E-consent demonstrates better inclusion of critical elements in the informed consent when compared to paper consents



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Significance & Background

The authors questioned whether utilizing e-consents would demonstrate better adherence to completion of the critical elements of the informed consent form when compared to paper consents.



- A retrospective chart review was completed for the first 6 months (1/31/23 6/30/23) that e-consents (86 consents) were utilized. The comparison group included the previous 6 months (7/1/22 1/30/23) when paper consents were utilized
- · Consents were reviewed for the following critical elements:
 - · Frequency of Chemotherapy
 - · Number of Cycles of Chemotherapy
 - Goal of Treatment
 - · Goals of Care

(64 consents).

- · Patient Signature
- Provider Signature
- Accuracy of Chemotherapy Delivered compared to Chemotherapy listed on the consent form

Results		
Critical Element Present (% of the time)	Paper Consent	E-Consent
Frequency of chemotherapy	91% (58/64)	98% (84/86)
Number of cycles of chemotherapy	59% (38/64)	35% (30/86)
Goals of Treatment	90% (58/64)	98% (84/86)
Goals of Care	4% (39/64)	45% (39/86)
Patient Signature	98% (63/64)	98% (84/86)
Provider Signature	100% (64/64)	98% (85/86)

Evaluation

- Introduction of e-consent forms provided a convenient and streamlined approach for both nurses and providers in ambulatory clinic.
- E-consent compliance for critical elements was similar or better in all areas except number of cycles of chemotherapy.
- Correct chemotherapy drugs were delivered as outlined in the consent form 100% (150 charts) of the time.

Discussion

PROS For e-Consents:

- · No delay in clinical care
- · Better HIPAA practices
- Consent automatically uploaded in Mychart, no scanning delay

CONS:

 Number of Chemotherapy Cycles documented was less

FUTURE:

EPIC Enhancements – make all critical element fields a hard stop which would ensure 100% compliance

References

Chimonas, S., Lipitz-Synderman, A. et. al. (2023). Electronic consent in clinical care: an international scoping review. BMJ Health Care Inform. 30(1), 1-6. https://doi:10.1136/bmjhci-2022-100726.

