

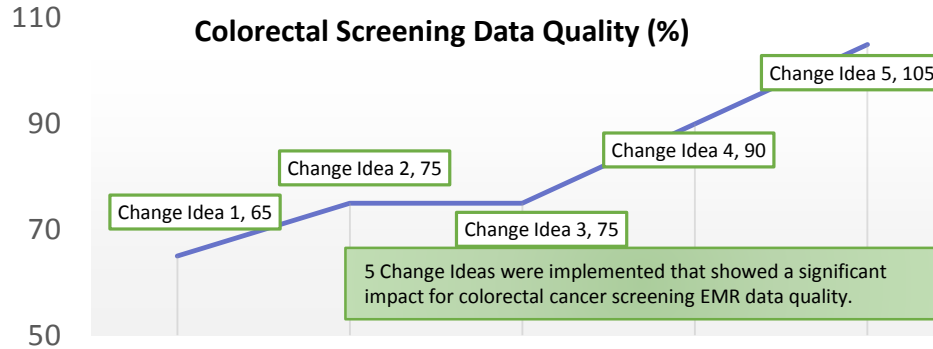
Because You Care: Using Your EMR Data to Save Lives

Powassan and Area Family Health Team (PAAFHT), a small rural team in Northeastern Ontario participated in the Association of Family Health Teams in Ontario (AFHTO's) Data to Decision (D2D) report. D2D's data quality measure for preventative care helped to identify a serious issue in the data quality for colorectal cancer screening rates. PAAFHT was able to address this issue of data quality through a number of change ideas which had a significant impact on patient care.

Where it all started...



When comparing the EMR data to Cancer Care Ontario's Screening Activity Report (SAR), our data quality measure highlighted that 35% of our colorectal cancer screening was not captured in the EMR



Our Key Messages

- Data quality matters to patient care
- Engaging the team on something that matters to them can have a big impact
- Data can act as a powerful catalyst to quality improvement initiatives

These change ideas have shown to have an impact on the quality of care we provide our patients, we hope to apply them to other data quality improvement initiatives in the future.

Your Key Messages

- Look at your data with a critical eye.
- Data standardization matters!
- The EMR is a powerful tool. Optimizing EMR functionality will lead to quality improvement.
- Anyone can make a change. Choose something that matters to you!

Want to find out more?
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Contact Information:

- Anna Gibson-Olajos, Executive Director at Powassan & Area Family Health Team agibsonolajos@paaft.com
- Meghan Peters, Quality Improvement Decision Support Specialists for 9 FHT's in NE Ontario mpeters@yourfamilyhealthteam.com

Change Idea #1: Engagement

- 1) Informed and engaged the team about current data quality performance for colorectal cancer screening
- 2) Discussed what could be impacting data quality
- 3) Reviewed best practices that may already be occurring within the team. There was almost a 30% difference between data quality performance between physicians. What was the physician with excellent data quality doing different?



Change Idea #2: Chart Audit

- 1) Using Cancer Care Ontario's SAR report, a list was populated for all patients who completed a FOBT test in the past 2 years.
- 2) Team members checked each EMR chart to insure the information from the SAR report was entered into the EMR.
- 3) If a lab was found to be missing, the report would be downloaded into the EMR using OLIS for the physician to review
- 4) Special attention was given to patients with a positive FOBT results to insure proper follow-up was completed.

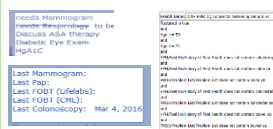
Change Idea #3: Labs

- 1) Completed a process map from when a patient is informed that they are due for colorectal cancer screening to when the physician reviews the results.
- 2) The process map identified key areas of change.
- 3) Updated our FOBT kits with the new lab address
- 4) Discovered that one of the labs was not sending results electronically resulting in missing labs in the EMR. Worked with the lab to download an EMR connection



Change Idea #4: Data Standardization

- 1) Staff were reminded of the importance of data standardization.
- 2) Engaged the team on current performance and impact of the change ideas. Seeing the change motivated another chart audit each time we pull a new SAR.
- 3) Completed a chart audit on patient's excluded from regular FOBT testing. Insured colonoscopy reports and diagnosis were properly documented in the EMR.
- 4) If the colonoscopy report was missing from the EMR, the report was obtained and the patients record was updated.



Change Idea #5: Sustain Change

EMR functionality was refined to sustain changes in data quality while also incorporating change ideas for our preventative care program.

EMR Functionality includes:

- ✓ Reminder to notify the health care provider when the patient is due for preventative cancer screening
- ✓ Toolbar to quickly find the last dates of preventative cancer screening
- ✓ Searches to assess data quality for other preventative care programs
- ✓ Standardized form in the EMR to document when a patient was reminded of preventative cancer screening and track the patients response