

## Minutes from National iMedConsent™ VANTS Call

Wednesday, April 5, 2006

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**Note:** I was unable to attend this call, but I have responded/commented in the minutes where appropriate. Thanks to Paul Miller, Dialog Medical VA Account Manager, who ran the call and drafted this document.

1. **Beta Release** (Release to Beta sites: 4/19. All sites: 4/30)
  - Release of information (ROI) is being removed from iMedConsent – The plan is to re-introduce this at a later date when Privacy Office revises it.
  - Explanatory text being added to Performing Practitioner List area
  - Auto-Shutdown feature will now be able to be controlled by iMedConsent administrators—will allow setting to be 1-999 minutes
  - New User Group is being added to the ACL Editor list to allow users to view reports only
  - Quick Start Guide updated
  - Content Admin guide updated
  - Spanish Context – Just for 6-7 evaluation sites – There is a global setting feature that turns this on/off at sites. 2-3 month evaluation for beta sites
  - New Specialty – Telehealth – will contain one consent form—Home Telehealth
  - 70-80 new documents will be included in the April release

## 2. Questions

- Tampa
  - What are facilities using to sanitize ePads? Some suggested Standard VA Equipment wipe (used in Boston for ePads and tablets). DM will provide Paul at Tampa contact information for Interlink.
  - Can there be an email group for VA iMedConsent users to post general questions to the field (listserv was mentioned as an option)?

Ray's response: The iMed Listserv started out as a mail group. I decided to switch to listserv to be able to monitor the postings. It sounds paternalistic, but I had to do too much work correcting misinformation that was sent to the mail group. Plus, inappropriate emails that did not add to the discussion at hand clogged my inbox and resulted in numerous people asking to be removed from the group. Feel free to post general questions to the listserv. If I feel that it is a question that should first be routed to another source (e.g., Dialog Medical for technical support), I will redirect the email.

If it contains inappropriate content, it will not be posted. This is a courtesy to you, the listserv participants.

- Does the Anesthesia in the typical consent cover the Anesthesia consent requirement?

Ray's response: Yes and No. There are "informed consent" requirements and then there are "informed consent documentation" requirements. It is important to keep these differentiated, and to always be cognizant that informed consent is a process, and not merely a signature on a form. A separate signature consent for anesthesia is not required nationally, however some facilities have local policies that require the anesthesia practitioner to obtain specific, separate signature consent. As the text imported into the procedure consent form indicates, the anesthesia practitioner needs to meet with the patient before the procedure, so regardless of whether another signature is obtained on another form, there needs to be another informed consent discussion with the anesthesiologist. So yes, the information contained on the procedure consent will satisfy the national informed consent *signature* requirements, however it should never be the "end step" in the informed consent *process*. If you have unresolved questions about this, please contact me directly ([ray.frazier@va.gov](mailto:ray.frazier@va.gov)).

- Where do we go to see our content requests? There is currently no easy way to see other individuals' requests. Ray has sent out the content request spreadsheet periodically (attached to the minutes). DM is working on an easier solution.
- Is there going to be method for printing a volume of paper consents from iMedConsent to be used for contingency purposes when the system is down? DM offered the suggestion to enter "\_" in the consent information to get to the Final View form and then print those out to be used. DM will investigate a method to produce a "mass" paper backup.
- Loma Linda
  - When the system lost network connectivity, it was noticed that once this was returned, numerous consents were sent to CPRS – They were concerned that those whom created these would think they were lost – DM stated that there is a "splash" at the bottom that notifies the users that network connectivity is lost – They have noticed that this occurs with wireless devices. DM also discussed a development effort was under way to have documents stored when signatures are being captured (this will store the documents in Documents to Sign without signatures).
- Albuquerque
  - Can we have the ability to store documents with only one signature?

Ray's response: No. This workflow violates VHA ethics policy and the Code of Federal Regulations (38CFR). If you have additional questions, please let me know.

- Central Iowa
  - Noticed that when combining consents (General Anesthesia, Extraction of Teeth) the Anatomical Location was not showing up (one procedure requires Anatomical Location, the other does not). DM determined that Central Iowa was not running the current version (494 corrected this issue).
- San Diego
  - What issues are facilities dealing with implementing consent for HIV testing? The main issue was the phlebotomists and technicians were against doing this electronically mainly because they did not have time to look up whether there were consents for requested tests. Several sites (i.e. Tampa, Fargo) stated this was not an issue because they pass stubs to the technicians that includes notification that a consent form was signed. After the call, DM connected San Diego and Fargo to further discuss of implementation of HIV testing consent.
- Birmingham
  - Can there be other controls (radio button and text area) for adding additional information regarding blood products? For example, if patient refused blood products, can there be an area to add why this was refused?

Ray's response: If the patient refuses, or makes specific requests for acceptable alternatives, document supporting information in the "Comments" section.

- Usage Report – Any plans for counting consents with multiple procedures as 1? DM is investigating.
- How do facilities handle ePads in isolation areas? Suggested to use disposable plastic bags as used for tablets.

Ray's comment: Use of paper consent forms in these situations is also allowable.

- Louisville
  - Noticing a growing list of unsigned consents existing in documents to sign longer than 30 days (appears to have happened with the last patch). DM stated that whenever the documents are saved again, the 30 day clock starts over (if that is what it was set at). After further DM investigation, it appears this is a result of a defect in the purging mechanism introduced in the last (494) patch. This will be corrected with the April release (scheduled for April 30 for most facilities). Meanwhile, Administrator-level users can still manually remove the old documents by right-clicking on the document and selecting the "Remove" option.

- Palo Alto
  - Stated they were creating a local normal document for a Narcotic Contract Agreement – were concerned this may be removed when the document library is refreshed.

Ray's Comment: National updates will not affect locally created forms unless facilities create inappropriate forms (as determined by VA subject matter experts) or if they create forms that duplicate national content.

- Asked if sites were getting consents for Super Pubic Catheter Changes. Sites said they were not.

Ray's comment: If you have questions about whether signature consent is required for any specific treatment/procedure, please contact [vhaethics@va.gov](mailto:vhaethics@va.gov). It is difficult to make generic statements like "signature consent is never required for procedure X." Much depends on the patient situation. Sometimes simple and routine treatments/procedures may require signature consent. For example, a cast application may, in some isolated instances, "be reasonably expected to produce significant discomfort to the patient." This is one of the criteria from Handbook 1004.1 which would be a trigger for requiring the patient's signature consent. Please keep in mind also that, regardless of whether *signature* consent is required, the patient's *informed consent is always required*.

- Long Beach
  - Technical issues with Documents to Sign. Bill Taylor from DM will investigate.
  - Can the time for Documents to Sign in System Options be set in Days instead of Hours? DM will investigate.
- Columbia, SC
  - Concerns for procedures being renamed in Orthopedics, new procedures in Allergies, and Acronyms and Abbreviations in consents that were not approved by Joint Commission. DM asked sites to report these as requests to the Content Team ([queue.content@dialogmedical.com](mailto:queue.content@dialogmedical.com)).
- New Orleans
  - Facility back on line, would like assistance installing patches. Bill Taylor from DM will follow up.
- Ann Arbor
  - Looking for the Fine Needle Aspiration. DM stated it will be available in the next release.
- Boston
  - Noted issues with thin clients and Topaz devices

- Solution recommended by Ann Arbor: Reflash thin client settings, install driver patch for ePads.