

Minutes from National iMedConsent™ VANTS Call

Wednesday, July 5, 2006

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1. Latest Hotfix

The Hotfix released at the beginning of July corrected an error with the “Documents to Sign” function. If a clinician created a combined consent (multiple procedures selected) and stored the consent in “Documents to Sign,” only the risks, benefits, etc. from the first selected procedure was saved. The Hotfix resolved this error. There were a number of questions from POCs regarding which patch(es) should be run. Any outstanding questions should be forwarded to Dialog Medical Support (enterprise@dialogmedical.com).

2. July Release

The “Facility-Specific Procedure Notes” field will be incorporated into the document template. The purpose of this section is to allow facilities to add additional information to individual consent forms. This field will not be “wiped out” when the form is updated nationally. The release notes for this version will incorporate guidance for acceptable content additions to this field along with instructions for how to add content. There are a number of new or modified documents being added to the iMed library along with a number of bug fixes. For details, please refer to the forthcoming release notes for this version.

3. Q & A

- Mark Kruse in Columbia asked about CPRS v.26 and “single sign-on.” Sally in Durham and Judy in Minneapolis explained that “simplified sign-on” in v.26 will function with CCOW to negate the need to reenter access & verify codes. Dialog Medical will need to alter the way in which iMedConsent interfaces with CCOW to enable the “simplified sign-on” function. I have requested OI to weigh-in on this issue regarding whether we are authorized to enhance the iMedConsent software program to import “user context” in addition to “patient context.”
- We are still waiting for OI to give their final approval to a memo formally lifting the *limited* moratorium on wireless implementation. Please remember:
 1. There is no moratorium on purchasing electronic signature pads.
 2. There is no moratorium on purchasing additional units of equipment that is already in successful productive use in your facility. If you are using Brand X wireless workstations for iMedConsent, you can purchase additional units to expand wireless implementation.
 3. The moratorium is on purchase and implementation of new technologies—in other words, if you are not using tablet PCs in your facility, you cannot purchase tablet PCs for use with

iMedConsent. But if you are already successfully using tablet Brand X at your facility, you may purchase more of them.

Again, I expect this limitation to be lifted in the near future. In the interim, if you have any question as to what is and is not permitted, please contact me (ray.frazier@va.gov).

- Barbie in San Diego asked about the length of validity for signed consent forms. Their facility wants to have different consent forms specifying different expiration dates depending on the nature of the course of treatment to which the patient is being asked to consent. I explained that multiple consent forms should not be created for this purpose. The provider should specify the length of the course of treatment in the “Description of Treatment/Procedure” field. The clinician verifying that the consent form has not expired should be instructed to look for this information in this section of the progress note. From an ethics perspective, the most important element of this process is that the patient is fully informed about the length and scope of the proposed care plan.

For those interested, here is the section of Handbook 1004.1 pertaining to consent for a plan of care involving multiple treatments/procedures:

b. The scope of informed consent may be limited to a one-time, single treatment or procedure, or may encompass consent for routine care of a particular problem or condition (such as asthma), or for a series of treatments (such as dialysis). When the proposed treatment plan involves multiple or recurrent treatments and procedures, it is generally not necessary to repeat the informed consent discussion. There are, however, two circumstances where the informed consent discussion must be repeated and a new consent must be obtained:

- (1) If there is a significant deviation from the treatment plan to which the patient originally consented, or
 - (2) If there is a change in the patient's condition or diagnosis that should reasonably be expected to alter the original informed consent.
- Congratulations to Barbie Henry on the production of an excellent iMedConsent training video. The video, titled “iMed Overview,” can be found on the San Diego CPRS website: http://vaww.san-diego.med.va.gov/CPRS/how_to.htm.
 - The latest available Content Request Spreadsheet is attached to this listserv email.
 - I have received tentative approval from Patient Care Services to request that Dialog Medical add the following forms to iMedConsent:

- **SF523: Authorization for Autopsy:** The SF523 is a GSA form. Its use is required in M-2, Part VI, Chapter 8.
- **Leaving the Hospital Against Medical Advice:** This form documents situations where patients leave the hospital against medical advice (AMA). It was produced in response to a request from the field. No template currently exists to document such an event. We consulted with HIM, OGC, and several physicians identified by Dr. William Duncan. The form is intended to institute standardized processes for documentation of patients leaving AMA.
- **Consent for Group Medical Appointment:** (GMA) This consent form was developed by the Ethics Center and was reviewed by the Primary Care FAC. With its release, facilities will be instructed to use this as a basis for the development for specific group appointments (e.g., diabetes management).

The GMA form will require additional review, but I will work with Dialog Medical to have the remaining two forms added to the content development pipeline immediately.

- Paul Tompkins in Tampa asked whether CPRS provider pull-down fields can be added to “normal” documents. After discussing this with Dialog Medical, it appears that this is accomplished using the **DEFAULT_PROVIDERSELECTRPC** field.
- Paul Bauck in Seattle requested that we set-up a website for data exchange where facilities could communicate with each other about what non-consent documents were in development locally. This would avoid sites from “re-creating the wheel” for documents that have already been built. I will investigate whether a SharePoint site can be set-up for this purpose.