ORIGINAL RESEARCH PAPER
Volume - 12 | Issue - 06 | June - 2023 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

A STUDY ON COMPLIANCE OF DOCUMENTATION IN OPERATION THEATRE IN A TERTIARY CARE GOVERNMENT TEACHING HOSPITAL, LUCKNOW

Medical Education

Dr. Kris Agarwal	Resident, Department of Hospital Administartion, KGMU, Lucknow, UP, India.
Dr. Nitin Dutt Bhardwaj	Associate Professor and Head, Department of Hospital Administration, KGMU, Lucknow, UP, India.
Brig. (Dr) Pradeep Srivastava*	Associate Professor, Department of Hospital Administration, KGMU, Lucknow, UP, India. *Corresponding author
Dr. Anmol Jain	Resident, Department of Hospital Administration, KGMU, Lucknow, UP, India.
Dr. Shraddha Srivastava	Resident, Department of Hospital Administration, KGMU, Lucknow, UP, India.
Dr. Umesh Dhar Dubey	Resident, Department of Hospital Administration, KGMU, Lucknow, UP, India.

ABSTRACT

Introduction The consent forms play an important role in order to maintain the legal and ethical requirements for the safe conduct of operations. Consent forms are very important in terms of documentation. **Aim** To study the compliance to consent forms in the case files in the operation theatre of the general surgery department in a tertiary care government teaching hospital. **Objectives** To identify the types of consent forms available in the operation theatre and the compliance to these forms. **Methodology** It was an observational and descriptive type of study conducted in a tertiary care government hospital over a period of 4 weeks. The checklist was prepared using the NQAS checklist related to Operation Theatres and the consent form part was selected. **Results** It was observed that the overall compliance was 91.8 % and non-compliance was 8.2 %. The reasons for non-compliance were incomplete forms in 90% of cases and missing forms from the case files in 10% of cases.

KEYWORDS

Consent forms, Compliance

INTRODUCTION

In any hospital, the operation theater is considered to be the primary source of revenue generation with around 50-60 % revenue earned by this area [1]. Nearly half of the hospital budget is spent on OT, so it's necessary that the utilization of OT is done maximally to ensure optimum resource utilization.

Quality plays an important role in society. Poor quality services leads to an additional burden on the healthcare system thus, decreasing the effectiveness and increasing the cost of care [2]. So as to achieve quality accreditation certain standards are required.

NHSRC an apex Government institution has given certain quality standards like NQAS standards [3]. All these standards help to improve the quality of healthcare services provided along with the improvement in patient satisfaction.

The consent forms play an important role in order to maintain the legal and ethical requirements for the safe conduct of operations. Consent is one of the major critical issues in medical treatment.

There are different types of consent forms and each form has it's own importance. Informed general consent is taken at the time of admission, in which the patient gives the consent for the admission and the procedures that would be performed. Informed surgical consent includes benefits, risks, alternatives and the consequences which the patients might face if they don't undergo the treatment [4] . High risk consent related to the benefits and complications for the surgery. Anaesthesia consent is taken in which the patient gives consent for the induction of anaesthesia before the surgery. Blood transfusion consent is in which the patient gives the consent for the transfusion of blood if required before, during or after the surgery.

Consent forms are very important in terms of documentation. Thus, it is necessary to have all the consent forms signed by the patient, witness as well as the doctor in-charge. Medical forms should be documented in a neat and legible writing.

AIM:

To study the compliance to consent forms in the case files in the operation theatre of the general surgery department in a tertiary care government teaching hospital.

OBJECTIVES:

1) To identify the types of consent forms available in the operation theatre.
2) To analyze the compliance to these forms.
3) To suggest recommendations, if any.

METHODOLOGY:

The study was conducted in operation theatre of general surgery department in a tertiary care government teaching hospital. It was a cross-sectional, observational and descriptive type of study. The study was conducted over a duration of 4 weeks. The data was collected using an observational checklist.

The checklist was prepared using the NQAS checklist related to Operation Theatres and the consent form part was selected. The parameters considered to complete the study were the consent forms available in the operation theatre and the compliance to each consent form was calculated. The sample size was calculated as 400 thus, case files were studied and compliance to consent forms was evaluated. Ethical approval was taken from the university.

RESULTS:

It was observed that the consent forms available in the operation theatre were informed general consent, high risk consent, anaesthesia consent, informed OT consent and blood transfusion consent. Compliance to these forms were calculated. The results to each form were as follows:-

Table 1: Compliance and Non-compliance to various types of consent forms

Type of consent forms	Compliance (%)	Non-Compliance (%)
Informed general	98	2
High risk	85	15
Anaesthesia	87	13
Informed OT	93	7
Blood transfusion	96	4

The overall compliance was 91.8 % and non-compliance was 8.2 %.

Figure 1: Overall compliance and non-compliance to all types of consent forms available

The compliance to each type of consent form was calculated separately and figure 2 shows the compliance to each type of consent form.

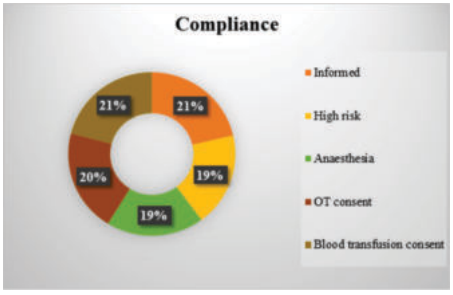

Figure 2: Compliance to various types of consent form

The non- compliance to each type of consent was calculated separately and figure 3 shows the non- compliance to each type of consent form.

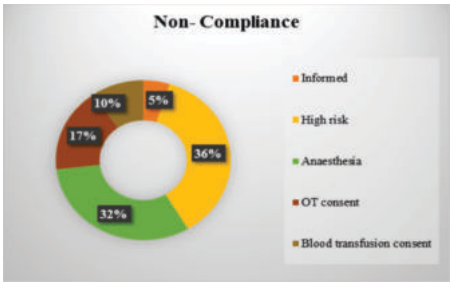

Figure 3: Non- compliance to various types of consent forms

The reasons for non-compliance were mainly incomplete form filled in 90% of cases and missing forms in the case files in 10% of cases. The reasons were assessed individually and are mentioned as below.

Table 2: Reasons for non-compliance to consent forms

	Reasons	%
1.	Incomplete form	90%
a)	Patient details not completely filled	35%
b)	Date not mentioned	11%
c)	Witness signature missing	10%
d)	Name of surgery not mentioned	7%
e)	Final diagnosis not mentioned	12%
f)	Alternative mode of treatment not mentioned	15%
2.	Missing consent form in the case file	10%

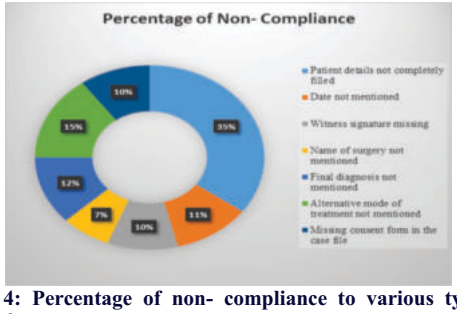

Figure 4: Percentage of non- compliance to various types of consent forms

The non- compliance to missing consent form in the case file was because the anaesthesia consent was missing in most of the case files since these consent forms were attached in the pre-anaesthesia checkup and were usually kept by the anesthesiologists.

CONCLUSION:

The overall compliance was 91.8 % and non-compliance was 8.2 %. The reasons were non-compliance was mainly incomplete form in 90% of cases and missing consent forms in the case files in 10% of cases. The recommendations were made wherever required.

The good maintenance of medical records is important in the interest of the patient, doctors as well as in the society. The documentation of each procedure is must, if the procedure is not documented that means the procedure was not conducted[5].

Conflict of interest: Nothing

Ethical approval: The study was approved by Institutional Ethical Committee

REFERENCES

1. Naik S.V., Dhulkhed V.K., Shinde R.H. A Prospective Study on Operation Theater Utilization Time and Most Common Causes of Delays and Cancellations of Scheduled Surgeries in a 1000-Bedded Tertiary Care Rural Hospital with a View to Optimize the Utilization of Operation Theater. Anaesthesia Essays and Researches [Internet]. 2018;12(4):797-802.
2. Training manual for implementation of National Quality Assurance Standards National Health System Resource Centre.
3. Assessor's guidebook for quality assurance in district hospitals 2013 volume – I National health system resources centre, technical support institute with National health mission.
4. Kamer, E., Tümer, A. R., Acar, T., Uyar, B., Ballı, G., Cengiz, F., Özoğul, M., & Hacıyanlı, M. (2018).
5. Shreekrishna HK, Kumar SM. (2022). Legal Aspects of Medical Records. International Journal of Preclinical & Clinical Research. 3(2): 66-68.