

# Project QBIC - Quality Based Improvements in Care

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MASOOD DARR

# Project QBIC

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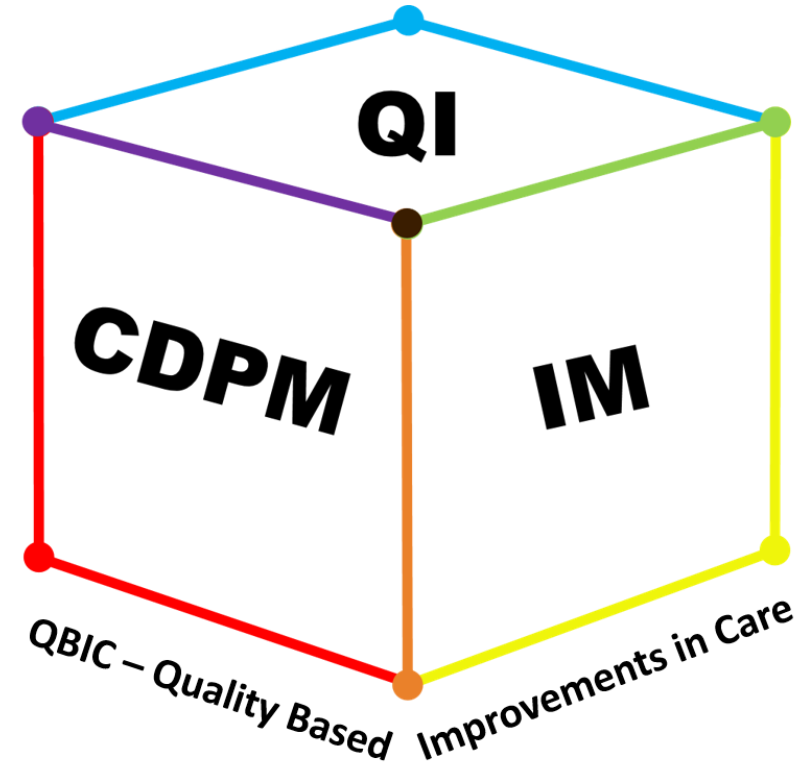
# Project QBIC: January – March 2015

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Two inter-related work streams:

**Stream 1:** To support primary care and broader system partners with optimizing use of Electronic Medical Records to improve chronic disease prevention and management.

**Stream 2:** To share the lessons learned from the first phase (of Project ALIVE) and implement and evaluate the impact of reminders built into EMRs using data standardization, change management and workflow integration to ensure reminders are used.



# Stream 1 Activities

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## Targets:

85 clinicians (nurse practitioners and family physicians) from a variety of different primary care models

- Provide Quality Improvement (QI) Supports
- Implement chronic disease prevention and management (CDPM) best practices
- Information Management (IM) Activities



# Stream 1 Outcomes – High Level

Primary Care Model	# of participating organizations	Total # of participating clinicians	# of participating organizations with clinicians who fully benefited from Project QBIC	# of clinicians who fully benefited from Project QBIC
Family Health Team	3	95	2	78
Family Health Organization	3	42	2	3
CHC or NP Led Clinic	2	21	2	10
<b>Totals</b>	<b>8</b>	<b>158</b>	<b>6</b>	<b>91</b>

**Target of 85  
clinicians  
exceeded!**

# Implement CDPM Best Practices cont.

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## Highlights

- Search algorithms for COPD and CHF created for PSS EMR
- Custom Forms developed for COPD and CHF
  - These Custom Forms were developed with input from several clinical experts to capture best practice patient care, and clinical indicators in a searchable format
- Clinical Indicators documented and distributed to all PCOs

# CHF Custom Form

## Subjective:

Since last visit:

Select

- ☐ No symptoms [NYHA I]  
☐ Fatigue  
☐ Dizziness/Syncope  
☐ Dyspnea with ordinary physical activity [NYHA II]  
☐ Dyspnea with less than ordinary physical activity [NYHA III]  
☐ Dyspnea at rest [NYHA IV]  
☐ Orthopnea    Number of Pillows patient sleeps with:   
☐ PND  
☐ Current Smoker  
EtOH:  drinks/week

Comments:

## Objective:

☐ Show/hide flowsheet

BP:

HR:  ☐ Irregular ☐ Regular

Current wt:  Last wt 180  Date of last wt Apr 30, 2016  Target weight: 200

Ht:  10  BMI:

## CVS:

JVP

Select

Heart Sounds

- ☐ No Murmurs  
☐ S3  
☐ S4

Comments:

Pitting Edema

none

## Resp:

- Crackles ☐ No  
☐ Yes  
Wheezing ☐ Yes  
☐ No

Chest X-ray

- ☐ Not done  
☐ Normal  
☐ Alveolar Pulmonary Edema  
☐ Interstitial Pulmonary Edema  
☐ Bilateral Pleural Effusions  
☐ CT ratio  $\geq 0.5$  (PA)  
☐ Vascular Redistribution

Comments:

## Assessment:

- ☐ HF w/ PEF  
☐ HF w/ REF

NYHA Class ☐ I ☐ II ☐ III ☐ IV

Comments:

# IM Activities

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## Highlights

- EMR Maturity assessed for 90 clinicians
- 3 Guidelines for Data Standardization developed and shared to 8 PCOs (158+ clinicians)
- Excellent feedback on tailored EMR support and troubleshooting:
  - Customization of CHF Custom Form for 1 FHO
  - Installation of toolbar with quick links for 1 FHO, with a training session
  - 10+ issues resolved, resulting in fewer work arounds and more efficient EMR use
  - Significant limitations in the participant's knowledge on the advanced functionality available to them in their EMR and how it could benefit their practice
  - Most of the frustrations about the EMR expressed by clinicians were solved by the Project Team using existing functionality



# Feedback

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“I can't thank you enough for the time that you have spent with me and my staff helping us work through some of the challenges of our EMR. These seemingly small issues have been bugging us for years, and although there are outside resources we might have been able to get answers from, there is nothing like having a person right there to walk us through the solution. We are already reaping the benefits of some of these changes, and eagerly adding to our list of problems we want to solve!

Stacey is excited to get help with some of the administrative functions, too. It will make a huge difference to the time she spends creating "workarounds" for various computer challenges we have.

I appreciate your time, and look forward to several more sessions.”

*Dr. Martha Taylor, Waterloo Region FHO*



# Thank you

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# Contact

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