

# Design & Implementation of a Novel Emergency Department Electronic Health Record Palliative Care Clinical Decision Support Tool



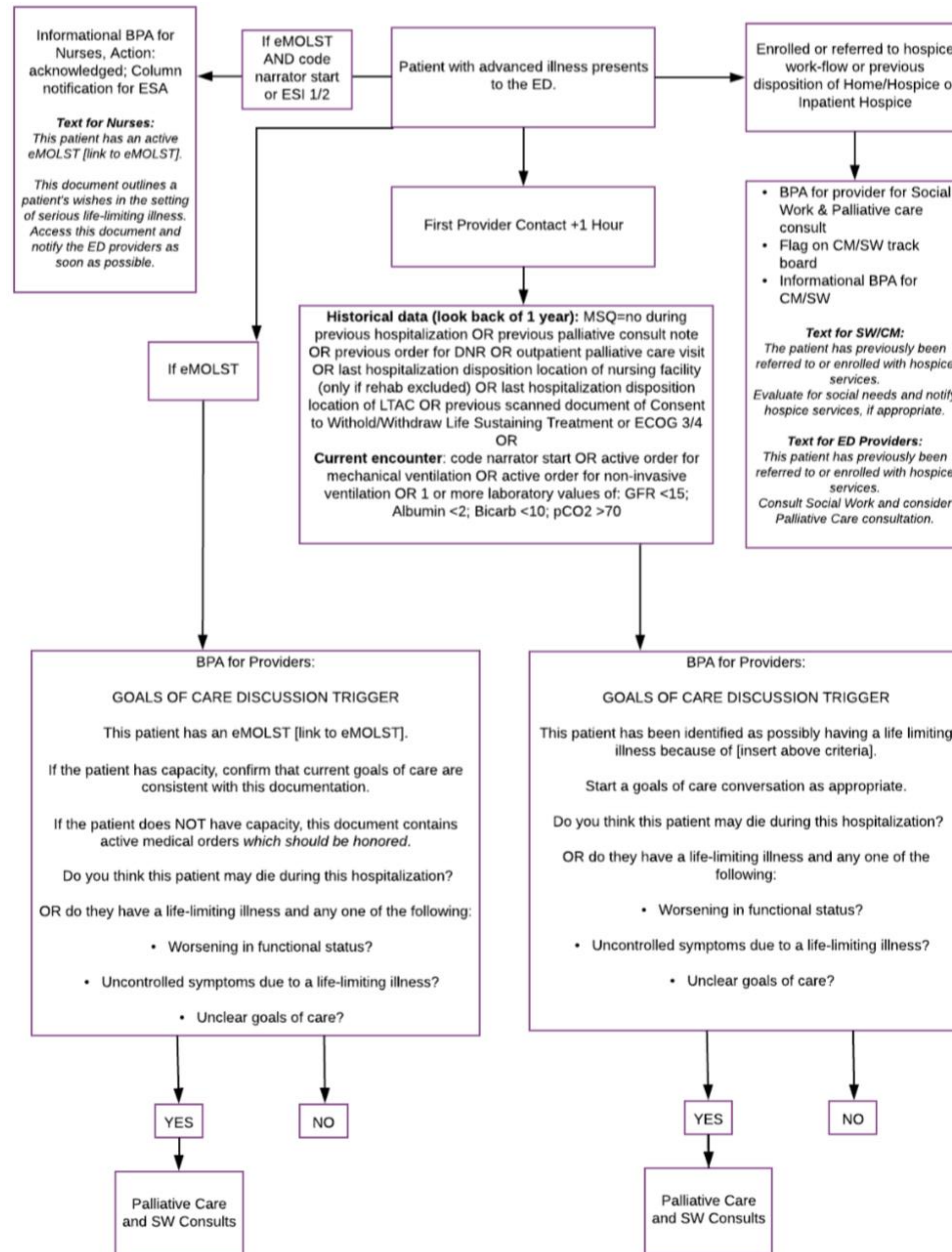
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## INTRODUCTION

Addressing the palliative care needs of patients with serious life-limiting illness in the Emergency Department (ED) has proven benefits such as improved quality of life, decreased symptom burden and decreased resource utilization<sup>1</sup>. But with increasing volumes and the increasing complexity of patients that present to the ED, identifying which patients would benefit from palliative care interventions has been challenging. We used P-CARES, a content validated screening tool for unmet palliative care needs<sup>2</sup> as a framework and created a clinical decision support (CDS) tool with three specific goals: 1) the identification of patients with advance care planning documentation, 2) the identification of patients that present from a hospice agency, 3) the identification of patients that may benefit from a multi-disciplinary palliative care intervention. With the assistance of this CDS tool, we hope that early recognition of these patients will lead to timely interventions, the provision of care that is concordant with patient wishes and the avoidance of unwanted and unnecessary interventions.

## METHOD

Based on these three specific palliative care needs within our ED, we created a clinical decision support tool that incorporates best practice alerts and track board notifications to key players of the ED care team including nursing, care management, social workers and providers with specific attention paid to the notification type and the appropriate recipient at the appropriate time within the ED workflow. In pre-implementation testing, the tool fired on 6.25% of patients at our large, urban, academic emergency department, which is affiliated with an NCI-designated cancer center.



## RESULTS

Design of the tool has yielded three distinct pathways within our academic health systems' main ED: 1) active eMOLST, 2) potentially active hospice, and 3) potential palliative care needs. For those patients with active eMOLST, messaging fires to nursing at time of arrival as well as providers to ensure transmission of information. For those patients with potentially active hospice, messaging fires to an interdisciplinary care team (providers, care management, and social work). For patients with potential palliative care needs with markers of end-stage disease, the decision was made just to fire one hour into the patient's evaluation. In two weeks of beta testing, 15 of 15 patients with active hospice enrollment were either discharged to outpatient hospice or admitted to inpatient hospice, indicating a continuation of desired level of care. In addition, active eMOLST was identified 51 times. For those patients with potential palliative care needs, 216 encounters triggered the messaging and in 123 instances (56.9%), either a social work or palliative care consultation was pursued.

## CONCLUSIONS

The development of a novel clinical decision support tool to identify patients in the ED with palliative care needs may assist in mitigating variance in provider practice, adherence to practice guidelines with the hope of improving patient outcomes for this important subset of patients in the Emergency Department. Much more analysis needs to be done on impact to provider workflows, length of stay and quality of care for patients.

## REFERENCES

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