



March 2008

For the past year, the Minnesota Medical Association (MMA) has been working as part of a statewide patient safety coalition—the Minnesota Alliance for Patient Safety (MAPS)—to develop a standardized form to verify patients have made an informed decision about surgical and invasive procedures. The MMA encourages you to incorporate the new MAPS form into your informed consent process.

MAPS took on this project as a coalition to:

1. Improve health care efficiency and streamline processes. This form is designed to be used statewide, replacing the diverse informed consent forms already in use by clinics, hospitals, and surgical centers. Several medical groups and hospital systems in Minnesota are already using the MAPS form.
2. Address health literacy, which can hinder the informed consent conversation. Studies estimate that over 89 million American adults have limited health literacy skills, regardless of education, economic status, or culture. This means they are simply unable to receive, process, and understand health information in order to make decisions. The MAPS template for informed consent is written at a fourth grade reading level.

When used in partnership with your existing patient education materials, the form can guide your informed consent conversations. In addition, the form will be translated into several other languages in 2008, including Spanish, Russian, Hmong, and Somali.

The new documents meet all regulatory requirements, including those set by the Joint Commission, the Occupational Safety and Health Administration (OSHA) and the Centers for Medicare & Medicaid Services (CMS).

The standardized form is posted on the MAPS web site, www.mnpatientsafety.org.

The form can be identified by the MAPS logo, but organizations may choose to include their logo alongside the MAPS logo. We have also attached the form to this email for your review. If you have any questions, please contact Becky Schierman at rschierman@mnmed.org, (612) 362-3766.

Sincerely,
James J. Dehen Jr, M.D., President
Minnesota Medical Association

Robert K. Meiches, M.D., CEO
Minnesota Medical Association



Minnesota Informed Consent

Consent form for surgery or invasive procedure

1. I, [print patient's name]: _____
 - a. Agree that I will have [include both the medical term and patient words]: _____

 - b. At [name of facility]: _____
 - c. The reason for this procedure is [medical condition]: _____
 - d. This will be done or supervised by: _____

2. I have talked to my doctor or health care team about:
 - a. What the procedure is and what will happen.
 - b. How it may help me (the benefits).
 - c. How it might harm me (the most likely and most serious risks).
 - d. The long-term effects the procedure might have.
 - e. My other choices for treatment. The risks and benefits of those choices.
 - f. What will likely happen if I say "no" to this procedure.
 - g. How I might feel right after and how quickly I can expect to recover.
 - h. What medicines will be used to manage pain or sedate me.

3. I agree that: (If I do not agree with a statement, I have crossed it out and initialed next to it.)
 - a. I will ask questions.
 - b. No one has promised me definite results.
 - c. If it is best for me, my doctor may change the plan if they find other serious problems during the procedure.
 - d. Students and others may watch the procedure. This must be approved by this facility.
 - e. Pictures or video may be taken. They may be used for medical or educational reasons only.
 - f. Tissues or items removed from my body may be tested. They will be disposed of with respect. Unless I agree, tissues will not be used for research or sold.
 - g. If a staff person is exposed to my blood or body fluids, my blood will be drawn and tested for HIV and hepatitis. The test results will go:
 - In my medical record;
 - To the Employee Health Services Department and/or Infection Control at this facility; and
 - To Minnesota health officials.

