

From Paper to Electronic Consent Forms

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Introduction and Background

Paper consent forms are one of the most frequently scanned documents into the electronic medical record after a patient is discharged from the hospital. Each month, our Health Information Management department scans an average of 3,650 paper consent forms into the medical record. Many times patients or their legal representative sign multiple consent forms during a hospital stay. To decrease the amount of paper scanned into patient's medical record, decrease document storage space, improve staff efficiencies, and enhance the use of our electronic medical record the Document Management Steering Committee supported piloting electronic consents in the Neonatal Intensive Care Unit (NICU). The plan included expanding the use of electronic consents in pediatrics, pediatric intensive care unit, labor and delivery, and maternity post NICU pilot.

Method

Over a seven month period, an interdisciplinary team of providers, nurses, and information technology staff worked diligently to ensure a smooth transition from paper to electronic consent forms. Consent forms were identified, converted to electronic format using Hyper Text Markup Language (HTML), reviewed for accuracy, and thoroughly tested. Mobile computer workstations were outfitted with electronic signature pads. Workflows were established with patients/legal representative, providers, staff, and infection control practices in mind. A thorough training plan was developed ensuring all stakeholders across the hospital were adequately educated. To date, 20 paper consents have been converted to HTML format and are being utilized daily in five departments.

Results

NICU successfully implemented electronic consents in July 2012. Audits of patient's charts during the first few weeks of the pilot demonstrated 90 percent of patients had at least one if not several electronic consents signed in the medical record. Pediatrics, pediatric intensive care unit, labor and delivery, and maternity successfully implemented electronic consents in January 2013 with similar compliance. Subsequent audits of all areas consistently demonstrated 98 - 100 percent of patients have electronic consent forms signed in the electronic medical record.

Women's and Children's Services spent \$4,800.00 for electronic signature pads. Projected return on investment for the first year is \$2500.00. The projected return on investment does not take into consideration outpatient volume or additional paper documents requiring signatures and that have not been converted to electronic format.

Discussion

Implementing electronic consent forms improved nursing and provider workflow as consent forms are now readily available in the electronic medical record reducing the need to leave the patient's bedside to obtain paper documents. The electronic consent process has been a positive experience for staff with many departments requesting to implement electronic consents rather than waiting to be asked to do so. The electronic consent process has also been well received by patients and their families with many stating an electronic process is preferred as they are used to signing documents electronically in other venues. Our goal of reducing the amount of paper consents scanned into the medical record was also achieved.