

## **Minutes from National iMedConsent™ VANTS Call**

Wednesday, December 6, 2006

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### **1. CCOW/Vergence Issue**

Mike Palmer reports that permanent upgrades will be completed in early 2007. I'll ask him to give us an update on the January call.

### **2. Periodic Listserv Problems**

We are not really sure why some listserv messages were not successfully received by all members. We hope that this was a one-time glitch in the system. Check your "spam filter" to see that listserv messages are not being filtered by your email system. If you would like to check the listserv archives to make sure you aren't missing messages, here is the link:

<http://www.listserv.va.gov/>.

### **3. Interlink ePad Problems**

Baltimore has experienced some Interlink ePads issues. Apparently, the signature box gets desensitized and does not recognize input from the stylus—resulting in what could be described as "dead spots." If your facility experiences issues such as this, please report them to Dialog Medical, who will work with Interlink to replace the pads if the warranty has yet to expire ([enterprise@dialogmedical.com](mailto:enterprise@dialogmedical.com)).

### **4. iMedConsent in the Pharmacy**

Several facilities are having a great deal of success implementing iMedConsent for patient signature receipt of drugs in the pharmacy. In particular, Char Feldman and Nancy Smestad in Fargo have instituted a mechanism where they use a barcode scanner to scan the Rx number off the label. The scanner acts like another input device for the computer (no programming required). Fargo is in-touch with the national pharmacy group, and I expect that, at some point, they will release national recommendations for use of iMedConsent in the pharmacy. (As the Ethics Center is not the responsible program office for pharmacy documentation, we cannot officially approve/sanction iMedConsent to be used for this purpose. As of yet, pharmacy has not officially released guidance on this topic.)

### **5. 2007 iMedConsent Performance Monitor**

We had a productive discussion regarding the 2007 performance monitor and the way(s) in which the Ethics Center will use national rollup data to evaluate the monitor responses. At this point, we ask that you (if you are involved in the monitor reporting process) submit data according to the monitor instructions to the best of your ability. We acknowledge that our ability to gauge and evaluate usage will be limited until we are able to establish a realistic "denominator" for the statistics. If you have any questions about how

to report data for the 2007 monitor, please contact me ([ray.frazier@va.gov](mailto:ray.frazier@va.gov)). Remember that the monitor does *not* ask you to report iMedConsent usage. Rather, it asks you to report the specialties/services you offer at your facility. (If you do not perform the treatments/procedures listed in that specialty, don't check the box.) I am sure we will be discussing this in further detail on future POC calls.

## 6. Next iMed Release

No major new functionalities or program alterations are planned for release—this will be mostly content and a couple bug fixes. Refer to the forthcoming release notes for details.

## 7. iMedConsent Flash Issue

A number of facilities have reported Flash incompatibilities (1406 Error) when installing iMedConsent. Here is the latest analysis from Keyton Weissinger at Dialog Medical:

Dialog Medical is committed to finding a solution to the problem of flash installation/reinstallation. In our original installer (several years ago, now), we mistakenly installed Flash in such a way as to have iMedConsent look in a specific place when it loads up to ensure Flash was present. Before this solution, if Flash was not on the machine, iMedConsent was not able to run at all and was not able to report to the user the problem.

Since this older installer, we have been alerted of the problem of Flash updates and their impact on iMedConsent usage. In short, when Flash was updated, it was no longer where iMedConsent was “looking” for it leading iMedConsent to “think” it wasn't there. Back in September, we solved this problem with a new iMedConsent installer which does not actually install Flash at all. By installing iMedConsent this way, the start up of the system does not require Flash to be installed in a specific place and, thus, Flash can be updated as needed.

Unfortunately, such an approach involved several manual steps that were difficult to automate for the hundreds of machines at a given VA facility. In response to this problem, Dialog Medical has begun work on a script (batch file) that uninstalls the old iMedConsent system, uninstalls the old Flash (if it exists), reinstalls Flash using the latest installer from Adobe (rather than our own), and then reinstalls iMedConsent using the latest (September) installer. We have been testing this batch file with several sites who have graciously agreed to help us test this solution. *This batch file solution should be available by the end of the year.*

However, it is important to note, that some effort on the part of VA facility IRM staff will be required to customize this solution for remote deployment. To install Flash, some administrative rights are required for the user under whose context the script is run. This is unavoidable (see [http://www.adobe.com/cfusion/knowledgebase/index.cfm?id=tn\\_15511#permissions](http://www.adobe.com/cfusion/knowledgebase/index.cfm?id=tn_15511#permissions) and [http://www.adobe.com/cfusion/knowledgebase/index.cfm?id=tn\\_19148](http://www.adobe.com/cfusion/knowledgebase/index.cfm?id=tn_19148)).

Also, there are a wide variety of “push” install mechanisms/systems in place across the VA. Creating a solution that will work unaltered for all of them is not possible. The solution being created will allow your network administrators with experience in push deployments to easily customize it and get it running for your specific network, hopefully without undo impact on users or the need for multiple reboots, etc.

Finally, several sites have asked “Why use flash at all if it is so difficult to deal with?” This is an excellent question. The answer is related to iMedConsent’s use of CCOW. As you have all seen in the top banner of the iMedConsent application, patient context is shared between CPRS and iMedConsent via CCOW. This banner is a Flash component (similar to that seen on some multimedia websites). Using a flash component in this place and not, say, a set of textboxes, etc, allows us to have a single, unified installer for all versions of the program (there are at least two different versions of iMedConsent running throughout the VA). Without the use of Flash, this installation process would be even more difficult and would require still more customization per site.

We at Dialog Medical are very sorry for the inconvenience this issue has continued to cause and are working diligently to resolve the problem. We will alert everyone via the listserv when a verifiably robust solution is available and how to obtain it.

Sincerely,  
A. Keyton Weissinger  
VP Technical Operations  
Dialog Medical