

Abstract Submission Form 2018

#51

Salutation: * Ms.

First Name: * Ann

Last Name: * Taite

Clinic/Company: * Queen's University

Role: * Clinical Research Associate

Phone Number *

Email Address: *

Type: * Concurrent Session

Salutation: * Ms.

First Name: * Ann

Last Name: * Taite

Role: * Asthma EMR Project Coordinator

How long have you been using an EMR? * 10 years

Salutation: Mrs.

First Name: Jessica

Last Name: Schooley

Role: Certified Respiratory Educator

How long have you been using an EMR? 8 years

Salutation:

First Name:

Last Name:

Role:

How long have you been using an EMR?

Has this session been accredited by the College of Family Physicians (CFPC)? *

No

Who is your target audience? *

New EMR Users
Intermediate EMR Users
Advanced EMR Users

Abstract Title: *

An Electronic Asthma Performance Indicator Reporting System: Use of Standardized Electronic Medical Record Data at the Point of Care

Learning Objectives: *

1 To discover the challenges of integrating of a clinical assessment tool for asthma into a primary care EMR.

2 Learn how we implemented an asthma performance evaluation system that can seamlessly access asthma eTools and produce asthma indicatory reports in a provincially certified vendor.

3 Following the presentation, attendees will understand how quality asthma data can be captured at the point of care, is extractable, can populate an asthma indicator report used for benchmarking and quality improvement.

Abstract: *

Performance measurement and benchmarking are key priorities for chronic disease management systems. Electronic medical records (EMRs) allow for electronic data collection and access to electronic tools (eTools) at the point of care, providing an innovative means of supporting chronic disease management, performance measurement and benchmarking. Validated primary care asthma performance indicators (PC-API©)

exist, and can be useful in capturing asthma clinical information at a primary care visit. Integration of performance evaluation into the process of care may improve the quality of asthma care and enable continuous quality improvement (CQI). We developed a system to 'populate' the PC-API©, using EMR data supported by standardized terminology collected at the point of care, from 2 EMRs: a provincially certified vendor and an electronic Patient Care System within a tertiary care centre. In addition, an Electronic Asthma Performance Indicator (e-API©) reporting system was designed based upon stakeholder input, to generate e-API® reports on individual patients, and by provider/site. Our system: i) extracts data elements from 2 different asthma e-records and generates e-API© reports; ii) is an asthma performance evaluation system, integrated into the process of care in the Southeastern Ontario Asthma Care Network; and iii) documents performance. The EMRs are also seamlessly connected (with single sign-on) to our AsthmaLife® web-based patient and provider portal. The portal enables data collection using 4 electronic asthma questionnaires (3 Asthma Quality of Life Questionnaires (AQLQ), and the Work-related Asthma Screening Questionnaire (Long version) (WRASQ[L]©)) with real time results reported to the provider or patient. The provider accesses the seamless link from within the asthma assessment section of the EMR, and the desired eTool (questionnaire) opens in a window in the current browser session. We discovered that it is challenging but feasible to integrate performance measurement and asthma eTools into the process of care, using standardized point of care capture of EMR data. We envision implementation of this asthma performance evaluation system will enable benchmarking and improve patient care and outcomes. The findings will inform e-health care challenges and priorities, including EMR integration, EMR interoperability, performance measurement, and CQI.

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