

Screening for Palliative Care Patients by Utilizing Clinical Decision Support within the Electronic Health Record

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BACKGROUND

- Timelier referral to palliative care services (PCS) within the acute care setting is a health care priority.
- End-of-life consumes a disproportionate share of healthcare dollars with studies indicating PCS can save hospitals approximately \$1.3 million annually, for every 500 consults completed.
- More than 24% of Medicare beneficiaries end up in intensive care units during their last months of life after a visit to the acute care facility.
- Strategies to increase timelier referrals are needed.
- Integration of electronic clinical decision support and utilization of triggers to identify individuals who may benefit from palliative care, using an algorithm embedded within the electronic health record (EHR) may facilitate this identification, but lacks empirical support.

PURPOSE/OBJECTIVES/AIMS

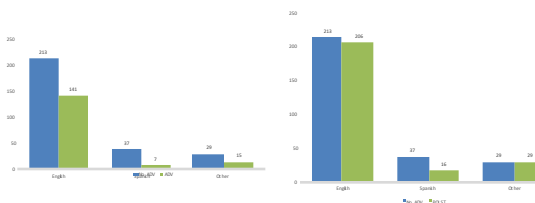
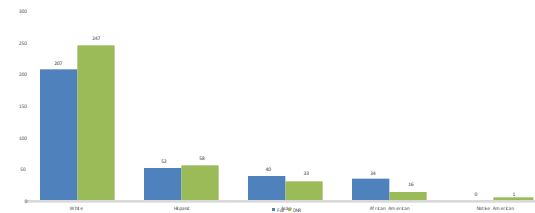
- The purpose of this feasibility study was to utilize variables available in the EHR and examine relationships between clinical EHR data and select demographics in a sample of palliative care patients.
- Aim 1) Characterize EHR data related to palliative care consultations among severely and chronically ill patients in the acute care.
- Aim 2) Examine relationships between the list of clinical EHR data, select demographics, in a sample of palliative care patients.

DESIGN/METHODS

- Descriptive, correlational study, using de-identified retrospective data collected from January 1, 2013 to December 31, 2015.
- An institutionally derived list of variables was used to provide a foundation for clinical decision support and patient identification integrated into the Cerner EHR system.
- Data were derived from the three palliative care centers of a large multi-community healthcare system in San Diego County, CA, USA.
- Descriptive and inferential statistical analyses conducted using SPSS version 23.

RESULTS

- Randomized sample (n = 694).
- Statistically significant association between patients' race/ethnicity and code status ($X^2 = 11.26, p = 0.16$) (Fig. 1).
- Statistically significant association between language and advance directive/POLST ($X^2 = 13.84, p = .008$) (Fig. 2 and 3).



DISCUSSION

- Large sample provided a number of statistically significant demographic, physiologic, and clinical variables to identify individuals suitable for timely referral to palliative care services.
- Readily accessible and electronically saved documents throughout healthcare system.
- Increases advance care planning rates and decreases barriers to initiate the conversation.
- Improved advance care planning through EHR use.

CONCLUSION

- The integration of an EHR-based trigger system can aid not only nursing, but the interdisciplinary team to identify and refer potential palliative care patients in a timelier manner.
- Integrating EHR system to its full potential will enhance patient care.
- Further research needed to include entire hospital population and extending beyond single healthcare system to increase diversity.

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