WebOMR Problem List Changes

The Problem

The patient problem list in webOMR was challenging to maintain due to the inefficiencies of the data entry and maintenance causing inconsistencies in problem list usage across all OMR Users. Variability in usage and inaccuracy of patient Problem Lists can compromise important cross discipline communication as the patient's list may be incomplete and not always up to date.

Aim/Goal

Phase I: Improve accuracy of patients' problem lists in OMR across all outpatient departments by:

- Reduce the time it takes to enter problems in order to improve clinician efficiency
- Promote use of problem list dictionary (and not free text) to assist in data capture, display and ultimately reporting
- Improve use/maintenance of existing problems list by enhancing user interface so that it is simple and intuitive (decrease number of mouse clicks and window changes) while maintaining existing functionality

Phase II: Integrate Problem list entry/updates/review/verification into every outpatient encounter, establish guidelines for use of Problem Lists in the outpatient setting
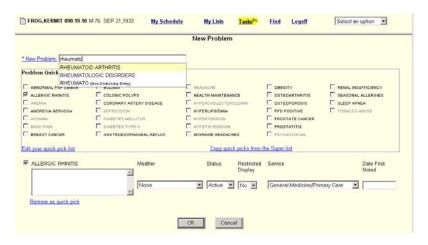
The Team

- Key Project Leaders: Jonathan Blumberg MD, Julie Rockwell, Laura Scribner
- Key Stakeholders and Decision Makers: WebOMR User Group and WebOMR Advisory Group
- Implementers: WebOMR Programming Team and WebOMR Support Team

The Interventions

- Gathered feedback from users on changes that would improve workflow
- Design specifications for programming changes based on feedback (introduce predictive text and customizable provider quick pick lists, alerts for duplicate problem entry, moving priority of problems, entry of multiple problems on one page, etc)
- Robust discussions around TJC requirements for Problem Lists, system functionality and operationalizing changes at WebOMR User Group and WebOMR Advisory Group
- WebOMR programmers developed system changes, Review, test and approve enhancements.
- Implement, document and announce of system enhancements

The Results/Progress to Date

Phase I of Problem List updates was implemented in November of 2009. Response from users has been extremely positive.

Lessons Learned

- Workflow varies from provider to provider and each clinician uses the Problem List in different ways. Due to varying use, it became clear there was no strong definition of what a "Problem" is (symptom vs. diagnosis vs. family history, etc.). Many entries aren't actually "Problems" but are valid health concerns and have no other place for documentation.
- There need to be separate, distinct areas for providers to maintain patient histories (family, social, surgical, etc.)- to be included in phase two.

Next Steps

- Phase II: WebOMR User Group to identify additional improvements to system functionality, including additional areas for recording patient histories (past medical, social, family and surgical)
- WebOMR Advisory Group and other key stakeholders to define problem list usage requirements including update frequency, Problem List ownership and reconciliation steps
- Update Policy ADM-25 to add language around Problem List use
- Pursue additional system enhancements
- Create educational materials for clinicians about problem list usage

For More Information Contact
Julie Rockwell, Ambulatory OMR Team Lead
jrockwell@bidmc.harvard.edu, 617-667-1599

Beth Israel Deaconess Medical Center

A teaching hospital of Harvard Medical School

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