SCOTT FRIDKIN

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Additional Mentors:

Chris O'Donnell, MD (EUH Midtown)
Jesse Jacob (EUH Midtown)
Hyungseok Daniel Oh M.D.(EHC Geriati
Sheim Nemati (EU Bioinformtics)

Required Skills:

No Preference – To Be Discussed

Preferred Team Communications:

Conference Call, to be discussed

Data Sources:

Ideally the key data source populated during the discharge planning stage, but potentially rely on MIMIC or simulated data of patients being discharged, as well as microbiology data from either Theradoc systems at EHC or the Emory CDW.

Other Items:

Project has time zone flexibility. Mentors and students will determine a good time for virtual meeting

Team Info:

Needs a Developer, Project Manager and QA. Allows one team of 4-6 members.

FHIR-BASED DASHBOARD FOR TRANSITIONING ANTIBIOTIC MANAGEMENT AND INFECTION CONTROL TO POST-ACUTE CARE SETTINGS

Patients are discharged to nursing homes daily, and Emory Healthcare Hospitals are responsible for a large proportion of discharges to Atlanta area nursing homes.

It is common for medication plans to be miscommunicated on transfer, and there is not effective communication platform to transmit accurate information about infection control risks among transferred patients to all the different types of nursing homes.

Developing some platform that can be easily accepted and utilized by the receiving facilities (with little technological capacity) and populated automatically from EHC data sources would be very helpful to minimize adverse events related to inaccurate medication plans, focusing on antibiotics, and inaccurate infection control scenarios

i.e., which patients should be placed into infection control precautions.

PROJECT OBJECTIVES

The objective of this project is to develop a FHIR-based app for implementation in Cerner with the following approximate functionality:

1. retrieve and intelligently display information relevant to antibiotic prescriptions for a patient in the EHR at time of transfer to a post-acute care facility (e.g. nursing home), such as ensuring proper drug, route, dose, indication, frequency, planned stop date, and any follow up clinic appointment or laboratories.
2. integrate other microbiologic data reflective of carriage/colonization with multidrug resistant organisms (MDRO) that the post-acute care facility may want to know to implement relevant infection control actions. Potential for alerts to state health department of specific high profile MDROs at the time of transfer.

SUCCESSFUL PROJECT

To be discussed.

Intellectual Property: None