

Minutes from National iMedConsent™ VANTS Call

Wednesday, March 12, 2008

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1. Upcoming Release

Next release will be in a couple weeks. A number of CDC vaccine documents will be added to the Allergy specialty. The “esophageal dilation” consent form will be added back to GI (it had been accidentally removed from the library). Also, a new feature will add new procedure names to the consent forms that are constructed in more patient-friendly terms. For details, please refer to the forthcoming release notes.

2. Miscellaneous Updates

There have been no developments on the informed consent policy release, the iMedConsent policy release, ROI, or the opioid agreement (pain agreement) release. The oxygen safety documents are progressing, and should be released in April or May.

3. Vergence/CCOW Upgrade to 3.9.1

Mike Palmer joined the call to give us an update from his office’s perspective. The CCOW upgrade can only take place nationally after funds have been allocated to replace equipment. (Memory upgrades are needed on the servers in order to run the CCOW upgrade.) The budget estimate is \$1.7M. Once the money is allocated, the first installations will be at the regional databases (4 installations will cover 2 regions).

4. CCOW User Context Sharing & Other Enhancements

Dialog Medical and the Ethics Center continue to work on the enhancements in the 2008 iMedConsent contract (CCOW user context sharing, pharmacy signature capture, 10-10EZ, and wizard enhancements). All of these are slated for release in FY2008.

5. Q1 FY2008 iMedConsent Performance Monitor

This report is finished, and is available on the website:

http://vaww.patientdecisions.va.gov/PATIENTDECISIONS/docs/REPORTS/Q1FY2008_iMed_Data.xls.

The Ethics Center has forwarded some recommendations to the DUSHOM, including suggestions for initiating QM reviews at facilities experiencing difficulty with iMedConsent implementation as reflected in the Q1 report. This guidance will be released in the coming weeks.

6. iMedConsent Contingency Planning

We had a brief discussion about the possibility of initiating a web-based backup system on which facilities could complete consent forms and print them out when iMedConsent is offline or otherwise unavailable. We are currently investigating our options related to the identification of a VHA server that could host this

functionality.

7. **Consent Completion on Wrong Patient**

The group discussed the possible workflows for correcting the patient record when a consent form is completed in the incorrect patient chart. This type of records management correction is beyond the expertise of the Ethics Center and each facility should institute a local policy for this type of error correction. Your local HIM experts should help develop policies and procedures that maintain the integrity of the record while ensuring that the information is properly reallocated to the correct patient chart in the most appropriate manner.

8. **Mock JCAHO Review**

A mock JCAHO reviewer (or team) has visited multiple sites and cited iMedConsent for not facilitating documentation of the risks and benefits of the alternatives to the treatment/procedure. Here is the relevant JCAHO standard:

A complete informed consent process includes a discussion of the following elements:... The relevant risks, benefits, and side effects related to alternatives, including the possible results of not receiving care, treatment, and services

To facilitate documentation of this element, we added this statement to the block of text where the “Signing Practitioner” signs the form:

All relevant aspects of the proposed treatment/procedure **and its alternatives (including no treatment)** have been discussed with the patient (or surrogate) in language that s/he could understand. **This discussion included the nature, indications, benefits, risks, and likelihood of success of each option.**

We feel that this statement satisfies the JCAHO requirement for documentation.