

PRIM-ER post-implementation follow-up site survey: Mayo St Mary

Please complete the survey below.

Thank you!

Hello. Thank you for participating in the Primary Palliative Care for Emergency Medicine (PRIM-ER) study, led by the research team at NYU School of medicine. As a reminder, PRIM-ER is an education, training and technical support quality improvement intervention with four core components: 1) evidence-based multidisciplinary primary palliative care education, 2) simulation-based workshops on communication in serious illness, 3) clinical decision support (CDS), and 4) provider audit and feedback.

Since the implementation is now complete at all sites, we wanted to take the opportunity to better understand how the PRIM-ER Best Practice Alert(s) and/or Banner(s) were implemented and maintained at your site.

If you had multiple Emergency Departments (EDs) enrolled in PRIM-ER we ask that you complete one survey per ED (once you complete one ED, open the link again and complete the survey again for the next PRIM-ER ED).

Please answer the following questions to the best of your ability.

Demographic information

Site name

- ☐ Allegheny General Hospital
- ☐ Baystate Franklin
- ☐ Baystate Medical Center
- ☐ Beaumont Royal Oak
- ☐ Beaumont Troy
- ☐ Bellevue Hospital Center
- ☐ Brigham and Women Faulkner
- ☐ Brigham and Women Hospital
- ☐ Christiana Hospital
- ☐ Henry Ford Fairlane
- ☐ Henry Ford Hospital
- ☐ Henry Ford West Bloomfield
- ☐ Mayo Clinic Austin-Albert Lea
- ☐ Mayo Clinic Health Mankato
- ☐ Mayo Clinic St. Mary
- ☐ MD Anderson Cancer Center
- ☐ Mount Sinai Beth Israel
- ☐ Mount Sinai Hospital
- ☐ Mount Sinai West
- ☐ NYU Brooklyn
- ☐ NYU Winthrop
- ☐ Ochsner Medical Center
- ☐ Ohio State University-Wexner Medical Center
- ☐ Hospital of the University of Pennsylvania
- ☐ Penn Presbyterian Medical Center
- ☐ Pennsylvania Hospital
- ☐ UCSF Medical Center
- ☐ Zuckerberg San Francisco General
- ☐ UF Health Shands Hospital
- ☐ UF Kanapaha
- ☐ UF Springhill
- ☐ University of Utah Hospital
- ☐ Yale New Haven Hospital

What is your title?

Role (check all that apply):

- ☐ Physician
☐ Advanced practice provider (NP, PA, etc)
☐ Nurse
☐ Administrator/Leadership
☐ IT analyst
☐ Other

If other, please describe your role:

Age

- ☐ 18-29
☐ 30-39
☐ 40-49
☐ 50-59
☐ 60-69
☐ 70-79
☐ 80-89
☐ 90-99

Sex

- ☐ Male
☐ Female

Ethnicity

- ☐ Hispanic
☐ Non-Hispanic

Race

- ☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ Some Other Race

How many years have you been practicing as a physician, APP or nurse (for physicians, please exclude your years in residency)?

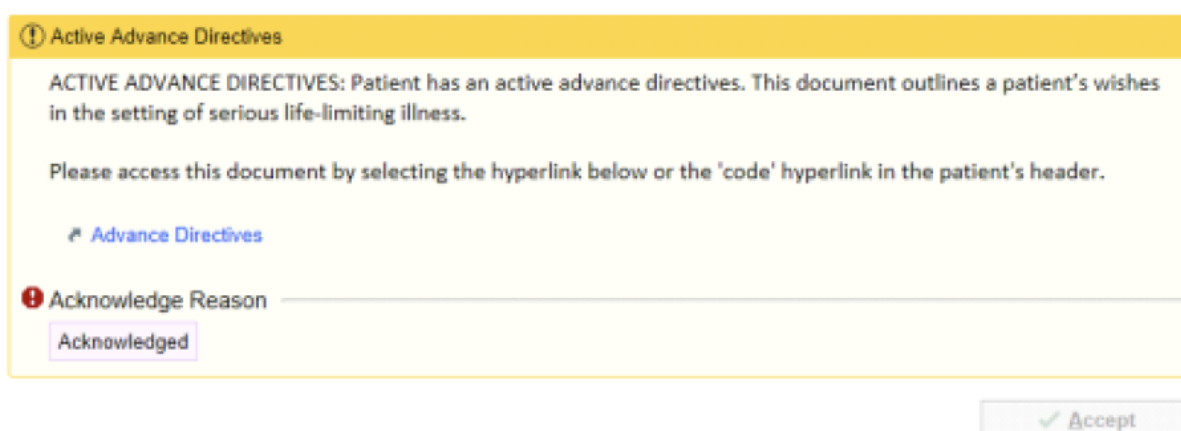
BPA/Banner background.

As a reminder, one of the components of PRIM-ER was to implement clinical decision support (CDS) that uses an algorithm for identifying patients at high risk for short-term mortality and an alert process (either a BPA or banner) for notifying providers. For example, a clinical reminder to screen for palliative care that pops up during a patient visit when a provider makes contact would be considered a core component of PRIM-ER.

Did your site implement a BPA or a Banner?

- ☐ BPA
☐ Banner

We have 5 BPAs/Banners on file for your site. In this section, please reference the first one (photo attached below) and answer the following questions. We will reference the other one(s) afterward.

1. Nursing BPA for Patients with Advance Directives

① Active Advance Directives

ACTIVE ADVANCE DIRECTIVES: Patient has an active advance directives. This document outlines a patient's wishes in the setting of serious life-limiting illness.

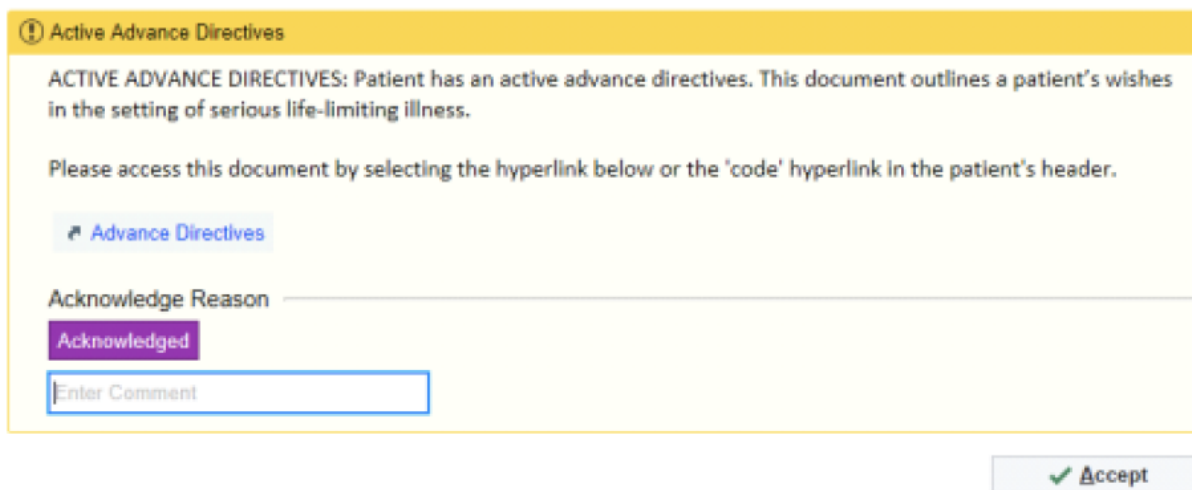
Please access this document by selecting the hyperlink below or the 'code' hyperlink in the patient's header.

[Advance Directives](#)

① Acknowledge Reason

Acknowledged

✓ Accept



① Active Advance Directives

ACTIVE ADVANCE DIRECTIVES: Patient has an active advance directives. This document outlines a patient's wishes in the setting of serious life-limiting illness.

Please access this document by selecting the hyperlink below or the 'code' hyperlink in the patient's header.

[Advance Directives](#)

Acknowledge Reason

Acknowledged

Enter Comment

✓ Accept

Do the photo(s) above accurately represent your site's BPA/Banner?

- ☐ Yes
☐ No

Please upload an accurate BPA/Banner for your site.

To the best of your knowledge, approximately how many times did the 1st BPA/Banner fire over the last 6 month?

Who received the BPA/Banner? Check all that apply:

- ☐ Physicians (excluding residents/fellows)
- ☐ Residents
- ☐ Fellows
- ☐ APPs
- ☐ Nurses
- ☐ Social Workers

What were the biggest challenges in implementing the BPAs/Banner at your specific site? Check all that apply:

- ☐ Time
- ☐ Approval process
- ☐ ED leadership and/or Leadership buy-in
- ☐ Perceived relevance
- ☐ Financial cost
- ☐ Competing priorities for department
- ☐ Competing priorities for Information Technologist (IT) teams
- ☐ IT staffing
- ☐ Complexity
- ☐ Technical barriers in the EHR
- ☐ Technical barriers outside the EHR
- ☐ Concerns from palliative care department
- ☐ Health system doesn't use interruptive alerts
- ☐ Palliative Care team limited capacity
- ☐ Lack of buy-in and/or support from Palliative Care Department
- ☐ Other

Please describe the other challenge(s) in implementing the BPAs/Banner at your specific site:

Were there any key patient groups with high palliative care needs excluded from the BPA implementation at your site for technical, cultural or other reasons? (Ex. Hospice patients because site was unable to implement hospice BPA due to inpatient palliative care team push-back)

- ☐ Yes
- ☐ No

Please list who was excluded and why:

What components of this BPA/Banner do you think were most effective? Check all that apply:

- ☐ Its placement on the screen
- ☐ When it popped up
- ☐ How often it was shown
- ☐ The accuracy of who it fired for
- ☐ The design of the BPA itself (e.g. graphics)
- ☐ The text of the BPA
- ☐ The associated prompts (e.g. Follow-up actions/orders)
- ☐ Other

Please describe what other components of this BPA/Banner were most effective:

What components of this tool do you think were least effective?

- ☐ Its placement on the screen
- ☐ When it popped up
- ☐ How often it was shown
- ☐ The accuracy of who it fired for
- ☐ The design of the BPA itself (e.g. graphics)
- ☐ The text of the BPA
- ☐ The associated prompts (e.g. Follow-up actions/orders)
- ☐ Other

Please describe what other components of this BPA/Banner were least effective:

What could have made the BPA/Banner more effective?
Check all that apply:

- ☐ How many times it fired (too many or too few)
- ☐ Who it fired for
- ☐ Better design
- ☐ Clearer text
- ☐ Fewer/more words/images
- ☐ More relevant to physicians
- ☐ More relevant to nurses
- ☐ More relevant to social work
- ☐ More relevant to patients
- ☐ Should be fired somewhere else (e.g. Inpatient)
- ☐ Other

Please describe what else could have made the BPA/Banner more effective:

Were there any unintended consequences of the PRIM-ER BPAs/Banner/alert?

- ☐ Yes
- ☐ No

Please describe the unintended consequences:

Please elaborate on why there were no unintended consequences:

In this section, please reference the 2nd BPA/Banner we have on file for your site (photo attached below) and answer the following questions.

2. Social Work and Case Management BPA for Previous Hospice

① Active Hospice

PREVIOUS HOSPICE: This patient has previously been referred to or enrolled with hospice services. Evaluate for social needs and notify hospice services, if appropriate.

① Acknowledge Reason _____

Acknowledged

✓ Accept

① Active Hospice

PREVIOUS HOSPICE: This patient has previously been referred to or enrolled with hospice services. Evaluate for social needs and notify hospice services, if appropriate.

Acknowledge Reason _____

Acknowledged

Enter Comment

✓ Accept

Do the photo(s) above accurately represent your site's BPA/Banner?

☐ Yes
☐ No

Please upload an accurate BPA/Banner for your site.

How many times did the 2nd BPA/Banner fire over the last 6 month?

Who received the BPA/Banner? Check all that apply:

- ☐ Physicians (excluding residents/fellows)
☐ Residents
☐ Fellows
☐ APPs
☐ Nurses
☐ Social Workers

What were the biggest challenges in implementing the BPAs/Banner at your specific site? Check all that apply:

- ☐ Time
- ☐ Approval process
- ☐ ED leadership and/or Leadership buy-in
- ☐ Perceived relevance
- ☐ Financial cost
- ☐ Competing priorities for department
- ☐ Competing priorities for Information Technologist (IT) teams
- ☐ IT staffing
- ☐ Complexity
- ☐ Technical barriers in the EHR
- ☐ Technical barriers outside the EHR
- ☐ Concerns from palliative care department
- ☐ Health system doesn't use interruptive alerts
- ☐ Palliative Care team limited capacity
- ☐ Lack of buy-in and/or support from Palliative Care Department
- ☐ Other

Please describe the other challenge(s) in implementing the BPAs/Banner at your specific site:

Were there any key patient groups with high palliative care needs excluded from the BPA implementation at your site for technical, cultural or other reasons? (Ex. Hospice patients because site was unable to implement hospice BPA due to inpatient palliative care team push-back)

- ☐ Yes
- ☐ No

Please list who was excluded:

What components of this BPA/Banner do you think were most effective? Check all that apply:

- ☐ Its placement on the screen
- ☐ When it popped up
- ☐ How often it was shown
- ☐ The accuracy of who it fired for
- ☐ The design of the BPA itself (e.g. graphics)
- ☐ The text of the BPA
- ☐ The associated prompts (e.g. Follow-up actions/orders)
- ☐ Other

Please describe what other components of this BPA/Banner were most effective:

What components of this tool do you think were least effective?

- ☐ Its placement on the screen
- ☐ When it popped up
- ☐ How often it was shown
- ☐ The accuracy of who it fired for
- ☐ The design of the BPA itself (e.g. graphics)
- ☐ The text of the BPA
- ☐ The associated prompts (e.g. Follow-up actions/orders)
- ☐ Other

Please describe what other components of this
BPA/Banner were least effective:

What could have made the BPA/Banner more effective?
Check all that apply:

- ☐ How many times it fired (too many or too few)
 - ☐ Who it fired for
 - ☐ Better design
 - ☐ Clearer text
 - ☐ Fewer/more words/images
 - ☐ More relevant to physicians
 - ☐ More relevant to nurses
 - ☐ More relevant to social work
 - ☐ More relevant to patients
 - ☐ Should be fired somewhere else (e.g. Inpatient)
 - ☐ Other
-

Please describe what else could have made the
BPA/Banner more effective:

Were there any unintended consequences of the PRIM-ER
BPAs/Banner/alert?

- ☐ Yes
 - ☐ No
-

Please describe the unintended consequences:

Please elaborate on why there were no unintended
consequences:

In this section, please reference the 3rd BPA/Banner we have on file for your site (photo attached below) and answer the following questions.

3. Provider BPA for Previous Hospice

Mankato/RST:

① Active or Previous Hospice

PREVIOUS OR ACTIVE HOSPICE: This patient has previously been referred to or is enrolled with hospice services. Accept this BPA to order a Care Management Consult for Advance Care Planning and a Palliative Care Consult.

Order	Do Not Order	➡ Advance Directive Care Management Consult (hospital)
Order	Do Not Order	➡ Palliative Care consult (hospital)

Acknowledge Reason _____

No order at this time

✓ Accept

Do the photo(s) above accurately represent your site's BPA/Banner?

☐ Yes
☐ No

Please upload an accurate BPA/Banner for your site.

How many times did the 3rd BPA/Banner fire over the last 6 month?

Who received the BPA/Banner? Check all that apply:

- ☐ Physicians (excluding residents/fellows)
- ☐ Residents
- ☐ Fellows
- ☐ APPs
- ☐ Nurses
- ☐ Social Workers

What were the biggest challenges in implementing the BPAs/Banner at your specific site? Check all that apply:

- ☐ Time
- ☐ Approval process
- ☐ ED leadership and/or Leadership buy-in
- ☐ Perceived relevance
- ☐ Financial cost
- ☐ Competing priorities for department
- ☐ Competing priorities for Information Technologist (IT) teams
- ☐ IT staffing
- ☐ Complexity
- ☐ Technical barriers in the EHR
- ☐ Technical barriers outside the EHR
- ☐ Concerns from palliative care department
- ☐ Health system doesn't use interruptive alerts
- ☐ Palliative Care team limited capacity
- ☐ Lack of buy-in and/or support from Palliative Care Department
- ☐ Other

Please describe the other challenge(s) in implementing the BPAs/Banner at your specific site:

Were there any key patient groups with high palliative care needs excluded from the BPA implementation at your site for technical, cultural or other reasons? (Ex. Hospice patients because site was unable to implement hospice BPA due to inpatient palliative care team push-back)

- ☐ Yes
- ☐ No

Please list who was excluded:

What components of this BPA/Banner do you think were most effective? Check all that apply:

- ☐ Its placement on the screen
- ☐ When it popped up
- ☐ How often it was shown
- ☐ The accuracy of who it fired for
- ☐ The design of the BPA itself (e.g. graphics)
- ☐ The text of the BPA
- ☐ The associated prompts (e.g. Follow-up actions/orders)
- ☐ Other

Please describe what other components of this BPA/Banner were most effective:

What components of this tool do you think were least effective?

- ☐ Its placement on the screen
- ☐ When it popped up
- ☐ How often it was shown
- ☐ The accuracy of who it fired for
- ☐ The design of the BPA itself (e.g. graphics)
- ☐ The text of the BPA
- ☐ The associated prompts (e.g. Follow-up actions/orders)
- ☐ Other

Please describe what other components of this
BPA/Banner were least effective:

What could have made the BPA/Banner more effective?
Check all that apply:

- ☐ How many times it fired (too many or too few)
 - ☐ Who it fired for
 - ☐ Better design
 - ☐ Clearer text
 - ☐ Fewer/more words/images
 - ☐ More relevant to physicians
 - ☐ More relevant to nurses
 - ☐ More relevant to social work
 - ☐ More relevant to patients
 - ☐ Should be fired somewhere else (e.g. Inpatient)
 - ☐ Other
-

Please describe what else could have made the
BPA/Banner more effective:

Were there any unintended consequences of the PRIM-ER
BPAs/Banner/alert?

- ☐ Yes
 - ☐ No
-

Please describe the unintended consequences:

Please elaborate on why there were no unintended
consequences:

In this section, please reference the 4th BPA/Banner we have on file for your site (photo attached below) and answer the following questions.

4. Provider BPA for Patients *with* Advance Directives

Mankato/Rochester

① Patient has active Advance Directives - Goals of Care Discussion Trigger

ADVANCE DIRECTIVE: This patient has Advance Directives on file.

Access this document by selecting the 'Code' hyperlink in the patient's header.

- If the patient has capacity, confirm that current goals of care are consistent with this document.
- If the patient does NOT have capacity, this document contains active medical orders which should be honored.

Do you think this patient may die during this hospitalization?
OR
Do they have any one of the following?

- Worsening in functional status?
- Uncontrolled symptoms due to a life-limiting illness?
- Unclear goals of care?

If yes, then accept this BPA to order consults for Palliative Care and Care Management for Advance Care Planning.
If no, then acknowledge the BPA.

Order	Do Not Order	➡ Advance Directive Care Management Consult (hospital)
Order	Do Not Order	➡ Palliative Care consult (hospital)

Acknowledge Reason _____

No order at this time

✓ Accept

Do the photo(s) above accurately represent your site's BPA/Banner?

☐ Yes
☐ No

Please upload an accurate BPA/Banner for your site.

How many times did the 4th BPA/Banner fire over the last 6 month?

Who received the BPA/Banner? Check all that apply:

- ☐ Physicians (excluding residents/fellows)
☐ Residents
☐ Fellows
☐ APPs
☐ Nurses
☐ Social Workers

What were the biggest challenges in implementing the BPAs/Banner at your specific site? Check all that apply:

- ☐ Time
- ☐ Approval process
- ☐ ED leadership and/or Leadership buy-in
- ☐ Perceived relevance
- ☐ Financial cost
- ☐ Competing priorities for department
- ☐ Competing priorities for Information Technologist (IT) teams
- ☐ IT staffing
- ☐ Complexity
- ☐ Technical barriers in the EHR
- ☐ Technical barriers outside the EHR
- ☐ Concerns from palliative care department
- ☐ Health system doesn't use interruptive alerts
- ☐ Palliative Care team limited capacity
- ☐ Lack of buy-in and/or support from Palliative Care Department
- ☐ Other

Please describe the other challenge(s) in implementing the BPAs/Banner at your specific site:

Were there any key patient groups with high palliative care needs excluded from the BPA implementation at your site for technical, cultural or other reasons? (Ex. Hospice patients because site was unable to implement hospice BPA due to inpatient palliative care team push-back)

- ☐ Yes
- ☐ No

Please list who was excluded:

What components of this BPA/Banner do you think were most effective? Check all that apply:

- ☐ Its placement on the screen
- ☐ When it popped up
- ☐ How often it was shown
- ☐ The accuracy of who it fired for
- ☐ The design of the BPA itself (e.g. graphics)
- ☐ The text of the BPA
- ☐ The associated prompts (e.g. Follow-up actions/orders)
- ☐ Other

Please describe what other components of this BPA/Banner were most effective:

What components of this tool do you think were least effective?

- ☐ Its placement on the screen
- ☐ When it popped up
- ☐ How often it was shown
- ☐ The accuracy of who it fired for
- ☐ The design of the BPA itself (e.g. graphics)
- ☐ The text of the BPA
- ☐ The associated prompts (e.g. Follow-up actions/orders)
- ☐ Other

Please describe what other components of this
BPA/Banner were least effective:

What could have made the BPA/Banner more effective?
Check all that apply:

- ☐ How many times it fired (too many or too few)
 - ☐ Who it fired for
 - ☐ Better design
 - ☐ Clearer text
 - ☐ Fewer/more words/images
 - ☐ More relevant to physicians
 - ☐ More relevant to nurses
 - ☐ More relevant to social work
 - ☐ More relevant to patients
 - ☐ Should be fired somewhere else (e.g. Inpatient)
 - ☐ Other
-

Please describe what else could have made the
BPA/Banner more effective:

Were there any unintended consequences of the PRIM-ER
BPAs/Banner/alert?

- ☐ Yes
 - ☐ No
-

Please describe the unintended consequences:

Please elaborate on why there were no unintended
consequences:

In this section, please reference the 5th BPA/Banner we have on file for your site (photo attached below) and answer the following questions.

5. Provider BPA for Patients *without* Advance Directives

Mankato/Rochester

BestPractice Advisory - ASAP-Monroe, Link

① Goals of Care Discussion Trigger (No Advance Directives on file)

NO ADVANCE DIRECTIVES: This patient **does not** have Advance Directives on file but does possibly have a serious life-limiting illness based on criteria met (see criteria in **Bold** below).

Start a goals of care conversation.

Do you think this patient may die during this hospitalization?
OR
Do they have any one of the following?

- Worsening in functional status?
- Uncontrolled symptoms due to a life-limiting illness?
- Unclear goals of care?

If yes, then accept this BPA to order consults for Palliative Care and Care Management for Advance Care Planning.
If no, then dismiss BPA.

Criteria met:

ECOG=4, Poor functional status

Patient has a previous DNR order

Order	Do Not Order	➡ Advance Directive Care Management Consult (hospital)
Order	Do Not Order	➡ Palliative Care consult (hospital)

Acknowledge Reason _____

No order at this time

✓ Accept

Do the photo(s) above accurately represent your site's BPA/Banner?

☐ Yes
☐ No

Please upload an accurate BPA/Banner for your site.

How many times did the 5th BPA/Banner fire over the last 6 month?

Who received the BPA/Banner? Check all that apply:

- ☐ Physicians (excluding residents/fellows)
- ☐ Residents
- ☐ Fellows
- ☐ APPs
- ☐ Nurses
- ☐ Social Workers

What were the biggest challenges in implementing the BPAs/Banner at your specific site? Check all that apply:

- ☐ Time
- ☐ Approval process
- ☐ ED leadership and/or Leadership buy-in
- ☐ Perceived relevance
- ☐ Financial cost
- ☐ Competing priorities for department
- ☐ Competing priorities for Information Technologist (IT) teams
- ☐ IT staffing
- ☐ Complexity
- ☐ Technical barriers in the EHR
- ☐ Technical barriers outside the EHR
- ☐ Concerns from palliative care department
- ☐ Health system doesn't use interruptive alerts
- ☐ Palliative Care team limited capacity
- ☐ Lack of buy-in and/or support from Palliative Care Department
- ☐ Other

Please describe the other challenge(s) in implementing the BPAs/Banner at your specific site:

Were there any key patient groups with high palliative care needs excluded from the BPA implementation at your site for technical, cultural or other reasons? (Ex. Hospice patients because site was unable to implement hospice BPA due to inpatient palliative care team push-back)

- ☐ Yes
- ☐ No

Please list who was excluded:

What components of this BPA/Banner do you think were most effective? Check all that apply:

- ☐ Its placement on the screen
- ☐ When it popped up
- ☐ How often it was shown
- ☐ The accuracy of who it fired for
- ☐ The design of the BPA itself (e.g. graphics)
- ☐ The text of the BPA
- ☐ The associated prompts (e.g. Follow-up actions/orders)
- ☐ Other

Please describe what other components of this BPA/Banner were most effective:

What components of this tool do you think were least effective?

- ☐ Its placement on the screen
- ☐ When it popped up
- ☐ How often it was shown
- ☐ The accuracy of who it fired for
- ☐ The design of the BPA itself (e.g. graphics)
- ☐ The text of the BPA
- ☐ The associated prompts (e.g. Follow-up actions/orders)
- ☐ Other

Please describe what other components of this BPA/Banner were least effective:

What could have made the BPA/Banner more effective? Check all that apply:

- ☐ How many times it fired (too many or too few)
- ☐ Who it fired for
- ☐ Better design
- ☐ Clearer text
- ☐ Fewer/more words/images
- ☐ More relevant to physicians
- ☐ More relevant to nurses
- ☐ More relevant to social work
- ☐ More relevant to patients
- ☐ Should be fired somewhere else (e.g. Inpatient)
- ☐ Other

Please describe what else could have made the BPA/Banner more effective:

Were there any unintended consequences of the PRIM-ER BPAs/Banner/alert?

- ☐ Yes
- ☐ No

Please describe the unintended consequences:

Please elaborate on why there were no unintended consequences:

How many patients do you see on an average shift?

- ☐ 1-5
- ☐ 6-10
- ☐ 11-15
- ☐ 16-20
- ☐ 21-25
- ☐ 26-30
- ☐ 31+

How often do you feel the BPA/Banner fires on the appropriate patients (Ex: Has this thought crossed your mind, "This patient is dying why didn't the BPA fire?")?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Not Applicable

My ED leadership supports the use of this tool

- ☐ Strongly disagree
☐ Disagree
☐ Neutral
☐ Agree
☐ Strongly agree

Did the did the clinical providers (physicians, APPs, nurses) in your ED express that there were barriers to using the CDS tool?

- ☐ Yes
☐ No

What were common barriers cited? Check all that apply:

- ☐ Lack of Time
☐ Lack of integration of the BPA/Banner(s) into workflow
☐ Lack of relevance
☐ Lack of training on how to use BPA/Banner(s)
☐ BPA/banner(s) was not easy to use
☐ BPA/banner(s) were not firing for appropriate patients
☐ This work was outside the scope of EM physicians role
☐ Other

Please describe the other barriers to physicians using this tool:

Please rate your acceptability of your site's final PRIM-ER BPA/Banner as it was implemented.

- ☐ Strongly Agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly Agree

I would recommend this tool to other EDs

- ☐ Yes
☐ No

Please explain why you would not recommend this tool to other EDs:

Please reference the document attached of NYU's original BPA when responding to the following questions:

[Attachment: "CDS Packet-NYU Original.pdf"]

Please rate your acceptability of the original PRIM-ER BPA intervention measure (i.e., the template provided by NYU referenced in the attachment above):

- ☐ Strongly Agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly Agree

In order to make the BPA/Banner work in our ED we had to make:

- ☐ No changes to NYU's original template
☐ Some changes and tailoring was necessary
☐ A lot of changes

What changes did you have to make to this intervention to get it to work in your practice?

What drove these changes?

- ☐ Feedback from physicians
- ☐ Workflow adaptations
- ☐ Pressure from leadership
- ☐ EHR/IT factors
- ☐ Feedback from other collaborating departments
- ☐ Other

Please describe what other factors drove these changes:

Our final BPA/Banner tool is _____ different from its original design:

- ☐ not
- ☐ a little
- ☐ somewhat
- ☐ very

Our final BPA/Banner tool now (November 2022) is _____ different from its original design that rolled out during our active intervention period.

- ☐ not
- ☐ a little
- ☐ somewhat
- ☐ very

How is your BPA/Banner different from its original design?

I would currently change _____ of the BPA/Banner component if I could.

- ☐ nothing
- ☐ some things
- ☐ a lot
- ☐ all

What would you change about your BPA/Banner?

This tool _____ health inequities in our institution.

- ☐ improved
- ☐ worsened
- ☐ did not impact

Please reflect on the entire PRIM-ER intervention (all components BPA, Provider and Nurse trainings etc.).

Please describe 1-2 examples of how the PRIM-ER project positively impacted your site during the pandemic:

Please describe 1-2 examples of how the PRIM-ER project negatively impacted your site during the pandemic:

Is your PRIM-ER BPA/Banner still being used at your ED?

- ☐ Yes
☐ No
☐ Don't know

Have you made any changes to the tool since original implementation?

When did you take it down?

Why did you take it down?

Our ED plans to continue to use this BPA/Banner in the future

- ☐ Yes
☐ No

BPAs/Banners are sustainable in our department

- ☐ Yes
☐ No

BPA/Banners are financially sustainable

- ☐ Yes
☐ No

My ED has the tools it needs to continue to use this BPA/Banner

- ☐ Yes
☐ No

Our ED needs a lot of resources to continue to use this BPA/Banner

- ☐ Yes
☐ No

There are barriers in our ED continuing to use this tool

- ☐ Yes
☐ No

What are barriers to your site continuing to use this tool?

Would you be interested in participating in a qualitative interview to discuss barriers/facilitators to the effectiveness implementation and practical use of the PRIM-ER BPAs at your site?

- ☐ Yes
☐ No

CDS: We are trying to understand at each site what happened as a result of the BPA implementation.

Were new team members consulted as a result of the BPA implementation?

- ☐ Yes
☐ No

Who was consulted? Check all that apply:

- ☐ Care management
☐ Social work
☐ Palliative care consult
☐ Disposition to hospice
☐ Hospital IT
☐ Other

Please describe the other team member(s) consulted:

ED Characteristics

ED patient volume (average monthly visits):

Ownership status:

- ☐ Nonprofit
☐ For profit
☐ Governmental

Free standing ED?

- ☐ Yes
☐ No

EM Residency training site?

- ☐ Yes
☐ No

Dedicated ED social worker/care manager?

- ☐ Yes
☐ No

US Region:

- ☐ Northeast
☐ Midwest
☐ Southeast
☐ Southwest
☐ West

Metropolitan?

- ☐ Yes
☐ No

Outpatient Palliative Care?

- ☐ Yes
☐ No

Trauma Center?

- ☐ Yes
☐ No

Date your first COVID-19 wave hit your area:
