NYU Langone Health

NYU Grossman School of Medicine

Palliative Care in Emergency Medicine

Regina Kaur, MD

Geriatric and Palliative Medicine

Financial Disclosure

- I or my spouse/partner have no financial relationships with commercial interests to report.

NYU Langone Health

Topics Covered:

1. Primary Palliative Care for Emergency Medicine (PRIM-ER)
2. EM TALK
3. Emergency Medicine Palliative Care Access (EMPallA)
4. Additional Projects

NYU Langone Health

Primary Palliative Care for Emergency Medicine (PRIM-ER)

NYU Langone Health

Primary Palliative Care for Emergency Medicine (PRIM-ER)

UG3/UH3 funded by NCCIH and NIA

NYU Langone Health

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 (CDS); and
4. Provider audit and feedback.

VITAL talk

SINCE 2000

ELNEC

END-OF-LIFE NURSING EDUCATION CONSORTIUM

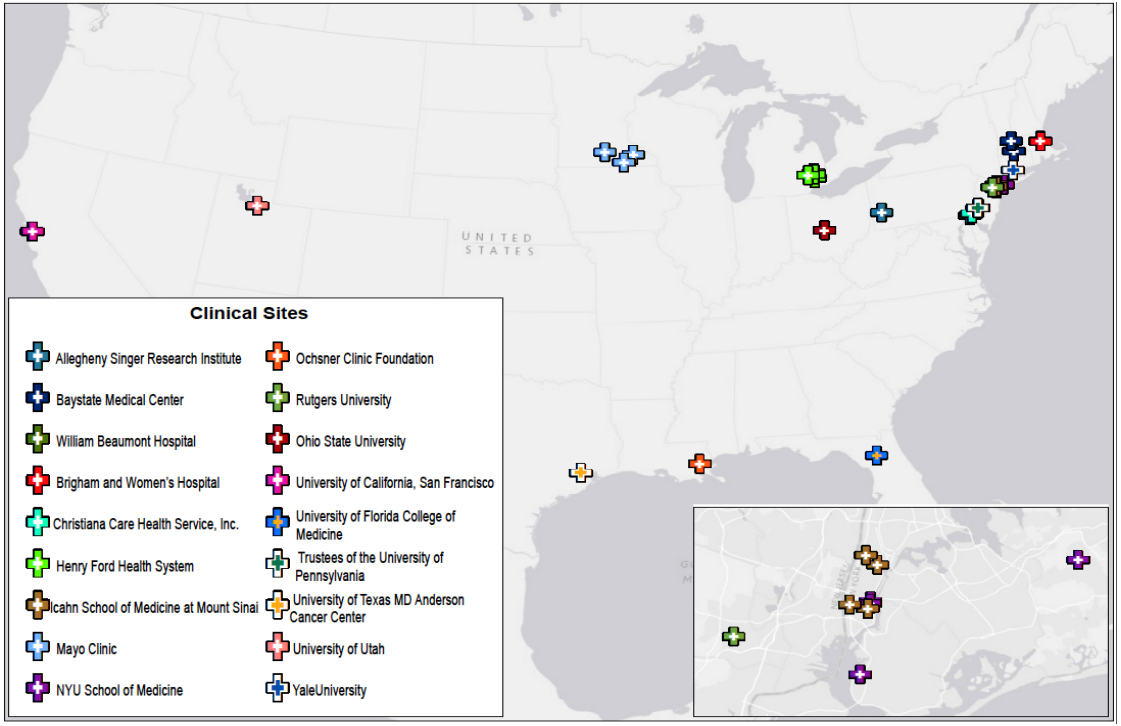
Advancing Palliative Care

EPEC®

Education in Palliative and End-of-life Care

NYU Langone Health

18 Health Systems



NYU Langone Health

Primary and Secondary Outcomes

UH3 Aim	Variable	Instrument/Coding	Source	Time
3a.	Acute Care Admission	Yes/No (Inpatient, non-palliative admission)	Inpatient and Outpatient Research Identifiable Files (RIF)	Index ED visit
3b.	ED Revisit Inpatient Days Hospice Use Home Health Use	Count Count Yes/No Yes/No	Inpatient and Outpatient RIF Inpatient RIF Hospice RIF Home Health RIF	Up to 6 months from index ED visit Up to 6 months from index ED visit Up to 6 months from index ED visit Up to 6 months from index ED visit
3c.	Survival	Days (Count)	Vital Status RIF	Up to 6 months from index ED visit or death
*Primary and secondary outcomes to be measured as change in measures from baseline to 4 weeks post-implementation for UH3 Phase, Aim 3.				

- *Hypothesis: 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 discharged home or to a palliative care service, will have higher home health and hospice use, and fewer inpatient days and ICU admissions at 6months, and longer survival than those seen prior to implementation*

NYU Langone Health

EM TALK

NYU Langone Health

WHY Emergency Medicine (EM) Talk?

- Emergency Medicine (EM) providers have received little training on how to talk to seriously ill patients and their families about GOC.
  - EM Talk is one of the 4 PRIM-ER components and was developed from Vital Talk.
  - VitalTalk is the premier training organization for clinicians seeking to advance their communication skills.
  - To expand communication skills training to EM, Dr. Grudzen and colleagues developed a program to give EM providers the training.
  - The curriculum was built on lessons from prior studies and experiences. A group of EM providers designed a 4 hour workshop including the use of simulated patients/families, role-playing and small group learning with constructive feedback from master clinicians.
- For PRIM-ER the goal was to train 75% of the full-time EM faculty at each of the 33 sites enrolled in the study. All trainings had to occur during each site's randomized 3-week intervention period.

Course Description

- In 2014, a course focusing on educational intervention focusing on communication skills specific to emergency medicine.
- Components of the 4 hour course

(1) Large group presentations by faculty trainers;

(2) Small group communication skills practice using patient actors;

(3) Debriefing and reflection.

Table 1 Core communication skills

Core communication skills	Teaching activity		
	Didactic	Skills practice	Reflective exercise
Clearly provide biomedical information to families without using jargon		xxx	
Empathically provide bad news	xxx	xxx	
Explicitly discuss the uncertainty inherent in emergency medicine	xxx		
Empathically respond to strong emotions including anger, sadness and fear	xxx	xxx	xxx
Effectively lead a family meeting	xxx	xxx	
Assess a patient's values with a family	xxx	xxx	
Discuss transitioning to comfort care	xxx	xxx	
Discuss 'do-not-resuscitate' orders	xxx	xxx	
Empathically attend to family's emotional and existential needs		xxx	xxx

Grudzen CR,Emlet LL, Kuntz J, et al. BMJ Supportive & Palliative Care 2016;6:219–224.

NYU Langone Health

Interactive Didactic Presentations

- Essential communication skills for EM physicians are taught in demonstration seminars co-led by master clinicians.

- Didactic presentations include demonstrations of roleplay, videotaped examples of good physician–family communication, and interviews with simulated family members.

- Participants receive written material addressing;

  (1) Effectively providing information and assessing family members' understanding,

  (2) Discussing goals of therapy

  (3) Discussing withholding and withdrawal of life support, including Do Not Attempt Resuscitation orders.

Communication skills practice

Table 2 Preliminary schedule for EM Talk*

Session 1	Session 2
Introduction (L)	Reflective exercise (SR)
Delivering serious/bad news (L)	Transitioning to comfort care (L)
Delivering serious/bad news (S)	Transitioning to comfort care (S)
Discussing goals of care (L)	Open role play (S)
Discussing goals of care (S)	Taking the skills back to the ED (L)

*Interactive didactic large group session (L); small group communication skills practice session (S); small group reflective exercise (SR).
ED, emergency department.

Grudzen CR,Emlet LL, Kuntz J, et al. BMJ Supportive & Palliative Care 2016;6:219–224.

NYU Langone Health

Feedback Integrating Knowledge, Attitude and Skills

- Participants receive direct feedback on their performance by the actors, the faculty facilitator and the other participants.

- At the end of each EM Talk course implemented for PRIM-ER, EM physicians were asked to complete a questionnaire in order to obtain Continuing Medical Education credits.

PRIM-ER EM Talk COVID-19 Study Adaptations

- Original plan: EM Talk Course was offered in-person to physicians and Advance Practice Providers

- Adaptation: Switched to a virtual Zoom platform and breakout rooms for concurrent sessions.

Barriers for Implementation

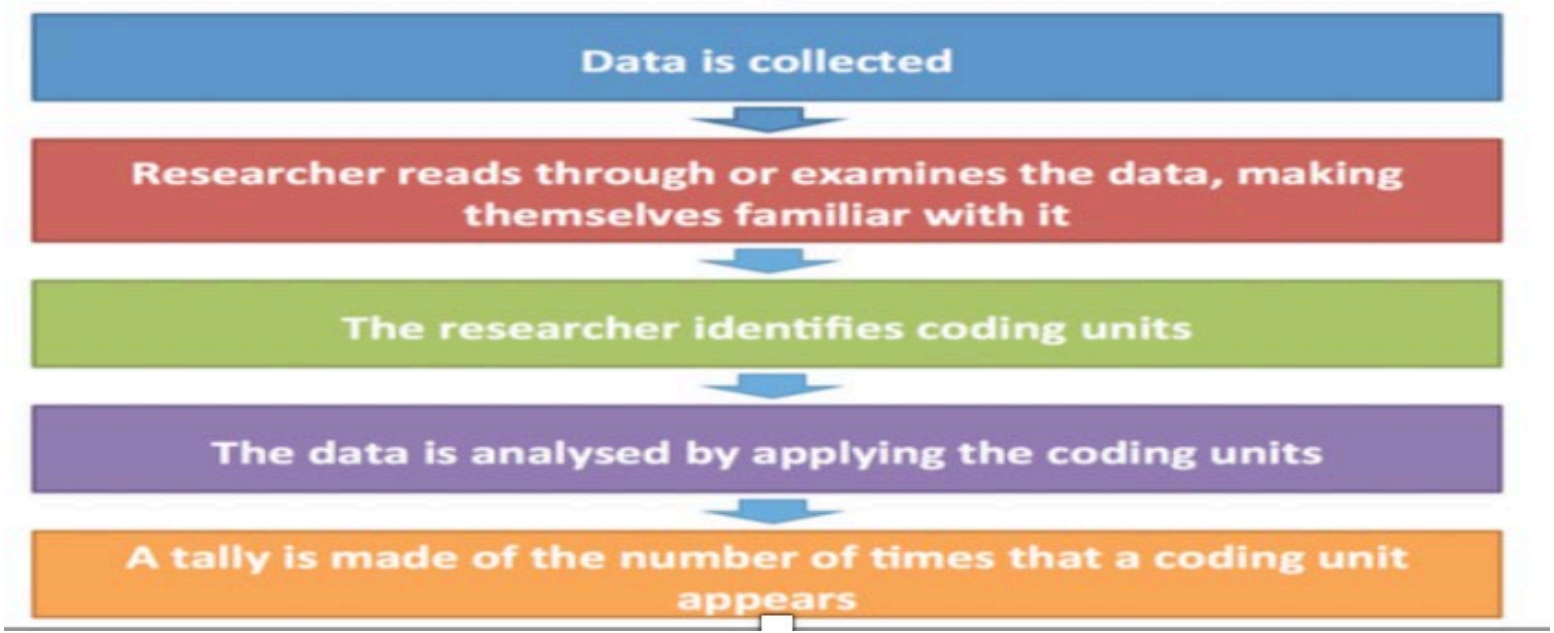
Pre-Covid	During/Post-Covid

Challenging to schedule 75% of EM providers to take in-person 4 hour course.	Switching to a zoom platform meant:
	
	• Providers out sick with COVID and/or must cover for other colleagues
	• EM providers had distractions at home and/or no quiet space
	  • Children playing in the background/walking in and out of the room
	  • Dogs barking

NYU Langone Health

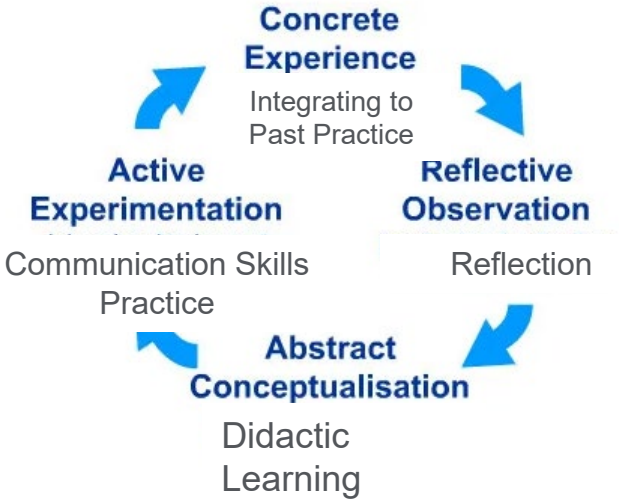
EM Talk Content Analysis

What is Content Analysis?



NYU Langone Health

Theoretical Framework



NYU Langone Health

Research Question

- To what extent does the reflections of EM physicians demonstrate the knowledge, attitude, and skill goals of the EM Talk?

Prompts in the Questionnaire

1. What changes will you make to how you identify patients and/or family members who may be ready to discuss goals of care and/or palliative care options?
2. What changes will you make to how you counsel patients and/or family about end of life care?
3. What steps will you take to ensure that you involve all members of the ED care team to ensure a multi-disciplinary and team-based approach is used?
4. In the space below, please reflect on your personal experience at this educational intervention.

Definition

- **Knowledge:** Improved comprehension, understanding, or command of end-of-life care practice
- **Attitude:** A positive feeling or disposition towards end-of-life care practices
- **Skills:** Improved expertise or ability to engage in the practice of end-of-life care

Inclusions and Exclusions:

- **Exclude:** Any item that refers to the course and not the individual's knowledge, attitude, practice or skill
- **Include:** Any item that refers to the individual's knowledge, attitude, practice or skill with or without specifics (Not otherwise specified)
- **Litmus Test:** Would a synonym for increased knowledge, attitude, practice or skill capture the phrase? Yes, Add No; Exclude

Steps for Coding

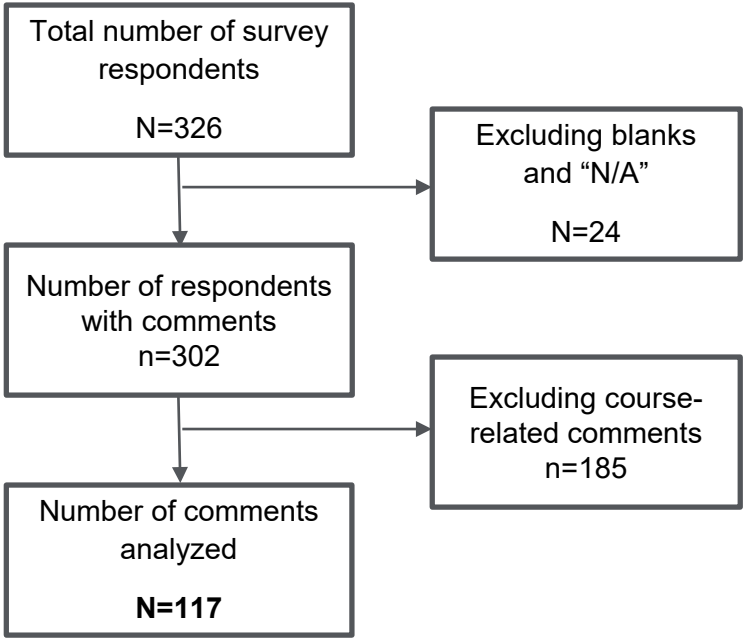
- Analysis will be limited to words and phrases
- No predefined codes – iterative process
  - Did this phrase/word explicitly or implicitly state a goal
    - Yes/No
      - What type of goal
        - xxx
- Frequency coding – not existence coding
  - Limited to one respondent
  - Identify subthemes and themes
- Distinguish between concepts:
  - Explicit >> Assign
  - Implicit >> Is it a synonym >>> Assign
  - Implicit >> Close meaning but not exact: separate

NYU Langone Health

Coding Meeting Timeline

- Code Book Generation
- Coding Conference
- Code Book Application
- Coding Conference and Theme/Subtheme Generation

Data selection steps



NYU Langone Health

Preliminary Results

NYU Langone Health

Codebook

Theme	Description	Inclusion	Exclusion
Improved Knowledge	Improved or augmented comprehension, understanding, or command of hospice and palliative care practice	Include any item that refers, explicitly or implicitly, to an individual's improved knowledge in hospice and palliative care practice, with or without specific details	Exclude if the statement refers to the course and does not reflect on individual or group improved knowledge. For implicit meaning: Exclude "close code but not exact" and "no, code is different" after applying the synonym rule
Improved Attitude	A positive feeling or disposition towards hospice and palliative care practice	Include any item that refers, explicitly or implicitly, to an individual's improved attitude in engaging in hospice and palliative care, with or without specifics	Exclude if the statement refers to the course and does not reflect on individual or group improved attitude. For implicit coding: Exclude "close code but not exact" and "no, code is different" after applying the synonym rule
Improved Practice	Improved day-to-day activities and expertise in engaging hospice and palliative care discussion	Include any item that refers, explicitly or implicitly, to an individual's improved practice or acquisition of skills in hospice and palliative care, with or without specific details	Exclude if the statement refers to the course and does not reflect on individual or group improved clinical practice or skill acquisition. For implicit coding: Exclude "close code but not exact" and "no, code is different" after applying the synonym rule

Synonym rule: For items that have implicit meanings, a synonym of the anchor word or phrase is applied and the sentence is re-assessed and categorized as either "yes, code is exact", "no, code is different", or "close code but not exact".

NYU Langone Health

Themes and Subthemes

Improved Knowledge (N=60)
Acquired general useful knowledge
Acquired tips and tricks of hospice and palliative care discussion
Acquired verbal communication skills
Acquired empathy skills
Improved Attitude (N=46)
Attitude towards engaging in hospice and palliative care discussions
Attitude towards improving communication skills
Attitude towards improving patient care
Attitude towards receiving training in hospice and palliative care
Attitude towards practice change
Improved Practice (N=25)
Commitment to using acquired skills in clinical practice
Already utilizing acquired skills in clinical practice

Improved Knowledge

Emerged themes and subthemes and the associated meaning units

Theme	Subtheme	Code label	Meaning Units
Improved Knowledge	Acquired useful general knowledge	Good learning experience	"This was a pretty good learning experience for me"
	Acquired knowledge of hospice and palliative care skills	"Learned new skills/tools"	"I learned some really valuable tools"
	Acquired verbal communication skills	Acquired talking techniques in framing discussions	"Learned some techniques to talk to the family of palliative patients"
	Acquired empathy skills	Acquired empathetic skills	"...Learned a lot about empathetic skills that I can use in daily practice"

"Learned to be comfortable with silence and allowing patients and family time to reflect."

"Great educational activity that allowed plenty of time to practice skills in a safe and helpful environment. Learned a lot about empathetic skills that I can use in daily practice, and also helped me to be more aware of when goals of care discussion might be needed."

Improved Attitude

Theme	Subtheme	Code label	Meaning Units
Improved Attitude	Attitude towards engaging in hospice and palliative care discussions	Comfortable and at ease	"...helped me become more comfortable and at ease with end-of-life conversations"
	Attitude towards improving communication skills	Slow down and listen	"...a good reminder to slow down and listen to your patients and family members"
	Attitude towards improving patient care	I see the value	"I see the value it brings to patients and their families"
	Attitude towards receiving training in hospice and palliative care	Extremely applicable	"...it is extremely applicable to our practice. I would recommend all EM doctors undergo training such as this"
	Attitude towards practice change	I Identified areas I can improve	"I identified various areas in which I can improve..."

"Allowed time for some introspection and was a good reminder to slow down and listen to your patients and family members."

NYU Langone Health

Improved Practice

Theme	Subtheme	Code label	Meaning Units
Improved Practice	Commitment to using acquired skills in clinical practice	I will incorporate skills into practice	"I look forward to incorporating this style of talking about goals of care with my patients and families"
	Already utilizing acquired skills in clinical practice	I already used learned skill	"The very next day I had a patient/family interaction that I was able to identify and navigate because of the training…"

"It helped me realize how much I did not previously know about how to approach these conversations and gave me a great platform/roadmap to work off of for future conversations to have with my patients and their family members."

NYU Langone Health

Next steps for EM talk

- Data interpretation and Conclusion

- Working with co-authors to write a manuscript describing the findings
  - Continue to be engaged as a co-author in the writing process

Emergency Medicine Palliative Care Access (EMPallA)

Design

- Patient Centered Research Institute (PCORI) funded grant
- Pragmatic, two-arm, multi-site randomized controlled trial
- Goal: Recruit 1,350, 50+ years with diagnosis of advanced stage cancer or end-stage organ failure
- Recruited during an ED visit and randomized into one of two arms: nurse-led telephonic case management and specialty, outpatient palliative care.

- **Primary Hypothesis:** Patients randomized to nurse-led telephonic case management will have greater improvements in quality of life and lower healthcare utilization, loneliness and social isolation, and symptom burden than those referred to outpatient specialty palliative care.

Additional Projects

EMPallA Study Advisory Committee (SAC) Manuscript

- Using patient involvement to drive study design and implement change
- Objective: Evaluate the breadth and scope of recommendations and modifications proposed to the research team by a patient-driven Study Advisory Committee (SAC) in an ongoing multi-site palliative care randomized control clinical trial.
- Why is this important? : Enhances research quality and relevance, improves enrolled patients' experience, and decreases study withdrawals. It is also a viable method in addressing ethical concerns.
- SAC members consist of 18 members representing 3 major stakeholder categories:
  - Patients experiencing life-limiting disease or their caregivers (n=7)
  - Staff and faculty from healthcare organizations involved with study-related illnesses (n=5)
  - Payer stakeholders (n=6).
- My role: Rewriting results and discussion section of manuscript.

Additional Projects

EMPallA Outpatient Manuscript

- Telehealth vs. In-person Outpatient Visits
  Objective: Does telehealth improve symptoms/QOL more than outpatient?

- Geographic Barriers to In-person Care
  Objective: Identifying geographic factors that affect outcomes
- My role: Content analysis and assisting in manuscript writing

Reflections

- What did you learn about your own research process and style?
- What expertise have you gained as a researcher?
- What do you still need to learn?
- What would you change about your process if you had another chance?

Acknowledgements

- ***A sincere thank you to Dr. Corita Grudzen, Allison Cuthel, Mara Flannery, Kaitlyn Van Allen and Dr. Oluwaseun Adeyemi.***

- PRIM-ER: This work was supported within the National Institutes of Health (NIH) Health Care Systems Research Collaboratory by cooperative agreement (UG3/UH3 AT009844) from the National Institute on Aging. This work also received logistical and technical support from the NIH Collaboratory Coordinating Center through cooperative agreement U24AT009676. Support was also provided by the NIH National Center for Complementary and Integrative Health Administrative Supplement for Complementary Health Practitioner Research Experience through cooperative agreement (UH3 AT009844) and by the National Center for Complementary and Integrative Health of the National Institutes of Health under Award Number (UH3AT009844). The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.
- EMPallA This work was (partially) supported through a Patient-Centered Outcomes Research Institute (PCORI) Award (PLC-1609-36306). The funding source had no role in the study design, data collection, analysis, interpretation, or preparation of the manuscript.

NYU Langone Health

NYU Langone Health

Thank You