The Use of Audit and Feedback in Implementing a Clinical Decision Support Tool Identifying Patients with Life-Limiting Illness in the Emergency Department

Nicole Zhao1,2, Allison Cuthel MPH3, Katharine Lawrence MD, MPH4, Rebecca Yamarik MD, MPH5, Corita R. Grudzen, MD, MSHS, FACEP6

1Renaissance School of Medicine, Stony Brook University, NY; 2 New York University Grossman School of Medicine Department of Emergency Medicine, NY; 3 New York University Grossman School of Medicine Department of Population Health NY; 4Tibor Rubin VA Medical Center, CA; 5Memorial Sloan Kettering Cancer Center, NY

Nicole.Zhao@stonybrookmedicine.edu

INTRODUCTION

- Clinical decision support (CDS) tools can be useful in the Emergency Department (ED) to (1) quickly identify patients with serious life-limiting illnesses most likely to benefit from primary palliative care and (2) provide point-of-care clinical recommendations.
- As part of the Primary Palliative Care for Emergency Medicine (PRIM-ER) intervention, each site was required to implement:
  1. At minimum one Best Practice Alert (BPA) and/or Banner within the electronic health record
  2. An audit and feedback system, which is a quality improvement strategy to encourage and improve physicians’ clinical practice.

PURPOSE

- This study aims to summarize the implementation, use, and feedback of BPAs/Banners at 18 health systems across the United States.

METHODS

- Population: 18 health systems and 33 clinical EDs (30 on Epic, 3 on Cerner) electronic health records) were enrolled in the PRIM-ER study.
- Data source: Audit and feedback surveys (quantitative and qualitative) collected post-intervention at each of the 33 EDs. Completed by Site Principal Investigators
- Suggested BPAs included:
  Function 1: Identify seriously ill patients with advance care planning documents
  Function 2: Identify patients on hospice
  Function 3: Refer patients to interdisciplinary services
  Function 4: Initiate goals of care conversation

RESULTS

- The most implemented BPA/Banner was the hospice alert.
  After initial data review 70% of sites reported their BPA/Banners were firing appropriately (frequency and for correct patients).
  70% of sites review their PRIM-ER BPA/Banner data either bimonthly or monthly and implement changes to optimize their systems

BEST PRACTICE ALERTS

- Function 1: Identify seriously ill patients with advance care planning documents
- Function 2: Identify patients on hospice
- Function 3: Refer patients to interdisciplinary services
- Function 4: Initiate goals of care conversation

CONCLUSION

- Health systems should continue prioritizing the customization of CDS tools to align with their unique workflow and environments.
- Audit and Feedback is crucial in continuously monitoring, sustaining, and optimizing BPAs. This ensures adaptations are data driven and focused on improving outcomes in patients identified with life-limiting illness in the ED.