

DOMAIN: QUALITY

1. Electronic Support for Patient Decisions: iMedConsent™

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 about their health care.

ACTIONS: Use of iMedConsent™ to electronically generate, sign and store consent forms for clinical treatments and procedures is mandatory. 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 that require signature consent.

DEFINITIONS/OBJECTIVES: The iMedConsent™ software program is a useful tool that promotes a standardized approach to the process and documentation of informed consent. The FY2009 Performance Monitor is designed to ensure regular and routine usage of iMedConsent™.

DATA SOURCE: iMedConsent™ usage data is collected in chart reviews performed for the Surgical Care Improvement Project (SCIP). SCIP data is accessible online at: <http://vaww.pdw.med.va.gov/pdwframe.asp>. The supporting indicator SIC2 calculates the percentage of consent forms generated using iMedConsent™ based on a sampling of surgical chart reviews in the following specialties: Cardiothoracic Surgery, General Surgery, Neurosurgery, OB/GYN Surgery, Orthopedic Surgery, Urologic Surgery, and Vascular Surgery. In addition, total iMedConsent™ usage data for each clinical specialty (surgical and non-surgical) at each facility is included in the monitor report. This data is pulled from the iMedConsent™ servers at each facility.

No data need be submitted by facilities or VISNs for this monitor. The National Center for Ethics in Health Care will submit quarterly progress reports to the DUSHOM. These reports will be posted on the initiative website: http://vaww.patientdecisions.va.gov/links_docs.asp upon submission to the DUSHOM.

TARGET: The FY 2009 target for achievement at the facility level for iMedConsent™ usage is 85% (cumulative of all monitored surgical specialties, over the final two quarters [Q3 + Q4] of the fiscal year). However, a Network cumulative score will also be calculated. The Network cumulative score is the percentage of iMedConsent™ usage in the VISN calculated over the final two quarters of FY 2009 (Q3 + Q4). Facilities will achieve a fully-satisfactory rating if their individual score is 85% or better and the cumulative Network score is 80% or greater. Facilities will achieve an exceptional rating if their individual score is 95% or greater and the Network cumulative score is 80% or greater. (Note: If the Network cumulative score is less than 80% all facilities in the Network fail the monitor irrespective of individual facility performance.) Network Directors are expected to continue evaluating the overall iMedConsent™ usage data to ensure that the program is being used in all applicable specialties at each facility.

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