



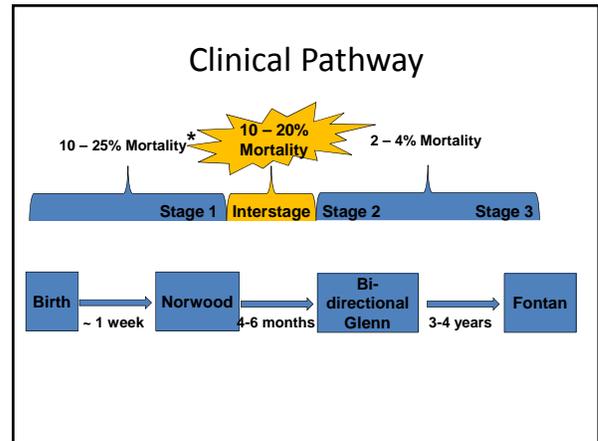
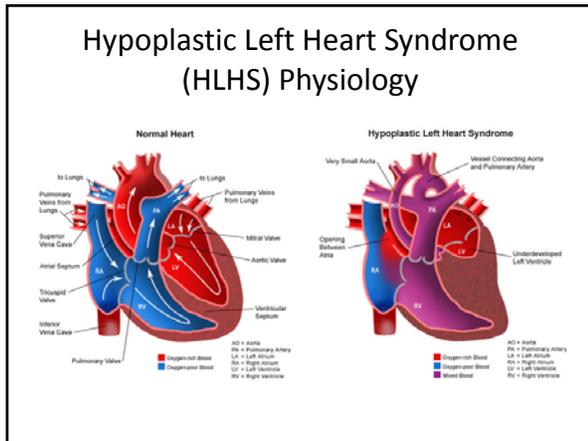
**SINI 2017** 27th Summer Institute in Nursing Informatics  
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 University of Maryland School of Nursing, Baltimore, MD

Program transformation from paper documentation to proactive data transfer:  
 Use of an app in outpatient pediatric cardiology home monitoring program

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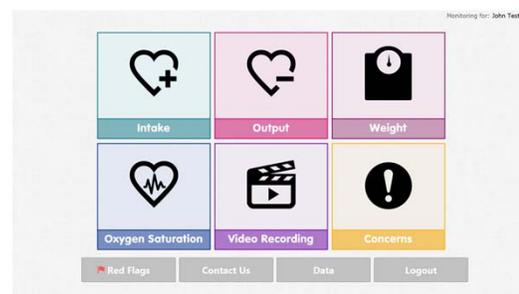
- ### Objectives
- Discuss single ventricle anatomy and home monitoring
  - Review transition of paper documentation to innovation EMR
  - Engage in a multisite CHAMP program discussion



### Interstage Monitoring 2000 - 2015



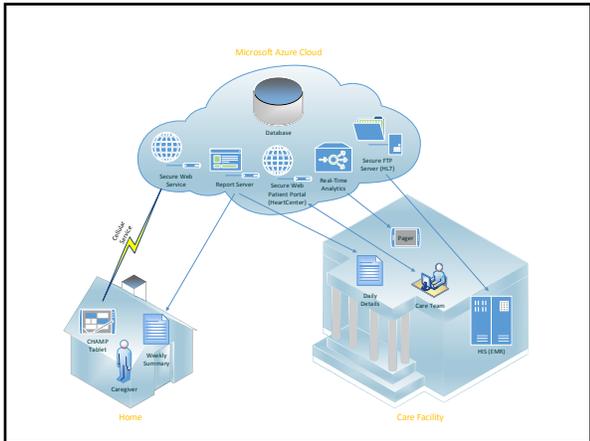
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Monitoring for: John Test

- Intake
- Output
- Weight
- Oxygen Saturation
- Video Recording
- Concerns

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### EMR Integration

Integration	10/15	11/15	12/15	1/16	2/16
Integration 1	100%	100%	100%	100%	100%
Integration 2	100%	100%	100%	100%	100%
Integration 3	100%	100%	100%	100%	100%
Integration 4	100%	100%	100%	100%	100%
Integration 5	100%	100%	100%	100%	100%
Integration 6	100%	100%	100%	100%	100%
Integration 7	100%	100%	100%	100%	100%
Integration 8	100%	100%	100%	100%	100%
Integration 9	100%	100%	100%	100%	100%
Integration 10	100%	100%	100%	100%	100%

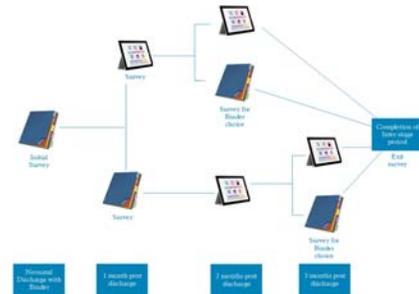
The screenshot shows a complex EMR interface with multiple panes. On the left, there's a navigation tree with categories like "Reports", "Orders", and "Patients". The main area displays a patient's record, including a "Weight Trends" graph and various clinical notes and data tables.



### After Balloon Plasty of Recoarctation



### Randomized Crossover Trial

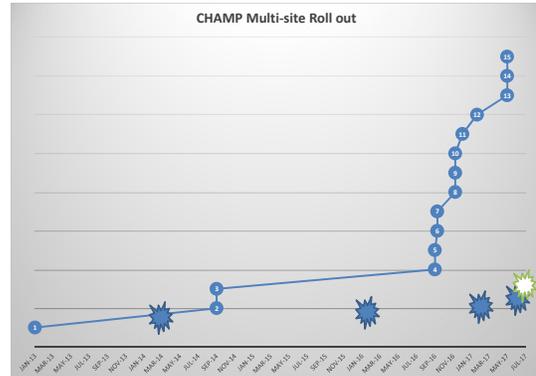


Inter-stage outcomes	CHAMP	Binder	p-value
Mortality	0	0	
Total inter-stage days	2951	1960	
Inter-stage days per patient (median (IQR))	81 (51, 115)	53 (29, 85)	0.025
Number of patients having any readmissions	25 (80.6%)	14 (45.2%)	0.074
Number of patients having any unplanned readmissions	17 (54.8%)	14 (45.2%)	0.999
<b>Interstage Events</b>			
	<b>Total and (per 100 inter-stage days)</b>		
Total number of red flags	215	135	
(Red flags per days)	(7.29)	(6.89)	0.612
Total number of ER visits	20	13	
(per 100 days)	(0.68)	(0.66)	0.962
Total number of unplanned readmissions (per 100 days)	26 (0.88)	19 (0.97)	0.748
Total number of ICU days (per 100 days)	54 (1.83)	153 (7.81)	<0.0001

Top 25%	High Resource Utilization (HRU) n=16	Low Resource Utilization (LRU) n=57	p-value
Interstage monitoring, days (Median (IQR))	96 (75, 141.5)	100 (80.0, 127.0)	0.889
Unplanned Readmission	15 (93.8%)	30 (52.6%)	0.003
CHAMP Monitoring prior to readmission	7 (43.8%)	39 (68.4%)	0.071
Inpatient charges without Glenn (Median (IQR))	\$105924.80 (\$44903.20, \$309595.70)	\$34,669 (\$16490.70, \$47107.00)	0.003
Age at Admission, days (Median (IQR))	80.5 (50.1, 119.5)	125.3 (88.5, 156.4)	0.005
Readmission from Clinical Change, hours (Median (IQR))	6.4 (3.0, 14.9)	2.5 (0.0, 5.3)	0.009
Cardiac catheterization	2 (12.5%)	29 (50.9%)	0.006
Cardiac operation	5 (31.1%)	3 (5.3%)	0.011
General surgery during readmission	4 (25.0%)	3 (5.3%)	0.037

### Conclusions

- Interstage SV infants are at high risk for readmissions
- Delays in care are associated with HRU;
- CHAMP for data transfer with nursing coordinators evaluating data proactively may help decrease delays.
- This study may provide the basis for predictive analytic algorithms and multi-site expansion



- 96057 Data points
- 5316 Videos
- 87 kids safely to 2<sup>nd</sup> surgery
- 3.6% interstage mortality



## Acknowledgments



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