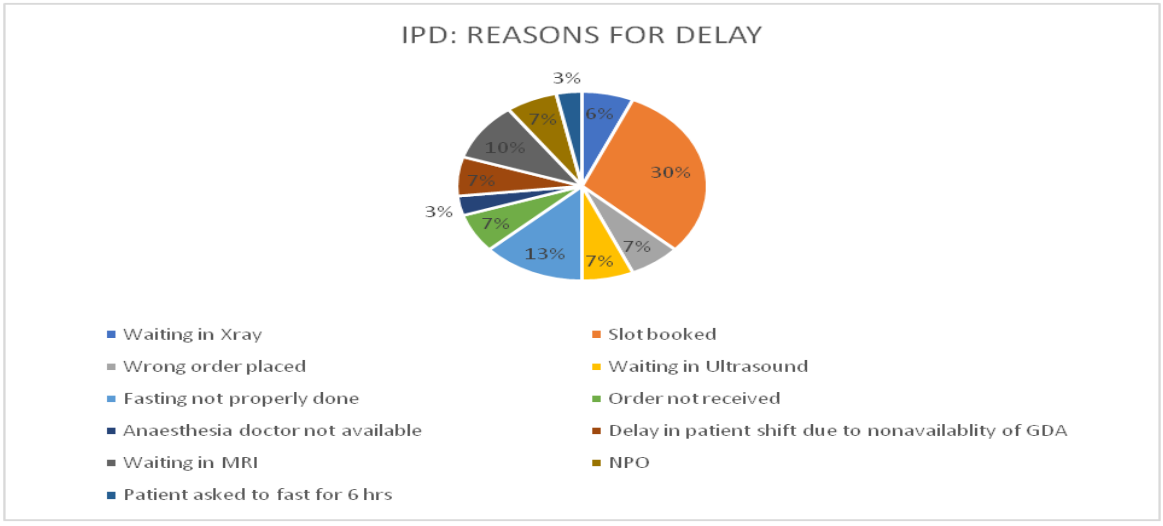


IPD

Time interval between Advised Time and Reaching time	Count of Patients
<1.5 hr	22
1.5 –2 hrs	42
>2 hrs	16

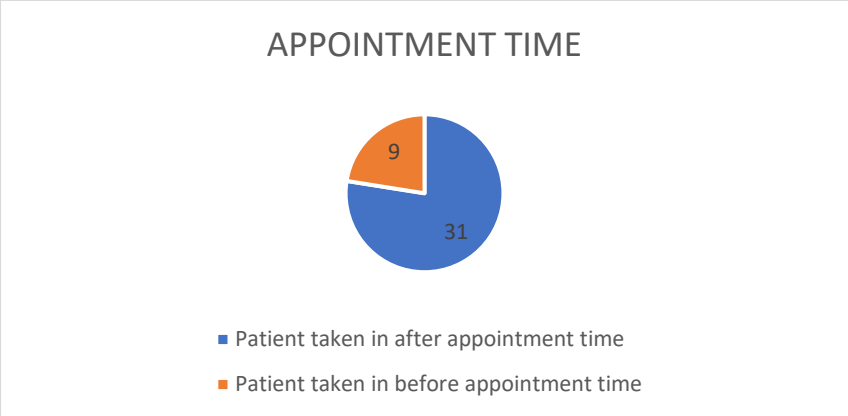


REASONS FOR DELAY IN IPD	COUNT
On time	50
Waiting in Xray	2
Slot booked	9
Wrong order placed	2
Waiting in Ultrasound	2
Fasting not properly done	4
Order not received	2
Anaesthesia doctor not available	1
Delay in patient shift due to non availability of GDA	2
Waiting in MRI	3
NPO	2
Patient asked to fast for 6 hrs	1

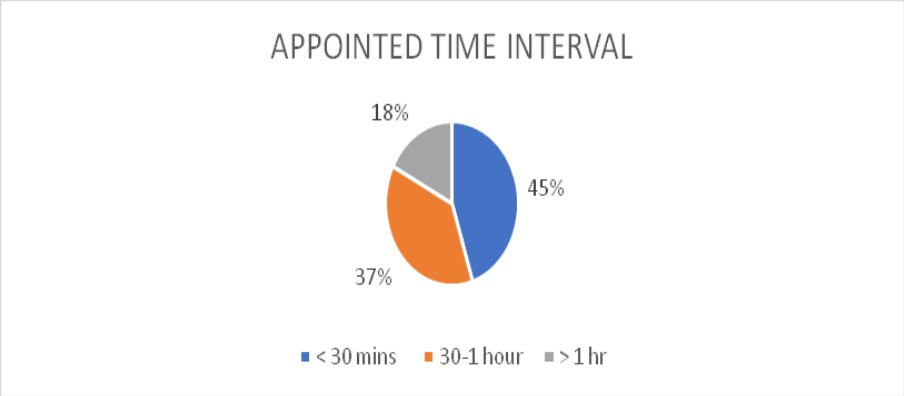


APPOINTMENT

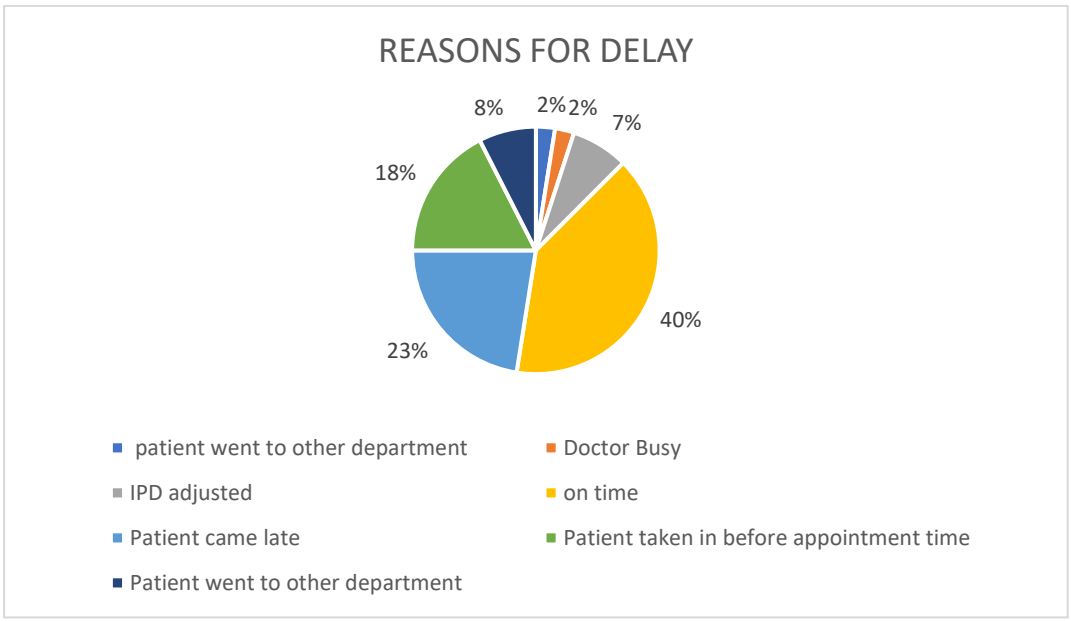
CRITERIA	NO OF PATIENTS
Patient taken in after appointment time	31
Patient taken in before appointment time	9



APPOINTMENT TIME INTERVAL	COUNT OF PATIENTS
<30 MINS	18
30 MINS – 1 HR	15
>I HR	7



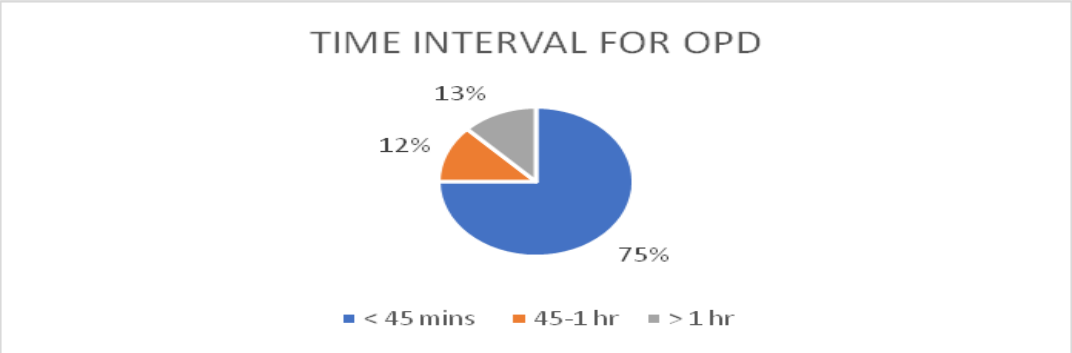
REASONS FOR DELAY	COUNT OF PATIENTS
patient went to other department	1
Doctor Busy	1
IPD adjusted	3
on time	16
Patient came late	9
Patient taken in before appointment time	7
Patient went to other department	3

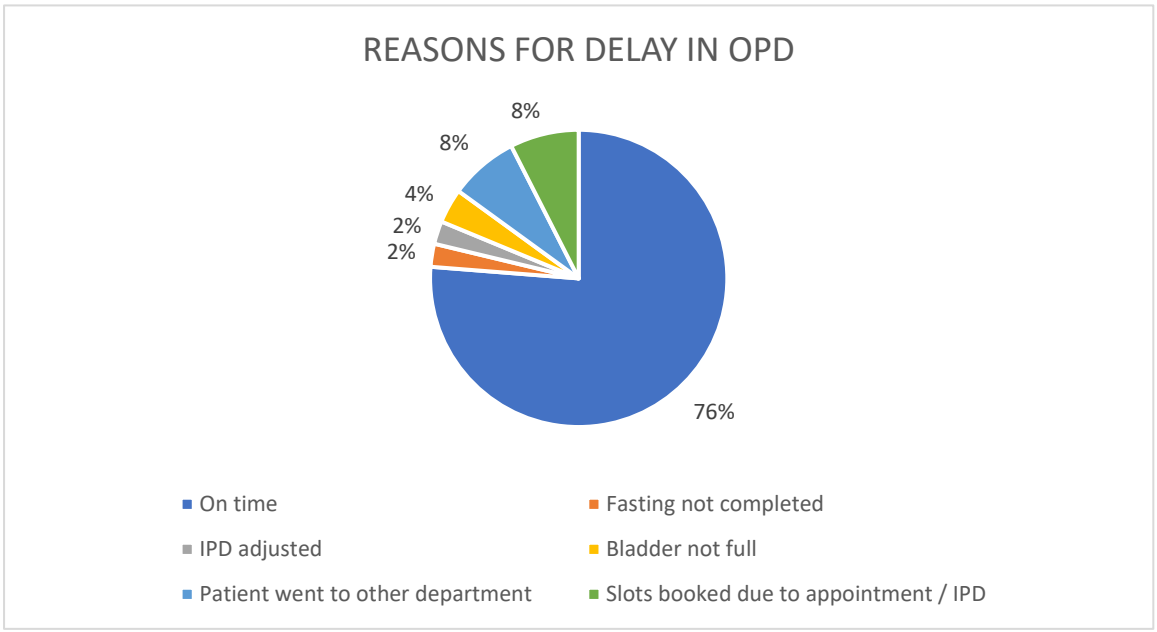


OPD

TIME INTERVAL	COUNT OF PATIENTS
<45 Mins	60
45 mins – 1 hr	10
>1 hr	10

REASONS FOR DELAY IN OPD	COUNT OF PATIENTS
On time	61
Fasting not completed	2
IPD adjusted	2
Bladder not full	3
Patient went to other department	6
Slots booked due to appointment / IPD	6




REASONS FOR DELAY IN OPD
8%
8%
4%
2%
2%
76%
On time
Fasting not completed
IPD adjusted
Bladder not full
Patient went to other department
Slots booked due to appointment / IPD