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| Team Name: Critical Care and Medicine<br><br>Team Lead: Director - Acute Community Hospitals<br><br>Approved by: Regional Lead - Acute Care & Chief Nursing Officer | Reference Number: CLI.4110.PL.001<br><br>Program Area: Across Care Areas<br><br>Policy Section: General |
| Issue Date: April 24, 2018<br><br>Review Date:<br><br>Revision Date: May 16, 2023 | Subject: Consent for Procedures, Treatment and Investigations |

*Use of pre-printed documents: Users are to refer to the electronic version of this document located on the Southern Health-Santé Sud Health Provider Site to ensure the most current document is consulted.*

**POLICY SUBJECT:**
Consent for Procedures, Treatment and Investigations

**PURPOSE:**
To provide a consistent process for obtaining an Individual's Informed Consent for Procedures, Treatment and Investigations within Southern Health-Santé Sud. The process promotes practices that respect the basic rights of all Individuals.

**BOARD POLICY REFERENCE:**
Executive Limitation (EL-01) – Global Executive Restraint and Risk
Executive Limitation (EL-02) – Treatment of Client

**POLICY:**
Every Individual who has capacity has the right to give, refuse or withdraw Informed Consent on any grounds, even if refusal will result in death or any other form of harm to the Individual. A valid Informed Consent is obtained prior to the provision of any health care. There are five steps to the Informed Consent process:

1. Determine Individual's capacity to make the decision.
2. Provide relevant information to inform the decision.
3. Verify Individual understands, including answering the Individual's questions and providing time for the Individual to reflect, where it is clinically safe to provide time.
4. Decision by the Individual.
5. Document the Informed Consent process and outcome.

**DEFINITIONS:**
**Authorized Designate:** A professional, determined and authorized by the Responsible Provider, who is designated to complete part or all of the Informed Consent process with the Individual or Substitute Decision-Maker. The Authorized Designate is a member of a profession within a

category authorized by Southern Health-Santé Sud as having the authority to complete the Informed Consent process.

**Consent:**

- **Types of Consent:** Consent to treatment can be implied or it can be specifically expressed either orally or in writing. The clinical situation determines the required approach.
- **Informed Consent**: a process involving dialogue, understanding and trust between the Individual or Substitute Decision-Maker and the Responsible Provider or Authorized Designate. Informed Consent requires:
  - The Individual or Substitute Decision-Maker to have Decision-Making Capacity;
  - The information is provided in a manner that is understood by the Individual or Substitute Decision-Maker;
  - Requires disclosure of the information; including potential risks;
  - The necessary information provided to the Individual or Substitute Decision-Maker is information an Individual would want to know, in order to make an informed decision about the proposed course of action;
  - Must be specific to the act performed; and
  - Requires the consent to be given freely and voluntarily, without undue promise of favorable outcome, threat of penalty for non-compliance, or overt or covert coercion.

The information includes:

- The name of the Procedure(s), Treatment(s) or Investigation(s):
- Expected benefits of the Procedure(s), Treatment(s) or Investigation(s), as well as details of what the Individual might experience during or after the Procedure(s), Treatment(s) or Investigation(s), including common and serious side effects;
- The material or significant risks of the Procedure(s), Treatment(s) or Investigation(s) (the mere possibility of a complication does not ordinarily mean it has to be disclosed, but if its occurrence may result in serious consequences, such as paralysis, permanent disability or death, then it is regarded as a material risk);
- Alternatives to the Procedure(s), Treatment(s) or Investigation(s), together with the risks and benefits of these alternatives;
- Likely consequences of not having the Procedure(s), Treatment(s) or Investigation(s); and
- Answers to any Individual or Substitute Decision-Maker's questions.

Additional information required may include:

- Information required for consent to administer blood or blood products as required.
- Information required for consent to draw a blood sample for transmission of transmissible infections (Hepatitis B, Hepatitis C, and Human Immunodeficiency Virus) in the event that a health care provider experiences exposure to the Individual's body fluids.
- The following questions serves as a guideline for the Responsible Provider to consider when providing information to the Individual or Substitute Decision-Maker:
  - How much information would an average reasonable Individual expect to be told?
  - Would an average reasonable Individual give Informed Consent in the same situation?
  - Would any significant detail, not mentioned, lead to a different decision by the

Individual?

**Changes, Additions or Deletions:**

- Changes, including additions or deletions to information recorded on the consent form, is initialed by the Responsible Provider and the individual providing and signing the written consent.

Exceptions:

- Consent is ordinarily obtained from the Individual, unless they do not have Decision-Making Capacity. In that case, Informed Consent is obtained from a Substitute Decision-Maker.
- In limited circumstances, Informed Consent may also be provided by a court order, which also may override the decision of an individual, including a Mature Minor or Substitute Decision-Maker (for example, under the Child and Family Services Act or The Testing of Bodily Fluids and Disclosure Act). In such circumstances, the situation is referred to senior management and/or legal counsel for further review.

**Decision-Making Capacity**: Includes:

1. Ability to understand the information and to make a decision about the proposed course of action;
2. Ability to understand the nature and the anticipated effect(s) of the proposed Procedure(s), Treatment(s) or Investigation(s); and
3. Ability to understand the alternatives and risks, including the consequence(s) of not proceeding with the proposed course of action.

The Responsible Provider or Authorized Designate assesses, determines and documents if an Individual has Decision-Making Capacity.

**Health Care Directive:** a self-initiated legal document for the provision of care to the Individual which complies with the provisions of *The Health Care Directives Act* in Manitoba. A Health Care Directive indicates the type and degree of health care interventions to which the Individual would consent, refuse, or withdraw and/ or may indicate the name(s) of an individual(s) who has been delegated to make decisions on behalf of the Individual (i.e., a "**Proxy**").

- A Health Care Directive is binding on health care professionals, unless the request for interventions is illegal.
- Any Individual who has capacity to make decisions about Procedures, Treatment and Investigations may make a Health Care Directive (including a Mature Minor).

**Individual:** refers to a patient, client or resident receiving health care services within Southern Health-Santé Sud health region.

**Mature Minor:** A Mature Minor is an individual, under the age of 18 years, who has the capacity to fully appreciate the nature and consequences of a proposed health assessment and/or treatment and is capable of giving Informed Consent. Designation of a Mature Minor is not based on age but on capacity to understand.

**Minor:** an individual under the age of 18 years. If the Minor has Decision-Making Capacity, the Minor is regarded as having the capacity to provide Informed Consent, and the Minor's Rights to Demonstrate Capacity for Health Care Decision Making is both necessary and sufficient for

the proposed Procedure(s), Treatment(s) or Investigation(s). This document is called the Minors Rights to Demonstrate Capacity for Health Care Decision Making (CLI.4110.PL.001.FORM.02).

- Designation of a Mature Minor is not based on age but on capacity to understand.
- A Minor aged 16 and older is presumed to have Decision-Making Capacity unless there is evidence to the contrary.
- A Minor under age 16 is presumed to not have Decision-Making Capacity unless there is evidence to the contrary.

**Minors with capacity who wish to make their own decisions:**

- The responsible provider completes the Minor Rights to Demonstrate Capacity for Health Care Decision Making Form. The form is filed within the written consent in the health record.
- A Minor's entitlement to make health care decisions is based upon capacity to understand information that is relevant to making a decision about Procedures, Treatment and Investigations and an appreciation of the risks and benefits of those Procedures, Treatment and Investigations, rather than age.
- The responsible provider completes the Minor Rights to Demonstrate Capacity for Health Care Decision Making with the written consent in the health record.
- Age alone is not a determinative indicator of the capacity of a Minor to provide Informed Consent.
- If the Minor has this capacity, the Minor's Informed Consent is necessary and sufficient. Consent of the parent or guardian is not required, nor can it override the Minor's decision.
- If a Minor has Decision-Making Capacity but there is concern respecting refusal to consent and the refusal may endanger the life, health or emotional wellbeing of the Minor, a court order may be required through Child and Family Services pursuant to *The Child and Family Services Act* (Manitoba).
- Confidentiality of Mature Minor personal health information is observed. For further information, see the Minor's Rights to Demonstrate Capacity for Health Care Decision Making form. (CLI.4110.PL.001.FORM.02).

**Minors without capacity to exercise their own rights:**

- If it is determined that the Minor is not able to provide Informed Consent to assessment and/or treatment, then Informed Consent from a Substitute Decision-Maker (usually the parent or guardian) is obtained.
- Where one of the parents has sole legal custody and/or sole decision-making responsibilities for healthcare related decisions of the child, the parent who has sole legal custody and/or sole decision-making responsibilities, regardless of the residence of the child, is authorized to give Informed Consent.
- Where there is joint custody or joint decision-making responsibility, both parents/legal guardians must consent to proceed with treatment.
- Where there is no parent or guardian, the person having physical custody may, in exceptional circumstances, sign an Informed Consent on behalf of the Individual.
- It is appropriate and advisable to request a copy of any parenting order or agreement. A copy of the parenting order or agreement is included in the Minor's medical file.

**Procedure, Treatment or Investigation**: Anything that is done for a therapeutic, preventive, palliative, diagnostic, cosmetic or other health-related purpose, and includes a course of

treatment. Consent is required before any Procedure, Treatment or Investigation. A list of Procedures, Treatment and Investigations is set out in the Consent for Procedures, Treatment or Investigations list (CLI.4110.PL.001.SD.01). Note this list is non-exhaustive and is not intended to encompass all situations which require Informed Consent.

**Responsible Provider:** an appropriately credentialed health care provider within Southern Health-Santé Sud authority within their own scope of practice and the Southern Health- Santé Sud facility that is responsible for the actual conduct of, or carrying out of the proposed Procedure(s), Treatment(s) or Investigation(s).

**Substitute Decision-Maker:** a third party identified to participate in decision-making on behalf of an Individual who lacks Decision-Making Capacity concerning a proposed Procedure(s), Treatment(s) or Investigation(s). The task of a Substitute Decision-Maker is to represent faithfully the known preferences or, if the preferences are not known, the best interests of the Individual that lacks capacity. The following, in order of priority, may act as Substitute Decision-Maker(s):

- Proxy named in a Health Care Directive, but only as to decisions which are in the scope of their appointment in the Health Care Directive.
- A committee of both property and personal care appointed by:
  - an order under section 61(1) of *The Mental Health Act* (Manitoba); or
  - the court under section 75(2) of *The Mental Health Act* (Manitoba).
- A Substitute Decision-Maker for personal care appointed under The Vulnerable Persons *Living with a Mental Disability Act* (Manitoba). A committee or a Substitute Decision-Maker for personal care may be an individual(s) or the Public Trustee.
- Parents or legal guardians give Informed Consent on behalf of a Minor child who does not have the capacity to make decisions with respect to Procedures, Treatment and Investigations.
- A Responsible Provider or Authorized Delegate can make decisions on behalf of an Individual in an emergency (discussed below).
- Family, friends and others: In the absence of an Individual having Decision-Making Capacity and a person described above being available, only a court is legally entitled to make a decision regarding Procedures, Treatment and Investigations on behalf of that Individual. **Therefore, this category does not have binding legal authority to make decision.** However, in the absence of a third party with binding legal authority, the following principles can provide guidance. Within this context, such a Substitute Decision-Maker must have the support of all interested and available parties. Such a person will usually, but not necessarily, be a close relative, who speaks for all. The listing contained in *The Mental Health Act* (Manitoba) respecting a "nearest relative" provides guidance and is as follows in order of preference, provided that: (1) the adult relatives in the following list being of whole blood are preferred to relatives of the same description of the half-blood; and (2) the elder or eldest of two or more relatives described in the following list is preferred to the other of those relatives, regardless of gender:
  - Spouse or common-law partner;
  - Son or daughter;
  - Father or mother;
  - Brother or sister
  - Grandfather or grandmother;

- Grandson or granddaughter;
- Uncle or aunt;
- Nephew or niece.

Other principals which are not set out in *The Mental Health Act* (Manitoba), but which may be relevant, are as follows:

- A supportive friend when family is unavailable or non-existent, or if the individual requested while competent;
- On occasion, an existing power of attorney may be most appropriate to fulfill this role, since such an individual, although limited to property decisions, has obviously been placed in a position of trust.

For the Responsible Provider or Authorized Designate to feel confident in identifying a Substitute Decision-Maker from family, friends and others it will be necessary, within reason, to:

- Understand relationships, dynamics, hierarchy, and values;
- Ascertain that there exists acceptance from involved family/friends in the designation of the Substitute Decision-Maker;
- Clarify as necessary the role of the Substitute Decision-Maker for all interested parties;

If this is not possible, the Responsible Provider or Authorized Designate acts in the best interests of the Individual. The Responsible Provider or Authorized Designate can refer to conflict resolution resources such as, ethics consultation, mediation with family/friends or referral to the Public Trustee or courts if apparent dissension among family/friends cannot be resolved. Investigation(s).

**Substitute Decision-Maker for a Minor without Decision-Making Capacity:** a legal guardian, such as Child and Family Services, or a parent. Where issues respecting parental custody and /or decision-making responsibilities for healthcare related decisions exist, a copy of the court order is requested. If there is still uncertainty, advice may be required from the Southern Health-Santé Sud Legal Counsel.

**Witness**: Someone other than person obtaining the Informed Consent. Witnessing the Informed Consent indicates only that the Witness observed the Individual physically sign the Informed Consent; it is not an indication that the Witness has observed that Informed Consent was obtained. In elective situations the Responsible Provider and/or Authorized Designate should not be the Witness:

**PROCEDURE:**

1. **Obtaining Informed Consent.**

1.1. The responsibility for obtaining a valid Informed Consent rests with the Responsible Provider performing or proposing the care (usually a physician). This is both a professional obligation and a legislated duty imposed on a health care provider and cannot be delegated - while the Responsible Provider may appoint an Authorized Delegate to obtain the Informed Consent, the Responsible Provider remains responsible for ensuring Informed Consent has been obtained. For clarity of communication among members of the health care team, the Responsible Provider ensures accurate and timely documentation of the Informed Consent decision in accordance with this policy.

1.2. The Responsible Provider or Authorized Designate assesses and determines if an Individual has Decision-Making Capacity.
1.3. The Responsible Provider or Authorized Designate provides the information (as set out under the "Informed Consent" heading above) to the Individual or Substitute Decision-Maker in order to allow them to make a decision about the proposed Procedure(s), Treatment(s) or Investigation(s).
1.4. The information is provided in easily understood terminology and includes expected outcomes, risks, consequences of refusing a recommended treatment and an explanation of possible alternatives.
1.5. The Responsible Provider or Authorized Designate makes all reasonable efforts to request an authorized and trained/qualified individual to provide interpretation when Individuals have limited language proficiency.
1.6. The Responsible Provider or Authorized Designate obtains Informed Consent from the Individual or Substitute Decision-Maker for each specific Procedure, Treatment or Investigation, prior to administration of any pre-procedure sedative medication, according to the Consent to Treatment or Investigation Form - Bilingual (CLI.4110.PL.001.FORM.01)
    - Procedures, Treatments and Investigations not identified on this list have the obtaining of Informed Consent documented in the Individuals health record.
1.7. The Informed Consent and refusal of treatment forms are signed by the Individual or Substitute Decision-Maker (in any form or style including an "X"), dated and witnessed. The Witness clearly identifies themselves by printing their name clearly in type or by hand after their signature.
1.8. The Responsible Provider or Authorized Designate signs the Consent to Procedure, Treatment and Investigation Form - Bilingual (CLI.4110.PL.001.FORM.01), confirming that Informed Consent was obtained, and at the time Informed Consent was obtained, also documents the details of the discussion either in the health record or the record held in the Responsible Provider's office.
1.9. The Consent to Procedures, Treatment and Investigation form is completed and can include more than one Procedure, Treatment or Investigation. The Consent to Procedures, Treatment and Investigation form is evidence that the process of Informed Consent has occurred. At a minimum, the Consent to Procedure, Treatment or Investigation form contains:
    - Demographic requirements (name, Personal Health Information Number or hospital number, date of birth of Individual etc.);
    - List of the proposed Procedure(s), Treatment(s) or Investigation(s). If a series of Procedure(s), Treatment(s) or Investigation(s) are to be performed, this is indicated. No abbreviations are used;
    - Name and designation of the Responsible Provider or Authorized Designate performing the Procedure(s), Treatment(s) or Investigation(s);
    - For Procedure(s), Treatment(s) or Investigation(s) involving removal of tissue, a provision for disposal or use of the tissue;
    - For Procedure(s), Treatment(s) or Investigation(s) involving potential use of blood and blood components, indication to receive these components;
    - Provision for Informed Consent for photographing or otherwise recording for scientific or medical purposes a Procedure(s), Treatment(s) or Investigation(s);

- Provision for Informed Consent to the sharing of personal health information for training, and for students to examine, test and provide treatment under the direction of a supervisor;
- Informed Consent is required to draw a sample of blood for testing for transmissible infections (Hepatitis B, Hepatitis C, Human Immunodeficiency Virus) with the understanding that results are made known to both the health care provider and the Individual when:
  - The Procedure(s), Treatment(s) or Investigation(s) have the potential for significant exposure to body fluids by the health care provider and
  - obtaining separate Informed Consent would be significantly delayed related to the length of the Procedure(s), Treatment(s) or Investigation(s) or
  - the Individual's ability to give separate Informed Consent is significantly delayed related to the administration of anesthetic agents.
- Date and signature of Responsible provider or Authorized Designate confirming Consent was obtained;
- Date and signature of the Individual or Substitute Decision-Maker; and
- Signature of Witness to the Individual or Substitute Decision-Maker's signature.

**2. Non-Canadian Residents:**

2.1. If an Individual does not reside in Canada, and the Procedure(s), Treatment(s) or Investigation(s) is/are still proceeding, the Governing Law & Jurisdiction Agreement (CLI.4110.PL.001.FORM.04) are signed by the Individual.

2.2. Health Information Management and Nursing Services are jointly responsible for ensuring this agreement is signed.

**3. Emergency**: In a situation where the following criteria are met:

3.1. There is a serious and immediate threat to the life or well-being of an Individual which requires immediate Procedures, Treatment or Investigations;

3.2. The Individual does not have Decision-Making Capacity and a Substitute Decision-Maker is not readily available;

3.3. Any delay involved with obtaining Informed Consent poses a significant risk to the Individual; and

3.4. There is no evidence which suggests the Individual would have objected to the Procedure, Treatment or Investigation.

If all of these criteria are met, the Procedure(s), Treatment(s) or Investigation(s) can proceed without Informed Consent. The Responsible Provider or Authorized Designate document the reason why Informed Consent was not obtained on the appropriate section of the applicable form. As soon as possible, the Individual or Substitute Decision-Maker is be informed of the situation.

**4. Sedating Medications:**

4.1. Should a situation arise where the Informed Consent process has occurred and the Individual has verbally agreed, but the signature on the applicable form did not occur prior to an Individual receiving sedating medications, the Procedure, Treatment or Investigation can continue if:

- The Responsible Provider or Authorized Designate confirms that the process

occurred prior to sedation and a delay in the Procedure(s), Treatment(s) or Investigation(s) is not in the Individual's best interest.

4.2. The nurse and/or Responsible Provider ensures that the Consent to Procedure, Treatment or Investigation form is completed and attached to the Individual's health record prior to the administration of any pre-procedure sedative medication.

**5. Telephone Informed Consent:**

5.1. In an emergent situation, where the Individual is unable to provide an Informed Consent and the Substitute Decision-Maker is available only by telephone, the Responsible Provider or Authorized Designate can obtain Informed Consent by telephone.

- Along with the Responsible Provider, or Authorized Designate, who first receives the Informed Consent, a Witness to whom the Substitute Decision-Maker repeats their Informed Consent is required. The Witness signs the Consent to Procedure, Treatment or Investigation.
- If possible, the Substitute Decision-Maker's written Informed Consent is obtained as soon as possible thereafter.

**6. Verbal Consent:**

6.1. In a situation where an Individual is unable to sign the Consent to Procedure, Treatment or Investigation (in any manner, including an "x") due to a physical impairment, verbal Informed Consent can be accepted. In addition to the Responsible Provider or Authorized Designate completing the Consent to Procedure, Treatment or Investigation form, a Witness to the Informed Consent discussion and verbal Informed Consent who also completes the form with their signature is required.

- The Responsible Provider or Authorized Designate and the Witness sign the Consent to Procedure, Treatment or Investigation, which indicates that the Individual was unable to sign due to physical impairment.

**7. Interpreter's Declaration:**

7.1. Informed Consent includes, in addition to the signature of the interpreter or Witness to the interpretation, documentation in the individual's health record of what translation and/or interpretation was provided, as applicable.

- When an interpreter does not provide in-person interpretation, the interpreter's signature is not required for the Consent to Procedure, Treatment or Investigation form. In such circumstances, the Responsible Provider or Authorized Designate signs the Consent to Procedure, Treatment or Investigation form as a Witness to the interpretation performed over the phone or via telehealth. The printed name of the interpreter and the interpreter's identification number is identified on the Consent to Procedure, Treatment or Investigation along with the fact that the interpretation was not in-person.

**8. Consent from Illiterate, Hearing or Visually Impaired Individuals:**

8.1. If the Individual is illiterate, the Consent to Procedure, Treatment or Investigation form is read and discussed with the Individual before they sign the Consent to Procedure, Treatment or Investigation form. The name and position of the Witness to the

conversation should be documented. If the Individual cannot write, they may sign with an "X". If the Individual signs with an "X", the Witness must provide the Individual's name where the Individual would normally sign, as well as their relationship to the Individual.

8.2. If the Individual is deaf and not visually impaired, the Responsible Provider writes an explanation and attaches the written explanation to the health record.

8.3. If the Individual is visually impaired, the Consent to Procedure, Treatment or Investigation form is read and discussed with the Individual before they authorize the Consent to Procedure, Treatment or Investigation form. The person witnessing the discussion must provide (i) their signature in the witness portion of the form, (ii) indicate the Individual's name where the Individual would normally sign the form, (iii) indicate that the Individual is visually impaired, (iv) indicate the Witness's relationship to the Individual.

**9. Duration of Consent:**

9.1. When Informed Consent is obtained and the Consent to Procedure, Treatment or Investigation form is signed for the Procedure(s), Treatment(s) or Investigation(s), but the Procedure(s), Treatment(s) or Investigation(s) was/were not carried out at the intended time, the Consent to Procedure, Treatment or Investigation form can be used as authorization for the same Procedure(s), Treatment(s) or Investigation(s) by the same Responsible Provider, or the same Authorized Designate, within one year of the signed date.

9.2. New Informed Consent is required if:

- There has been significant change in the Individual's condition. The onus remains on the Responsible Provider or Authorized Designate to ensure that no significant changes in the Individual's condition have occurred that will affect Informed Consent;
- Medical knowledge about the Individual's condition or available treatment has changed;
- The Individual has refused or withdrawn Informed Consent to a portion of Procedure(s), Treatment(s) or Investigation(s) planned or refusal involving particular individuals in treatment;
- The Procedure(s), Treatment(s) or Investigation(s) has/have been completed and new Procedure(s), Treatment(s) or Investigation(s) is/are proposed.

**10. Refusal of Treatment**

10.1. Where refusal of the recommended specified Procedure(s), Treatment(s) or Investigations and/or withdrawal of Informed Consent has/will likely have a significant adverse consequence(s), the Waiver of Responsibility Bilingual Form (CLI.4110.PL.001.FORM.03) is completed. Documentation as to the discussion with the Individual or Substitute Decision-Maker, including any refusal by the Individual or Substitute Decision-Maker to sign the Refusal Treatment Form, is recorded by the Responsible Provider or Authorized Designate in the health record.

10.2. Procedure(s), treatment(s) or investigation(s) not identified in the list, requires receipt of Informed Consent documented in Integrated Progress Notes (IPN) CLI.4510.PR.002.FORM.01 in the health record.

10.3. The Individual should understand the consequences of withdrawing Informed Consent. This is made clear in any documentation provided to the Individual and in discussions with them. The Responsible Provider ensures the withdrawal of Informed Consent is noted on the health record, together with a summary of the information, which is provided to the Patient about the withdrawal of Informed Consent and/or refusal to provide Informed Consent, including the risks and consequences of the withdrawal and/or refusal of Informed Consent.

10.4. If a risk of serious harm is identified, follow Personal Health Information Disclosure Due to Risk of Serious Harm (CLI.4110.PL.016) policy.

**11. Transfer of Individual within Southern Health-Santé Sud:**

11.1. A Procedure(s), treatment(s), or investigation(s) does not require repeat documentation if the Informed Consent process, the completed Consent to Procedure, Treatment or Investigation from the sending institution is considered valid.

11.2. Faxed and scanned copies of Consent to Procedure, Treatment or Investigations are valid if legible. Where possible the original is mailed to the appropriate Health Information Services Department for filing in the Individual's health record. See Southern Health-Santé Sud Transmission of Personal Health Information via Facsimile (Fax). (ORG.1411.PL.407)

**12. Quality Improvement**

To evaluate the documentation of Consent to Procedure, Treatment or Investigation, the Surgical Consent – Documentation Audit (CLI.4110.PL.001.FORM.05) is completed annually. A quality improvement plan is developed.

**SUPPORTING DOCUMENTS**:

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|---|---|
| CLI.4110.PL.001.FORM.01 | Consent to Procedure, Treatment or Investigation - Bilingual |
| CLI.4110.PL.001.FORM.02 | Minors Rights to Demonstrate Capacity for Health Care Decision Making |
| CLI.4110.PL.001.FORM.03 | Waiver of Responsibility - Bilingual |
| CLI.4110.PL.001.FORM.04 | Governing Law & Jurisdiction Agreement |
| CLI.4110.PL.001.FORM.05 | Surgical Consent - Documentation Audit |
| CLI.4110.PL.001.SD.01 | Consent for Procedures, Treatment, or Investigations List |

**REFERENCES:**

| | |
|---|---|
| ORG.1411.PL.407 | Transmission of Personal Health Information via Facsimile (Fax) |
| CLI.4110.PL.016 | Personal Health Information Disclosure Due to Risk of Serious Harm |
| CLI.4510.PR.002.FORM.01 | Integrated Progress Notes (IPN) |

Winnipeg Regional Health Authority (January 2015). *Informed Consent for Procedures, Treatment and Investigations*.

Manitoba Health, Healthy Living and Seniors document – *Minors Rights: Access and Consent to Mental Health Treatment* (February 13, 2015).

The Personal Health Information Act (PHIA) (September 15, 2017).

Calgary Health Region Consent Policies #1414, (Rev April 2002).

Canadian Medical Protective Association, (2010). *Consent: A guide for Canadian Physicians*.

Health Sciences Centre Informed Consent Policy #80.115.003, Rev. October 11, 2002.

The Mental Health Act of Manitoba C.C.S.M. c.M110. Updated to September 15, 2017.

Morris, J., Ferguson, M., Dykeman, M. (1999). *Canadian Nurses and the Law*. Markham: Butterworths.

ORNAC, (2017) *Recommended standards, guidelines, and position statements for perioperative registered nursing practice*. ORNAC

National Institutes of Health, Medical Administrative Series (MAS) No M77-2, *Informed consent*. Revised December 15, 2008

Review and Implementation Committee, (2001). *The Issue of Informed consent*, In *Report of the Review and Implementation Committee for the Report of the Manitoba Pediatric Cardiac Inquest.* (pp.59 – 78).

Ryan, M, MD Sinha, J., MD. *Informed procedural consent* (August 2017). Uptodate.com

CMPA - Governing Law and Jurisdiction Agreement (cmpa-acpm.ca)

The Family Law Act – Province of Manitoba – March 2022