

June POC Call Meeting Minutes 6/9/2006

Thanks again to Paul Miller for running this meeting in my absence. Paul produced the notes below. I added my responses to policy-related issues that arose.
- Ray Frazier, National Center for Ethics in Health Care

iMedConsent Release Information - The May Release has been in BETA for about 10 days. Standard Release should be available June 11th. The June release (available around the end of June) will be a limited release including only new Content items and some defect fixes.

Questions from the field

New Orleans

Asked if GU and BCG procedures available? Content team confirmed they were in the standard library. Also asked if there is a post traumatic stress disorder form in iMedConsent? Answer: No. This does not really fit into the template for a consent form, but this seems to be both an agreement and consent. DM volunteered to help create this locally.

Beckley

DM was able to contact Tomi Lilly, the new CAC at VA Beckley. She had content inquiries on the National call yesterday. She was given an overview of the content process and shown how to submit a formal request. There were 4 or 5 documents in question and she was able to find all but 1 in the library. Tomi will be requesting a consent form for "Platelet Transfusion" for Hematology/Oncology. Charlotte Richardson will contact Tomi Lilly regarding training.

Philadelphia

Asked if there were plans for using other languages (Spanish) with iMedConsent. Discussed the full rollout of Spanish translation the standard library targeted for sometime this fall.

Development Request Reports:

Can attending physician be added to utilization report?

Can the last 4-digits of the patients SSN be added to the report?

Advanced Directive

Question to the field: Do these need to re-written annually, or do they just need to be reviewed annually – The field thought they needed to be just reviewed annually.

(RAY: Advance directives do not need to be rewritten annually. They do need to be reviewed periodically and whenever the patient's health status changes significantly, and rewritten or revoked whenever the contents no longer accurately reflect the patient's health care preferences. Please see Handbook 1004.2, Advance Health Care Planning, for details. FYI: This policy is in the process of being revised and should be re-released in the coming months.)

San Diego

Blood Transfusion – Ask Barbie Henry/Ray Frazier - Local hard copy is good for one year – How does this conflict with National Policy using iMedConsent?

(RAY: Blood transfusion consents cannot be "good for one year." These forms expire just like any other consent form. Blanket consent for blood transfusions are not ethically appropriate and are not allowed by national policy and Federal regulations. If your consent form implies otherwise, you are not in compliance. Please use the form in iMedConsent. For more information, see the website's FAQ section—I would normally give the URL, but the site is in the process of migrating and I do not want to give you a broken link. I'll announce the new site launch to the listserv.)

Reno

Question about a Urology consent (wording issue) – DM following up to confirm with helpdesk on the request.

Minneapolis

Issue with granting permission to users for just reporting—there is a bug in the system that allows them to have editing rights to content. DM will apply a fix in end of June release.

Tampa

While completing a consent form and the documents are not saved, DM confirms they will be stored in documents to sign automatically when the user leaves iMedConsent.

When documents are updated, does any local shadowing to other specialties go away? Dialog Medical maintains the “shadowing” with other specialties even after content updates.

Asked to resize the quad fold for local use.

Long Beach

When local facilities add keywords for searches, do these get over written when content is updated? The answer is yes. Please submit these as enhancement requests for content “Keyword” searches to Dialog Medical.

Little Rock

Can the wording for the Blood Transfusion section of the consent form state “There is a possibility of blood products being used”

(RAY: This language has been thoroughly reviewed and I think the language is sufficient as currently stated [I consent to the use of blood products if they are needed...]. However, I'll take this suggestion to the subject matter experts if this text is revisited. Thanks!)

Hines

Stated they were having problems exporting documents. DM has provided assistance and resolved the problem.

Louisville

Stated that they are required by their blood bank to generate separate consents for blood transfusions in all instances (example chest tube). DM directed them to go to the Ethics Center website to look at the FAQs regarding policy for the Blood Products.

(RAY: Local policies may require separate signature consent for blood products. This is more restrictive than national policy.)