

Primary Palliative Care for Emergency Medicine (PRIM-ER)

Principal Investigators

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Sponsoring Institution

New York University Grossman School of Medicine

NIH Institutes Providing Oversight

[National Center for Complementary and Integrative Health \(NCCIH\)](#)
and [National Institute on Aging \(NIA\)](#)

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ClinicalTrials.gov Identifier

[NCT03424109](#)

Collaborators

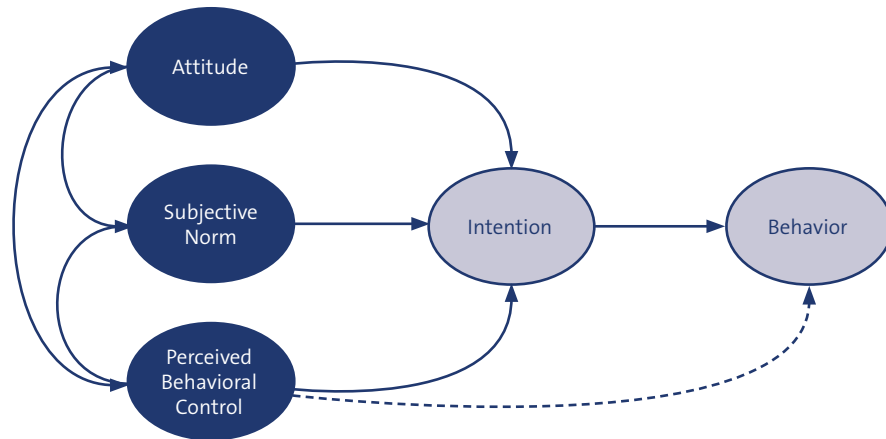
Allegheny Health Network
Baystate Health
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Christiana Care Health System
Henry Ford Health System
Icahn School of Medicine at Mount Sinai
Mayo Clinic Health System
New York University Grossman School of Medicine
Ochsner Health System
Rutgers New Jersey Medical School
The Ohio State University
University of California, San Francisco
University of Florida Health
University of Pennsylvania Health System
University of Texas MD Anderson Cancer Center
University of Utah Health
Yale New Haven Health System

ABSTRACT

Emergency medicine developed as a specialty to treat the acutely ill and injured, but increasingly cares for older adults with multiple comorbid conditions. An emergency department (ED) visit is a sentinel event for older adults, often signifying a breakdown in care coordination and worsening clinical and functional status. Half of Americans 65 years of age and older are seen in the ED in the last month of life, and three-quarters visit the ED in the 6 months before death. Meanwhile, the number and rate of admissions to the intensive care unit (ICU) by emergency providers has been increasing, especially among older adults. Three-quarters of older adults with serious illness have thought about end-of-life care, and only 12% want life-prolonging care.

The PRIM-ER Demonstration Project is a pragmatic, cluster-randomized, stepped-wedge study implementing primary palliative care in emergency medicine across a diverse group of 35 EDs that vary in specialty geriatric and palliative care capacity, geographic region, payer mix, and demographics. The PRIM-ER intervention includes evidence-based, multidisciplinary primary palliative care education; simulation-based workshops on communication in serious illness; clinical decision support; and provider audit and feedback. The hypothesis is that older adult visitors with serious, life-limiting illness cared for by providers with primary palliative care skills will be less likely to be admitted to an inpatient setting, more likely to be discharged home or to palliative care service, and will have higher home health and hospice use, fewer inpatient days and ICU admissions at 6 months, and longer survival than those seen prior to implementation. The study aims to enable system, organizational, and provider change in the ED workflow by using the theory of planned behavior.

THEORY OF PLANNED BEHAVIOR



WHAT WE’VE LEARNED SO FAR

Challenge	Solution
There were challenges in engaging with and orienting 18 participating health systems in geographically and contextually diverse settings across the United States.	Through in-person meetings and teleconferences, the study team established supportive working relationships with site principal investigators and other key personnel including provider and nurse champions, informatics analysts, and department administrators.

“Having a detail-oriented, responsive site principal investigator is key. Also, be patient and flexible and open to new iterations of what you’re doing.”

SELECTED PUBLICATIONS & PRESENTATIONS

- Presentation: [Presentation to the NIH Pragmatic Trials Collaboratory Steering Committee](#) (2023)
- Article: [Emergency Providers’ Knowledge and Attitudes Toward Hospice and Palliative Care: A Cross-Sectional Analysis Across 35 Emergency Departments in the United States](#) (2023)
- Article: [Leveraging Emergency Department Information Systems to Address Palliative Care Needs of ED Patients During the COVID Pandemic](#) (2022)
- Article (Study Design): [Primary Palliative Care for Emergency Medicine \(PRIM-ER\): Protocol for a Pragmatic, Cluster-Randomised, Stepped Wedge Design to Test the Effectiveness of Primary Palliative Care Education, Training and Technical Support for Emergency Medicine](#) (2019)

Access the complete set of [PRIM-ER resources](#).