

### **Quality Improvement Activity: Consent**

An 18-year-old patient was diagnosed with cancer 1 year ago and went through extensive chemotherapy treatment. Unfortunately, the cancer came back. The patient had an appointment with the physician to discuss his treatment. The patient was angry and stated he did not want to go through any new treatments. The physician discussed the benefits of the treatment. However, the patient was not having it, and his phone rang so he walked out of the examination room. The patient's parents also attended the appointment. When the patient walked out of the room, the parents were telling the physician that they have been talking to him about receiving treatment, but he doesn't want to feel "crappy" again. The physician told the parents that it would be chemotherapy treatment again but this time the patient would require radiation. The physician and the parents agreed to only explain the chemotherapy treatment to the patient and leave the radiation treatment out so that the patient would be more likely to accept the treatment if there wasn't new treatment. The patient came back to the room and seemed more ready to talk about his treatment option. The physician went over the chemotherapy plan and did not explain the radiation therapy. The patient agreed and signed the consent.

**Describe the scenario. In what way did the patient care or environment lack? Is this a common occurrence?**

In the scenario, the patient had previously received extensive chemotherapy treatment. The patient's cancer came back and now needed chemotherapy and radiation. However, the patient was angry about the cancer coming back and didn't want new treatment. When the patient left the room, the parents and physician agreed to only go over the chemotherapy treatment and not explain the radiation treatment out. The patient should not be withheld information about his treatment plan. The nurse should have gone over the consent with patient and verified the

treatments listed along with the complications. Also, the nurse is supposed to verify that the patient is the one signing the consent and understands the treatment. If there are any questions, the nurse would contact the doctor.

### **What circumstances led to the occurrence?**

The circumstance that led to this occurrence was the nurse should have made sure the patient knew all of the treatments listed on the consent and had the patient recite the treatment in his own words before signing the consent as a witness.

### **In what way could you measure the frequency of the occurrence? (Interviewing nurses, examining charts, patient surveys, observation, etc)**

The frequency of patients not fully knowing the whole procedure or treatment plans can be measured by interviewing nurses, patient surveys, and observation. Research has shown that more than half of patients do not read the consent form.

### **What Evidence based ideas do you have for implementing interventions to address the problem?**

Implementing nursing interventions to address the issue about proper explanation of the consent to treatment and procedures.

- Focus on priority, “need to know” information with the patient and provide patient proper interpretation if needed.
- Verify that all treatments and procedures are listed on the consent.
- Enforcing the need to have patients tell you what their treatment or procedure is in their own words.

- Address anxiety and fears before going over consent.

**How will you measure the efficacy of the interventions?**

Measuring the efficacy of these interventions can be done by interviewing patients post care.

Also, having the patient tell you in their own words what they are going to be having done measures the efficacy of the interventions. The patient fully knows the treatment or procedure.