Abstract Submission Form 2017 #5

Salutation: *	Dr.
First Name: *	Maheswaran
Last Name: *	Srivamadevan
Clinic/Company: *	Oak Ridges Heart Clinic
Role: *	Director of the clinic
Phone Number *	
Email Address: *	_____

Type: *	Concurrent Session

Salutation: *	Dr.
First Name: *	Maheswaran
Last Name: *	Srivamadevan
Role: *	Director of cardiology clinic
How long have you been using an EMR? *	5 years

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

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: *	Optimizing an EMR for the cardiologist and other specialists
Learning Objectives: *	1 Learn how to customize an EMR for cardiology and other specialties
	2 Learn how to integrate Medical Algorithms into the EMRs to optimize patient care
	3 Learn how further development at our centre will further customize the EMR into a stand-alone solution for cardiac diagnostics reporting and data-integration

Abstract: *

As director of the Oak Ridges Heart Clinic, I have progressively customized and integrated an open source EMR for our cardiology practice.

In the first 2 years, we developed customized E-Forms that we would use in the every day management of patients. These include Lab requisitions, hospital and diagnostics requisitions. We also customized the Letter application that is available as open source for our specialty. This was customized to import laboratory and measurement data into the final consult and follow up letters. Most recently, we have been able to integrate electronic signatures for finalized letters.

Subsequently, we have integrated cardiac algorithms to allow for evidence based decision making with cardiac patients. Examples are the CHADS risk scores where data such as blood pressure, age, kidney function are automatically incorporated into the tool give an accurate risk of stroke versus hemorrhage for the various anti-coagulation options in patients with atrial fibrillation. Other such algorithms include the Framingham and ASCVD 10 year risk scores.

We have also customized the OBS/GYN data collection application for cardiac purposes. This has then been used to automatically generate the final consult and follow up letters. We have customized the application to call up the above mentioned algorithms during the patient consultation to allow for accurate real time evidence based decision making without unduly prolonging the consultation. This process has significantly shortened the time spent generating the consult and follow up letters.

At present, we are working on a project to report all out patient cardiac diagnostics done at our centre through the EMR. This would streamline all reporting thereby saving valuable time. As well, all data from the reports would automatically be available for population of letters and reports as well as for future research efforts. This involves the development of appropriate interfaces between the various diagnostic technologies and HL7 data integration.

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