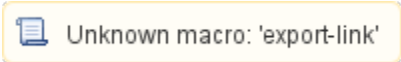


Atrial Fibrillation Topbar App



Background

The University of Sydney is undertaking an Atrial Fibrillation (AF) study within ten General Practices. The study involves clinicians utilizing an existing mobile device to ascertain if the patient's pulse indicates a normal result reading or otherwise otherwise. The mobile device will be used as a decision support tool. The AF Topbar app will notify the clinician when patients are eligible for the mobile device.

The AF app will only display a notification, based on the following requirements:

- Patient is 65 years old and over
- Patient does not have a coded diagnosis of Atrial Fibrillation
- Patient has no history of having the mobile device test completed within the last 12 months

When a patient does not meet the qualifying criteria, the following message will present:

- Patient does not meet qualifying c riteria

The data collected through the AF app in Topbar will be extracted by CAT4 and added to the file sent to 'The George Institute'. The four additional fields added to the file are:

- AF Test Data (dd/mm/yyyy)
- AF Test Time
- AF Test Result
- Topbar username

	CX	CY	CZ	DA	DB	DC	DD	DE	
Clin	AddToClin	AddToClin	PolyPill	C	AddToClin	AF Test Date	AF Test Time	AF Test Result	Topbar User
0	0	0	0	0	0	1/01/2016	13:59	Normal	Paul.Mathews
0	0	0	0	0	0	1/02/2016	14:59	Possible AF	Joe.Bloggs
2	1	1	1	1	1	1/03/2016	15:59	Unclassified	Lucy.Smith
0	0	0	0	0	0	1/04/2016	16:59	Normal	Derik.Green
4	4	3	1	3	3	1/05/2016	11:59	Possible AF	Frank Jones
0	0	0	0	0	0	1/06/2016	13:59	Unclassified	Sinead Faith
0	0	0	0	0	0				
0	0	0	0	0	0				

Only patients that have data stored in the Topbar database will be able to populate the cells in the CSV. If a patient does have the appropriate data, then the cells will be blank.

Displaying the AF app

The AF app is displayed automatically when an eligible patient is opened in the clinical system and shows a small red circle with the number 1 to indicate one new notification.



Atrial Fibrillation App use

Clicking on the tile for the AF app will open the full screen view for the currently opened patient:



Melissa Andrews
Female , 84 years

close

Normal

☐

Possible AF

☐

Unclassified

☐

Save

Qualifying Criteria

- >= 65 years' old
- No coded diagnosis of Atrial Fibrillation
- No test performed within the last 12 months

Device Information

1. Record the iECG and enter the patient details in the Kardia app (tap 'edit patient').
2. Send the iECG to AliveCare for filing: tap 'share', then 'email', then 'AliveCare'.
3. Enter the diagnosis into TopBar > atrial fibrillation and click Save:
 - a. Normal: no further action
 - b. Possible AF: refer to GP for 12 lead ECG, and provide printed information to the patient
 - c. Unclassified: the app could not the your ECG recording as Normal or Possible AF. Conditions such as sinus tachycardia/bradycardia or left bundle branch block may cause an unclassified result. Refer to GP for review and possible 12 lead ECG

Study Details

For further information, please contact:

- Jessica Orchard, Research Coordinator jessica.orchard@sydney.edu.au, T +61 2 8627 1664
- Jialin Li, Research Assistant jialin.li@sydney.edu.au, T +61 2 8627 5036

The screenshot above is missing the 'Device Information' and the 'Study Details' text. In the final version the text displayed will be:

The following text will be displayed regardless of whether a patient meets the qualifying criteria or not.

Device Information

1. Record the iECG and enter the patient details in the Kardia app (tap 'edit patient').
2. Send the iECG to AliveCare for filing: tap 'share', then 'email', then 'AliveCare'
3. Enter the diagnosis into TopBar > atrial fibrillation and click Save:
 - a. Normal: no further action
 - b. Possible AF: refer to GP for 12 lead ECG, and provide printed information to the patient
 - c. Unclassified: the app could not the your ECG recording as Normal or Possible AF. Conditions such as sinus tachycardia/bradycardia or left bundle branch block may cause an unclassified result. Refer to GP for review and possible 12 lead ECG

Study Details

For further information, please contact:

Jessica Orchard, Research Coordinator jessica.orchard@sydney.edu.au,

T +61 2 8627 1664

Jialin Li, Research Assistant jialin.li@sydney.edu.au,

T +61 2 8627 5036

When a user wants to record the patients pulse result, delivered and reported through the mobile device, the three following radio button options are available for selection;

- Normal
- Possible AF
- Unclassified

A user can only select one at any given point. By default, all options will appear de-selected and the 'Save' button is greyed out.

A form with a red header bar. Below it, there are three blue buttons labeled "Normal", "Possible AF", and "Unclassified". Each button has a white radio button to its right. The "Normal" radio button is selected. At the bottom right, there is a grey button labeled "Save".

Only once a selection has been made the 'Save' button will become active.

A form with a red header bar. Below it, there are three blue buttons labeled "Normal", "Possible AF", and "Unclassified". Each button has a white radio button to its right. The "Possible AF" radio button is selected. At the bottom right, there is a red button labeled "Save".

After saving the selection there will be a change to green to indicate the selection has successfully been checked and saved.

Normal

Possible AF

Unclassified

Save

When a user clicks on the save option, the choice of radio button and the date will be saved and stored in the Topbar database. This is how Topbar will know to notify or not notify the next time the same patient record is opened.

The Test Result will be visible to the user during the first 12 months from the date of the Test Result being saved.

Once an outcome of the test (Normal, Possible AF or Unclassified) is recorded, there are no further actions in the AF app. The app has now disappeared from Topbar and will not be shown again for this patient for the next 12 months and then only if the patient still meets the eligibility criteria described in the introduction. It will appear again when the next eligible patient is opened in the clinical system.