

Clinical decision support system ups outpatient PE management

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(HealthDay)—The use of a clinical decision support system (CDSS) in

the emergency department can improve outpatient management for patients with acute pulmonary embolism (PE), according to a study published online Nov. 13 in the *Annals of Internal Medicine*.

David R. Vinson, M.D., from Kaiser Permanente Northern California in Oakland, and colleagues examined the effect of an integrated electronic CDSS to facilitate [risk stratification](#) and decision making among patients with acute PE. Ten intervention sites were provided with a multidimensional technology and education intervention at month nine of a 16-month study; 11 sites served as concurrent controls. Data were included for 881 [patients](#) diagnosed with PE at intervention sites and 882 at control sites.

The researchers observed an increase in adjusted home discharge at intervention sites (17.4 percent preintervention to 28 percent postintervention) but no increase at control sites (15.1 to 14.5 percent, respectively), for a difference-in-differences comparison of 11.3 percentage points. For five-day return visits related to PE or 30-day major adverse outcomes, there were no increases associated with CDSS implementation.

"The use of CDSSs to bring validated risk-stratification tools to the [emergency department](#) bedside could help advance this agenda and could be expanded beyond PE to improve care and resource use for other clinical conditions," the authors write.

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