

Minutes from National iMedConsent™ VANTS Call

Wednesday, March 1, 2006

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1. ROI in iMedConsent

Modifications to this form that are coming in the next patch release were discussed on the call. However, between the call and the production of this document, I met with the Privacy Advisory Council (PAC), representatives from the HIM program office, and Dialog Medical to discuss the workflow issues which we have encountered since the introduction of the form in iMedConsent. The group decided to remove the ROI form from the iMedConsent library unless/until all issues are resolved. Deactivation will occur in April. Until then, the PAC and HIM advise facilities to stop use of VA form 5345 within iMedConsent. We will keep everyone up to date as this project progresses.

2. Report of Signature Capture Issue on Some WYSE Thin Clients

A facility has reported a quirk in the signature capture function on some WYSE thin clients. On these machines, a portion of the captured signature is actually imported onto the next signature block. As a temporary workaround, we have recommended that users on these problem workstations be instructed to “tap” the stylus on the signature capture area after the signature is obtained. This appears to complete the signature capture fully. Dialog Medical is working with WYSE on a permanent resolution.

3. Technical and Policy Issues

Please report all technical problems and content questions directly to Dialog Medical (enterprise@dialogmedical.com). Feel free to copy me (ray.frazier@va.gov) if you would like for me to be involved. Policy questions should be sent directly to me (no need to copy Dialog Medical support for policy issues).

4. Job Monitor

The Job Monitor should be checked on a daily basis. It is set to look at a “holding to process” folder on the server. That folder holds jobs that have not processed all the way through. In most of the sites, CACs have the responsibility of checking the Job Monitor. In some other sites, someone in IRM has this responsibility. If you have additional questions about the Job Monitor, contact Dialog Medical support.

5. March Release

Upcoming enhancements and fixes were briefly discussed on the call. Details will be available in the forthcoming release notes.

6. Witness Signature Issue

It has been noticed that, in certain instances where the witness signature block falls within 0.01 inches of the page break in the final imaged document, the signature is sometimes not visible. This appears to be a very infrequent occurrence, and we have determined that it is not a threat to patient safety. However, we do see this as a significant documentation

glitch that must be fixed as efficiently as possible. Dialog Medical is working to isolate the problem (apparently in a third-party application) and will implement a temporary fix in the release expected in mid-March. Until your facility has implemented this patch, please temporarily suspend your iMedConsent file purge mechanisms. As has been noted in a posting to the listserv, if you encounter this error, Dialog Medical can regenerate the form using a precursor file so that the witness signature will be visible. Suspension of the file purges is recommended to preserve these precursor files. Contact Dialog Medical support if you have any questions.

7. On-Site Dialysis Consents

If you would be willing to discuss your facility's dialysis consent protocols, please contact Margaret Bouzek (Margaret.Bouzek@va.gov).

8. Bundling Multiple Procedures for "ICU Consent"

Currently, providers are using the iMedConsent "procedure combining" function to produce consent forms for patients (& surrogates) receiving care in the ICU. This process can be time consuming and can result in unsightly and unwieldy consent forms. Dialog Medical is going to work on development of a consent form specifically for care in the ICU. There are a number of ethical "blanket consent" issues which the Ethics Center will review before this document will be authorized for release to the field. Mary Montufar from Palo Alto suggested that we work with Dr. Juliana Barr as a subject matter expert.

9. Indexing

Dialog Medical has been asked to provide several additional parameters to a call to VistA Imaging to allow for indexing of the images in VistA Imaging. This change will make lookup and retrieval of the saved images easier for the end users. Dialog Medical implemented Indexing functionality for VistA Imaging last year with the assistance of the MAG team. This functionality requires IV&V testing and cannot be released at this time. We will update POC list once IV&V testing has completed.