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| I am a (select all that apply): | Family Member |
| I am submitting: | Poster |
| I am submitting more than one submission as the presenting author: | No |
| Title (no more than 10 words): | Ditching the Binders |
| If presentation, please note type: | Solution Room |
| Topic: | What’s trending? |
| Brief Summary (no more than 50 words): | Chronically Simple was designed after a need was identified to develop a comprehensive, secure digital solution that would eliminate the requirement for cumbersome and heavy binders while also assisting patients and caregivers with managing the day to day complexities that accompanies living with a chronic illness or disability. This digital tool was developed by patients and caregivers FOR patients and caregivers. |
| Attach abstract (250 – 350 words; word doc or PDF): | [5389\_CS EKO Abstract 2023.docx](https://empoweredkidsontario.ca/data/eFormsUploads/1115/5389_CS%20EKO%20Abstract%202023.docx) |
| Key words (please note up to five key words): | caregiving, record management, digital healthcare, patient partners, empowering parents |
| Additional comments (100 – 150 words): | Being a caregiver to a child with a disability or medical condition can be both mentally and emotionally draining. From the early days in the NICU to countless appointments with developmental pediatricians, occupational therapists, physical therapists, speech therapists and more, it can be daunting keeping everything organized. We’ve been there — the endless piles of post-its, folders and binders strewn all over your home. Chronically Simple was built by patients and caregivers for patients and caregivers. The app provides a centralized place to all of your important documents, organized in a way that makes sense for you. Never arrive at an appointment without the information you need again. |
| Name: | Brenda Agnew |
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| 1. Name and Role: | Kristy Dickinson |
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| 2. Name and Role: |  |
| This presenter is: |  |
| Affiliation: |  |
| Preferred email: |  |
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| 3. Name and Role: |  |
| This presenter is: |  |
| Affiliation: |  |
| Preferred email: |  |
| Preferred telephone: |  |
| 4. Name and Role: |  |
| This presenter is: |  |
| Affiliation: |  |
| Preferred email: |  |
| Preferred telephone: |  |
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