

Using Built-in EHR Tools to Screen Emergency Department Patients for Palliative Care Needs



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Statement of the Problem

- Because of the high incidence of unmet palliative care (PC) needs of patients in the Emergency Department (ED), the Choosing Wisely campaign recommends engaging hospice and palliative care services in the ED for those patients who may benefit.¹
- Screening tools are needed to help identify which patients may benefit most from PC intervention.

Background

- Epic, the electronic health record (EHR) contains an automated cognitive computing model, the End-of-Life Care Index (EOLI), that predicts risk of 1-year mortality based on 46 clinical and demographic variables in the EHR.²
- University of Colorado Hospital renamed the tool the Advance Care Planning Index (ACPI), as the purpose is to prioritize patients who would benefit from ACP conversations.
- Validation of this tool in the UCH ED patient population is needed.

Purpose

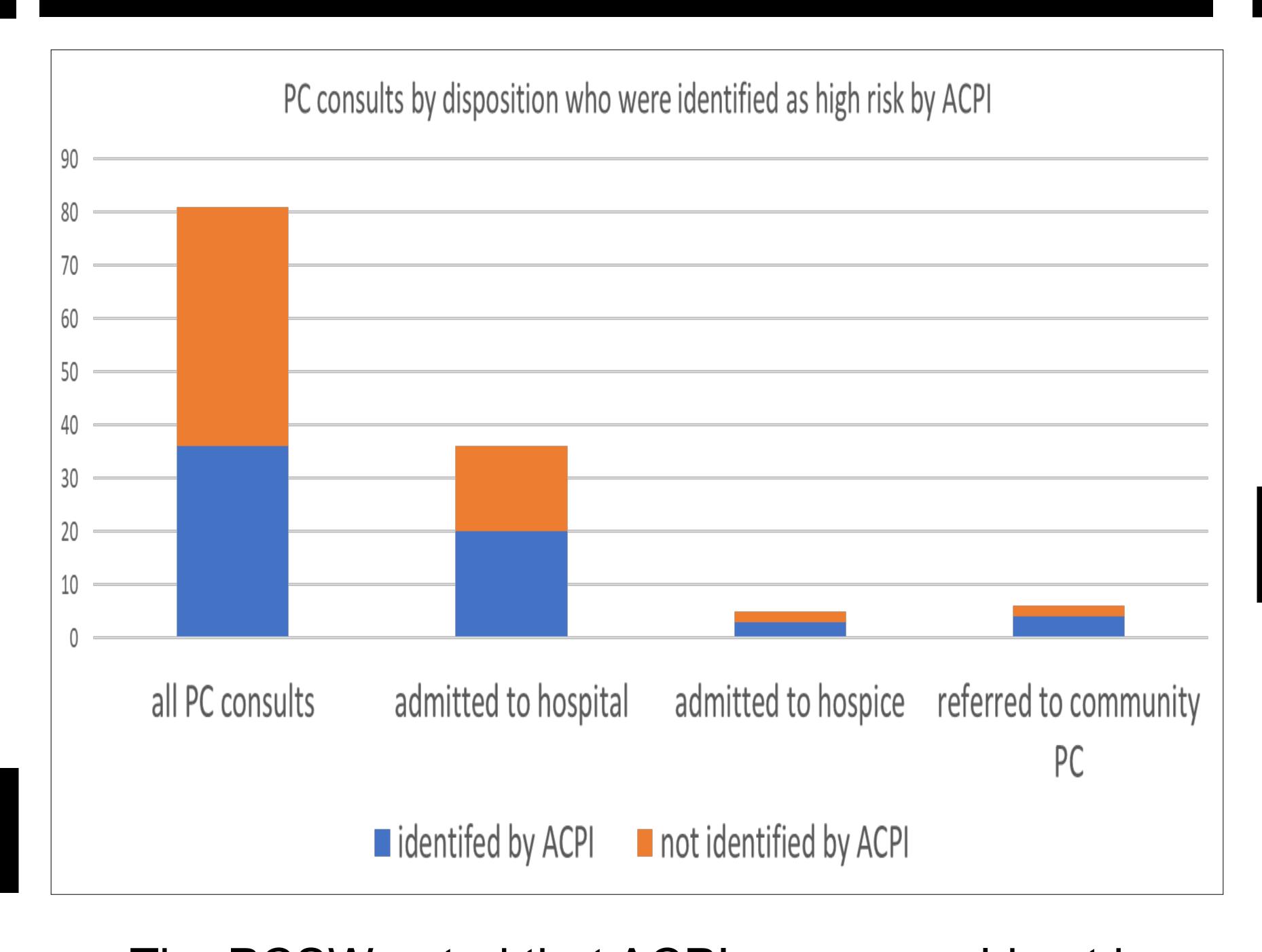
To examine whether the ACPI is a useful screening tool in the ED setting at our institution to identify patients who may benefit from PC intervention.

Methods

Project Design: Quality Improvement Sample/Setting: PC social workers (PCSW) embedded ED in May 2023.

Evaluation: Data were collected in June 2023 for PCSW consultations (N=81) performed. An Excel spreadsheet was created to include ACPI on ED admission, patient disposition from the ED, and notes regarding disparity between ACPI score and need for PC consultation.

Findings



- The PCSW noted that ACPI scores could not be generated on some ED patients due to lack of existing data in the EHR.
- A subset of patients with appropriately low ACPI scores who were appropriate for PC consultation.

Conclusions

- Lack of EHR data early in the ED admission limits the usefulness of the ACPI in identifying patients who may benefit most from PC intervention.
- Not all patients who benefit from PC services in the ED will have a high ACPI.
- The ACPI is most helpful in identifying ED patients with palliative care needs when used in conjunction with other data.

Future Directions

Epic's Clinical Intelligence Specialist is currently developing a data extraction tool for our project that will obtain EOLI for all ED patients (not just those with PC consults) at three points: ED admission, one hour after admission, and ED discharge, to better evaluate EOLI's ability to identify high risk patients.

References

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