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Contextual Requirements on Computerization of Clinical Guidelines

Lyng, Karen Marie; Pedersen, Birgitte Seierø

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Contextual Requirements on Computerization of Clinical Guidelines

Karen Marie Lyng, MD, MBM, MI, PhD fellow
Department of Computer Science
and

Birgitte Sejerøe Pedersen, MD, MI
Department of Health IT, Capital region of Denmark

Acknowledgement to
IT-University of Copenhagen and
Danish Institute of Medical Simulation



Agenda

1. Background
2. Study methods
3. The two cases
4. Working context - implications for computerization
5. Prototypes of computerized guidelines
6. Preliminary conclusions



Agenda

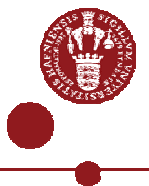
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Clinical Practice Guidelines (CPG'S)

Clinical practice guidelines are systematically developed statements to assist practitioner decisions about appropriate health actions for specific clinical circumstances

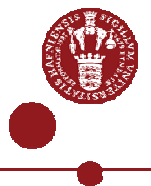
Field and Lohr, 1992: Guidelines for Clinical Practice: from development to use



Existing problems with CPG's

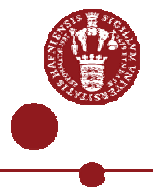
CPG's are not applied in practice - as they often are:

- Not known by clinicians
- Very voluminous
- Not matching local practice
- Not agreed with



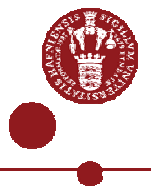
Why Computerize CPG's?

- Introduction of EPR/EMR
 - Moving records from documentation tools to proactive clinical support tools
- Improving professional standards
 - Quick translation from science to practice
 - Just in time guidance
- Efficient use of resources
- Enable standardization of
 - Care
 - Documentation
- Support seamless care path
 - Across organizations
- Enable transparency of care
 - Benchmarking



Translation from paper CPG to IT

- A variety of methods
 - Textual mark up
 - Mapping to models
- Most applications based on theoretic models of work
 - Workflow algorithms (BPEL, YAWL, Petri net...)
- Little focus on how work is practiced



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Study methods

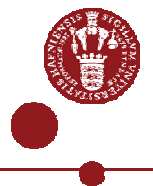
- Observations of work practice in hospitals
- Interviews
- Analyzing CPG's
- Workshops with clinicians
- Prototyping

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decompressor
are needed to see this picture.

QuickTime™ and a
decompressor
are needed to see this picture.

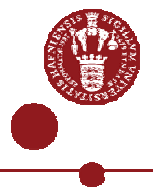
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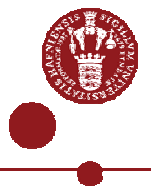
1. Background
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3. The two cases:
 - Advanced Life support in case of cardiac arrest
 - Chemo therapy treatment
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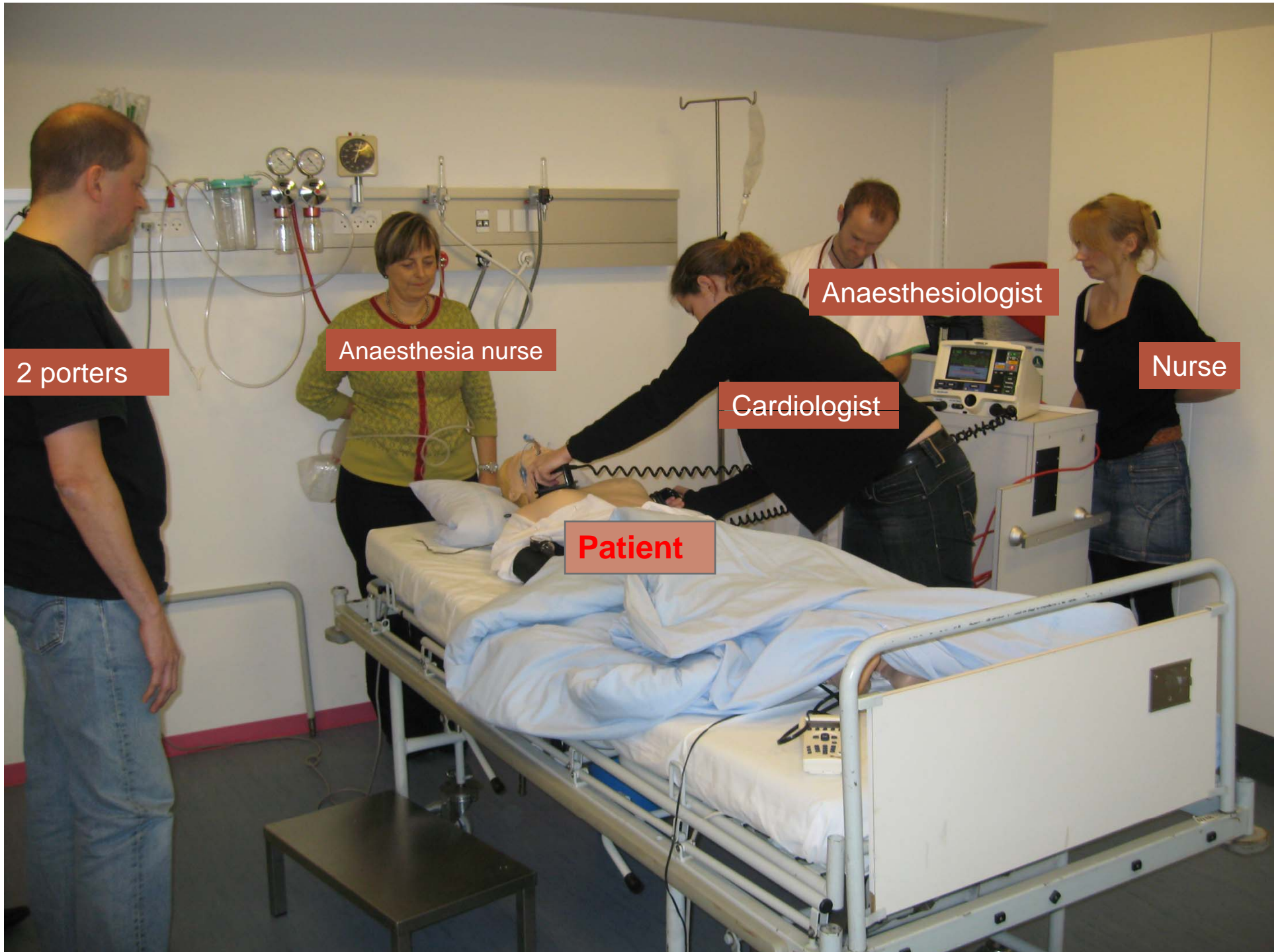


Advanced Life Support

Characteristics:

- Random occurrence
 - Time
 - Place
- Random team
 - 1 anaesthesiologist + anaesthesia nurse
 - 1 cardiologist - resident
 - 1 nurse from ward
 - 2 hospital porters
- Urgency
- Poor prospects





2 porters

Anaesthesia nurse

Anaesthesiologist

Nurse

Cardiologist

Patient

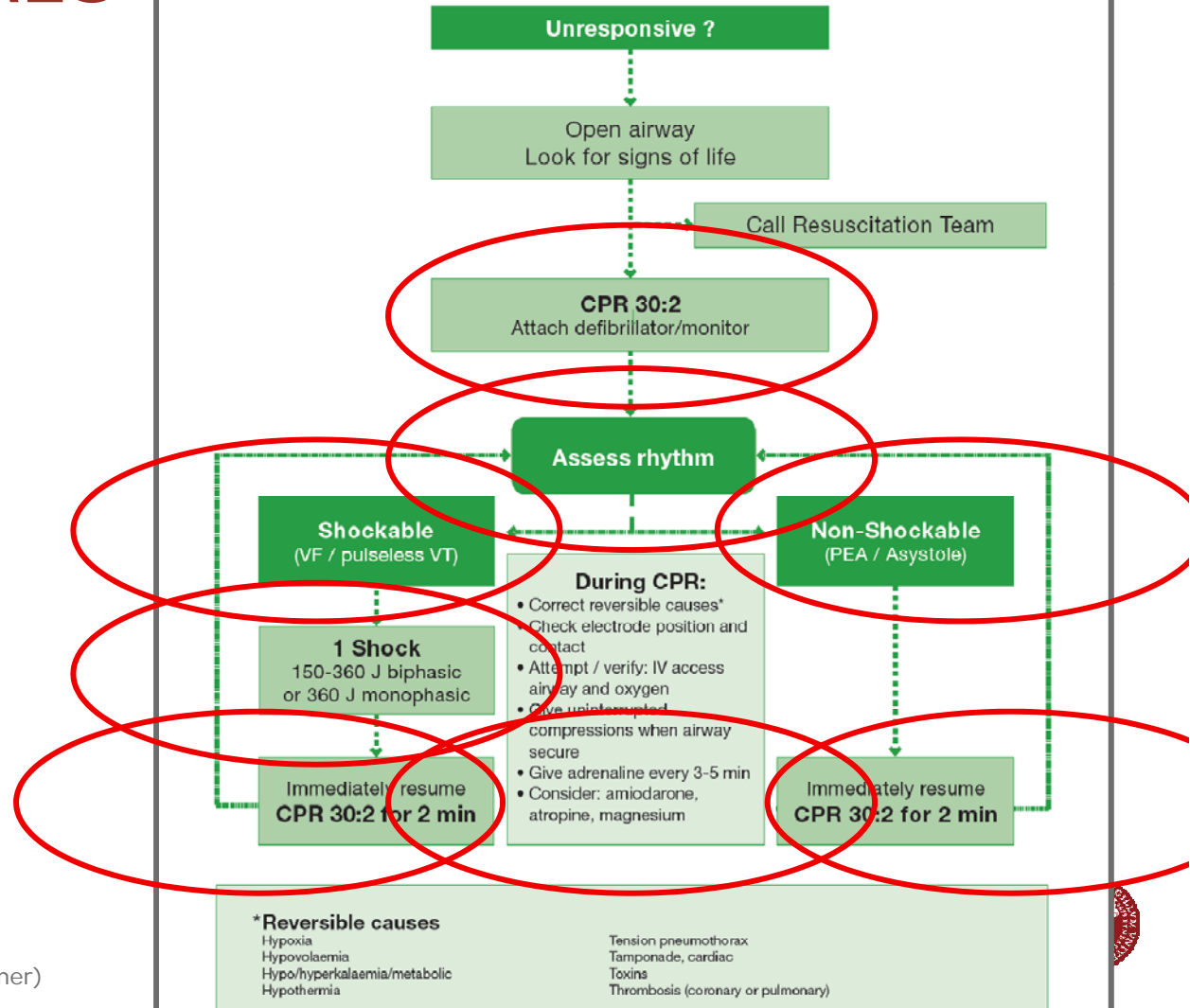
Algorithm for ALS



European
Resuscitation
Council

www.erc.edu
info@erc.edu

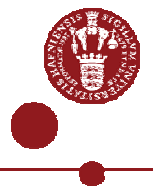
Advanced Life Support Universal Algorithm



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Dias 13

Challenges in ALS

- Time keeping
 - Heart compression rhythm 30:2
 - Rhythm assessment every 2 minutes
- Ordering of right medication
 - Calculations for children
- Documentation
 - What } providing data for QI and research
 - When }



Chemotherapy in oncology

Characteristics:

- Frequently occurring
 - scheduled
- Office-like working conditions
- Stable teams
 - 1 physician
 - 1+1 nurse
 - Pharmacist/pharmacy
- Ordering is dependent on record information
- High risk treatment
 - Many check points

QuickTime™ and a
Nurse
are needed to view this picture.

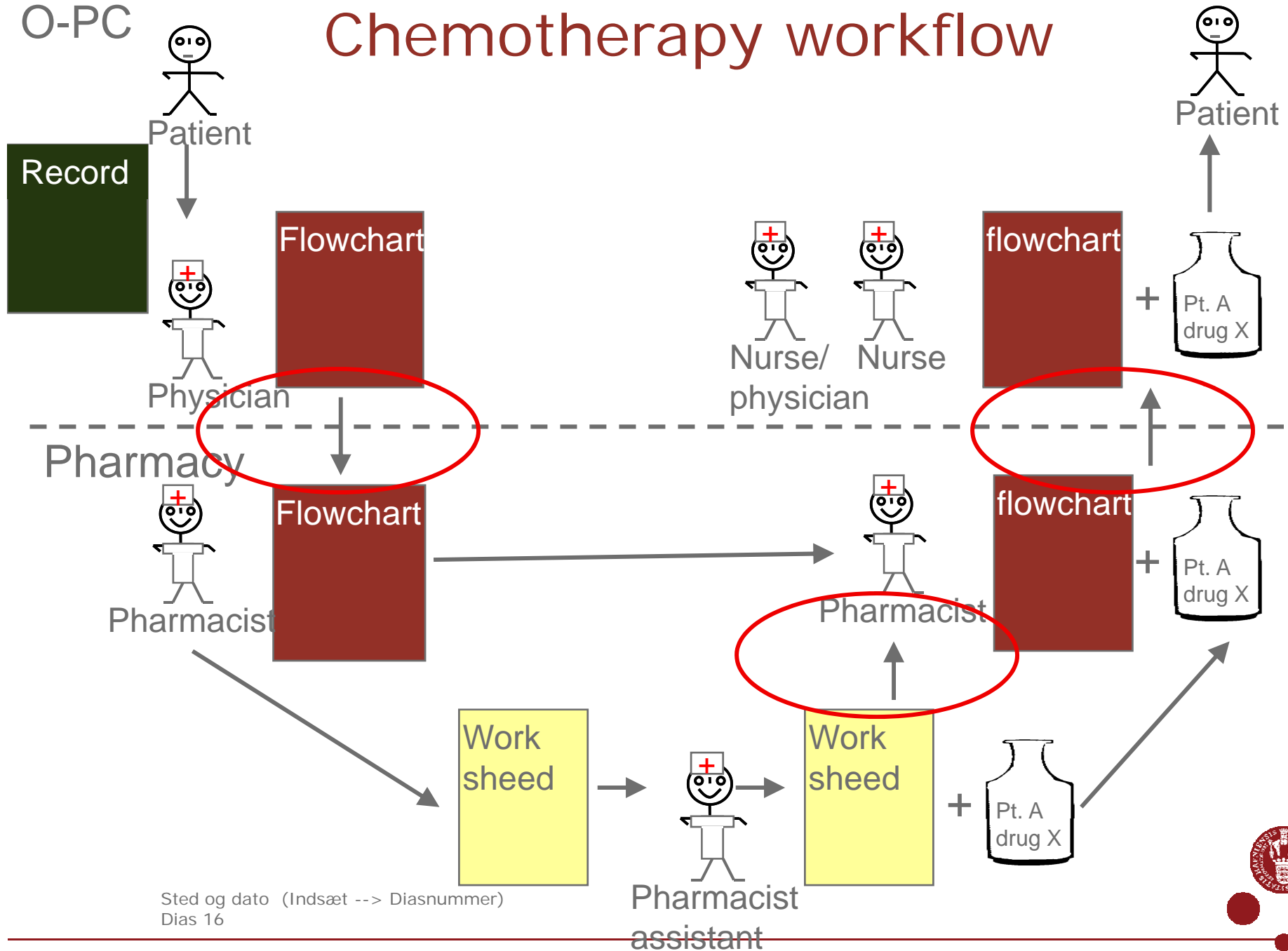
Physician

Patient



O-PC

Chemotherapy workflow



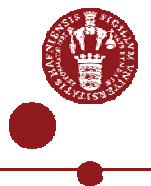
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Pharmacist
assistant



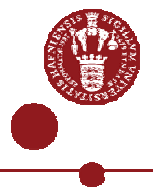
Challenges in chemotherapy ordering

- The process is included in App. 100 disease specific treatment protocols
 - Standard protocols
 - Research protocols
- Reliant on different information sources
 - Patient history - side effects
 - Laboratory results
 - Other examinations
- Dosage calculation
- Checkpoints
 - Signatures
 - Re-do
- Overview
 - Of chemotherapy process progression
 - Of patient trajectory



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Differences in observed working situations

	Advanced Life Support (ALS)	Chemotherapy
Urgency	Very urgent	Can be planned
Place	Any where	Out patient clinic
Tasks	Internal in the team	Internal as well as external
Relation to existing data	Independent	Dependent on existing data
New data	Few and simple	Comprehensive



Differences based on interviews and workshops

	Advanced Life Support (ALS)	Chemotherapy
User interface	Very simple	Big and loaded with information
User interaction	Simple - tactile	Keyboard
Documentation	Simple documentation demands	Extensive documentation and signing demands
CPG adaptations	Minimal patient specific adaptations	Frequent patient specific adaptations



Implications for design

Advanced Life Support Application

- Simple functionality
- Simple user interface
- Not integrated to record

Artifact

- Device have to be mobile
- Device have to be robust
- Device have to be small
- Simple interaction

Chemotherapy ordering Application

- Advanced functionality
- Loaded user interface
- Deeply integrated to record

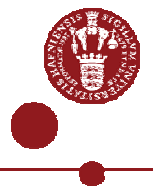
Artifact

- Can apply a stationary PC with screen and keyboard interaction



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CardioData prototype in use (simulation)





CardioData prototype interface

REGION **H** CardioData Prototype **Barn?** **Gen-start**

TID
00:07

RYTMETJEK
1:55  

HLR
 30 : 2 
Tube?

MEDICIN GIVET
Adrenalin 1 mg **Atropin 3 mg** **Amiodaron 300 mg** **Andet**

OPSUMMER
Spontan Cirkulation ? **Opsummering el. Afslut...**

- FORTROLIG PROTOTYPE - MÅ IKKE OFFENTLIGGØRES -

Sted og dato (Indsæt --> Diasnummer)
Dias 24



Chemotherapy workflow - prototype

ProHealth_Oncology_Workflow - D:\Industrial PhD work\OCMS\OCMS Workflows\Pre-Health\O...

Oncology Workflow Doctor Nurse 1 Nurse 2 Controlling Pharmacist Pharmacist Assistant

1 Basic Information (Add)

1.1 Basic Info Add

1.1.1 Basic Information Registration			
1.1.2 Laboratory Results			
1.1.3 Patient History			

1.2 Ordination

1.2.1 Chemo-Therapy Dose Calculation			
1.2.2 Doctor's Signing Step			
1.2.3 Verify Ordination			

1.3 Control

1.3.1 Control Calculation			
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1.4 Preparation

1.4.1 Checkup Quantity and Batch Number				
1.4.2 Sign by Pharmacist Assistant				
1.4.3 Check out drip bottle				
1.4.4 Sign by Controlling Pharmacist				
1.4.5 Verify Preparation				

1.5 Medicine Administration

1.5.1 Check Preparation, Order and Patient Match			
1.5.2 Sign by Nurse 1			
1.5.3 Check Preparation, Order and Patient Match			
1.5.4 Sign by Nurse 2			
1.5.5 Administer Preparation to Patient			

Add Transaction

Sted og dato (Indsæt --> Diasnummer)
Dias 25

Oncology Workflow

You are here: **Basic Information Registration**

Basic Information

Date 8/27/2008 1:59:09 F

Patient Information

Name of the Patient Stephen *

Patient Identifier PI456MIS *

Diagnosis

Diagnosis 1 Neoplasma malignum bronchi (DC340) *

Diagnosis 2 Neoplasma malignum pulmonis lobi superioris (DC34) *

Diagnosis 3 Neoplasma malignum pulmonis lobi inferioris (DC343) *

Reason for Contact Chemo Therapy 2 *

Surface Area Calculation

Patient Weight (in Kg) 75 *

Patient Height (in CM) 179.5 *

Patient Surface Area (in sq m) 2.244 *

< Back

Continue >

Save report

You must log in to save your data in My Reports

Log in and save »

These are the steps to complete:

Basic Information Registration

Laboratory Results

Patient History

Chemo-Therapy Dose Calculation

Doctor's Signing Step

Control Calculation

Sign by Pharmacist Assistant

Check out drip bottle

Sign by Controlling Pharmacist

Check Preparation, Order and Patient Match

Sign by Nurse 1

Check Preparation, Order and Patient Match

Sign by Nurse 2

Administer Preparation to Patient

Status for the prototypes

Advanced Life Support

- Is used for training
- 2nd iteration on its way
 - Differentiated interaction
 - Integration with defibrillator
 - Artifact that fulfill hygienic and robustness demands

Chemotherapy ordering

- Stopped due to integration demands
 - Need for shared information infrastructure



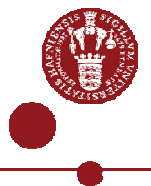
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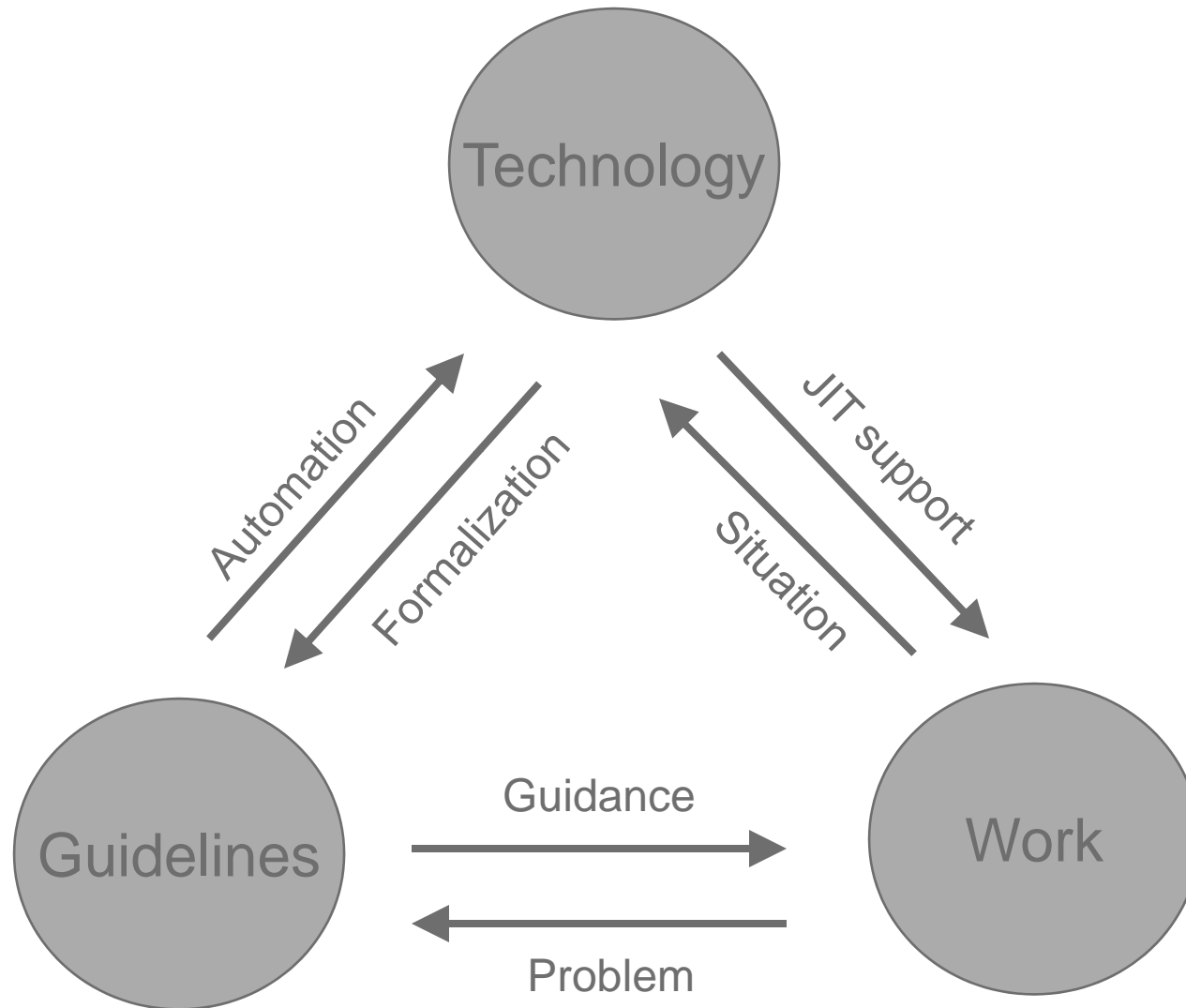
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Preliminary conclusions

- There is not one right way to computerize CPG's
- Both application and artifact have to match working conditions
- Clinical guidance is closely related to access clinical information/documentation
- There are currently no standard procedures supporting the transformation from narrative textual CPG to computerized CPG
- There is a need to further exploit the working situation impact on computerization of CPG's







For further information please contact: lyng@diku.dk

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