

Minutes from National iMedConsent™ VANTS Call

Wednesday, November 7, 2007

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1. Upcoming Release

November release will include a pilot of a 508-compatible version of iMedConsent for select pilot sites (508 is the law mandating that software must be accessible to visually-impaired users). The release will also include new documents for influenza vaccination (for informed consent requirements for influenza vaccination, see [Directive 2007-036](#)) and numerous other content updates. For additional information on the release, please refer to the forthcoming Release Notes.

2. National Lease of Dell Computers

There have been persistent rumors that the soon-to-be leased Dell computers are not compatible with the iMedConsent application. We have not substantiated this rumor. Everything we have investigated nationally has indicated that there is no cause for alarm. Nonetheless, we are working to ensure that these machines are thoroughly tested for iMed compatibility before they are rolled-out nationally.

The official beta test is slated to take place December 10-14 at the following facilities:

- Muskogee
- Minneapolis
- White City
- Brooklyn
- Dublin
- Indianapolis
- Portland
- Saginaw
- Ok City
- San Antonio
- Eastern Kansas (Topeka)
- Phoenix
- Togus
- Prescott
- Ft Harrison
- Sheridan
- Fresno

If you are a POC at one of these facilities, please contact your IRM staff to ensure that iMedConsent is included in testing at your facility.

3. 2008 iMedConsent Performance Monitor

The group had a discussion of the 2008 iMedConsent Performance Monitor (see

Attachment 1). If you have any outstanding questions, please let me know.

4. Reporting and Growing Databases

Some facilities' databases are growing so large that the report generation function is timing-out. If this is the case for your facility, contact Dialog Medical (enterprise@dialogmedical.com) and they can help you extract the data.

5. Image Processing Speed

Liz in Gainesville reported that during very busy periods in the hospital, consent form processing gets backed-up. Bill Taylor has provided some guidance on "multi-threading" which can speed-up the processing of multiple consent forms that are saved to the record at the same time. (See Attachment 2.)

6. Server Replacement

Many iMedConsent servers are approaching the end of their life-span. Replacement servers will *not* be provided nationally. These servers should be maintained and replaced in accordance with your local equipment policies. Please contact Dialog Medical when you are ready to migrate the iMedConsent server function to a new machine.

7. Disclosure of Vendor Presence in the OR

We have revised the text that we are recommending for addition to the "Facility Specific Treatment Notes" section of the iMedConsent documents for procedures for which vendor representatives are present.

In certain circumstances, the presence of a vendor representative (company representative) is important to the success of the procedure. Prior to the procedure the representative will sign an agreement to strictly adhere to VA's privacy rules. The representative may provide technical advice but will not physically participate in the procedure. The representative will be closely monitored by the VA treatment team.

We are also working on a check-box in the consent generator that will allow providers to add this text "on-the-fly". We hope to have this enhancement completed by mid 2008.

Attachment 1: 2008 iMedConsent Performance Monitor

Electronic Support for Patient Decisions: iMedConsent™

DEFINITIONS/OBJECTIVES: The iMedConsent™ software program is a useful tool that promotes a standardized approach to the process and documentation of informed consent. The 2007 Performance Monitor was designed to ensure that iMedConsent™ was implemented across all available clinical specialties. The 2008 Performance Monitor is designed to ensure *regular and routine usage* of iMedConsent™.

RATIONALE: Informed consent for treatments and procedures is essential to high quality patient care. Implementation of national standards for the informed consent process will help ensure that veterans across the country receive the information they need to make informed decisions.

ACTIONS: Use of iMedConsent™ to electronically generate, sign and store consent forms for clinical treatments and procedures is mandatory. If iMedConsent™ is unavailable due to a system failure, or if the patient is uncomfortable using the signature pad, consent may be obtained using a paper form (physicians should print the form in iMedConsent™ if possible). Network Directors are responsible for ensuring that facility leaders have the support and resources they need to implement iMedConsent™ in all clinical settings. Facility Directors, CMOs, and QMOs are responsible for seeing that their practitioners use the program to document consent for clinical treatments and procedures.

DATA SOURCE: The main source of data will be specialty-specific tabulations based on the Surgical Informed Consent Supporting Indicator available at: <http://vaww.pdw.med.va.gov/pdwframe.asp> which uses sampling criteria from the Surgical Care Improvement Project (SCIP). iMedConsent™ usage data for a selection of non-surgical procedures will be added to the monitor report in the latter half of the fiscal year. In addition, iMedConsent™ usage data for each clinical specialty at each facility will be included in the monitor report. This data is pulled from the iMedConsent™ servers at each facility.

TARGET: Following are the objective criteria for the monitor. The criteria are the percentages of consent forms completed using iMedConsent™ for monitored procedures:

- Exceptional = >85%
- Fully Satisfactory = >75%
- Marginal = >50%
- Poor = <50%

Network Directors will meet the monitor when all of their facilities are “Fully Satisfactory” or “Exceptional.” In addition, it is expected that Network Directors continue to evaluate the iMedConsent™ usage data to ensure that the program is being used in all applicable specialties at each facility.

REPORTING: No data needs to be submitted by facilities or VISNs for this monitor. The National Center for Ethics in Health Care will submit a quarterly report to the DUSHOM. This report will contain data pulled from the sources identified above.

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Attachment 2: Multi-Threading Configuration

Provided by Bill Taylor, Dialog Medical (for problems or questions, contact enterprise@dialogmedical.com).

Included below are “before-and-after” screen shots. Basically, it’s just adding a semi-colon-delimited 'releaseprinter' command immediately after the first 'Execute' in the command string of the C:\documentservice\bin\documentservice.exe.config file.

After you make the change and save the file, you will need to restart the iMedConsent Document Service for the change to take effect.

If you want to see how the change works, you can open one of the C:\documentservice\bin\trace*.log files. Before the change, all the processes for any given TaskID would have shown sequentially as a [c'xx'] number immediately following that line's date/time stamp. After the change to multi-threading, you will begin to notice that the [c'xx'] numbers are interlaced (provided you have multiple jobs in Drop Box at any given time, of course).

Also, if you're experiencing a bottleneck at the Background Processor, ask your Imaging Admin if tasking a secondary BP with JUST checking IMPORT QUEUE might move some of the load off the primary, and allow some of the iMed traffic to jump ahead of the bottleneck.

Tampa, Bronx, and Northport are already using this. Tampa reported about a 50% increase in throughput during peak hours (which is the only time it really helps).



