

# PRIMARY PALLIATIVE CARE FOR EMERGENCY MEDICINE (PRIM-ER)

Corita Grudzen, MD, MSHS, Vice Chair for Research, Associate Professor of Emergency  
Medicine and Population Health





# Emergency Care

- Window to population health
- Research agenda to end disparities, & address the needs of society's most vulnerable



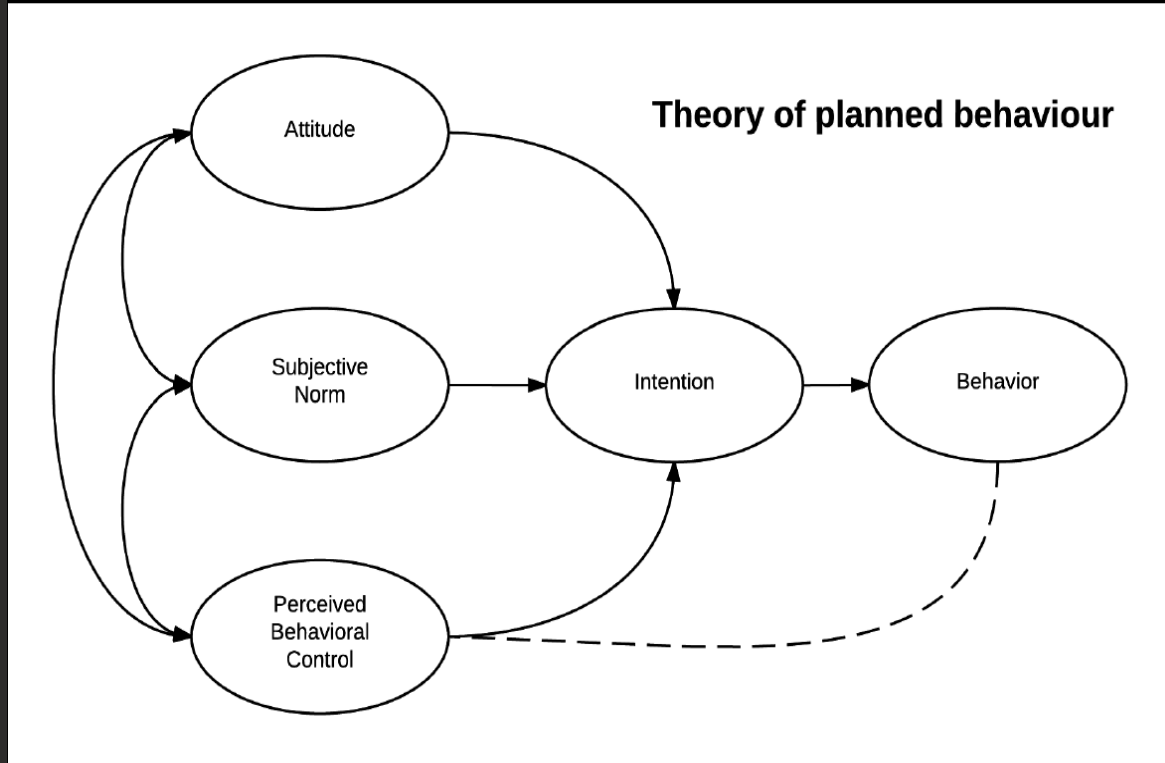
# Background

- Increasing ED visits by older adults with serious illness
- Most prefer to receive care at home and to minimize life-sustaining procedures
- Palliative care improves quality of life and decrease health care use



## Default Approach

# Goal of PRIM-ER: provider and system change



# PRIM-ER Intervention Components

1. Evidence-based, multidisciplinary primary palliative care education (EPEC-EM, ELNEC);
2. Simulation-based workshops on communication in serious illness (EM Talk);
3. Clinical decision support; and
4. Provider audit and feedback.



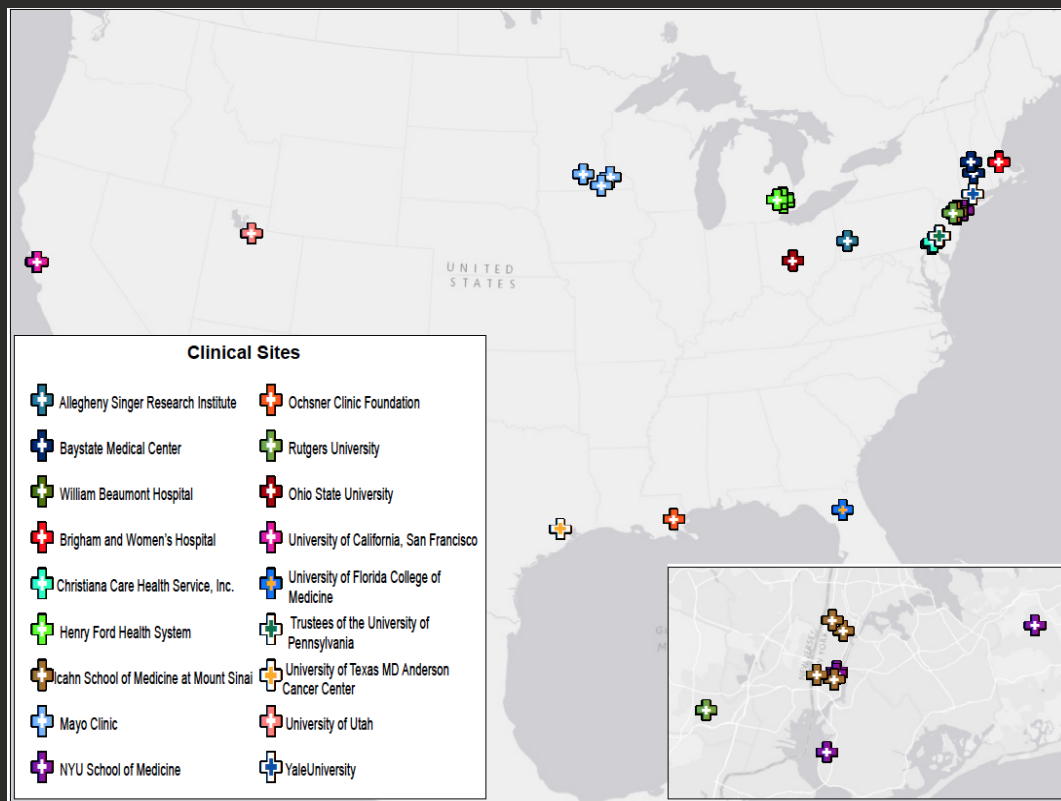
**EPEC<sup>®</sup>**  
Education in Palliative and End-of-life Care

# Implementation Strategies

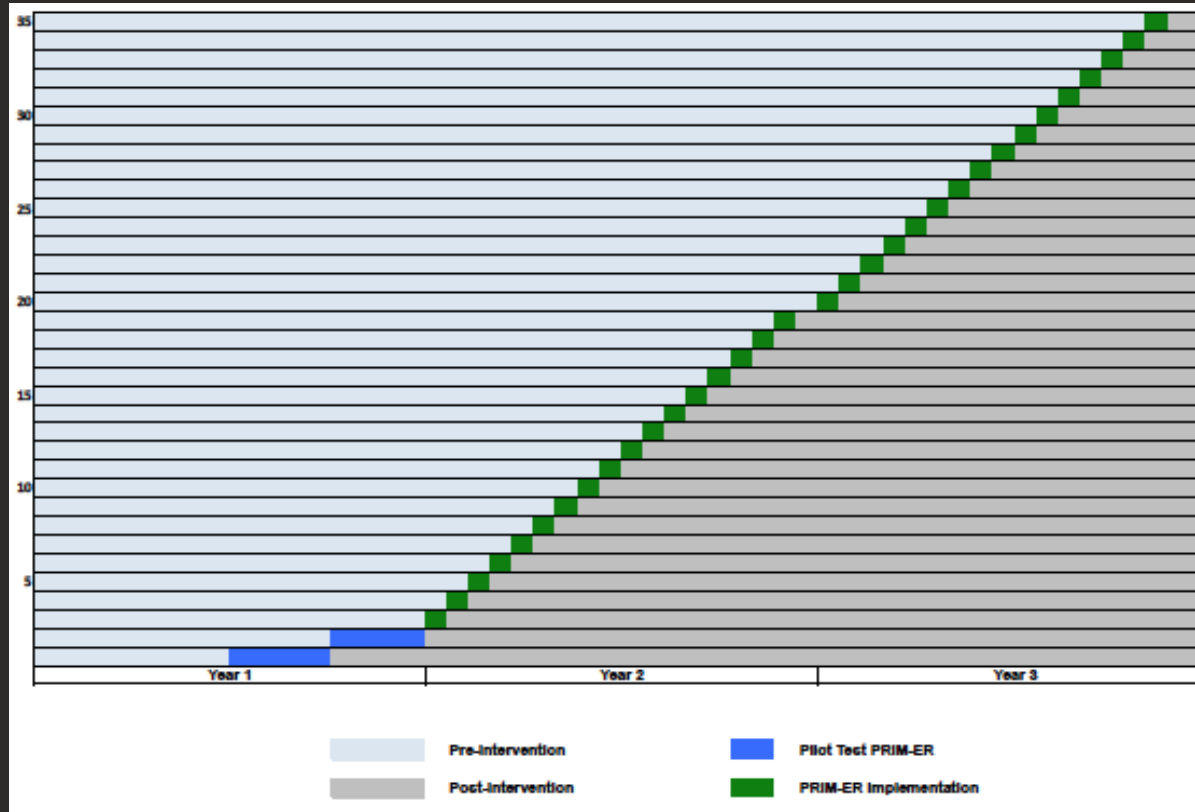
1. Identify and prepare champions
2. Incentives
3. Audit and feedback
4. Learning collaborative
5. System & organizational changes
  - Clinical decision support
  - Referral systems and workflow

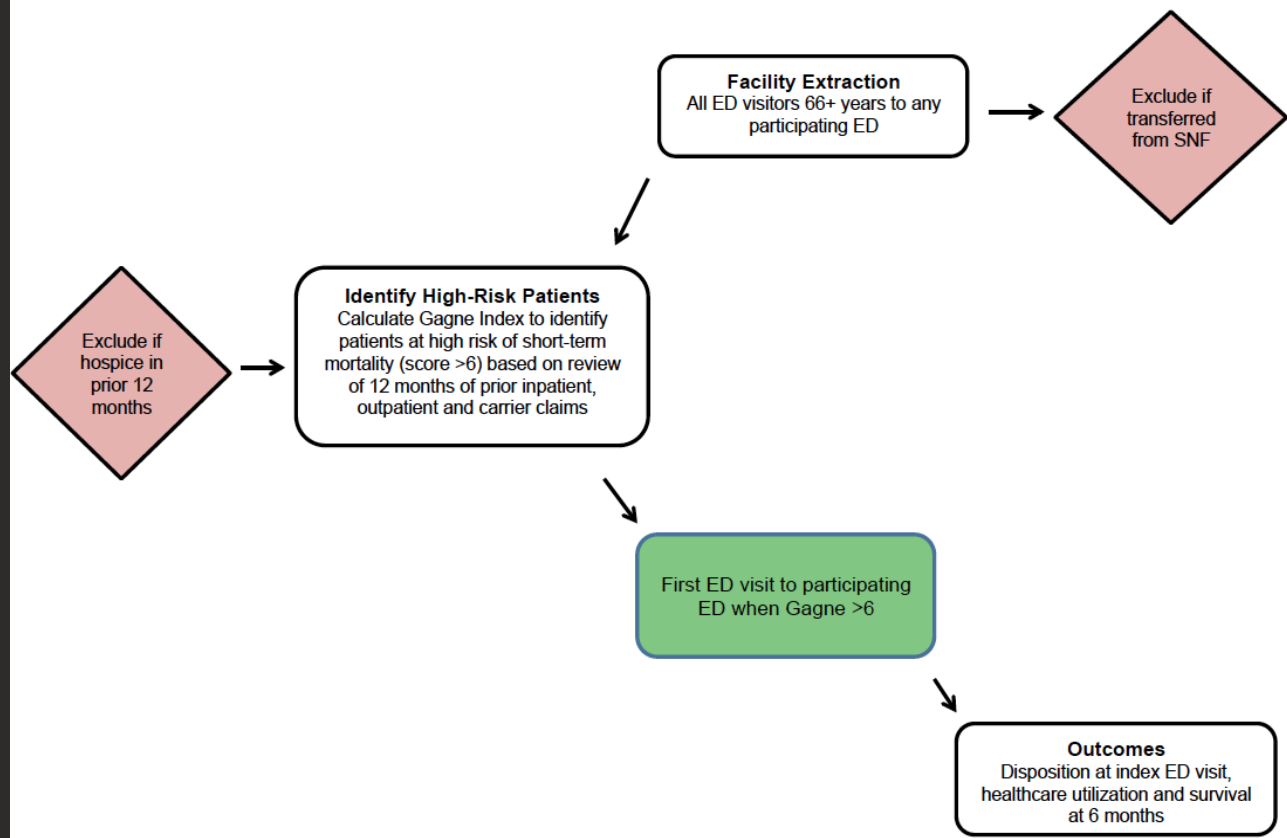


# 18 Health Systems



# Cluster Randomized, Stepped Wedge Trial @ 35 EDs

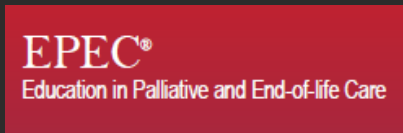


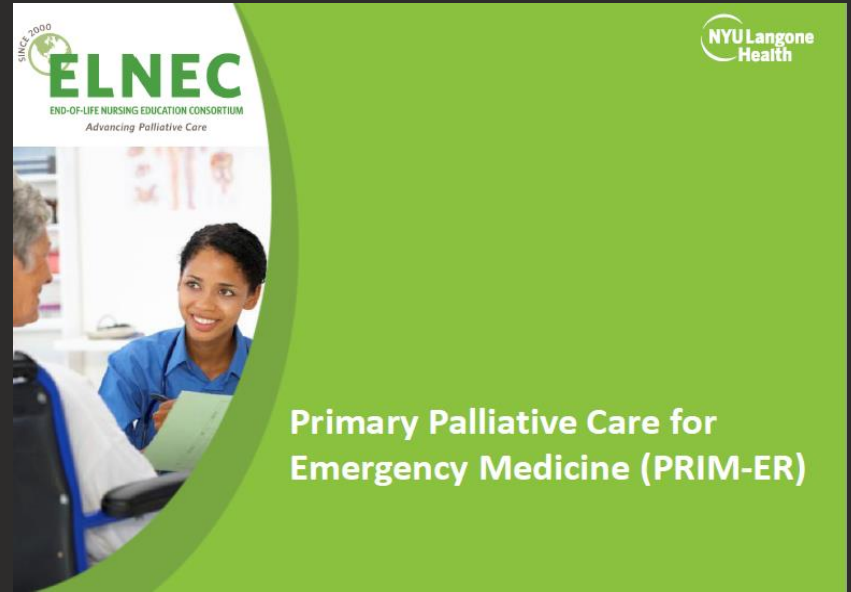


12 months prior → Index ED visit → 6 months post



## Over 30 Physician and Nurse Champions Trained





**76 Emergency Providers and 100 Nurses trained @ 2 pilot sites**



## Primary Palliative Care for Emergency Medicine Nursing Education

(ID: 00021923)



**Course description :** This course will equip emergency medicine nurses with primary palliative care skills, including symptom management and communication, to best care for seriously ill patients who present to the Emergency Department. In addition, this course will provide an overview of palliative care and social resources available for nurses to use at their respective institutions.

You have registered for the following class



Class ID : **000219232**

Web-Based

**Class description :** Class created for Rutgers nurse learners

**Language :** English

**Duration :** 00:00

[Attachments >](#)

### MY STATUS



**Catharine Morello**

Registered on : 16-OCT-2018

IN PROGRESS

ASSIGNED BY ▾

### CLASSMATES







**3**

Completions so far

**101**

Total registrations

### ACTIVITIES

NAME	STATUS	ACTION
 Rutgers ELNEC SLIDES 10Oct18	<input type="radio"/> Not evaluated <a href="#">Sign off pending</a>	<a href="#">LAUNCH</a> ▾
 Primary Palliative Care for Emergency Medicine (PRIM-ER) Evaluation  	<input type="radio"/> Not evaluated	

# Clinical Decision Support @ NYU Langone

Function 1. Identify seriously ill patients with advance care planning documents

BestPractice Advisory - SupportiveCare,TestOne

**① Active eMOLST**

Patient has an active eMOLST. This document outlines a patient's wishes in the setting of serious life-limiting illness. Please access this document to learn more about the patient's wishes for care.

Acknowledge Reason \_\_\_\_\_

## Function 2. Identify patients on hospice.

BestPractice Advisory - SupportiveCare,TestTwo

**ⓘ Active 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 \_\_\_\_\_





## Function 3. Refer patients to interdisciplinary services.

**BestPractice Advisory - SupportiveCare,TestThree**

**① Active Hospice**

This patient has previously been referred to or enrolled with hospice services. Consult Social Work and consider Palliative Care consultation.

<input checked="" type="button" value="Order"/>	<input type="button" value="Do Not Order"/>	 <b>IP CONSULT TO SOCIAL WORK</b>
<input checked="" type="button" value="Order"/>	<input type="button" value="Do Not Order"/>	 <b>IP CONSULT TO PALLIATIVE CARE</b>

Acknowledge Reason \_\_\_\_\_

<input type="button" value="SW and Palliative Care Consults Ordered"/>	<input type="button" value="No Order at this time"/>
--	--

## Function 4. Initiate goals of care conversation.

BestPractice Advisory - SupportiveCare,TestSixteen

① **Goals of Care Discussion Trigger (No eMOLST on file)**

This patient **does not** have an eMOLST on file but does possibly have a serious life-limiting illness based on criteria met (see criteria in **blue** 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?

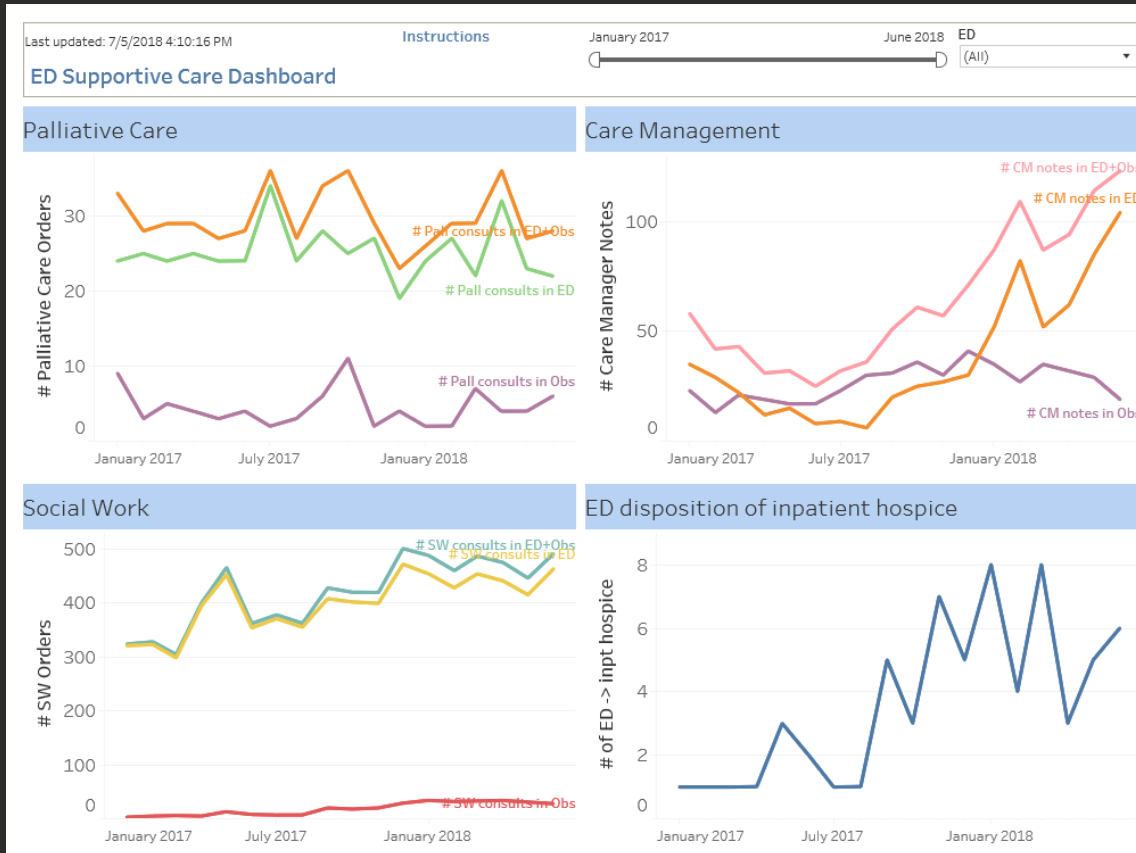
- Worsening in functional status?
- Uncontrolled symptoms due to a life-limiting illness?
- Unclear goals of care?

If yes, then order a Social Work and Palliative Care Consult.  
If no, then dismiss BPA.

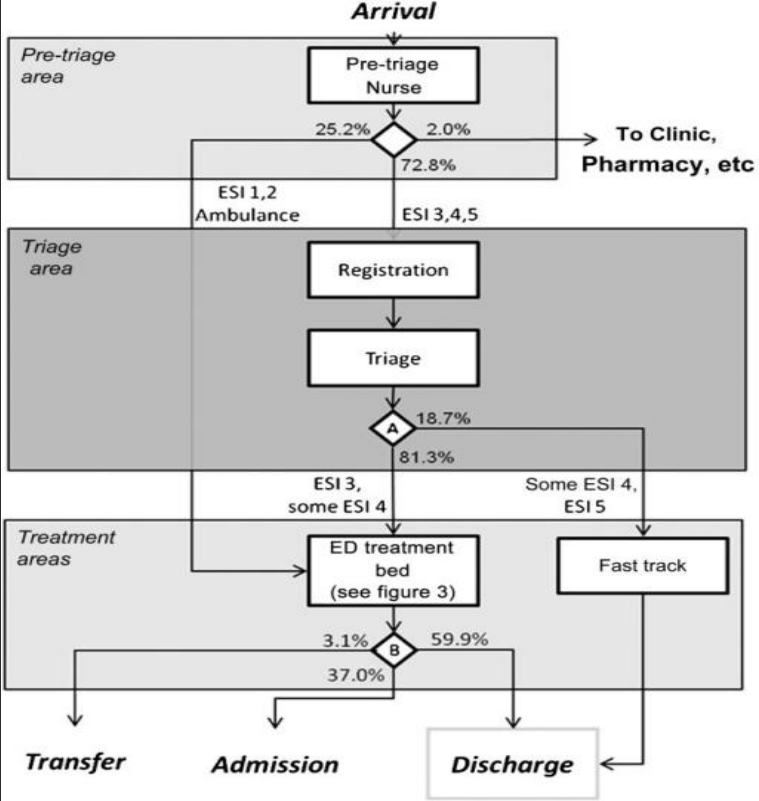
**Criteria met:**

**ECOG=4, Poor functional status**

# Audit and Feedback Dashboard @ NYU Langone



# Usability Testing: ED Process Map



# Tailoring Clinical Decision Support to Each Site

CRITERIA 1: Patient with Advanced Illness Presents to ED (no advance care planning documentation)							
<i>One of the below positive from specified time interval to present</i>							
MSQ=no during any previous hospitalization	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous palliative care consult order in _____ months	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous order for DNR	<input type="checkbox"/> Yes <input type="checkbox"/> No	Outpatient Palliative Care visit in past _____ months	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last hospitalization disposition location of nursing facility in _____ months	<input type="checkbox"/> Yes <input type="checkbox"/> No	ECOG 3 or 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	Last hospitalization disposition location of LTAC in _____ months	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous scanned document of consent to withhold/withdraw life sustaining treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous dispo to outpatient or inpatient hospice in _____ months	<input type="checkbox"/> Yes <input type="checkbox"/> No						

OR

CRITERIA 2: Patient with Advanced Illness Presents to ED (no advance care planning documentation)							
<i>Current ED encounter</i>							
Code narrator start	<input type="checkbox"/> Yes <input type="checkbox"/> No	GFR<15	<input type="checkbox"/> Yes <input type="checkbox"/> No	Albumin <2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bicarb<10	<input type="checkbox"/> Yes <input type="checkbox"/> No
PCO <sub>2</sub> >70	<input type="checkbox"/> Yes <input type="checkbox"/> No	Active order for mechanical ventilation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Active order for non-invasive ventilation	<input type="checkbox"/> Yes <input type="checkbox"/> No		

OR

CRITERIA 3: Patient with advanced illness presents to the ED with advance care planning documentation							
eMOLST	<input type="checkbox"/> Yes <input type="checkbox"/> No	MOLST	<input type="checkbox"/> Yes <input type="checkbox"/> No	POLST	<input type="checkbox"/> Yes <input type="checkbox"/> No		
DNR/DNI	<input type="checkbox"/> Yes <input type="checkbox"/> No	Five Wishes	<input type="checkbox"/> Yes <input type="checkbox"/> No	ACP note under "CODE" tab in EPIC	<input type="checkbox"/> Yes <input type="checkbox"/> No		

OR

CRITERIA 4: Enrolled or referred to hospice work-flow or previous disposition of Home/Hospice or Inpatient Hospice							
							<input type="checkbox"/> Yes / <input type="checkbox"/> No

REFERRAL TO SERVICES							
Social Work Consult	<input type="checkbox"/> Yes <input type="checkbox"/> No	Palliative Care Consult	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hospice	<input type="checkbox"/> Yes <input type="checkbox"/> No	Care Management	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chaplaincy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Clerks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nursing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

# UG3 Milestones Accomplished

Milestone	
IRB Approval	✓
Commitment from Sites	✓
Recruitment of MD and RN Champions	✓
Finalized Statistical Data Analysis and Methods	✓
Finalized Intervention Protocol	✓
Finalized DSMP	✓
All 17 Subcontracts finalized	✓
Tailored interventions at each individual site	✓

## Additional UG3 Milestones Accomplished

Milestone	
Develop, test usability, and deploy clinical decision support at NYU Perelman	✓
Develop and deploy audit and feedback dashboard at NYU Perelman	✓
Clinical Decision Support Live at NYU and Rutgers	✓
Deploy EM Talk at NYU and Rutgers with at least 75% participation	✓
Deploy ELNEC Training Modules online for nurses	✓
Distributed Randomization Schedule and outline	✓
Completed all 18 Site Visits to discuss implementation	✓

# Next Steps





## PROJECT ROLLOUT

# TIMELINE



### T – 6 MONTHS

- Submit CDS to clinical decision support committee (if applicable)
- Identify administrative contact to assist with coordination
- Speak to Department Chair about mandating provider trainings
- Reserve dates/times for provider trainings
- Work with NYU Langone Health team to secure EM Talk trainer and actors
- Finalize site-specific ELNEC slides

### T – 3 MONTHS

- Finalize CDS build
- Finalize audit and feedback dashboard or report
- Invite providers to trainings and send palliative care baseline attitudes and knowledge survey
- Schedule in-person ELNEC training (if applicable)
- Reserve rooms for trainings

### T – 1 MONTH

- Run CDS silently in background (if applicable)
- Finalize logistics for training

### T – 0

- Deploy and complete all provider trainings
- Activate CDS
- Launch audit and feedback dashboard/report

# African Proverb

If you want to go fast, go alone.  
If you want to go far, go together.



**THANK YOU**

