



NCIS QUICK GUIDE

Generation of consent forms

1 Background

There is a Consent Form available on the NCIS system for use by clinicians when discussing SACT treatment with their patients. The consent form is based on the nationally agreed NCCP Patient Consent Form for Systemic Therapy available at <https://www.hse.ie/eng/services/list/5/cancer/profinfo/medonc/safetyreview/consent.pdf>

The Header of the Consent Form has a standard banner format, which is customised to display the logo of the facility that the user is logged into. The consent form has been set up to auto populate with data recorded in the NCIS system and is generated as a PDF.

There are two options available to print the consent form.

- If printed from the communication tab the consent form will auto populate with patient and consultant details only.
- If printed directly from the patient's therapy plan the additional details of the regimen name and medication details will also be auto-populated.

This can be printed, signed and scanned & uploaded back to the patient record in NCIS.Chart.

Appendix A: lists the data sources and where the information must be entered into NCIS for these fields to auto-populate in the Consent Form correctly

2 Steps to generating a consent form

1. Log into NCIS.Chart with appropriate user account
2. Select the patient
3. For the communication tab:
 - a. Select 'the communication tab from the banner



b. This will bring you to a summary page of any communication forms previously created for that patient

The screenshot shows the 'Communication' tab selected in the patient summary page. The patient's name is Ms AGOSTO, BETH, with a D.O.B. of 28.02.1998 (22), NCIS ID 99999000004, and Hospital ID 517971 (TRN). The 'Add:' dropdown menu is set to '-- Please choose --' and 'Document upload' is visible. Below is a table of communication forms:

Date	PDF	Name	Disease	Status	Event
13.08.20		Letter /	not specified	in progress	
13.08.20		Letter /	not specified	in progress	
13.08.20		Letter /	not specified	in progress	
06.08.20		Letter /	not specified	in progress	

c. From the drop down menu you can select print forms

The screenshot shows the 'Add:' dropdown menu open, with 'Print forms' selected. A red arrow points to the 'Print forms' option. The table below shows the first row of the communication forms:

Date	PDF	Name
13.08.20		Letter /

d. Once you have selected print forms, a list appears

The screenshot shows the 'Print forms' section with the instruction 'Click the form to print'. A list of forms is displayed, with 'Consent form' selected. A red arrow points to the 'Consent form' item.

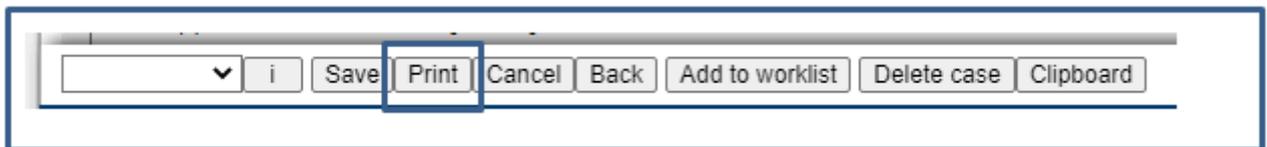
e. Once you click on 'consent form' the following pop-up appears:

The screenshot shows a file save dialog box with the text: 'Do you want to open or save AGOSTO_BETH_99999000004_Formulare_2020-08-13_[5f3543f567e771597326325].pdf from 10.0.1.99?'. The dialog has 'Open', 'Save', and 'Cancel' buttons. The background shows a list of forms with 'Consent form' selected.

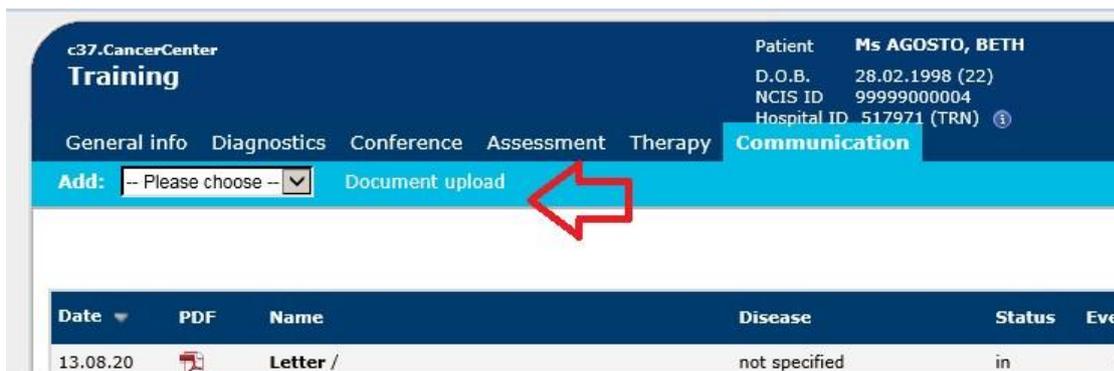
f. By clicking 'Open', the consent form displays in a PDF reader (Adobe) with the patient's details prepopulated. This form can then be printed.

4. From the therapy form: The print button is located at the bottom of the therapy form beside the other command buttons. Note you must select edit at the top of the form to allow the additional command buttons to appear.

Printing from here will include additional information about the therapy – regimen name, and medication information.



5. When the printed consent form has been signed, it may be scanned and saved to a folder available to NCIS (Hospital Network folder).
6. Once the consent form is available to select from the appropriate network folder, it may be uploaded to the patient record by selecting 'document upload' from the communication tab banner.
7. Beside the drop down menu you can select the 'document upload'



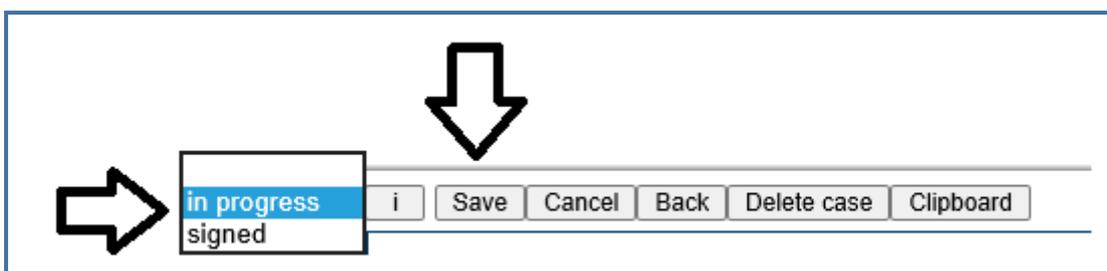
8. This brings the user into the following section as shown below

The screenshot shows a web interface for uploading a document. At the top, it identifies the user as 'c37.CancerCenter Training' and the patient as 'Ms AGOSTO, BETH'. The patient's details include D.O.B. 28.02.1998 (22), NCIS ID 9999900004, and Hospital ID 517971 (TRN). The interface has tabs for 'General info', 'Diagnostics', 'Conference', 'Assessment', 'Therapy', and 'Communication'. Below the tabs, there is an 'Add:' dropdown menu and a 'Facility:' field. The main section is titled 'Upload document' and contains the following fields: 'Date' (13.08.2020), 'File name displayed' (empty text box), 'Document type' (Communication), 'Select file' (with a 'Browse...' button), and 'Comments' (empty text area).

9. In this section

- The date of document upload can be amended
- The file name can be created by typing into the 'file name displayed' box, e.g. Consent Form 13.08.2020
- The location of the scanned document (One of the NCIS.Chart Tabs: Diagnostics, Conference, Assessment, Therapy, Communication) can be chosen from the drop down menu.
- The scanned document can be located in the relevant folder by clicking 'Browse...'
- The comments box allows the user to add in free text (Note that it is possible to copy and paste text from MS Windows application such as Word or Outlook).

10. When the process is complete, the Consent form is managed in a NCIS.Chart form and the user can select the appropriate status: in progress (if there are any steps pending), or signed (process completed) and click on the save button to apply



11. The saved file will appear as below in the patients communication record

Date	PDF	Name	Disease	Status	Event
26.02.20		File upload - TEST Comments: add in free text	not specified	in progress	

12. If the forms status is 'in progress' details may be amended by selecting the edit button

Upload document

Date:

File name displayed:

Document type:

Select file:

Comments:

No documents!

13. Once the documents details have been finalised the status can be changed to signed by clicking on the banner and clicking on edit as above and then selecting signed from the drop down menu and clicking save as shown below

signed
▼
i
Save
Back
Add to worklist

14. The signed and saved form containing the Consent Form should now appear as below in the patient record.

Date	PDF	Name	Disease	Status	Event
26.02.20		File upload - TEST Comments: add in free text	Initial disease C50.1 31.07.2020	signed	

Appendix A: NCIS Chart Data sources

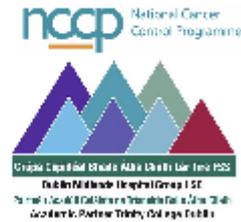
FIELD NAME	LOCATION IN NCIS.CHART	NOTE
PATIENT DETAILS		
PATIENT NAME	Personal info under general info tab	This populates in NCIS from the PAS system
PATIENT DATE OF BIRTH	Personal info under general info tab	This populates in NCIS from the PAS system
PATIENT DIAGNOSIS	Tumour case under general info tab	This is entered in the tumour case
CONSULTANT DETAILS		
CONSULTANTS NAME AND ADDRESS	General Info → Tumour Case → Primary Consultant.	Details in the NCIS personnel file entry for each Consultant (such as MCRN or contact details) are managed via a separate process; contact your local administrator for information.
REGIMEN DETAILS		
REGIMEN NAME	Therapy plan from NCIS Med	Note The consent form must be printed directly from the therapy plan
MEDICATION DETAILS	Therapy plan from NCIS Med	Note The consent form must be printed directly from the therapy plan All medications including their reference dose and formula, if applicable, which appear in the therapy plan from NCIS.Med will populate (excluding cancelled medications)

Appendix B: Sample consent form printed from the communication tab

NCCP Document 0020 | Patient Consent Form for Systemic Therapy | V2 2020



PATIENT CONSENT FORM FOR SYSTEMIC THERAPY¹



To be completed by hospital and signed by patient following discussion with patient prior to treatment

Hospital Name:	St Luke's Dublin	Patient identifier / label
Hospital Number:	222136	
Treating Consultant's Name:	Dr Doctor 10	
Registration number:	123456	
		Patient: WHITEBOARD
		D.O.B.: 01/02/1977
		NCIS ID: 1265600062
		Hospital ID: 222136

PATIENT CONSENT FOR SYSTEMIC THERAPY

I, JOE WHITEBOARD TEST, understand that I have been diagnosed with C12 Malignant neoplasm of piriform sinus. I understand that the treatment suggested by my doctor, Dr Doctor 10 will involve

I understand that there are benefits of this treatment if it is successful. Although the therapy is anticipated to be beneficial to me, its goals may not be achieved and may not be benefit.

I understand that the medications recommended can have short-term and long-term side effects. My doctor talked to me about the following side effects that I might experience because of my treatment:

(Tick all that apply; additional space provided for physician comments)

- | | |
|---|---|
| <input type="checkbox"/> Nausea / vomiting _____ | <input type="checkbox"/> Skin effects _____ |
| <input type="checkbox"/> Hair loss _____ | <input type="checkbox"/> Muscle / bone effects _____ |
| <input type="checkbox"/> Low red blood cell count / anaemia _____ | <input type="checkbox"/> Nerve effects _____ |
| <input type="checkbox"/> Fatigue _____ | <input type="checkbox"/> Kidney / bladder effects _____ |
| <input type="checkbox"/> Risk of infection _____ | <input type="checkbox"/> Sexual effects _____ |
| <input type="checkbox"/> Risk of bleeding _____ | <input type="checkbox"/> Heart effects _____ |
| <input type="checkbox"/> Constipation _____ | <input type="checkbox"/> Lung effects _____ |
| <input type="checkbox"/> Diarrhoea _____ | <input type="checkbox"/> Reproductive / fertility effects _____ |
| <input type="checkbox"/> Sores of the mouth and throat _____ | |
| <input type="checkbox"/> Other _____ | |

I understand that I could have side effects from my treatment that are not listed on this form. Each patient can respond differently to treatment and could have side effects that have not been reported by others. I understand that complications from my treatment may arise and, in rare circumstances, could cause my death.

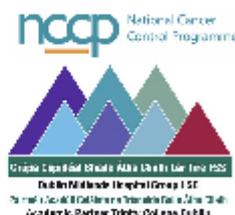
¹ Systemic therapy includes chemotherapy, biological therapy, targeted therapies and hormonal therapy for malignant disease.

Appendix B: Sample consent form printed from the therapy plan

NCCP Document 0020 | Patient Consent Form for Systemic Therapy | V2 2020



PATIENT CONSENT FORM FOR SYSTEMIC THERAPY¹



To be completed by hospital and signed by patient following discussion with patient prior to treatment

Hospital Name:	St Luke's Dublin	Patient identifier / label
Hospital Number:	222138	
Treating Consultant's Name:	Dr Doctor 10	
Registration number:	123456	
		Patient: WHITEBOARD
		D.O.B.: 01/02/1977
		NCIS ID: 1265600062
		Hospital ID: 222136

PATIENT CONSENT FOR SYSTEMIC THERAPY

I, JOE WHITEBOARD TEST, understand that I have been diagnosed with C12 Malignant neoplasm of piriform sinus. I understand that the treatment suggested by my doctor, Dr Doctor 10 will involve

Regimen: Dose Dense DOXOrubicin, Cyclophosphamide (AC 60/600) 14 day followed by PACLitaxel (175) 14 day (DD AC-T) - Version 3

Medications included: Aprepitant, Ondansetron, Dexamethasone, OLANzapine, DOXOrubicin 80mg/m², Cyclophosphamide 600mg/m², Chlorphenamine, raNITidine, PACLitaxel 175mg/m²

I understand that there are benefits of this treatment if it is successful. Although the therapy is anticipated to be beneficial to me, its goals may not be achieved and may not be benefit.

I understand that the medications recommended can have short-term and long-term side effects. My doctor talked to me about the following side effects that I might experience because of my treatment:

(tick all that apply; additional space provided for physician comments)

<input type="checkbox"/> Nausea / vomiting _____	<input type="checkbox"/> Skin effects _____
<input type="checkbox"/> Hair loss _____	<input type="checkbox"/> Muscle / bone effects _____
<input type="checkbox"/> Low red blood cell count / anaemia _____	<input type="checkbox"/> Nerve effects _____
<input type="checkbox"/> Fatigue _____	<input type="checkbox"/> Kidney / bladder effects _____
<input type="checkbox"/> Risk of infection _____	<input type="checkbox"/> Sexual effects _____
<input type="checkbox"/> Risk of bleeding _____	<input type="checkbox"/> Heart effects _____
<input type="checkbox"/> Constipation _____	<input type="checkbox"/> Lung effects _____
<input type="checkbox"/> Diarrhoea _____	<input type="checkbox"/> Reproductive / fertility effects _____
<input type="checkbox"/> Sores of the mouth and throat _____	
<input type="checkbox"/> Other _____	

I understand that I could have side effects from my treatment that are not listed on this form. Each patient can respond differently to treatment and could have side effects that have not been reported by others. I understand that complications from my treatment may arise and, in rare circumstances, could cause my death.

¹ Systemic therapy includes chemotherapy, biological therapy, targeted therapies and hormonal therapy for malignant disease.

Patient identifier / label	
Patient:	WHITEBOARD
	TEST, JOE
D.O.B.:	01/02/1977
NCIS ID:	12656000062
Hospital ID:	6009009

The purpose of this therapy has been explained to me and I understand the treatment is being given in the hope of:

(tick as appropriate)

- Preventing a recurrence of my malignancy, with there currently being no definite evidence of tumour being present (adjuvant treatment).
- Causing complete disappearance, partial disappearance, or stabilisation of the malignancy prior to completing surgery (neo-adjuvant treatment).
- Causing complete disappearance, partial disappearance, or stabilisation of the malignancy to prolong my life and/or alleviate the symptoms associated with my malignancy.

My doctor(s) may stop my treatment if it is determined that the therapy has been of no benefit to me or that the risks of continued treatment outweigh its benefits. I also understand that I may stop this treatment at any time.

The reasonable alternatives to this treatment have been explained to me, including:

(insert details of reasonable alternatives, as appropriate)

I have had the chance to ask questions about this treatment and my questions have been answered to my satisfaction. I understand that I can contact my healthcare provider at any time if I have questions by contacting

Consultant's name and address: Teststreet1
51244 Test

I understand that by signing this document I am consenting to receive treatment as proposed by my health care provider.

PATIENT'S SIGNATURE:	For consent to treatment as above.	D D M M Y Y Y Y										
Patient's signature:	_____	<table border="1"><tr><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></tr></table>			-			-				
		-			-							
Patient's printed name:	_____											

PHYSICIAN'S SIGNATURE:		D D M M Y Y Y Y										
Physician's signature:	_____	<table border="1"><tr><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></tr></table>			-			-				
		-			-							
Physician's printed name:	_____											
Physician's Job Title / Grade:	_____											
Physician's Medical Council Registration Number:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											