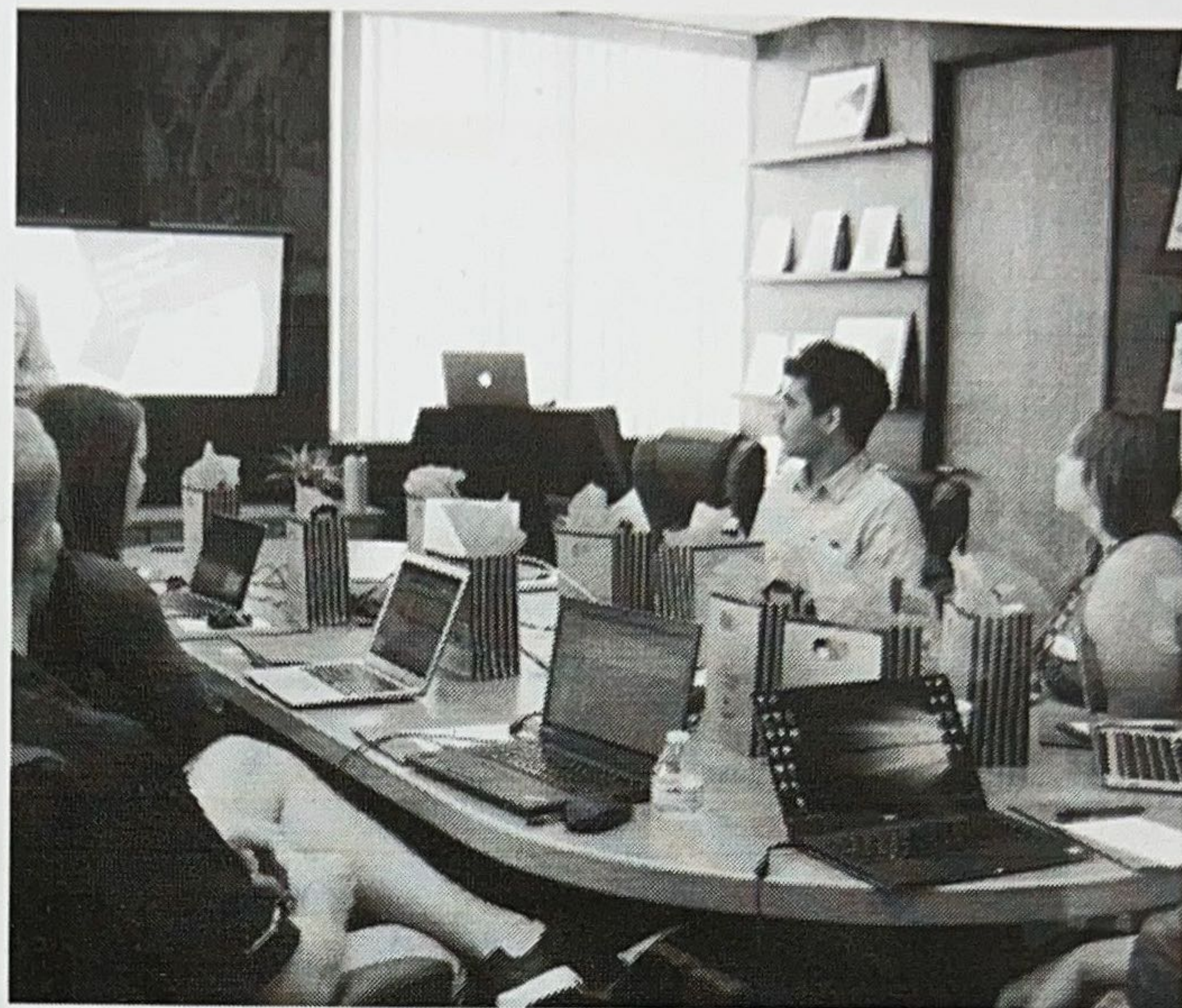
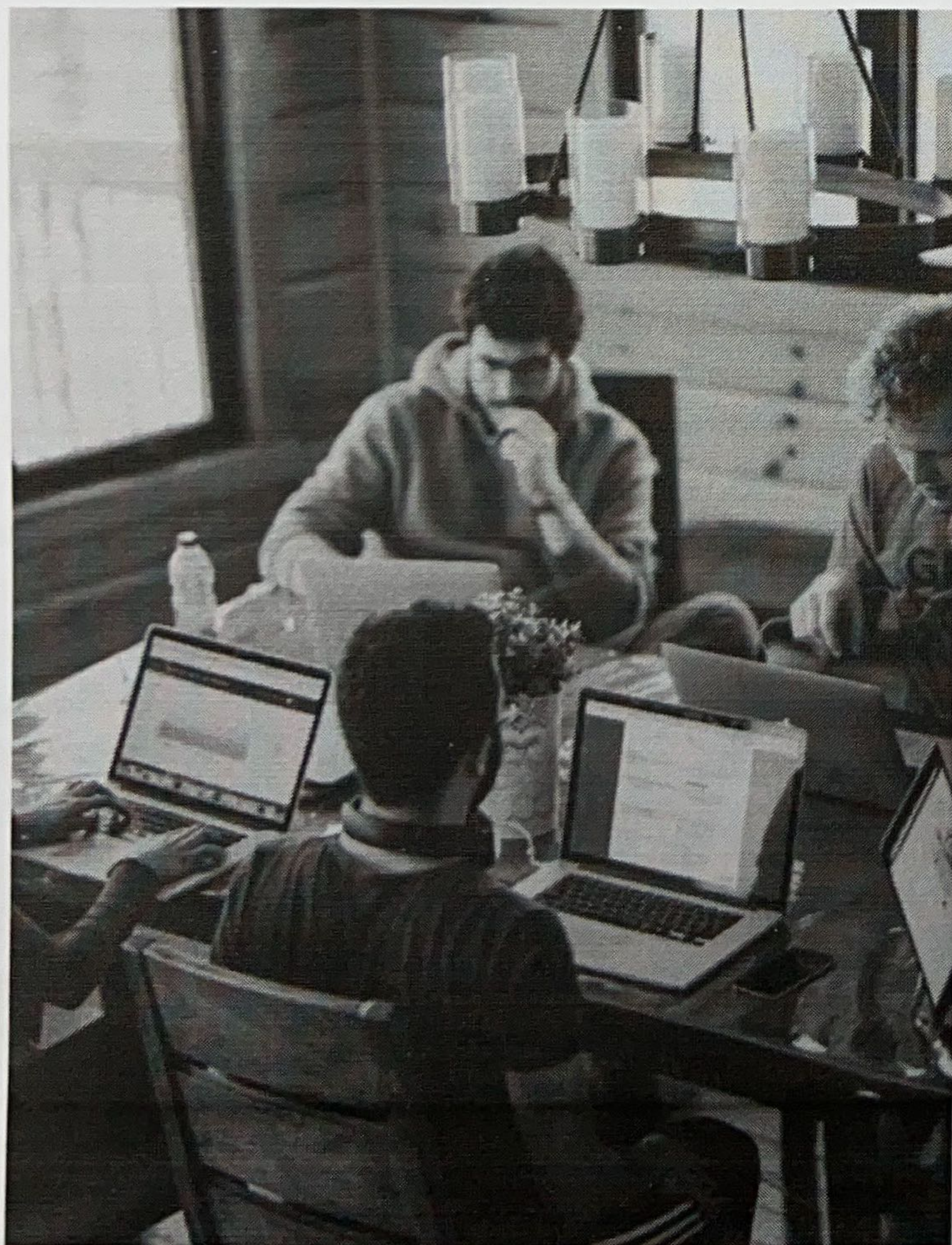


Improve Working Productivity in Using Apps

Smart devices and internet-based applications are already used in rhinitis (24-29) but none assessed work productivity. The strengths of the mobile technology include its wide acceptance and easy use, but there is a need to use appropriate questions and results should be assessed by pilot studies. This pilot study was based on 1,136 users who filled in 5,789 days of VAS allowing us to perform comparisons among outcomes, but not to make subgroup analyses. We collected country, language, age, sex and date of entry of information with the App. We used very simple questions translated and back-translated into 15 languages.



The App is not designed to compare AR patients with control subjects and this was not a clinical trial. Thus, as expected, over 98% users reported "AR" and we are unable to assess the responses of "non AR" users. On the other hand, there are many days with no symptoms in a sufficient number of persons with AR to allow comparisons between outcomes for those with more or less symptoms.



Demographic Characteristics

All consecutive users from June 1, 2016 to October 31, 2016 were included in the study. Some demographic characteristics such as age, sex, country and language were recorded. The Allergy Diary was used by people who downloaded it from the App store, Google Play, and other internet sources.

A few users were clinic patients that were asked by their physicians to access the app. Due to anonymization (i.e. name and address) of data, no personal identifiers were gathered. None of the users was enrolled in a clinical study as we aimed to have a real life assessment. There was no specific advertisement or other recruitment campaign (35).

Baseline Characteristics

The proportion of users with baseline characteristics and the number of VAS days

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Since variation in APP use existed across EDs as well as within EDs during the study period, our goal was to assess how differential use of APPs affected our study outcomes.

The study suggests that advanced practice providers can be effectively integrated into EDs

Greater levels of advanced practice provider coverage appear to allow physicians to care for higher-acuity cases while also allowing advanced practice providers to care for a lower, but significant number of patients requiring hospital admission and other critical care services. While advanced practice providers are currently utilized primarily for low-acuity cases, the finding of advanced practice providers independently evaluating critically ill ED patients suggests the potential for enhanced use of advanced practice providers in EDs. However, advanced practice provider use did not result in economies of scale given the higher productivity of physicians even when accounting for their similarly higher salary. As advanced practice provider use in emergency medicine continues to increase nationwide, implications for advanced practice provider training and processes to assure high-quality care should be considered.

