Salutation: *	Dr.
First Name: *	Nathan
Last Name: *	Urquhart
Clinic/Company: *	Urquhart Orthopaedics
Role: *	Orthopaedic surgeon
Phone Number *	
Email Address: *	

Type: *	Concurrent Session

Salutation: *	Dr.
First Name: *	Nathan
Last Name: *	Urquhart
Role: *	Orthopaedic surgeon
How long have you been using an EMR? *	4

Salutation:	
First Name:	
Last Name:	
Role:	
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First Name:	
Last Name:	
Role:	
How long have you been using an EMR?	

Who is your target audience? *	Advanced EMR Users
Abstract Title: *	Integrated patient reported outcomes measures
Learning Objectives: *	1Integration of patient reported outcome measures
	2Evidence based decision making
	3Practice evaluation

Abstract: *

Improving the quality of care we deliver will be optimized by collecting and using high quality data. In today's healthcare environment of limited resources and waitlists for procedures, critical assessment of the procedures we preform and their effectiveness is paramount. Measurement of patient outcomes is typically done in research environments and widespread implementation of outcome measures has been typically difficult due to the costs (staff/research coordinators) and logistics (paper based assessment and manual tabulation).

I would like to present on EMR integration with a third-party patient engagement product, allowing for the establishment of automated rules to forward packaged validated procedure-specific surveys to patients at specific time intervals. I currently work as an Orthopaedic surgeon with a focus on arthroscopy and sports medicine (shoulder, hip, knee arthroscopy) and a smaller component of joint arthroplasty. Currently, I track via automation over 85% of my surgical procedures. Based on booking information in my EMR and integration with a third-party company, the program mines the EMR appointments in a sliding 14-day window. Based on the EMR data, validated outcome measures are automatically electronically sent to patients. These include: ACL Quality of life, ACL Return to Sports after Injury, Banff patellofemoral instability instrument, EQ-5D-3L, IKDC subjective knee evaluation form, International hip outcome tool, Western Ontario Shoulder Instability index, Western Ontario Rotator Cuff index, Oxford knee and hip scores, Knee

injury and Osteoarthritis Outcome Score, Visual analog scales, and Pain Catastrophizing Scale. Forms are completed online (at home or wherever the patient chooses to complete it electronically) or via tablet (in clinic) at various time frames, depending on procedure. Scores are pushed back into my EMR and can also be exported via csv file for review or statistical analysis. Failure to fill out the survey in a predetermined time frame pushes an email back to the office to allow administrative follow up with the patient.
This integration provides a number of benefits, including:
1. Cost effective outcome assessment through automation;
2. Enhanced decision making in selecting patients for surgery;
3. Practice self-review, which is a Royal College mandate; and
4. Creation of a procedure database to identify patient factors that may predict outcomes (positive or negative).
Standardization of outcome measures and integration into practice is a source of data for evidence based decision making.