GEDA Executive Summary Care Processes Template – Level 1 or 2

Care Process

Select the care process this corresponds to from this dropdown menu: C.1 Palliative care consultation

Your care process name: ED Palliative Medicine Service

Date care process approved by your EM Department/Division: 2/10/2023

Description

Rationale: Provide any background or rationale for this process. Access to palliative care is important for patient quality of life and management of severe symptoms.

Describe the population that the care process will apply to and any exemptions. For example, it may apply to all patients age 65 and over or a subset based on age, ESI, or another positive screening tool. Patients who are severely ill or intubated may be exempted: Patients age 65 and over.

Hours of the day when the care process will be implemented or available if applicable: M-F 8am to 5pm.

Describe where in the ED workflow this care process fits in. For example, it may occur in triage, once the patient is roomed, at discharge, after discharge, after admission, during another transition of care, or other time:

After evaluation by physician/APP, in ED room.

Brief description of the care process. If you are using a hospital-wide process, please explain how it is applied specifically in the ED:

The Palliative Medicine consultation service consists of physicians, advance practice nurses, fellows, a pharmacist, a social worker and a chaplain. The team specializes in providing care to patients with cancer and other life limiting illnesses with moderate to severe symptoms.

The team has an outpatient clinic as part of the Comprehensive Cancer Center and also has an inpatient consultative service. This team will help in several ways in the ED:

1. For patients who are already established with the palliative team who have an urgent need for evaluation, the palliative care consult service can see them in the ED Observation Unit. This allows for the ED team to continue medical management and care until the consultation team is available, which is Mon-Fri, 8am-5pm. A request for consultation can be placed using the consult order form and by paging the on-call team member.

2. For assistance with emergent palliative needs, the team can be consulted over the phone to make urgent recommendations for symptom management and/or comfort measures. This service is only available during M-F 8am to 5pm.

3. Outpatient referrals: For patients who need ongoing palliative care related to cancer diagnoses, the patients can be referred to the outpatient palliative care clinic on discharge from the ED.

Who will be responsible for performing the actions in the care process:

ED Physician/APP will place the consult order or referral.

Describe how this care process is geriatric-specific:

This is for patients age 65 and over.

Describe any further follow-up or interventions involved:

For patients discharged, they will follow up with the palliative care clinic in the cancer center.

Education and Monitoring

Where relevant, describe how you will educate the relevant staff, physicians, or other stakeholders about the care process:

ED Physicians and APPs will receive education as part of the policy packet for new hires, and periodically at department meetings. In addition, the palliative care team will give a grand rounds every 2 years sharing best practices for providing palliative and end-of-life care in the ED.

Describe how you will monitor completion of the care process and its impact, where relevant. The list of GEDA care processes specifies whether each protocol should have validation of its implementation, or whether qualitative metrics are required. For 'validation' please describe the implementation and, if relevant, provide evidence for implementation of the care process. You will have the chance to upload images or files on the web application. For care processes in which 'metrics' are required, you should at least track the percentage of eligible patients who receive the designated intervention. Tracking could be through a live dashboard of screening results, through periodic random chart reviews, or through other tracking methods. Describe how often and by whom this will be performed. You will have a chance to upload metrics on the web application.

The GED quality team will monitor rates of palliative care consultations on a quarterly basis through the orders placed in the EMR and will present this information at departmental meetings on a quarterly basis and provide a reminder regarding the process, reasons for consultation, and ways that palliative care consults can help.

Please describe how you will help improve the rates of completion or impact of the process if rates are currently low or become low in the future.

Reminders and monitoring as above.

If relevant, please attach the 'validation' or 'metrics' for this care process. For metrics, this should include at least 3 months of tracking data to demonstrate completion rates and any other outcomes that are tracked.

Click n/a if none relevant.

Please attach your official ED care process policy if present, or other relevant documentation such as order sets, flow charts, etc. Please do not include hospital-wide policies. This policy should be ED-specific.

Inpatient consult to Palliative Care				X <u>C</u> ancel
Consult:	By Provider:	Q		
	To Provider:	Q		
Priority:	Routine	P Routine STAT		
Reason for Consult?		Add		
Did the ordering provider contact the consulting MD?				
	Yes No			
Contact MD:	STAT - Phone Call Requir	ed Routine in AM		
🛕 Which provider care team? (Consults = TARGETED/desired consulting team. Admissions = admitting provider team)				
				0
Comments:	Add Comments			
Reference Links:	myUNC Health Directo	ry		
Next Required Link Order				🗙 <u>C</u> ancel