



Apollo's Capacity For Customization Enables Massachusetts General Hospital to Improve Data Collection and Data Integration



Massachusetts General Hospital

Apollo's capacity for customization by end users is among its chief strengths. No Apollo user is more aware of this than Doctor Eugene Pomerantsev of the cardiology division at Massachusetts General Hospital, whose own enhancements to Apollo have made ACC participation far easier, faster, and more accurate as compared with previous years.

According to Doctor Pomerantsev, "My initial goals in customizing our Apollo ACC Module were one, establish processes that would ensure our successful participation and compliance with the ACC; two, make participation easier by reducing the amount of data entry for our physicians and staff. To that end, I customized the Apollo interface to make specific data entry fields mandatory to make certain that all the ACC-required fields are populated.

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Eugene Pomerantsev, MD
Massachusetts General Hospital

Item	Vendor	Size
ACE	Boston Sci	3
Ultracross	Boston Sci	2.5
D2	AVE	3.0
Chubby	Boston Sci	3
Bonnie	Boston Sci	2.5
Super Soft	Cordis	0.014
Rotaburr	Boston Sci	1.7

Segment	Type	%D	Loc
Distal LAD	Body	55	proximal
Proximal LAD		90	mid third
Proximal RCA	No Gi	100	mid third

One-button Convenience

"To ease the workflow for our physicians, I reduced the number of steps required to describe a specific event. The activity of describing a left ventriculogram in Apollo would normally require multiple keystrokes to complete. Customization has replaced this process with the physician simply pressing a single button to have Apollo open a form containing all required data elements and auto-populate the fields accordingly.

"In another example, I created an Apollo form containing all patient coronary lesion records and all the devices used during the intervention on the same screen. By clicking on a few custom buttons, the system automatically pulls all the data together in a final interventional procedural report, detailing all lesion data and interventional details."

The results have been, in Doctor Pomerantsev words, "very impressive." He notes that they are collecting more information from users to participate in the ACC than in the past. In particular, 80% to 90% of the data for ACC participation is being captured online and during the cath report generation—something no one would have thought possible a few years ago.

"In the bigger picture," says Doctor Pomerantsev, "our efforts to optimize Apollo and streamline workflow have resulted in a more even distribution of the workload. Data entry is now shared, thus eliminating the need to add dedicated data entry staff. We're able to do more with less. The result is we're more balanced in our workload and more productive."

Subgroup	Item	Size	Vendor	Length
Peripheral Stent	GFX 2	3.5	AVE	12
▶ Stent	GFX 2	3.5 x 12	AVE	
Stent	GFX 2	3.5 x 12	AVE	

State	HR	Thermo CO	PBF	SBF	MV Area	AV Area
▶ Room Air Rest	95	3.5				

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