

INSPIRE

Interoperability and

Standards in Practice:

Innovation, Readiness, Education



Clinical Value and The Power of Standards with Professor Bernie Bissett





CLINICAL VALUE OF DIGITAL DATA – HOW DATA ACCESS SHAPES EVIDENCE-BASED PRACTICE

A clinician researcher perspective

Professor Bernie Bissett
University of Canberra
Bernie.Bissett@canberra.edu.au





@berniebissett.bsky.social



CONFLICTS OF INTEREST

I have no conflicts to declare and no affiliation with any of the devices or products featured in this presentation



ACKNOWLEDGEMENTS

Patients and staff who have given permission to share the photos and videos in this presentation



JOINT PROFESSOR OF ALLIED HEALTH RESEARCH

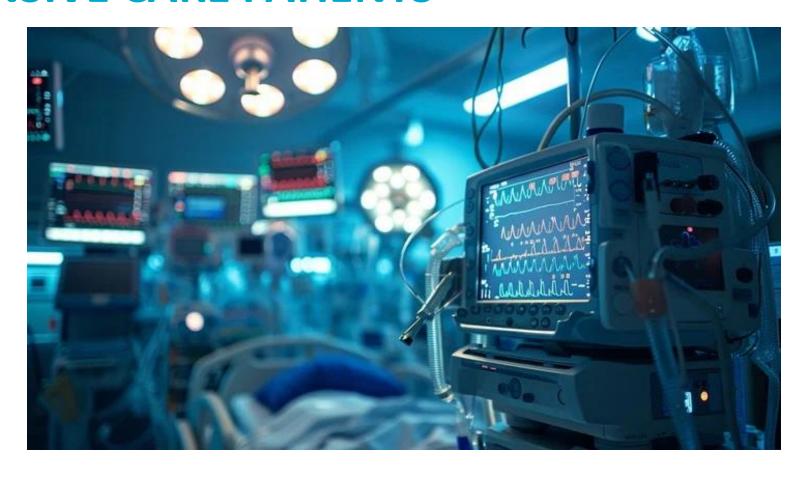








INTENSIVE CARE PATIENTS





STRENGTH TRAINING FOR BREATHING MUSCLES



@BernieBissett

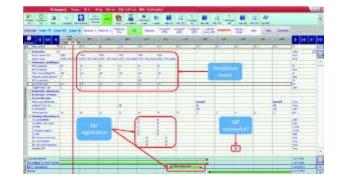




MULTICENTRE RCT OF INSPIRATORY MUSCLE TRAINING FOR ICU PATIENTS

DATA SOURCES:

- Metavision (ICU data)
- Electronic Medical Record
- App-based training data





DATA POINTS INCLUDE:

- Demographics, Co-Morbidities and Frailty
- Ventilator data
- Observations (Heart Rate, Respiratory Rate, Oxygen saturation, Blood Pressure)
- Training data (repetitions, sets, intensity)
- Outcomes:
- Quality of Life (EQ-5D)
- ☐Disability (WHODAS)
- ☐ Maximu m Inspiratory Pressure
- ☐ Exercise tolerance (Sit to Stand in 30 seconds)
- ☐Breathlessness (Borg & Dysp noea 12 scores)

TIME POINTS: ICU, hospital discharge, 6 weeks, 6 months, 12 months

₹EDCap °	Example PID 67	
Logged in as admin Log out	Actions: Modify instrument Download PDF of instrument(s)	♥ VIDEO: Basic data entry
l My Projects or Control Center	Participants	
View project as user: - select a user -	Adding new Record ID 23	
eject Home and Design	Record ID	23
Project Home · Æ Project Setup Designer · Dictionary · Codebook Project status: Development	First Name	Example
ta Collection	Last Name	Participant
Survey Distribution Tools Get a public survey link or build a participant list for inviting respondents	Code	9
Record Status Dashboard - View data collection status of all records	Form Status	
Add / Edit Records - Create new records or edit/view existing ones	Complete?	(Incomplete \$
Record ID 23 Select other record to Collection Instruments: Participants	Lock this instrument? If locked, no user will be able to modify this instrument for this record until sameone with instrument Level Lock/Unlock privileges unlocks it.	□ 🔒 Lock
imple troop		Save & Exit Form Save & Stay -
plications		
Project Dashboards		Cancel



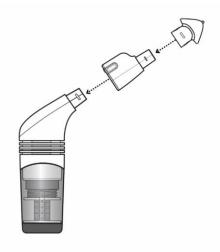


BLUE TOOTH – SMART ADAPTOR - APP

Using MedicPlus IMT + Smart Adaptor Bluetooth to ActiBreathe App on phone

Up to 30 breaths / session



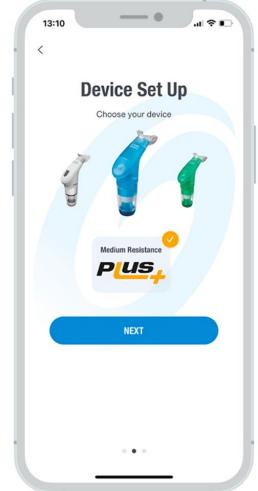


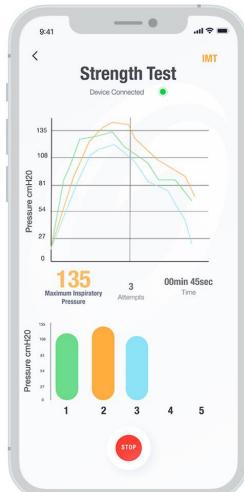


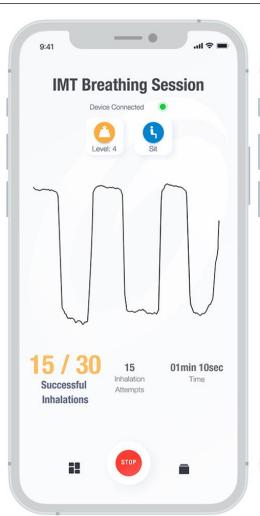
ACTIBREATHE APP ON PATIENT'S PHONE





















LESSONS LEARNED SO FAR

- 1. Access to data drives research design
- Electronic medical records aren't yet designed for research outputs
- 3. Variation around the country makes research much harder! (and expensive)





COVID



Journal of Physiotherapy 66 (2020) 73-82



Journal of PHYSIOTHERAPY

journal homepage: www.elsevier.com/locate/jphys

Invited Topical Review

Physiotherapy management for COVID-19 in the acute hospital setting: clinical practice recommendations

Peter Thomas ^a, Claire Baldwin ^b, Bernie Bissett ^{c,d}, Ianthe Boden ^e, Rik Gosselink ^{f,g}, Catherine L Granger ^h, Carol Hodgson ⁱ, Alice YM Jones ^{j,k}, Michelle E Kho ^{l,m,n}, Rachael Moses ^o, George Ntoumenopoulos ^p, Selina M Parry ^q, Shane Patman ^r, Lisa van der Lee ^s





LONG COVID





Health Expectations

WILEY

ORIGINAL ARTICLE OPEN ACCESS

Consumer Experience of an Australian Multidisciplinary Long COVID Clinic That Incorporates Personalised Exercise Prescription: A Qualitative Analysis

¹Canberra Health Services, Canberra, Australia | ²Faculty of Health, University of Canberra, Canberra, Australia | ³College of Health and Medicine, Australian National University, Canberra, Australia | ⁴The Royal Brisbane and Women's Hospital, Brisbane, Queensland, Australia | ⁸Griffith University, Brisbane, Queensland, Australia

Correspondence: Tanya Buettikofer (tanya.buettikofer@act.gov.au)

Received: 18 July 2024 | Revised: 29 January 2025 | Accepted: 30 January 2025





LESSONS LEARNED SO FAR

- **1. Still** relying mostly on manual data extraction from electronic records SLOW!
 - Delays impact to change practice
- Lack of connection between hospital and community data follow up of long term conditions challenging
- Collaborative research across jurisdictions local site governance often has different data requirements, even if you have ethical approvals





WHAT WOULD I HAVE WITH A MAGIC WAND?

In my imaginary world, researchers would ideally be able to:

- Run reports on selected patient data from electronic medical records ACROSS THE COUNTRY
- 2. Easily import outputs into data management software (e.g. RedCAP) without manual entry
 - Skip straight to data cleaning phase
- 3. Option to integrate patient-based health app data (where the patient has consented to share this)





CLINICIAN RESEARCHER PERSPECTIVE:

- Data access shapes clinical research design
 - If we can't easily access it, we probably won't measure it
- Coherent national data definitions are crucial to multicentre studies
- Obstacles in data access → research delays → slower practice change
- PLEASE prioritise research functionality of electronic medical records now
- Bottom line: Research data access is actually about improving patient care.





Professor Bernie Bissett (PhD)

Discipline of Physiotherapy, University of Canberra

Bernie.Bissett@canberra.edu.au



INSPIRE

Interoperability and

Standards in Practice:

Innovation, Readiness, Education