

Department of  
Veterans Affairs

# Memorandum

Date: **APR 14 2008**

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: iMedConsent Implementation Analysis

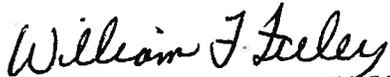
To: Network Directors (10N1-23), Facility Directors, Chiefs of Staff, Chiefs of IRM, Quality Managers

1. The FY2008 DUSHOM Performance Monitor for iMedConsent measures the frequency with which iMedConsent is used to generate consent forms for a selection of surgical procedures in cardiac surgery, general surgery, OB/GYN, orthopedic surgery, and vascular surgery.
2. In the first quarter of FY2008, 72 out of 110 facilities met the benchmark for this measure – that is, in all five of the monitored specialties, at least 75% of consent forms were saved using iMedConsent. (Twenty-eight facilities are not included in the totals because they did not perform procedures in these monitored surgical specialties.)
3. To ensure that the benchmark is reached by all facilities by the end of FY2008, the 38 facilities that did not meet this benchmark in Q1 are directed to identify which specialties did not meet the 75% target, analyze the informed consent practices of these specialties to identify barriers to iMedConsent usage, and draft action plans to remove those barriers that are under their control. Barriers that cannot be addressed by the facility must be reported through the VISN to VACO so that they can be addressed at a national level. The facilities required to complete this analysis are shaded pink in Appendix A of the Q1 FY2008 iMedConsent Data Summary (attached, and available online at: [http://vaww.patientdecisions.va.gov/PATIENTDECISIONS/docs/REPORTS/Q1FY2008\\_iMed\\_Data.xls](http://vaww.patientdecisions.va.gov/PATIENTDECISIONS/docs/REPORTS/Q1FY2008_iMed_Data.xls).)
4. The National Center for Ethics in Health Care (10E) has developed a tool to help guide this process. (See [http://vaww.patientdecisions.va.gov/PATIENTDECISIONS/docs/iMed\\_QM\\_2008.pdf](http://vaww.patientdecisions.va.gov/PATIENTDECISIONS/docs/iMed_QM_2008.pdf).) Use of this tool is optional.
5. Each network must designate a VISN-level coordinator for this project, and report back to the National Center for Ethics in Health Care by **June 1, 2008** as described in the attached document. **Note:** Four VISNs (1, 2, 11, and 18) had no underperforming facilities, and are therefore not required to submit a VISN report.

2.

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Quality Managers

6. Questions or comments about this process should be directed to Ray Frazier at  
202-461-4028, or to [vhaethics@va.gov](mailto:vhaethics@va.gov).



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Attachments:

iMedConsent Data Summary  
iMedConsent QM Tool  
iMedConsent Monitor Data