

Simple Strategies to Keeping EMR Data Clean and Up-To-Date

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North York
Family Health Team

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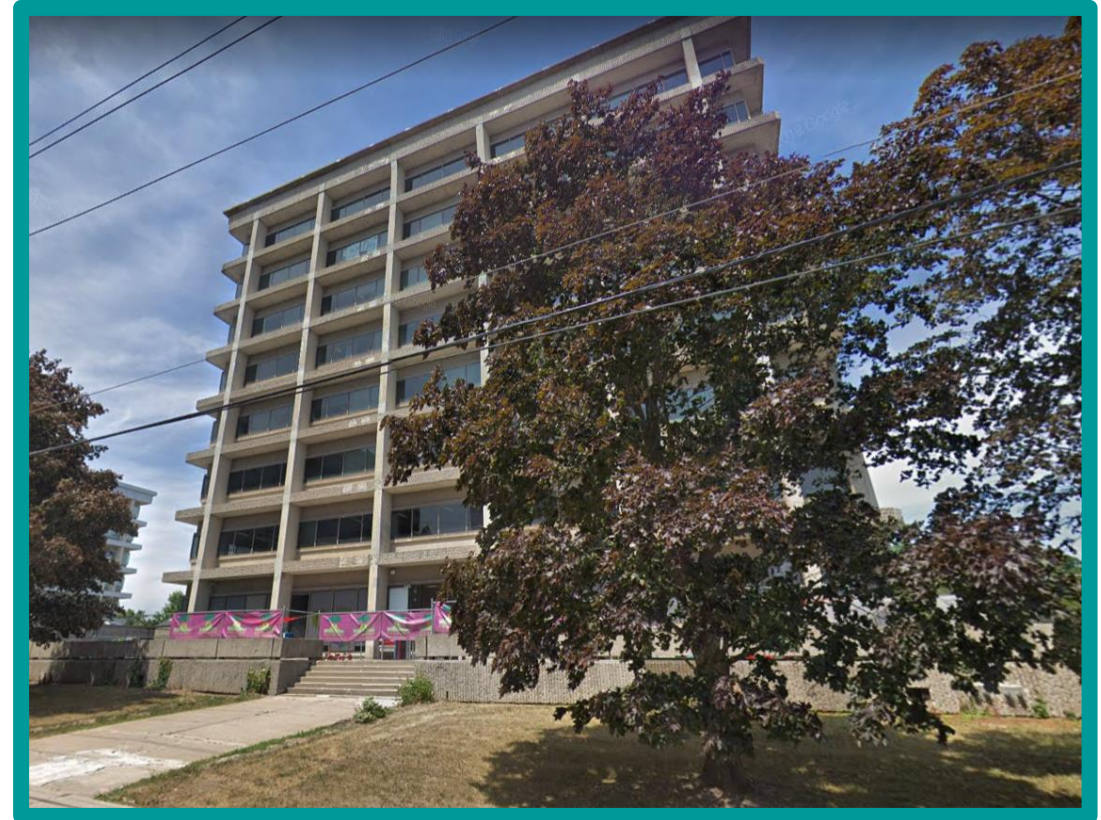
89 Physicians

20 Clinical locations

Over **85,000** Patients

2 EMRs; Accuro and PS Suite

5 EMR Servers



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NYFHT Master QI Plan

- De-prescribing Initiatives
- Cancer Screening
- HbA1C
- Falls Risk Screening

NYFHT Master QI Plan 2018-2019

**Informed by NYFHT, HQO, ARTIC/Choosing Wisely*
**Report to: HQO, MOHLTC, AFHTO D2D, NYFHT*

Quality Goal	Objective	Target	Change Idea/ Methods	Team Involvement	Process Measures/ Outcomes	Comments
1. De-Prescribing	SECTION A: To de-prescribe use of sedative hypnotics in patients aged 65+ where risks outweigh benefits and safer alternatives exist.	A) 20% of target patients will be de-prescribed from sedative hypnotics Numerator: # of patients who have been de-prescribed from sedative hypnotics Denominator: Total # of people on sedative hypnotics 65+ B) 70% of target patients who were consulted by a pharmacist and were de-prescribed or achieved dosage reduction from sedative hypnotics Numerator: # of patients who have been de-prescribed or achieved dosage reduction from sedative hypnotics who were consulted by a pharmacist	<ul style="list-style-type: none"> Identify eligible patients at baseline (denominator) and follow these patients until the end of the year. Updated progress report will be provided at the end of each quarter. Physician will decide to: <ul style="list-style-type: none"> Flag charts Wait for prescription renewal to review Follow up with the patient directly Offer Cognitive Behavioural Therapy for Insomnia (CBT-I) program and/or Refer to pharmacist for de-prescribing Share de-prescribing resources with physician offices and patients (Canadian De-Prescribing Network) 	Data Manager Physicians Physician/RN/PA Social Work & Nutrition Pharmacist Medical director	Process Measures Referrals <ul style="list-style-type: none"> # of referrals to NYFHT pharmacist # of referrals to CBT-I program Encounters <ul style="list-style-type: none"> # of patients who consulted a pharmacist to taper sedative hypnotics # of patients who attended the CBT-I Program # of patients who were consulted by a pharmacist and attended CBT-I sessions. Outcome Measures Overall <ul style="list-style-type: none"> Overall #/% of patients de-prescribed off sedative hypnotics. AIP <ul style="list-style-type: none"> Overall #/% of patients who saw a pharmacist who were de- 	





What's the issue?

Lack of consistency in updating patient status' leading to lists being generated inaccurately for data extraction and QI purposes



**2019-2020
Data Clean-Up Initiative**



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Gathering Input..

***Inactive Patient:** A patient that has not had a visit within the past 4 years.

Received input from:



Data Standardization
Committee



Family Health Organization
(FHO) Leads



North York
Family Health Team

Developing Our Query

SA_QI_Data clean up list 2019-20

Current Rules

Status = 'Active'

Appointment Date In the Last 4 Years

Bill Date In the Last 4 Years

Encounter Note Date In the Last 4 Years



PS SUITE EMR

Search Name: SA_QI_Data Clean up 2019-20

Patient Status = Active

and

Last Seen Date, whole date is earlier than 4 years ago





Let's Run the Numbers...

6.3% (5,400 patients) were found **Inactive** for the past 4 years, yet were marked as **Active** in their charts.



Concerns/Complaints Received



“These lists are inaccurate – most of these patients are deceased or have moved away.”

“These patients are not supposed to be in this list – they are inactive.”

“This list doesn’t make sense to me – I feel like the numbers aren’t reflecting my patient population.”



Our Approach: Physician Engagement

- **Approach:** We are creating a solution to resolve physician concerns associated with inaccurate lists received.
- Leadership and support from the NYFHT Medical Director and Executive Director.
- Showcased initiative at several FHT committees/meetings including:
 - Data Standardization Committee
 - Quality Improvement (QI) Committee
 - Annual FHT meeting etc.





Our Approach: Sending out the Lists

- **STEP 1: NOTIFY**
Notify all Physicians via e-mail introducing the data clean-up initiative and that they will be receiving their individual patient lists from the NYFHT Data Manager.
- **STEP 2: SENDING THE LISTS**
NYFHT Data Manager sends 89 individual lists via EMR message.
- **STEP 3: REVIEW THE LIST**
Physicians are asked to review their lists to determine if changes are required.



Our Approach: Sending out the Lists

- **STEP 4: CORRECT PATIENT STATUS**
If changes are necessary, Physicians can update their patient lists on their own or seek out assistance from the Data Manager.

*The number of patients per physician with an incorrect status varies from 35 to 200.



What We Hoped to Achieve...

GOAL:

To improve the quality and accuracy of EMR data (i.e. Patient Lists) by the end of the fiscal year

TARGET:

100% of FHT Physicians will update their patient list in the EMR.





Our Results So Far..

By the end of the 1st quarter:

31/88 (35%) Physicians have completed cleaning up their data

11/88 (13%) Physicians have begun cleaning their data

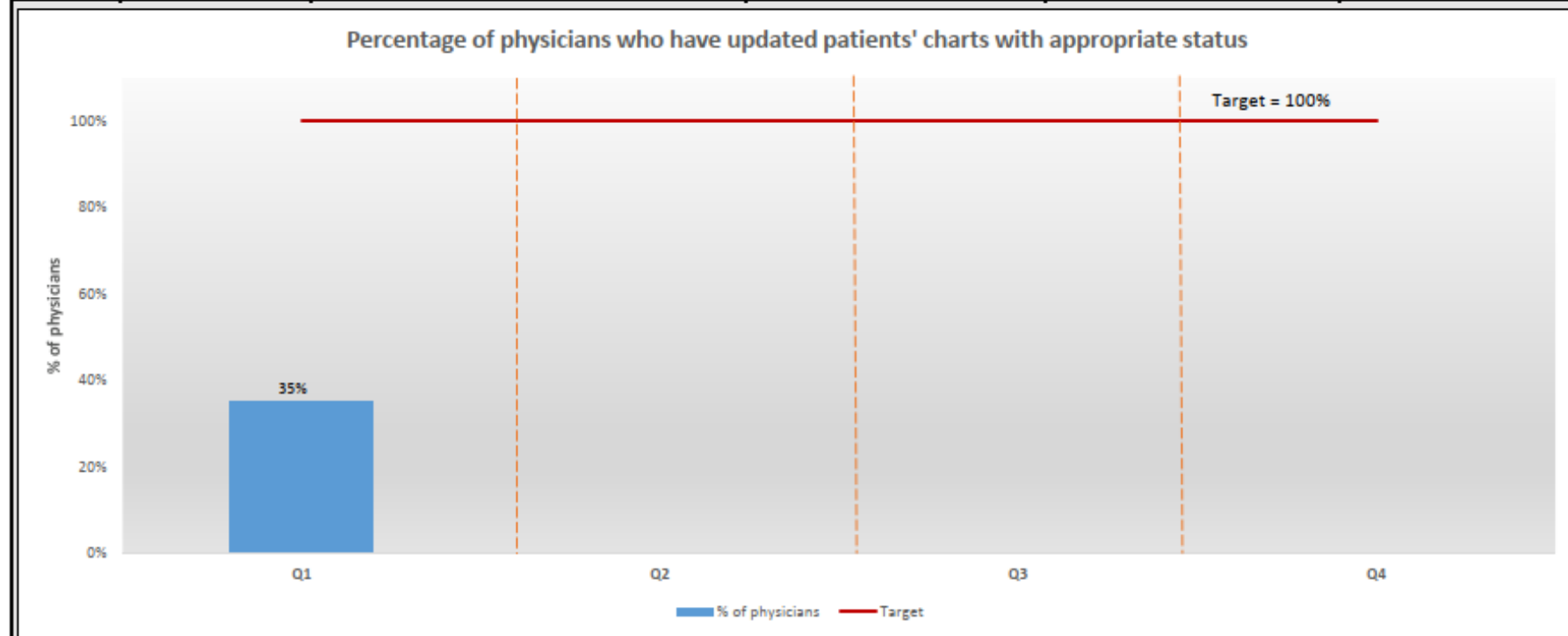




NYFHT QI 2019 - 2020

Data Clean-Up

DOMAIN	INDICATOR	Fiscal year 2019-20								
		Q1			Q2		Q3		Q4	
Efficiency	Percentage of physicians who have updated their patients charts with appropriate status	Number of physicians	Number of physicians who have updated patients charts	% (cumulative)	Number of physicians who have updated patients charts	% (cumulative)	Number of physicians who have updated patients charts	% (cumulative)	Number of physicians who have updated patients charts	% (cumulative)
				88	31	35%				



*Of these **31** Physicians, only **5** sought assistance from the Data Manager.

Note : At the beginning of the fiscal year 2019-20, for 88 physicians, 5,399 out of 85,649 (6.3%) patients found inactive for the past 4 years, yet marked as 'active' in their charts. 88 individual lists have been sent to each physician via EMR for review.

Next Steps

- Showcase results and celebrate success
- Follow-up with remaining physicians and offer assistance (if needed).
- Identify gaps and explore potential for sustainability



Lessons Learned

1. Leverage your Team
2. Look for the key motivators
3. Receive buy-in/support from leadership team
4. Spread the word
5. Offer timely and relevant feedback

