

S O U T H L A K E

PLANNING FOR THE RIGHT CARE AT THE RIGHT TIME: DEVELOPMENT AND **IMPLEMENTATION OF AN AUTOMATED RESUSCITATION STATUS TOOL** Natalie Rozanec^{1,2}, Cynthia Heron¹, Edwin Chan¹, Shaziya Malam¹, John San Miguel¹, Jennifer Daley-Morris², Charles Cho^{1,2,3}, Peter Anglin^{1,2} James Loudon^{1,2}.

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.

1-Southlake Regional Health Centre, 2-University of Toronto, 3-The Princess Margaret Cancer Centre.

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

	Order Information			
	Date: 11/23/2022 € Wave MD: Rozanec, Natalie O.	±	Gene <u>r</u> a	
	Comments:	^ [Medication Additiona	
	Priority: Account:	PRN	Additiona	
	Diagnosis: C44.2 03			
۵	Diagnostic Imaging Appointments Referrals Labs Tumour Markers Infectious Di	sease	edures Ad	
	Observation Fax	QuickObs		
	Update			
	Urgent	Pro	cedure:	
	Retrieve Report/CD~	Order No		
	Pt did not attend	1739044 1739072	RS RS	
	Vaccination Letter			
	Visitor Approval			
	Cancel VisitApproval			
	Resuscitation Status			

Figure 2: Electronic RS Order entry.

This prompts a 'RS' pop-up window:

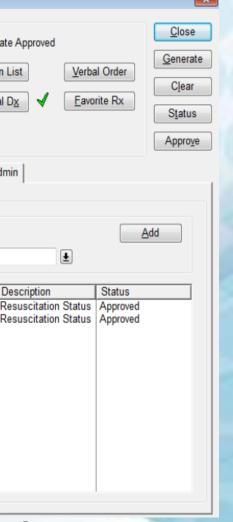
- Staff select the appropriate RS category.
- Indicate whether supporting documentation was provided.
- Document who provided consent, who was present for the discussion.
- Space provided to enter the names/contact information for multiple substitute decision makers, powers of attorney.

Info MAR Summary Note Status Print	Unreviewed Reviewed O Save X Cancel	
Record Date and Time: 11/23/2022 11:45:10 AM	Unreviewed Reviewed Save X Cancel 3E	
In the event of an emergency, the patient listed above has indicate	d the following preference for their care:	
Resuscitation Status		
Full Resuscitation: 🧾 Medical Ca	are: 🔽	
Critical Care: 📃 Comfort Ca		
Additional Info: Can free text additional info here.	Meditec	
Supporting Documents	All	
	No.: V	
Consent obtained from:	GOC/Re	
Patient: 🗐 Power of Attorn		
If SDM / POA,	Pati	
SDM/POA 1	SDM/POA 2	
SDM Name: John Doe	SDM Name.:	
SDM Relationship: Husband	SDM Relationship.:	
SDM Contact: 416-123-4567	SDM Contact:	
Discussion occurred with:		
Patient.: 🔽 Power of Attorn	ey.: 🔽 Substitute Decision Maker(s).: 🗐	
Others present for discussion: 🗑	Name: Daughter, Jane Doe	
	Status Will Be Added	

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.



erral-In Home Care GOC/Resuscitation Status Drug Reimbursement Pharmacy Request for Information

RESULTS

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.

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.



SOUTHLAK

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nsent obtained from

416-123-4567

cussion occurred with

ower of Attorney.

lame of others in discussi

titioner's Name: Natalie Ro : November 23, 2022

Medical Care: Can free text additional info her

s electronically signed by the above listed practitioner

Power of Attorney Name(s); Relationship & Contact No(s)

Figure 4: Completed RS document.

formation is automatically loaded from the most recent entry of "Resuscitation S