KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS POLICY AND PROCEDURES					
SUBJECT: Informed Consent				POLICY #: 4.08-P	
DEPARTMENT: Provider Relations					
Effective Date: 08/1997	Review/Revised Date: 12/13/2018	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

Douglas A. Hayward
Chief Executive Officer — Date 12/13/18

Chief Medical Officer — Date 12/11/18

Chief Operating Officer — Date 12-10-18

Director of Provider Relations — Date 12/6/18

POLICY:

Contracted providers treating Kern Health Systems (KHS) members are responsible for obtaining consent prior to treatment. No elective surgery or invasive procedure requiring consent may be initiated by a KHS contract provider or KHS contract facility without the verification by those in control of the patient that a properly executed informed consent is in the patient's chart.

PROCEDURES:

1.0 OBTAINING INFORMED CONSENT

An informed consent must furnish the patient with sufficient information so that the patient can make an intelligent, informed choice of whether or not to undergo the procedure. The patient must not be asked to sign the consent form until the nature, purpose, and the major and usual risks involved in the operation have been explained to the patient by the surgeon.

If two or more specific procedures are to be carried out at the same time and this is known in advance, both may be described and consented to on the same form.

An interpreter should be utilized if there is an indication of a language barrier.

The following information should be verbalized to each patient:

- The patient's right to withdraw consent at any time prior to the procedure without affecting their right to further care
- Alternative methods of treatment
- A thorough explanation of the procedure including its benefits
- A full description of the discomforts and risks that may accompany or follow the procedure including the type of anesthetic to be used and its possible effects
- Approximate length of stay (hospital inpatient or outpatient) and length of time for recovery
- Information regarding whether the procedure is established or new
- Name of the physician that will perform the procedure

2.0 MEDICAL EMERGENCY

In the event of a medical emergency where treatment appears to be immediately required and is necessary to prevent deterioration or aggravation of the patient's condition, treatment may proceed without the patient's consent. Consent is implied in these circumstances on the theory that if the patient were able, such consent would be given.

It is desirable and appropriate to seek the consent and concurrence of the closest available relative. This is a reasonable means of dealing with situations in which an adult patient who does not have a conservator or an attorney is, in fact, temporarily unable to give consent. Treatment should not be delayed or the condition of the patient jeopardized to obtain consent. But, if such a delay does not jeopardize the patient, consent must be obtained prior to treatment.

3.0 PERSONNEL VERIFYING CONSENT

If at the time the surgery/diagnostic/therapeutic consent is presented to the patient for signature, the patient voluntarily indicates doubt or confusion about the indicated procedure or operation and there is a question as to whether informed consent has been obtained, provider involved should be notified immediately.

Obtaining informed consent is the performing provider's responsibility. Only verification (obtaining signatures) may be delegated to office and nursing staff.

4.0 CONSENT FORMS

Appropriate consent forms should be presented to informed patients for signature. The consent form is not informed consent. It is evidence for both the facility and the provider that informed consent has been obtained. The consent form is not a substitute for the critical role of the attending provider in the informed consent process.

5.0 DOCUMENTATION OF INFORMED CONSENT

The informed consent must be documented in the patient's medical record prior to treatment. The informed consent process is incomplete without documentation.

REFERENCE:

Revision 2018-12: Policy reviewed as part of the Compliance Department internal review. No changes to policy. Signatures and dates revised to be current. Revision **2014-11:** Routine review requested by Compliance Department. **Revision 2010-06:** Reviewed by the Director of Claims and Provider Relations, no substantial changes required. **Revision 2001-11:** Revised to incorporate suggestions made by DHS during Medical Review YE 08/31/00. Additional clarifying information added to *Obtaining Informed Consent.*