Last updated: June 10, 2025

As part of the Evidence2Practice Ontario (E2P) program, Amplify Care (formerly the eHealth Centre of Excellence) is providing change management at no cost to support clinicians with the implementation and optimal use of E2P tools.

If you have any questions, please reach out to EMRtools@amplifycare.com and we will be happy to help!

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Evidence2Practice – Oscar Tool Bundle v 4.0 - User Guide

Introduction

EMR tools from the Evidence2Practice Ontario (E2P) program are based on the Ontario Health Quality Standards. They have been developed to make it easier for clinicians to access and apply best practice information and quality standards at the point of care.

Oscar Pro Feature Comparison

The suite of E2P tools has been developed for users who have deployed the Oscar Pro version of the EMR. While the eForms can be launched and used by alternative Oscar environments, there may be some functions unavailable.

Feature	Oscar Pro	Oscar Classic
Writing and reading multiple measurements to database	•	•
Viewing recent lab results with individualized targets and frequencies	•	•
Launching Disease registry with prepopulated search	•	
Opening and updating 'E2P Patient Profile' from within the eform	•	*
Launching Preventions window from within the eform	•	
Sending Ticklers from within the eform	•	
Launching Consultations window from within the eform	•	
Form memory workflow	•	•
Generate note and add copy to Encounter	•	*

• Included

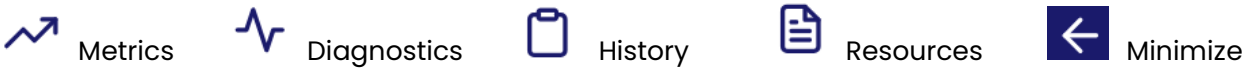
*Alternate workflow available

Form Navigation

E2P Dashboard

Each E2P Visit Form leverages a universal dashboard display. The dashboard includes information regarding metrics, diagnostics, history and resources. The dashboard can be accessed by clicking on the menu icon buttons on the right-hand side of the form. While expanded, the sections can be navigated by clicking the menu icon buttons. The dashboard can be minimized using the left arrow button.

Menu Icon Buttons



E2P Management Tool

EMR tools from the Evidence2Practice Ontario (E2P) program are comprised of modules: Clinical Assessment, Medication, Management, and Patient Care Plan. Modules can be accessed via the menu tabs, or via the navigation buttons located at the bottom of each section.

Menu tabs

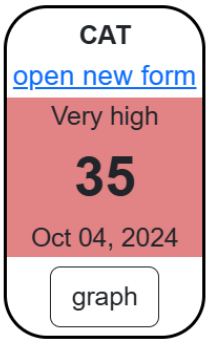
Navigation buttons

Getting started with the dashboard

Metrics

This area of the dashboard contains metric display cards displaying the most recent assessment scores and last done dates. Use the condition toggles to cycle through specific measurements.

Create new measurements



There are two ways to create new measurements.

1) Use the 'open new form' link from each metric display card to access the Consolidated Screening Form for detailed questionnaires. Submit the Consolidated Screening Form to write measurements to the database. Metric cards will be updated in the current visit form.

2) Use the 'Update result manually' button to unput value and date. Metric cards will be updated in the current form but will not be written to the database until the visit form has been submitted.

Tracked measurements

COPD	**CAT, mMRC, FEV1%*, AECOPD*, FEV1/FVC*, LLN***
Mental Health	PHQ9, GAD7
Diabetes	PHQ9, GAD7, PAID, WHO5
Heart Failure	LVEF, NYHA

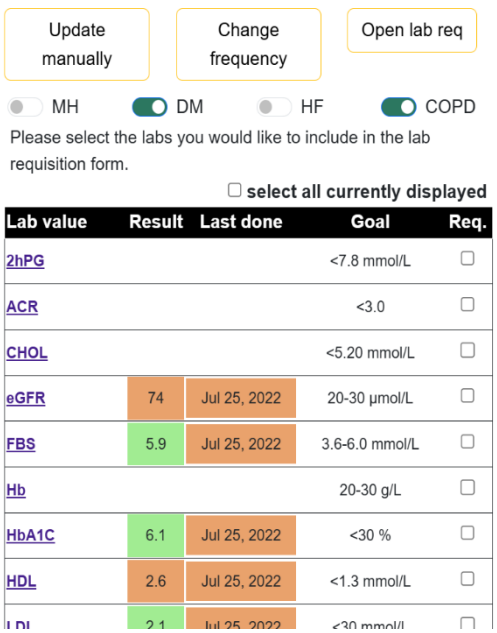
*Is not linked to Consolidated Screening Form

Diagnostics

This section includes a results table that displays the latest results, last done date, and goal(target) values for lab results and investigations. Use the toggles to include lab values and investigations associated with specific forms.

Create new manual lab results

Lab values should be automatically linked to results coming into the EMR. Manual values can also be created using the 'update manually' button.



Change desired lab frequency or goal (target)

Individual targets and frequencies can be adjusted using the change frequency button. This will launch the **E2P Patient Profile Form**. Navigate to the lab values tab and update as required. When a lab result is outside of the identified range or frequency, a visual (orange) flag appears in the results table.

Create lab requisition

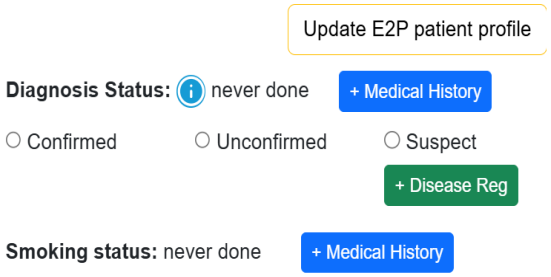
Select the checkboxes from the results table to create a lab requisition. 'Select all currently displayed' checkbox to select all results at once. Use the 'open lab req' button to create desired requisition.

Graph results

Use the lab value label to open a graph to trend results in a pop-up window.

History

Linked to the E2P Patient Profile, the history section provides a holistic view of related patient information. It will pull the most recent values from, as well as write to the E2P Patient Profile so that the information is up to date regardless of which visit tool is being used.



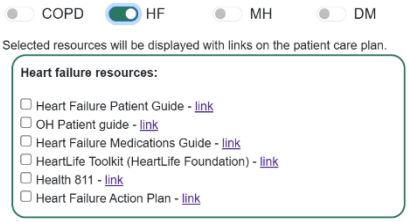
Update diagnosis status

Use the appropriate selections to capture the state of diagnosis. The **+Medical history** button will update the Oscar record patient profile. The **+Disease reg** button will launch the disease registry window to support coding specific conditions.

When submitting the form, there will be a check to ensure that the E2P patient profile has been updated. Alternatively, using the 'Update E2P patient profile' button will open, modify and close the E2P Patient Profile Form.

Resources

The condition toggles can be used to view a curated list of patient resources for each condition. Click on the link label to open the resource during the patient encounter.



Selecting resource checkboxes will include the hyperlink on the Patient care plan when launching the care plan from the current form.

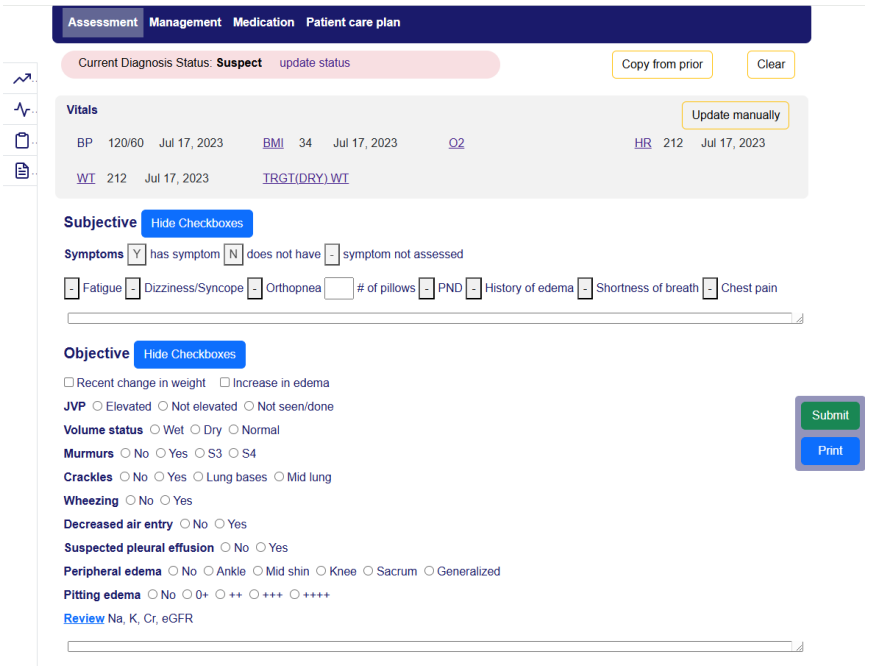
Heart Failure Visit Form

Assessment Module

The assessment module supports clinicians in easily identifying and documenting subjective symptoms and objective findings. Clinicians can collapse the comprehensive assessment inputs using the 'hide checkboxes button- opting for freeform text area notes instead.

Vitals

Vitals that have been previously captured as measurements will display, alongside the last done date. New measurements can be added using the 'update manually' button. The visit form will refresh, but the measurements will not be added to the database until the visit form has been submitted. Clicking on the vital name label will graph historical measurement values.

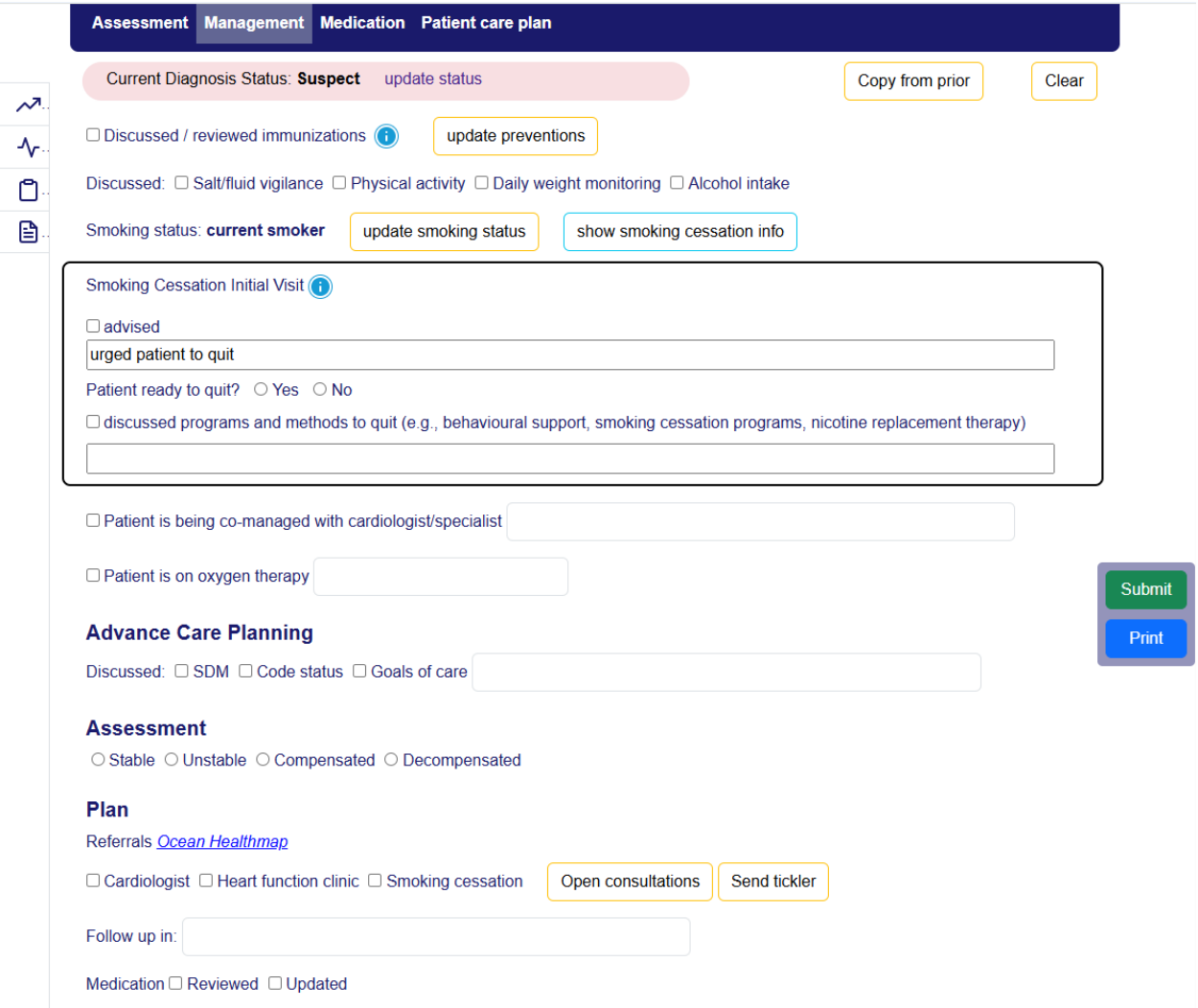

Assessment
Management
Medication
Patient care plan
Current Diagnosis Status: Suspect
update status
Copy from prior
Clear
Vitals
Update manually
BP 120/60 Jul 17, 2023
BMI 34 Jul 17, 2023
O2
HR 212 Jul 17, 2023
WT 212 Jul 17, 2023
TRGT(DRY) WT
Subjective
Hide Checkboxes
Symptoms Y has symptom N does not have - symptom not assessed
- Fatigue - Dizziness/Syncope - Orthopnea # of pillows - PND - History of edema - Shortness of breath - Chest pain
Objective
Hide Checkboxes
Recent change in weight
Increase in edema
JVP Elevated Not elevated Not seen/done
Volume status Wet Dry Normal
Murmurs No Yes S3 S4
Crackles No Yes Lung bases Mid lung
Wheezing No Yes
Decreased air entry No Yes
Suspected pleural effusion No Yes
Peripheral edema No Ankle Mid shin Knee Sacrum Generalized
Pitting edema No 0+ ++ +++ ++++
Review Na, K, Cr, eGFR
Submit
Print

Management Module

The management section allows users to update the patient's immunization records and document the smoking status and treatment plan.

This module offers the opportunity for clinicians to document that information has been provided to the patient on diet, exercise, and symptom management with the overall goal of improving patient confidence and enhancing their ability to make decisions about their care.

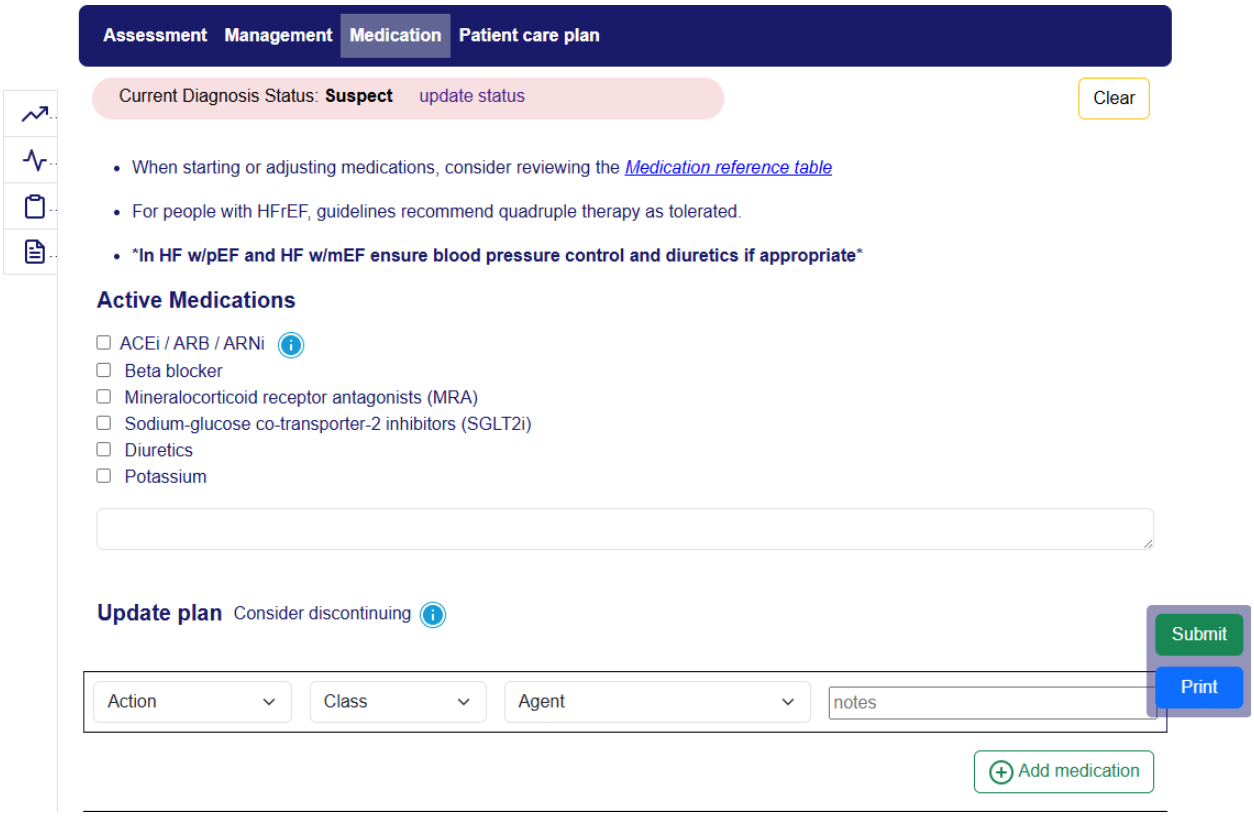
The advance care planning section is designed to easily document what was discussed. Followed by the Assessment and Plan section.



Medication Module

Patients with reduced ejection fraction should be offered quadruple therapy as part of their pharmacologic plan. The medication module supports clinicians in identifying and reviewing the current plan at a glance. Updating the medication plan table creates a historical reference of adjustments – with the goal of achieving target doses as tolerated.

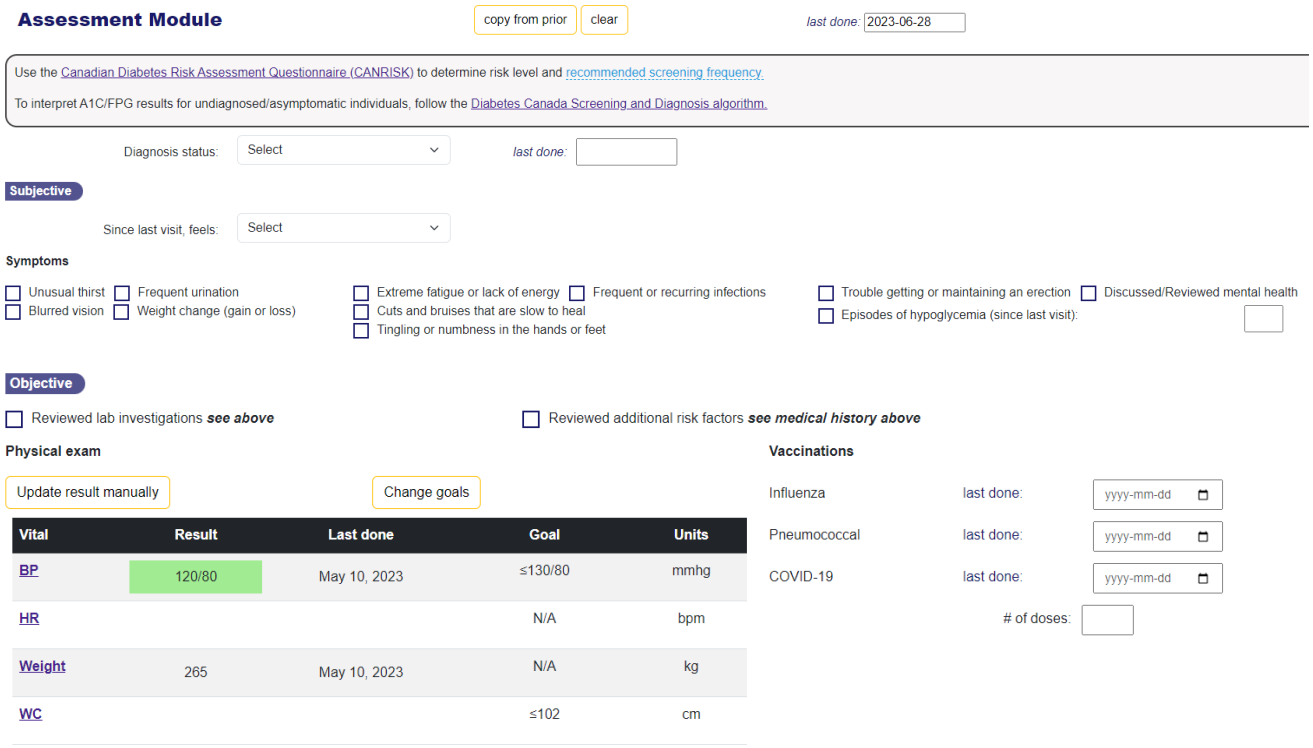
This section houses the link to the medication reference table that can be used as a support when starting or adjusting medications.



Diabetes Visit Form

Clinical Assessment Module

Assessment section - gathering information re: symptoms, side effects etc.



Screening and monitoring diabetes specific complications

Selecting the "+" button will indicate that results are abnormal or condition present and requires follow-up.

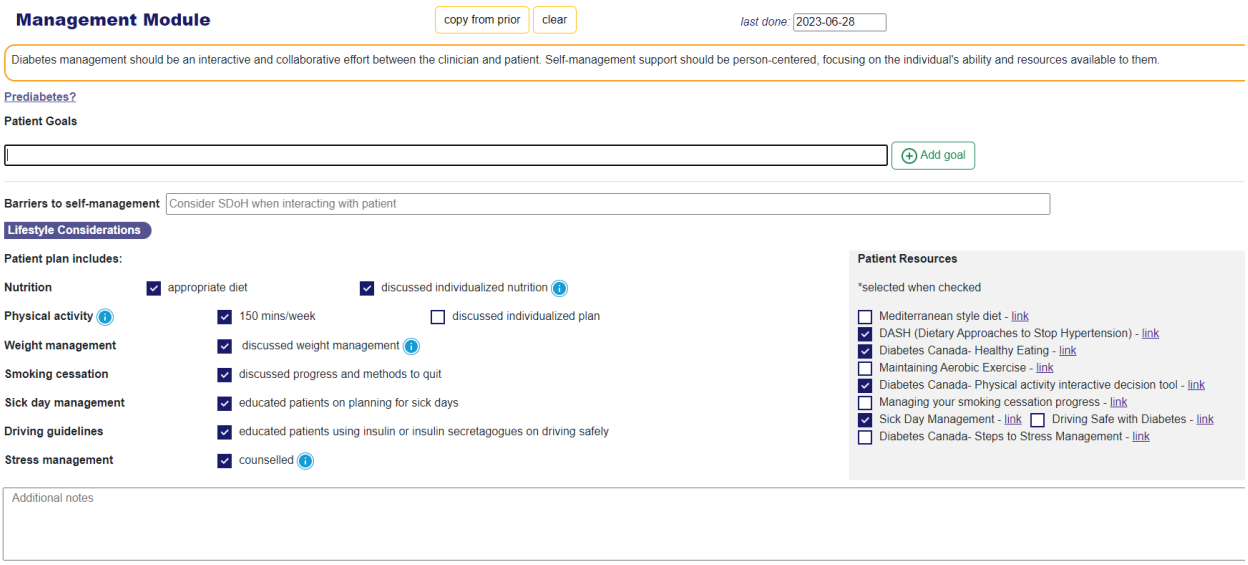
Selecting the "-" button will indicate that results are normal or screened but not present/no immediate action required.

Management Module

The management module supports clinicians in identifying lifestyle changes that can be taken into consideration as well as creating individual goals with the patient. To support the patient in engaging self-management strategies, related patient resources can be identified here and automatically included as part of the care plan.

Checkboxes are used to indicate if referrals have been made as well as textboxes to include any additional information. These details will also generate a note in the patient care plan to act as a reminder of the next steps. A button to open the consultations tab has been included to complete the referral if necessary.

Identification of patient goals and lifestyle considerations

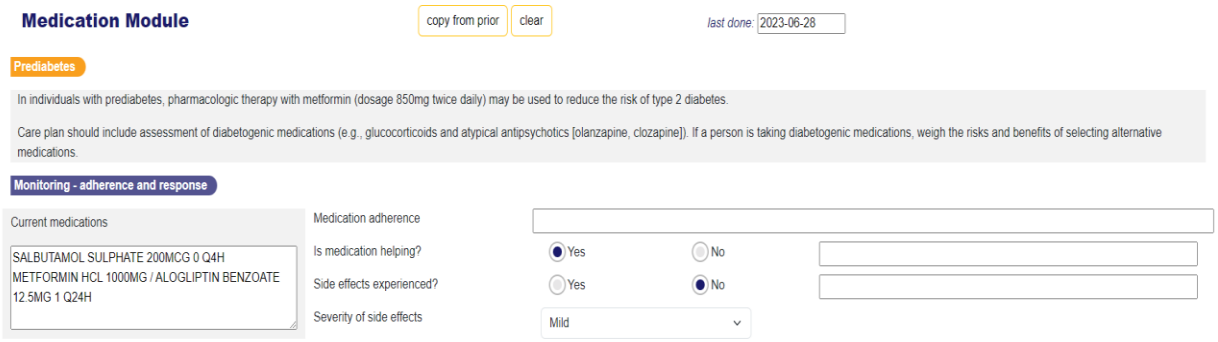


Referrals and next steps

Medication Module

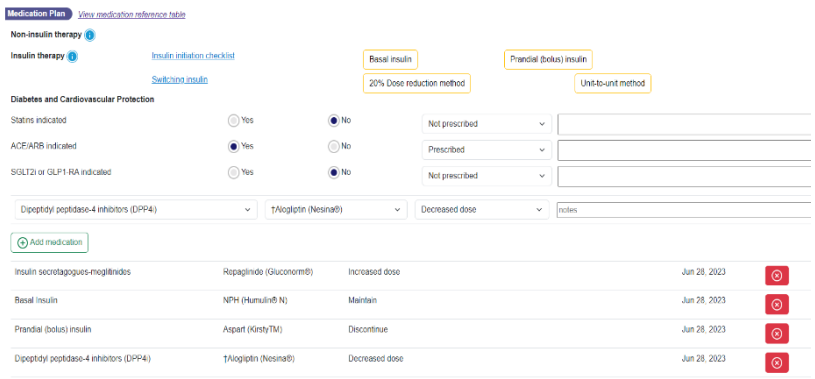
The purpose of this module is to aid in documentation and creation of a medication plan with regularly monitoring patient adherence and response to the prescribed medications.

Medication plan also populates the patient care plan with the most recent updates to their medication plan using the dynamic table available in this module.



Using this medication plan section creates an ongoing list that providers can use to ensure that they are optimizing pharmacologic treatment for their patients. It makes changes made to specific medications easily viewable, by capturing the specific action done (whether that was maintaining, increasing, or decreasing a specific medication) as well as notes around that decision. Also built into this section are information tooltips and guidance for both insulin and non-insulin therapy.

Dropdown medication lists can be used to select the specific medication along with documenting any adjustments (i.e., starting a new med, discontinuing, increasing dose, decreasing dose, maintaining)



Note: This module is strictly for planning and documentation purposes and prescribing medications will still need to follow the usual workflow in OSCAR by opening the built-in medications window.

Anxiety Disorders and Depression Visit Form

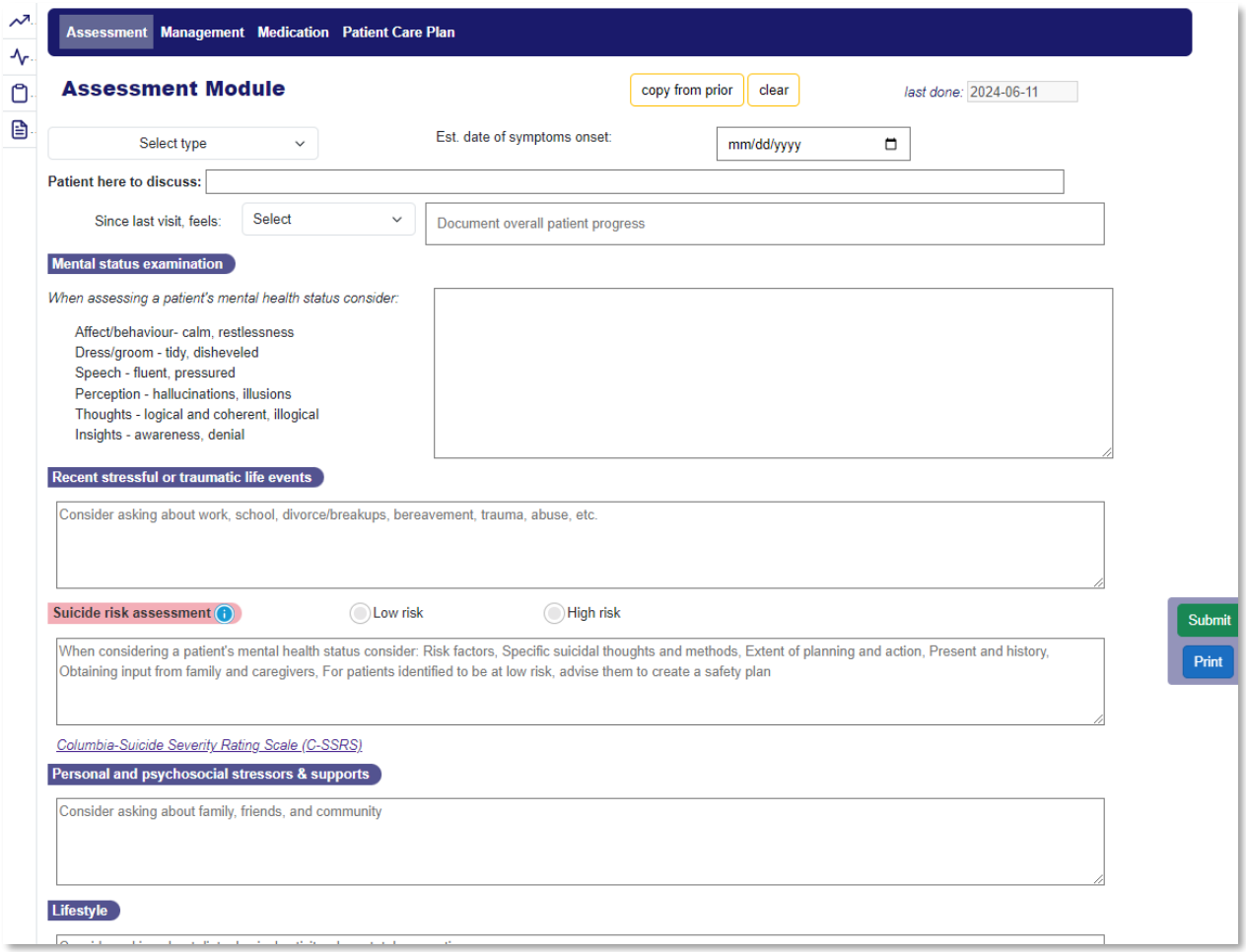
Assessment Module

In the assessment module, users can document what the patient is here to discuss, whether the visit with the patient is due to a chronic or recent episodic event, as well as the estimated symptom onset date.

The main elements of this module are the mental status examination, recent stressful or traumatic life events, suicide risk assessment, personal and psychosocial stressors & supports,

lifestyle, social determinants of health, comorbid mental health conditions, and physical examination.

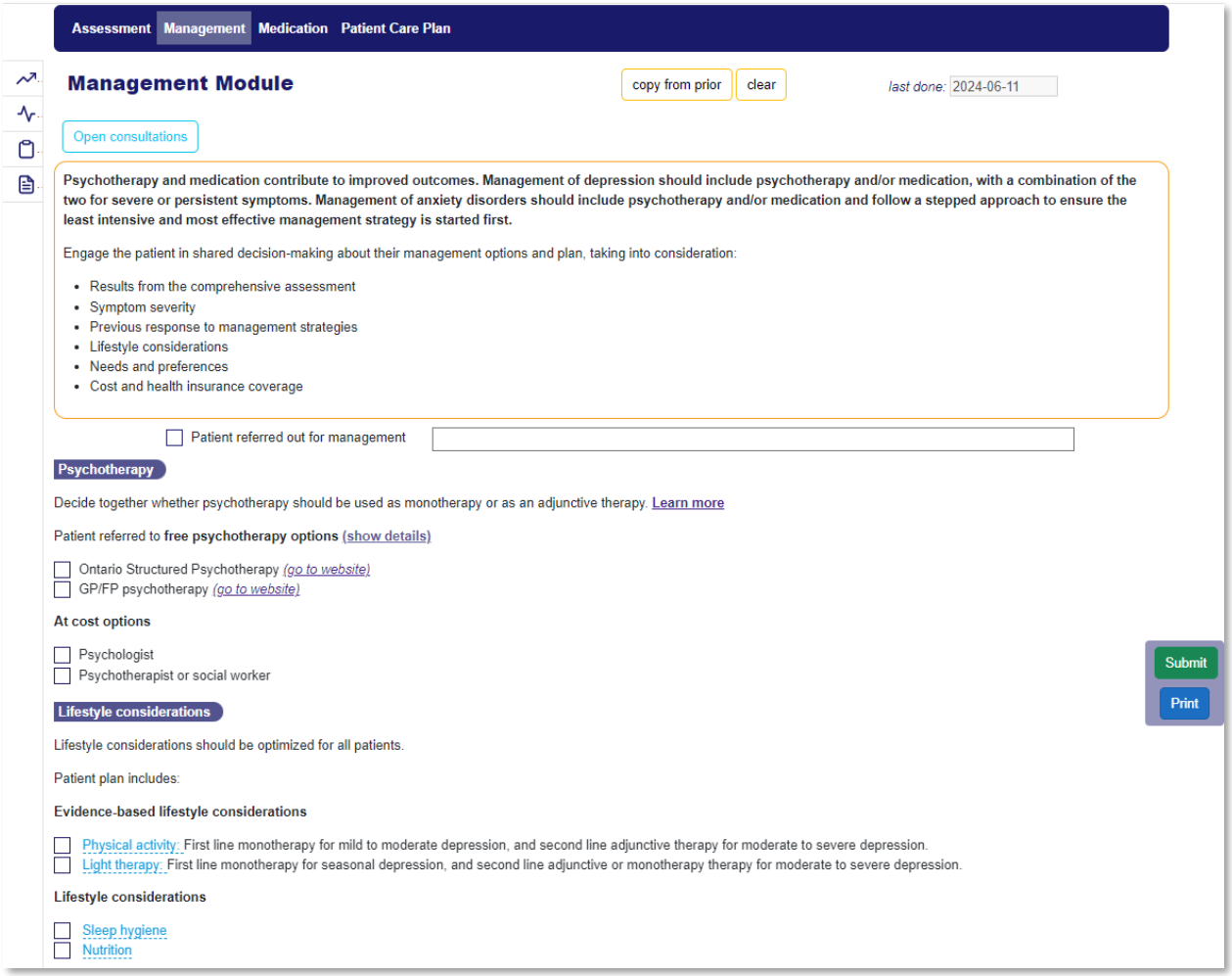
This module has form memory, which enables any text entered within the textboxes or checkboxes, and options selected from a previous visit will populate upon selecting the pull from the previous button. This allows users to add to existing notes or update the notes with any changes that occurred, therefore supporting a more comprehensive picture of the patient to be captured.



Management Module

The management section offers the opportunity for clinicians to document that information has been provided to the patient about psychotherapy, lifestyle considerations, natural health products, and management of anxiety disorders and/or depression with the overall goal of improving patient engagement and enhancing their ability to make decisions about their care.

All checkboxes and text areas that are embedded with form-memory that will populate the next time the form is opened by clicking Copy from prior as well as populate the patient care plan with the management options that were selected.



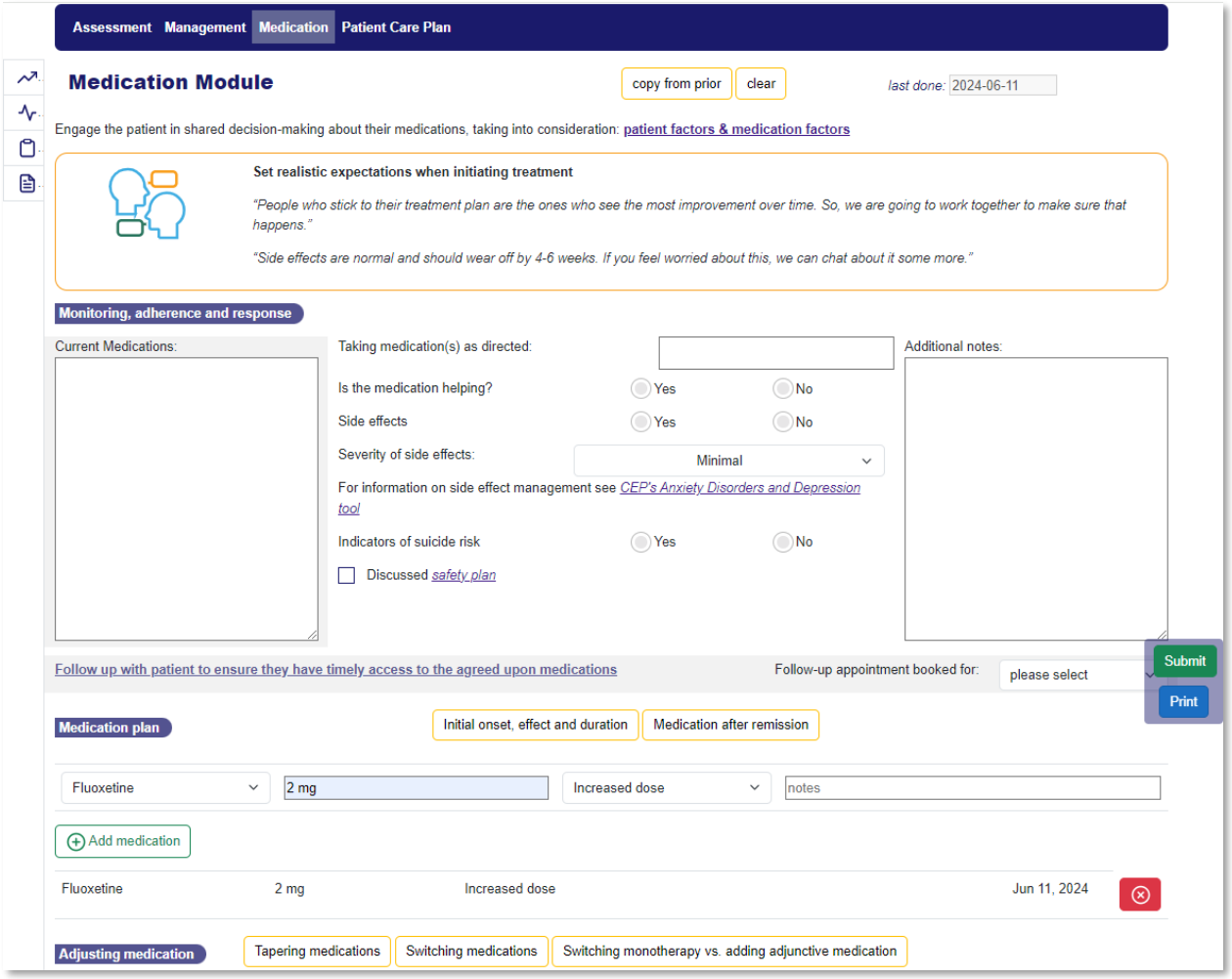
Medication Module

The purpose of the medication module is to create and document medication management plans based on the latest best practice guidelines for anxiety disorders and major depression, which in turn also populate the patient care plan with the most recent updates to their medication plan using the dynamic table available in this module.

The four elements of this plan are monitoring adherence, and response, as well as adjusting medications, all while emphasizing the focus on considering patient and medication factors

when initiating treatment throughout the tool. We've included Dropdown medication lists that can be used to select the name-specific medication you wish to prescribe. Additionally, dropdowns and text boxes for the quantity and direction make it easy for documentation purposes.

*This module is strictly for planning and documentation purposes and prescribing medications will still need to follow the usual workflow in Oscar by opening the built-in medications window.



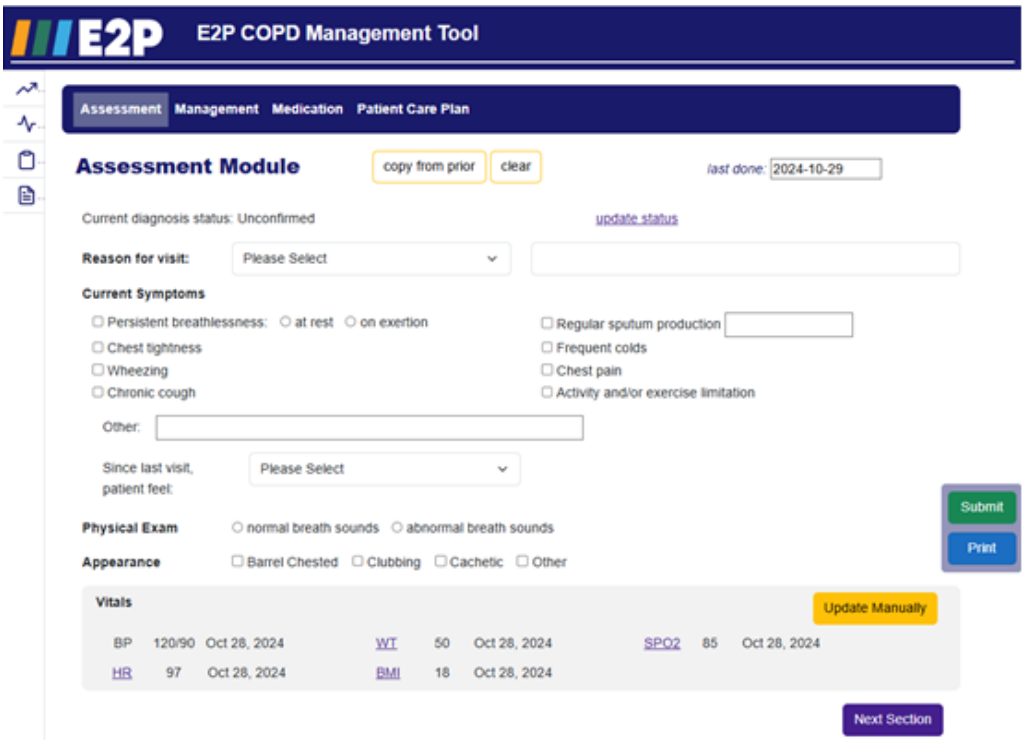
COPD Visit Form

Assessment Module

This section is designed to facilitate comprehensive documentation and evaluation of each patient's condition, ensuring that all relevant information is captured for effective diagnosis and treatment planning.

The beginning of this section displays the current diagnosis status. Clicking on the update status button will require users to update the COPD diagnosis status in the history section within the dashboard.

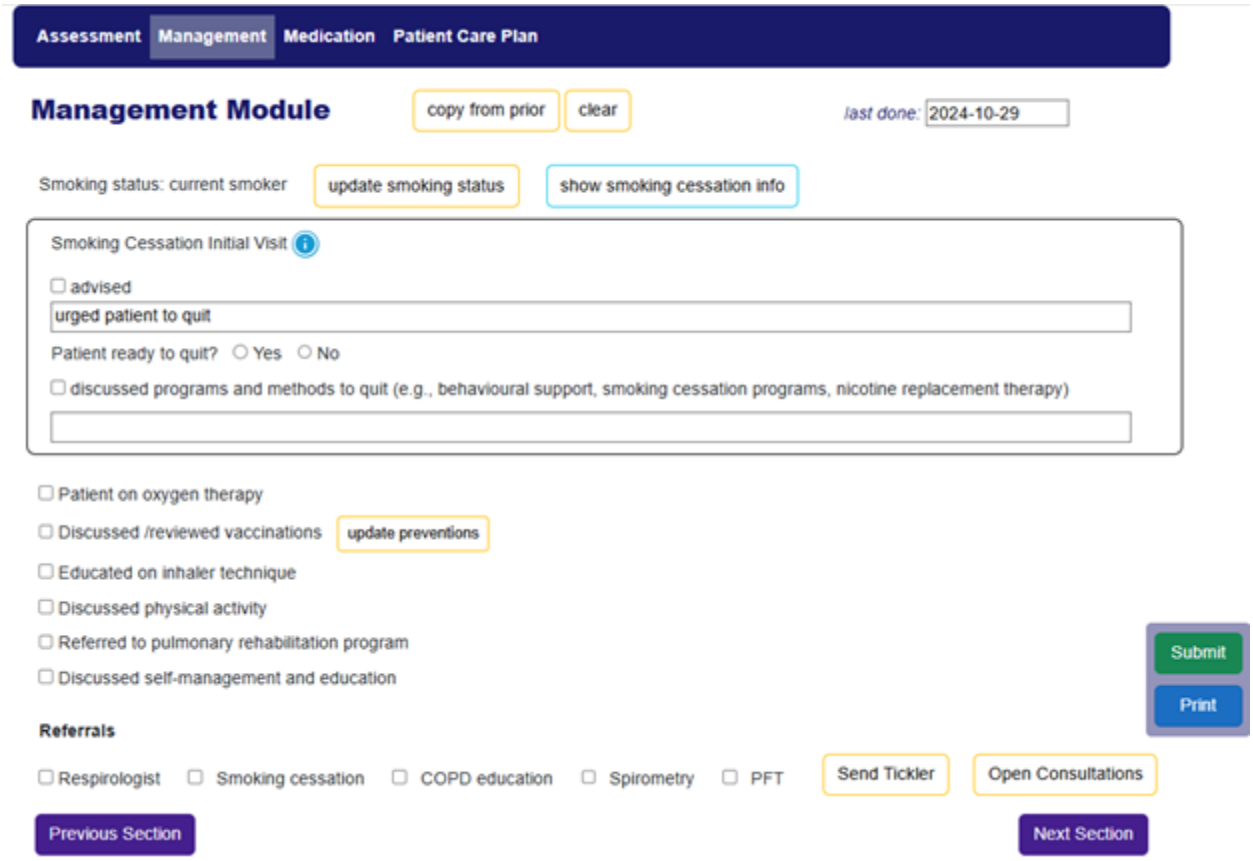
Key elements of this section include the reason for the visit, current symptoms, physical exam, appearance, and the ability to record and review the patient's current vital signs. These metrics are essential for evaluating the patient's stability and identifying any immediate concerns.



Management Module

The focus of this section is to optimize ongoing care and management of COPD. The areas that are addressed include smoking status, the ability to record if inhaler technique education was provided, notes of any discussions regarding physical activity, self-management strategies, and educational topics covered during the visit. Encouraging patients to engage in regular physical activity and providing them with tools to manage their condition can significantly enhance their ability to cope with COPD. The last key component of this section is the referrals area where users can document any referrals made to specialists, such as Respirologist, smoking cessation, COPD education, Spirometry, and PFT.

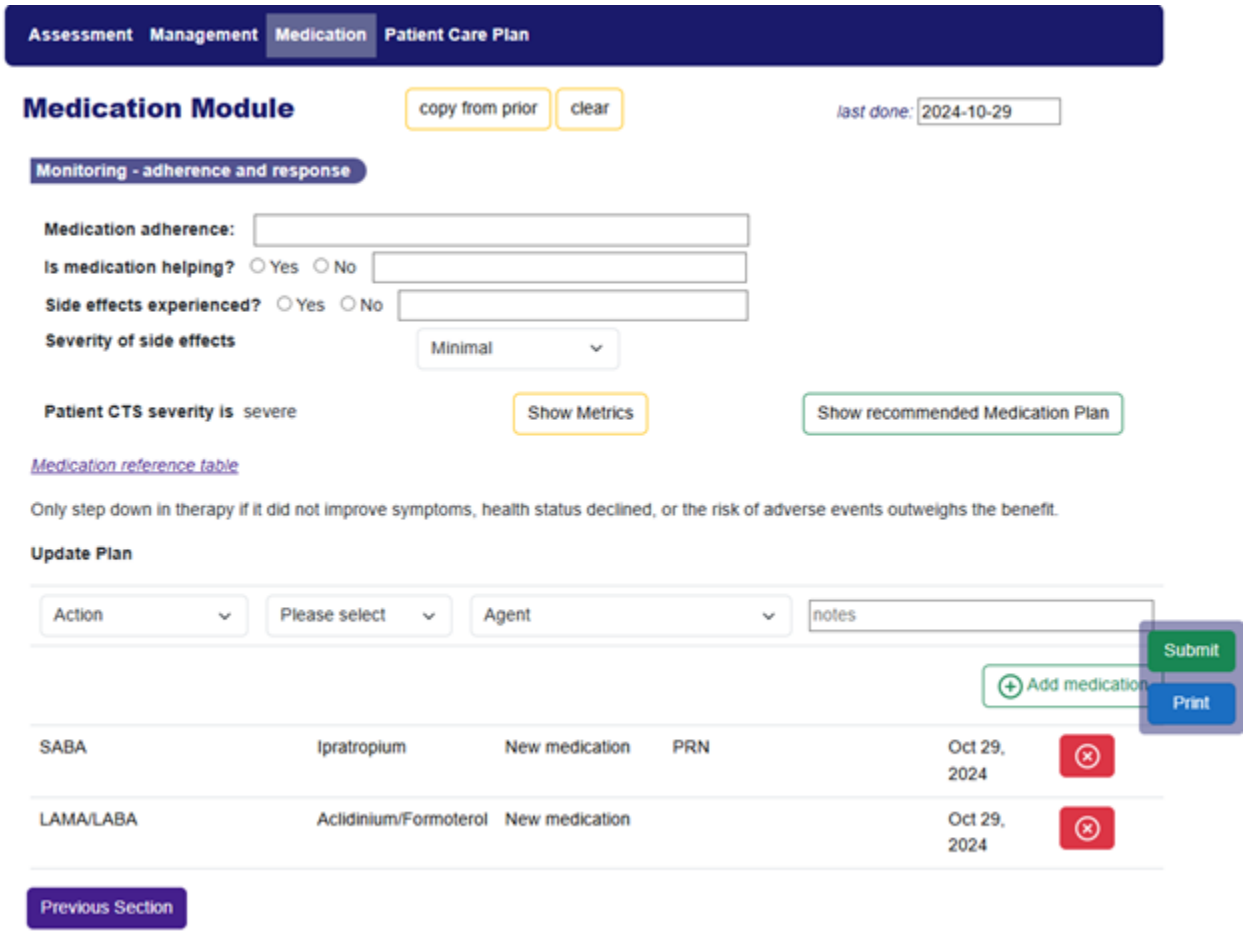
The section also includes functionality for sending Ticklers (internal messages within the EMR), as well as the ability to open the consultations window for seamless communication and collaboration among healthcare clinicians.



Medication Module

The emphasis of this section is the two key components related to medication management: the first addresses the patient's adherence and response to treatment, while the second outlines the comprehensive medication plan tailored to the patient's current health status and needs. Here users can view the recommended medication plan for the patient using an algorithm pulling in the information gathered in the tool i.e. CAT/MMRC scores, spirometry results, and acute exacerbations. Updating the plan creates a history of changes made to support achieving optimal treatment and documenting specific response and symptoms.

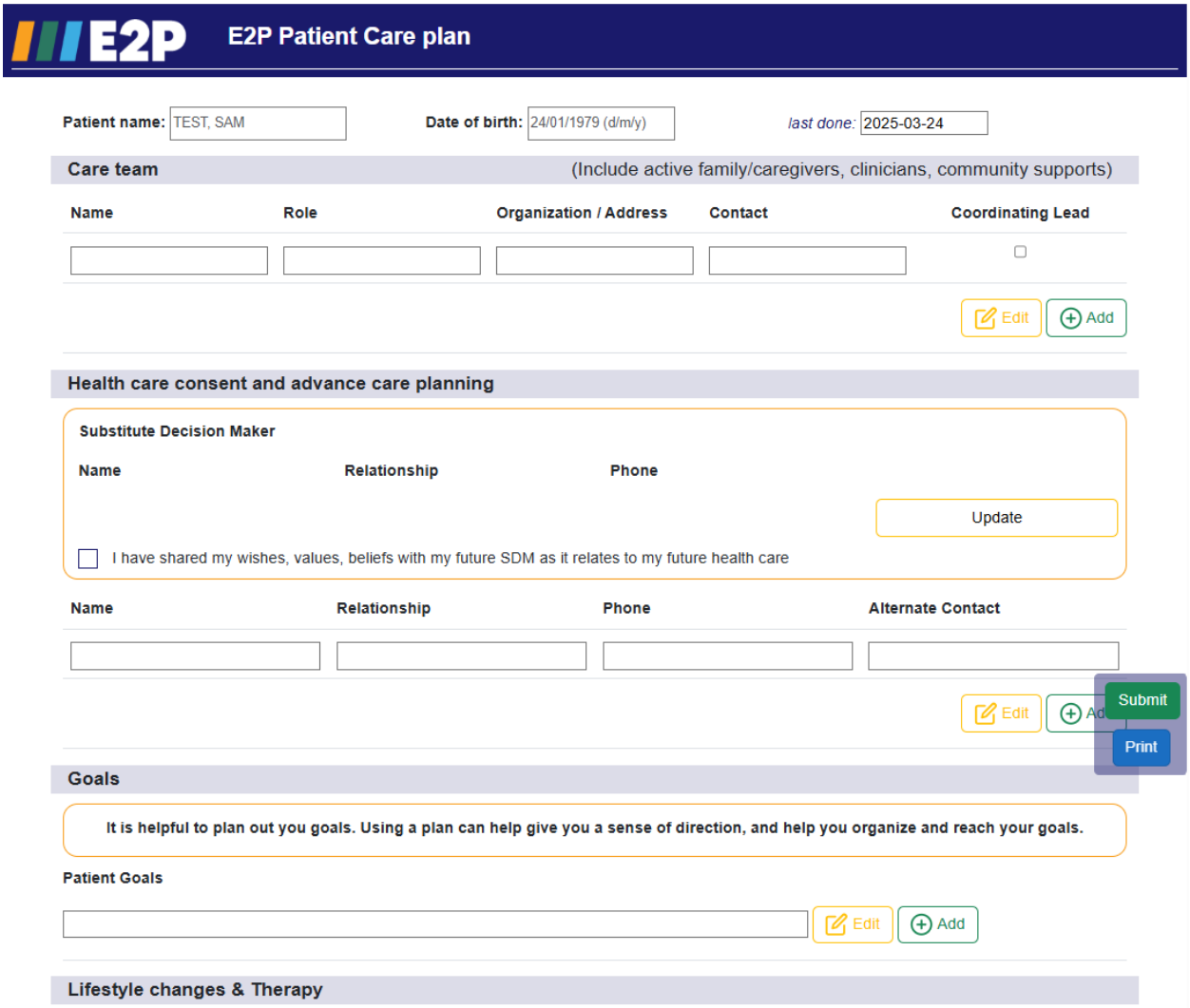
Users also will have access to the medication reference table to help make informed decisions on the best practice medication options.


Assessment
Management
Medication
Patient Care Plan
Medication Module
copy from prior
clear
last done: 2024-10-29
Monitoring - adherence and response
Medication adherence:
Is medication helping? Yes No
Side effects experienced? Yes No
Severity of side effects
Minimal
Patient CTS severity is severe
Show Metrics
Show recommended Medication Plan
Medication reference table
Only step down in therapy if it did not improve symptoms, health status declined, or the risk of adverse events outweighs the benefit.
Update Plan
Action
Please select
Agent
notes
Submit
Add medication
Print
SABA
Ipratropium
New medication
PRN
Oct 29, 2024
LAMA/LABA
Aclidinium/Formoterol
New medication
Oct 29, 2024
Previous Section

Patient Care Plan Module

The care plan is a universal patient-facing resource that can be used during the encounter or as a separate activity. The goal of this module is to construct a plan of care for the patient including documenting the care team, care consent, patient goals, lifestyle changes, therapy, allergies, medications, and any next steps or follow-up details.

The patient resources section contains a collection of curated resources. This section pulls in the resources that might have been selected within the other modules and even any that have been shared in the anxiety disorders & depression tool as well as the diabetes tool to ensure all resources will be included in one place.



Feedback

This tool allows you to submit feedback anonymously or allows you to add your email address and name if you wish to be contacted.

The links can be found at the bottom of every module. It will look like this:

Overview of Usage Analytics

Please visit our website to review our overview of usage analytics.

E2P brings together multi-disciplinary, cross-sector expertise under the joint leadership of the Centre for Effective Practice, Amplify Care, and North York General Hospital. Funding and strategic guidance for E2P is provided by Ontario Health in support of Ontario's Digital First for Health Strategy.