

# Wrist Fracture Surgery & Obtaining Consent: Is the process truly informed?



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Presenting - J Macdonald



# An Audit of Consent Form Documentation for Wrist Fracture Surgery

- Background
- Aims & Objectives
- Methods
- Results
- Conclusions
- Implementation of Change
- Re-audit



# Valid Consent

For consent to be **valid**, it must be given voluntarily by an appropriately informed person who has the capacity to consent to the intervention in question.

*Reference guide for consent to examination or treatment. Second edition. Department of Health. July 2009*

## Informed Consent

For consent to be informed, the patient must have a clear understanding of:

- the nature of the proposed procedure,
- relevant risks / complications
- likely outcome of declining intervention

## Capacity

The patient must be able to:

- comprehend and retain information material to the decision, especially the consequences of having or not having the intervention in question
- use and weigh this information in the decision-making process.
- communicate their decision

*The Mental Capacity Act 2005*

# Aims & Objectives

- To determine if current documentation of consent for wrist fracture surgery within the RVH Trauma Unit meets current BOA endorsed guidelines.
- If required, implement changes in the consent process and to bring established practice in RVH in line with BOA endorsed guidelines.

# Methods

Trust audit approval

Audit cohort identified using FORD

N = 50

21<sup>st</sup> July 2014 – 14<sup>th</sup> March 2015

Retrospective medical note review

Consent form documentation / X-rays analysed

Compared to BOA approved OrthoConsent consent forms

Target 100% compliance

Exclusion Criteria: Age < 16 yrs / Lacking capacity / Notes unavailable



# BOA Approved Guidelines

- 1) Pain
- 2) Swelling
- 3) Stiffness
- 4) Infection
- 5) Neurovascular damage
- 6) Compartment syndrome
- 7) Complex Regional Pain Syndrome (CRPS)
- 8) Slipped position
- 9) Removal of plate
- 10) Post-traumatic arthritis

# Results

- Overall numbers of ORIF Vs MUA & K-wire
- Grade of Surgeon obtaining consent
- Risks / Complications documented

## **94 % ORIF Vs 6% MUA & K-Wire**

### **Intra-Articular #s: 48%**

- 24/24 (100%) ORIF

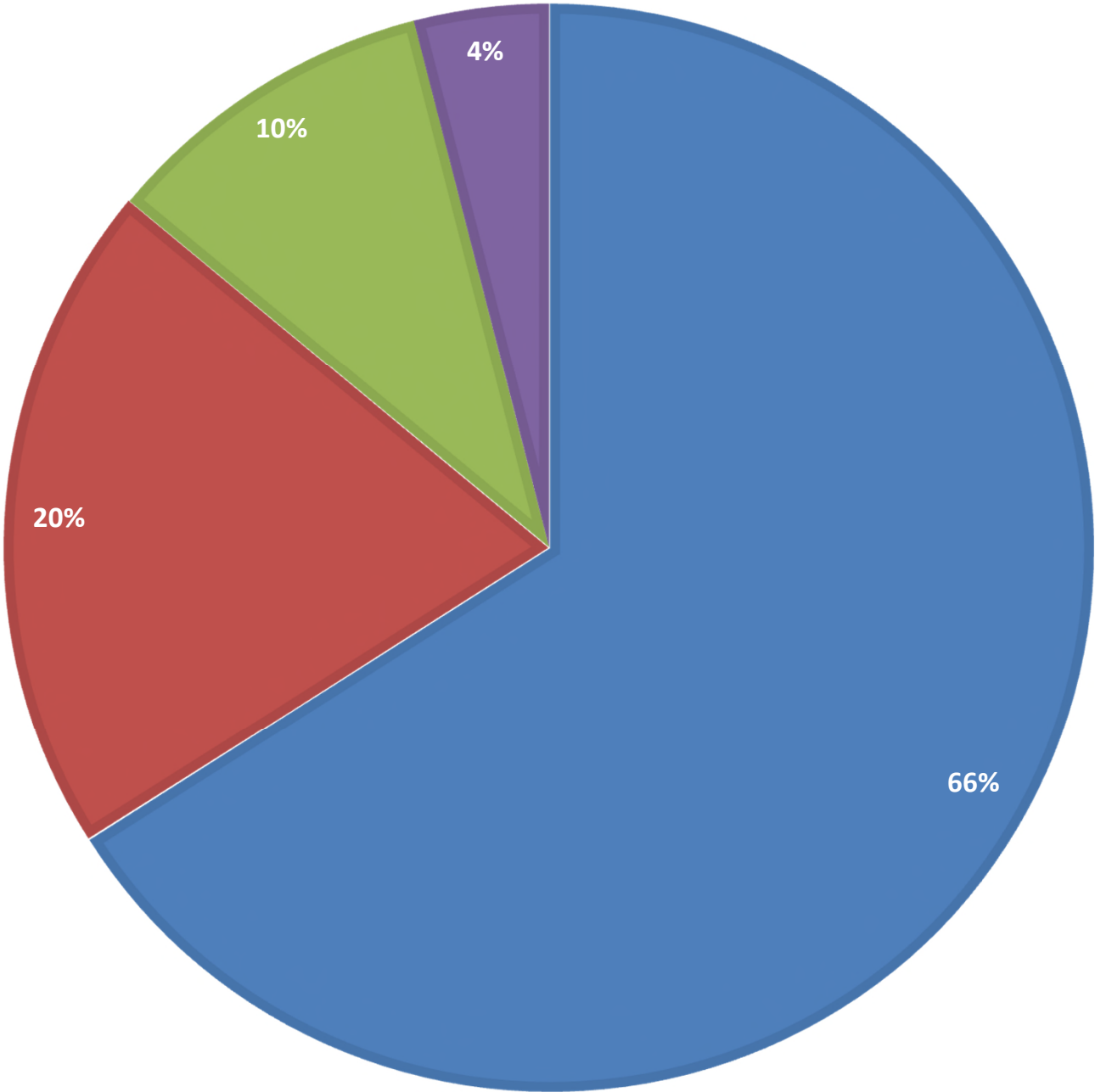
### **Extra-Articular #s: (52%)**

- 23/26 (88%) ORIF
- 3/26 (12%) MUA & K-Wire

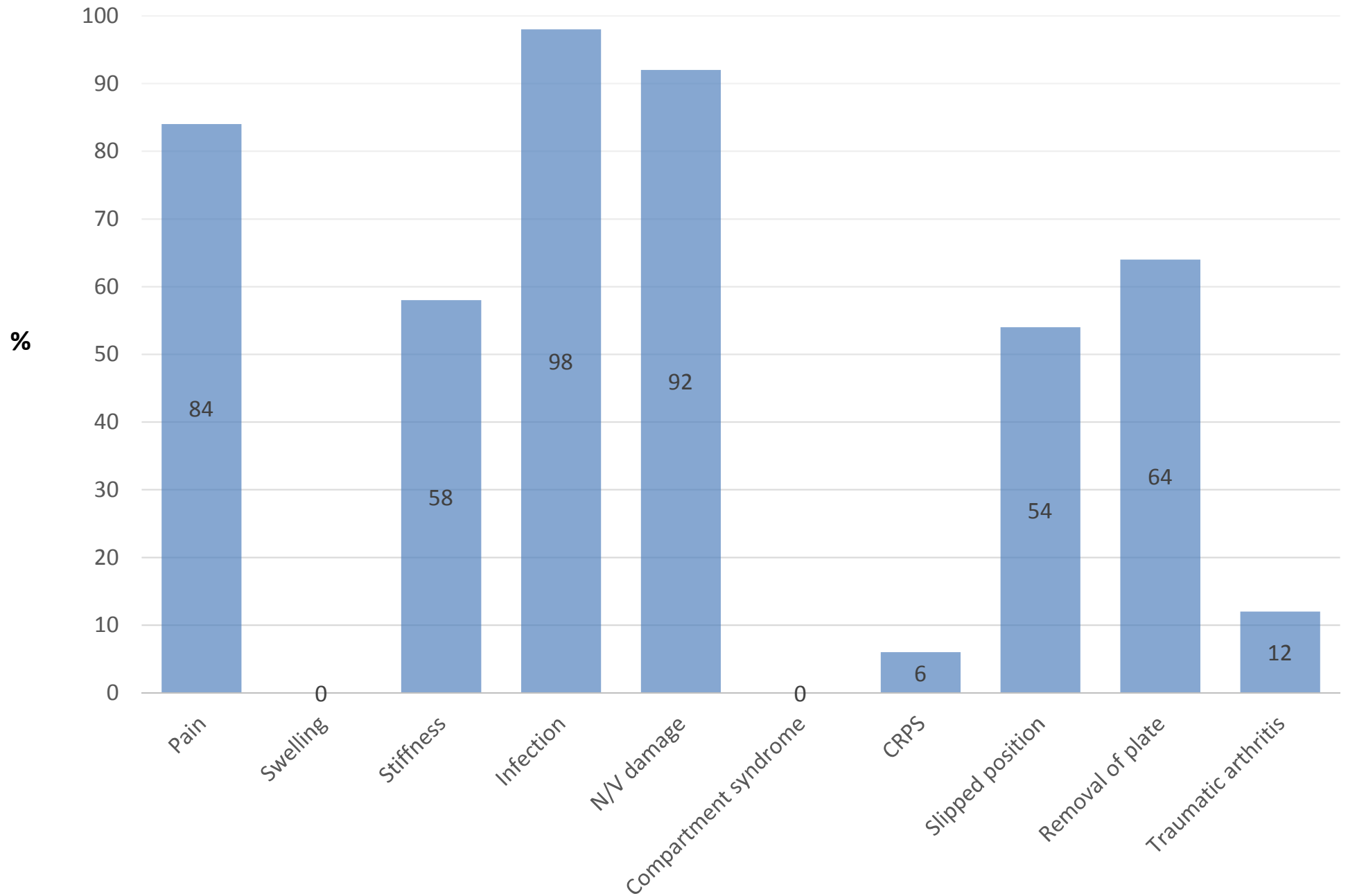


# GRADE OF SURGEON OBTAINING CONSENT

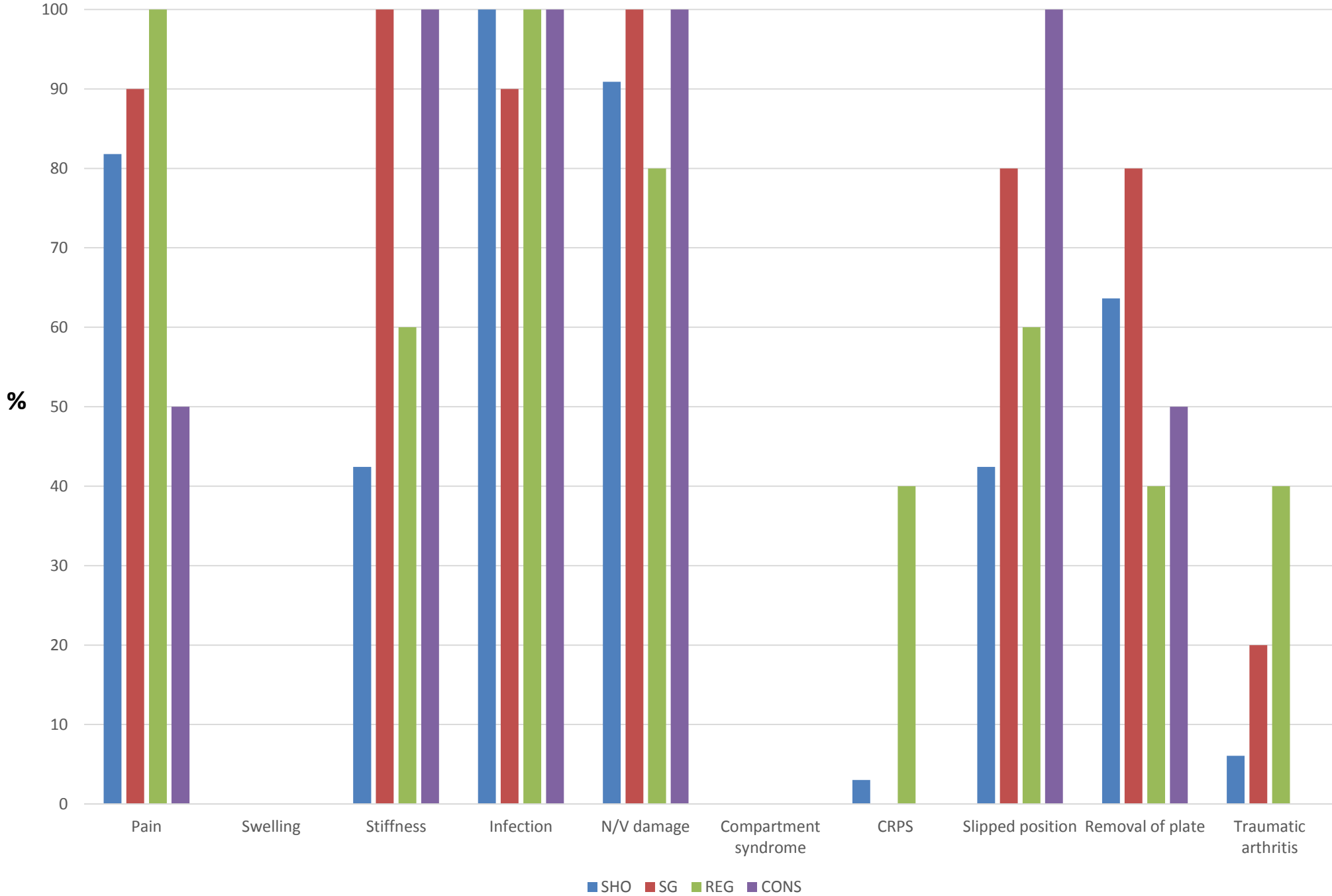
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# Risk/Complications Documented



# Risk/Complications Documented by Grade of Surgeon



## **Removal of Metalwork: 1/47 (2.1%) ORIF group**

Only 29/47 (62%) of those undergoing ORIF had RoM documented as a possible secondary procedure. The patient who required RoM did not have this included on original consent form.

## **Intra-Articular #s: 24/50 (48%)**

Of this subgroup, only **1/24 (4%)** had post-traumatic arthritis documented as a potential complication.

# Initial Conclusion

Documentation of consent for wrist fracture surgery fell below BOA endorsed standards.

Addressing this aspect of the consent process will improve patient understanding and expectations.

It may also reduce the likelihood of patient dissatisfaction, complaints and litigation.

# Implementation of Change

- SHOs / Staff Grades / Regs were provided with a specific list of risks / complications to include on consent forms for patients undergoing wrist # surgery.
- List of risks / complications to be documented were included on posters in # clinic area.
- Also plan to include a list of procedure specific risks / complications as part of new induction package.

# Re-audit Following Implementation of Change

n= 50

## **76% ORIF Vs 24% MUA & K-Wire**

### **Intra-Articular #s: 62%**

- 29/31 (93.5%) ORIF
- 2/31 (6.5%) MUA & K-Wire

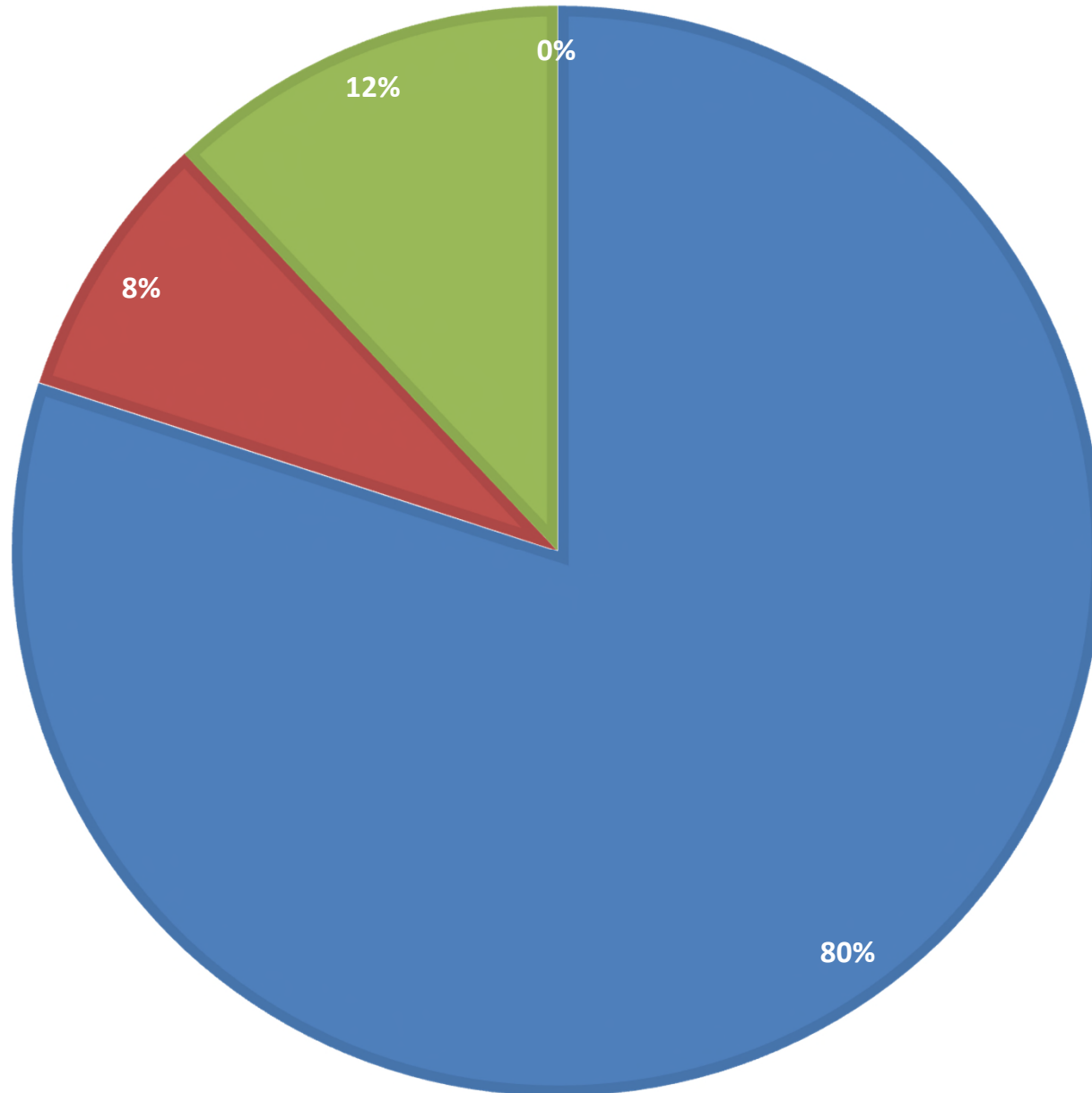
### **Extra-Articular #s: 38%**

- 9/19 (47.4%) ORIF
- 10/19 (52.6%) MUA & K-Wire

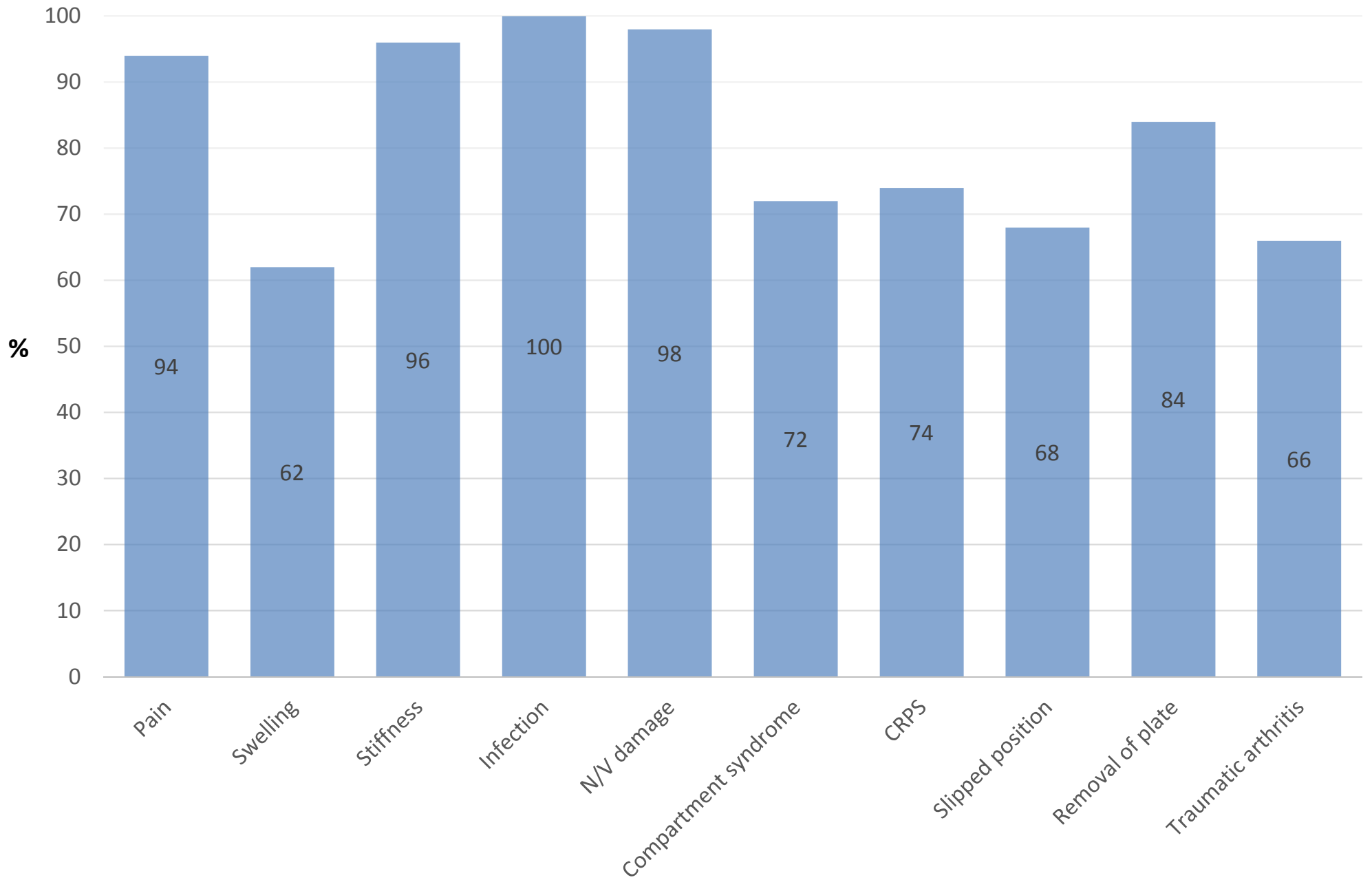


# GRADE OF SURGEON OBTAINING CONSENT

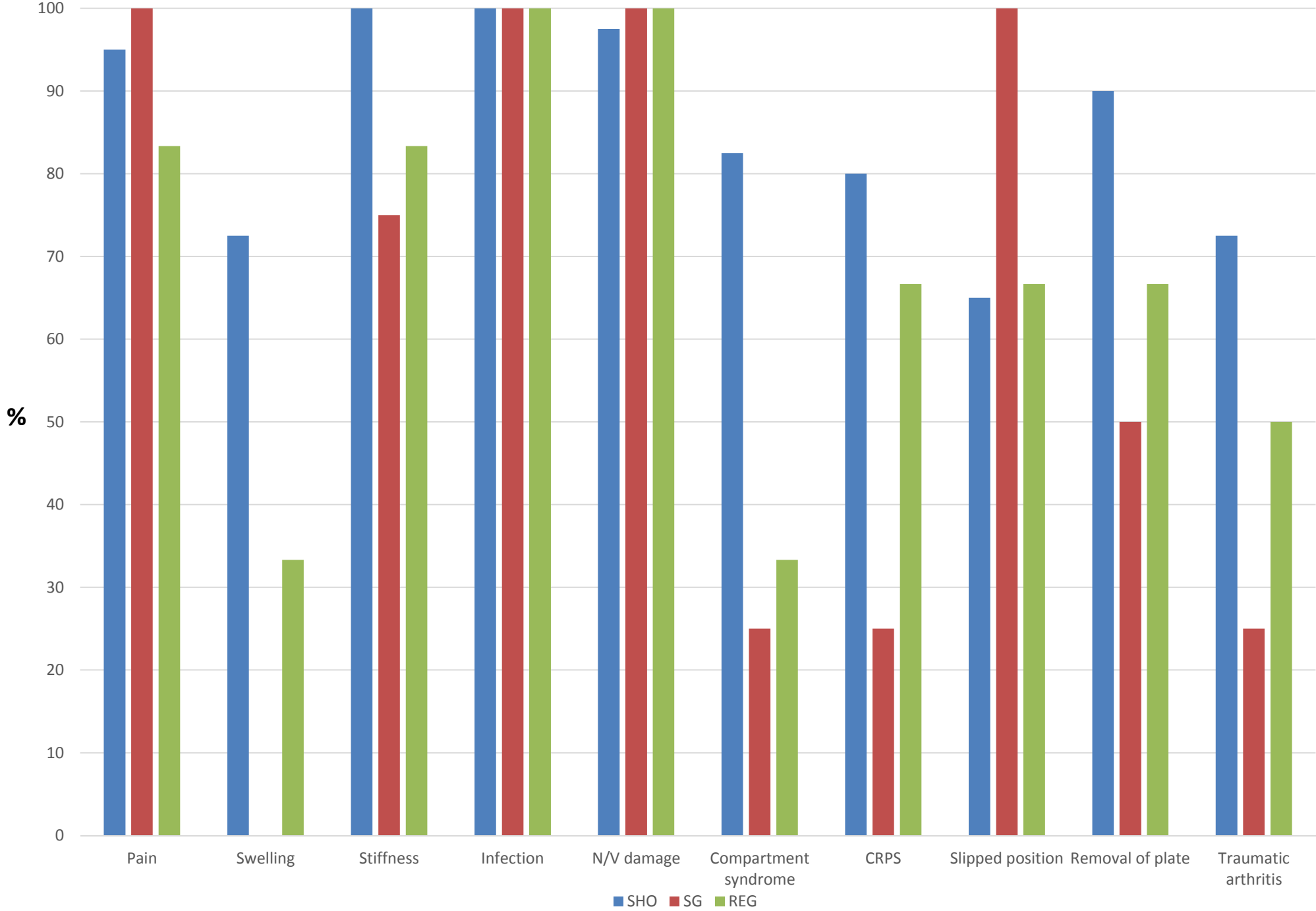
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# Risk/Complications Documented



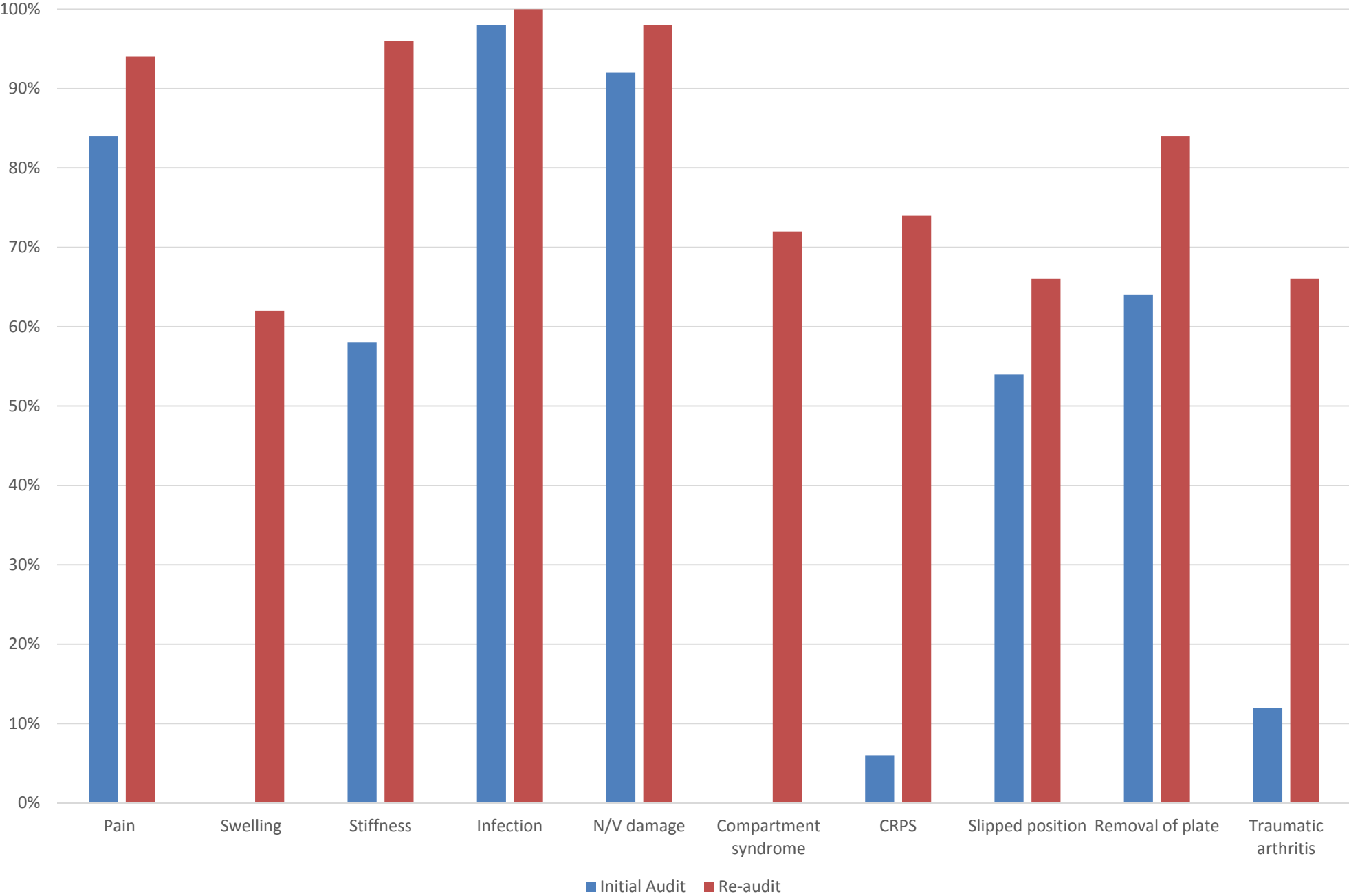
Risk/Complications Documented by Grade of Surgeon



# Comparison

	Initial Audit	Re Audit
Pain	84%	<b>94%</b>
Swelling	0%	<b>62%</b>
Stiffness	58%	<b>96%</b>
Infection	98%	<b>100%</b>
N/V damage	92%	<b>98%</b>
Compartment syndrome	0%	<b>72%</b>
CRPS	6%	<b>74%</b>
Slipped position	54%	<b>66%</b>
Removal of plate	64%	<b>84%</b>
Traumatic arthritis	12%	<b>66%</b>

# Comparison



# Conclusion

- Results following audit loop completion demonstrate a substantial improvement in consent form documentation
- Addressing this aspect of the consent process has undoubtedly improved patient understanding and expectations. We believe it is also likely to reduce the risk of patient dissatisfaction, complaints and litigation
- There is still room for further improvement
- What further changes can be implemented?
  - Consent stickers for common procedures
  - Procedure specific patient information leaflets
- Can this be used to improve consent in other areas?

**Q. Wrist Fracture Surgery & Obtaining Consent:  
Is the process truly informed?**

**A. Potentially not. But we are improving  
significantly...**

