



MEMO

To : All Doctors
From : Dr Lee Hoi Che, DMS—CAO
Date : 23 November 2009
Our Ref. : ACAO/M53/LHC/2009
Subject : **Informed consent and measures to reduce the risk of complications
in invasive procedures**

Dear All,

Recently the hospital is requested by Department of Health to review the measures undertaken by the hospital in obtaining informed consent and reducing the risk of complications in invasive procedures / operations.

It is the duty of the doctor to obtain informed consent from the patient prior to performing an invasive procedure. Explanation to obtain informed consent should be documented and it should cover, but not limited to, the indication of the intended procedure; the alternative treatment options and the risks of related probable major and common complications. To facilitate the process, the hospital has developed a number of information sheets as an integral part of the consent form in endoscopy and obstetrics after consultation with the associate doctors and resident doctors and in the meantime other information sheets are being developed for instance on PCI by the Heart Center. The explanation by the doctor (not the content of the explanation) to the patient is then verified by our nurse and documented on the consent form, if the process of obtaining informed consent is not witnessed by the nurse.

The Hospital would like to recapitulate the following measures to reduce the risk of complications in colonoscopy and other procedures (including interventional radiology):

These measures include:

1. Credentialing and defining the scope of work of the doctor: Application for privilege to perform an invasive procedure and defining the scope of work, if appropriate, is initially assessed by the Director of Centre or the Chief of Service of respective specialty and endorsed by CEO/DMS.





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2. Monitoring during procedures: Experienced staff in OT, Endoscopy Unit, Heart Centre and Radiology Department, will regularly monitor the process and outcome of procedures, and provide assistance as necessary especially to doctors new to the Hospital.
3. Peer Supervision: Doctors with suboptimal competency will only be allowed to perform the procedures under supervision by an experienced colleague, as agreed by the Hospital, until competency is attained. Privilege to perform a procedure will be withdrawn otherwise.
4. Review: The clinical coordinating committees of the Hospital conduct audits to ensure procedures are safely performed and sentinel events involving invasive procedures are reviewed.

Thank you for your attention.

Yours sincerely,

Dr Lee Hoi Che
Director of Medical Services

c.c. CEO
CNO, DCNOs, SNO Suky Lo, SNO Y S Chan
Director of the EEU
Director of MIS Centre
Director of UEC
COS Radiology Department

