

Salutation: *	Mr.
First Name: *	Denis
Last Name: *	Tsang
Clinic/Company: *	Carefirst Family Health Team
Role: *	Registered Dietitian
Phone Number *	
Email Address: *	<hr/>

Type: *	Concurrent Session

Salutation: *	Mr.
First Name: *	Denis
Last Name: *	Tsang
Role: *	Registered Dietitian
How long have you been using an EMR? *	4

Salutation:	Mr.
First Name:	Ivan
Last Name:	Ho
Role:	Data Analyst
How long have you been using an EMR?	5

Salutation:

First Name:

Last Name:

Role:

How long have you been using an EMR?

Who is your target audience? *

New EMR Users
Intermediate EMR Users
Advanced EMR Users

Abstract Title: *

“One-Stop Shop” Charting Approach to Inter-Disciplinary Diabetes Management using Standardized Template Embedded with Advanced Features

Learning Objectives: *

Understand the challenges related to clinical charting encountered and overcame by Carefirst Family Health Team and its in-house Diabetes Education Program

Appreciate the development process of EMR templates to capture outcome data in daily documentation routine

Facilitate program monitoring and evaluation process and contribute to data reporting in the Annual Operating Plan, Quality Improvement Plan and D2D Project

Abstract: *

Background: Carefirst Family Health Team is committed to the development of an integrated and seamless communication platform for its family doctors, allied health professionals and medical specialists. To address the gaps identified from a needs assessment initiated and conducted by the inter-disciplinary clinician group, in-house Information Technology specialist and Quality Improvement Decision Support Specialist (QIDSS), two Plan-Do-Study-Act (PDSA) cycles were implemented to improve the clinic

workflow and optimize the utilization of EMR data in performance measurement.

Methods: The use of multiple charting templates (i.e. text-based note, custom form and encounter assistant) in Telus Practice Solution Suite (PSS) by different disciplines (i.e. physicians, nurses, dietitians, social workers and pharmacists) in the Diabetes Education Program has significantly reduced the efficiency, effectiveness and data quality in outcome measurement. A universal PSS customized charting template (i.e. custom form) is designed to guide clinical workflow in diabetes consultation, facilitate transfer of clinical data among the clinician group, and capture outcome data to support performance measurement and quality improvement.

Results: A universal standardized custom form embedded with commonly used features (including adding diagnostic code, generating lab requisition form, inserting neuropathy screening instrument, performing psychological symptom screening, conducting ODB formulary search, submitting OHIP billing, prescribing pneumococcal vaccine, completing trillium drug benefits and assistive device program application, and printing patient education handout) is developed and adopted by all clinicians in April 2017.

Implication: This newly developed “One-Stop Shop” custom form enables integrated diabetes care and seamless communication among the inter-disciplinary clinician group. Analysis using data extracted from this custom form is aligned with provincial outcome indicators highlighted in the FHT annual operating plan (AOP), primary care indicators recommended in the Quality Improvement Plan (QIP) and Diabetes composite indicators included in the AFHTO D2D project. A complete package of this “One-Stop Shop” custom form has been uploaded to the Telus Community Portal and disseminated with the QIDSS network in May 2017.

