

NCG-KCDO EMR Requirement (NER)- Palliative Medicine Assessment Module (Version 2.0)

Document Name	Version	Published Date
NCG-KCDO EMR Requirement (NER) Palliative Medicine Assessment Module_1.0	1.0	3 Aug 2024
NCG-KCDO EMR Requirement (NER) Palliative Medicine Assessment Module_2.0	2.0	11 Oct 2024

FOREWORD

The National Cancer Grid (NCG) Electronic Medical Records (EMR) initiative has been well received by the NCG Hospitals and our community of healthcare professionals and stakeholders. The enthusiasm and support we have garnered for this initiative reflect a shared commitment to advancing cancer care through technology and collaboration.

As part of our ongoing efforts to enhance the EMR initiative, the palliative medicine assessment module has been developed. This module aims to streamline the process, providing clinicians with the tools they need to deliver optimal care to patients with cancer.

This module is designed to assist clinicians in the assessment and management of palliative care needs for cancer patients. It focuses on comprehensive symptom tracking, care planning, and improving the quality of life for patients. By simplifying the documentation process and offering easy access to patient information, the module helps clinicians deliver tailored, timely care, addressing physical, emotional, and psychosocial aspects of palliative care.

We are immensely grateful for the feedback, suggestions, and guidance provided by the healthcare professionals involved in treating cancer patients, as well as the healthcare technology companies and providers. We are pleased to share the final version of the Palliative Medicine Assessment Module. Thank you for your continued support and collaboration.

Dr C.S. Pramesh

Convener, National Cancer Grid

October 2024

Contents

1. NCG EMR INITIATIVE OVERVIEW	4
2. EMR FEATURE BUILDING	4
A. Palliative Medicine Module Overview	4
B. Methodology	5
3. Palliative Medicine Assessment and Management Module	5
4. Appendices	12
Appendix 1- Glossary of terms	12
Appendix 2- Reference documents	12

1. NCG EMR INITIATIVE OVERVIEW

The National Cancer Grid Koita Centre for Digital Oncology (NCG KCDO) launched an initiative to empanel Electronic Medical Records (EMR) vendors and help develop high quality EMR solutions that are appropriate for use in hospitals providing cancer care. This marks a significant milestone in the ongoing efforts to promote digital health and enhance cancer care across the country. Launched with the aim of standardizing and improving clinical practices in oncology, it is a collaborative approach involving leading healthcare institutions, clinicians, and technology partners.

In March 2023, NCG KCDO released the NCG EMR Requirements (NER) – a comprehensive set of EMR requirements needed for effective management of patients with cancer. The NER is a blueprint for the development and implementation of robust EMR systems which will serve general hospitals well, but are also tailored specifically for oncology practices. The NER document is a result of intense deliberations over several months between healthcare professionals involved in cancer care and technology experts, and is available as a digital public good at [NCG-KCDO EMR Initiative](#).

To further support the development of the empanelled EMR systems, the NCG has developed detailed requirements and features in specific areas of oncology including radiotherapy, chemotherapy and surgical oncology. This particular document details the palliative medicine requirements based on best practices developed at several leading NCG centres.

2. EMR FEATURE BUILDING

A. Palliative Medicine Module Overview

Building on the features outlined in the NER (NCG EMR Requirement), the Palliative Assessment Module is designed to streamline and optimize the treatment process for patients with cancer. The module is designed to enhance the quality, safety, and efficiency of the treatment within the NCG network, ultimately improving outcomes for cancer patients and advancing the field of oncology care.

Key features of the Palliative Medicine module include:

2.1 Comprehensive Assessment: Captures patient history, diagnosis, and reasons for referral.

2.2 Symptom Management: Focuses on managing symptoms such as pain, nausea, and breathlessness.

2.3 Psychosocial Support: Addresses emotional, social, and spiritual needs.

2.4 Treatment and Management: The Comprehensive Management Plan includes interdisciplinary referrals, discussions on care goals, and follow-up schedules, ensuring a holistic approach to patient care.

2.5 Confusion Assessment Method (CAM) Diagnostic Algorithm: Helps assess acute changes in mental status, disorganized thinking, and altered levels of consciousness.

B. Methodology

The methodology used to build the palliative medicine assessment form within the NER (NCG EMR Requirements) document encompasses a systematic and collaborative approach, involving key stakeholders and leveraging best practices across NCG hospitals.

3. Palliative Medicine Assessment and Management Module

Palliative Medicine Assessment and Management			
Sno	Data elements	Clinician's Response	Remarks for Vendors
1	Past Details		
A	Patient is	<input type="checkbox"/> New <input type="checkbox"/> Follow up	
B	Cancer diagnosis		Auto populate as per case no
C	Clinical notes from last MDT		Auto populate as per case no
D	Treatment History		Auto populate as per case no
E	Reason for Referral	<input type="checkbox"/> Symptom Management <input type="checkbox"/> Under Evaluation+ Palliative Care <input type="checkbox"/> Palliative care + Curative intent treatment <input type="checkbox"/> Early Palliative Care <input type="checkbox"/> Best Supportive Care <input type="checkbox"/> Psychosocial/Spiritual Support <input type="checkbox"/> Hospice Care <input type="checkbox"/> Home Based Care <input type="checkbox"/> End of Life Care <input type="checkbox"/> Any other	

F	Co-morbidities	<input type="checkbox"/> HTN <input type="checkbox"/> DM <input type="checkbox"/> CAD <input type="checkbox"/> CVA <input type="checkbox"/> TB <input type="checkbox"/> Asthma <input type="checkbox"/> COPD <input type="checkbox"/> Allergy <input type="checkbox"/> Psychiatric disorders <input type="checkbox"/> Biohazard <input type="checkbox"/> Others	Multiple choice possible with link to EMR
G	Investigations		Link to EMR
H	Examination/ Significant findings		Free text box
2 Performance Scale			
Choose one of the below two scales			
A	PS- ECOG	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
B	Palliative Performance Scale (PPS)		Standard template to be taken from the link- https://www.carepatron.com/templates/palliative-performance-scale
3 Edmonton Symptom Assessment System- Revised- CS			
Please circle the number that best describes how you feel in the last 24 hours:			
A	No Pain	0 1 2 3 4 5 6 7 8 9 10	Worst Possible pain Mention details- Open text box
B	No Tiredness (Tiredness=Lack of energy)	0 1 2 3 4 5 6 7 8 9 10	Worst Possible Tiredness Mention details- Open text box
C	No Drowsiness (Drowsiness= Feeling sleepy)	0 1 2 3 4 5 6 7 8 9 10	Worst Possible Drowsiness Mention details- Open text box
D	No Nausea	0 1 2 3 4 5 6 7 8 9 10	Worst Possible Nausea Mention details- Open text box
E	No Lack of Appetite	0 1 2 3 4 5 6 7 8 9 10	Worst possible lack of appetite Mention details- Open text box

F	No Shortness of Breath	0	1	2	3	4	5	6	7	8	9	10	Worst Possible shortness of breath	Mention details-Open text box
G	No Depression (Depression=Feeling sad)	0	1	2	3	4	5	6	7	8	9	10	Worst possible depression	Mention details-Open text box
H	No Anxiety (Anxiety=Feeling nervous)	0	1	2	3	4	5	6	7	8	9	10	Worst possible anxiety	Mention details-Open text box
I	Best Wellbeing (Wellbeing=How you feel Overall)	0	1	2	3	4	5	6	7	8	9	10	Worst possible Wellbeing	Mention details-Open text box
J	No Constipation	0	1	2	3	4	5	6	7	8	9	10	Worst possible constipation	Mention details-Open text box
K	Adequate Sleep	0	1	2	3	4	5	6	7	8	9	10	Loss of sleep	Mention details-Open text box
L	No other problem	0	1	2	3	4	5	6	7	8	9	10	Worst Possible	Mention details-Open text box
4 Nursing Assessment														
												Optional		
A	Blood Pressure											mmHg		
B	Pulse											per minute		
C	Temperature											Degree F		
D	Respiratory Rate													
E	SpO2											%		
F	Tracheostomy	<input type="checkbox"/> Yes <input type="checkbox"/> No												
G	Stoma											Free text 10 Words		
H	Wound/Pressure Injury											Free text 50 Words		
I	Oral Cavity													
J	Oedema													
K	Nutrition	<input type="checkbox"/> Orally <input type="checkbox"/> Via NGT <input type="checkbox"/> Via NJT <input type="checkbox"/> Via PEG <input type="checkbox"/> Via FJ <input type="checkbox"/> TPN												
L	Any Other													
M	Activities of Daily Living(ADL)	<input type="checkbox"/> Dressing <input type="checkbox"/> Ambulating												

		<input type="checkbox"/> Bathing <input type="checkbox"/> Eating <input type="checkbox"/> Transferring <input type="checkbox"/> Toileting	
N	Caregiver Details		
i	Primary Caregiver, mention details		Open text box
5 Psychosocial and Spiritual Assessment			
A Communication			
i	Patient Knows Diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ii	Caregiver Knows Diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
iii	Patient knows Prognosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
iv	Caregiver Knows Prognosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B	Psychosocial Issues	<input type="checkbox"/> NCCN-DT with problem checklist <input type="checkbox"/> PHQ-9 <input type="checkbox"/> GAD 7	Optional questionnaire. Links to the questionnaire in the Appendix
C	Social Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	Following row to be enabled, only if the response to 5C is 'Yes'.
i	Mention details, Example- family tree, caregivers, children, spouse etc		Open text box
D Spiritual Screening			
I	Is spirituality and religion important to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain <input type="checkbox"/> Others	
II	Are your spiritual resources working for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain <input type="checkbox"/> Others	

6 The Confusion Assessment Method (CAM) Diagnostic Algorithm- For patients with suspected Delirium			
A	Acute Onset or Fluctuating Course- Is there evidence of an acute change in mental status from the patient's baseline? Did the (abnormal) behaviour fluctuate during the day, that is, tend to come and go, or increase and decrease in severity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B	Inattention-Did the patient have difficulty focusing attention, for example, being easily distractible, or having difficulty keeping track of what was being said?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C	Disorganized thinking- Was the patient's thinking disorganized or incoherent, such as rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D	Altered Level of consciousness- Overall, how would you rate this patient's level of consciousness? (alert [normal]), vigilant [hyperalert], lethargic [drowsy, easily aroused], stupor [difficult to arouse], or coma [unarousable])	<input type="checkbox"/> Alert <input type="checkbox"/> Vigilant <input type="checkbox"/> Lethargic <input type="checkbox"/> Stupor <input type="checkbox"/> Coma	

7	Comprehensive Care Plan		
A	Palliative Medicine Diagnosis		
B	Goals of Care	<input type="checkbox"/> Palliative care+ disease, _____ <input type="checkbox"/> Palliative care only, _____ <input type="checkbox"/> Symptom Management, _____ <input type="checkbox"/> Psychosocial Care, _____ <input type="checkbox"/> Respite Care, _____ <input type="checkbox"/> Hospice Care, _____ <input type="checkbox"/> Home Care, _____ <input type="checkbox"/> Advanced Care Planning, _____ <input type="checkbox"/> EOLC, _____ <input type="checkbox"/> Any other, _____	Multiple choice options
i	Primary decision Maker		Open text box
ii	Preferred place of care	<input type="checkbox"/> Hospital, _____ <input type="checkbox"/> Hospice, _____ <input type="checkbox"/> Home, _____	
C	Investigations		
D	Procedures	<input type="checkbox"/> Pleural Tapping <input type="checkbox"/> Procedures for Pain relief <input type="checkbox"/> Wound care <input type="checkbox"/> Catheterisation <input type="checkbox"/> IV Fluids <input type="checkbox"/> NGT <input type="checkbox"/> Paracentesis <input type="checkbox"/> PM POCUS <ul style="list-style-type: none"> • Right lung base and right upper quadrant • Right lower quadrant abdomen • Subxiphoid cardiac view • Left lung base and left upper abdomen • Suprapubic Pelvic view • Compression ultrasound of femoral vessels-Left • Compression ultrasound of femoral 	Multiple choice possible- Sub points of PM pocus

		vessels-Right <input type="checkbox"/> Others	
E Medications			
i	Ongoing Medications		Link to last Prescription
ii	Medications prescribed		View past Palliative care consult, ability to write medicines
F Non Pharmacological Plan			
i	Re-counselling required	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> _____	Provide open text box as the third option
ii	Psychological and spiritual support	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Others, please specify _____	Details
iii	Social support	<input type="checkbox"/> Medicines, _____ <input type="checkbox"/> Travel, _____ <input type="checkbox"/> Equipment, _____ <input type="checkbox"/> Other, _____	
iv	Interdisciplinary Referrals	<input type="checkbox"/> Medical Oncology <input type="checkbox"/> Radiation Oncology <input type="checkbox"/> Surgical Oncology <input type="checkbox"/> Interventional Oncology <input type="checkbox"/> Chest Medicine <input type="checkbox"/> Psychiatry and psycho oncology <input type="checkbox"/> Stoma Clinic <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others	Map as per NCG Facility. Multiple choice possible
v	Follow up plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Following row to be enabled only if the response is yes
I	Follow up date		
vi	Referral Letter	<input type="checkbox"/> Yes <input type="checkbox"/> No	Option to upload referral letter
End			

4. Appendices

Appendix 1- Glossary of terms

Abbreviations	
NCG	National Cancer Grid
EMR	Electronic Medical Record
NER	NCG EMR Requirements
LEAP	Leading EMR Adoption Program
COPD	Chronic Obstructive Pulmonary Disease
HT	Hypertension
DM	Diabetes Mellitus
IHD	Ischemic Heart Disease
CAD	Coronary Artery Disease
CVA	Cerebrovascular Accident
TB	Tuberculosis
RFT	Renal Function Test
LFT	Liver Function Test
BTP	Breakthrough Pain
HS	At Bedtime
CRPS	Complex Regional Pain Syndrome
MDT	Multi-Disciplinary Tumor Board
EOLC	End of life care
LRTI	Lower Respiratory Tract Infection
URTI	Upper Respiratory Tract Infection
NGT	Nasogastric Tube
TPN	Total Parental Nutrition
NJT	Nasojejunal Tube
PEG	Percutaneous Endoscopic Gastronomy
FJ	Feeding Jejunostomy

Appendix 2- Reference documents

1. [ncg-emr-requirements-ner.pdf \(kcdo.in\)](#)
2. **NCCN-DT** https://www.nccn.org/docs/default-source/patient-resources/nccn_distress_thermometer.pdf

3. **PHQ9-**

https://med.stanford.edu/fastlab/research/imapp/msrs/jcr_content/main/accordion/accordion_content3/download_256324296/file.res/PHQ9%20id%20date%2008.03.pdf

4. **GAD 7-** [https://adaa.org/sites/default/files/GAD-7_Anxiety-](https://adaa.org/sites/default/files/GAD-7_Anxiety-updated_0.pdf?utm_device=cutm_source=googleutm_medium=cpcutm_campaign=136246792271utm_content=582218976177utm_term=grow%20therapygclid=CjwKCAiAk--dBhABEiwAchlwkeoLZ_jSxF9u3aXP2z2dns8BpX21ZiAJmbw9HgeOTz1Uq14gCs6UdBoCpdsQAvD_BwE)

[updated_0.pdf?utm_device=cutm_source=googleutm_medium=cpcutm_campaign=136246792271utm_content=582218976177utm_term=grow%20therapygclid=CjwKCAiAk--dBhABEiwAchlwkeoLZ_jSxF9u3aXP2z2dns8BpX21ZiAJmbw9HgeOTz1Uq14gCs6UdBoCpdsQAvD_BwE](https://adaa.org/sites/default/files/GAD-7_Anxiety-updated_0.pdf?utm_device=cutm_source=googleutm_medium=cpcutm_campaign=136246792271utm_content=582218976177utm_term=grow%20therapygclid=CjwKCAiAk--dBhABEiwAchlwkeoLZ_jSxF9u3aXP2z2dns8BpX21ZiAJmbw9HgeOTz1Uq14gCs6UdBoCpdsQAvD_BwE)