TriHealth Information FAQ Sheet for Informed Consent (October, 2016)

- **Treating physicians must discuss informed consent with the patient and sign an approved Informed Consent Form with all necessary information before a non-emergency* procedure or surgery can begin.**

- **Other practitioners, such as PICC line procedure nurses, will complete the informed consent**

- **Informed Consents must be completed and in the hospital medical record before the procedure begins**

- **Approved Informed Consents are those that have been approved by TriHealth Risk Management with TRM barcode in lower left corner**
  - **If no TRM barcode, the practitioner must use the TriHealth Informed Consent Form #1185-2**
  - **The #1185-2 form contains all of the Joint Commission required elements and includes the physician attestation**

- **TriHealth Informed consent 1185-2 is available on Link Net under Quick Links - and is available under the Medical Staff Tab in six languages.**

- **Informed consents must have two patient identifiers on every page.**

- **The consent can be completed in the office up to 180 days before the surgery and can be used for multiple encounters of the same procedure if there is no change in the condition of the patient. Stamped provider signatures are not acceptable.**
  The original informed consent will be attached to the original encounter. Staff needs to print out the consent, attach a new patient label, and send to Medical Records for scanning into each encounter as appropriate.

- **If the consent is signed by the patient in front of the physician, the physician can be the witness to the patient signing and only needs to sign the attestation and make sure that the date and time of the patient signature and the physician signature are the same.**

- **Informed consents completed in the physician office should be faxed to PSS. The office may also scan into media tab for its own medical record, but must still fax the form to PSS.**

- **Informed consents must be signed by the practitioner performing the surgery/procedure after discussing the risks and benefits with the patient.**

- **Surgeons *assisting* in surgical procedure do not need to be listed on consent.**

- **Residents can sign if they are the provider ordering and performing the procedure. They must be listed on the form and have the informed consent conversation with the patient. Otherwise the attending needs to be the physician listed at the top and signing the form. A resident can never sign the form for a surgery.**

- **The procedure listed on the consent form must match what is scheduled. If it does not match, a new informed consent will have to be completed prior to the procedure.**

- **Expectation is the informed consent matches the procedure as scheduled. TJC and CMS surveyors trace the informed consent back to what is scheduled.**

- **After obtaining a new consent form to allow changes, mark the old consent as <u>VOID</u> and place it on the chart. <u>Do Not Discard Changed Consent</u> Forms, (the voided consent will be scanned into medical records).**

- **Starting a block procedure on a patient is not considered to be the start of the case. So the surgeon can sign after the block is started.**

- **Patients should not be administered Versed before giving consent.**

- **Nursing staff has been advised to ensure forms are properly completed and available in the medical record before a qualifying procedure or surgery begins**

- **Nursing will continue to witness (date and time) the patient's signature (date and time) as they did before. Nursing can also fill-in the blanks at the top of the informed consent form for patient name, date of birth, physician, procedure and additional risks.**

- **Nursing cannot add the date and time for the patient or physician. They must date and time themselves when they sign.**

- **If the patient is not able to consent for him/herself then the patient's guardian or legal representative should give informed consent and complete the informed consent form for the patient. If the guardian or legal representative is not able to be physically present then alternative methods can be used to complete the informed consent form for the patient. For a list of alternative methods, please see Corporate Policy #08_11.02 Informed Consent and Consent Forms.**

- **For patients who cannot consent for themselves (i.e. minor, MRDD, lacks capacity) the patient's name and date of birth should still be written as the person having the informed consent discussion on the form and NOT the legal representative's name and date of birth. The legal representative consenting for the patient will then sign the form and indicate their relationship to the patient under the patient signature section.**

☐ Other: _____

I, Insert Patient's Name _____, (Date of Birth) _____), and my practitioner,_____,
have talked about my condition. My practitioner has recommended _____

- **The new form and related process for completion will supersede any other documentation of informed consent.**

- **Optimizing this informed consent process in Epic is underway.**

Enforcement of this process will be done by the Department Head, Executive Medical Director and Chief Medical Officer.

<u>Informed Consent Sponsors:</u>

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