

48 Consenting Surgical Patients for the Risk Associated with Contracting COVID-19 During Their Stay at the Hospital

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Aim: Literature is suggesting significant perioperative mortality and morbidity associated with COVID-19. Therefore, the Royal College of Surgeons (RCS) has produced guidance detailing additional considerations in consenting for surgery whilst COVID-19 is prevalent within society. Section 3A of this document emphasizes the need to discuss the risk of contracting COVID-19 while patients are in hospital. We conducted a multi-cycle closed-loop audit to examine the adherence to this guidance.

Method: We completed four audit cycles, each comprising data collection and educational intervention to disseminate the guidance. Data was obtained from consent forms for patients who had consented to both emergency and elective surgery over a two-month period at a large NHS Trust in London. The intervention consisted of teaching sessions, regular emails to the general surgical department, and posters displayed in common areas.

Results: Consent forms from 139 patients were reviewed over the four cycles (n = 38, 41, 28, and 32). The proportion of patients consented for the risk of contracting COVID-19 during the perioperative period rose serially between the cycles (37%, 61%, 71%, and 85% respectively), and was significantly increased between the first and last cycle ($p < 0.01$, two-sided Z-test). The interventions proved most effective for senior house officers who improved from consenting 8% initially to 100% on completion of the audit.

Conclusions: We demonstrate the marked effectiveness of simple interventions combined with serial auditing to disseminate this message. The same practice may help improve consenting practice at other centres whilst COVID-19 is prevalent in society.