Informed Consent (IC) in Advance of Pediatric Interventional Radiology (IR) Procedures

Arvind Shergill, Bairbre Connolly, Candice Sockett, Albert Aziza, Joao Amaral, Sanjay Mahant

Image Guided Therapy, The Hospital for Sick Children, Toronto, ON, Canada, University of Toronto, Toronto, ON, Canada

Introduction

- Many Interventional Radiology (IR) procedures require Informed Consent (IC)
- Giving IC for pediatric procedures is difficult for parents, and time consuming when done thoroughly
- IC immediately prior to a procedure is very stressful for families

Objectives:

1. To increase the proportion of cases in which we obtain IC in advance

Materials and Methods

Setting: A pediatric tertiary care academic hospital serving children (neonate - 18 yrs)
A busy IR (Image Guided Therapy, IGT) department (> 5000 cases/year)

Patient Population:
Approx 50-60 % of all IGT cases require IC to be obtained
Approx 50% cases are urgent add-ons, without opportunity for IC in advance

Definition: “IC in advance” was defined as:
Consent obtained ≥ 1 day prior to ≥ 2 hours in advance of same procedure
in a separate encounter with parents

Method:
- Multiple IDEA loops (Investigate, Design, Execute, Adjust) similar to PDSA (Plan, Do, Study, Act) cycles

1. INVESTIGATE:
- Mapped the current process and current state by:
  - Created flowchart of process for obtaining IC, both detailed and top level
  - Analyzed case profiles in IGT (Fig 1)
  - Analyzed prior IC forms by reviewing the IC forms from 1 week every month
  - Determined proportion obtained in advance
  - Analyzed type of cases and reasons why consent not obtained in advance

Fig 1. Analysis of cases done in IGT in 2010

2. DESIGN
- Pooled the IGT Team to ensure support for this QI initiative
- Held multidisciplinary meeting with key personnel
  - IGT Clinic RN, Manager, Medical Director, IGT Pediatrician, IGT Radiologists etc.
  - Brainstormed to decide strategies to increase the # of IC in advance
  - Focused on specific elective cases associated with moderate risk & which entailed a lot of information
  - Created new processes for specific referrals to these cases to the IGT Clinic:
    a) Biopsies
    b) Angiography/Angioplasty/Embolization
    c) G Tube insertions
  - Planned a satisfaction survey of IGT Team and parents about IC in advance

3. EXECUTE:
- IDEA Loop 1. Oct ’10: Introduction of the plan to undertake this QI initiative on IC in advance
- IDEA Loop 2. Nov ’10: Encouraged IC in advance for elective biopsies (e.g., liver)
- IDEA Loop 3. Mar’10: Further promotion of concept of IC in advance amongst IGT team – ongoing
- IDEA Loop 4. Apr ’11: New referrals for angiography to come to the IGT Clinic in advance of procedure
- IDEA Loop 5. May ’11: New referrals for G/Tube insertions to come to IGT Clinic
- IDEA Loop 6. Jul ’11: Worked with teams to integrate process with parental visit to G tube class
- IDEA Loops: Ongoing with repeat re-evaluation

Fig 2a, 2b & 2c. Results of Evaluations pre and post interventions of targeted groups

4. ADJUST:
- Ongoing IDEA loops in progress with cyclical adjustments.
  - Continued evaluation of processes for obtaining IC in advance, in terms of efficiencies, impact on list, impact on parents
  - New processes still to be developed for other types of elective cases (e.g. nephrological dilatations)
- Reassess and perform further IDEA Loops after parental survey

Challenges & Solutions

1. Form Compliance:
- Documenting the time on consent form, increases accuracy of data collected
- All forms were dated – several no time documented

2. Staffing:
- Insufficient staff in IGT assigned to consistently facilitate IC in advance
- Re-address role of “consult person” to getting consents in advance

3. Parents/Families:
- Parents often not in house to give consent; IC over the telephone is not ideal
- Translators frequently required

4. Referring teams:
- Many teams buy into broad clinical role of IGT and IGT Clinic
  - Resistance amongst some referral services to the concept of IGT Clinic visit
  - Need to highlight advantages for patient and referring team of IC in advance

5. Patient Groups:
- Repeat assessment of each NEW current state, to identify further patient groups
  - Develop new processes / further IDEA Loops

6. Commitment:
- Promoting “buy-in” and immediate advantages for IGT team regarding IC in advance
  - Compatibility of new processes with workflow
  - Ensure new processes are “value added” steps

7. Survey:
- Perform family satisfaction survey regarding IC in advance
  - At design stage and awaiting REB approval

Future Steps

1. Parental Satisfaction Survey
2. Target new procedures
3. Staff assignments to enable IC in advance

Conclusion

- Given time, effort, and understanding of the inherent advantages for all concerned with IC in advance, the culture in IGT is already changing as we embrace this QI initiative

References: