EMERSE Community Meeting

em Prse

2025-May-14

https://project-emerse.org

Plan for today

- Welcome and Housekeeping
- Guest Speaker
- Announcements and Updates
- Brief Demo of upcoming changes
- Open Forum
- Adjourn



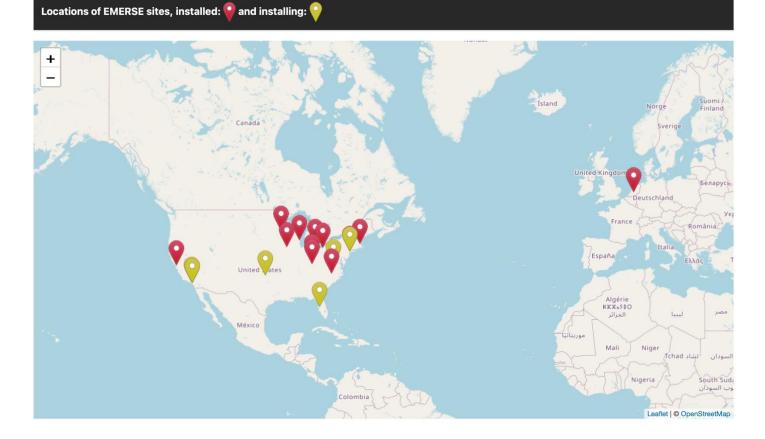
Housekeeping

- Zoom *Meeting* More opportunities for interaction
- Please stay muted, unless you would like to ask a question or \bullet make a comment
- Feel free to use the chat function to type questions or provide comments
- We will answer questions throughout lacksquare
- We will record this meeting; it will be available where prior recordings are located:
 - https://project-emerse.org/presentations.html
 - https://project-emerse.org/community.html



Community

• https://project-emerse.org/community.html





Acknowledgements

- EMERSE has been supported by:
 - NCI ITCR program
 - NCATS via MICHR CTSA
 - Michigan Medicine
 - Department of Learning Health Sciences
 - Office of Research
 - Health Information Technology & Services
 - Rogel Cancer Center



Guest Speaker

- Erik Harden, BA, MA
 - DrPH candidate, GWU Milken Institute School of Public Health
 - Administrator and Senior Clinical Research Manager, Columbia University Irving Medical Center







USING EMERSE TO FIND PATIENTS FOR A COLORECTAL CANCER PREVENTION STUDY

Erik Harden, MA, DrPH Student

COLUMBIA COLUMBIA UNIVERSITY IRVING MEDICAL CENTER

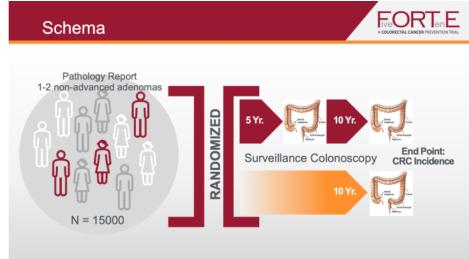
FORTE: Five- or Ten-Year Colonoscopy for 1-2 Non-Advanced Adenomatous Polyps

About FORTE

- A national colorectal cancer prevention study sponsored by the National Cancer Institute (NCI)
- Focuses on patients with 1-2 small, nonadvanced adenomas (polyps) found during colonoscopy
- Study hopes to answer if people who had one 1 or 2 polyps removed during colonoscopy, should repeat colonoscopy exam at 10 years or should they have their repeat exams at both 5 years and at 10 years?

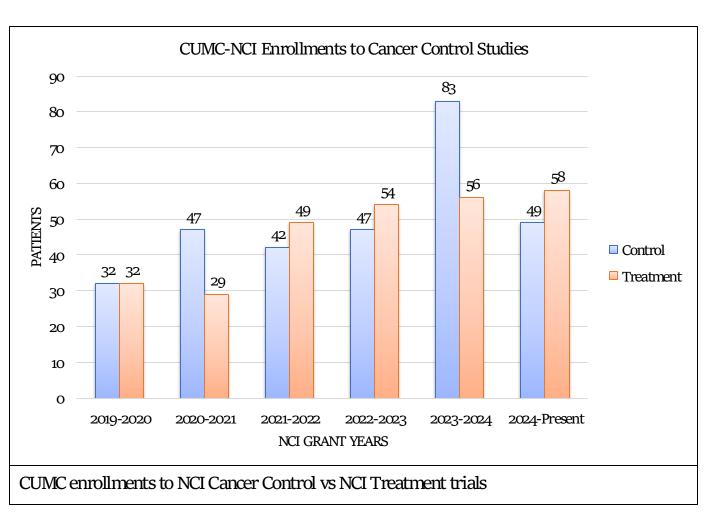
Who qualifies for FORTE

- Adults 45-70
- Had a screening colonoscopy in the last 4 years.
- Found to have 1 or 2 small, non-advanced polyps



FORTE at Columbia University Medical Center (CUMC)

- In 2021 CUMC chose to open the FORTE trial – currently there are 500 other hospitals participating in FORTE
- FORTE is classified as a cancer control trial (a clinical trial focused on improving cancer prevention, early detection, and management, with a particular emphasis on reaching underserved populations)
- CUMC has a strong history of successful enrollment for cancer controls studies



Pre-EMERSE Workflow

- FORTE-Columbia team initially wanted to query their electronic medical record (EMR) around FORTE eligibility to produce a patient report, however the Principal investigator wanted to pull colonoscopy reports from Tableau that were used by CUMC gastroenterologist to house colonoscopy data
- Tableau is a visualization platform that helps users connect to, analyze, and visualize data from various sources.
- Based on our previous history of enrolling well to NCI Cancer Control studies + Tableau, we were confident and ready to enroll to FORTE ...

But then...

| | | | | | | (| CUMC E | nrollme | nts to FC | RTE | | | | | | |
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| | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 |

The Issues:

- The Tableau reports produced during MAR
 2022 JUN 2023 contained more than
 5,000+ patients
- The FORTE-CUMC Clinical Research Coordinator would select MRN's that had the most recent colonoscopies and enter them into our EMR to verify they were eligible for the study
- For every patient 50 patients, 1 was found to be eligible for the FORTE study
- This was extremely time -consuming process
- We went back to the drawing board with our Principal Investigator...

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Tableau Report with 5000+ patients

Next Steps:

- The FORTE-Columbia study team decided to then query their electronic medical record (EMR) around FORTE eligibility to produce a patient report. The query included:
 - Patients 45-75 with colonoscopies at Columbia in the last 4 years
 - Patients with colonoscopy pathology reports available in their chart
 - \odot $\,$ No active cancer diagnosis $\,$
- This patient report continued to produce many patients
 about 1200-1,500
- Issue with our patient reports can only pick up structured data meanwhile our colonoscopy reports are free text notes, and the 1-2 polyps became a key eligibility point in screening
- In speaking with our Cancer Center System Analysts, they recommended a program called EMERSE

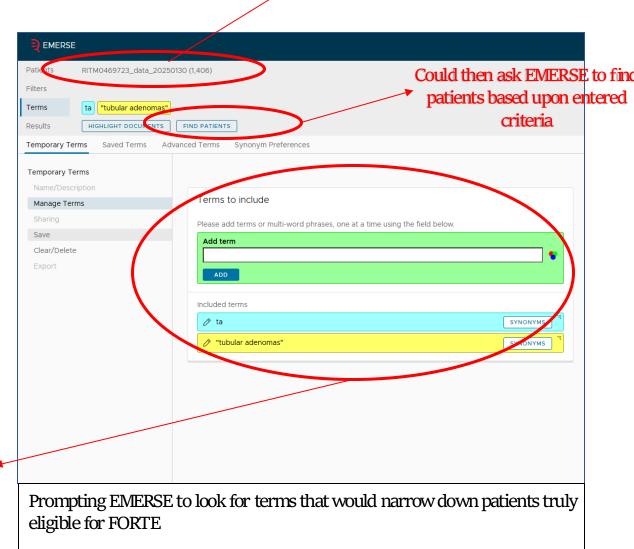
| mrn | pat_nambirth_datnum_col first_colclast_co | lc colonscc num_col most_recent_outpatient_appt |
|-----|---|---|
| | 4 | 1 VC 2 INTERNAL MEDICINE(FOLLOW UP ACN): 06/21/2023 |
| | 3 | 0 HVMG MOB NEUROLOGY(TRANSITION ESTABLISHED NYPMG): 11/08/2024 |
| | 3 | 1 WCH 2649STR VASCULAR SURGERY(FOLLOW UP CUIMC): 01/22/2025 |
| | 4 | 1 HVMG 2649STR GASTROENTEROLOGY(GI NEW PATIENT NYP): 08/01/2024 |
| | 4 | 0 MAN 516W168 NP GROUP(FOLLOW UP CUIMC): 03/27/2024 |
| | 4 | 0 HIP 6 COL CARDIO MED(FOLLOW UP CUIMC): 02/29/2024 |
| | 4 | 1 HIP 8 COL DIG LIVER DIS(CONSULT CUIMC): 11/29/2022 |
| | 4 | 0 ALN 3 COL NEUROSURGERY(VIDEO VISIT POST OP CUIMC): 02/04/2025 |
| | 3 | 0 HRK 9 COL GI CONTRACT GREEN(GI FOLLOW UP CUIMC): 10/29/2024 |
| | 5 | 0 MAN 51W51 340 PRIM CARE(PRIMARY CARE FOLLOW UP CUIMC): 01/13/2025 |
| | 4 | 0 VC 15 COL DERMAPATHOLOGY: 09/23/2024 |
| | 1 | 1 HRT 4 COL CARDIO MED: 02/03/2025 |
| | 4 | 1 HRK 9 COL GI CONTRACT LEWIS(VIDEO VISIT NEW PATIENT CUIMC): 12/21/202 |
| | 5 | 0 HRK 9 COL GI CONTRACT GREEN(NEW PATIENT CUIMC): 06/04/2024 |
| | 4 | 0 HIP 11 COL UROLOGY(FOLLOW UP CUIMC): 01/09/2025 |
| | 3 | 2 HVMG 2649STR GASTROENTEROLOGY(GI NEW PATIENT NYP): 02/04/2025 |
| | 4 | 0 VCL 7INTK COL DENTAL URGENT & EMER(EMERGENCY CUIMC): 12/10/2024 |
| | 10 | 1 BMH EMERGENCY: 02/05/2025 |
| | 3 | 1 HVH EMERGENCY: 07/05/2024 |
| | 4 | 0 HRK 9 COL GI CONTRACT LEWIS(NEW PATIENT CUIMC): 10/20/2021 |
| | 3 | 1 HVMG 1985CROM GASTROENTEROLOGY(NEW PATIENT NYPMG): 03/30/2022 |
| | 5 | 1 MAN 51W51 360 DIG LIVER DIS(GI CONSULT CUIMC): 10/01/2024 |
| | 5 | 1 BRX 3050CORL CARDIO CMG(CARD NEW PATIENT CUIMC): 01/28/2025 |
| | 3 | 1 MAN 601W113 INTERNAL MED(PRIMARY CARE EST ANNUAL PHYSICAL CUIMC): |
| | 3 | 0 HRK 9 COL GI CONTRACT GREEN(VIDEO VISIT GI FOLLOW UP CUIMC): 09/18/20 |
| | 3 | 1 WCH 1985CRPD COLORECTAL(NEW PATIENT CUIMC): 08/23/2021 |
| | 4 | 0 MAN 51W51 360 DIG LIVER DIS(VIDEO VISIT FOLLOW UP CUIMC): 09/27/2021 |
| | 4 | 0 WCH 155WPLN 100 DERM(DERM FOLLOW UP CUIMC): 10/31/2024 |
| | 1 | 0 STR ANATOMIC PATHOLOGY: 11/04/2024 |
| | 4 | 1 WCH 1985CRPD COLORECTAL(FOLLOW UP CUIMC): 02/03/2025 |
| | 4 | 0 PBY 8 COL ALLERGY(VIDEO VISIT FOLLOW UP CUIMC): 02/06/2025 |
| | 3 | 1 HVMG MOB HEMATOLOGY ONCOLOGY(CONSULT NYPMG): 01/28/2025 |
| | 4 | 1 HVMG 1985CROM GASTROENTEROLOGY(GI NEW PATIENT NYP): 11/26/2024 |
| | 4 | 1 HVMG 211SDIV INTERNAL MEDICINE(PRIMARY CARE EST PATIENT NYP): 02/04/ |

FORTE-CUMC Patient Report

EMERSE Workflow

- Around July 2023 CUMC Cancer System Analysts exported our patient reports into EMERSE
- As mentioned previously, over the course of screening eligible patients for this trial, we found that 1-2 polyps became the key eligibility point in including or excluding patients to contact for FORTE
- The FORTE-CUMC team asked EMERSE to include patient's whose pathology notes mentioned "tubular adenomas" or "TA"
- We asked EMERSE to exclude all patient charts that mentioned "sessile serrated adenoma" and "hyperplastic adenoma"

Asking EMERSE to only include patient charts that include the terms "TA" and "Tubular Adenoma"



CUMC Patient Report Uploaded to EMERSE

EMERSE Continued:

| Ə EMERSI | E | | | | | | | Erik Harden ~ |
|-----------------|-----------------------------------|---------------------------|-------------------|----------------|-----------------|------------|--------------------------|-----------------|
| Patients | RITM0469723_data_20250130 (1,40 | 06) | | | | | | |
| Filters | | (| Original CUMC Pat | ient Report ha | d 1406 patients | | | |
| Terms | ta "tubular adenomas" | | 0 | 1 | 1 | | | |
| Results | HIGHLIGHT DOCUMENTS FIND F | PATIENTS | | | × | | | |
| Temporary Pa | atient List Saved Patient Lists A | Il Local Patients Network | | | | ` | | |
| | | | | | | | NEW PATIENT LIST COMPARE | E PATIENT LISTS |
| Name | | Description | Owner | Created | Modified | Last Used | ↓ Patient Count | |
| RITM046972 | 23_data_20250130 | RITM0469723_data_20250130 | Janie Weiss | 01/30/2025 | 01/30/2025 | 05/14/2025 | 1,406 | > |
| | | | | | | | | |
| | SE | | | | | | | Erik Harden ~ |
| Patients | RITM0469723_data_20250130 (1,4 | -06) | | | | | | |

| | (1,100) | | |
|---------------|---|--|---|
| Filters | | | |
| Terms | ta "tubular adenomas" | | |
| Results | HIGHLIGHT DOCUMENTS FIND PATIENTS | EMERSE was able to narrow list down from 1406 patients | to 370 patients |
| Summaries | Demographics Trends | | |
| | ents matched the search criteria | | TAG PATIENTS IN LIST MOVE TO TEMPORARY PATIENT LIST |
| To review the | ese patients in more detail, move to a temporary patient list and | I then click the Highlight Documents button. | |
| Top 100 M | latching Documents | | |
| | | | |

EMERSE Continued:

- Exported 370 potentially eligible patients to a separate list

| | | | | | Erik Harden v |
|---|-------------------------------|------|------------|--------------------------|-----------------------------------|
| Patients Temporary List (370) | | | | | |
| Filters | | | | | |
| Terms ta "tubular adenomas" | | | | | |
| Results HIGHLIGHT DOCUMENTS | FIND PATIENTS | | | | |
| Temporary Patient List Saved Patient List | ts All Local Patients Network | | | | |
| Temporary List Name/Description | | | | | CONVERT TO SAVED PATIENT LIST |
| Add/Upload Patients | MRN | Name | Birth Date | Age | Action |
| View Patients | | | | | Remove |
| Patient Demographics | | | | | Remove |
| Sharing | | | | | Remove |
| Clear Export | | | | | Remove |
| | | | | Patients per page 50 V 1 | 50 of 370 patients < < 1 / 8 > > |

We could ask EMERSE to "highlight documents" that had the words "TA" and "Tubular Adenoma

| | | | | | | | | Erik Harden ~ |
|----------|--------------------------|----------------|------------|-----------|----------------|-------------------|------------------------------|--------------------------|
| | ist (370) r adenomas" | | For this p | | | | nentions of s patient's c | the word "TA" hart |
| Overview | Ascending ~ | | | \frown | | | - | Numbers Grayscale Mosaic |
| MRN | Name | Epic HNO Notes | Radiology | Pathology | Pre-Epic Notes | Pre-Epic Op Notes | Comment | Tag |
| | | 1 of 173 | | 3 of 43 | 63 of 883 | | | 0/255 |
| | | 11 of 344 | 1 of 116 | | 50 of 1193 | | | 0 / 255 |
| | | 11 of 190 | | | 27 of 81 | | | 0 / 255 |
| | | | | | 31 of 411 | | | 0 / 255 |
| | | 2 of 79 | | | 27 c/1693 | | | 0/255 |
| | | | | | 28 of 680 | | | 0/255 |

EVERSE Continued: Could then click on notes that EMERSE flagged mentioning the words"TA" and "Tubular Adenoma" terms

| | | | | | | | | | | Erik Harden ~ |
|---------------------------|-----------------------|---|---|-----|--------------------------|----------|-----------------|--------------|-----------------|---------------|
| Patients | Temporary List (370) | | | | | | | | | |
| Filters | | | | | | | | | | |
| Terms | ta "tubular adenomas" | | | | | | | | | |
| Results | HIGHLIGHT DOCUMENTS | FIND PATIENTS | | | | | | | 1 of 370 | |
| Overview S | ummaries | | | | | | | | < Patient > | |
| Epic HNO No 1 of 173 | | | | | | | | | | |
| Radiology | | Summary | | MRN | Report Id | Provider | Date of Service | Last Updated | Report Date 🗸 🤟 | Viewed |
| | | history of hyperplastic polyps and tubular adenomas in th Status post colectomy for multiple tubular adenomas with | accolon and rectum oral high-grade dysplasia | | CqM6wn+VyLJMSr3QGSuZqQ== | | 12/15/2016 | 12/15/2016 | 12/15/2016 | Ν |
| Pathology | | resection , , A. Colon, colectomy: - Multiple tubular adenor | mas (\R 50) with focal high | | lcrhtdJC7XQWN51XH51Kkw== | | 05/22/2012 | 05/22/2012 | 05/22/2012 | N |
| 3 of 43 | 1 | biopsy , Colon, rectosigmoid, polyps, biopsies: Tubular ad groups, | lenomas, multiple with focal biom | | NMg/pyAqTuYXW+N5ffVUFQ== | | 05/04/2012 | 05/04/2012 | 05/04/2012 | N |
| Pre-Epic Note 63 of 88 | | | | | | | | | | |
| Pre-Epic Op 1 | Notes | | | | | | | | | |
| | | | | F | ORTE exclude | es pat | ients di | agnose | d with | previou |
| | | | | | this p | atient | would | be inel | igible f | or FOR |

After renaming the exported 370 list, we could then flag patients as either eligible or ineligible based upon a set in the set of th

| | | | | | | | Erik Harden |
|----------------------|-----------------------------------|----------------|-----------|-----------|----------------|-------------------|--------------------------|
| | ORTE (370) | | Flagging | patient v | with previo | us history o | f polyps as ineligible |
| Filters Terms ta | "tubular adenomas" | | | 5 Parlone | Provide State | | |
| | HIGHLIGHT DOCUMENTS FIND PATIENTS | | | | | | |
| Overview | | | | | | | |
| Sorted by: Insert Or | order V Ascending V | | | | | | Numbers Grayscale Mosaic |
| MRN | Name | Epic HNO Notes | Radiology | Pathology | Pre-Epic Notes | Pre-Epic Op Notes | Comment Tag |
| | | 1 of 173 | | 3 of 43 | 63 of 883 | | Exclude 87255 |
| | | 11 of 344 | 1 of 116 | | 50 of 1793 | | 0 / 255 |
| | | 11 of 190 | | | 27 of 813 | | 0/255 |
| | | | | | 31 of 401 | | 0/255 |
| | | 2 of 79 | | | 27 of 1693 | | 0/255 |
| | | | | | 28 of 680 | | |
| | | | | | 28 of 680 | Patients per pag | 0/255 |

EMERSE Continued:

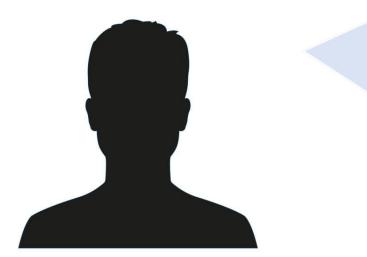
- We were able to enroll patients!
- Note:

While CUMC rolled out the EMERSE workf bw for FORTE, we were also simultaneously testing reaching out to EMERSE identified FORTE patients over MyChart to introduce the FORTE study **EMERSE** use started

to

patients

EMERSE Anecdote from FORTE-CUMC Team



EMERSE has been vital to our teams' effort to screen patients for the FORTE trial. The sheer volume of patients that the program is able to screen for us drastically increased our efficiency and ability to extend clinical trial opportunities to patients. What is normally a tedious process is significantly less cumbersome when utilizing EMERSE.

- Finn, FORTE-CUMC Coordinator/EMERSE User

FORTE Post EMERSE

- Continue to use EMERSE to screen for the FORTE study at CUMC
- In the last 2 months we opened the FORTE study at one of CUMC community affliate, located 1-hour north of CUMC, and rolled out FORTE-CUMC workflow there as well
- Have not enrolled a patient at CUMC community affiliate ... yet, however, we have reached out to patients identified via EMERSE at CUMC affiliate and have interested patients

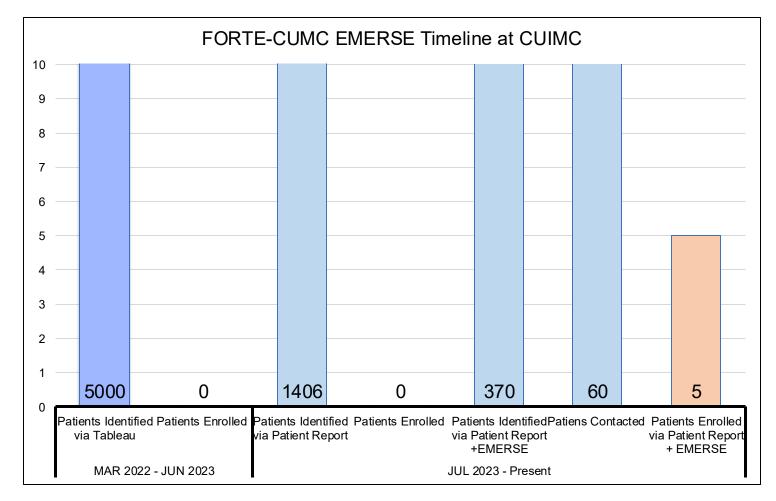
Using EMERSE, our team is able to easily identify patients across CUIMC's affiliate hospitals. The tag tool was especially effective in filtering large lists, allowing us to screen records for multiple providers dating back four years. This dramatically reduced screening time and led to a notable increase in eligible candidates across all sites. This allowed us to focus on patient outreach, which has increased engagement in our clinical trial.

- Mariana, FORTE-CUMC Affiliate Coordinator/EMERSE User



EMERSE Conclusions

- EMERSE helped narrow down our patient reports to help identify truly eligible patients for FORTE
- Decreased staffs time screening patient eligibility for FORTE
- Very easy to use
- Combining EMERSE with other
 electronic methods has helped us
 (CUMC patient reports + EMERSE +
 MyChart Outreach) enroll patients to
 the FORTE study



EMERSE version 7.1

- Released internally at U of Michigan in April 2025
- Plan for broader release in about a month
- New features:
 - A few bug fixes
 - Synonyms counting in background
 - Collapsible navigation panel
 - Query Writer
 - Control over Boolean (AND/OR) options
 - Searches without terms



Demonstration of features in 7.1 release

- Demo system is online and available for anyone to test
- Contact us for an account
- New features are in demo system



Work in progress: UI Framework

- Updating backend UI framework
 - Removing Clarity UI (not Epic Clarity)
 - Will allow us to update Angular, reduce potential security issues
 - May speed up the interface
 - Lots of work, but will be mostly invisible to the users



Work in progress: OCR

- Optical character recognition (OCR)
 - Still testing various technologies
 - Determine how to store data
 - Should be able to handle multiple image formats and PDFs
 - PDFs would be converted to images
 - Highlighting terms within documents
 - Looking into pros/cons of spelling correction



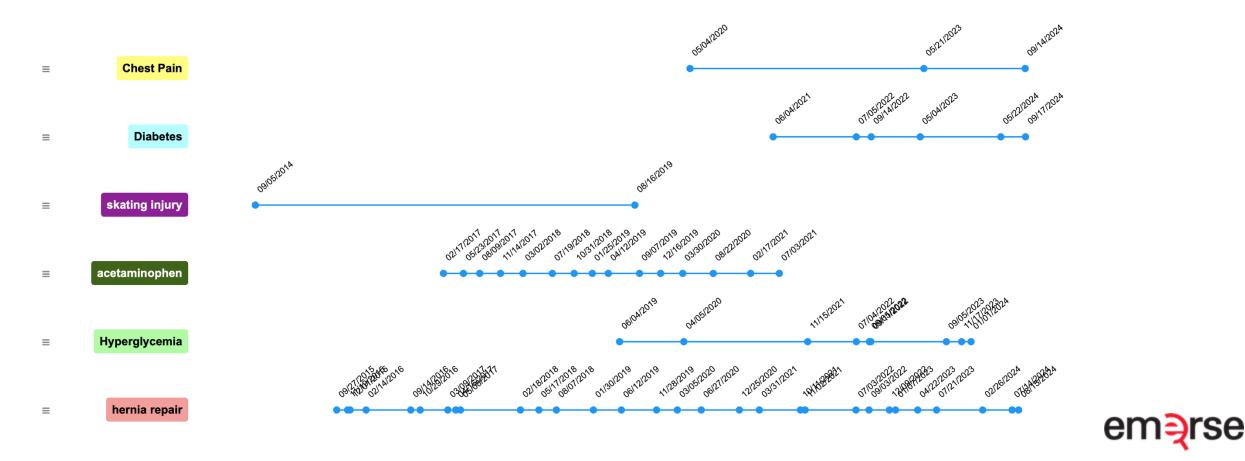
Work in progress: OCR

| Terms | 12pm SV | T heart rate* | unanalyzable I | CG BP | M ventricular tachycardi | lia VT interpretation | | | | | |
|-----------|-----------|---------------|----------------|-------|--------------------------|-----------------------|----------------------------|-------------------|----------------|----------|--|
| Results | HIGHLIGHT | | FIND PATIENTS | | | | | | | | |
| Overview | Summaries | Document | | | | | | | | | 3 of 16 1 of 1 Patient > < Document > |
| 0.07 | | | | | | | | | | | |
| OCR | | | Summar | ́Е | vents Patient Events | VT Pauses | AVB SVT | Additional Strips | | | |
| | | | | | | | | | 🔲 day (6am - 1 | (ma | |
| | | | | Ej | pisode Heart Rat | es | | | night (10pm | - 6am) | VT |
| CAREWEE | 3 | | | | | | | | unanalyzable | ECG | Ventricular Tachycardia (4 beats or more) |
| | | | | 250 | 12pm 12am 12pm | 12am 12pm 12an | n <mark>12pm</mark> 12am 1 | 2pm 12am 12pm | 12am 12pm 1 | 2am 12pm | |
| | | | | 225 | START | | | | | | Number of episodes |
| MiChart | | | Heart Rate | 200 | | | | | | | Average heart rate |
| | | | (bpm) | 175 | | | | | | | 157 bpm |
| | | | | 150 | | | | | | | Heart rate range |
| Carowoh | | | | 125 | | | | | | | 118-176 bpm |
| Careweb | | | | 100 | | | | | | | |
| | | | | 75 | | | | | | | Note: Heart rates are calculated using single, beat-to-beat intervals. |
| | | | | 50 L | | | 1 | | 1 | | using single, beat-to-beat intervals. |
| Radiology | , | | | | | | | | | | |



Work in progress: Timelines

• Show terms on a timeline, linked to note dates



Open Forum & Wrap-up

Questions/Comments/Discussion

- Thanks for attending!
- Next Meeting: TBD (Fall 2025)
- Please complete meeting survey:
- https://bit.ly/emerse-may-2025



