UVic and UBC Symbioses-LEAD Lab Update

OSCAR Con 2014

Morgan Price, Jens Weber

Who are we?

Seek to leverage our academic connections.

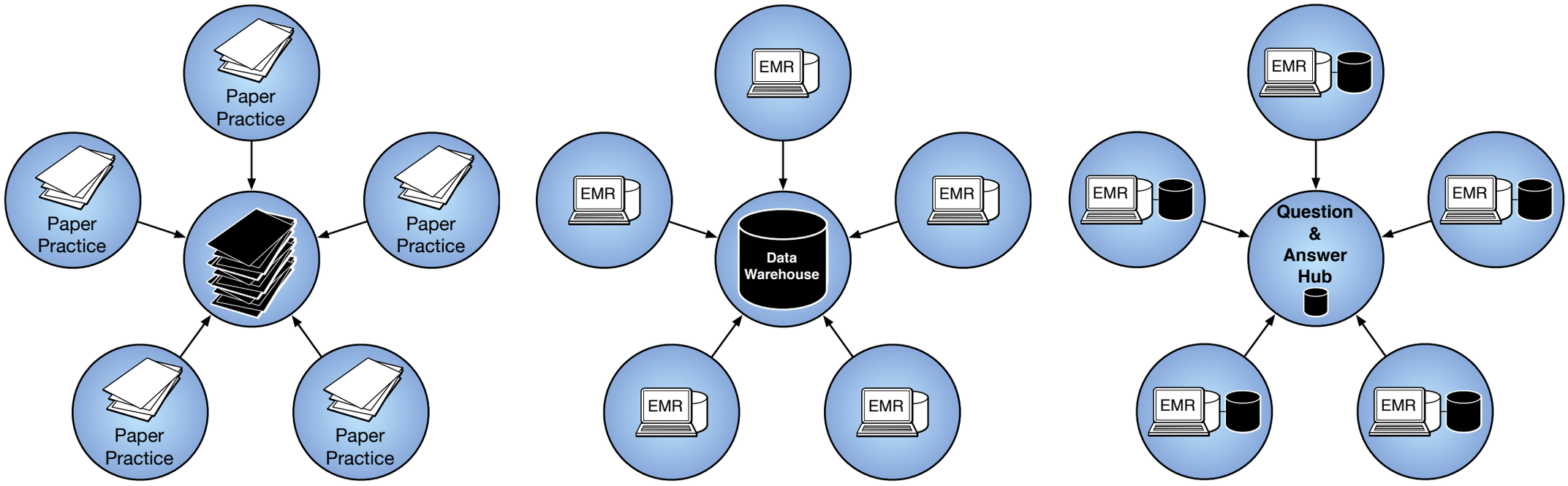
Target studies that have real application.

We have been working on a number of R&D projects.

SCOOP Network

A Primary Care QI and Research Network with Physicians Data Collaborative.

Designing a 3rd Generation Primary Care Network



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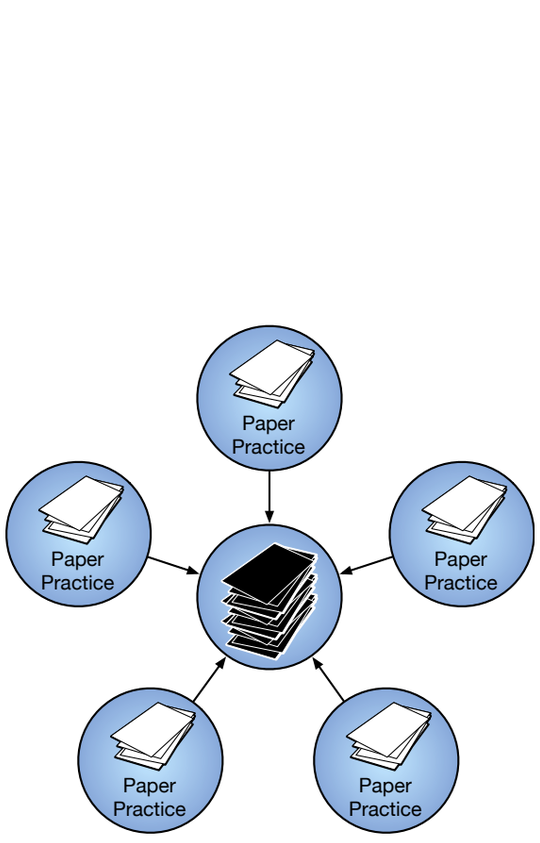
Designing a 3rd Generation Primary Care Network



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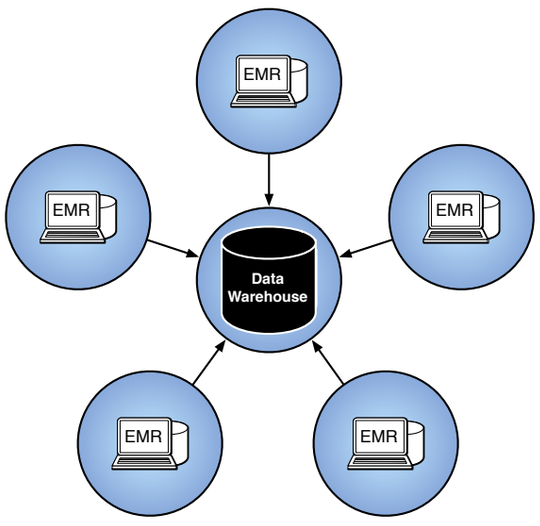

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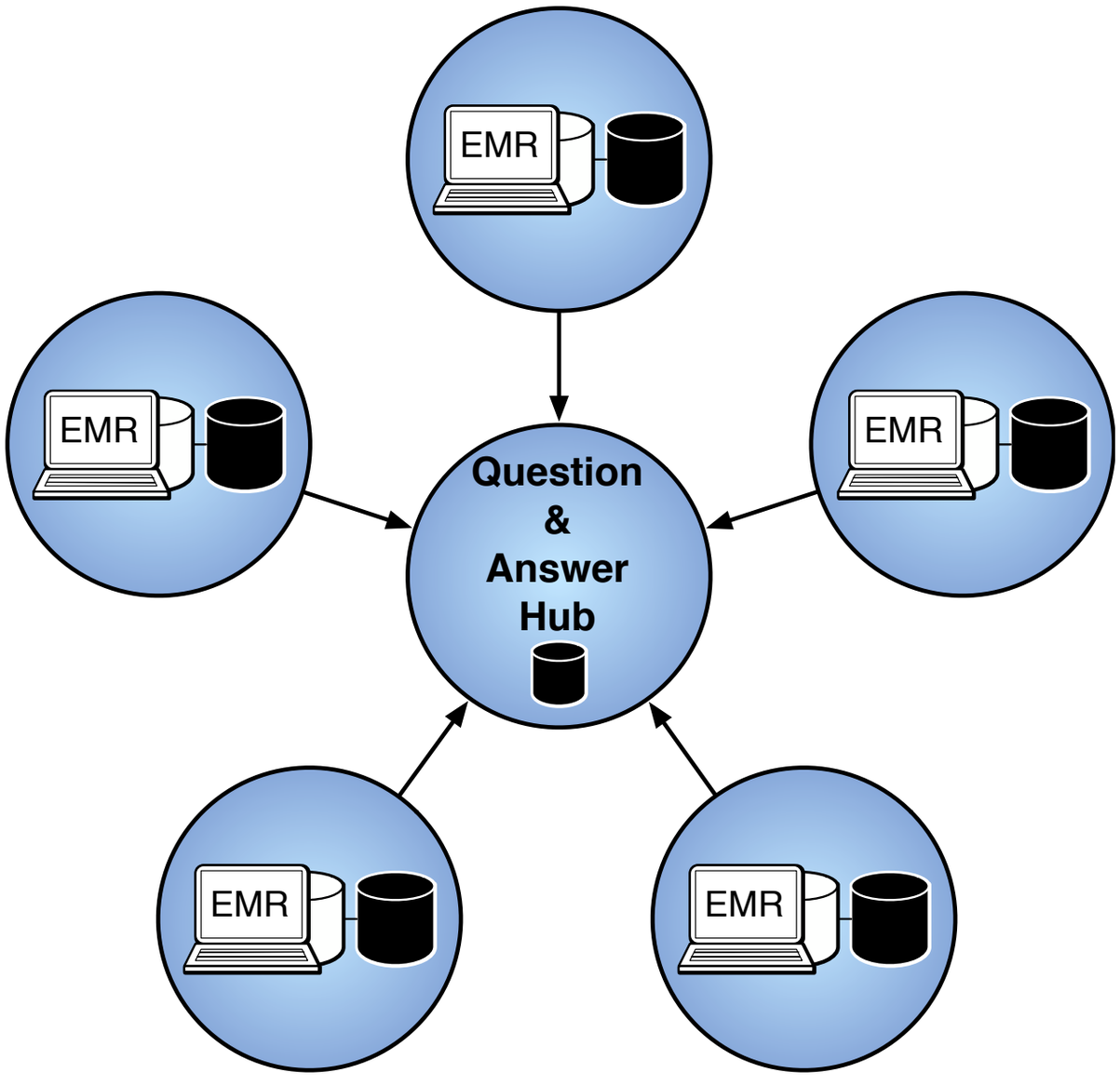

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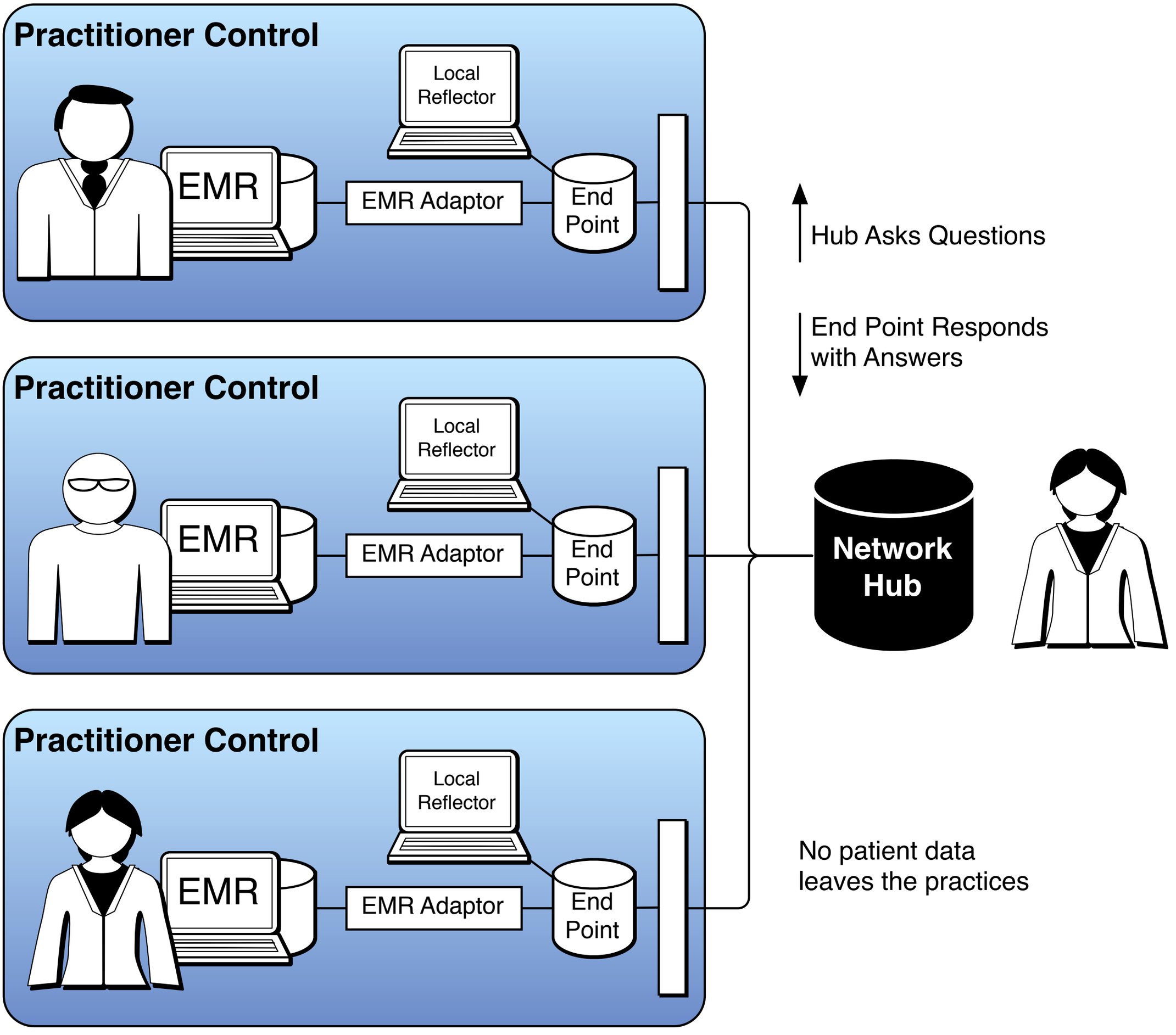

Practitioner Control
Local Reflector
EMR
EMR Adaptor
End Point
Practitioner Control
Local Reflector
EMR
EMR Adaptor
End Point
Practitioner Control
Local Reflector
EMR
EMR Adaptor
End Point
Hub Asks Questions
End Point Responds with Answers
Network Hub
No patient data leaves the practices

Our test study looked at Polypharmacy in EMR.

Working with the Physicians Data Collaborative of BC.

Have been working with open source tools for visualizing results.

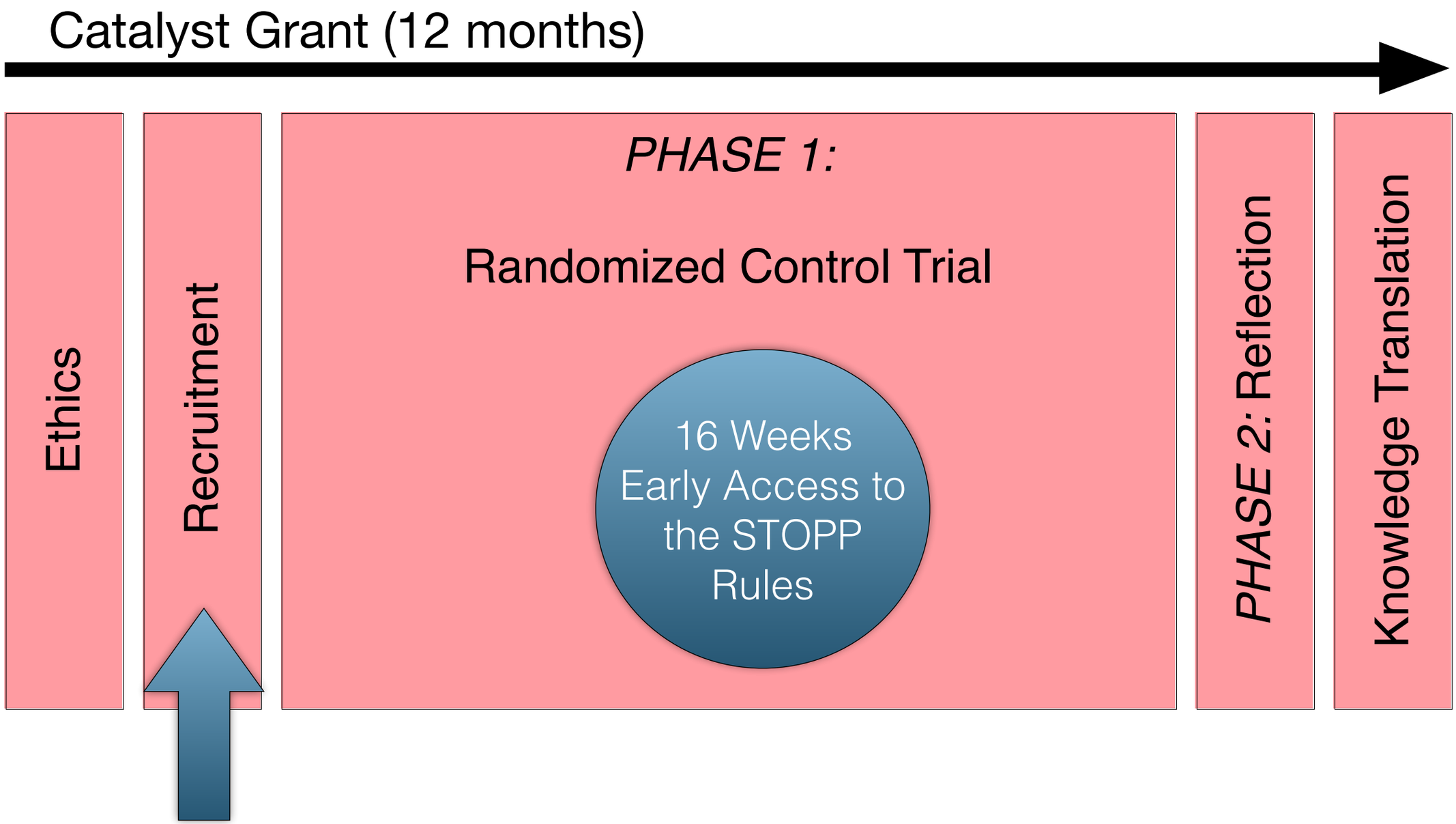
Helping with Know2Act

Worked with OSCAR EMR and McMaster to review and build guidelines for Know2Act.

Translated STOPP criteria into Know2Act rules.

STOPP Study

Study to assess impact of STOPP criteria on prescribing using MyDrugRef / Know 2 Act in OSCAR.



We are right here.

If you get involved, we will use the new SCOOP network so no patient level data leaves your office.

Compensation for your practice and your OSP.

Phase 2 - Focus Group

at the end to help us understand the results.

If you are an OSCAR 12.1 user who is interested in participating…

… please come see us.

The STOPP Clinical Decision Support Study
Recruitment Letter

You are invited to participate in a study entitled "***A mixed-method study to explore, assess, and explain the translation of a complex set of evidence-based rules into practice through electronic medical record based decision support: how can STOPP effectively be deployed in primary care***". This study will explore the impact of using decision support in your OSCAR EMR on physician-prescribing patterns.

We invite you to participate in this study if you are an OSCAR 12 user and have been using the EMR in your practice regularly for the last year to document care, including prescriptions. We hope - with your participation in this study - that we will better understand how decision support can help improve prescribing. Your participation will help increase our knowledge on use of prescribing reminders / suggestions in primary care and will help directly improve the open source OSCAR EMR.

There are two phases to this study. Your participation in **phase 1** will consist of reviewing consent and agreeing to be randomized to an intervention or control group. For 16 weeks, the intervention group will receive decision support suggestions at the point of care targeted at potentially inappropriate prescriptions in patients 65+ years of age. At the end of the 16 weeks, all participants will receive the decision support suggestions, if they wish. We will evaluate prescribing patterns related to these rules by installing a small server in your practice dPoint will communicate with your OSCAR EMR and let us answer data. **No patient data will leave your practice.** (in the EndPoint) and the to. Result 2: 2 /

Results of this study will go towards supporting OSCAR, Know2Act, and publications will be sought.

Natural Language Processing and OSCAR

Testing several approaches of how to help extract data from text in OSCAR.

Imagine receiving a Discharge Summary or Consult and being able to reconcile medications quickly

Suggested Medications

Update	**atenolol** - TENORMIN - tablet - DOSE **50mg** - oral - daily	⊖
Add	**warfarin** - COUMADIN - tablet - DOSE **10mg** - oral - daily	⊖
Update	**asa** - ASPIRIN - tablet - DOSE **81mg** - oral - daily	⊖
Add	**predisone** - DELTASONE - tablet - DOSE **5mg** - oral - twice daily	⊖

Current Medications in OSCAR

atenolol - TENORMIN - tablet - DOSE **25mg** - oral - twice daily
----
asa - ASPIRIN - tablet - DOSE **325mg** - oral - twice daily

Your Changes

Sign and Save | Cancel

Safety Engineering

Migrating CDA document interoperability to Everest

Working with Software Engineering at UVic

OSCAR under the hood quality improvements (refactoring / testing) in SENG 371
OSCAR-based quality engineering course

Enhancing OSCAR Electronic Result Importing (Excelleris)

We are now compliant to the current Excelleris requirements.

PART1 VIHADI Lab Results - Mozilla Firefox

localhost:8080/oscar12/lab/CA/ALL/labDisplay.jsp?segmentID=46&providerNo=999998&searchProviderNo=0&status=U&showLatest=true

Firefox prevented this site from opening a pop-up window. Preferences

Acknowledge | Comment | Forward | Close | Print | Msg | Tickler | E-Chart | Req# | Label | *Label: (not set) Next Appointment:*

Version: v1 v2

Detail Results: Patient Info.

Patient Name:	PART1 VIHADI			**Home Phone:**	(250)223-2424
Date of Birth:	1955-12-02			**Work Phone:**	
Age:	57 years	**Sex:**	M	**Patient Location:**	VIHADI
Health #	9054123456				

Results Info

Date of Service:	2012-06-13 10:21:00
Date Lab Received:	2013-05-17 10:10
Report Status:	Final
Client Ref. #:	90909
Accession #:	5913701

Requesting Client: BOB MDCARE **cc: Client:** BOB MDCARE

Version: v2 N/A

Version: v1 N/A

DIAG IMAGE

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status	Annotation
Study Performed	Chest Ultrasound in Fluoroscopy				2012-06-13 10:21:00	F	
Reason for Study	Right pleural pocket of fluid, fluid for cytology, C+S, AFB, LDH, total protein.				2012-06-13 10:21:00	F	
Study Report	REPORT				2012-06-15 10:31:12	F	
Study Report					2012-06-15 10:31:12	F	
Study Report	FINDINGS:				2012-06-15 10:31:12	F	
Study Report					2012-06-15 10:31:12	F	
Study Report	Only a small amount of fluid is present in the right pleural space without large or dominant loculated collection. The amount of fluid was considered insufficient to warrant attempts at aspiration.				2012-06-15 10:31:12	F	
Study Report					2012-06-15 10:31:12	F	
Study Report	REPORT DICTATED BUT NOT READ BY RADIOLOGIST				2012-06-15 10:31:12	F	
Study Report					2012-06-15 10:31:12	F	
Study Report	Dictating Physician: Dr RTB				2012-06-15 10:31:12	F	
Study Report					2012-06-15 10:31:12	F	
Study Report	Electronically Signed: RTB				2012-06-15 10:31:12	F	
Study Report	Transcriptionist: LK Transcribed Date: 14-JUN-12				2012-06-15 10:31:12	F	
Study Report					2012-06-15 10:31:12	F	
Study Report					2012-06-15 10:31:12	F	

Acknowledge | Comment | Forward | Close | Print | E-Chart

END OF REPORT

Acknowledge | Comment | Forward | Close | Print | Msg | Tickler | Unlink | E-Chart | Req# | Label | **Label: (not set) Next Appointment:**

Detail Results: Patient Info.				Results Info	
Patient Name:	JPATIENT EXCELLERIS	**Home Phone:**	(250)223-2424	**Date of Service:**	2012-06-13 10:21:00
Date of Birth:	1955-12-02	**Work Phone:**		**Date Lab Received:**	2013-11-05 13:17
Age:	57 years **Sex:** M	**Patient Location:**	VIHADI	**Report Status:**	Final
Health #	9054123456			**Client Ref. #:**	90909
				Accession #:	XR129994874-5913701

Requesting Client: BOB MDCARE **cc: Client:** BOB MDCARE

N/A

DIAG IMAGE

Test Name(s)	Result	Date/Time Completed
Study Performed	Chest Ultrasound in Fluoroscopy	2012-06-13 10:21:00
Reason for Study	Right pleural pocket of fluid, fluid for cytology, C+S, AFB, LDH, total protein.	
Study Report	REPORT	2012-06-15 10:31:12

FINDINGS:

Only a small amount of fluid is present in the right pleural space without large or dominant loculated collection. The amount of fluid was considered insufficient to warrant attempts at aspiration.

REPORT DICTATED BUT NOT READ BY RADIOLOGIST

Dictating Physician: Dr RTB

Electronically Signed: RTB

Transcriptionist: LK Transcribed Date: 14-JUN-12

Acknowledge | Comment | Forward | Close | Print | E-Chart **END OF REPORT**

Includes VIHA Discharge Notification Pilot

(Thank you Anita and Marc!)

Acknowledge | Comment | Forward | Close | Print | Msg | Tickler | E-Chart | Req# | Label

Label: (not set) Next Appointment:

Detail Results: Patient Info.						Results Info	
Patient Name:	ENOTICETHREE EXCELLERIS			**Home Phone:**		**Date of Service:**	2014-03-31 14:30:52
Date of Birth:	1967-12-09			**Work Phone:**		**Date Lab Received:**	2014-05-22 16:53
Age:	46 years	**Sex:**	M	**Patient Location:**	VIHA	**Report Status:**	Final
Health #	9123867864					**Client Ref. #:**	HVIHA
						Accession #:	1201177676

Requesting Client: VANCOUVER ISLAND HEALTH AUTHORITY

cc: Client: VANCOUVER ISLAND HEALTH AUTHORITY, IAN MEDIC, RECONCILIATION VIHA QA

N/A

NOTIF

Test Name(s)	Result	Date/Time Completed
Reason for Admission	Appendicitis	2014-03-31 14:30:52
Admitting Physician	Amson, Bradley	
Consultant Physician 1	Amson, Bradley	
Date and Time of Admission	27 April 2014 0900	
Patient Location at Admission	6NWR-N626-B	
Notification		

Dear Dr. Ian Medic,

You have been identified as the family doctor/primary care provider for the above patient who has been admitted to this facility.

If you have a practice within the Island Health Region, the most current information about your patient can be viewed in PowerChart at any time, including current location. If you have any additional clinical information that could help provide care for your patient while in hospital, as well as help plan for his/her transition back into the community, please call the Royal Jubilee Hospital - Acute Care site at: 250-519-1630 to obtain the name and contact details of the Most Responsible Physician for your patient.

The attending physician may want to contact you. The contact details Excelleris has on file for you are:
Office primary: (604)658-2107
Fax:

Please contact Excelleris if your contact information above is incorrect. Excelleris can be reached at:
Phone: 1-866-728-4777

Release 12_1 - build 962.

This has everything we have done on Excelleris that has been approved.

BC billing bug fixes.

Added ICBC as a billing option to Invoice screen

WCB forms now show in the correct, amended order.

End of Life eForms

A study to help get EoL tools and best practice into the EMR.

(Neil will tell you more)

EMR Prescribing User Experience Design Study

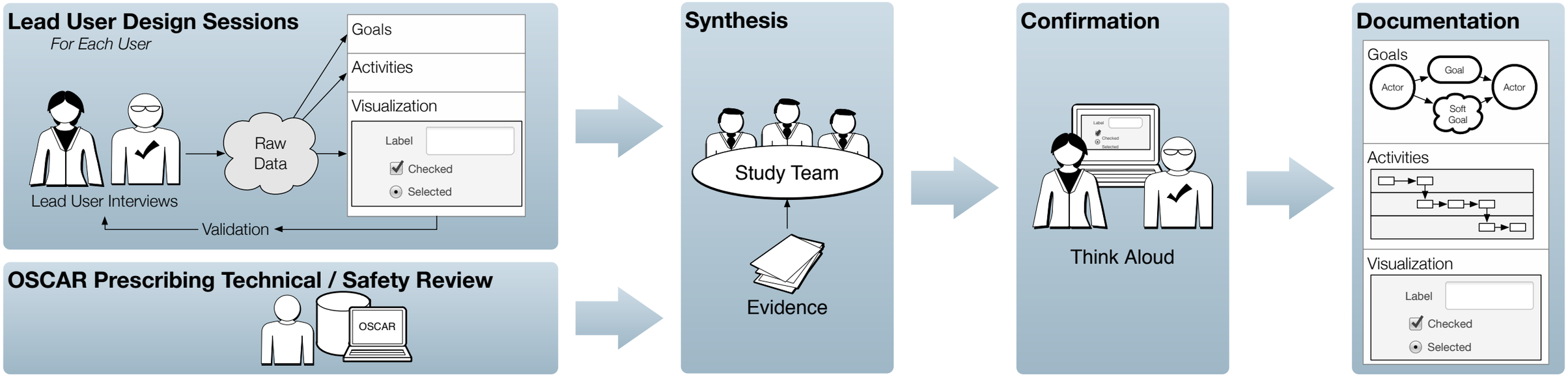
Working with support from the College of Pharmacists & OSCAR EMR.

Collaborating with Emily Carr University of Art and Design.

Asking:

How can EMR prescribing features be improved?

Working with 8-12 Lead Users to discover their idealized designs.


Lead User Design Sessions
For Each User
Goals
Activities
Visualization
Label
Checked
Selected
Raw Data
Lead User Interviews
Validation
OSCAR Prescribing Technical / Safety Review
OSCAR
Synthesis
Study Team
Evidence
Confirmation
Think Aloud
Documentation
Goals
Actor
Goal
Actor
Soft Goal
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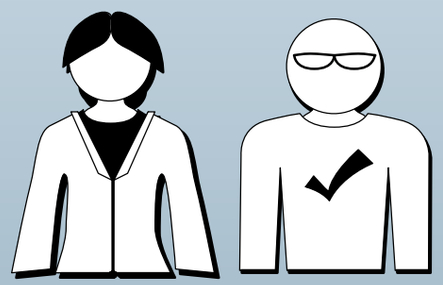
Lead User Design Sessions

For Each User



Lead User Interviews

Raw Data

Goals

Activities

Visualization

Label

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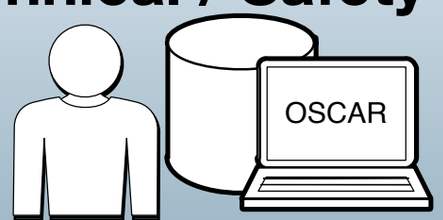
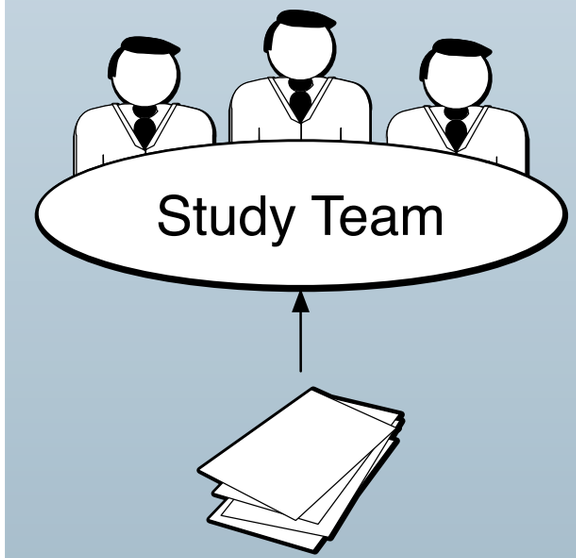
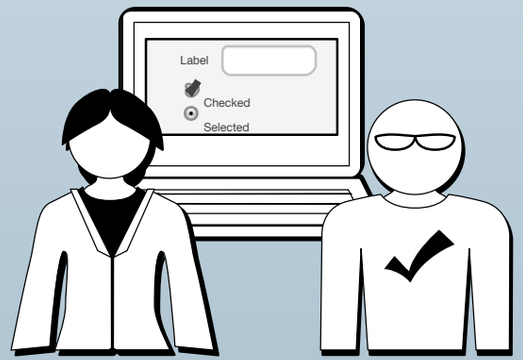
OSCAR Prescribing Technical / Safety Review



Synthesis

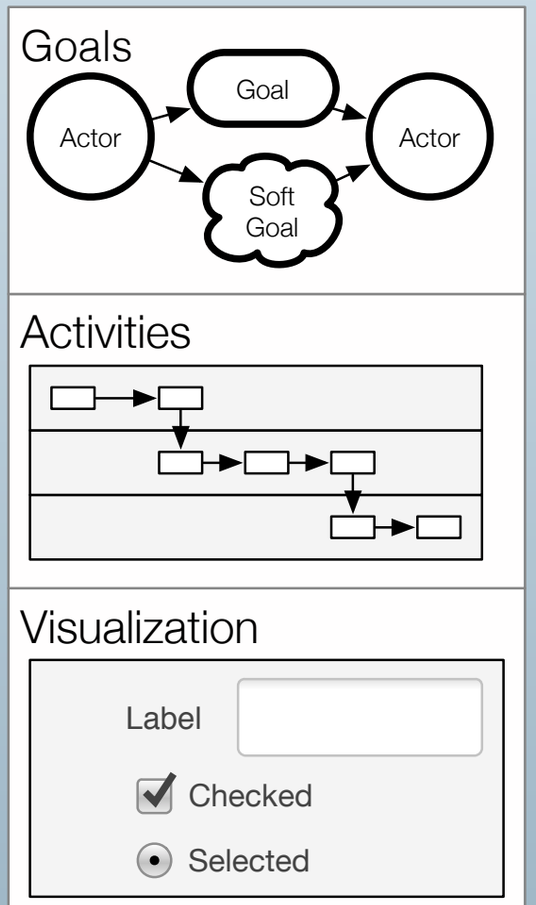


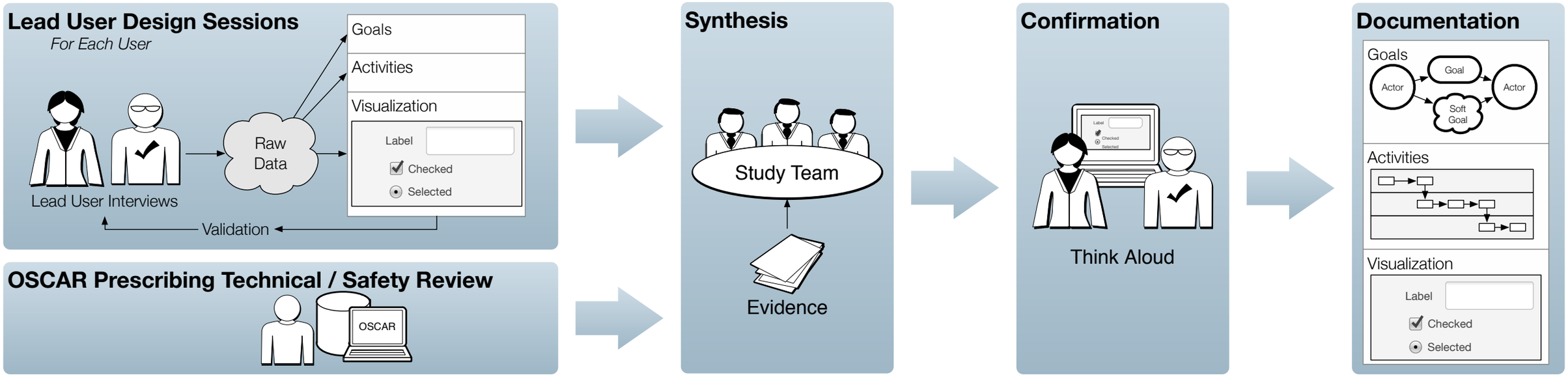
Confirmation



Think Aloud

Documentation

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Actor
Soft Goal
Activities
Visualization
Label
Checked
Selected

Visualizing what the lead users need.

Patient Name **John CLEESE** Age **73** DoB **23-Aug-1941** Health# **9044 432 321**

Medications | Summary | Medications | Results | Documents | P

ADDED: Trazodone - DOSE 50 mg - by mouth - at bedtime - for 28 days

Add New Medication:

Medication:

Quick Intructions:

Dose: enter dose *(min)* -- *(max)*

Route: enter route

Frequency: enter frequency

Special Instructions:

More Details: Show More

Add Medication Cancel

Allergies
No known drug allergies.

Problem List
COPD
Diabetes

Current Medications
fluticasone 100 µg
+ salmeterol 50 µg - DOSE 2 puffs - inhaled - twice a day

Metformin - DOSE 500 mg - by mouth - twice a day

Salbutamol 100 µg - DOSE 2 puffs - inhaled - four times a day as needed.

We will translate these into OSCAR requirements.

Questions for us?