

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

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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:
 - At minimum one Best Practice Alert (BPA) and/or Banner within the electronic health record
 - 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 implemented 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

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

BestPractice Advisory - SupportiveCare,TestOne

Active eMOLST

Patient has an active eMOLST. This document outlines a patient's wishes in the setting of serious life-limiting illness. Please access this document to learn more about the patient's wishes for care.

Acknowledge Reason _____

BestPractice Advisory - SupportiveCare,TestTwo

Active Hospice

This patient has previously been referred to or enrolled with hospice services. Evaluate for social needs and notify hospice services, if appropriate.

Acknowledge Reason _____

BestPractice Advisory - SupportiveCare,TestThree

Active Hospice

This patient has previously been referred to or enrolled with hospice services. Consult Social Work and consider Palliative Care consultation.

Acknowledge Reason _____

BestPractice Advisory - SupportiveCare,TestSixteen

Goals of Care Discussion Trigger (No eMOLST on file)

This patient **does not** have an eMOLST on file but does possibly have a serious life-limiting illness based on criteria met (see criteria in **blue** below).

Start a goals of care conversation.

Do you think this patient may die during this hospitalization?

OR

Do they have any one of the following?

- Worsening in functional status?
- Uncontrolled symptoms due to a life-limiting illness?
- Unclear goals of care?

If yes, then order a Social Work and Palliative Care Consult. If no, then dismiss BPA.

Criteria met:

ECOG=4, Poor functional status

RESULTS

BPA Implementation

- None of the 33 sites previously had a previous existing ED supportive care BPA.**
- The **Hospice alert** was implemented in **82% of sites** while the **Advanced Care Planning alert** was implemented in **72% of sites**

Audit and Feedback

- Site leadership waited an average of 10 days between BPA launch and initial data review
- After initial review, 70% of sites (n=23) reported the BPA(s) were firing appropriately, 12% (n=4) firing incorrectly, 9% (n=3) firing too frequently, and 9% (n=3) firing not enough.
- Data is reviewed by sites monthly (n=16), quarterly (n=9) bimonthly (n=7), or weekly (n=1).
- “Emergency medicine providers have more awareness of hospice patients, and there is better understanding on where to find patients goals of care and advance directives” [Feedback from Site PI]
- “Palliative care team now rounds in the ED everyday” [Feedback from Site PI]

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-limited illness in the ED.