

# **NCG-KCDO EMR Requirement (NER)- Palliative Medicine Assessment Module (Version 1.0)**

## 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.

We share the pre-final version of the module and welcome feedback, suggestions and guidance from the healthcare professionals involved in treating patients with cancer, healthcare technology companies and providers. Your inputs will help develop EMRs with strong cancer care workflows which in turn will ensure better care, outcomes and value-based care for patients with cancer across India.

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## 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 Module

Palliative Medicine Preliminary Assessment			
Sno	Data elements	Clinician's Response	Remarks for Vendors
<b>1</b>	<b>Past Details</b>		
A	Patient is	<input type="checkbox"/> New <input type="checkbox"/> Follow up	
B	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"/> 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	Multiple choice possible

		<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											
G	Investigations												Link to EMR
H	Examination/ Significant findings												Free text box
<b>2</b>	<b>PS- ECOG</b>	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5											
<b>3</b>	<b>Edmonton Symptom Assessment System- Revised- CS</b>												
<b>A</b>	Please circle the number that best describes how you feel NOW:												
A	No Pain	0	1	2	3	4	5	6	7	8	9	10	Worst Possible pain
B	No Tiredness (Tiredness=Lack of energy)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Tiredness
C	No Drowsiness (Drowsiness=Feeling sleepy)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Drowsiness
D	No Nausea	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Nausea
E	No Lack of Appetite	0	1	2	3	4	5	6	7	8	9	10	Worst possible lack of appetite
F	No Shortness of Breath	0	1	2	3	4	5	6	7	8	9	10	Worst Possible shortness of breath
G	No Depression (Depression=Fe	0	1	2	3	4	5	6	7	8	9	10	Worst possible

	eling sad)													depression
H	No Anxiety (Anxiety=Feeling nervous)	0	1	2	3	4	5	6	7	8	9	10		Worst possible anxiety
I	Best Wellbeing (Wellbeing=How you feel Overall)	0	1	2	3	4	5	6	7	8	9	10		Worst possible Wellbeing
J	No Constipation	0	1	2	3	4	5	6	7	8	9	10		Worst possible constipation
K	Adequate Sleep	0	1	2	3	4	5	6	7	8	9	10		Loss of sleep
L	No other problem	0	1	2	3	4	5	6	7	8	9	10		Worst Possible
<b>4 Nursing Assessment</b>														
													<b>Optional</b>	
A	Blood Pressure											mmHg		
B	Pulse											per minute		
C	Temperature											Degree F		
D	SpO2											%		
E	Tracheostomy	<input type="checkbox"/> Yes <input type="checkbox"/> No												
F	Stoma											Free text 10 Words		
G	Wound											Free text 50 Words		
H	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												
I	Perceived Social Support	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Others												
J	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	<input type="checkbox"/> Yes <input type="checkbox"/> No												

	you?	<input type="checkbox"/> Uncertain <input type="checkbox"/> Others	
<b>5 The Confusion Assessment Method (CAM) Diagnostic Algorithm</b>			
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	<input type="checkbox"/> Alert <input type="checkbox"/> Vigilant <input type="checkbox"/> Lethargic <input type="checkbox"/> Stupor <input type="checkbox"/> Coma	



	coma [unarousable])		
<b>6 Treatment Plan</b>			
A	Ongoing Medications		Link to last Prescription
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 <ul style="list-style-type: none"> <li>• High</li> <li>• Medium</li> <li>• Low</li> </ul> <input type="checkbox"/> Advanced Care Planning <input type="checkbox"/> EOLC <input type="checkbox"/> Any other	
C	Primary Care giver		Free text box
D	Medications		View past Palliative care consult, ability to write medicines
E	Procedures	<input type="checkbox"/> Pleural Tapping <input type="checkbox"/> Pain procedure <input type="checkbox"/> Wound care <input type="checkbox"/> Catheterisation <input type="checkbox"/> IV Fluids <input type="checkbox"/> NGT <input type="checkbox"/> Paracentesis	Multiple choice possible
<b>7 Comprehensive Management Plan</b>			
A	Goals of care discussion	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B	If yes, discussion happened with whom?		Open text box
C	Primary decision Mmaker		Free text
D	Re-counselling required	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> _____	Provide open text box as the third option
E	Psychosocial-Financial/Other help	<input type="checkbox"/> Yes <input type="checkbox"/> No	

		<input type="checkbox"/> Others, please specify_____	
F	PM POCUS	<input type="checkbox"/> Right lung base and right upper quadrant <input type="checkbox"/> Right lower quadrant abdomen <input type="checkbox"/> Subxiphoid cardiac view <input type="checkbox"/> Left lung base and left upper abdomen <input type="checkbox"/> Suprapubic Pelvic view <input type="checkbox"/> Compression ultrasound of femoral vessels-Left <input type="checkbox"/> Compression ultrasound of femoral vessels-Right	
G	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	Map as per NCG Facility
H	Follow up date		Calendar View
I	Referral Letter	<input type="checkbox"/> Yes <input type="checkbox"/> No	Option to upload referral letter
<b>End</b>			

## 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

### Appendix 2- NER Document

1. [ncc-np-ner-requirements-ner.pdf \(kcdo.in\)](https://www.kcdo.in/national-cancer-grid-emr-requirements-ner)