Obtaining Biorepository ‘Front Door’ Consent in the Pre-op Anesthesia Clinic to Benefit Patients, Protocols and Preop Staff

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**Problem:**

MD Anderson Cancer Center (MDACC) maintains a successful central biorepository which utilizes a “front door” consent mechanism for the collection and retention of residual biospecimens and associated data for potential use in future research. Consent for participation in the institutional banking protocol is requested most often at the time of new patient registration, a process facilitated by more than 77 business centers and clinics.

While the ability to approach and consent all patients at these locations may not always be feasible or desirable, optimization of resources, service to the research community, patient comfort with the process, and patient education is. Research consent administration should be simple and consistent, and potential protocol participants should learn what to expect when presented with later opportunities as part of the “front door” consent experience.

**Intended Outcome:**

A pilot program was initiated to address these concerns. It was determined that experienced consent administration staff should be strategically placed at a location meeting the following minimum criteria:

1. Average daily patient volume > 20
2. Average time from patient arrival to departure > 15 minutes
3. Available consent administration work space

The Pre-op Anesthesia Clinic was chosen as the ideal location due in part to the nature of its patient population which includes individuals scheduled to undergo surgical and other biospecimen-producing procedures.

MDACC successfully integrated research administration staff in the Pre-op Anesthesia Clinic to serve as the patient – clinic – research administration liaison while optimizing resources, serving the research community, and educating patients.

**Program Description:**

**Collaboration:**

A collaborative agreement was reached with Pre-op Administration to permit full time placement of a Research Program Coordinator, carefully selected for this specially designed role in the clinical setting to obtain “front door” consent. Salary, furniture and supplies were provided through research funding and support while space and limited Preop staff assistance were provided through Preop / clinical support.

**Coordination:**

A daily protocol candidate list was created to identify eligible potential participants based upon the following day’s clinic schedule. This list was distributed to the Pre-op reception desk to facilitate daily coordination and communication of patient arrival and departure increasing the likelihood of consent administration as patients awaited and departed from scheduled clinic visits.

**Addressing Implementation Concerns:**

Initial concerns included:

- **Interruption of clinic function / patient flow**
- Patient acceptance of new process
- Preop acceptance of new staff and process

The primary concern expressed by clinic administration was potential interruption of clinic function / patient flow. This was quickly dispelled. Patients were directed to a private area for consent administration while waiting for appointments (see photos below) and could be quickly retrieved by clinic staff, even while consent was in progress, to proceed with scheduled appointments.

**Evaluation Method:**

Daily metrics were maintained to include eligible patients, patients consented, patients who declined, and those who were approached but not requested to participate (with reason documented).

**Benefits:**

The intentional integration of consent administration staff in this setting, outside the clinical environment but in close proximity to clinic operations, proved advantageous not only to Preop Administration staff, but to patients.

**Advantages for Preop Staff**

- Integration of a Research Coordinator as a member of the Preop Clinic staff
- Additional help during peak clinic time
- Metrics provided to Preop Clinic Administrators and staff

**Advantages for the Patient**

- Temporary physical removal from the clinic area (patients expressed appreciation for time spent outside of waiting area)
- Ample time to discuss, ask questions and consider protocol participation
- Interaction with an MDACC employee/cancer survivor willing to listen, share and teach
- Productive use of time spent waiting for a clinic appointment

**Benefit to the Institutional Banking Protocol**

- Additional patients consented
- Additional biospecimens collected

**Outcome:**

Service to Research Community

More than 8,200 patients have been consented to the institutional banking protocol in the Anesthesia Pre-op Clinic in 6 years, resulting in the collection of biospecimens that might not otherwise have been obtained.

Patient Comfort

Patients expressed comfort and satisfaction with being approached for research participation while waiting to be seen by medical staff in the Preop Anesthesia Clinic.

Optimization of Resources

Utilization of research personnel as the patient – clinic – research administration liaison proved to be successful as indicated by the continued collaboration observed between departments, patient satisfaction reports, the increased rate of protocol consent, and additional biospecimen collection.

**Suggestions for Future Program Use:**

A formal mechanism for obtaining research consent in the Pre-op setting can be established at an institution of any size with stakeholder support and departmental collaboration. Benefit can be gained by institutions and protocol participants alike.

Future MDACC program plans include expansion of the institutional banking protocol to remote facilities, further increasing the importance of “front door” consent staff placement.

Additional considerations include (some previously piloted):

- Mobile consent (priority cases, by request)
- Blood Donor Rooms
- Diagnostic Center Laboratory
- Outpatient procedure clinics (Bone Marrow Aspiration, FNA, etc.)
- Outside Pathology Service Centers
- Cancer Prevention Clinics
- International Center
- Regional Care Centers
- Survivorship Clinics

**Reference:**