

#### 406 Audit of Current COVID-19 Consent Process

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**Aim:** Contracting COVID-19 increases the risk of serious peri-operative morbidity and mortality. The current best practice for informed consent is to make patients aware of the risk of contracting COVID-19. We aimed to determine if our local orthopaedic unit was meeting this standard of practice.

**Method:** We performed a single centre, retrospective, closed loop audit. Data was collected using Bluespeir<sup>®</sup> and Clinical Portal<sup>®</sup> software. We first audited all emergency and elective consent forms (n = 51) between September-October 2020; mean age 58 years old (range 17-87). Results were circulated to all orthopaedic departmental staff in poster format and given 2 weeks of educational awareness before re-audit of all consent forms (n = 59) in November 2020; mean age 54 years old (range 17-80). Any patient with an Adults With Incapacity (AWI) form in place was excluded.

**Results:** Initially, COVID-19 was included as a risk in 21/51 (41.2%) of all consent forms; elective procedures 10/24 (41.7%) and emergency procedures 11/27 (40.7%). On re-audit this increased to 32/59 (54.2%) of all consent forms; elective procedures 23/47 (48.9%) and emergency procedures 9/12 (75%). During the audit period, 1 patient tested positive for COVID-19 pre-operatively and 1 patient post-operatively.

**Conclusions:** This audit improved local adherence to COVID-19 consent guidelines. There remains significant room for improvement, especially in elective practice. Further research is required to determine the true impact of COVID-19 on morbidity and mortality.