



## IHI Expedition: Palliative Care in the Emergency Department Session 2

*Tammie Quest, MD*

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*Kelly McCutcheon Adams, MSW, LICSW*

*These presenters have nothing to disclose*

## Today's Host

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**Lauren Mason** is a Project Assistant at the Institute for Healthcare Improvement in Cambridge, MA. Lauren is a Northeastern University Co-op student studying Corporate Communications and Business. She likes to hike, read and travel.

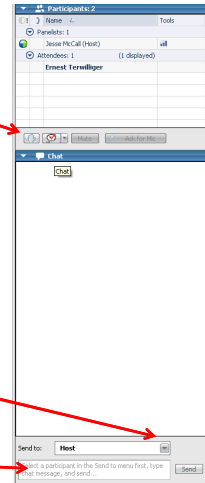
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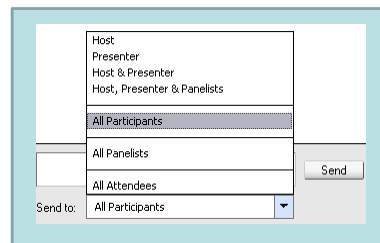
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## Overall Program Aim

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The aim of this Expedition, **Emergency Medicine and Palliative Care**, is to help empower professionals to care for patients and families with palliative care needs in the emergency department setting.

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## The Expedition

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**Session #2: May 3<sup>rd</sup>, 2012 1:30pm EST**

- Overcoming Barriers to Implementation of an ED Palliative Care Improvement Effort***

**Session #3: May 17<sup>th</sup>, 2012 1:30pm EST**

- Measurement Strategies*

**Session #4: May 31<sup>st</sup>, 2012 1:30pm EST**

- System Design and Improvement Tools*

**Session #5: June 14<sup>th</sup>, 2012 1:30pm EST**

- Achieving Change That Will Endure*



## Introducing Today's Faculty

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### **Tammie E. Quest, MD**

- Associate Professor, Emory University School of Medicine, Department of Emergency Medicine and Division of Geriatric Medicine, Atlanta VAMC
- Director, Emory Palliative Care Center
- Director, Improving Palliative Care – Emergency Medicine (IPAL-EM)
- Director, Education in Palliative and End of Life Care – Emergency Medicine

### **Corita Grudzen, MD, MSHS, FACEP**

- Assistant Professor, Departments of Emergency Medicine and Geriatrics and Palliative Medicine, Mount Sinai School of Medicine
- Innovation Advisor, Centers for Medicaid and Medicare Services



## Today's Focus...

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- Review Homework
- Explore New Content
  - ***Overcoming Barriers to Implementation of an ED Palliative Care Improvement Effort***
- *Move forward on our trek...*



## Review from Session 1: Homework

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- Conduct a needs assessment
- List goals likely to be shared by ED, hospital, and Palliative Care Service
- Schedule or conduct a preliminary meeting involving ED and Pall care leadership to discuss the most suitable model for collaboration and next steps



## Discussion of Homework

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- ✓ Who took the first steps?
- ✓ What did you learn?
- ✓ What successes did you have?
- ✓ What barriers did you encounter?



## Common Challenges

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- Getting Started
- Culture
- Buy-In
- Overcoming roadblocks



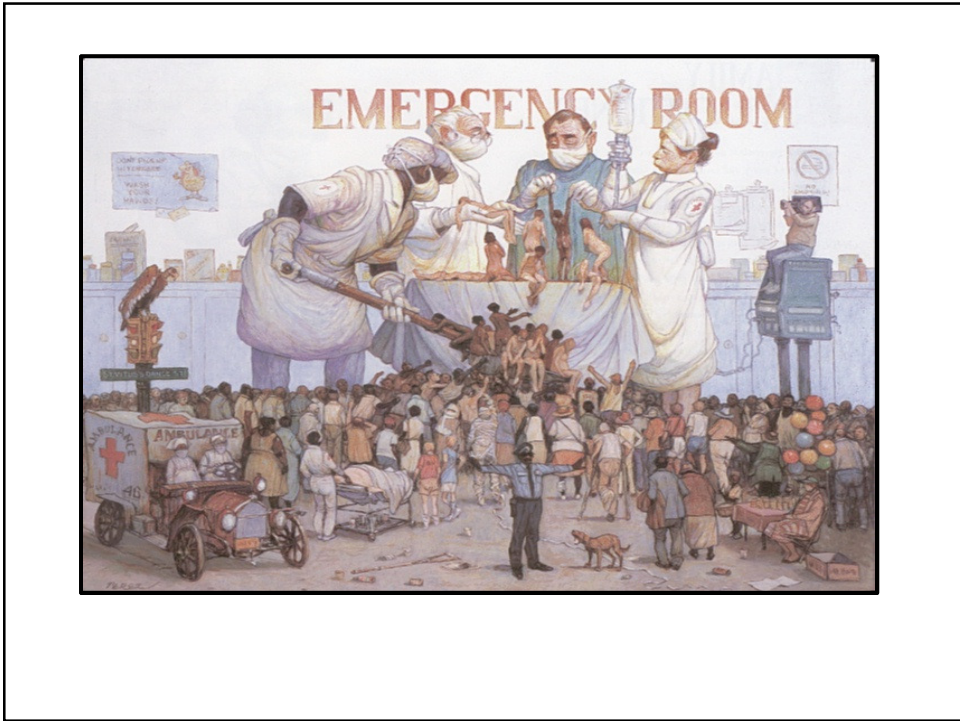
## Objectives of Session 2

### *Overcoming Barriers to Implementation*

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- **Understand** how to “think” like an emergency clinician/administrator
- **Identify** incentives for administrators to integrate EM and Palliative care
- **Describe** facilitators to implementation of ED-Palliative Care improvement efforts





What do ED  
staff/administrators care  
about?

## Processes of Care

### *What do ED staff members care about?*

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- Providing excellent patient care
- Triage and disposition
- Optimizing and efficiently using ED resources
- Reducing ED length of stay
- Increasing ED throughput
- Decreasing ED boarding of admitted patients
- Increasing patient/family satisfaction
- Effective risk management/compliance
- Meeting core hospital measures (Joint Commission)



### *What do ED staff members care about?*

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- Patient-Centered Care
  - Improved control of physical symptoms
  - Reduced family anxiety, depression and post-traumatic stress disorder
  - Timely implementation of care plans that are realistic, appropriate and consistent with patients' preferences
  - Fewer conflicts about use of life-sustaining treatments
  - Earlier transition to appropriate community resources (e.g., hospice)





## Patients and Families

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“If you listen carefully to patients and families, they're actually asking for palliative care; they're asking to be cared for in a way that preserves their dignity and the quality of their life.”



## Matching Needs to Care Setting

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““It would be so helpful to initiate a goals of care discussion in the ED instead of utilizing the full services available, and having a patient wait 23 hours in the ED for a critical care bed they don't need.”



## *What do ED staff members care about?*

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- System-Focused
  - Improved ED/Hospital Metrics
    - Less ED crowding
    - Less use of non beneficial treatments
    - Reduced hospital length of stay
    - Fewer readmissions
    - Fewer inpatient and ICU deaths
  - Improved Patient Safety
    - Smoother transitions across care sites

## The Environment

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# Common Barriers

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- I. Culture
- II. Limited Skills and Knowledge
- III. Time Constraints
- IV. Environment



## I. Culture

## “ER”

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“As an emergency physician, people look to us to be heroic, and all gung-ho; every orifice probed, everything possible done...Even the label, ‘palliative’ – temporize – the moment we introduce it as an emergency physician there are going to be families that feel you aren’t doing everything in your power to help, or cure or fix something.”



## ✓ Tip: Learn Your ED’s Culture

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- To many palliative care clinicians, the ED can seem intimidating due to the rapid pace and seriousness of clinical problems.
- To better learn about ED culture and practice, palliative care clinicians can:
  - spend a half-day in the ED shadowing ED staff.
  - review ED symptom management policies/protocols.
  - gather with key ED staff for a one-hour meeting to learn their common needs around care of palliative care patients.
  - assist ED staff to develop or facilitate ED debriefings following death or troubling encounter.

## ✓ Tip: Collaborate/Make it Easy

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- Invite ED staff to make rounds with the palliative care team.
- Develop collaborative protocols for identification of potential unmet needs of patients typically referred for palliative care services.
- Provide an in-service on community hospice resources.
- Provide a pocket card with palliative care team members' contact information.



## II. Limited Knowledge and Skills

“I’m very concerned about end-of-life issues that need sensitivity and time and caring, none of which are my strong suits.”

## ✓Tip: Make the Most of Each Contact

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- Every interaction is a teaching opportunity; avoid judgment.
  - Make 1–2 teaching points in a case.
    - “Sometimes what we find works best is changing the opioid to get pain control. These cases are difficult.”
  - Place a Fast Fact ([www.eperc.mcw.edu](http://www.eperc.mcw.edu)) on the chart.
    - “I have left some quick guides that I use in my practice for symptoms that you might find helpful.”
  - If requested, send a key reference article to the ED staff following the consultation.
    - “I can email you something about management of malignant bowel obstruction if you would find that helpful. The topic can be complex.”



### III. Time Constraints



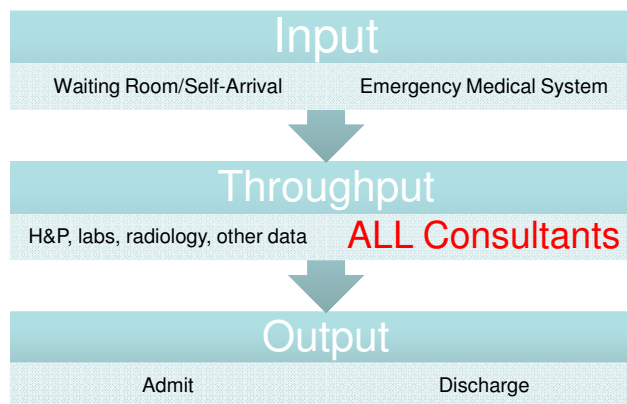
## ED Throughput

- “Anything that can move people up and out is great.”
- “One of the biggest problems we have in emergency medicine is the constant interruptions – you can’t be having this kind of discussion with the family and a patient if you’re constantly being interrupted.”



## Understanding Patient Flow in the Emergency Department

### *Input-Throughput-Output*



## ED–Palliative Care Collaboration

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- Focus on *throughput-output phase*
  - Palliative care clinicians recognize that ED clinicians have operational needs to keep the flow of patients moving as expeditiously as possible.



## ✓Tip: Appreciate and Ask...

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- **Appreciate the environmental complexity.**

“I know that things are very busy here so I want to establish how I can best help.”
- **Ask what is needed explicitly.**

“What kind of protocols would be used most often?”
- **Anticipate work-force complexity**

Recognize that the ED is an environment of shift changes.  
New staff members come every 8–12 hours and will need help understanding protocols/processes implemented





## IV. Medico-Legal Considerations

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“The biggest help for us in the ED would be when there’s a crashing patient and you feel it’s not in the best interest of the patient to be aggressive, but for medico-legal issues, you’re stuck doing everything.”



## ✓Tip: Medico-Legal Considerations

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- Assist with documentation templates
- Develop/Disseminate practice protocols for high risk clinical cases
  - Withdrawing/withholding
  - Last Hours of Living
- Create resource list for clinicians when assistance needed
  - Palliative care consult, ethics, legal
  - Guidelines on state and institution practice



## Your Turn

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Let's discuss...



## Homework

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- Form a Project Workgroup to steer the initiative
- Conduct a ED-wide meeting (invite hospital leaders) to discuss potential barriers and strategize on ways to overcome them
- Identify 3 key barriers and 2 strategies to address each one

## Next Session

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**Thursday, May 17, 1:30 PM – 2:30 PM ET**

Session 3 – Measurement Strategies