



# **Implementing Boston Childrens Pediatric Growth Chart Application**

**HL7 Partners in Interoperability**

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# Intermountain Healthcare Profile

An Integrated Health System



- 22 hospitals
- 33,000 employees



- 600,000 members
- 25% market share



- 200 clinics
- 1,000 employed physicians



1975



1983

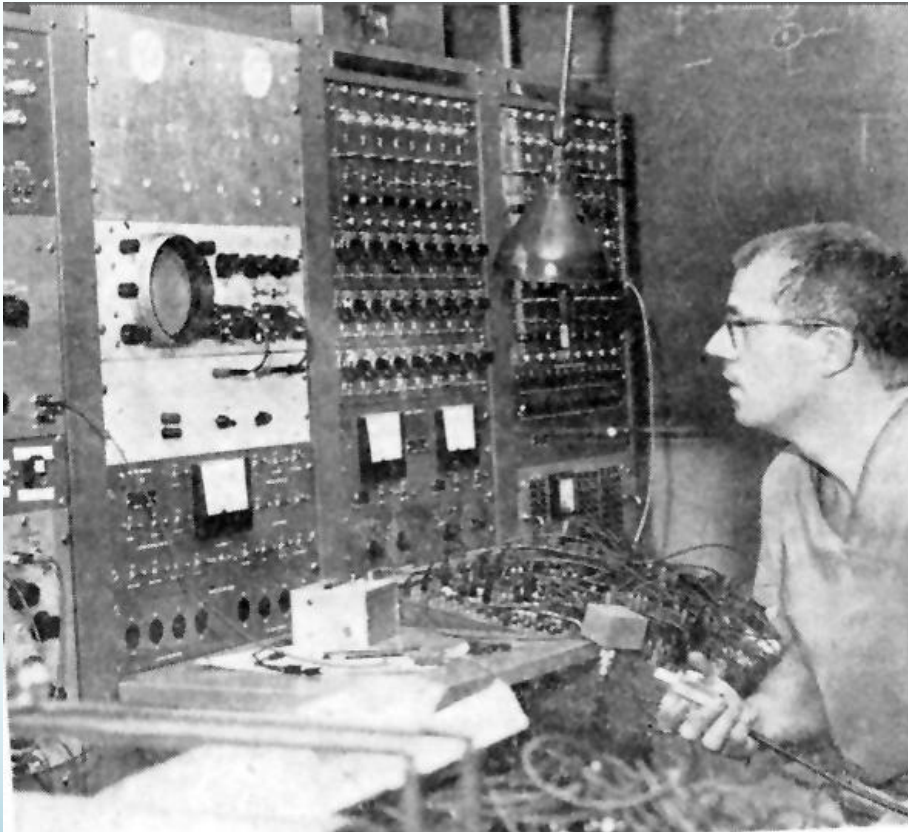


1994

# Intermountain Mission

“To help people live the healthiest lives possible.”

# Homer Warner and HELP



Intermountain can only provide the highest quality, lowest cost health care with the use of advanced clinical decision support systems integrated into frontline clinical workflow

**Dr. Homer Warner**

# Decision Support Modules

- Antibiotic Assistant
- Ventilator weaning
- ARDS protocols
- Nosocomial infection monitoring
- MRSA monitoring and control
- Prevention of Deep Venous Thrombosis
- Infectious disease reporting to public health
- Diabetic care
- Pre-op antibiotics
- ICU glucose protocols
- Ventilator disconnect
- Infusion pump errors
- Lab alerts
- Blood ordering
- Order sets
- Patient worksheets
- Post MI discharge meds

# We can't keep up!

- We have ~150 decision support rules or modules
- We have picked the low hanging fruit
- There is a need to have 5,000+ decision support rules or modules
- There is no path from 150 to get to 5,000 unless we fundamentally change the ecosystem

# An Experiment

We wanted to try to import  
an outside application:

Boston Childrens Pediatric  
Growth Chart

# SMART® App Gallery BETA

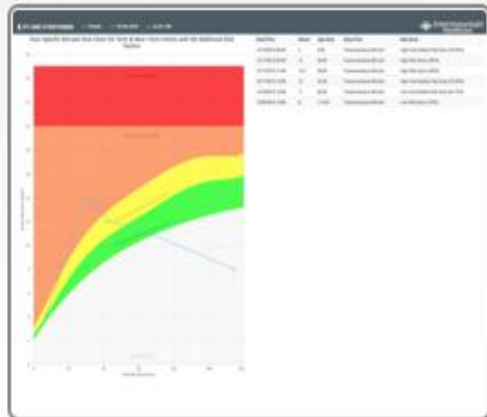
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- Open Source
- iPhone and iPad
- All Apps

📄 Name A to Z

20 apps



Bilirubin Chart

BMJ Content Discovery



Cardiac Risk

Cerner HIE on SMART





- Featured Apps
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Name A to Z

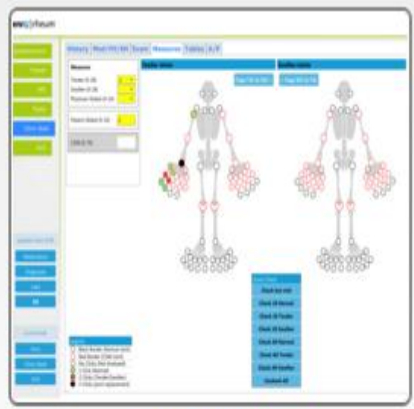
20 apps



Crimson Care Management



Duke PillBox



EnrG | Rheum



Growth Chart

Drug Name	Dose	Frequency	Status
Aspirin 81mg	81mg	Once daily	Active
Metoprolol 50mg	50mg	Once daily	Active
Warfarin 5mg	5mg	Once daily	Active

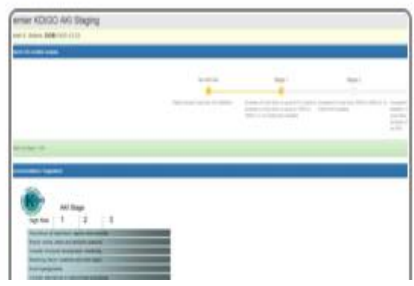
Medication RS



Medication TimeView



Patient Name	Cholesterol	Blood Sugar	Weight
John Doe	180 mg/dL	100 mg/dL	180 lbs
Jane Smith	160 mg/dL	90 mg/dL	150 lbs



# Growth Chart



**Author** Boston Children's Hospital

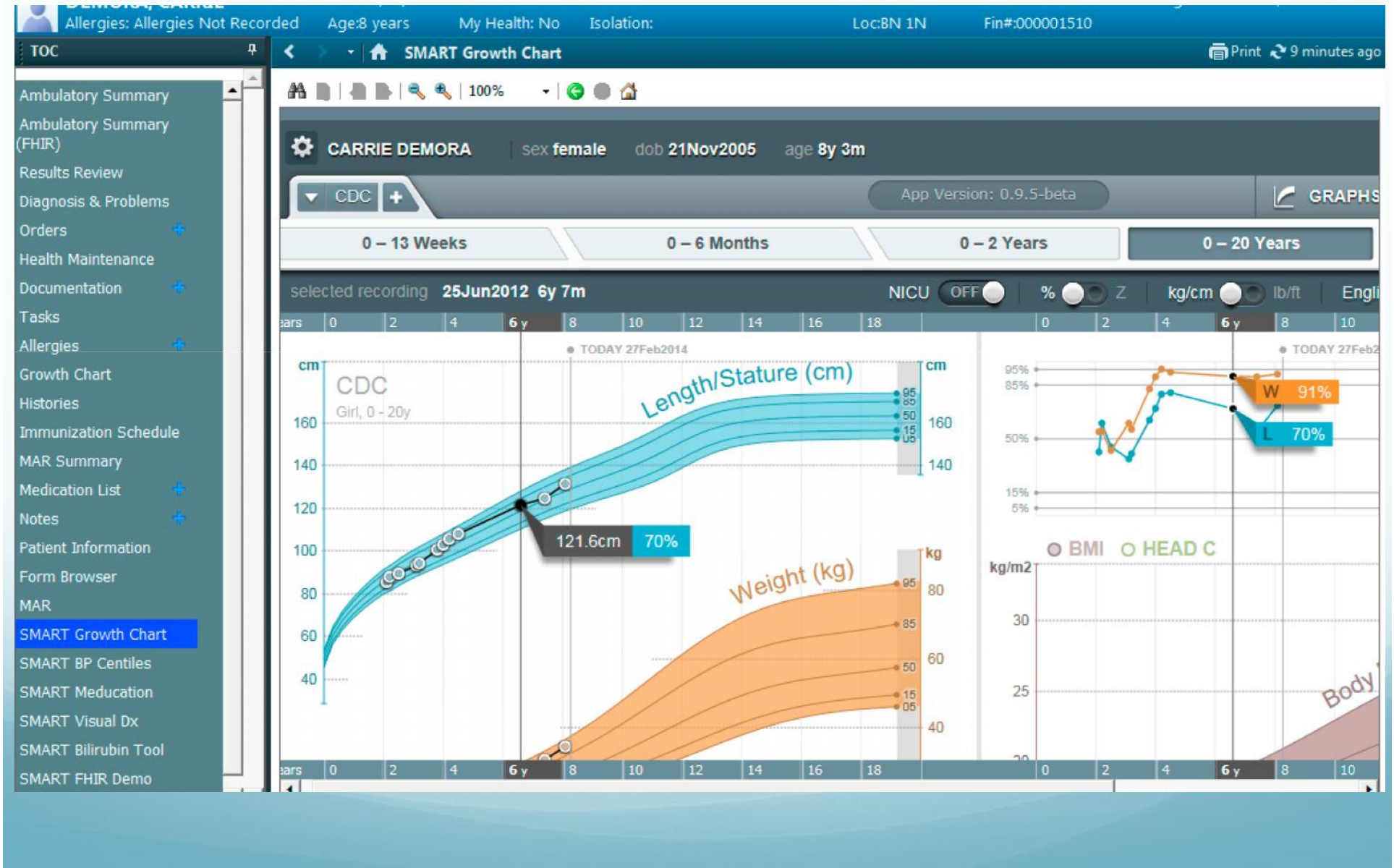
**Website** <http://smarthealthit.org/smart-app-gallery/pediatric-growth-chart/>

**Last Update** Saturday, February 20, 2016

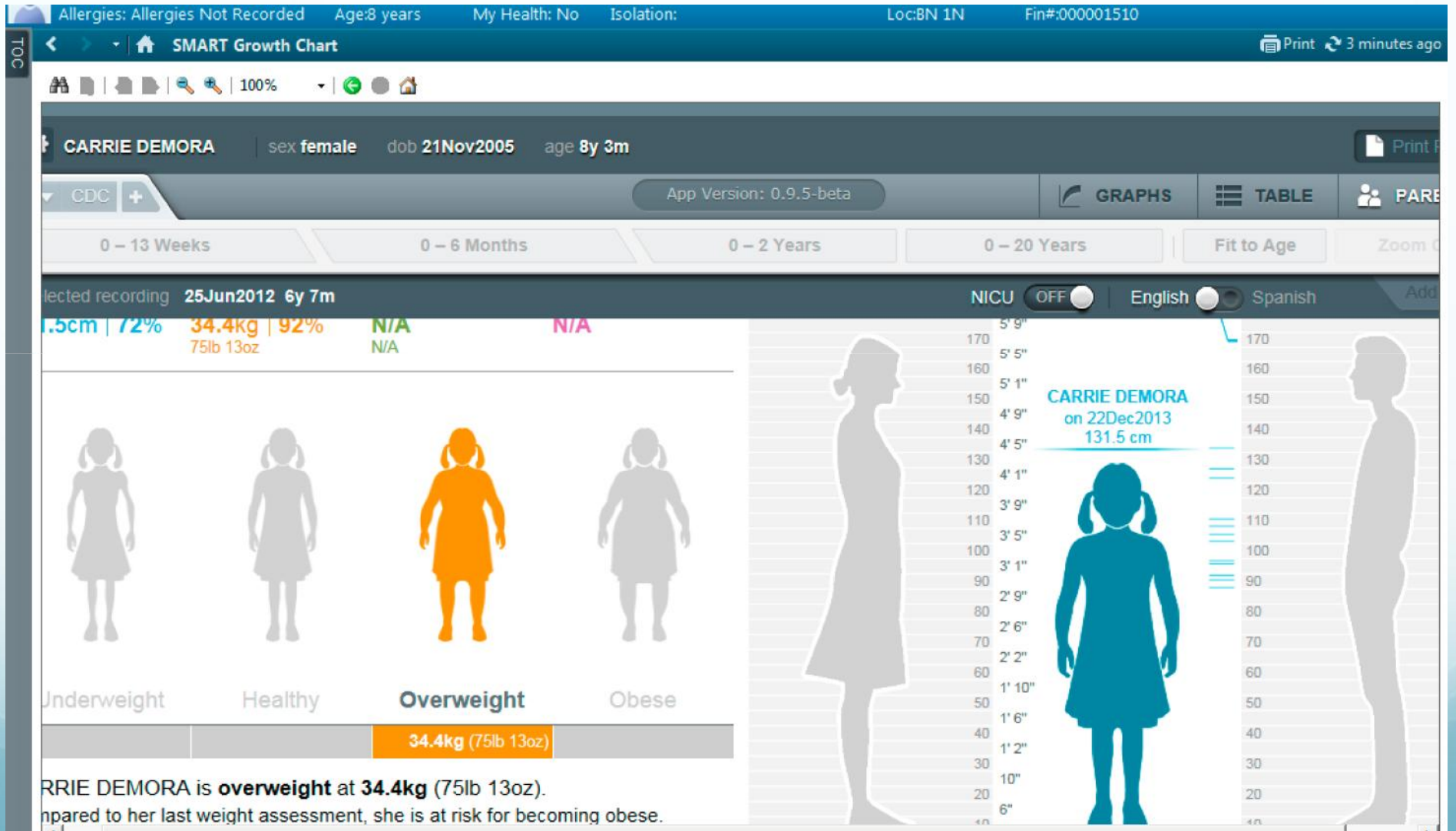
**Tags** Pediatrics Diagnosis Reference Tech > Open Source DSTU2 Featured

Try It

# Boston Childrens: SMART Growth Chart



# SMART Growth Chart – Parent's View



# Process

- Downloaded the application source code
- We enhanced and modified the app
- We followed our usual testing procedures
- Installed the app in live parallel testing environment
- We fixed things
- We moved the app to the production environment
- We provided our source code back to the SMART team

# Lesson 1: Agreement on terminology is essential

- Lying down height (length) vs standing height (height)
- Weight
  - Clothes on, clothes off? Diapers?
- Gestational age at a point in time
  - Do you accept all methods?
- Gestational age at birth
- Birthdate

# Lesson 2: Integrate with workflow

- Are all of the needed data elements available?
- No one was entering gestational age at birth
  - Theoretically, this could be calculated from a point-in-time gestational age and the birthdate
- Needed to add an additional data element that was part of the data entered at time of birth

# Lesson 3: FHIR is still new

(or never buy a low serial number)

- FHIR version 2 was available
- The services from Cerner were FHIR version 1
- Do we program to the new or the old?
  - We built the application using FHIR 2, and we made a converter from version 1 to version 2
  - We will take the converter out when we have the FHIR 2 services installed



# Lesson 4: Isolate knowledge from the application

- In the original application, the growth charts were hard coded in the application
- Clinicians wanted a choice of CDC, WHO, Fenton
- We needed to design for newer versions of each kind of chart
- Needed to externalize the growth chart knowledge

# Lesson 5: Environmental differences

- The first version of the app took 5+ minutes to print
  - Changes in a configuration environment and changes to the print routine reduce the time to ~ 5 seconds
- Printing workflow and architecture is not uniform across platforms
- Integrating the growth chart with graphics for printing was an issue

# Summary and Conclusions

- The Pediatric Growth Chart app is beautiful!
  - Really well done, appealing graphics
- It took longer to implement than we thought
  - But it was a lot faster than if we had started from scratch!
- We learned a lot (see previous 5 lessons)
- The next app implementation should go much faster based on what we learned
- It was absolutely worth it!