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.

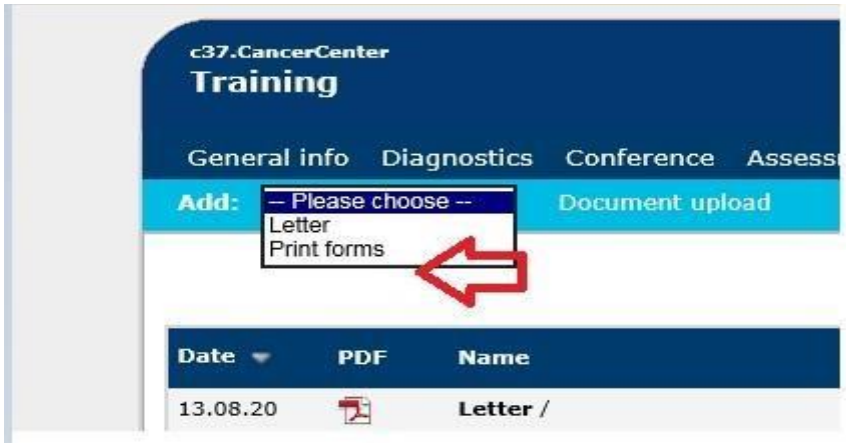
Appendix A: lists the data sources and where the information must be entered into NCIS for these fields to auto populate in the Consent Form correctly
Appendix B: Sample consent form printed from the communication tab
Appendix C: Sample consent form printed from the therapy plan

2 Steps to generating a consent form

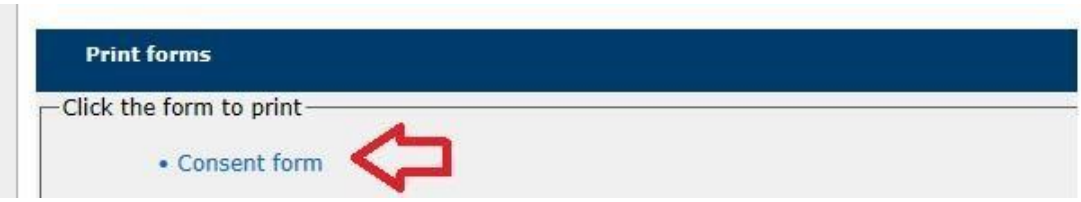
1. Log into NCIS.Chart with appropriate user account
2. Select the patient
3. For the communication tab:
   a. Select 'the communication tab from the banner

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

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



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



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

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.

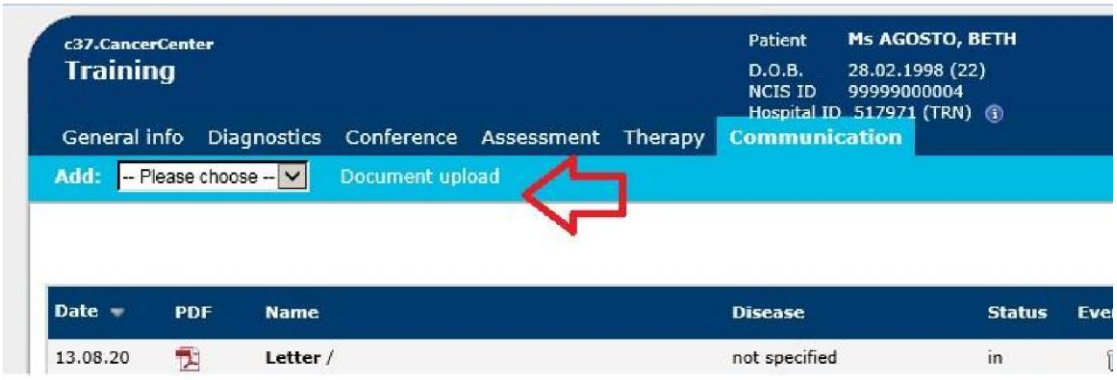
4. From the therapy form: The print button is located at the bottom of the therapy form beside the other command buttons. Note you must select edit at the top of the form to allow the additional command buttons to appear.

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

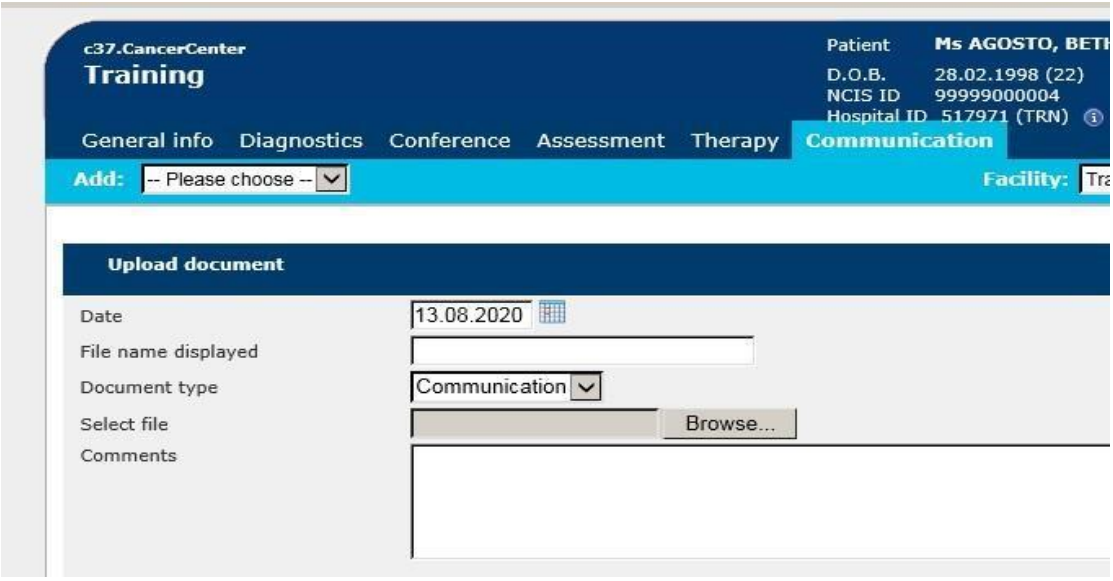
5. When the printed consent form has been signed, it may be scanned and saved to a folder available to NCIS (Hospital Network folder).

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'



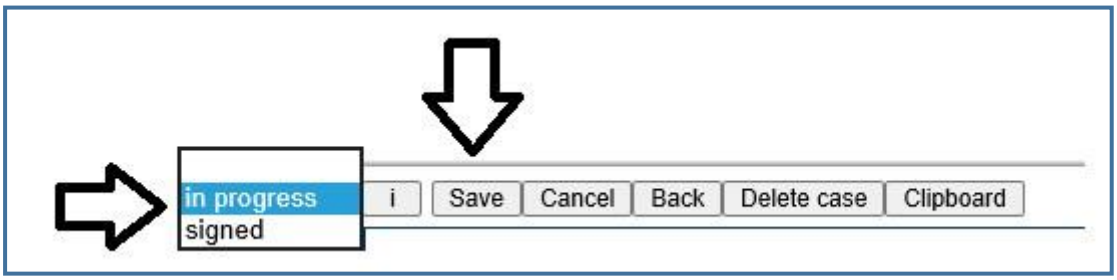
8. This brings the user into the following section as shown below



9. In this section

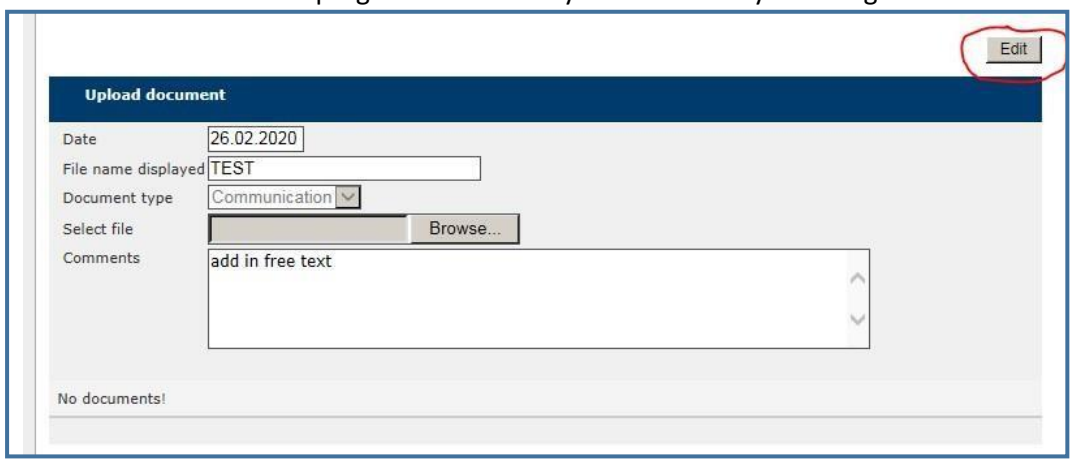
- The date of document upload can be amended
- The file name can be created by typing into the 'file name displayed' box, e.g. Consent Form 13.08.2020
- The location of the scanned document (One of the NCIS.Chart Tabs: Diagnostics, Conference, Assessment, Therapy, Communication) can be chosen from the 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

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



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

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

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

Saint Luke's Radiation Oncology Network

PATIENT CONSENT FORM FOR SYSTEMIC THERAPY [1]

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

Hospital Name:	St Luke's Dublin
Hospital Number:	222136
Treating Consultant's Name:	Dr Doctor 10
Consultant Registration number:	123456

Patient identifier / label

Patient: WHITEBOARD TEST, JOE
D.O.B.: 01/02/1977
NCIS ID: 12656000062
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)

[ ]	Nausea / vomiting	_____	[ ]	Skin effects	_____
[ ]	Hair loss	_____	[ ]	Muscle / bone effects	_____
[ ]	Low red blood cell count / anaemia	_____	[ ]	Nerve effects	_____
[ ]	Fatigue	_____	[ ]	Kidney / bladder effects	_____
[ ]	Risk of infection	_____	[ ]	Sexual effects	_____
[ ]	Risk of bleeding	_____	[ ]	Heart effects	_____
[ ]	Constipation	_____	[ ]	Lung effects	_____
[ ]	Diarrhoea	_____	[ ]	Reproductive / fertility effects	_____
[ ]	Sores of the mouth and throat	_____			
[ ]	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.

Consent forms to be held on file by hospitals in line with local practice
Page 1 of 2

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 surger (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.
Patient's signature: _____
Patient's printed name: _____
D D - M M - Y Y Y Y

PHYSICIAN'S SIGNATURE:
Physician's signature: _____
Physician's printed name: _____
Physician's Job Title / Grade: _____
Physician's Medical Council Registration Number: | | | | | | | |
D D - M M - Y Y Y Y

Appendix C: Sample consent form printed from the therapy plan

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

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Consultant Registration number:	123456

Patient identifier / label

Patient: WHITEBOARD TEST, JOE
D.O.B.: 01/02/1977
NCIS ID: 12656000062
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 60mg/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)

[ ]	Nausea / vomiting	_____	[ ]	Skin effects	_____
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[ ]	Fatigue	_____	[ ]	Kidney / bladder effects	_____
[ ]	Risk of infection	_____	[ ]	Sexual effects	_____
[ ]	Risk of bleeding	_____	[ ]	Heart effects	_____
[ ]	Constipation	_____	[ ]	Lung effects	_____
[ ]	Diarrhoea	_____	[ ]	Reproductive / fertility effects	_____
[ ]	Sores of the mouth and throat	_____			
[ ]	Other				

_____

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Physician's signature: _____
Physician's printed name: _____
Physician's Job Title / Grade: _____
Physician's Medical Council Registration Number: | | | | | | | |
D D - M M - Y Y Y Y