

MITRE / FLUX NOTES **SELECTED CONCEPTS v13.8**

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Medication name in 16 pt

Amount, units, timing + other

dosage change truncate if ne... date change

route if available status or refills

prescription date prescribing doc

All text is 12pt regular in standard text color, unless otherwise noted.
 Dosage amount is in 16 pt semibold grey.
 Dosage change text is bold. If it's too common and too strong, make semibold.

Full dimensions: 575 x 100

alignments to top, as in css (not baseline measurements)

10 px buffer

325 px to left edge

455 px to left edge

20 pt pad

16 px pad for title line

Medication name in 16 pt

change text and date flow, no break

15 pt spacing

Dose text flows, no break

route if available status or refills

prescription date prescribing doc

110 px width

If more space is available, do not shift layout.
 If less space is available, graphic can be squished a bit, then wrap right half to second line, preserving spacing and type sizes.

Letrazole

2.5 mg qdr



reduced from 5 mg qd on 13 Nov '17

oral route

13 Nov 2017
Dr Yosemite299a

ibuprofen 400 mg tables

3 tablets qd



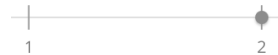
increased from 2 tablets on 13 Dec '17

oral route

5 refills allowed
13 Dec 2017
Dr Yosemite299a

ibuprofen 200 mg tablets

2 tablets qd



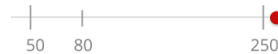
replaced by ibuprofen 400... 13 Nov '17

oral route

stopped
4 Nov 2017
Dr Yosemite299a

PACLitael

205 mg/m2 11
cycles



dosage change truncate if ne... date change

stopped

4 Sep 2017
Dr Yosemite299a

Additional dosage change texts:

increased to 3 tablets on 13 Dec '17

replaced ibuprofen 200 mg... 13 Nov '17

CONTEXT TRAY: Considerations

Considerations:

- If hierarchy of data is presented, it should be clear
- The software should provide 3 capabilities
 - Predict and present to user likely shortcuts
 - Allow user to confirm that the software context matches the intended context
 - Allow the user to explore the available shortcuts
- Unavailable shortcuts are hidden
- The three functions above should not impede each other

Smaller problems to explore

- Having access to all items in a “group” is critical, but maybe the current “...” isn’t working
- We like the idea of breadcrumbs. Where and how do we present them?

Larger problems to explore

- Do contexts expire? Do they have a limited scope?
- Global contexts vs. local contexts?
- Tool to visually see contexts in note?
- How does the Assistant interact with the context tray?

CONTEXTS: Scope

Considerations:

- Main condition for patient visit (if there is one, unclear in the future of FluxNotes) should act as some sort of default.
- Most contexts should close automatically when inactive. But how do we define inactive?
- The currently implemented FluxNotes (and perhaps the SHR in general) doesn't require mixing of contexts. For example, there is no way to attribute a medication to a procedure or a Toxicity to a particular treatment.
- All capture-only contexts should close when complete. If completion is vague, it follows the inactivity rules.

Inactivity

- A context is inactive if a shortcut for a parallel context is opened. This is okay, given the consideration above regarding mixing of contexts.
- Ex 1: The clinician is discussing a prescription for Taxol. Then she opens mammography via @procedures. This closes Taxol.
- Ex 2: The clinician is capturing staging. Although she does not capture all the possible fields, she opens #disease status, and staging closes.
- A context is also inactive if 2 paragraph marks have been called since the last capture or retrieval from that context. Requiring 2 end of paragraphs presents lists from closing a relevant context.

Global and Local contexts

- All contexts are local and follow the inactivity rules unless otherwise stated.
- A global context is always available, and are not closed by opening a parallel context.
- A note can have a global condition that is determined at note creation. Perhaps via template selection, or maybe by the very first condition call, or perhaps by the condition at the top of FluxNotes.
- Other conditions can be opened, providing a temporary override of the global condition. When that condition closes (perhaps via 2 paragraph marks) the global one is reactivated.

CONTEXT TRAY: User selects suggested or all available

@

:

Search shortcuts

TEMPLATES

SNIPPETS

SUGGESTED

CONTEXT

grade

+3

#Grade 3

#Grade 4

#Grade 5

adverse effect

+27

#Febrile neutropen...

#Fatigue

#Anemia

#Diarhea

attribution

+1

#Treatment

#Disease

#Error

#Unknown

Invasive ductal car...

+5

#disease status

#toxicity

#ER

#PR

#HER2

@HPI

Remove note

@

:

Search shortcuts

TEMPLATES

SNIPPETS

SUGGESTED

CONTEXT

▼ Invasive ductal car...

#disease status

#toxicity

#ER

#PR

▼ Toxicity

grade

+3

#Grade 2

#Grade 3

#Grade 4

adverse effect

+27

#Febrile neutrop...

#Fatigue

#Anemia

#Naussea

attribution

#Treatment

#Disease

#Error

#Unrelated

#Unkown

Remove note

Summary

Timeline

Medication

Allergies

Labs

Social

Disease status

Dr. Jraker299 referred ms. Debra24 Hernandez98Aj due to pain in left breast. Dr. Jraker299 is ms. Debra24 Hernandez98Aj's primary care physician for 12 years.

Summary

Ms. Debra24 Hernandez98Aj is a 51-year-old menopausal non hispanic or latino woman with invasive ductal carcinoma of the breast, diagnosed on 13 January 2012. Her most recent status, recorded on 15 May 2017, is of worsening, disease progression based on pathology, imaging, and symptoms.

She underwent a lumpectomy. She underwent a sentinel lymph node biopsy on 20 September 2012 which revealed infiltrating poorly differentiated ductal carcinoma. stage IV. estrogen

New Note

10 April 2018

Dr. Free2 Will

Dana Farber Cancer Institute

X Close

B I U

Invasive ductal carcinoma of the breast

REASON FOR VISIT:

follow-up regarding Invasive ductal carcinoma of the breast

HISTORY OF PRESENT ILLNESS:

Ms. Ortiz is a 43-year-old premenopausal Hispanic woman who recalls an unremarkable mammogram December 3, 2015. She recalls feeling a sharp pain in her right breast about 8 months later, and feeling a palpable lump two months after that. A diagnostic mammogram on August 13, 2017, revealed a 2 cm mass in the right breast at 7 o'clock and an indeterminate lymph node in the right axilla, 13 mm.

She underwent neoadjuvant cyclophosphamide (ddAC) followed by Taxol (T) from October 20, 2017 to February 23, 2018. Taxol was dose reduced to 60mg/m2 for the last 2 cycles and stopped after 11 doses due to neuropathy. She received 11 of 12 planned doses.

She underwent right lumpectomy with Dr. Ford on March 12, 2018. Pathology report on March 16, 2018 showed no residual disease, 0/2 SLNs, pathological complete response pCR.

SIGN NOTE



Search shortcuts

TEMPLATES

SNIPPETS

SUGGESTED

CONTEXT

Invasive ductal car... +5

#disease status

#toxicity

#ER

#PR

#HER2

@HPI

Patient +11

#enrollment

@medication

@procedure

Remove note



Dr. Jraker299 referred ms. Debra24 Hernandez98Aj due to pain in left breast. Dr. Jraker299 is ms. Debra24 Hernandez98Aj's primary care physician for 12 years

user is capturing Toxicity. Staging has gone out of scope.

non hispanic or latino woman with invasive ductal carcinoma of the breast, diagnosed on 13 January 2012. Her most recent status, recorded on 15 May 2017, is of worsening, disease progression based on pathology, imaging, and symptoms.

She underwent a lumpectomy. She underwent a sentinel lymph node biopsy on 20 September 2012 which revealed infiltrating poorly differentiated ductal carcinoma. stage IV. estrogen

New Note
10 April 2018

Dr. Free2 Will
Dana Farber Cancer Institute

Close

B I U

Invasive ductal carcinoma of the breast > toxicity

REASON FOR VISIT:

follow-up regarding Invasive ductal carcinoma of the breast

HISTORY OF PRESENT ILLNESS:

Ms. Ortiz is a 43-year-old premenopausal Hispanic woman who recalls an unremarkable mammogram December 3, 2015. She recalls feeling a sharp pain in her right breast about 8 months later, and feeling a palpable lump two months after that. A diagnostic mammogram on August 13, 2017, revealed a 2 cm mass in the right breast at 7 o'clock and an indeterminate lymph node in the right axilla, 13 mm.

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She underwent right lumpectomy with Dr. Ford on March 12, 2018. Pathology report on March 16, 2018 showed no residual disease, 0/2 SLNs, pathological complete response pCR.

ASSESSMENT

I assess #staging #T0 #N0. She is experiencing #Toxicity

SIGN NOTE



Search shortcuts

TEMPLATES
SNIPPETS
SUGGESTED
CONTEXT

grade +3
#Grade 3
#Grade 4
#Grade 5
adverse effect +27
#Febrile neutropen...
#Fatigue
#Anemia
#Diarrhea
attribution +1
#Treatment
#Disease
#Error
#Unknown
Invasive ductal car... +5
#disease status
#toxicity
#ER
#PR
#HER2
@HPI
Patient +11
#enrollment

Remove note



Dr. Jraker299 referred ms. Debra24 Hernandez98Aj due to pain in left breast. Dr. Jraker299 is ms. Debra24 Hernandez98Aj's primary care physician for 12 years

user has opened a new top-level context, enrollment

Summary
Ms. Debra24 Hernandez98Aj is a 51-year-old menopausal non hispanic or latino woman with invasive ductal carcinoma of the breast, diagnosed on 13 January 2012. Her most recent status, recorded on 15 May 2017, is of worsening, disease progression based on pathology, imaging, and symptoms.
She underwent a lumpectomy. She underwent a sentinel lymph node biopsy on 20 September 2012 which revealed infiltrating poorly differentiated ductal carcinoma. stage IV. estrogen

New Note
10 April 2018

Dr. Free2 Will
Dana Farber Cancer Institute

Close

B I U [Icons]

Invasive duct... enrollment

REASON FOR VISIT:
follow-up regarding Invasive ductal carcinoma of the breast

HISTORY OF PRESENT ILLNESS:
Ms. Ortiz is a 43-year-old premenopausal Hispanic woman who recalls an 2015. She recalls feeling a sharp pain in her right breast about 8 months later, and feeling a palpable lump two months after that. A diagnostic mammogram on August 13, 2017, revealed a 2 cm mass in the right breast at 7 o'clock and an indeterminate lymph node in the right axilla, 13 mm.

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ASSESSMENT
I assess #staging #T0 #N0. She is experiencing #Toxicity #Grade3 #Anemia due to #Disease.
I believe Ms. Ortiz is a good candidate for #enrollment #PA

SIGN NOTE



Search shortcuts

TEMPLATES
SNIPPETS
SUGGESTED
CONTEXT

clinical trial +3
#date
#Trial 1
#Trial 2
#Trial 3
#PATINA
Invasive ductal car... +5
#disease status
#toxicity
#ER
#PR
#HER2
@HPI
Patient +9
@medication
@procedure
@condition
@name

Remove note

CONTEXT BREADCRUMB: Layout notes

New Note
10 April 2018

Dr. Free2 Will
Dana Farber Cancer Institute

✕ Close

B *I* U ☰ ☷

Invasive ductal carc... > disease status > reference date

As the classic breadcrumb hierarchy elongates, truncate from beginning.

New Note
10 April 2018

Dr. Free2 Will
Dana Farber Cancer Institute

✕ Close

B *I* U ☰ ☷

Invasive ductal carcinoma of the breast
enrollment > Patina

Alternate layout for two contexts

New Note
10 April 2018

Dr. Free2 Will
Dana Farber Cancer Institute

✕ Close

B *I* U ☰ ☷

active contexts: Invasive ductal carcinoma of the breast
enrollment > Patina

option to annotate and label the breadcrumb

CONTEXT TRAY: Several options

grade 5 more

#Grade 3
#Grade 4
#Grade 5

adverse effect 2 more

#Febrile neutropen...
#Fatigue
#Anemia
#Diarrhea

attribution 1 more

#Treatment
#Disease
#Error
#Unknown
#Unrelated

Invasive ductal car...

#disease status
#toxicity
#ER
#PR
#HER2
@HPI

grade +5

#Grade 3
#Grade 4
#Grade 5

adverse effect +2

#Febrile neutropen...
#Fatigue
#Anemia
#Diarrhea

attribution +1

#Treatment
#Disease
#Error
#Unknown
#Unrelated

Invasive ductal car...

#disease status
#toxicity
#ER
#PR
#HER2
@HPI

grade +5 ✓

#Grade 3
#Grade 4
#Grade 5

adverse effect +2 ✓

#Febrile neutropen...
#Fatigue
#Anemia
#Diarrhea

attribution +1 ✓

#Treatment
#Disease
#Error
#Unknown
#Unrelated

Invasive ductal car...

#disease status
#toxicity
#ER
#PR
#HER2
@HPI

grade 5 more

#Grade 3
#Grade 4
#Grade 5

adverse effect 2 more

#Febrile neutropen...
#Fatigue
#Anemia
#Diarrhea

attribution 1 more

#Treatment
#Disease
#Error
#Unknown
#Unrelated

Invasive ductal car...

#disease status
#toxicity
#ER
#PR
#HER2
@HPI