

Dissemination and Implementation Science Conference Abstract
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Topic: Clinical Care Settings: System-Level Interventions

Title: Factors that contribute to successful adoption of Primary Palliative Care for Emergency Medicine (PRIM-ER): A mixed-methods study using RE-AIM

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Background

Half of Americans 65 years and older are seen in the Emergency Department (ED) in the last month of life, and three-quarters visit the ED in the six months before their death. The Primary Palliative Care for Emergency Medicine (PRIM-ER) intervention is a pragmatic, stepped-wedge clinical trial aimed at improving palliative care outcomes in the ED through the integration of provider education (physicians and nurses) and a clinical decision support tool. We present results from the pilot of PRIM-ER using the RE-AIM framework to explore the factors that contributed to successful adoption at two unique EDs.

Methods

A mixed methods approach informed by the RE-AIM framework was used to assess adoption. Semi-structured interviews were conducted with six interviewees of varying roles (e.g. nurse champion, data analyst) employed at both EDs. Interviews were audio-recorded and transcribed. Deductive and inductive (grounded theory) approaches were used to code and identify themes, and RE-AIM was applied during the analysis. Quantitative data came from implementation adoption outcomes and a baseline survey assessing provider's attitudes on Palliative Care.

Findings

Both pilot sites successfully implemented all components of the intervention and achieved a high level (>75%) of provider adoption. At baseline 91% of providers (N=189) agreed/strongly agreed that "Many patients would benefit if hospice care were initiated earlier in the course of their illness." Two themes emerged as facilitators to successful adoption of PRIM-ER: 1) institutional leadership support and 2) established quality improvement (QI) processes. Institutional support included leveraging leadership with authority to a) mandate trainings; b) substitute PRIM-ER education for normally scheduled programming; c) provide protected time for champions to implement intervention components. Interviewees also expressed they were able to adopt the complex intervention successfully through capitalizing on existing QI processes which included a) leveraging interdisciplinary partnerships and communication plans and b) monitoring performance improvement data.

Implications for D&I Research

The use of RE-AIM qualitatively to assess adoption is largely understudied. Institutional leadership support and leveraging established QI processes are important facilitators for

successful adoption of complex interventions. PRIM-ER researchers will use these findings as they scale up the intervention in the remaining 33 EDs.

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