



AB063. SOH24AB_202. Improving the consent process: a closed loop audit of risk documentation for elective endoscopy procedures

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Background: Informed consent is a vital preprocedural step for endoscopy but there are substantial variations in its delivery. Obtaining consent promotes patient autonomy as well as ensuring legal protection for healthcare professionals. For endoscopic procedures, written consent is mandated by the British Society of Gastroenterology. In Ireland, the Medical Council provides ethical guidelines for consent. The aim was to assess and subsequently improve the quality of consent process, specifically the documentation of risks.

Methods: An initial audit cycle was performed by a retrospective chart review of patients undergoing elective endoscopy procedures. We assessed the documentation of discussion of risks in the procedure booklet. The initial review spanned from May 2022 to January 2023. Our intervention comprised an education session for all non-consultant hospital doctors (NCHDs) responsible for consenting for scopes, along with the dissemination of the initial audit cycle results and new departmental policy through email and Siilo. The second audit cycle included patients from 16th October to 17th November 2023 to determine the efficacy of the intervention.

Results: Our initial audit showed that only 8% of colonoscopy and 16% of *oesophagogastrroduodenoscopy* (OGD) performed had risks documented in the procedure booklet. After the intervention, compliance improved to 84% risk documentation for colonoscopy, 84.6% for OGD. The poor

compliance in risk documentation in the second cycle were due to new and locum staff.

Conclusions: Our initial audit highlighted an area for improvement with regard to risk documentation. Our second audit cycle showed significant improvement confirming the impact of the interventions. It is hoped this change will improve the overall quality and safety of patient care in our department. There are plans for further intervention, including an induction for new/locum staff as well as standardised information leaflets to be provided to patients in the outpatient department (OPD).

Keywords: Consent; colonoscopy; oesophagogastrroduodenoscopy (OGD); general surgery; endoscopy

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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