

PLANNING FOR THE RIGHT CARE AT THE RIGHT TIME: DEVELOPMENT AND IMPLEMENTATION OF AN AUTOMATED RESUSCITATION STATUS TOOL

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PURPOSE

Patients receiving cancer care make several visits to hospitals and cancer centres throughout their cancer journey. Over the last few years, there has been significant effort to promote advocacy and awareness of patients' goals of care (GoC).

- Several tools are available to communicate these wishes to first responders in the community.
- Most tools provide specific orders for paramedics, firefighters, and are not meant to direct other healthcare personnel.

This initiative reports on the design/implementation of an automated communication tool to document and display orders for the resuscitation status (RS) of outpatients receiving care at a regional cancer centre.

MATERIALS AND METHODS

An inter-professional working group was formed, which included a patient/family advisor, representatives from medical and radiation oncology, as well as palliative care. Consensus was reached to align RS options with inpatient categories to ensure:

- Consistency across the organization.
- Facilitate clinical handovers.

Full Resuscitation
YES – Full treatment, including but not limited to CPR, defibrillation, intubation, and admission to critical care
Critical Care
YES – Active treatment including admission to critical care
NO – CPR, defibrillation
Medical Care
YES – Active Treatment
NO – CPR, defibrillation, intubation
NO – Admission to critical care
Comfort Care
YES – Provision of measures to promote comfort
NO – CPR, defibrillation, intubation
NO – Admission to critical care

Figure 1: Definitions of RS Categories.

A 'Resuscitation Status' order was added to the Mosaiq™ electronic medical record (EMR) orders menu for prescribers to select.

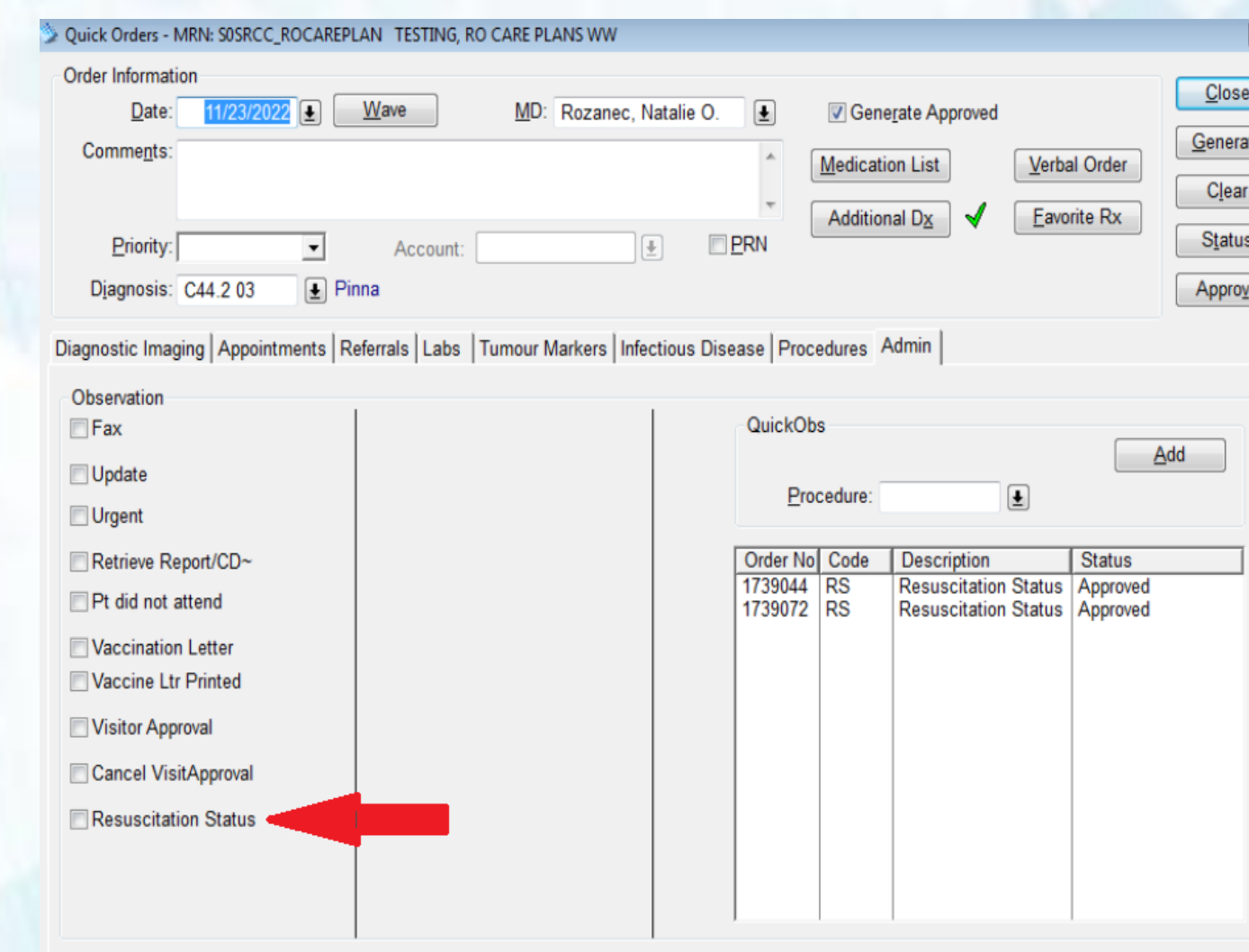


Figure 2: Electronic RS Order entry.

This prompts a 'RS' pop-up window:

- Staff select the appropriate RS category.
- Indicate whether supporting documentation was provided.
- Document who provided consent, who was present for the discussion.
- Space provided to enter the names/contact information for multiple substitute decision makers, powers of attorney.

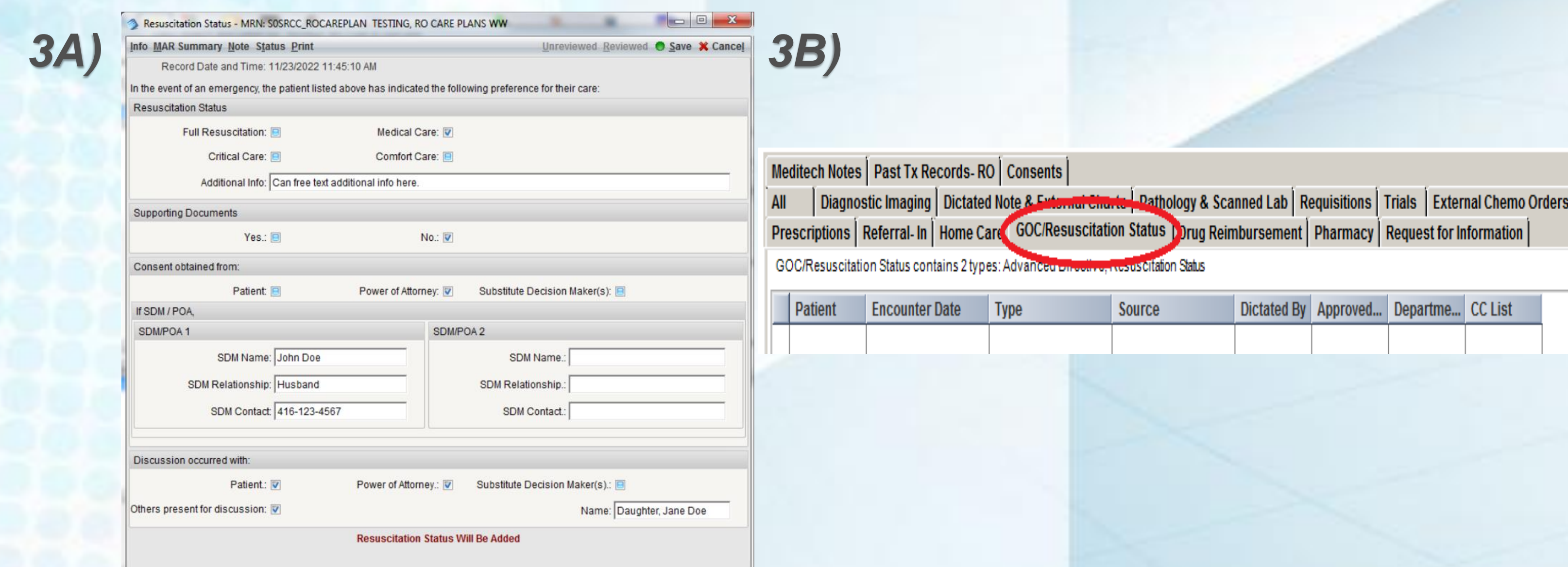


Figure 3: 3A) Information entered to document RS status; 3B) GOC Tab for staff to click and view RS document

Approving this order auto-generates a RS document into the patient's EMR:

- Automatically tagged for viewing in the 'GoC/RS' EMR tab.

RESULTS

The RS form, policy and procedure were reviewed and approved by the Radiation Medicine, Medical Oncology and Palliative Care Clinical Service Teams. Full clinical implementation was rolled out on December 1, 2022. The RS process is now in use by all outpatient cancer clinics.

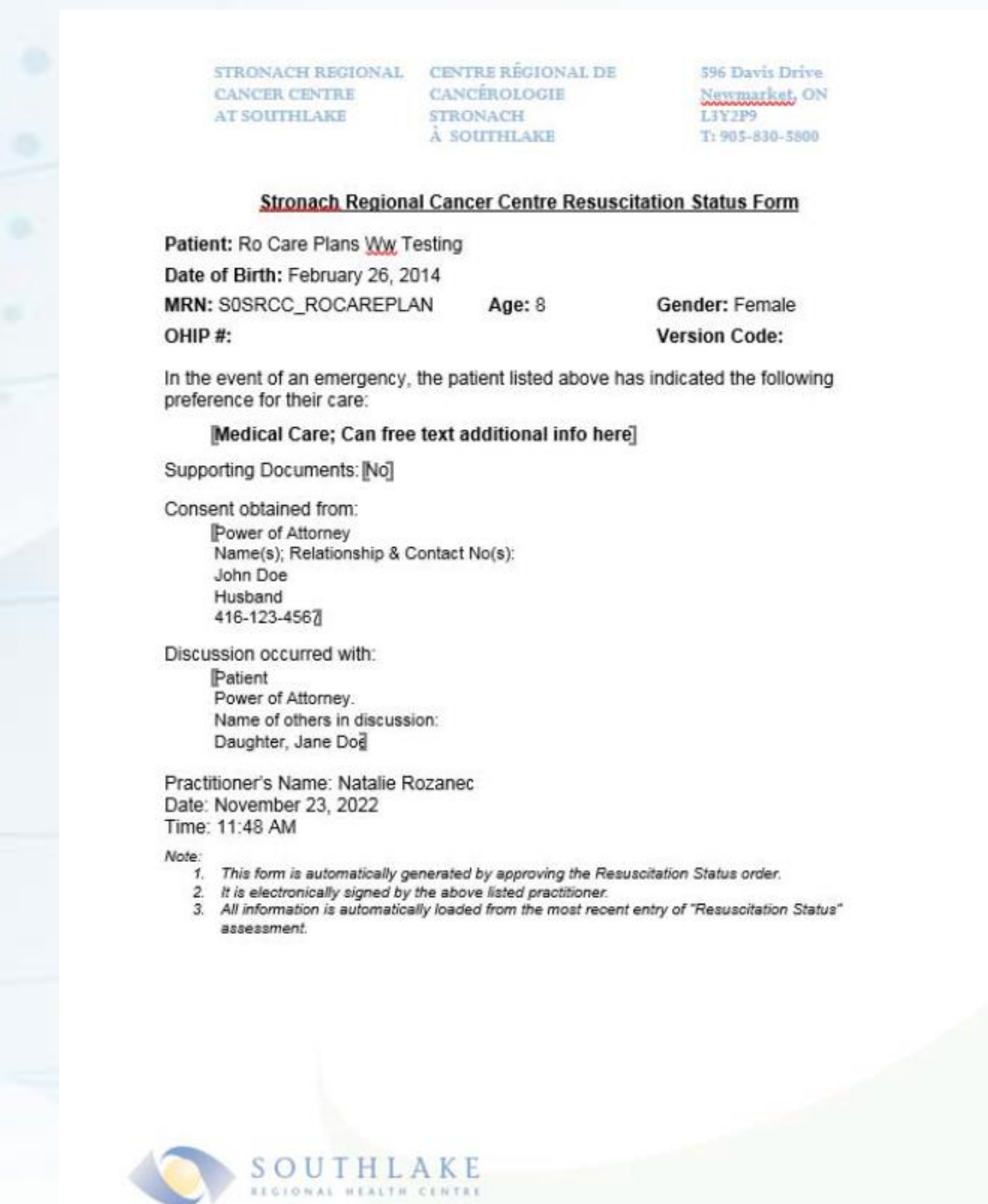


Figure 4: Completed RS document.

CONCLUSION

Development and implementation of a cancer centre-wide process to document the RS of patients has allowed for improved communication among staff and more frequent conversations about RS with patients. Documentation and auto-generation of the RS form is fast, taking less than one minute to complete. In the event of an emergency, one click on the patient's 'GoC/RS' tab provides staff with fast and easy access to the most recent RS order set to ensure patients are receiving the right care at the right time.