

USE CASE: ALAHIS AND END-USER FUNCTIONAL REQUIREMENTS AND INFORMATION NEEDS

This narrative provides an example to more clearly define the functional requirements and informational needs identified by the *Together for Quality* Stakeholder Council's Clinical Workgroup and are based on the assumption that ALAHIS is fully implemented and all objectives, tasks and activities have been completed.

Storyboard:

Jane Doe is a 30 y/o patient presenting to Dr. Smith's primary care office for a slight fever and uncontrolled wheezing. Upon registering the patient into the clinic's EMR system, the clerk notes her insurance provider and that she has a history of chronic asthma and notifies Nurse Nightingale.

Upon accessing patient's record in the EMR system, Nurse Nightingale identifies several alerts; no pap smear in the past year and no flu shot. Nurse Nightingale confirms that Ms. Doe has not had a flu shot or Pap smear. She enters her chief complaint and vital signs into the EMR. The EMR automatically displays the guidelines for asthma and indicates the assessments due or needed. It also displays Ms. Doe's medication profile which lists all medications prescribed and filled. Nurse Nightingale then downloads the most current performance profile for Dr. Smith's review.

Dr. Smith notes that he is performing above his peers on most indicators including asthma. Dr. Smith is also able to see that Jane Doe is on all medications recommended by the current guidelines. Dr. Smith evaluates Jane Doe and enters the clinical history and findings into the EMR system and then goes on to enter orders for several medical interventions. While in the office, Jane Doe receives a nebulizer treatment as well as a single dose of oral prednisone. Also, oxygen saturation testing is performed using a pulse oximeter; pulmonary function is checked using a peak flow meter; and a complete blood count (CBC) and chest x-ray (CXR) are taken to rule out pneumonia.

Upon accessing the patient's record, Dr. Smith notes that Jane Doe has been previously seen by an allergist and another primary physician during the past two months. He also notes that she was seen in the emergency room two days before. While performing a medication reconciliation process, he also finds that Jane Doe has been refilling her asthma preventive medication on a regular basis.

Noting an improvement of Jane Doe's symptoms after the medications and an unremarkable CBC and CXR, Dr. Smith writes prescriptions using the online ePrescribing function. Although the tool provides the option to print the prescription, Dr. Smith transmits the prescription electronically to the pharmacy.

Jane Doe is sent home on several prescriptions, which include albuterol MDI, prednisone tablets, and a refill of her montelukast tablets. She also receives the flu vaccine before she goes home. She is advised to return to the clinic if she gets worse or does not feel better in the next 3 days and a visit is scheduled for her annual pap smear and for follow-up. Jane Doe goes straight to a local pharmacy, where her prescriptions are waiting for her. Her symptoms are better within 3 days.