

**ASSESSMENT OF DOCTOR AND STAFF COMPLIANCE TOWARDS
RECORDING INFORMED CONSENTS IN CARE HOSPITALS IP DEPT.,
BANJARA HILLS, HYDERABAD DURING APRIL AND MAY 2022**

Dissertation Submitted to



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Master of Business Administration (MBA)

in

Hospital and Health Management

by

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Under the Supervision and Guidance of

Dr. Dhirendra Kumar

2022

DECLARATION BY STUDENT

I hereby declare that this dissertation titled **ASSESSMENT OF DOCTOR AND STAFF COMPLIANCE TOWARDS RECORDING INFORMED CONSENTS IN CARE HOSPITALS IP DEPT., BANJARA HILLS, HYDERABAD DURING APRIL AND MAY 2022** is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.



Dr. Swati Dwibhashyam

29th June, 2022

CERTIFICATE



Date: 20-06-2022

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr.Swati Dwibhashyam** has done her internship in **Medical Administration Department**, during period from 01/04/2022 to 18/06/2022.

We wish her all the best in her future endeavors.

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ABSTRACT

Every patient undergoing treatment in India has a legal right to autonomy and self-determination as per Article 21 of the Indian Constitution. However, in the working context, appropriately recording and documenting informed consent of the patient for every treatment procedure is sometimes overlooked. Hence, this study aimed at classifying the different types of informed consents necessary in a hospital and the compliance of the doctors and staff towards recording and documenting them correctly. The study was carried out in CARE Hospitals, Banjara Hills, IP Dept, over a period of two months, i.e. April and May 2022. It was a secondary study, collecting data from the medical records of discharged patients. A total of 253 data samples were collected, which were examined for the documentation and completeness of informed consents for various procedures. The sample contained a majority of Cardiology cases (25.3%), followed by Urology cases (13.4%). Analysis showed that there were 7 different types of informed consents usually filed, namely general consent, HIV test consent, Anaesthesia consent, Surgery consent, High Risk Procedure consent, Bedside procedure consent and other miscellaneous consents. Out of these, the general consent was documented in 97% cases. The doctor's signature field was complete in only 1% cases and staff sign, in just 50% cases. The HIV consent was documented in only 18% cases, amongst which the proportion of totally complete HIV consent forms was nil. It was seen that Cardiology department showed the least compliance towards filing anaesthesia consents, which was just one-third of the cardiology cases which needed anaesthesia. Even in the ones filed, almost none of the cases had patient name, type of anaesthesia, anaesthetist name and signature fields complete. Amongst informed consents for surgery, high risk procedure and bed side procedure, the field which was left incomplete in majority cases was that of benefits, risks, and alternative methods. Amongst other type of informed consents recorded, the ones for Chemotherapy and Sterilization were found, which showed 100% completeness. Overall, it could be concluded that major bottlenecks were seen in the compliance to recording HIV consent and in the completeness of anaesthesia consent forms. One major limitation to this study was the absence of documentation for patient's need for an HIV test and details of the test done, if done previously. Recommendations have been made for change in the format of general consent form and having specialized consent forms for most common procedures. Active audits and training programs have also been suggested.

Keywords- informed consent, compliance, HIV consent, completeness

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Sincerely,

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ABBREVIATIONS

Abbreviation	Full Form
IP	In Patient
HIV	Human immunodeficiency virus
OB GYN	Obstetrics and Gynaecology
CAG	Coronary Angiogram
LCS	Lower segment Caesarean section
GI	Gastrointestinal
CMAI	Christian Medical Association of India

CHAPTER 1: INTRODUCTION

1.1 BACKGROUND

In order to withhold ethical values within the field of medicine, informed consent is viewed as an important step before initiating medical treatment. The term “informed consent” was used for the first time in the case of *Schloendorff v. Society of New York Hospitals* in 1914 in the US, wherein the court had ruled in favour of Mrs. Schloendorff. The case came to light when Mrs. Schloendorff had consented for abdominal examination under anaesthesia but was not made aware of her abdominal tumor and the doctor had removed the tumor without her knowledge of the possible adverse outcome of said procedure(1). Later in 1947, the establishment of Nuremberg Code to lay down strict ethical guidelines in medical practice asserted the right of a patient to have complete disclosure about their condition and the treatment advised- its benefits, adverse effects and alternative treatment options.

In modern day scenario, informed consent helps the patient to make an informed decision about their health condition and seek treatment of their choice. It helps to build a base of transparency between the healthcare provider and the patient. It gives the patient written proof of their healthcare provider upholding their duties- of providing rightful care and maintaining confidentiality- while keeping the patient’s best interests in mind.

Since not every patient might be in a state to provide rightful consent for treatment, some provisions exist. In situations where the patient is not competent to give consent, such as due to young age or being unconscious, patient’s surrogate is allowed to give consent on patient’s behalf. In case of emergency, the healthcare provider is allowed to initiate treatment without consent, but has to take informed consent at the earliest opportunity available. For in-patients, since their hospital stay is characterised by various steps taken to treat them, informed consent has to be taken at every crucial step. However, in the view of high patient flow, or complicated cases, compliance of hospitals towards recording these informed consents might have to be assessed. Care Hospital, Banjara Hills- a 22 year old, 435 bedded facility can be classified as one such facility, receiving high patient flow of around 2,00,000 patients, annually. With around 50 surgeries happening everyday, it becomes an important duty to check for the doctors’ compliance towards taking and recording informed consents, thereby gauging and improving quality of service of the hospital, as a whole.

1.2 RESEARCH QUESTION

How much is the compliance of doctors and staff towards recording consents in Care Hospital IP Dept, Banjara Hills, Hyderabad during April & May 2022?

1.3 OBJECTIVES

- To assess the relevance of types of consent forms and their formats
- To identify the types of consents being recorded
- To assess the completeness, appropriateness, and timeliness of recorded consent forms

CHAPTER 2: REVIEW OF LITERATURE

Existing literature on informed consents mostly addresses patient comprehension, consent form readability and format and overall loopholes in the consent- taking process. Studies on assessing doctor compliance, such as the one by A. Ehteshami, S. Isfahani, S. Saeedbakhsh et al, show the existence of a significant association between doctors' knowledge about the legal aspects of informed consent recording and their compliance towards it, but a weak and reverse correlation(2). This study collected data of ophthalmologists' knowledge about legal aspects of informed consents and checked their compliance via medical records, which showed knowledge of about 78.72%. On the contrary, in a review carried out by J. Orkuma, G. Ayia, M. Ikwue et al to assess the compliance to informed consent for blood transfusion in Africa, knowledge gap of healthcare providers was amongst the top constraints to compliance(3). Another study carried out in Nigeria by O. Aisuodionoe-Shadrach et al, aimed at evaluating the process and quality of the consent-recording process. This study looked at the process from the patient's perspective only. In this study, although 90% patients said to have received information about their surgery way before the pre-operative day, only 35% had very sufficient information about their procedure. Amongst the various possible reasons for these results, such as illiteracy or non-comprehension, non-compliance of doctors to provide complete information, remains a very real possibility(4). Similar lack of provision of information about complications and post-operative care was seen in a study undertaken in 60 knee arthroplasty patients at a public hospital in Australia by I. McGaughey(5). Lack of competency to provide complete knowledge of a surgery to patients was also one of the critical results in a review carried out by W. Leclercq, Bram, J. Keulers et al, in which meta-analysis was carried out on 71 articles. It proposed an interactive computer-based system for recording informed consents(6). A common theme of improper or insufficient communication about the procedure to the patient has been noted from the available literature, especially in surgeries. Especially, communicating the risks, complications, alternative options, pre and post-operative care has been low.

CHAPTER 3: METHODOLOGY

3.1 STUDY DESIGN: Retrospective observational study

3.2 SETTING:

CARE Hospitals in Banjara Hills, Hyderabad was established in the year 2000. The multispecialty hospital has 435 beds, with an annual inflow of 1,80,000 outpatients and 16,000 in-patients

3.3 STUDY POPULATION:

- **Inclusion criteria:** Case files of patients who have been admitted and discharged within the months of April & May 2022
- **Exclusion criteria:** Case files of patients admitted before April 2022 or being discharged after May 2022
- **Study tools:** Microsoft Excel

3.4 DURATION OF STUDY: 4th April 2022 to 31st May 2022

3.5 SAMPLE SIZE: 253

3.6 SAMPLING TECHNIQUE: Simple Random Sampling

3.7 DATA COLLECTION PROCEDURE: Case files from the Medical Records Department are picked at random and data regarding documentation, completeness and appropriateness of relevant consent forms is recorded in Microsoft Excel.

CHAPTER 4: RESULTS & DISCUSSION

Grouping our findings according to the objectives-

4.1 Types of informed consents recorded

On thorough examination of the medical records, it was observed that consents recorded were mainly of 7 types-

- General Consent- Present on the admission form and intending to take a patient's or their relative's consent to perform necessary diagnostic procedures and give appropriate treatment as per the doctors' knowledge.
- HIV Consent- Consent form for patients in whom HIV test might be deemed necessary by the doctors, explaining about HIV test, and taking permission to keep the test confidential, to perform the test and taking patient's authorization to give the test results to whomever patient chooses.
- Anaesthesia Consent- Consent form for patients undergoing surgery requiring anaesthesia, which mentions the type of anaesthesia, its pros and cons, and seeks patient's and a witness's approval along with the doctor's sign as the consent taker.
- Surgery Consent- Consent form for patients undergoing surgery, which mentions the type of surgery and anaesthesia, its pros and cons, alternative treatment and seeks patient's and a witness's approval along with the doctor's sign as the consent taker.
- High Risk Procedure Consent- Consent form for patients undergoing high risk surgery, which mentions the type of surgery and anaesthesia, its pros and cons, alternative treatment and seeks patient's and a witness's approval along with the doctor's sign as the consent taker.
- (Bedside) Procedure Consent- Consent form for patients needing a bedside procedure, which mentions the type of procedure and anaesthesia, its pros and cons, alternative treatment and seeks patient's and a witness's approval along with the doctor's sign as the consent taker.
- Others- Within this miscellaneous category, any other uncommon type of consents such as consent for restraint, for radiotherapy/ chemotherapy, for sterilization, etc are catered.

4.2 Relevance of types of consent forms and their formats

- The general consent is placed within the admission form itself. However, it doesn't have a section to seek the patient's signature and only seeks relative's or witness's signature.
- The HIV consent form is rather in-detail, mentioning the necessary information and seeking separate approvals for confidentiality, performing and test and giving the test results.
- The Anaesthesia consent form is also a comprehensive document mentioning the benefits and downsides of each form of sedation and having separate sections for patient, witness and doctor approvals if the patient is capable of giving consent and if not, for their representative.
- There isn't one standard template for surgery consent form. Few departments such as Cardiology and OB GYN have special consent forms for surgeries like CAG, LCS, Laproscopic procedures, etc. Other departments usually use the informed consent template which is commonly used for surgeries and bedside procedures. The common format fails to explain in-depth about the procedure that the patient is undergoing.
- High Risk Consent form also has a standardized template, explaining why the certain procedure poses said risk. Few departments such as Cardiothoracic surgery and Neurosurgery have customised forms as well.
- Procedure consent form is the common informed consent template itself.
- Miscellaneous types of consent forms have specific formats each explaining more about the procedure.

4.3 Assessment of the completeness, and documentation of recorded consent forms

Amongst the 253 random medical record samples examined, following results were obtained-

It was seen that one-fourth of the samples were from Cardiology, followed by close to one-tenth of the samples being from Urology and OB GYN, each. The proportions of rest of the 21 departments were below 10% each.

TABLE 4.1 Department-wise proportions within the sample

Department	Cases (%)
CARDIOLOGY	25.30
UROLOGY	13.44
OBSTETRICS & GYNAECOLOGY	9.49
BARIATRIC AND GI SURGERY	7.51
ORTHOPAEDICS	7.11
ONCOLOGY/HAEMATOLOGY	5.93
NEUROLOGY	4.74
INTERNAL MEDICINE	4.35
NEPHROLOGY	3.56
NEURO SURGERY	3.16
PAEDIATRICS	2.37
PULMONOLOGY	1.98
CRITICAL CARE	1.98
VASCULAR & ENDOVASCULAR SURGERY	1.98
CARDIOTHORACIC SURGERY	1.58
GENERAL SURGERY	1.19
SURGICAL ONCOLOGY	1.19
PAEDIATRIC CARDIAC SURGERY	0.79
PLASTIC SURGERY	0.79
GASTROENTEROLOGY	0.40
DENTAL	0.40
ENT HEAD & NECK	0.40
PAEDIATRIC CARDIOLOGY	0.40

4.3.1 General Consent

It was seen that general consent wasn't filed in 3% samples indicating these samples did not have admission forms itself. The percentage filing of the general consent across departments was in correspondence with the proportions of each department within the sample. The major fields within the general consent which were found to show less compliance were staff signature and patient/ guardian signature. Only half of the samples had signature of the consent-taking staff and one-fifth of the samples did not have guardian signature. It was also observed that doctor's signature wasn't being taken despite there being a separate field for it within the form. The absence of staff signature was seen maximum in OB GYN, Neurology and Internal Medicine case records.

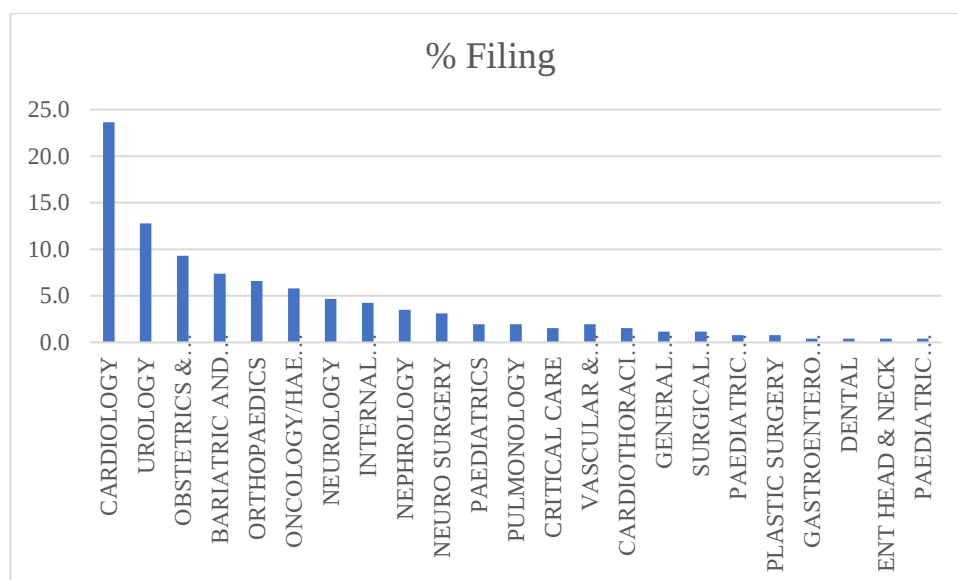


Fig 4.1 Department-wise percentage of general consent documentation

TABLE 4.2 Documentation and Completeness of General Consent form

	Document ation (%)	Completeness (%)						
	Filed	Date & Time	Patie nt name	Patient / Guardi an sign	Doctor/ Dept. name	Doct or sign	Staff name	Sta ff sig n
Total	97.2	97.2	97.2	81.0	97.2	1.2	97.2	49.8
CARDIOLOGY	23.6	23.6	23.6	19.8	23.6	1.2	23.6	11.2
UROLOGY	12.8	12.8	12.8	10.9	12.8	0.0	12.8	8.1
OBSTETRICS & GYNAECOLOGY	9.3	9.3	9.3	6.2	9.3	0.0	9.3	2.7
BARIATRIC AND GI SURGERY	7.4	7.4	7.4	7.4	7.4	0.0	7.4	5.0
ORTHOPAEDICS	6.6	6.6	6.6	5.4	6.6	0.0	6.6	3.5
ONCOLOGY/HAEMATOLOGY	5.8	5.8	5.8	3.9	5.8	0.0	5.8	5.0
NEUROLOGY	4.7	4.7	4.7	4.7	4.7	0.0	4.7	1.2
INTERNAL MEDICINE	4.3	4.3	4.3	4.3	4.3	0.0	4.3	1.2
NEPHROLOGY	3.5	3.5	3.5	3.1	3.5	0.0	3.5	1.2
NEURO SURGERY	3.1	3.1	3.1	3.1	3.1	0.0	3.1	1.9
PAEDIATRICS	1.9	1.9	1.9	1.6	1.9	0.0	1.9	1.2
PULMONOLOGY	1.9	1.9	1.9	1.6	1.9	0.0	1.9	0.4
CRITICAL CARE	1.6	1.6	1.6	1.6	1.6	0.0	1.6	0.0
VASCULAR & ENDOVASCULAR SURGERY	1.9	1.9	1.9	1.2	1.9	0.0	1.9	1.9

CARDIOTHORACIC SURGERY	1.6	1.6	1.6	0.8	1.6	0.0	1.6	0.8
GENERAL SURGERY	1.2	1.2	1.2	0.4	1.2	0.0	1.2	1.2
SURGICAL ONCOLOGY	1.2	1.2	1.2	1.2	1.2	0.0	1.2	0.4
PAEDIATRIC CARDIAC SURGERY	0.8	0.8	0.8	0.4	0.8	0.0	0.8	0.0
PLASTIC SURGERY	0.8	0.8	0.8	0.8	0.8	0.0	0.8	0.8
GASTROENTEROLOGY	0.4	0.4	0.4	0.4	0.4	0.0	0.4	0.0
DENTAL	0.4	0.4	0.4	0.4	0.4	0.0	0.4	0.4
ENT HEAD & NECK	0.4	0.4	0.4	0.4	0.4	0.0	0.4	0.4
PAEDIATRIC CARDIOLOGY	0.4	0.4	0.4	0.4	0.4	0.0	0.4	0.4

4.3.2 HIV Consent

The primary drawback in judging if the HIV consent was applicable in a case or not, was the absence of any documentation to show if the patient needed an HIV test. And if yes, has the HIV test been done at this hospital or not. For the purpose of this study, this judgement has been made based on documentation in the Pre-Anaesthesia Checklist, which directly mentions if the patient is HIV positive or negative. If such documentation was observed, it was by default considered that the HIV test has been conducted in the hospital and that the test was needed.

It was observed that HIV test was done in 72% cases but consents were filed for only 13% of them. Amongst the 253 samples, a fully completed HIV consent was not seen in any of the samples. The confidentiality section was seen to be filled in one case, only 4% cases had the patient's authorization to conduct the HIV test and about 9.5% cases had filled the authorization to receive test results, partly or fully. It was seen that in departments like Urology, OB GYN, Internal medicine which contain more proportion patients in which HIV test was done, no HIV consents were filed.

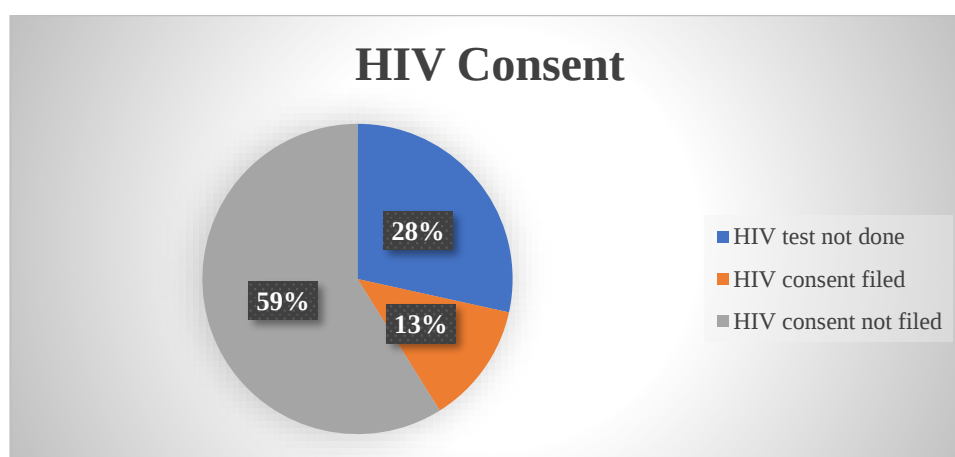


Fig 4.2 Proportion of HIV tests not done to Consents filed and not filed

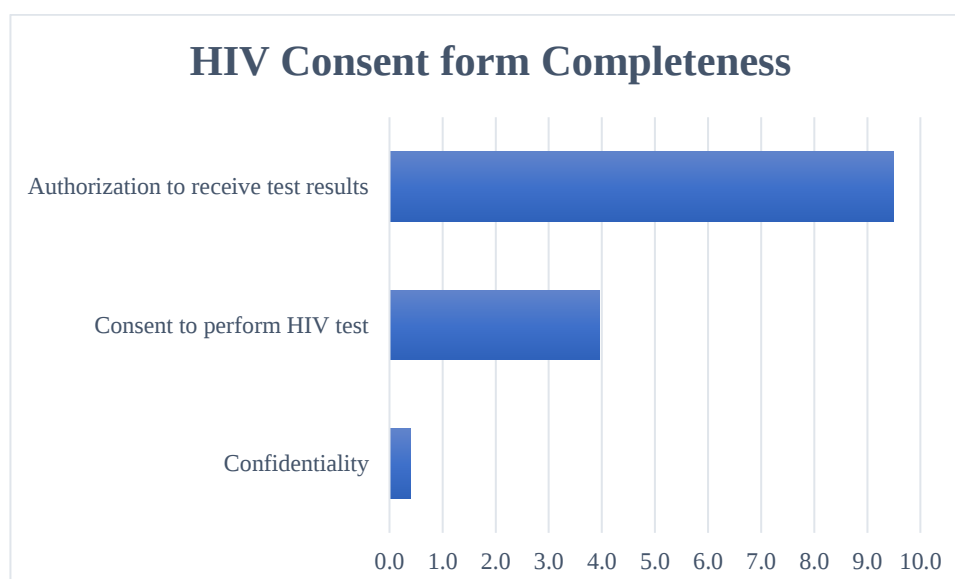


Fig 4.3 Section-wise completeness of the documented HIV consent forms

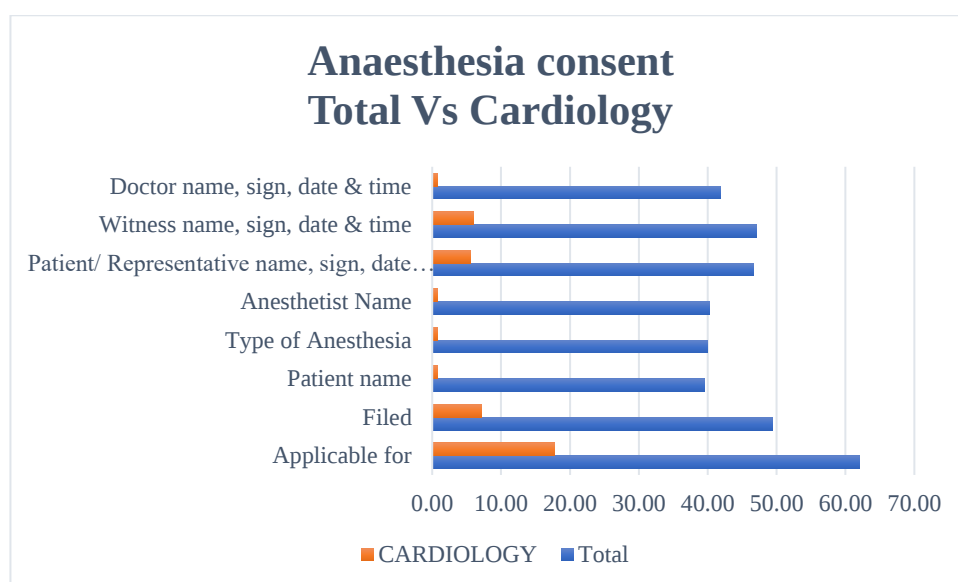
TABLE 4.3 Documentation and Completeness of HIV Consent form

		Documentation(%)	Completeness(%)		
	Applicable for (%)	Filed	Confidentiality	Consent to perform HIV test	Authorization to receive test results
Total	71.5	12.6	0.4	4.0	9.5
CARDIOLOGY	20.9	5.5	0.4	1.6	4.0
UROLOGY	11.5	0.0	0.0	0.0	0.0
OBSTETRICS & GYNAECOLOGY	7.1	0.0	0.0	0.0	0.0
BARIATRIC AND GI SURGERY	5.9	0.4	0.0	0.0	0.4

ORTHOPAEDICS	6.3	1.2	0.0	0.0	0.8
ONCOLOGY/HAEMATOLOGY	0.0	0.0	0.0	0.0	0.0
NEUROLOGY	1.6	1.2	0.0	0.4	1.2
INTERNAL MEDICINE	2.0	0.0	0.0	0.0	0.0
NEPHROLOGY	2.4	2.0	0.0	1.2	1.6
NEURO SURGERY	2.8	0.8	0.0	0.0	0.8
PAEDIATRICS	0.4	0.0	0.0	0.0	0.0
PULMONOLOGY	0.8	0.0	0.0	0.0	0.0
CRITICAL CARE	1.2	0.4	0.0	0.0	0.0
VASCULAR & ENDOVASCULAR SURGERY	2.0	0.0	0.0	0.0	0.0
CARDIOTHORACIC SURGERY	1.6	0.4	0.0	0.4	0.0
GENERAL SURGERY	0.8	0.0	0.0	0.0	0.0
SURGICAL ONCOLOGY	1.2	0.0	0.0	0.0	0.0
PAEDIATRIC CARDIAC SURGERY	0.8	0.8	0.0	0.4	0.8
PLASTIC SURGERY	0.4	0.0	0.0	0.0	0.0
GASTROENTEROLOGY	0.4	0.0	0.0	0.0	0.0
DENTAL	0.4	0.0	0.0	0.0	0.0
ENT HEAD & NECK	0.4	0.0	0.0	0.0	0.0
PAEDIATRIC CARDIOLOGY	0.4	0.0	0.0	0.0	0.0

4.3.3 Anaesthesia Consent

It was observed that only 40% samples had the patient's name and type of anaesthesia mentioned. The doctor's name and signature were missing in 40% and 42% cases, respectively. It was seen that Cardiology department showed the least compliance towards filing anaesthesia consents, which was just one-third of the cardiology cases which needed anaesthesia. Even in the ones filed, almost none of the cases had patient name, type of anaesthesia, anesthetist name and signature.



*Fig 4.4 Field-wise comparison of anaesthesia consent form completeness
(Total vs Cardiology cases)*

TABLE 4.4 Documentation and Completeness of Anaesthesia Consent form

		Documentati on(%)	Completeness(%)					
	Applica ble for	Filed	Patient name	Type of Anaesth esia	Anesth etist Name	Patient/ Represent ative name, sign, date & time	Witn ess name , sign, date & time	Doct or nam e, sign, date & time
Total	62.06	49.4	39.5	39.9	40.3	46.6	47.0	41.9
CARDIOLOGY	17.79	7.1	0.8	0.8	0.8	5.5	5.9	0.8
UROLOGY	10.28	9.9	9.5	9.1	9.9	9.5	9.9	9.9
OBSTETRICS & GYNAECOLOGY	9.09	8.7	8.3	8.3	8.3	8.3	8.3	8.3
BARIATRIC AND GI SURGERY	6.32	5.9	5.5	5.9	5.9	6.7	5.9	5.9
ORTHOPAEDICS	5.14	5.1	5.1	4.7	5.1	5.1	5.1	5.1
ONCOLOGY/HAEMA TOLOGY	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
NEUROLOGY	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
INTERNAL MEDICINE	1.19	0.8	0.8	0.8	0.8	0.8	0.8	0.8
NEPHROLOGY	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
NEURO SURGERY	2.37	2.4	2.4	2.4	2.4	2.4	2.4	2.4
PAEDIATRICS	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0

PULMONOLOGY	0.79	0.8	0.4	0.4	0.4	0.4	0.4	0.4
CRITICAL CARE	0.40	0.4	0.4	0.4	0.4	0.0	0.4	0.4
VASCULAR & ENDOVASCULAR SURGERY	1.98	2.0	2.0	1.6	2.0	2.0	2.0	2.0
CARDIOTHORACIC SURGERY	1.58	1.6	0.0	1.2	0.4	1.6	1.6	1.6
GENERAL SURGERY	0.79	0.8	0.8	0.8	0.8	0.8	0.8	0.8
SURGICAL ONCOLOGY	1.19	1.2	1.2	1.2	1.2	1.2	1.2	1.2
PAEDIATRIC CARDIAC SURGERY	0.79	0.8	0.8	0.8	0.4	0.0	0.8	0.8
PLASTIC SURGERY	0.79	0.8	0.8	0.8	0.8	0.8	0.8	0.8
GASTROENTEROLO GY	0.40	0.0	0.0	0.0	0.0	0.0	0.0	0.0
DENTAL	0.40	0.4	0.4	0.4	0.4	0.4	0.4	0.4
ENT HEAD & NECK	0.40	0.4	0.4	0.4	0.4	0.4	0.4	0.4
PAEDIATRIC CARDIOLOGY	0.40	0.4	0.0	0.0	0.0	0.0	0.0	0.0

4.3.4 Surgery Consent

It was seen that amongst the various fields recorded, doctor's signature had the least compliance within the surgery consent.

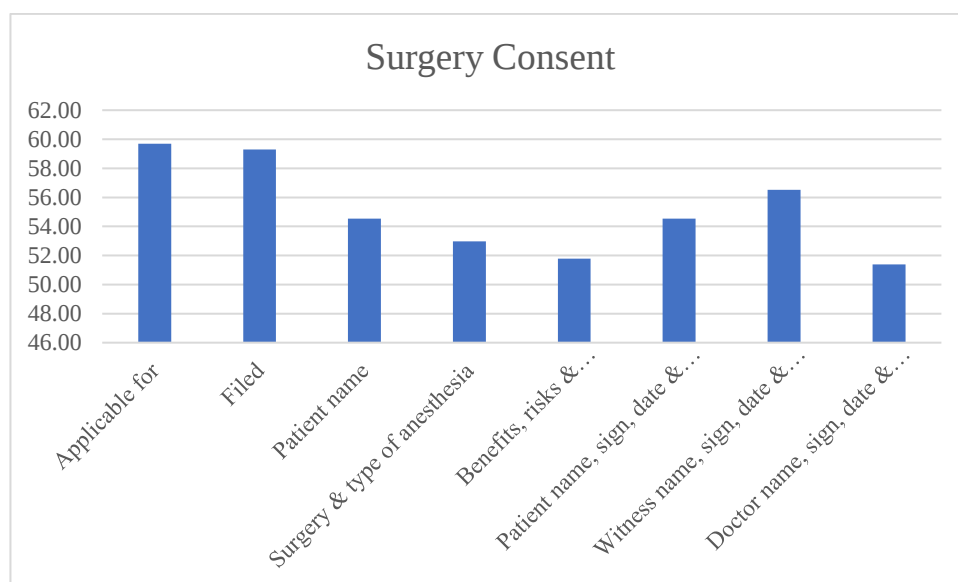


Fig 4.5 Field-wise completeness of surgery consent forms

TABLE 4.5 Documentation and Completeness of Surgery Consent form

		Documen tation (%)	Completeness (%)					
	Applic able for	Filed	Pati ent nam e	Surger y & type of anaesth esia	Benefi ts, risks & alterna tive metho ds	Pati ent nam e, sign , date & time	Witn ess nam e, sign, date & time	Doc tor nam e, sign , date & time
Total	59.68	59.3	54.5	53.0	51.8	54.5	56.5	51.4
CARDIOLOGY	18.97	18.6	16.2	14.6	17.0	16.2	17.4	13.8
UROLOGY	10.67	10.7	10.3	10.3	10.3	10.7	10.7	10.7
OBSTETRICS & GYNAECOLOGY	9.09	9.1	8.7	8.7	7.1	7.1	7.5	6.3
BARIATRIC AND GI SURGERY	6.32	6.3	5.9	6.3	5.5	6.3	6.3	5.9
ORTHOPAEDICS	5.53	5.5	5.1	4.7	5.1	5.5	5.5	5.5
ONCOLOGY/HAEM ATOLOGY	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
NEUROLOGY	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
INTERNAL MEDICINE	0.79	0.8	0.8	0.8	0.8	0.8	0.8	0.8
NEPHROLOGY	0.79	0.8	0.8	0.8	0.4	0.8	0.8	0.8
NEURO SURGERY	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PAEDIATRICS	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PULMONOLOGY	0.40	0.4	0.4	0.4	0.4	0.4	0.4	0.4
CRITICAL CARE	0.40	0.4	0.4	0.0	0.0	0.4	0.4	0.4
VASCULAR & ENDOVASCULAR SURGERY	0.40	0.4	0.4	0.4	0.4	0.4	0.4	0.4
CARDIOTHORACIC SURGERY	1.58	1.6	1.2	1.6	1.6	1.6	1.6	1.6
GENERAL SURGERY	1.19	1.2	1.2	0.8	0.4	1.2	1.2	1.2
SURGICAL ONCOLOGY	0.79	0.8	0.8	0.8	0.8	0.8	0.8	0.8
PAEDIATRIC CARDIAC SURGERY	0.40	0.4	0.4	0.4	0.0	0.4	0.4	0.4
PLASTIC SURGERY	0.79	0.8	0.8	0.8	0.8	0.8	0.8	0.8
GASTROENTEROL OGY	0.40	0.4	0.0	0.4	0.0	0.4	0.4	0.4
DENTAL	0.40	0.4	0.4	0.4	0.4	0.4	0.4	0.4
ENT HEAD & NECK	0.40	0.4	0.4	0.4	0.4	0.4	0.4	0.4
PAEDIATRIC CARDIOLOGY	0.40	0.4	0.4	0.4	0.4	0.0	0.4	0.4

4.3.5 High Risk Procedure Consent

It was observed that high risk consent was applicable in only 10% samples, amongst which most of them belonged to Neurosurgery, Endovascular surgery and Cardiothoracic surgery departments. Compliance towards filling the benefits, risks and alternative methods field was the least at 6.3%.

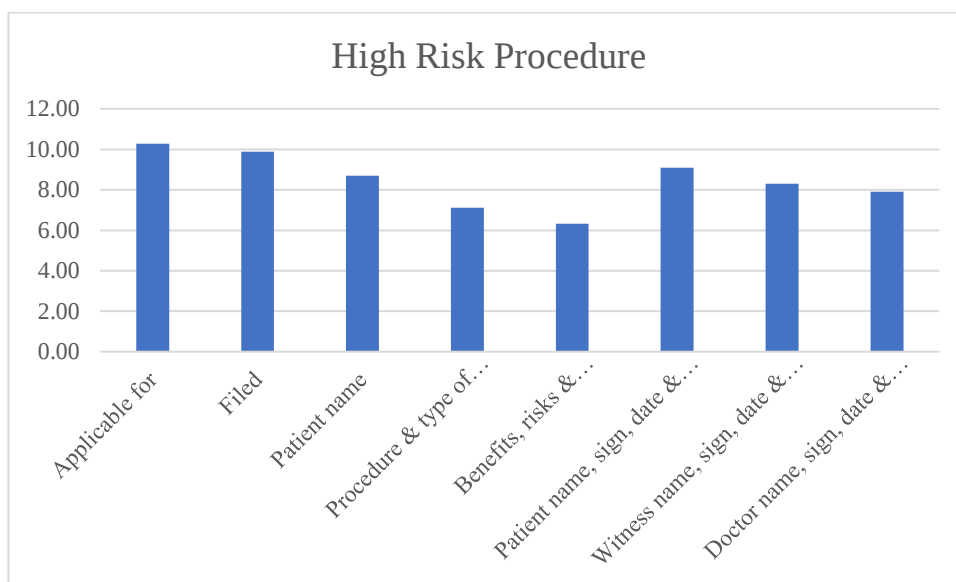


Fig 4.6 Field-wise completeness of High-risk procedure consent forms

TABLE 4.6 Documentation and Completeness of High risk procedure Consent form

		Documen tation (%)	Completeness (%)					
	Applic able for	Filed	Pati ent nam e	Proced ure & type of anaesth esia	Benefi ts, risks & alterna tive metho ds	Pati ent nam e, sign , date & time	Witn ess nam e, sign, date & time	Doc tor nam e, sign , date & time
Total	10.28	9.9	8.7	7.1	6.3	9.1	8.3	7.9
CARDIOLOGY	0.79	0.4	0.4	0.0	0.0	0.4	0.4	0.4
UROLOGY	0.79	0.8	0.8	0.4	0.4	0.8	0.8	0.8

OBSTETRICS & GYNAECOLOGY	0.79	0.8	0.0	0.0	0.0	0.4	0.0	0.0
BARIATRIC AND GI SURGERY	0.40	0.4	0.0	0.0	0.0	0.4	0.4	0.0
ORTHOPAEDICS	0.40	0.4	0.4	0.0	0.0	0.4	0.4	0.0
ONCOLOGY/HAEMATOLOGY	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
NEUROLOGY	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
INTERNAL MEDICINE	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
NEPHROLOGY	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
NEURO SURGERY	1.98	2.0	2.0	2.0	1.6	2.0	1.6	2.0
PAEDIATRICS	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PULMONOLOGY	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CRITICAL CARE	0.40	0.4	0.4	0.4	0.4	0.0	0.0	0.0
VASCULAR & ENDOVASCULAR SURGERY	1.98	2.0	2.0	2.0	2.0	2.0	2.0	2.0
CARDIOTHORACIC SURGERY	1.58	1.6	1.6	1.6	1.6	1.6	1.6	1.6
GENERAL SURGERY	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
SURGICAL ONCOLOGY	0.40	0.4	0.4	0.4	0.4	0.4	0.4	0.4
PAEDIATRIC CARDIAC SURGERY	0.79	0.8	0.8	0.4	0.0	0.8	0.8	0.8
PLASTIC SURGERY	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
GASTROENTEROLOGY	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
DENTAL	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
ENT HEAD & NECK	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PAEDIATRIC CARDIOLOGY	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0

4.3.6 Procedure Consent

Similar to the high risk procedure consent, the field of benefits, risks and alternative methods showed least compliance compared to others, in all departments.

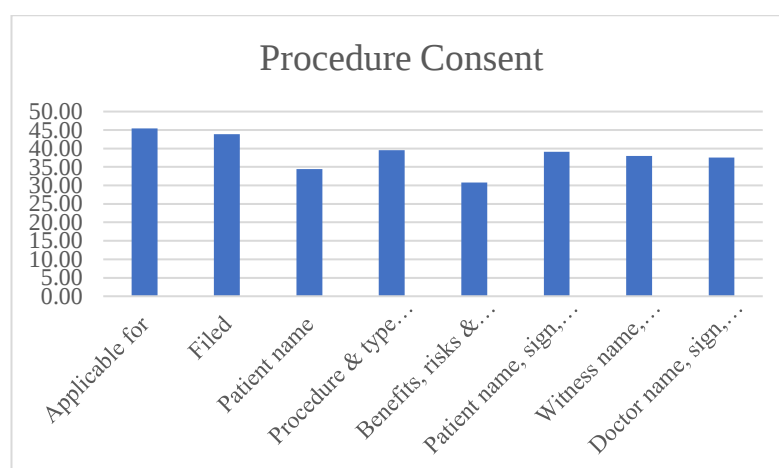


Fig 4.7 Field-wise completeness of procedure consent forms

TABLE 4.7 Documentation and Completeness of Procedure Consent form

	Applicable for	Filed	Patient name	Procedure & type of anaesthesia	Benefits, risks & alternative methods	Patient name, sign, date & time	Witness name, sign, date & time	Doctor name, sign, date & time
Total	45.45	43.9	34.4	39.5	30.8	39.1	37.9	37.5
CARDIOLOGY	7.51	6.7	5.9	5.9	4.0	6.7	6.3	5.1
UROLOGY	7.91	7.9	6.7	7.1	7.1	7.9	7.9	7.9
OBSTETRICS & GYNAECOLOGY	6.72	6.7	5.9	5.5	4.3	5.5	5.5	6.3
BARIATRIC AND GI SURGERY	3.16	3.2	2.8	2.8	2.4	3.2	3.2	2.8
ORTHOPAEDICS	2.37	2.4	1.2	2.0	2.0	2.0	2.0	2.0
ONCOLOGY/HAEMATOLOGY	0.79	0.4	0.4	0.4	0.4	0.4	0.4	0.4
NEUROLOGY	3.16	3.2	1.6	2.8	1.6	2.0	2.4	2.4
INTERNAL MEDICINE	1.19	0.8	0.4	0.8	0.4	0.8	0.8	0.0
NEPHROLOGY	2.37	2.4	2.0	2.4	1.2	2.0	1.6	2.0
NEURO SURGERY	2.37	2.4	1.6	2.0	1.6	2.0	1.6	2.0
PAEDIATRICS	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PULMONOLOGY	0.40	0.4	0.4	0.4	0.0	0.0	0.4	0.0
CRITICAL CARE	1.58	1.6	0.4	1.6	0.8	1.2	0.4	1.2
VASCULAR & ENDOVASCULAR SURGERY	1.19	1.2	0.8	1.2	1.2	1.2	1.2	1.2
CARDIOTHORACIC SURGERY	1.58	1.6	1.2	1.6	1.2	1.2	1.2	1.2
GENERAL SURGERY	0.40	0.4	0.4	0.4	0.0	0.4	0.4	0.4
SURGICAL ONCOLOGY	1.19	1.2	1.2	1.2	1.2	1.2	1.2	1.2

PAEDIATRIC CARDIAC SURGERY	0.79	0.8	0.8	0.8	0.8	0.8	0.8	0.8
PLASTIC SURGERY	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
GASTROENTEROLOG Y	0.40	0.4	0.4	0.4	0.4	0.4	0.4	0.4
DENTAL	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
ENT HEAD & NECK	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PAEDIATRIC CARDIOLOGY	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0

4.3.7 Others

Amongst other type of consents, two types were identified, chemotherapy consent for cancer patients and CMAI consent for literature acceptor for sterilization patients. Completeness of these consents was 100%.

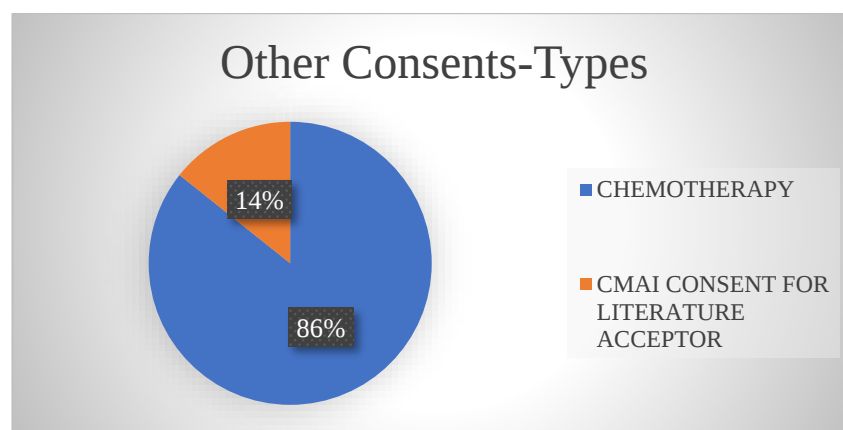


Fig 4.8 Percentage of other types of consent forms

TABLE 4.8 Documentation and Completeness of Other Consent forms

	Applica ble for	Fil ed	Patie nt nam e	Procedu re & type of anaesth esia	Benefit s, risks & alternat ive metho ds	Patie nt nam e, sign, date & time	With ess name , sign, date & time	Doct or nam e, sign, date & time
Total	5.53	4.7	4.3	4.3	4.7	4.3	4.3	4.3
CARDIOLOGY	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
UROLOGY	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
OBSTETRICS & GYNAECOLOGY	0.79	0.8	0.4	0.4	0.8	0.4	0.4	0.4
BARIATRIC AND GI SURGERY	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
ORTHOPAEDICS	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0

ONCOLOGY/HAEMATOLOGY	2.37	2.0	2.0	2.0	2.0	2.0	2.0	2.0
NEUROLOGY	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
INTERNAL MEDICINE	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
NEPHROLOGY	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
NEURO SURGERY	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PAEDIATRICS	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PULMONOLOGY	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CRITICAL CARE	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
VASCULAR & ENDOVASCULAR SURGERY	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CARDIOTHORACIC SURGERY	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
GENERAL SURGERY	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
SURGICAL ONCOLOGY	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PAEDIATRIC CARDIAC SURGERY	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PLASTIC SURGERY	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
GASTROENTEROLOGY	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
DENTAL	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
ENT HEAD & NECK	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PAEDIATRIC CARDIOLOGY	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0

CHAPTER 5: LIMITATIONS

- Applicability of HIV consent in a case was determined based on the documentation in Pre anaesthesia checklist, as the patient being HIV positive or negative. There was no document to determine if the patient underwent the HIV test in the hospital or not.
- In case of multiple consents of a single type being present, only the consent form with least compliance was considered.
- Only informed consents taken using consent forms were considered. Consents taken over progress notes, were not considered for this study.

CHAPTER 6: CONCLUSION & RECOMMENDATIONS

➤ CONCLUSION

A considerable degree of non-compliance has been noted with respect to documenting consents, especially for HIV tests and completing consents. Completeness of anaesthesia consents and the benefits, risks and alternative methods fields of all consents have been observed to be amongst the primary bottlenecks. Improvisation with regards to these loopholes can markedly enhance the quality of service provided.

➤ RECOMMENDATIONS

- The doctors and staff (consent takers) need to be educated rigorously about the importance of consents.
- Daily active audits to assess daily documentation of consent forms and rectification.
- The format of surgery and procedure consent forms can be modified into different templates, each specific for the most common surgeries and procedures. The benefits and risks section completion must be stressed upon.
- Documentation within the case records about whether the patient needs HIV testing or not, and if the test has been performed.
- Policies to increase compliance amongst departments such as Urology, OB GYN and Cardiology, since maximum patient footfall is received by these departments.

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