



Objectives

- Describe the team-based, workflow-oriented structured reporting paradigm
- Discriminate structured reporting (a process)
 from the structured report (a document)
- Acknowledge barriers to clinician adoption and the role of professional societies in accelerating adoption



What is **Structured Reporting?**

- Data management integrated into workflow, with data acquisition by the person closest to (handling) the data
- Collect data once, use many times
- Multiple contributors to documentation
- MD focus on cognitive functions
- ROI: ↑ data quality / quantity, ↓ time to final reports, ↓ FTE
- Result: efficient and effective documentation and communication





- Clinical vocabulary → interoperable data standards
 - -- clinical to standard to CVIS to EHR to registry
- Understanding, implementing bestpractice workflows
 - who does what when, where, and how (industrial engineering)
- New MD professionalism standards
 - conversion from dictation to information model
- Partnership with IT vendors
 - information model, HIT systems aligned with clinical care

Standardized Cardiovascular Data for Clinical Research, Registries, and Patient Care

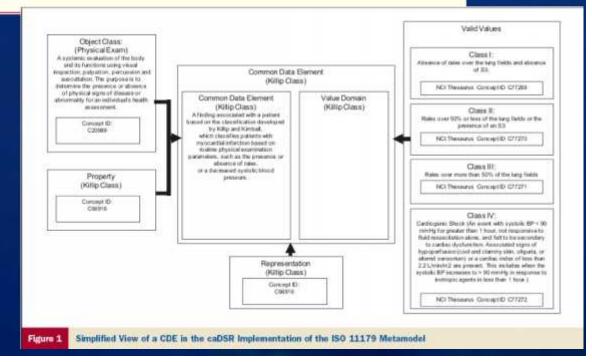
A Report From the Data Standards Workgroup of the National Cardiovascular Research Infrastructure Project

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Houston, Texas; Newark, Delaware; New York, New York; Charlotte and Durham, North Carolina; San Francisco, California; and Washington, DC

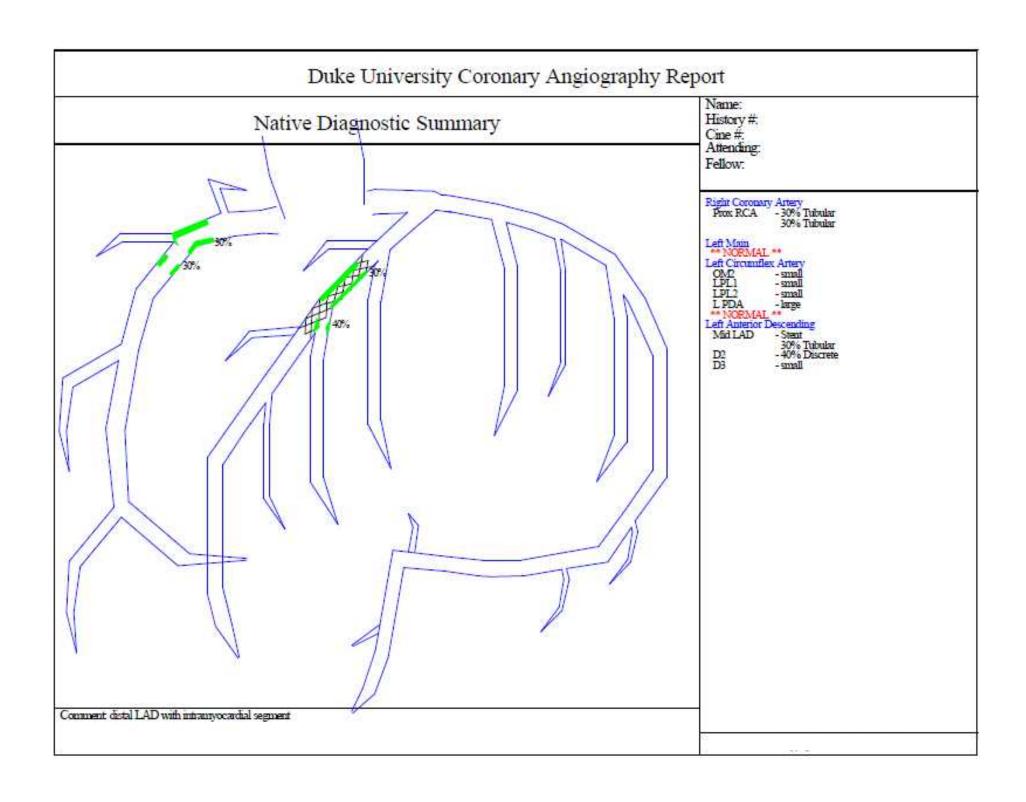
- CV vocabularies NCRI
- Balloted via HL7 CIC
- Available on NCI-EVS (caDSR)

J Am Coll Cardiology 2013;61: 1835



Process	Schedule Patient for Cath Procedure	Physician Pre- Procedure Evaluation and Consent	Nursing Pre- Procedure Evaluation	Cardiac Catheterization Procedure	Analysis and Report Generation	
Information Sources	History & Physical Other documents Laboratories	Existing clinical data History & Physical Other cocuments Laboratories	riistory & Physica Other documents Laboratories Consents	Pre-procedure evaluation packet Hemodynamics Catheterization images	Hemodynamics Catheterization images Measurements Calculations	
Information Captured as Digital Data	Fatient dentifiers Demographics Diagnosis Laboratories Insurance	Patient identifiers Demographics History Physical Exam Previous studies Laboratories Diagnosis	Pat ent identifiers Height, weight, vital signs Medications	Patient identifiers Procedures Hemodynamics Findings Measurements Medications Inventory	Patient identifiers Cath results Incerpretation Tree diagram	
Actors	Physician requestor Scheduling hub / Communications Center	Advanced Fractice practitioners Physician operator	Outpatient / inpatient nurses	Physician operator Cath lab nurses Cath lab technologists	Fhysician operator	
Information Systems	Registration system Scheduling app Electronic Health Record	Electronic Heath Record Procedure Reporting system	Electronic Health Record	Radiography Modaity Hemodynamic Monitoring system Procedure Documentation / Reporting system	Procedure reporting system	
Form Factor (for Actors)	Desktop workstation	Mobile tablet	Bedside workstation	Multiple workstations. Radiography Modaity Hemodynamic Monitoring Procedure Documentation	Desktop workstation	
Data Output	Schedule – to scheduling app Orders – to Electronic Health Record (EHR) system	Clinical data – to procedure reporting system (history section) Patient status – to scheduling system → electronic schedule Orders – to EHR	Norsing documentation — to EHR Patient status — to scheduling system → electronic schedule	DICOM Modality Workliss to Modality, Hemodynamic, and Procedure Documentation systems → procedure log report, and data for procedure report (procedure section) [See also IHE CATH, CRC profiles]	Procedure results — .u procedure reporting system (results section) → structured procedure report	

Patient Information	ø									
117	145678									
1	ast:	Suffix:	First:	Midcle:						
Patient name.	estpatient		Dummy							
Date of birth:	0/07/1971 + Age: 43	Gender:	Female Hispanic Ethnic ty		Face:					
Import Data i	Tom Pilor History			Answer ALL App	olicable fields					
Admit sou	ce: C Emergency Department @	Transfor in from a	nother acute care facility C Oth	cr						
Procedure prior	rity: © Elective C Urgent C E	Emergency C S	alvage							
Hist	The patient is a 51 year old male who	a managarah araba l	ED with shout pain							
1,127	The petient is a 51 year did flice whi	o presented at the	ED with chicat part.							
	-Ancira	— Andrea								
	✓ History of angina (ever)				▼ History of heart failure (ever but more than 2 weeks ago)					
	Onset month: March	+	Year: 2015 Notav	ailahla	100100000000000000000000000000000000000					
	Angina at any time during curre	1001	5.0000 S.0000 S.		✓ Heartfailure with acute ischema	Year: 2013				
	✓ Angina within 2 weeks	The riospitalisation			Tall Assert Continue to the Continue of the Co					
	The state of the s	weeks): C I	rsi Cirrsii Girrsiii	C resw	✓ Heartfailure within 2 weeks	or reaction reactions to				
	Carrent CCO Class (W/II 2	Current CC5 class (w/in 2 weeks): C CC5 II C CC5 III C CC5 IV Current NY4∆ class (w/in 2 weeks): C C C C C C C C C C								
	Cardiquenic shock within 24 hr	Cardiogenic shock within 24 hrs								
	Cardiac arrest within 24 hrs									
Stress tes	ing Test C ETT(no Imaging) G	Strace acho	State ruclear C State MD							
(w/n 6 mon		Testi C ETT (no imaging)								
		Results © Positive C Negative C Indeterminant C Unavailable Ischemia: C Low © Intermediate C High C Unavailable								
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Pre procedure	65 % Fre procedure [「modelity: C E_lu C Nuclear ← Cath C MR									
Anti-anginal ni (w/In 2 wee	: F Beta blockers F Calcium channel blockers ☐ Nitrates ☐ Ranolazine ☐ Cther ant-anginals									
CAD Risk Factor	areth S									
	Cigaretic amoking, current or n	ccent (< 1 year)	Type1 diabetes		☑ Prior M	☐ Prior valve surge				
	▼ Hypertension		☐ Type 2 diabetes		Cerebrovascular disease	Date (most				
	☐ Dyalipidomia			Cral Consuin		▼ Prior FCI				
	Family history of premature CA	/D	0	Other C None	Central (aorta, renal) vascular disease	Date (most				
					Cardiniyopathy / LV systolic dysfunction	☐ Prior CABG				
					Chronic lung disease	Date (most				
					✓ ESRD on dialysis (current)					





The Structured Report: Recompile and Interpret

Who

Physician (with the aid of the computer)

What information

Findings and interpretations (physician)

What information as data

- Compiled H&P, compiled procedure data
- Structured findings

Output

- Procedure log
- Procedure report "just the facts"

ACC/AHA/SCAI 2014 Health Policy Statement on Structured Reporting for the Cardiac Catheterization Laboratory



A Report of the American College of Cardiology Clinical Quality Committee

Developed in Collaboration With the American Association for Critical-Care Nurses,
Asian Pacific Society of Cardiology, Canadian Cardiovascular Society, Health Level Seven International,
Inter-American Society of Cardiology, Integrating the Healthcare Enterprise,
Society of Thoracic Surgeons, and Society for Vascular Surgery

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COLLEGE of CARDIOLOGY Artifacts at @ACC.org



Health Policy Statement

Informatics and Health IT Committee

Clinical Quality Committee

Prototype procedure report

Style guide

IHE profile

Task Force on Data
Standards documents



Proposal

 Co-publication of an (abbreviated) PVI Structured Reporting Health Policy Statement

ACC/AHA - James Tcheng

SVS - Jack Cronenwett

SIR – Jeremy Durack

With extensive referencing of ACC/AHA/SCAI 2014 HPS

- Workflow diagrams (cath lab, IR, surgery)
- Prototype procedure report (with style guide)
- Develop RAPID core data elements as the foundational data standard