WELCOME

Dragon's Den: Pitching real-life innovations in EMR queries

Six Ontario teams make their pitches

Presenter Disclosure

- **Relationships with commercial interests:**

  None, except where noted in individual presentations

Disclosure of Commercial Support

- **None, except where noted in individual presentations**

- **Potential for conflict(s) of interest:**
  None

Mitigating Potential Bias

- No significant sources of bias have are declared.

Beyond an Electronic Paper File – Optimizing Your EMR

AFHTO Conference
October 28, 2015

A Healthier Tomorrow

Disclosures

Presenters:

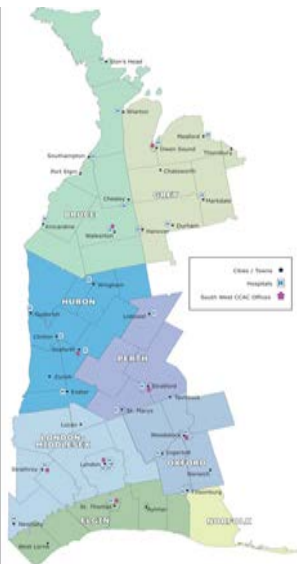Rachel LaBonté – Program Lead, Partnering for Quality Program

Gina Palmese – eHealth Coach, Partnering for Quality Program

No Relationships with commercial interests or support to declare
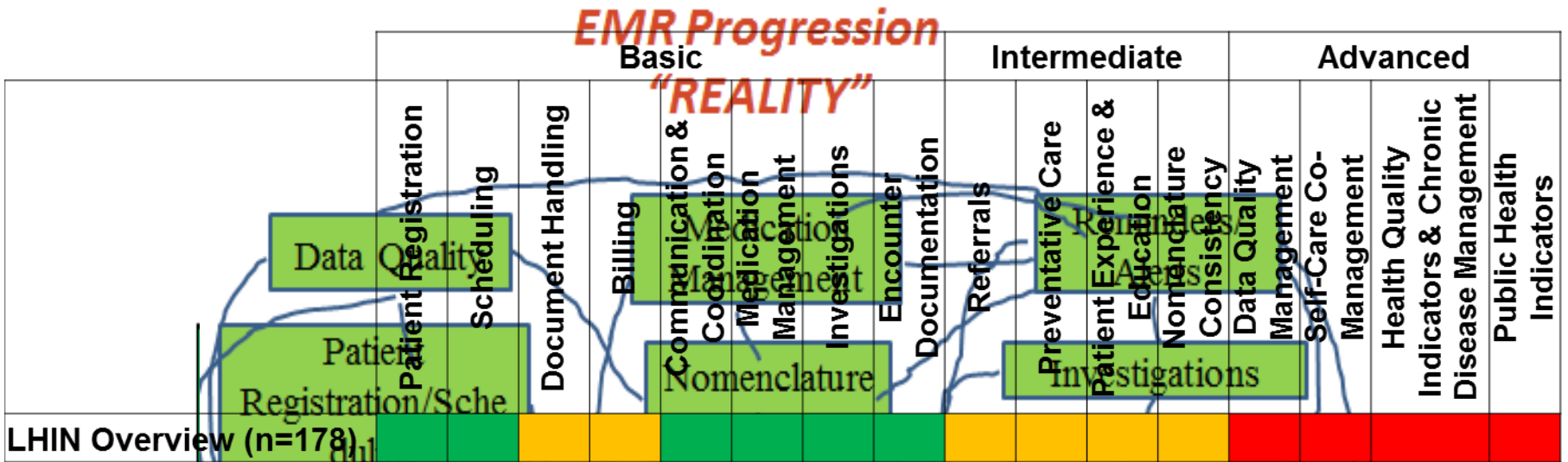
No conflict of interest to declare

Partnering for Quality - Who are we?

- Our mandate is to support primary care in optimizing their EMR in order to implement practice changes in chronic disease management.

- Working with over 700 Stakeholders and 335 physicians (in all makes/models of primary care CHC, NPLC, FHT, FHO, Solo Practices)

What problem does this solution address?

EMR Progression "REALITY"

	Basic	Intermediate	Advanced

Columns: Patient Registration, Scheduling, Document Handling, Billing, Communication & Coordination, Medication Management, Investigations, Encounter Documentation, Referrals, Preventative Care, Patient Experience & Education, Nomenclature Consistency, Data Quality Management, Self-Care Co-Management, Health Quality Indicators & Chronic Disease Management, Public Health Indicators

LHIN Overview (n=178)

Features with highest use:

- Patient Registration
- Scheduling
- Communication & Coordination
- Encounter Documentation

Features with lowest use:

- Data Quality Management
- Self Care Co-Management
- Health Quality Indicators & Chronic Disease Management
- Public Health Indicators

Legend

< 50% of respondents using EMR feature	🟥
51% - 80% of respondents using EMR feature	🟧
> 80% of respondents using EMR feature	🟩

Overlapping labels: Data Quality, Patient Registration/Scheduling, Nomenclature, Investigations, Lab Management, Health Quality Indicators/CDM, Referrals, Management

The Solution

DATA STANDARDIZATION

Why bother?

=

DATA INTEGRITY

Critical to ensure the right decisions are being made with the right data located in the right place at the right time

- Accessing point of care patient information
- Reducing clinical workflow duplication
- Optimized use of the right forms, templates or stamps
- Patient recalls at the right time
- Population Health
- Engagement in Health Links
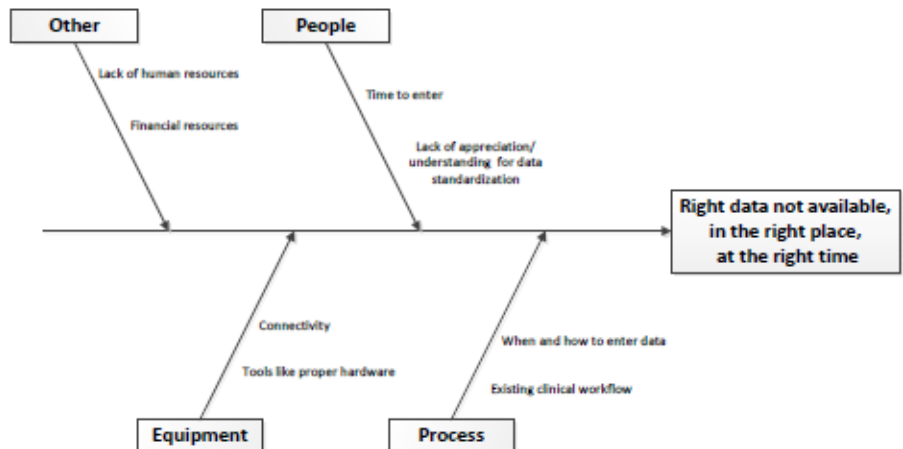- Etc.

A Healthier Tomorrow

Data Standardization Tools…

London
Family Health Team

Partnering for Quality
Working together to improve health outcomes

ICD codes: Problem List	
70	Viral Hepatitis (Acute)
249	Pre-Diabetes (HbA1C between 6-7)
250	Diabetes Mellitus
272	Hypercholesterolism
290	Dementia
296	Bipolar Depression
300	Anxiety
303	Alcoholism
304	Drug Dependence
305	Smoking
309	Acute Situational Crisis
311	Depression
314	ADHD
401	Hypertension
428	CHF
436	Stroke (CVA)
491	COPD
493	Asthma
571	Cirrhosis of the Liver
573	Other Liver Disease
585	Chronic Renal Failure
733	Osteoporosis
896	Immunization
897	Economic Problems
898	Marital Difficulties
901	Family Disruption/Divorce
902	Educational Problems
905	Occupational Problems
906	Legal Problems

Social History
ACP/ACD
Alcohol
non-drinker (tick box)
Contraception
Disability: WSIB/ODSP/CPP (dropdowns)
DNR
Driving Status
Drugs
EDITH
Employment
Family: list members
Hobby
Marital Status
Narcotic Agreement
Tobacco (current/ex-smokers: dropdowns)
non-smoker (tick box)

Family Hx	
429	CVD

Infectious Alerts (Alerts Captured in Demographics)
HIV
Hepatitis B or C
MRSA
TB, VRE positive patients

Influenza Tracking Codes (Billing)	
G590	Active Immunization with a Visit
Q590	Active Immunization without a Visit (sole reason for visit)

Immunization Tracking Codes (Billing)	
G840	Quadracel: Quadrivalent vaccine (DTaP-IPV)
G841	Pedicel: Pentavalent vaccine (DTaTIPV-Hib)
G842	Hepatitis B vaccine
G843	HPV vaccine
G844	Menjugate (Conjugate meningococcal C vaccine)
G845	MMR vaccine
G846	Prevnar / Pneumovax (Conjugate pneumococcal vaccine)
G847	Adacel (TdaP vaccine)
G848	Chicken Pox (Varicella vaccine)

Immunizations (in Patient's CPP)
Tetanus

Preventative Care Tracking Codes (Billing)	
Q130	Influenza Vaccine TRACKING CODE for Patients Age 65 and Over - out of office
Q011	Pap Smear TRACKING CODE for Patients Between Age 35 and 70
Q140	Pap Smear EXCLUSION CODE for Patients Between Age 35 and 70
Q131	Mammogram TRACKING CODE for Patients Between Age 50 and 70
Q141	Mammogram EXCLUSION CODE for Patients Between Age 50 and 70
Q132	Immunizations TRACKING CODE for Patients Age 2 and Under
Q133	Colorectal Screening TRACKING CODE for Patients Between Age 50 and 74
Q142	Colorectal Screening EXCLUSION CODE for Patients Between age 50 and 74

Procedures & Preventative Care
Pap Smear. : System
Exclude Pap Smear : System
Mammogram : System
Exclude Mammogram : System
Colonoscopy : System
FOBT : System
Exclude FOBT : System
spirometry : Diagnostic Testing *
ECG : Diagnostic Testing *
Echocardiogram : Diagnostic Testing *
PHQ-9 : Screening
PPS : Screening
Cognitive Screen : Screening
Thoracic Screen : Screening
BMD : Screening
* variations in Diagnostic Testing (i.e. diagnostic test, diagnositic testing)

Implementing the Solution:

- It's not just about a tool – it's about empowering clinicians/teams

- It's using simple quality improvement methodology to get to the root cause (change management)

- Need to actualize the benefits to clinicians at every level ($$; patient care; quality focus, Professional College requirements)

Possible reasons for 'Right data not available in the right place at the right time'

Other	**People**
Lack of human resources	Time to enter
Financial resources	Lack of appreciation/ understanding for data standardization

Right data not available, in the right place, at the right time

Connectivity	When and how to enter data
Tools like proper hardware	Existing clinical workflow
Equipment	**Process**

Sustainability: Keeping things on track

- **Commitment** from leadership and of staff to keep the work going

- **Understanding** of tools that need to be in place for data integrity sustainability

- **Training**/learning to enhance skill level

- **Feedback mechanism** – how will you know if things stay on track if you don't monitor.

How does solution make a difference to patients?

- **Accurate and reliable** data in the right place at the right time (at point of care and to retrieve data)

- Clinicians understand how their **data entry impacts patient care** and entire team

- **Improved screening** due to real time data vs. retrospective data

- **Increased organized care** – information in the right spot minimizes searches

I have found the help I have received through the DSP project to be invaluable in optimizing my EMR use. I am now able to complete my documentation much more efficiently and effectively allowing for timely access to data.
- Physician

The Outcome

Allied Health Providers

88% improvement in unsigned encounters across allied health providers

Physicians

I have found the help I have received through this work to be invaluable in optimizing my EMR use. I have struggled with the EMR since I started using it over many years ago. I found it very difficult to complete documentation while seeing patients, and was left with a significant amount of work to complete at the end of the day or week. I am now able to complete my documentation much more efficiently and effectively allowing for timely access to data.

Physician

Pre -e-DIA© # of unsigned encounters

Post -e-DIA© # of unsigned encounters

% of change

Comparing volume of unsigned encounters pre e-DIA© and post e-DIA©. Physicians B-L maintained zero unsigned encounters during project while remaining physicians decreased or eliminated encounters entirely. Allied health providers A-G maintained zero unsigned encounters during project while remaining AHP's decreased or eliminated encounters entirely.
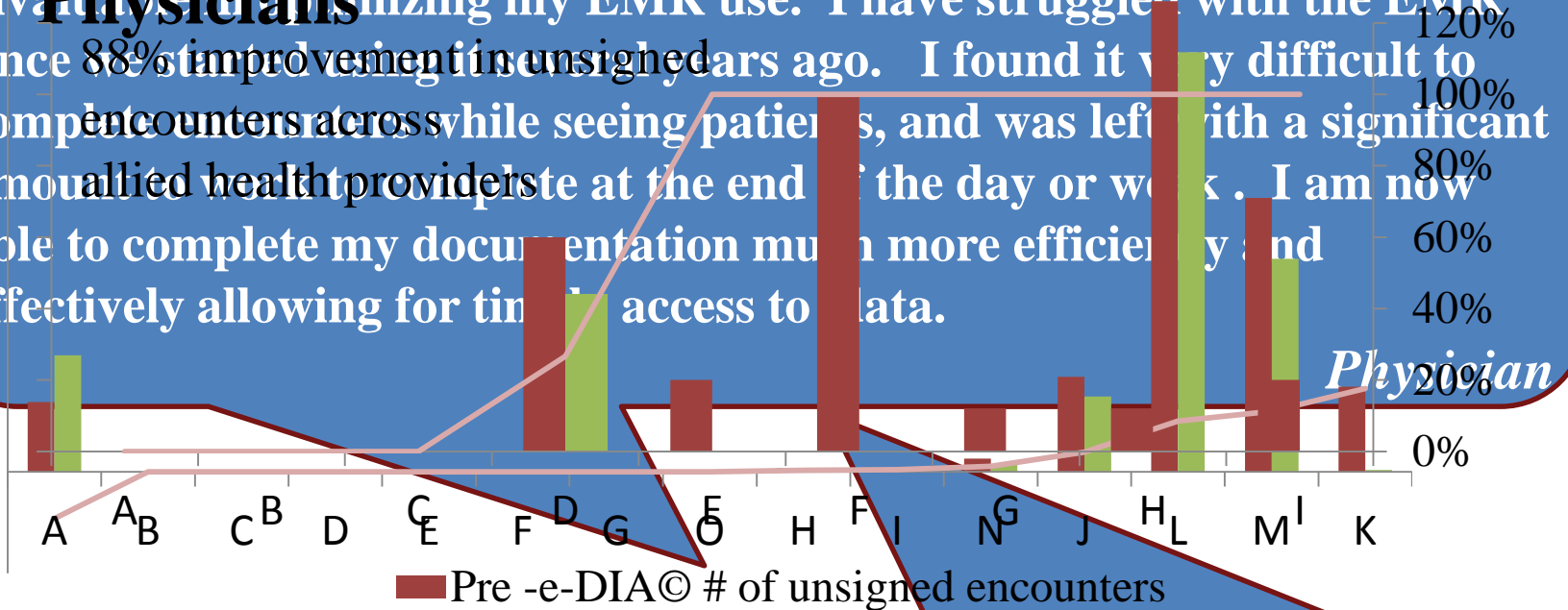
The data standardization process has, from an efficiency perspective, allowed us to identify patient populations by ICD coding. In comparing volume of unsigned encounters pre e-DIA© and post e-DIA©. Allied health providers are now coding the diagnosis of a particular patient population and following AHP's decreased. It allows us to identify compliance and follow up. Both measures will contribute to better patient care and quality outcomes.

Physician

Pre e-DIA© # of unsigned encounters   Post e-DIA© # of unsigned encounters   Direction of Change

Dragon's Den

**Optimizing EMRs to Accurately Identify COPD
and other Chronic Disease Patients**

Sara Dalo, Thiv Paramsothy and Brice Wong
October 29, 2015

Key Messages

1. Improve collaboration
2. Access to clinical data & consistent searches
3. Easy and early identification
4. Improve patient outcomes
5. Reduce costs to healthcare system

Comprehensiveness
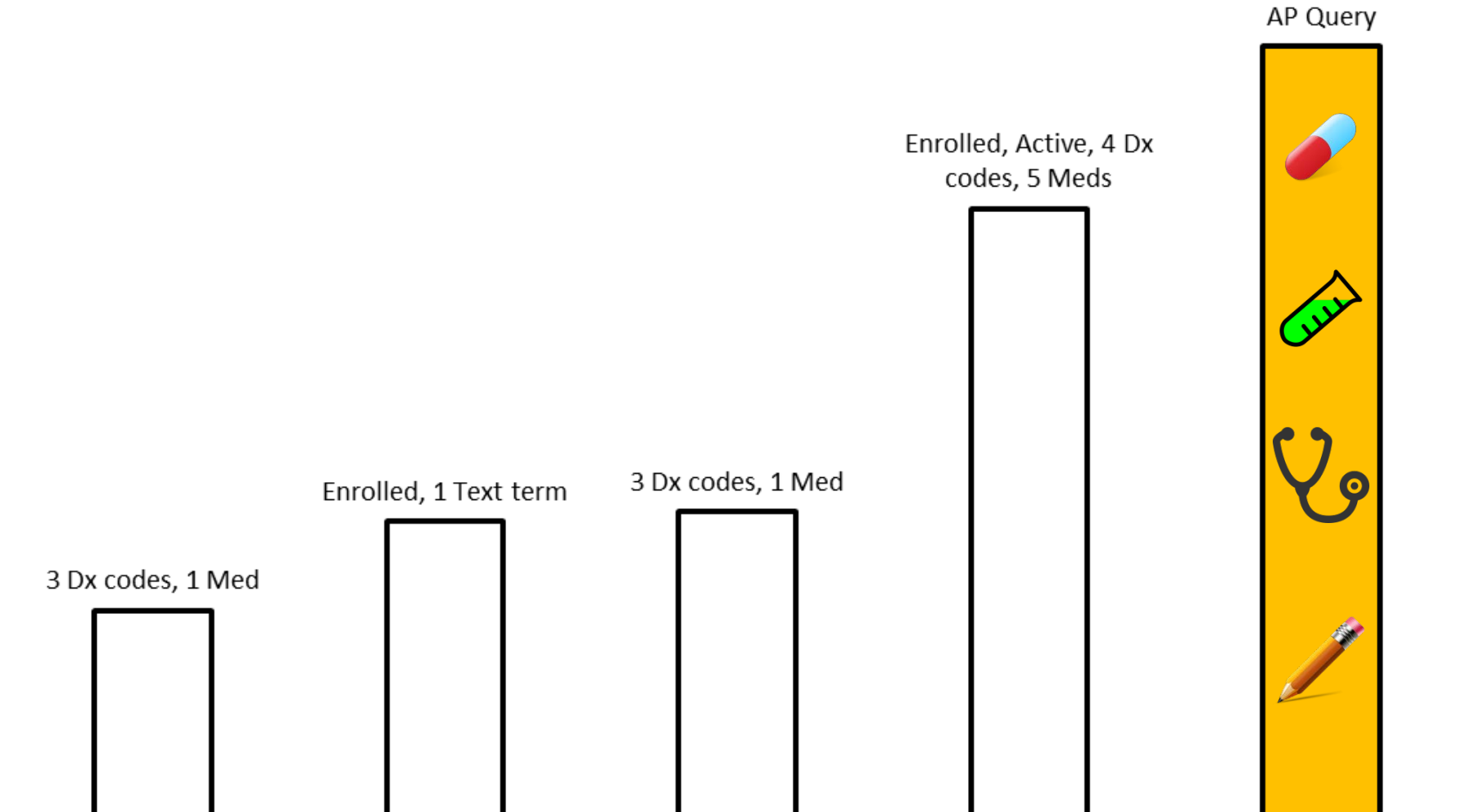
AP Methodology

Step 1	**Step 2**	**Step 3**	**Step 4**
Identify priority conditions	Leverage existing case definitions	Collaborate with experts	Test searches
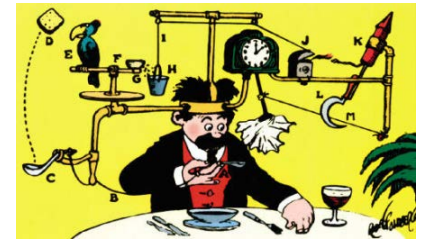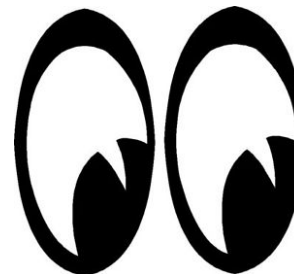
Step 5	**Step 6**	**Step 7**	**Step 8**
Revise searches	Search retrieval	Validation	Extract reliable and meaningful data from EMR

Sustainability

- Running query
- Facilitate conversation & collaboration
- Review the list
- QI and QIP Committees
- Use the data to improve data quality
- Recruit champion
- Reinforcing consistency improves flow

EMRs Involved
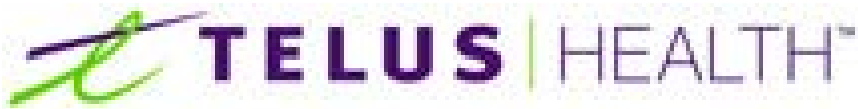
Presenter Disclosure

- **Presenters:** Dr. Mohamed Alarakhia, Kathryn Flanigan, Masood Darr

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

Disclosure of Commercial Support

- **None**

- **<u>Potential for conflict(s) of interest:</u>**
  - None

Mitigating Potential Bias

- None

USING EMR DATA TO TRANSFORM PATIENT CARE

MASOOD DARR
KATHRYN FLANIGAN
MOHAMED ALARAKHIA

THE EHEALTH CENTRE OF EXCELLENCE

NOT TOO LONG AGO, IN SOUTH WEST ONTARIO

IT IS A PERIOD OF GREAT EHEALTH ADVANCEMENT IN PRIMARY CARE.

THE MAJORITY OF PRIMARY CARE PRACTITIONERS HAVE ADOPTED AN EMR.

BUT – THERE IS A GREAT DISPARITY IN THE LEVEL OF INFORMATION MANAGEMENT,

AND PATIENT CARE OPPORTUNITIES ARE BEING MISSED...

STAGE 1 – TWO FHTS

* EMR data standardization of 40, 000 patient records

* Training, tools and support for on-going data standardization by clinicians at the point of care

• Environmental scan of primary care clinicians, and literature scoping review of 40 articles to inform on data standardization best practices

☐ Feb 5, 2015   Encounter - Condition List

☐ Anxiety disorder	☐ Dementia	☐ Multiple Sclerosis (MS)
☐ Asthma	☐ Depression	☐ Osteoporosis
☐ Atrial Fibrillation	☐ Diabetes - Gestational	☐ Parkinsion Disease
☐ Coronary Artery Disease (CAD)	☐ Diabetes - Type1	☐ Spinal Cord Injury (SCI)
☐ Cerebrovascular (CVA)	☐ Diabetes - Type2	
☐ COPD	☐ Hypertension	
☐ Congestive Heart Failure (CHF)	☐ MCI	

Finish

POINT AND CLICK CODING
eHealth Centre of Excellence
2015

STAGE 1 – TWO FHTS

* Implementation of automated best practice care reminders, based on standardization data

Edit Reminders

Edit

Reminder Name:

CPP Prob SNOMED CT any item starts with DB-61030
Or
CPP HPH SNOMED CT any item starts with DB-61030
and
Creatinine [Cr] months since latest >=12

alive CHF EA • Diabetes Visit EA• All Conditions EA • SOAP • La

! Insert Lab Req - Select Diabetes Long

Ensures all diabetic patients have their creatinine levels tested every 12 months

Edit Reminders

Edit

Reminder Name: MD CHF

PROB/Problem List/Problem List contains D3-16010
and
pneumococcal [all types] number of times done = 0
and
influenza virus vaccine months since latest >= 12

Flu shot and Pneumococcal vaccine for CHF patient

Ensures all CHF patients are vaccinated against influenza and pneumonia

STAGE 2 – TWO FHTS, TWO FHOS, 1 CHC, 1 NP CLINIC

* Implementing CDPM standardization across the WWLHIN

* Chronic disease patient searches for Telus PSS EMR and Data Miner for Nightingale EMR

* CDPM EMR Templates and indicators

Quality-Based Procedu
Clinical Handbook for
**Chronic Obstructive
Pulmonary Disease**

Health Quality Ontario &
Ministry of Health and Long-Term Care

January 2013

Quality-Based Procedures:
Clinical Handbook for
Congestive Heart Failure

Health Quality Ontario &
Ministry of Health and Long-Term Care

January 2013

pharmacists

family
physicians

EMR
specialists

internal
medicine
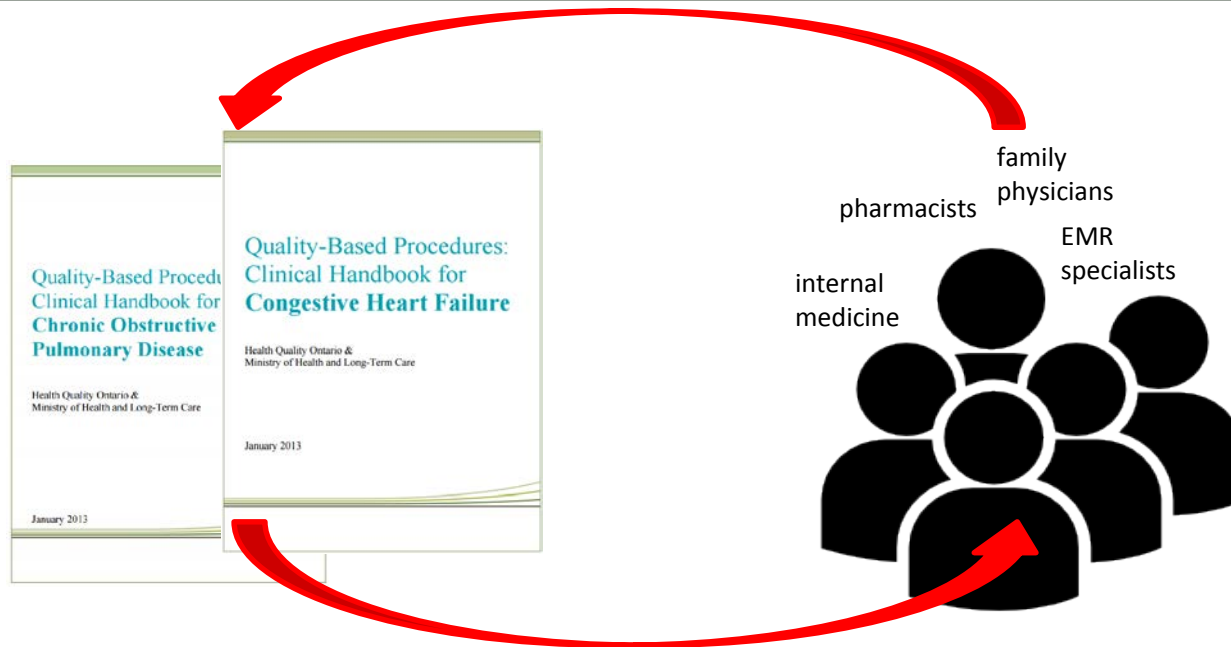
STAGE 2 – TWO FHTS, TWO FHOS, 1 CHC, 1 NP CLINIC

* Templates developed with input from clinical experts

* Ensures best practice patient care and capture of clinical indicators in a searchable format

Comorbidities ☑DM ☑HTN ☑AFib ☑Asthma ☑CHF ☐Obesity [   ] ☐Ruled out asthma & other lung diseases

Spirometry FEV1% [   ] FEV1/FVC: [   ] FEV1% Class: [   ]

O2 Saturation [   ] Recommend ABG? [▼]

☐ New COPD diagnosis

Immunizations

Influenza (annually): Last: Nov 18, 2008

Pneumoccocal: Last: May 17, 2011

{pneumococcal at least once; in high-risk patients, consider repeating in 5-10 years (level 3C)

Date of Last COPD Exacerbation: [   ] ☐ER / Hospitalization required

Frequency past year: ☐0 ☐1 ☐2 ☐>3 date of last: [   ]

Co-Morbid Conditions

PHTN (Consider if ankle swelling) ☐No ☐Yes

Depression: ☐No ☐Yes

Dyspnea scale: [▼]

COPD Classification:

History [   ]

Wt: [   ] Due **Ht:** [99   ] **BMI:**

Physical Exam RR: [   ] ☐ Dyspnea at rest ☐ Crackles ☐ Wheezing ☐ Peripheral edema

[   ]

Management

☐ Reviewed Need for Supplemental O2 [   ] never done Due → Treatment Chart

☐ Reviewed Need for Nocturnal Ventilated Support [   ] never done Due → CTS Guidelines

☐ Current Smoker ☐Ex-smoker ☐Never smoked ☐Smoking Cessation Discussed ☐Smoking Cessation Program

Education

→ Flowsheet Refresh

	Latest Value	Last Done	Aug 20 2015	Aug 21 2015
FEV1%				
O2sat				
DyspneaScale				
Weight (Wt:)	15	Aug 20	15	15
Height (Ht:)	99	Aug 21	99	99
BMI (calc from Ht & Wt)	15.3	Aug 20	15.3	15.3
RR				
Hb	133 G/L	13 Mar		
Cr				
Oxygen Saturation				
pO2				
pCO2				
CO3				
pH				
Chest X-Ray	X	08 Jun		
Respirology				
prednisone				

ⓧ

RESULTS
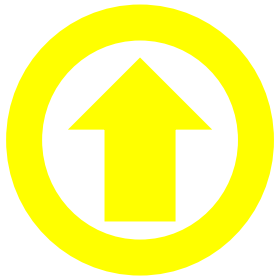
109%
Increase in
creatinine
tests
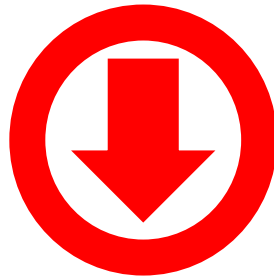
82%
Decrease in
unvaccinated
CHF patients
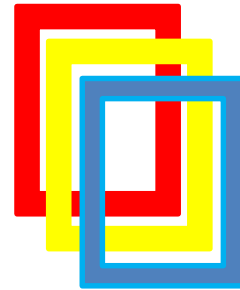
91
Clinicians using
standard CDPM
templates

3
Options for
Primary Care to
pursue
EMR value

MODEL OPTIONS

BASIC

Chronic disease search algorithms

Improved basic report generation

Improved EMR functionality

Standard chronic disease templates

Resources: Data Analyst, Technical Lead , Change Management Lead

INTERMEDIATE

Historical data standardization

Workflow analysis and changes integrated into organizational processes

Improved organizational processes including advanced searches and billing efficiencies

Improved intra/inter-organizational referrals for CDPM

Resources: Basic + Project Management

ADVANCED

Links to clinical guidelines and proactive CDPM (interventions)

Dashboard for performance improvement, development and QIP

Communications interface, referral specific tools.

Resources: Basic & Intermediate + Health Education Lead, Decision Support/Health Informatics Specialist

Leveraging Convergence of Healthcare Delivery, Business Dynamics, and Technology Advancements to Advance Collection and Utilization of Meaningful COPD Patient Data

Dr. Greg Armstrong

Dr. Doug Kavanagh

Stephen Graper

Presenters Disclosure

Presenters	Relationships with Commercial Interests
Dr. Greg Armstrong	None
Dr. Doug Kavanagh	Medical Director and Co-Founder, CognisantMD Inc. (Ocean provider) - shareholder
Stephen Graper	President and Founder, Healthcare Together Ltd - shareholder

Disclosure of Commercial Support

* The COPD program has received external implementation support from CognisantMD, founder of the Ocean platform and Healthcare Together Ltd. which provides support for the adoption and utilization of the Ocean platform.

* The Couchinching Family Health Team has received financial support from Boehringer Ingelheim (Canada) Ltd. in the form of a restricted grant.

* This presentation has not received any external financial support.

* **Potential for conflict(s) of interest:**

    * The Ocean platform, developed by CognisantMD will be discussed in this program.

Mitigating Potential Bias

* Dr. Greg Armstrong, Couchiching Family Health Team lead physician will be presenting the results of the program.

Ocean Platform
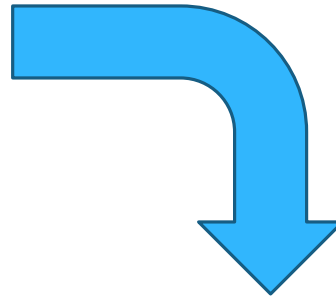
PHIPA Compliance

EMR Integration

Secure data

Sep 24, 2015   SG/Ocn

Changing smoking status from 'never smoked' to 'smoker - 30-40 cigarettes/day'.
Consent: **@EmailConsentLongForm: Granted - The patient provides informed consent to communicate clinical information using email.**
The email address to use is: steve.graper1@gmail.com
CFHT Email Confirmation
Steve.graper1@gmail.com
Smoking Screen: Your Smoking Status
Currently smoking. Cigarettes/day: **30-40**
How soon after you wake up do you smoke your first cigarette? **5-30 minutes**
Urged patient to quit. Smoking cessation counseling provided according to the "5 A's" protocol. Bill E079 code if eligible; book follow up appt for smoking cessation.

The patient is interested in participating in the smoking cessation program. Provide a copy of the Smoking Cessation Program Invite or email information if email consent given

Canadian Lung Health Test
Do you cough regularly? **"Yes"**
Do you cough up phlegm regularly? **"Yes"**
@CLHT: 2
Positive screen: spirometry indicated to screen for COPD
MRC Dyspnea Scale @MRC: 4
(Stops for breath after walking 100 yards)
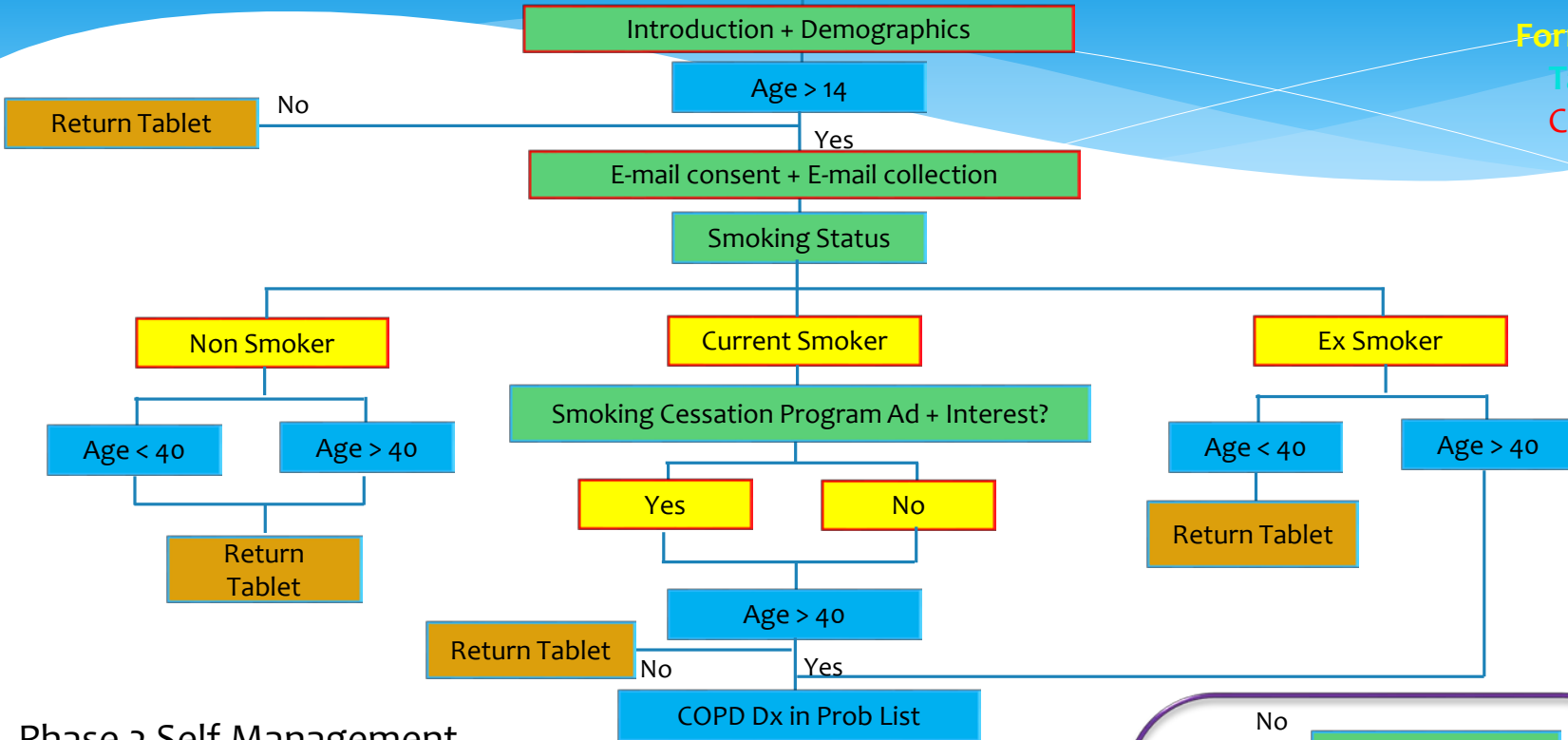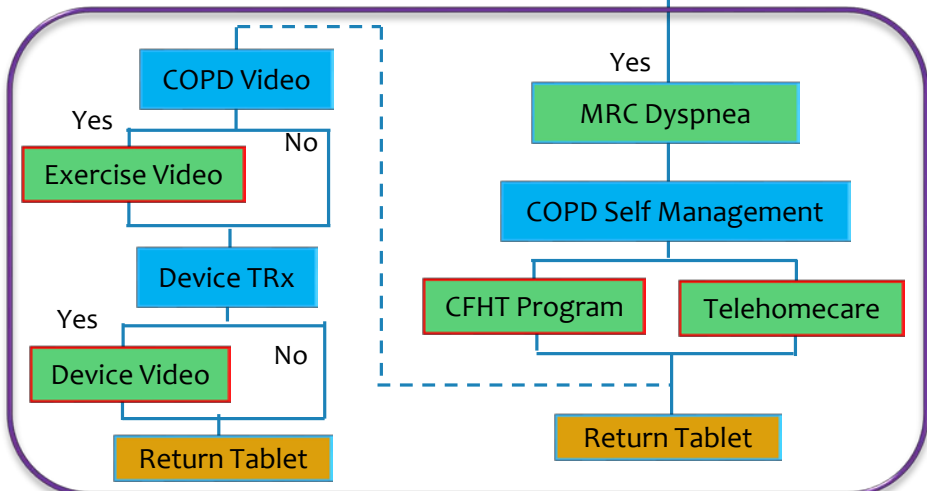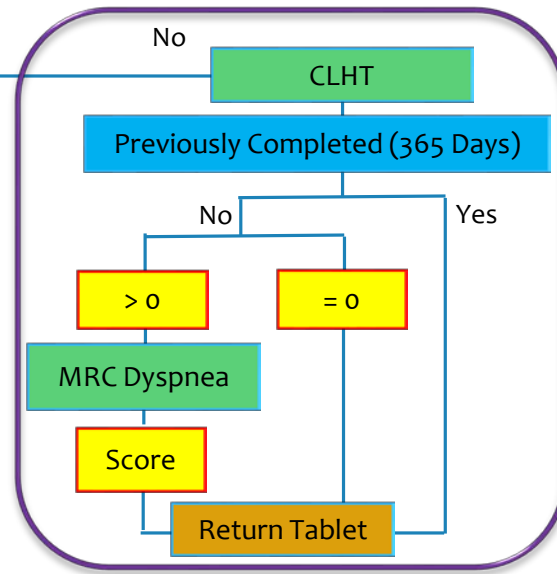
Solutions

* **Family Physician:**

  * Saves time documenting in EMR, providing more time to interact with patients
  * More robust EMR with opportunity to increase E079 billing code utilization

* **Administrative Support:**

  * Saves time checking/collecting demographics
  * Eliminate time required to print and scan documents into EMR

* **Patients:**

  * Increased satisfaction with healthcare
  * Increased comfort when dealing with "hard topics"

Team-Based Implementation

* **FHT:**
  * Time on behalf of committee dedicated to a transparent, process driven implementation based on specific, agreed upon objectives

* **Resources and Partnerships:**
  * Tablets, Ocean license, technical support, training support

* **Budget:**
  * Cost considerations – tablet, monthly tablet license fee ($50), training & technology support varies depending on capacity

Sustainability

* **Time:**
  * Administrative/operational investment low, tablets automate many time consuming tasks
* **Capacity:**
  * Follow through on results is required for this initiative to be successful
* **Change Management:**
  * Integration of new patient engagement process for all staff involved
* **Budget:**
  * Cost neutral or revenue generator by leveraging platform

Patient Satisfaction

* Engagement
* Early identification
* Comfort when answering difficult questions
* Increased time with physician
* Information on FHT programs, health education videos, and handouts
* Increased self-efficacy

Reported Results

• Time Savings	○ Time savings in > 90% of patient cases ○ Less time spent on demographic reconciliation and data entry
• Improved Interactions	○ More time spent interacting with patients and less time typing in EMR
• Better Documentation & Improved Adherence to Clinical Guidelines	○ Uncovered previously undisclosed patient concerns and red flags
• Positive Patient Feedback	○ Overwhelmingly positive patient feedback; 91% average patient score on the System Usability Scale

Questions?

Presenter Disclosure

* **Presenters:** Melonie Mawhiney, Caitlin Grzeslo, Urslin Fevrier - Thomas

* **Relationships with commercial interests:**
  * **Grants/Research Support:** none
  * **Speakers Bureau/Honoraria:** none
  * **Consulting Fees:** none
  * **Other:** none

Disclosure of Commercial Support

* **This program has not received financial support.**
* **This program has not received in-kind support.**

* **Potential for conflict(s) of interest:**
  * Speakers as listed above have not received payments or funding from any organizations.
  * No products will be discussed in this program.

Mitigating Potential Bias

* No potential sources of bias were identified.

What is the problem we're trying to solve?

Workload Management and Data Tracking using OSCAR

* Helps IHP's track quarterly stats through EMR (as work happens!)
* Helps program committees track QI measures
* Helps to collect baseline data for programs or future clinic needs
* Helps admin track staff workload and time utilization
* Helps ED collect for Ministry reports
* Assessing the efficiency and sustainability of programs and resources

What does it take to implement?

* Time – deciding on codes, entering codes, staff training for how to use codes (follow "how-to"), data collection

* Skills – administration privileges…awareness and understanding of EMR (eg. Where to enter new codes)

RN Billing Sheet

What does it take to sustain and how does it impact patients?

* Sustain:
  * Updating codes as program needs change QI measures are adjusted, workload changes
  * Staff compliance

* Impact:
  * Indirect impact through program planning and development eg. DM Management, INR

WILD CARD

No more chasing,
no more books,
no more ED's dirty looks!!!

Thank you!

* Questions?!?!

Leading Edge Custom Queries and their Applications Across Ontario

Hope Latam, QIDS Specialist

AFHTO Conference

Toronto, ON

Oct 28th – 29th 2015

Presenter Disclosure

- **Presenters:** Hope Latam

- **Relationships with commercial interests:**
  - Not Applicable

Disclosure of Commercial Support

- No Commercial Support

- **Potential for conflict(s) of interest**:
    - None

Mitigating Potential Bias

- Not Applicable

Custom Forms

Entering data in PS:

- Free text
- Stamps
- Encounter Assistants
- Custom Forms

Structured and organized data input

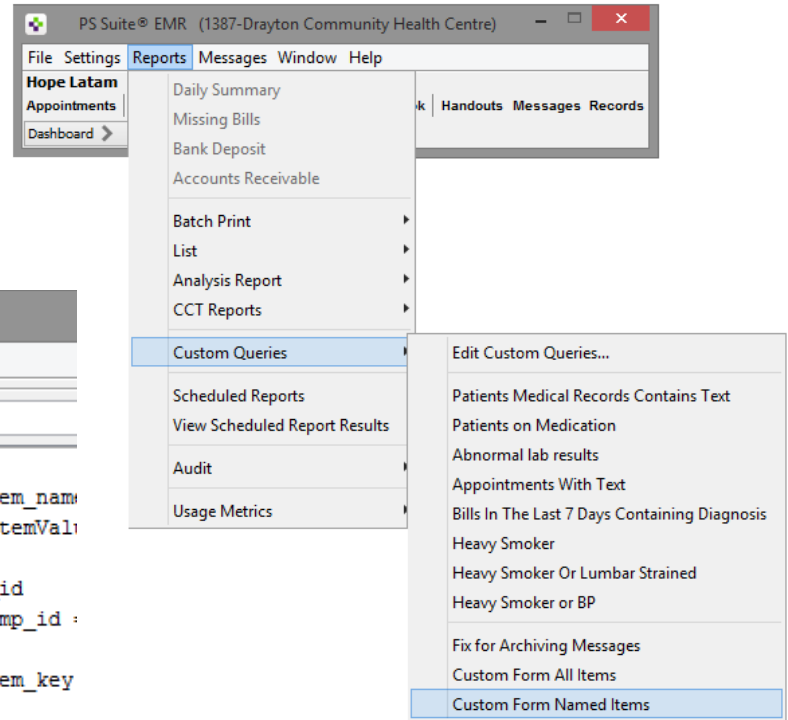# Extracting Data from Custom Forms

Basic searches don't work…
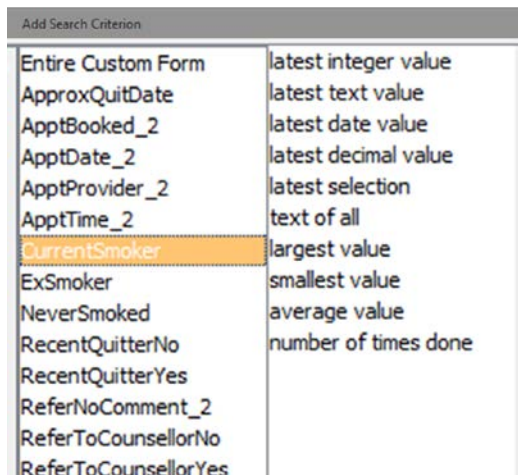
Tried exporting search results using flowsheets…
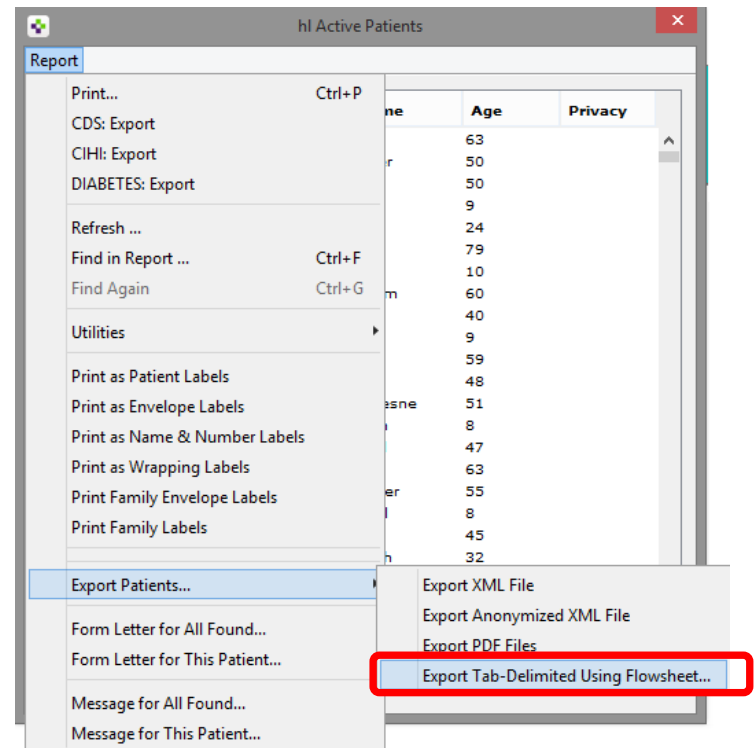
Custom Queries

Worked with TELUS and Cognisant MD
to develop a set of custom queries

Deployment

Custom Query Converter

Custom Query Converter - EWFHT v4.xlsm

Custom Query Converter EWFHT 4.0

Path and filename: C:\Custom Query Converter\Smoking.txt

Import Data

	A	B	C	D	E	F	G
1	PATIENT_PIECE_ID	PATIENT_ID	PATIENT_PIECE_DATE	Smoker	Ex Smoker	Referred	Quit Date
2	Form 1	123	1-Apr-15	TRUE	FALSE	TRUE	1-May-15
3	Form 2	345	20-Apr-15	FALSE	TRUE	FALSE	1-Jan-14
4							
5							
6							
7							

Example

Example

Custom Query Converter   EWFHT 4.0

Path and filename: C:\Custom Query Converter\Smoking March Stats.txt

Import Data

Custom Query Converter - EWFHT v4.xlsm

	A	B	C	D	E	F	G	H	I	J
1	PATIENT_PIECE_ID	PATIENT_ID	PATIENT_PIECE_DATE	CurrentSmoker	ExSmoker	NeverSmoked	WantQuitYes	WantQuitNo	WantQuitNA	ReferToCounsellorYes
2	1534419	20802	2-Mar-15	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
3	1534767	6815	2-Mar-15	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE
4	1534946	26075	2-Mar-15	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE
5	1535228	11417	2-Mar-15	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE
6	1535859	1803	3-Mar-15	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE
7	1535882	4857	3-Mar-15	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
8	1536030	17002	3-Mar-15	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE
9	1536381	15173	3-Mar-15	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
10	1536382	28844	3-Mar-15	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE
11	1536601	8385	3-Mar-15	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE
12	1536645	27951	3-Mar-15	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
13	1536777	21605	3-Mar-15	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE
14	1536787	20477	3-Mar-15	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE

Example

	A	B	C	D	E	F	G	H	I	J
1	PATIENT_PIECE_ID	PATIENT_ID	PATIENT_PIECE_DATE	CurrentSmoker	ExSmoker	NeverSmoked	WantQuitYes	WantQuitNo	WantQuitNA	ReferToCounsellorYes
7	1535882	4857	3-Mar-15	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE
9	1536381	15173	3-Mar-15	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE
17	1537271	15173	4-Mar-15	TRUE	FALSE	FALSE	TRUE	FALSE	FALSE	TRUE
28	1544923	26374	11-Mar-15	TRUE	FALSE	FALSE	TRUE	FALSE	FALSE	TRUE
59	1552341	27337	19-Mar-15	TRUE	FALSE	FALSE	TRUE	FALSE	FALSE	TRUE
82	1555856	20207	24-Mar-15	TRUE	FALSE	FALSE	TRUE	FALSE	FALSE	TRUE
3074										
3075										
3076										
3077										
3078										
3079										
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Success Stories

Prior to the Custom Query, I would spend hours creating searches in the EMR. This was very time consuming and I was not always confident in the accuracy of these searches. With the Custom Query, I can enter the name of the custom form and exact date range I want to search. Within seconds I have all of the data fields extracted and ready to be analyzed. The Custom Query Converter is like the cherry on top! It takes out all the manual work of sorting the columns, which allows for the data to be analyzed even faster. All of our custom form searching needs can be accomplished using this handy tool. I am very grateful to be able to have the Custom Query in our EMR and be able to provide my team with true, relevant data.

-Desiree Leslie, New Vision FHT

Success Stories

Thank you EWFHT for developing the custom queries and the excel converter! We have just recently completed our quarter 4 IHP stats and used these new tools quite extensively. Previously, it would take the better part of a week to tabulate quarterly IHP stats but with the help of these queries and some custom form development we have managed to reduce the time to just a few hours. AMAZING!

-Joe Szeplaki, Garden City FHT