

Because You Care Using Your EMR Data to Save Lives

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Presenter Disclosure

Presenters: Anna Gibson-Olajos & Meghan Peters

- **Relationships with commercial interests:**
 - None

Disclosure of Commercial Support

- This program has not received financial support or in kind support from any organization.
- Potential for conflict(s) of interest:
 - None



Objective

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Empower you to look at your data and make a change!





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A small rural team in Northeastern Ontario

- Under 6,000 patient roster
- 5 Physicians (3 full time, 2 part time)
- FHT: 1.2 RPN, 1 NP, 1 Social Worker, 1 ED, 1.4 FHT Admin
- FHO: 2 full time & 2 part time reception, 1 Clinical Assistant
- 1 QIDSS in a partnership with 8 other FHT's
- No dedicated quality improvement or data management position, all in house



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PAAFHT participated in D2D 1.0 & D2D 2.0 to provide rural team data to AFHTO, so that they could help advocate.

Decided that for D2D 3.0, we wanted to submit MORE data. Wanted to make D2D more MEANINGFUL to the team and for Ontario FHTs.



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D2D 3.0's EMR Data Quality Indicator

- 1) Colorectal Cancer Screening
- 2) Cervical Cancer Screening
- 3) Smoking Status

The more confidence we can build in EMR data, the better able we are to use it to measure. With better EMR data quality, performance measures will become more and more useful.



FOBT Data Quality

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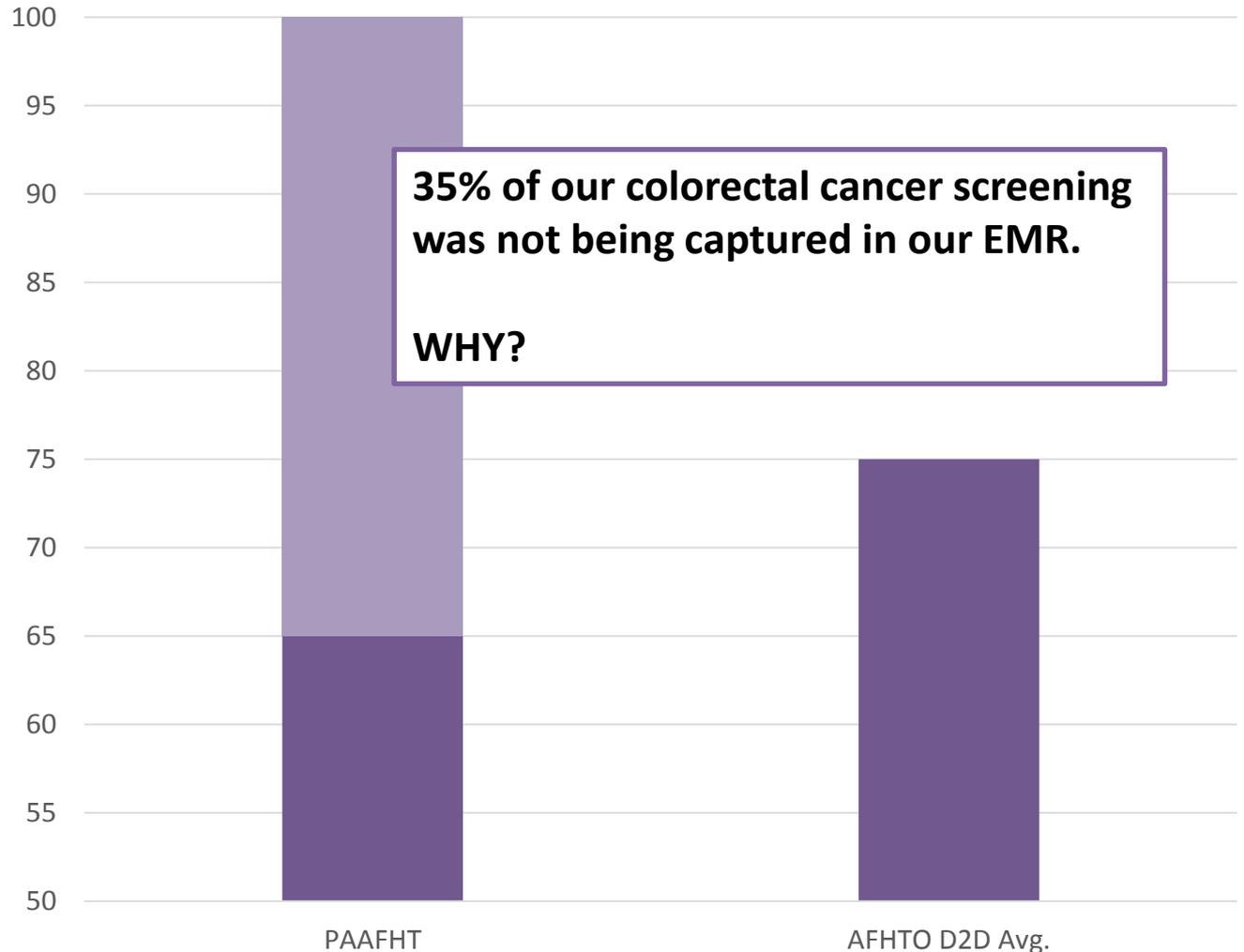
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Change Idea #1: Engagement

- Informed team of current status of colorectal cancer screening data quality
- Engaged staff on possible change ideas





Comparison to SAR Reports

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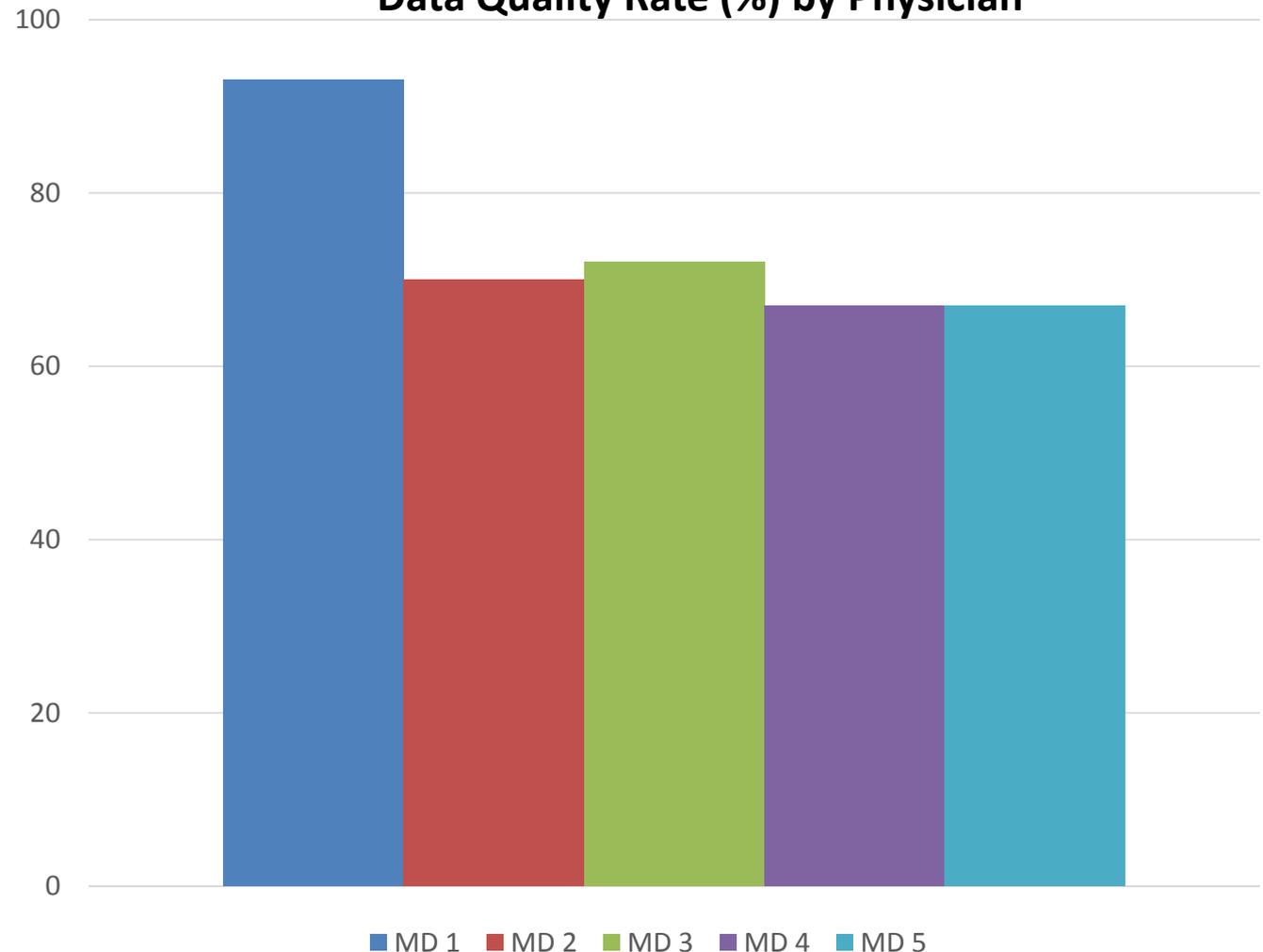
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Data Quality Rate (%) by Physician





Comparison to SAR Reports

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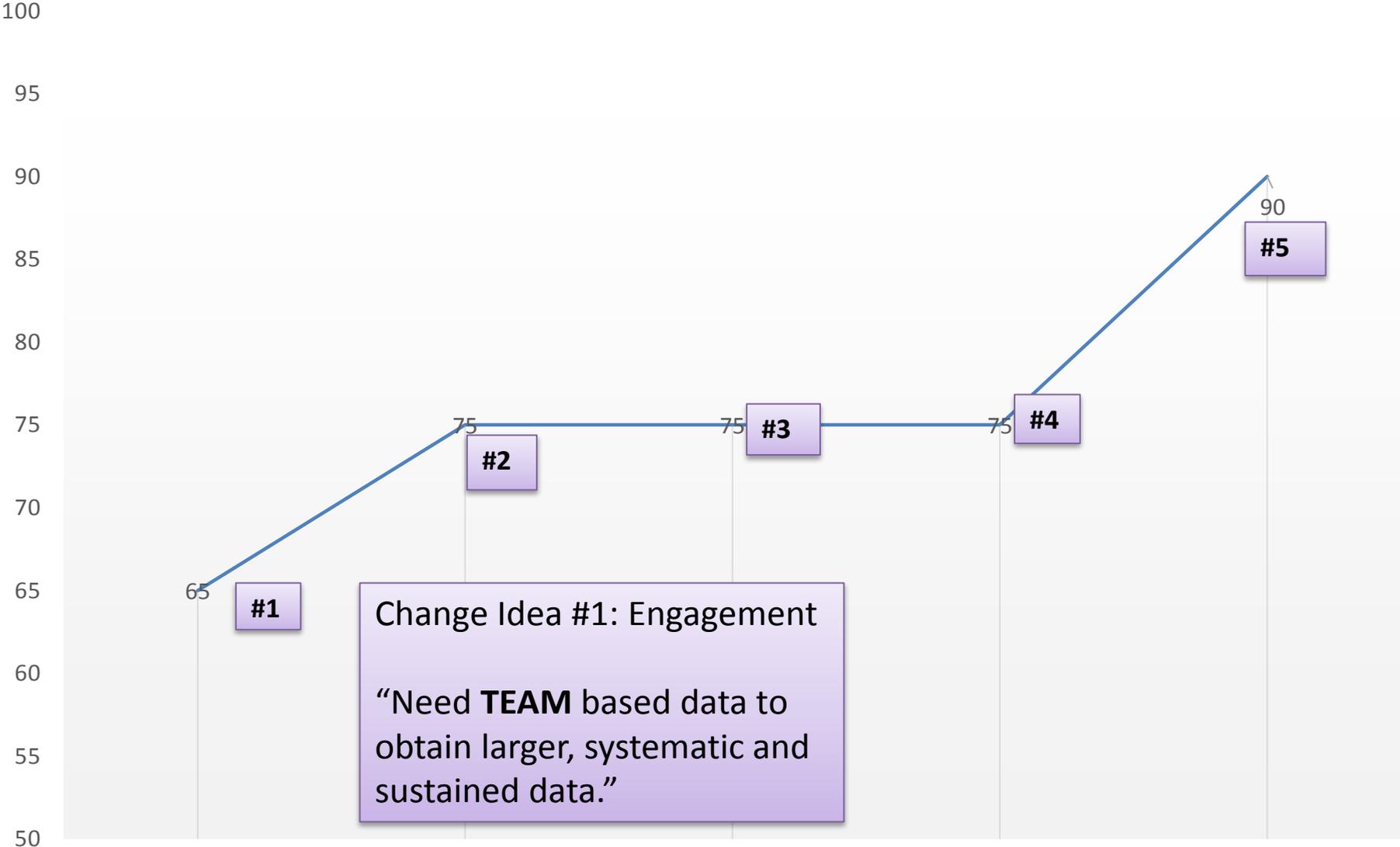
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- Abnormal and Retest lists for each MD checked these against patient EMR charts:
 - Some of the patients are not rostered to the physician and need to bill the de-roster code
 - Some of the results missing from our EMR were in OLIS and we downloaded them (they should have come in via LifeLabs interface)
 - Some of the results in the EMR said Negative but the SAR reports them as needing retesting
 - Identified that not all results that say Negative are fully Negative. Some of the 3 windows tested negative but the result could not be confirmed. These were flagged for the MDs.
 - Some results were not in the EMR or on OLIS but Cancer Care Ontario had the results listed in the SAR report. Why does CCO have result we don't?
 - Lab issues

PAAFHT'S Colorectal Data Quality (%)





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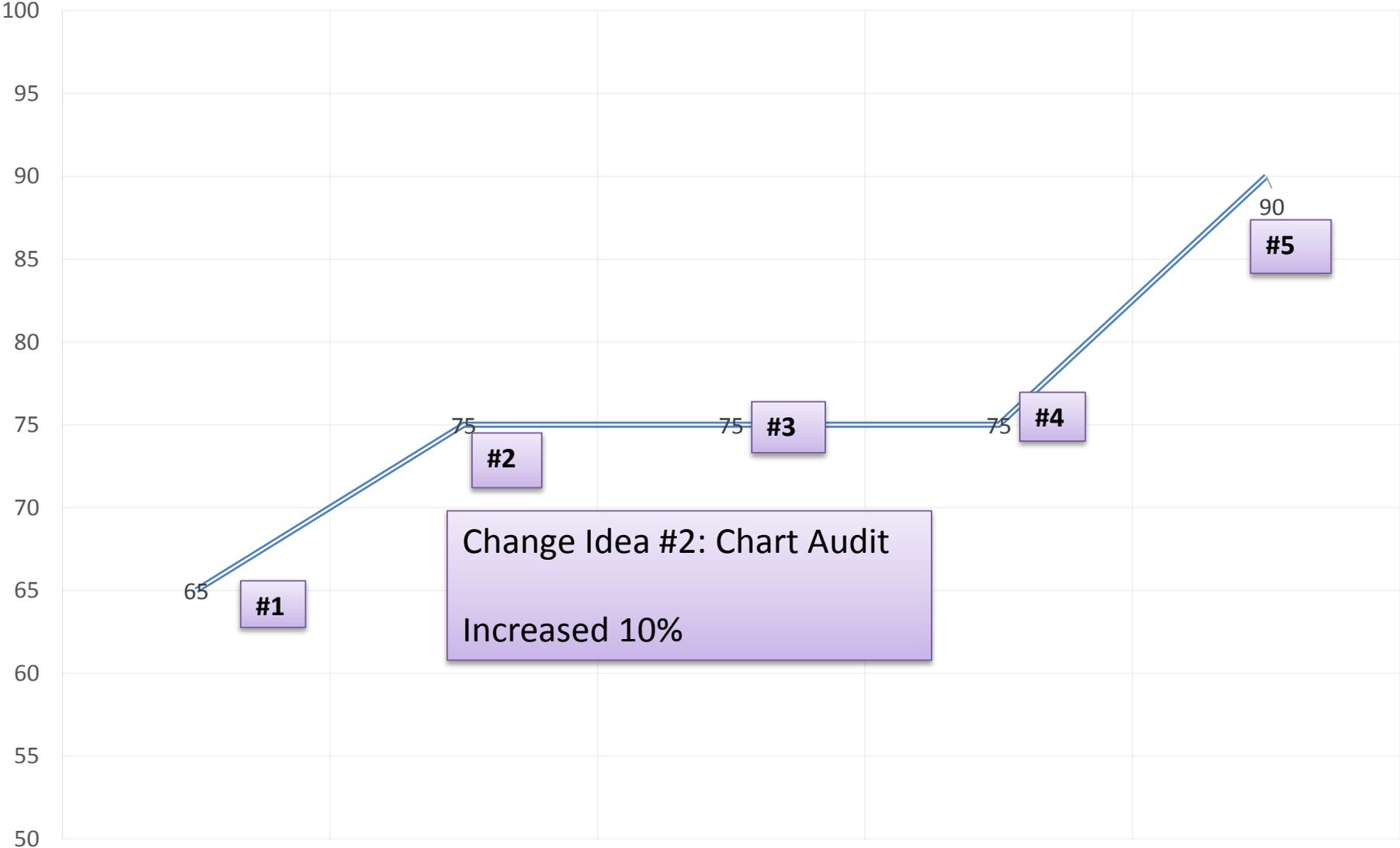
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Change Idea #2: Chart Audit

- Compared Cancer Care Ontario's Screening Activity Report information with the EMR data for every patient 50-74yrs old who had completed an FOBT result in the past 2 years
- Checked that every one of our patients age 50-74
 - Any colorectal screening was charted/categorized/dated accurately
 - Checked OLIS for any patient to whom a kit had been given to see if there were any results we had not received
- Ensured proper follow-up was completed on all abnormal FOBT results

PAAFHT'S Colorectal Data Quality (%)





Change Ideas

Change Idea #3: Lab Information



- Identified the steps of the FOBT lab process from when the patient is informed that they are due for colorectal cancer screening to when the physician reviews the results

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Change Idea #3: Lab Information

- Called Lab to discuss incoming process for lab reports which resulted in a few small change ideas.
 - ✓ New lab download connection was installed in the EMR so that all labs were being received electronically. Did not have an immediate impact.
 - ✓ One lab would NOT test another lab's results and forward them on, meaning they were unable to be tested within the dates. Another lab would test and the results would come by paper and have to be entered manually to trigger reminders appropriate
 - ✓ Discovered results labelled NEGATIVE with fine print
 - The lab upon their discretion was processing tests with unreliable dates and labelling them negative
 - If the lab felt the date was too old, the FOBT result would show up as NEGATIVE with a fine print notation. We informed the MDs about this so that they could decide whether to retest.
- Engaged the team especially the physicians about what these lab issues meant for their workflow



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Comparison to SAR Reports

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- Negative results not actually negative – messaged MDs

TEST DESCRIPTION	RESULTS	REFERENCE RANGE
C H E M I S T R Y		
OCCULT BLOOD		NEGATIVE
	Unsuitable specimen received - occult blood submitted has passed the card's expiry date.	
OCCULT BLOOD #2		NEGATIVE
	Unsuitable specimen received - occult blood submitted has passed the card's expiry date.	
OCCULT BLOOD #3		NEGATIVE
	Unsuitable specimen received - occult blood submitted has passed the card's expiry date.	

Sep 23, 2011

Canadian Medical Laboratories Lab Data



Accession Number

Ordering Date

Sep 23, 2011

Collection Date

Sep 23, 2011

Ordering Physician:

MICROBIOLOGY, OCCULT BLOOD

CCC OCCULT BLOOD 1

NEGATIVE

CCC OCCULT BLOOD 2

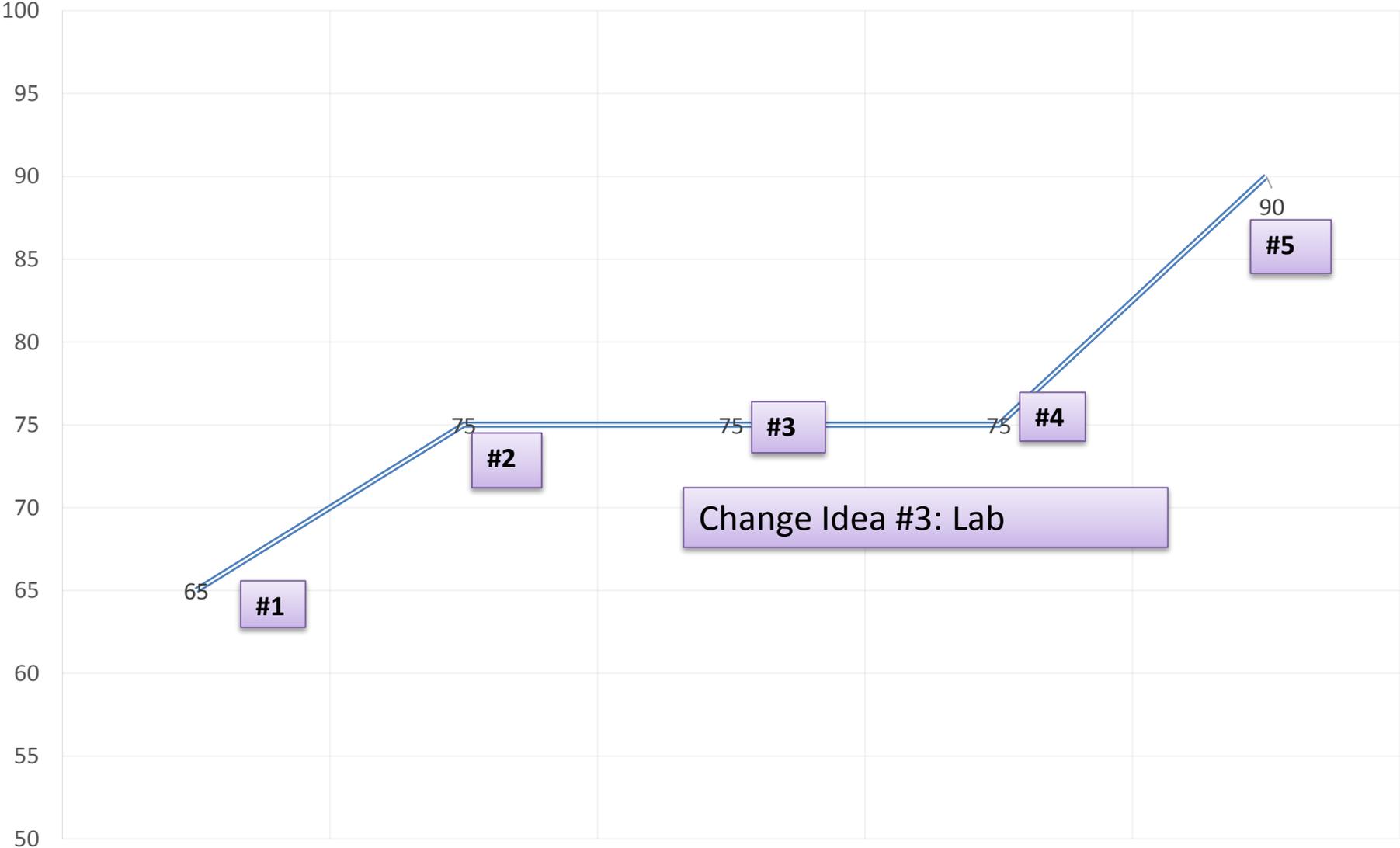
NEGATIVE

Specimen collection date not provided.
Validity of negative results cannot be confirmed.

CCC OCCULT BLOOD 3

NEGATIVE

PAAFHT'S Colorectal Data Quality (%)





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Change Idea #4: Sustain Change and Update Team Workflow

- Updated functionality in the EMR that allows the team to efficiently and consistently remind patients of preventative care follow-up.
- EMR functionality also tracks when an FOBT kit was given and if the result was received or not
- MDs are reminding pts to do and follow up on kits
- Staff are reminding people to call back if they don't hear from us about results
- Continuous data quality checks using CCO's SAR



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Change Idea #4: Sustain Change and Update Team Workflow

Preventative Care Phone Call Encounter Assistant

Oct 14, 2016 Encounter - FHT Preventative Care Phone Call - 2016/17 MP

<p>Phone Call</p> <p><input type="checkbox"/> First Call</p> <p><input type="checkbox"/> Second Call</p> <p><input type="checkbox"/> Third Call</p> <p><input type="checkbox"/> Message left to call back</p> <p><input type="checkbox"/> Patient called back</p> <p><input type="checkbox"/> I need to write something ...</p>	<p>Preventative Care Offered - Must check here to be counted!</p> <p><input type="checkbox"/> Pap Smear</p> <p><input type="checkbox"/> Mammogram</p> <p><input checked="" type="checkbox"/> Colorectal screening</p> <p><input type="checkbox"/> Flu Shot (PLEASE ASK ABOUT THIS DURING FLU SEASON!)</p> <p><input type="checkbox"/> Childhood Immunization</p>
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Pap tests starting at age 21 for any sexual skin-to-skin contact, including intercourse, intimate touching or oral sexual contact.

Patient has:

declined FOBT

received FOBT kit on: _____

Date: _____

been informed that they need FOBT kit

been called about FOBT results

Preventative Care Phone Call Chart Note

Oct 14, 2016 Encounter - FHT Preventative Care Phone Call - 2016/17

Oct 14, 2016 MP

Encounter - Preventative Care Phone Call - 2016/17

Preventative Care Offered Colorectal screening

PCC_fobt_stat16-17.

Patient has FOBT kit given on: been informed that they need FOBT kit.



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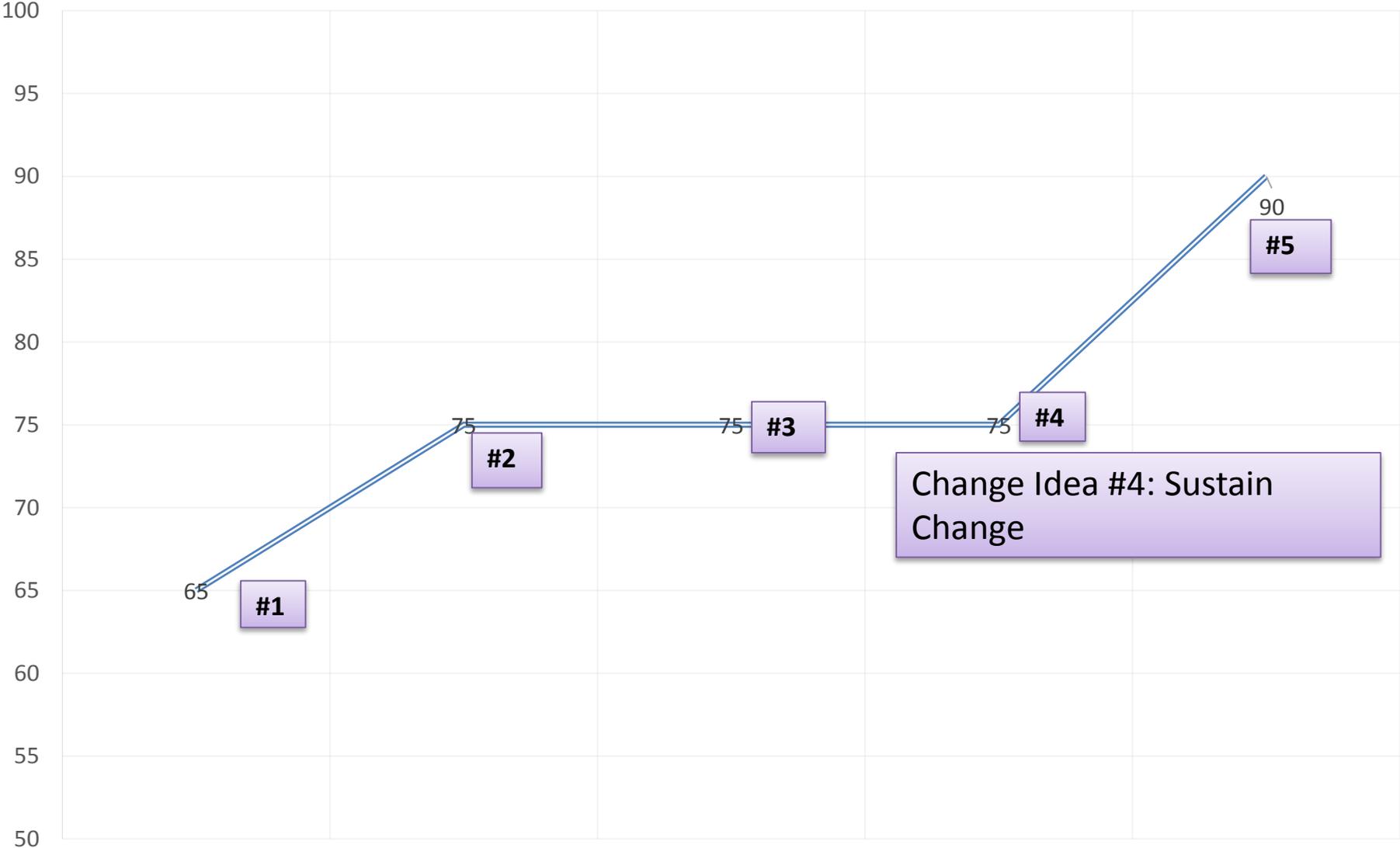
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Change Idea #4: Sustain Change and Update Team Workflow

Preventative Care Toolbar

Colonoscopy:	FOBT: Jun 16, 2015	BMD:	FBS: Jun 4, 2015	LDL: Jun 4, 2015
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PAAFHT'S Colorectal Data Quality (%)





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Change Idea #5: Data Standardization

- Completed another chart audit focusing on patients excluded from FOBT
- Implemented data standardization for colonoscopy reports and diagnosis (e.g. colon cancer)





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Change Idea #5: Data Standardization

Data standardization is imperative for EMR functionality

A screenshot of an EMR patient record interface. The record is organized into horizontal sections. The top section contains 'Father: MI...' and 'Malignant neoplasm pharynx unspecified Lipoma of upper back'. The second section contains 'Narcotic Abuse: long ago -> Nov 2002 (2000)...' and 'Tecta 40 mg daily'. The third section contains 'Colon Cancer' (highlighted in orange) and 'Influenza Vaccine-> Malignant Hyperthermia'. The bottom right corner shows 'Married'. The interface includes navigation arrows and a vertical sidebar on the left.

Colonoscopy:	FOBT:	BMD:	FBS:	LDL:
Oct 14, 2016				

Flu shot (MOH tracking flu shots in ages 12+)

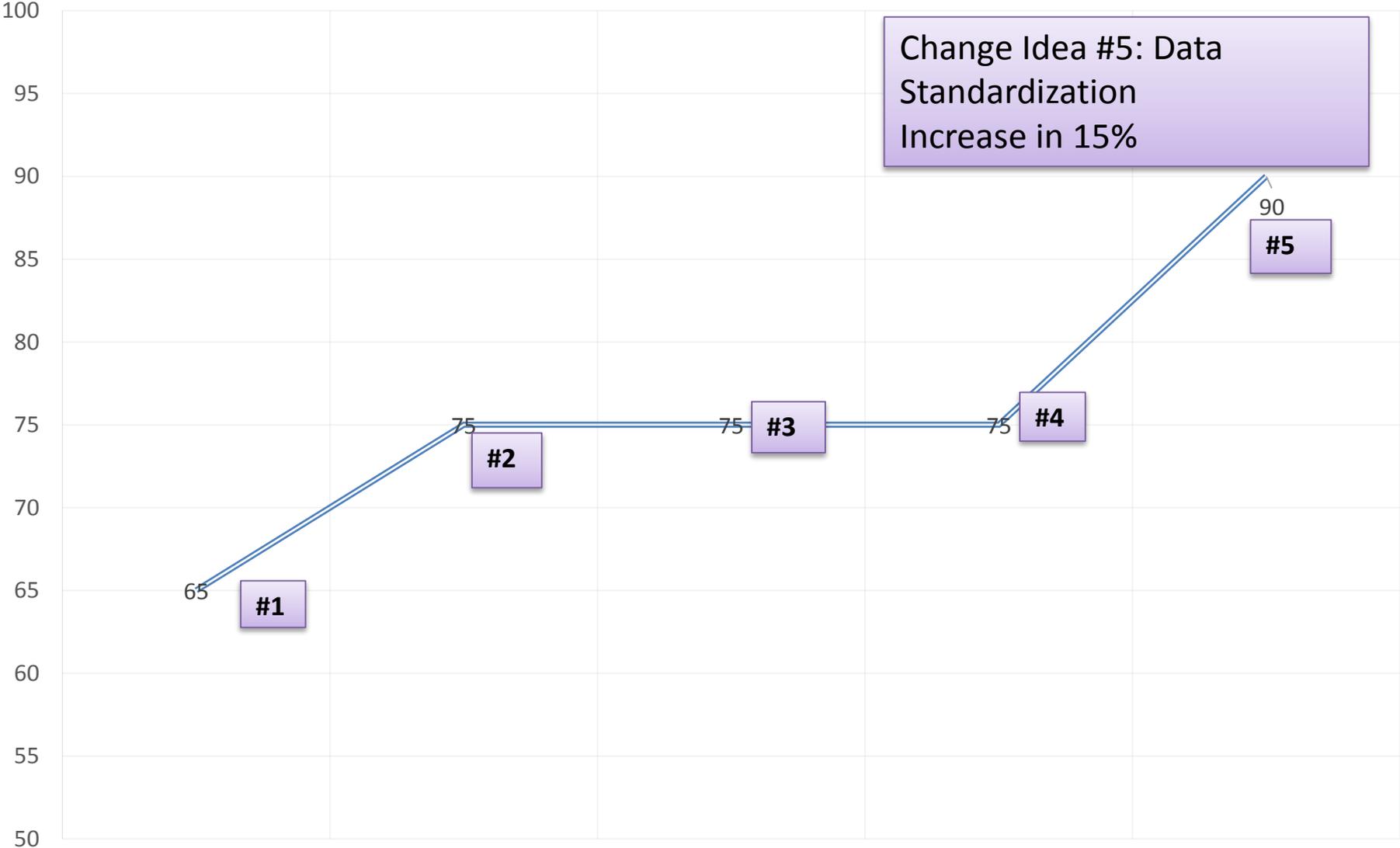
HTN Screen: Needs periodic BP Check

Fecal occult blood

Needs Tetanus Shot

Verify DOB with Pt. has similar name as other pt's

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- Engaged the team on something that matters to them
- The team stayed engaged because they saw the impact they were having
- Implemented data standardization
- Insured our changes were sustainable by including EMR functionality
- Continue to monitor data quality with regular checks using CCO's SAR



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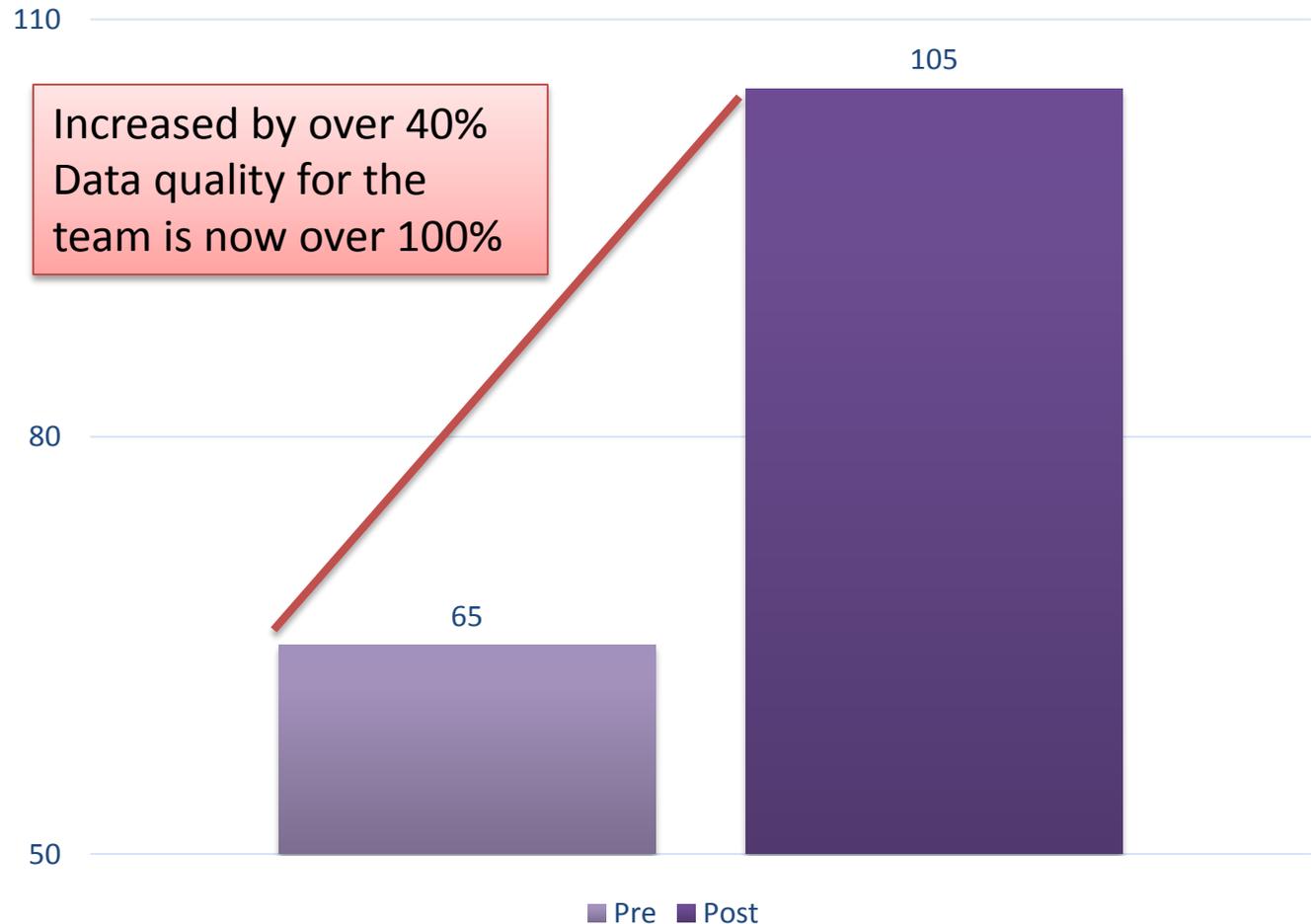
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Colorectal Data Quality (%)





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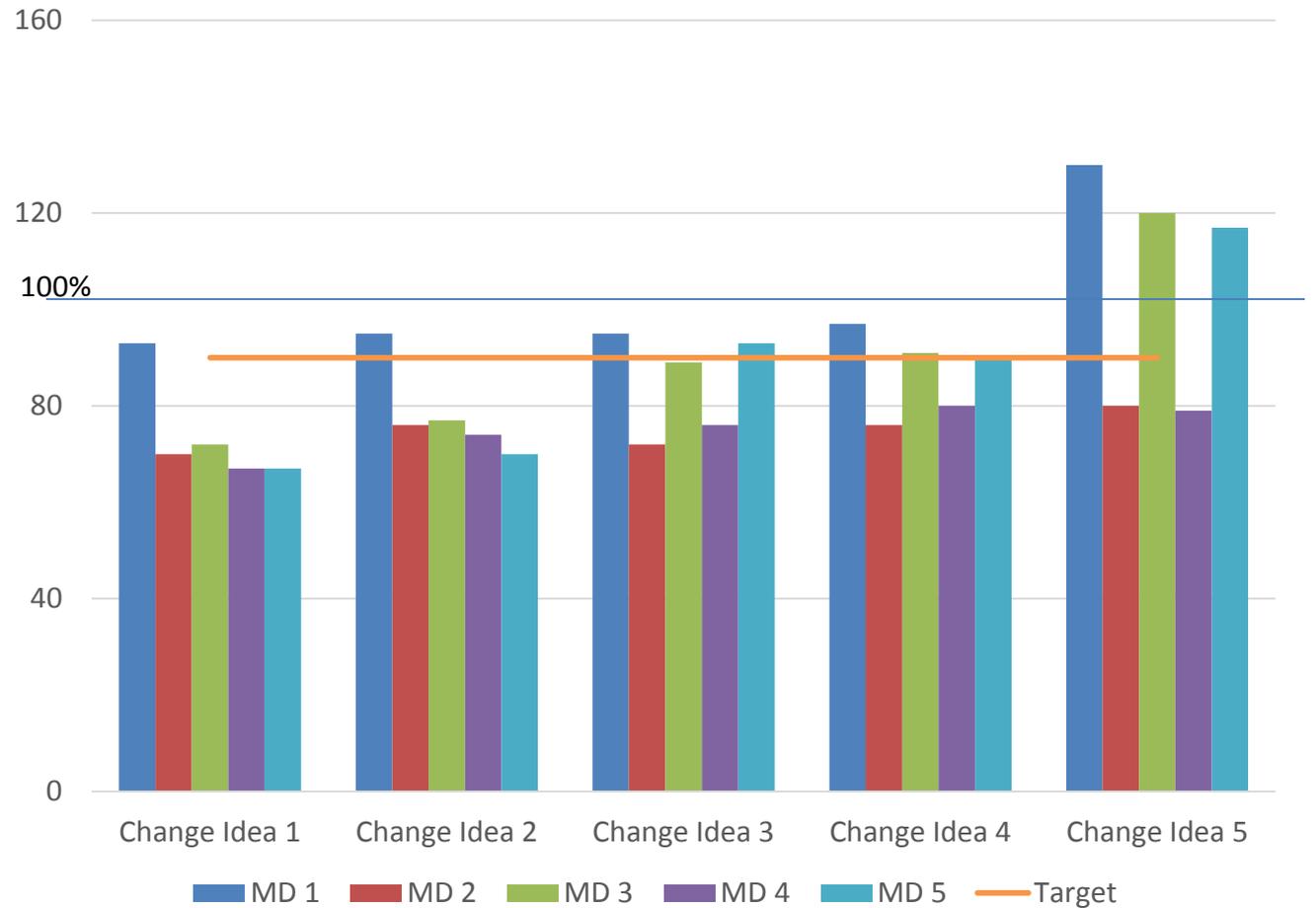
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Message to take away...

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- Start with whatever matters most to you.
- Anyone can do it
- Look at your data
- It isn't hard to make a difference



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Background

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Want to find out more? Scan here

