"En ruta hacia el hospital digital"

Rafael Lagares

Gerente Regional de Ventas

EBSCO Information Services

"En ruta hacia el hospital digital"
San Jose, Costa Rica
22 de Junio de 2016

Rafael Lagares
Gerente Regional
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MISIÓN

Comprometidos en mejorar el cuidado del paciente proveyendo la más

ACTUALIZADA EVIDENCIA A LOS MÉDICOS

para que puedan tomar las mejores decisiones para sus pacientes.

El Recurso de Información Clínica de Siguiente Generación

- Re-creado desde el principio
- Nuevo liderazgo médico
- Nueva plataforma
- Nuevo algoritmo de búsqueda
- Nueva interfase
- Nuevo contenido
- Nuevas características

Sección de Información General y Recomendaciones en la parte superior

Search Within Text

- Overview and Recommendations
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- History and Physical
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- Prevention and Screening
- Quality Improvement
- Guidelines and Resources
- Patient Information

Atrial fibrillation

Updates

[+] Updated 2015 Apr 16 10:14:00 AM

Overview and Recommendations

Background

- Atrial fibrillation (AF) is a common supraventricular tachyarrhythmia caused by uncoordinated atrial activation and associated with an irregularly irregular ventricular response.
- The prevalence of AF is approximately 1%-2% in the general population of developed countries.
- Definitions of atrial fibrillation:
  - Lone AF is atrial fibrillation in patients < 60 years old with no clinical history or echocardiographic evidence of cardiovascular disease.
  - Paroxysmal AF is recurrent atrial fibrillation that terminates spontaneously, lasting possibly up to 7 days, but usually < 48 hours.
  - Persistent AF is atrial fibrillation that is sustained > 7 days or requires termination by cardioversion.
  - Longstanding persistent AF is atrial fibrillation that is persistent > 1 year.
  - Permanent AF refers to atrial fibrillation in the presence of a joint decision by the patient and clinician to stop additional attempts to restore or maintain normal sinus rhythm.
- Patients with AF are often at significantly increased risk of thromboembolism.

Evaluation

- Suspect a diagnosis of atrial fibrillation (AF) on physical exam when an irregularly irregular heart rhythm is detected by palpation of a pulse or auscultation of heart sounds.

Search Within Text

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- Prevention and Screening
- Quality Improvement

Atrial fibrillation

- duration of atrial fibrillation
- Cardioversion of atrial fibrillation may be necessary for patients with hemodynamic instability and/or cardiovascular symptoms. (Also see the section on cardioversion of atrial fibrillation below.)
- Other specific treatment modalities include
  - rate control of AF (overview below or see topic Rate control in atrial fibrillation for information)
  - rhythm control of AF (overview below or see topic Rhythm control in atrial fibrillation for complete information)
  - thromboembolic prophylaxis in AF (overview below or see topic Thromboembolic prophylaxis in atrial fibrillation for complete information)
  - ablation therapy for AF (overview below or see topic Ablation therapy for atrial fibrillation for complete information)
- Offer beta blockers for patients undergoing cardiac surgery to prevent perioperative atrial fibrillation (Strong recommendation).
- Consider the following medications for the prevention of atrial fibrillation in patients with cardiovascular disease:
  - angiotensin-converting enzyme inhibitors or angiotensin receptor blockers (Weak recommendation)
  - statins, particularly in those with heart failure or who have coronary artery bypass grafting surgery (Weak recommendation)

Related Summaries

- Thromboembolic prophylaxis in atrial fibrillation

El recurso ofrece ejemplos de **recomendaciones débiles y fuertes**

Dar *click* en un enlace proveé al usuario niveles de evidencia y guías detrás de cada recomendación

Search Within Text

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- Etiology and Pathogenesis
- History and Physical
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- Treatment
  - **Treatment overview**
  - Treatment setting
  - Rate control
  - Cardioversion
  - Rhythm control
  - Thromboembolic prophylaxis

Atrial fibrillation

CME

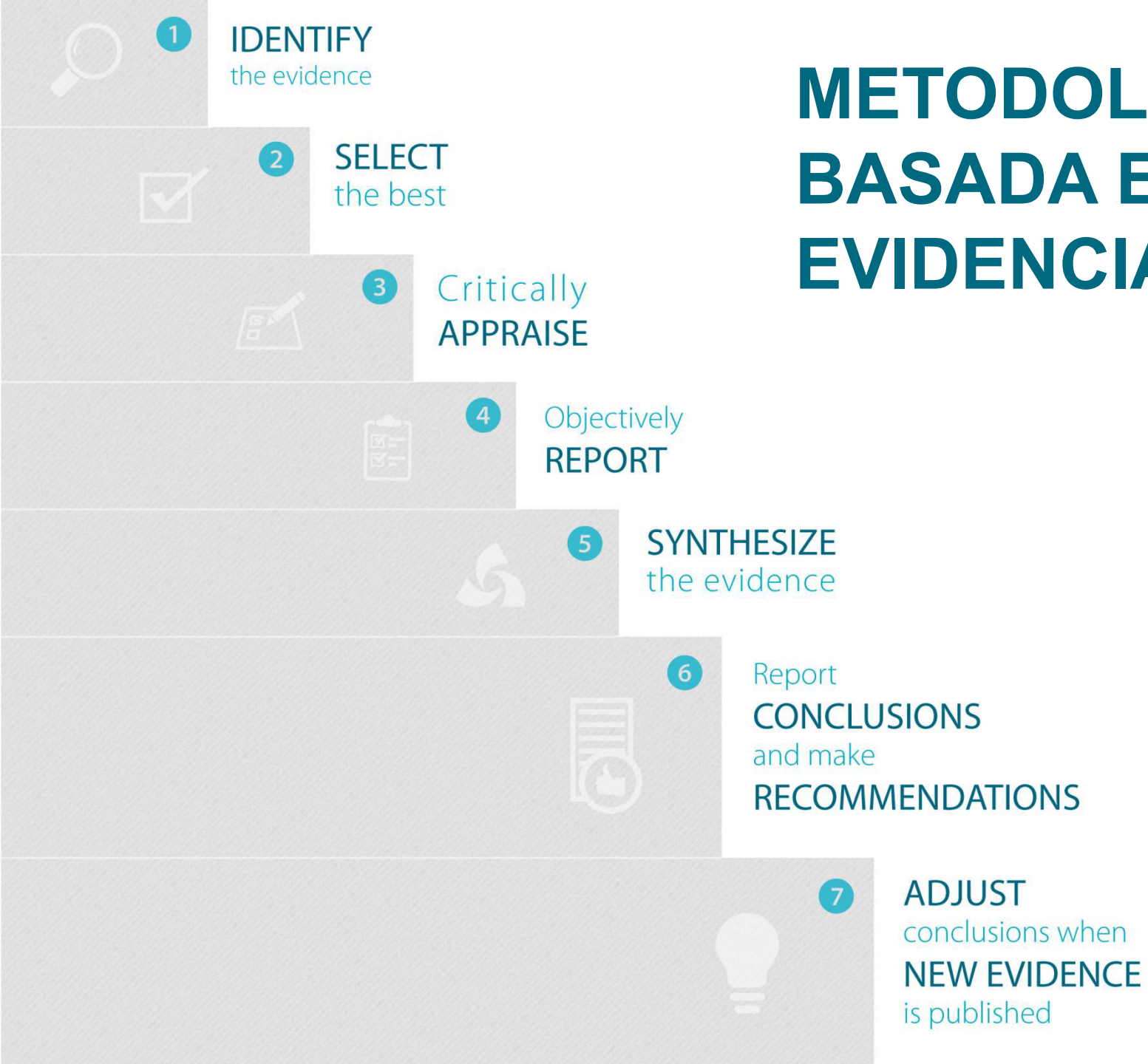
Treatment / Treatment overview

Ademas proveé enlaces a los niveles de evidencia y guias detrás de cada recomendación

- see overview of rate control in atrial fibrillation below or navigate to topic Rate control in atrial fibrillation for complete information
- see overview of rhythm control in atrial fibrillation below or navigate to topic Rhythm control in atrial fibrillation for complete information
- see overview of cardioversion of atrial fibrillation below or navigate to topic Cardioversion of atrial fibrillation for complete information
- see overview of ablation therapy for atrial fibrillation below or navigate to topic Ablation therapy for atrial fibrillation for complete information

- for thromboembolic prophylaxis
  - see overview of thromboembolic prophylaxis in atrial fibrillation below or navigate to topic Thromboembolic prophylaxis in atrial fibrillation for complete information
  - percutaneous left atrial appendage closure
    - may be considered in patients with high stroke risk and contraindications for long-term oral anticoagulation (ESC Class IIb, Level B)
    - may be considered in patients having open heart surgery (ESC Class IIb, Level C)
    - percutaneous closure of left atrial appendage may be similar to warfarin therapy for prevention of stroke in patients with nonvalvular atrial fibrillation (level 2 [mid-level] evidence)
- considerations for treatment setting, weight loss interventions, and other procedures
  - hospital admission may not be necessary for all patients with new-onset atrial fibrillation (level 2 [mid-level] evidence); suggested to limit hospital admission to highly symptomatic patients with failure to achieve adequate rate control (CCS Conditional recommendation, Low-quality evidence) or who have decompensated heart failure or myocardial ischemia (CCS Strong recommendation, Low-quality evidence)
  - addition of weight loss intervention to intensive risk factor management may reduce

METODOLOGÍA BASADA EN EVIDENCIA



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- Medicina Deportiva
- Cirugía
- Urología

Psoriasis Condition

chronic inflammatory multisystem disease, predominantly affecting skin and/or joints

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ICD-9/ICD-10 Codes

Image Results

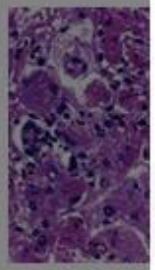
More

EBSCO Health Calculators

DynaMed Plus Liver disease Search

Result

Image Re



More

Calculato

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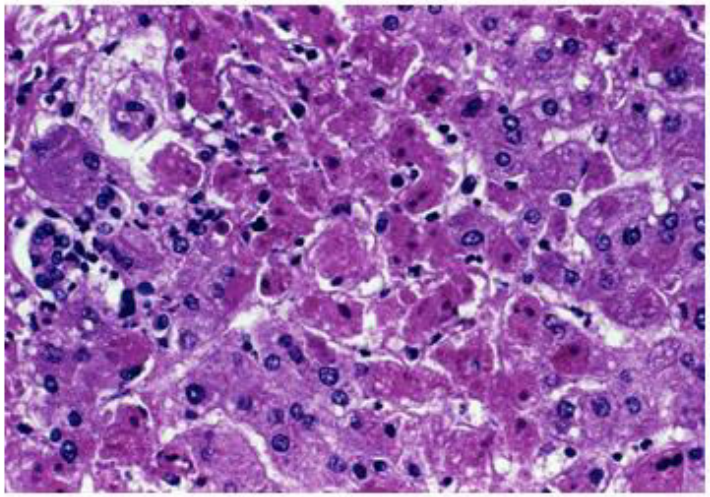
2 * ln(INR))) + 6.43

More

Hepatopulmonary syndrome (HPS) Condition

X

Marburg Disease Liver Pathology



Centers for Disease Control and Prevention/Dr. J. Lyle Conrad

This photomicrograph revealed the cytoarchitectural histopathologic changes detected in a liver sample from a Marburg patient. As the disease progresses, symptoms of Marburg disease can become increasingly severe and may include liver failure, jaundice, inflammation of the pancreas, severe weight loss, delirium, shock, massive hemorrhaging, and multi-organ dysfunction.

Seleccionar una imagen le proveé a un usuario una vista más amplia

DynaMed Plus

Resultados Precisos de Búsqueda

Search

emplea un nuevo, propietario y semánticamente diseñado motor de búsqueda, significativamente mejorando la detectabilidad y velocidad de respuesta

DynaMed Plus

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Search

Spotlight

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May 27, 2015 **4 hours ago**
aspirin doses ≥ 1,950 mg/day associated with worsening but reversible audiometric outcomes, no evidence for doses < 325 mg/day (Otolaryngol Head Neck Surg 2015 Jan)

Topic: Sudden sensorineural hearing loss

May 26, 2015 **Yesterday at 8:23 PM**
positive DWI scan may have high sensitivity for acute ischemic stroke and addition of PWI may slightly increase sensitivity (Stroke 2015 Jan)

Topic: Neuroimaging for acute stroke

May 26, 2015 **Yesterday at 7:50 PM**

EBSCO Health **Calculators**

DynaMed Plus

Pul

Search

Go To

Pulmonary embolism (PE)

Pulmonary tuberculosis

Pulmonary arterial hypertension (PAH)

Pulmonary embolism treatment

Pulmonary sarcoidosis

Search For

pulmonary embolism (pe)

pulmonary embolism

pulmonary hypertension

pulmonary fibrosis

pulmonary embolism treatment

Se emplea auto-sugerencia inteligente, la cual identifica la búsqueda del usuario y permite la navegación directa a las zonas más consultadas- dentro de los temas

Spotlight

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May 26, 2015 **Yesterday at 7:50 PM**

EBSCO Health **Calculators**

DynaMed Plus

Pulmonary embolism

Convenientes filtros permiten rápido acceso a imágenes y calculadores que son relevantes a la consulta del usuario

Results | Images | Calculators

Pulmonary embolism (PE) Condition

mechanical obstruction of pulmonary vasculature, usually due to blood clot (thromboembolism) from deep vein thrombosis (DVT)

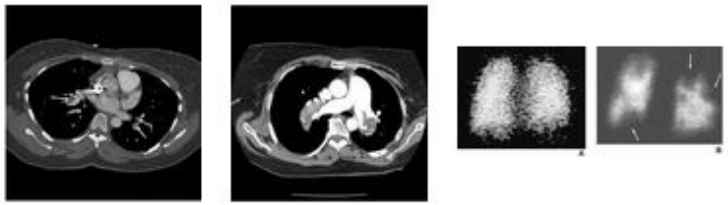

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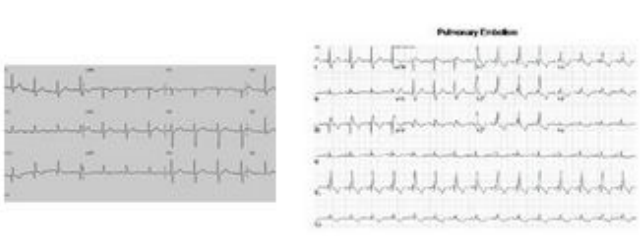
Image Results



Calculator Results

EBSCO Health **Calculators**

DynaMed Plus

Pulmonary embolism

Esta misma tecnología presenta al usuario calculadores en consultas específicas

Results | Images | Calculators

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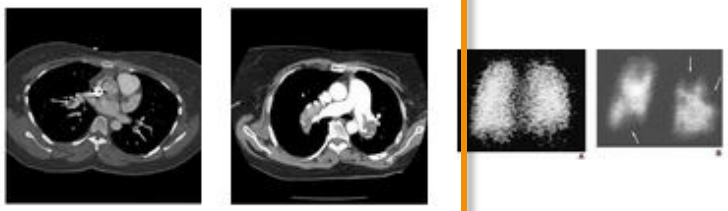
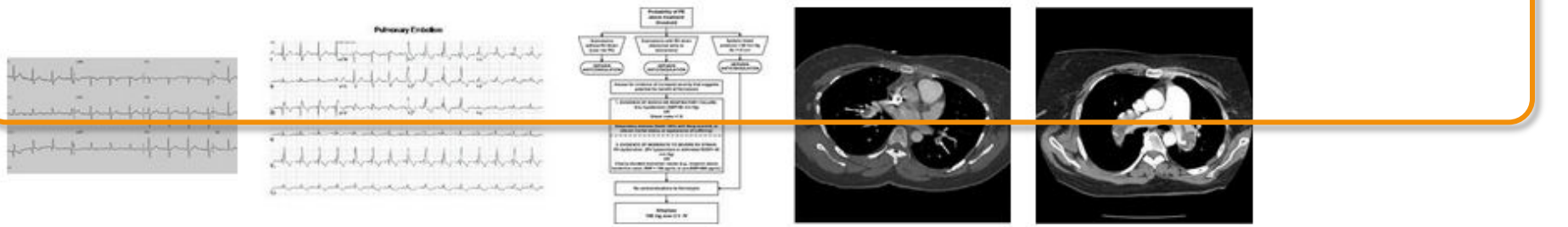


Overview and Recommendations | History and Physical | Guidelines and Resources

Diagnosis | Complications and Prognosis | Patient Information

Treatment | Prevention and Screening | ICD-9/ICD-10 Codes

Image Results



Calculator Results

blood clot (thromboembolism) from deep vein thrombosis (DVT)

Overview and Recommendations | History and Physical | Guidelines and Resources
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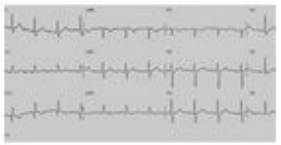
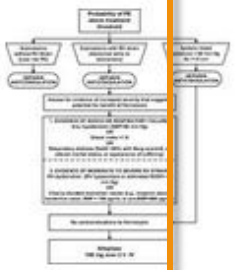
Treatment | Prevention and Screening | ICD-9/ICD-10 Codes

Image Results





Calculator Results

Pulmonary Embolism Wells Score

Pulmonary Embolism Risk by Pisa Study (without chest x-ray)

FactorSum = AgeRange + Sex + RiskFactors

Pulmonary Embolism Risk by Pisa Study (with chest x-ray)

FactorSum = AgeRange + Sex + RiskFactors

Resultados agrupados permiten al médico rápidamente entender el contexto del resultado.

EJEMPLO: El resultado muestra embolia p… de insufic… fracción d… camino pr… entender … medicame… tratamien…

Resultados relevantes conducirán a los usuarios directamente a la sección específica dentro de la estructura basada en esquemas clínicamente relevantes de DynaMed Plus

More

Heart failure with reduced ejection fraction

Condition

systolic heart failure or heart failure with reduced ejection fraction (HFrEF) is associated with a decrease in heart pump function that may be associated with an insufficient amount of

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  - Pathogenesis
  - Risk factors
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- Prevention and Screening
- Quality Improvement

Pulmonary embolism (PE)

CME

Causes

- deep vein thrombosis (DVT) is most common cause (venous thromboembolism [VTE])[1, 2, 3, 4]
  - lower extremity DVT most common source[4]
  - pelvic DVT less common source[4]
- less frequent causes
  - septic embolism[1]
    - septic pulmonary emboli most commonly associated with right-heart endocarditis, especially in IV drug users
    - other sources of septic emboli include infected indwelling catheters, infected pacemaker wires, peripheral septic thrombophlebitis
  - venous air embolism
    - may occur as accidental introduction of air (or exogenously delivered gas) into vasculature during operative procedure[1]
    - vaginal manipulation reported in 2 cases of obstetric air embolism (Obstet Gynecol 2008 Feb;111(2 Pt 2):487, Obstet Gynecol 2008 Feb;111(2 Pt 2):489), correction can be found in Obstet Gynecol 2008 Sep;112(3):710, editorial can be found in Obstet Gynecol 2008 Feb;111(2 Pt 2):481, commentary can be found in Obstet Gynecol 2008 Jun;111(6):1444
  - fat embolism[1]
    - embolization of marrow fat with pelvic or long bone fractures
    - iatrogenic causes may include
      - placement of knee or hip prostheses
      - endomedullary nailing
      - lipid or propofol infusion

La ubicación dentro del tema se actualiza de forma dinámica tanto en la barra de navegación , así como dentro de la ruta de navegación en la parte superior de la pantalla

thrombo

216 instance(s) of **thrombo** found

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  - Pathogenesis
  - Risk factors
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- Treatment
- Complications and

Pulmonary embolism (PE)

CME

Etiology and Pathogenesis / Causes

Causes

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Se ofrecen las mismas características de acceso rápido que los usuarios esperan, incluyendo búsqueda dentro del tema y resaltando la palabra clave

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lo que significa que es ideal para

cualquier dispositivo u orientación

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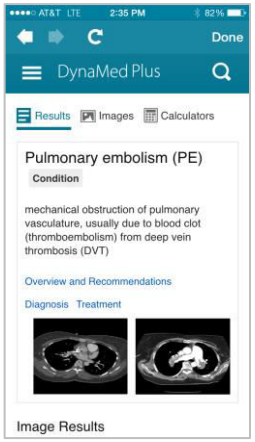

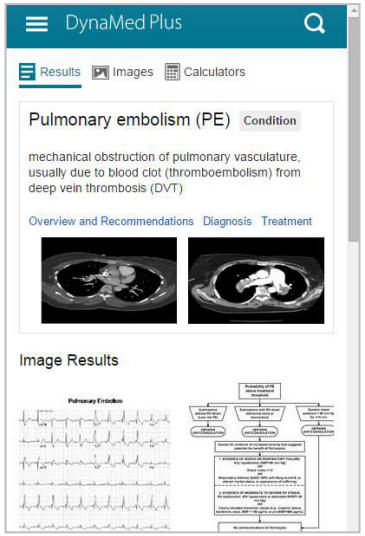

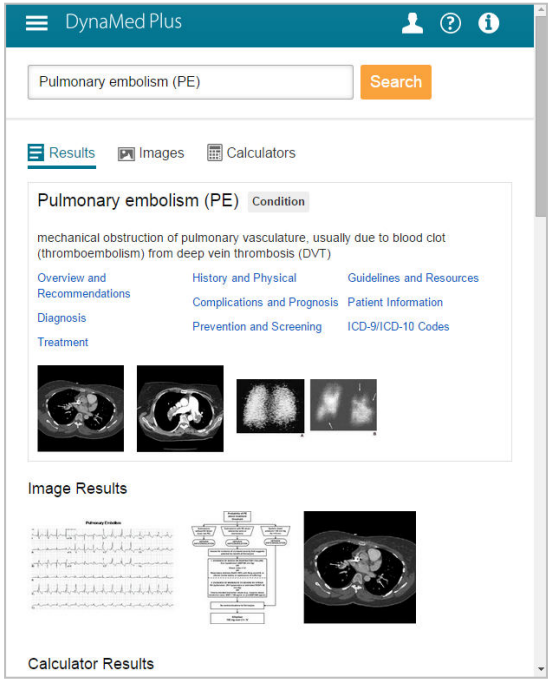

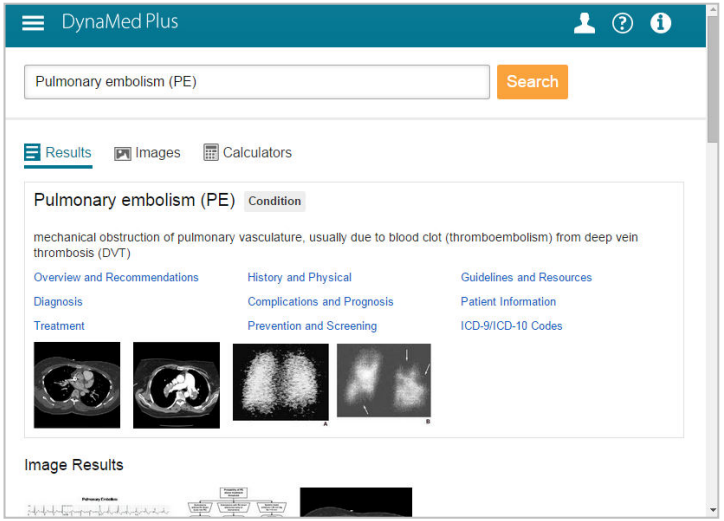

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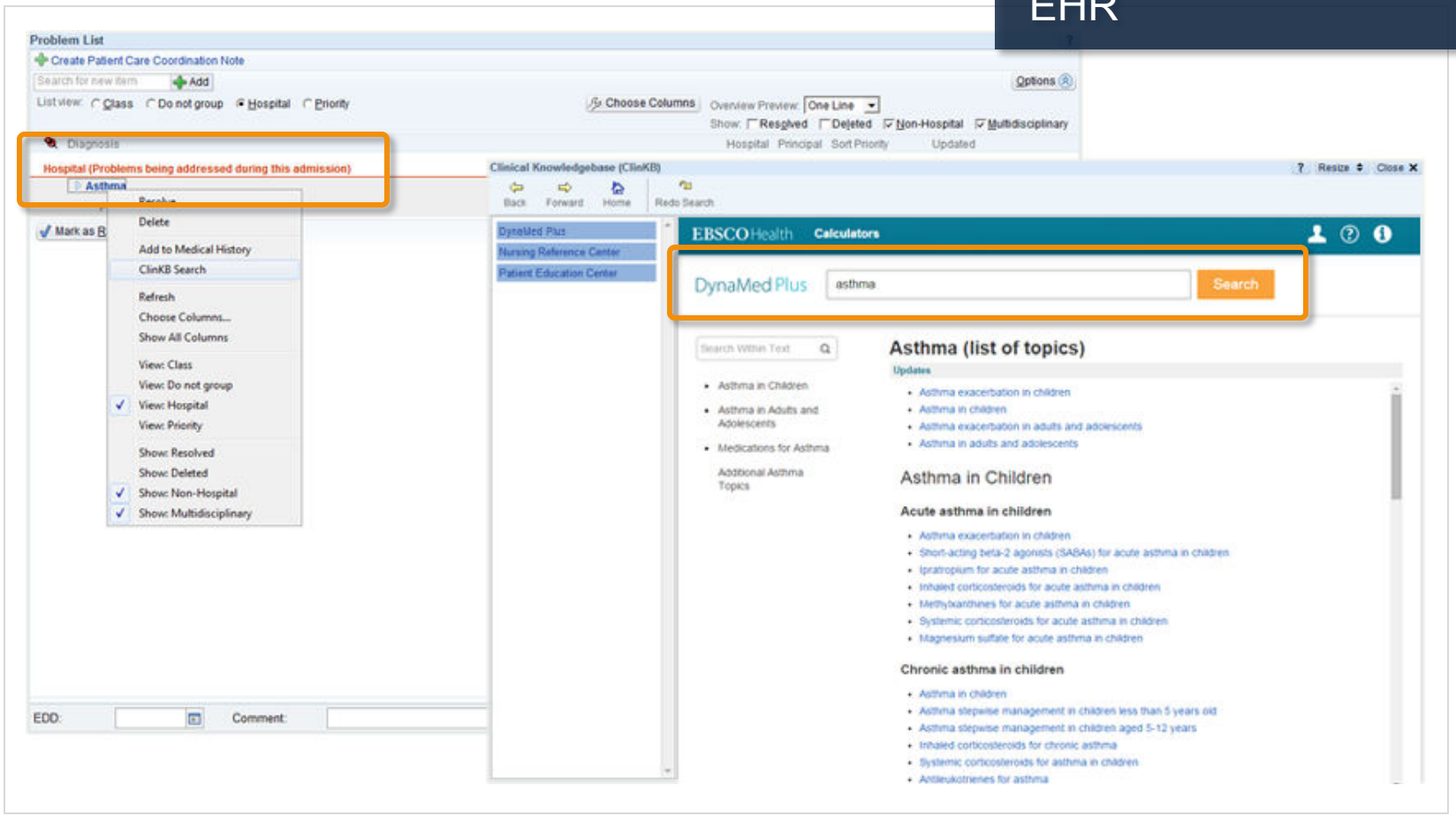

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- ☑ Mayor amplitud/profundidad de contenido en especialidades
- ☑ Contenido multimedia
- ☑ Mejor búsqueda y descubrimiento

Acceso desde cualquier punto, **a cualquier hora**

Ofreciendo Funciones como:

Gráficas e imágenes

Acceso a miles de gráficas e imágenes

Información General y Recomendaciones

Leas información general concise y recomendaciones detalladas

Resultados Precisos de Búsqueda

Obtenga resultados de búsqueda en cada uso

Contenido de Especialidades

DynaMed Plus incluye contenido robusto de especialidades

Revisores Expertos

Editores Adjuntos son apoyados por una red extensive de expertos clínicos

Aplicación Móvil

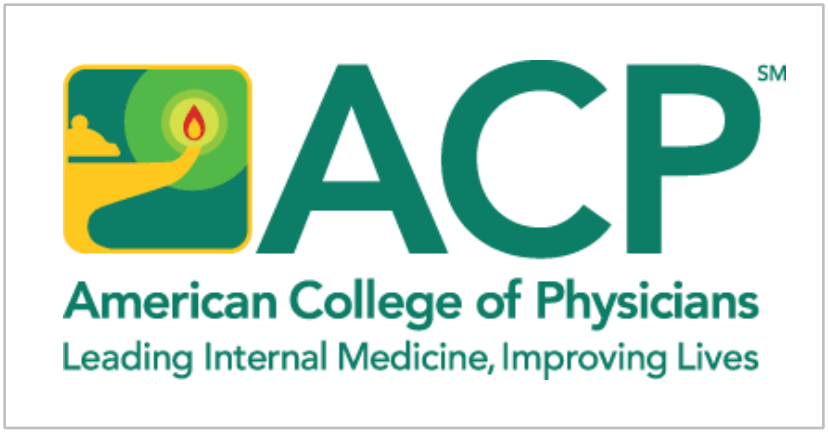
La aplicación móvil es complementario con cada suscripción, sin un costo adicional

Contenido de Medicamentos

Contenido de medicamentos para ayudar con el diagnóstico con Micromedex® Clinical Knowledge Suite

American College of Physicians Partnership

- ACP clinical leadership **develops and maintains *DynaMed Plus* internal medicine topics**
- Multiple members of ACP are **part of the *DynaMed Plus* Executive Board**



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COPD

CME

Updates

[+] Updated 2015 May 18 12:23:00 PM

ACP Produced in collaboration with the American College of Physicians

Overview and Recommendations

Background

- Chronic obstructive pulmonary disease (COPD) is characterized by significant airflow limitation associated with a chronic inflammatory response in the airways and lungs resulting in the destruction of lung tissue.
- COPD is usually progressive with a long-term decline in lung function and is the fourth leading cause of mortality worldwide.
- COPD commonly affects men > 40 years old who smoke, with an estimated worldwide prevalence of 4%-10%.
- Smoking is the most common risk factor for COPD worldwide; other risk factors include occupational exposures (for example, organic and inorganic dusts, chemical agents, and fumes), alpha-1 antitrypsin deficiency, and indoor air pollution (particularly from biomass smoke caused from burning biomass fuels in confined spaces).
- COPD has several complications, including acute exacerbation, respiratory failure, and pulmonary hypertension.
- 3-year mortality rates range from 11% for moderate COPD to 24% for very severe COPD.

Evaluation

- Suspect a diagnosis of chronic obstructive pulmonary disease (COPD) in patients with chronic and progressive dyspnea, cough, and/or sputum production who have a smoking history or have been exposed to other risk factors

This exciting partnership provides AMA individual members and JAMA Network individual registered users with access to

Revista de Investigación Médica en Internet

"DynaMed ....tuvo de lejos el menor número de artículos que necesitaron ser actualizados, lo que indica que la ***calidad no fue sacrificada por la rapidez***

¿Que Tan Actuales Son Los Principales Libros de Medicina Basada en Evidencia? Un Estudio Analitico de Cuatro Libros en Linea; Rebecca Jeffery*, B.Sc (Hons); Tamara Navarro*, MLIS, MEd; Cynthia Lokker*, PhD; R Brian Haynes*, MD, PhD; Nancy L Wilczynski*, PhD; George Farjou*, B.Sc (Hons); Sept, 2012

EBSCO Health | DynaMed Plus

EBSCO Health | DynaMed Plus

Revista de Epidemiología Clínica

*"DynaMed fue **la única fuente en clasificar entre los tres primeros** en las tres categorías evaluadas."*

J Clin Epidemiol. 2012 Sep 10

EBSCO Health | DynaMed Plus

EBSCO Health | DynaMed Plus

Revista Médica Británica

*"**DynaMed** tiene un proceso de actualización que **notoriamente lideró a los otros.**"*

(BMJ 2011 Sep 23)

EBSCO Health | DynaMed Plus

KLAS

DynaMed fue calificado, ***"10 punto más en KLAS que cualquier otro producto de referencia de enfermedades*** *en el estudio."*

Soporte de Decisión Clínica 2011: Entendiendo el Impacto, 2011. © 2011 KLAS Enterprises, LLC. Todos los derechos reservados.

EBSCO Health | DynaMed Plus

Revista de La Asociación de Bibliotecas Médicas

"Seis herramientas afirmaron actualizar resúmenes en 6 meses o menos. ***Sin embargo, para los 10 temas seleccionados, solo Dynamed cumplió esta afirmación."***

J Med Libr Assoc 2011 Jul;99(3):247

EBSCO Health | DynaMed Plus

EBSCO Health | DynaMed Plus

Desarrolladores de directrices en Costa Rica usaron DynaMed para crear una directriz de cáncer de seno basada en evidencia.

El proceso de creación de la directriz, que puede durar entre 18 y 24 meses, fue de cinco meses.

“El proceso DynaMed… presenta la última evidencia médica al cuidado del paciente más rápido que nunca.”

Mario Tristan, M.Sc. Ph.D,
Presidente y Director General
Instituto Centroamericano de Salud Internacional,
Director de Cochrane Centroamérica

¡Gracias!

Rafael Lagares

Gerente Regional de Ventas

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DynaMed Plus

vs.

UpToDate

DynaMed Plus incluye un nuevo equipo editorial de liderazgo, una nueva plataforma, un nuevo algoritmo de búsqueda, una nueva interfaz, nuevos contenidos y nuevas características.

Observa la comparación entre *DynaMed Plus* vs *UpToDate.*

	DynaMed Plus	*UpToDate*
CONTENT		
Overviews & recommendations	X	X
Specialty topics	X	X
Graphics & images	X	X
Drug content	X	X
Link to full Micromedex DRUGDEX site license	X	
Calculators	X	X
CME	X	X
Links to 2,500 full text journals (with *MEDLINE Complete*)	X	

	DynaMed Plus	UpToDate
SEARCH		
Concept-based searching	X	
Exact match function	X	
Easy access to topic sections	X	

	DynaMed Plus	UpToDate
USER INTERFACE		
Scannable, bulleted format	X	
Alerts	X	
Responsive design	X	

	DynaMed Plus	UpToDate
BUSINESS PRACTICES		
Partner with customers	X	
Predictable pricing	X	
Price based on content, not access	X	

EDITORIAL PROCESSES	DynaMed Plus	UpToDate
Evidence-based	X	
GRADE	X	X
Expert authors	X	X
Recommendations based on evidence	X	
Daily Updates	X	

ACCESS/PRICE	DynaMed Plus	UpToDate
On-site included	X	X
Remote included	X	
Mobile app included	X	
Mobile-optimized web site included	X	X
EHR integration included	X	