IHI Expedition: Palliative Care in the Emergency Department

Tammie Quest, MD
David Weissman, MD, FACW
Kelly McCutcheon Adams, MSW, LICSW

These presenters have nothing to disclose

Expedition Coordinator

Kayla DeVincentis, Project Coordinator, has worked at IHI since 2009, starting as an intern in the Event Planning department. Since then, Kayla has contributed to the STAAR Initiative, the IHI Summer Immersion Program, and the IHI Expeditions. Kayla obtained her Bachelor’s in Health Science from Northeastern University and brings her interest in health and wellness to IHI’s Health and Fitness team.
WebEx Quick Reference

- Welcome to today’s session!
- Please use Chat to “All Participants” for questions
- For technology issues only, please Chat to “Host”
- WebEx Technical Support: 866-569-3239
- Dial-in Info: Communicate / Join Teleconference (in menu)

When Chatting…

Please send your message to All Participants
Chat Time!

What is your goal for participating in this Expedition?

Join Passport to:

• Get unlimited access to Expeditions, two- to four-month, interactive, web-based programs designed to help front-line teams make rapid improvements.

• Train your middle managers to effectively lead quality improvement initiatives.

. . . and much, much more for $5,000 per year!

• Visit www.IHI.org/passport for details.

• To enroll, call 617-301-4800 or email improvementmap@ihi.org.
What is an Expedition?

**ex•pe•di•tion (noun)**

1. an excursion, journey, or voyage made for some specific purpose
2. the group of persons engaged in such an activity
3. promptness or speed in accomplishing something

Where are you joining from?
Our Expedition Director

**Kelly McCutcheon Adams** has been a Director at the Institute for Healthcare Improvement since 2004. Her primary areas of work with IHI have been in Critical Care and End of Life Care. She is an experienced medical social worker with experience in emergency department, ICU, nursing home, sub-acute rehabilitation, and hospice settings. Ms. McCutcheon Adams served on the faculty of the U.S. Department of Health and Human Services Organ Donation and Transplantation Collaboratives and serves on the faculty of the Gift of Life Institute in Philadelphia. She has a B.A. in Political Science from Wellesley College and an MSW from Boston College.

Ground Rules

- We learn from one another – “All teach, all learn”
- Why reinvent the wheel? - Steal shamelessly
- This is a transparent learning environment
- All ideas/feedback are welcome and encouraged!
Today’s Agenda

- Expedition objectives and your survey responses
- Making the case for an ED palliative care improvement effort
- IHI’s Model for Improvement
- Homework for next session

Overall Program Aim

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

- Describe the positive outcomes that arise from applying palliative care principles to the ED setting
- Identify first steps of completing a needs assessment within the ED setting for palliative care work
- Define useful metrics for tracking this improvement work
- Explain process steps and test improvements to apply palliative care principles in the ED setting

This Expedition

- A central tenet of palliative care is to match the right care for the right patient at the right time. The emergency department is one critical site of delivery of palliative care.
- Integration of palliative care in the emergency department can bring enormous benefits to patients, families, staff and the care system through efficient and effective palliative care delivery.
Schedule of Calls

**Session 1 – Getting Started: An Overview of Palliative Care in the Emergency Department**  
Thursday, April 19, 3:00 PM – 4:30 PM ET

**Session 2 – Overcoming Barriers to Implementation of an ED Palliative Care Improvement Effort**  
**Date:** Thursday, May 3, 1:30 PM – 2:30 PM ET

**Session 3 – Measurement Strategies**  
**Date:** Thursday, May 17, 1:30 PM – 2:30 PM ET

**Session 4 – System Design and Improvement Tools**  
**Date:** Thursday, May 31, 1:30 PM – 2:30 PM ET

**Session 5 – Achieving Change That Will Endure**  
**Date:** Thursday, June 14, 1:30 – 2:30 PM ET

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**Tammie Quest, MD**

**Tammie Quest, MD,** is an Associate Professor in the Department of Emergency Medicine at the Emory University School of Medicine. She is a board certified Emergency Physician as well as Hospice and Palliative Medicine. She has been an active educator with a focus on end-of-life care, patient-doctor communications and ethics. She holds a strong interest in novel curriculum design and teaching methodologies for both undergraduate and graduate medical trainees within emergency medicine and palliative care. Her most recent academic research interests include cancer symptom evaluation and outcomes in the emergency department setting and is the Principal of the Education in Palliative and End-of-Life Care – Emergency Medicine (EPEC-EM) initiative funded by the National Cancer Institute to create a national palliative medicine curriculum for emergency physicians.
David Weissman, MD, FACP

David Weissman, MD, FACP, is a Professor Emeritus, and Founder of the Medical College of Wisconsin Palliative Care Center. He is Board Certified in Medical Oncology, Hospice and Palliative Medicine. In 1991 he began one of the first academic palliative care programs in the United States. In 2003, the Medical College of Wisconsin’s Palliative Care Program was designated as one of six United States Palliative Care Leadership Center’s by the Center to Advance Palliative Care. Dr. Weissman is director of EPERC, End-of-Life Palliative Education Resource Center and he was the Founding Editor of the Journal of Palliative Medicine. Currently, he directs the Medical School Palliative Care Education Project and serves as a consultant to the Center to Advance Palliative Care and runs a consulting practice, Palliative Care Education, LLC.

Today’s Focus…

• Making the case for an ED palliative care improvement effort
  — unmet needs
  — expected benefits
  — alignment of ED, Palliative Care Service, and hospital objectives
• Taking the first steps
  — plan needs assessment/resource inventory
  — consider models for implementing the initiative
What Is Palliative Care Integration?

• The term “integration” is used to indicate the incorporation of palliative care principles\(^1\) into daily practice, with or without the involvement of a dedicated hospital palliative care team or inpatient palliative care unit.

\(^1\)Palliative Care Principles

- Palliative care is patient-centered care focused around patient-determined goals of care.
- The focus is on relief of suffering: physical, psychological, spiritual.
- Patient and family are the unit of care.
- Palliative care services are appropriate in all phases of a life-threatening or limited condition.

The ED: A Critical Site of Care Delivery

• Initial care trajectories are started in the ED:
  - Communication with patient/caregivers about illness/treatment options
  - Degree of medical intervention (e.g., ventilation, vasopressors, antibiotics)
  - Site of care determined (e.g., ICU, ward, home)

Yet we know that palliative care services are poorly integrated into ED culture/practice.
The ED: A Critical Site of Care Delivery

• The Emergency Department is the Safety Net for the Acute and Chronically Seriously ill
  — 116 M visits per year
    ➢ 14 M admitted to the hospital
    ➢ 1.1 M from the nursing home
    ➢ 1.6M admitted to ICU
    ➢ 139,000 died in the ED
• As the population ages, ED visits for crisis events in the setting of serious, chronic illness are likely to increase

Observed Models

• Phone Interviews of ED/Palliative Care programs in the US by IPAL-EM Advisory Board Members
• Various Settings:
  — Academic/University
  — Public Hospitals
  — Community
Four Observed Models

I. Traditional Consultation
II. Basic Collaborative
III. Advanced Collaborative
IV. ED Advanced/Specialist

Observed Models
ED-Palliative Care Integration

<table>
<thead>
<tr>
<th>I. Traditional Consult</th>
<th>II. Basic Collaboration</th>
<th>III. Advanced Collaboration</th>
<th>IV. ED Advanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Palliative Care service partially or fully available if called</td>
<td>• Mutual agreements/initiatives regarding process and function</td>
<td>• Mutual workflow e.g. direct admit to PCU</td>
<td>• Intense generalist PC by the ED</td>
</tr>
<tr>
<td>• No specific initiatives/programmatic goals</td>
<td></td>
<td></td>
<td>• ED/PC Specialist</td>
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<tr>
<td></td>
<td></td>
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<td>• +/- partnership with hospital PC program</td>
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</tbody>
</table>

Intensity of ED Engagement in Palliative Care Initiatives
Observed Measures of Impact

- ED throughput
- Hospice referrals
- Cost (Direct/Savings)
- Symptoms/QOL
- PC consults or PCU admits
- ICU utilization
- ED staff stress
- Avoided Hospitalizations Patient
- Family satisfaction

Models of EDs doing this well

- Integrated ED Palliative Care/Hospice services
  - On call to the ED
  - Hospice in the ED
- Social work/case management/UR proactive with identification of surrogates
- Electronic Medical Records system with palliative care focused templates
ED Operations

- ED operations are driven by:
  - Quality Measures/outcomes
    - Joint commission
  - Key Performance/efficiency measures
    - ED Average length of stay
    - ED waiting times
    - ED “Left without being seen”
    - Relative Value Units (clinician performance)
  - Mantra: Evaluate and disposition
    - Admit, transfer, discharge without delay

Your Turn: Getting Started

Key steps to success:
1. Establish specific goals that address unmet needs.
2. Set project targets that are clear and feasible within a specified time frame.
3. Identify the changes in clinical practice and systems that are needed to achieve the targets.
4. Continually measure progress in completing specific project goals through a system of follow-up and staff accountability.
Your Turn: Getting Started

Four Things to Do in a Week†

1. Identify your ED “champions”
2. Review the existing literature
3. Identify local hospice and palliative care resources
4. Develop a plan to complete a needs assessment

†From the IPAL – EM Project

I. Getting Started:
Identify your ED Champions

<table>
<thead>
<tr>
<th>Administrative Staff</th>
<th>Clinical Staff</th>
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</thead>
<tbody>
<tr>
<td>• ED physician chief or designee</td>
<td>• ED physicians and nurses</td>
</tr>
<tr>
<td>• ED nursing director</td>
<td>• ED social worker/discharge planner or hospital representative</td>
</tr>
<tr>
<td>• ED director of quality improvement</td>
<td>• ED chaplain or hospital chaplain representative</td>
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<tr>
<td>• Hospital administration representative</td>
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<tr>
<td>• Hospital decision-support representative</td>
<td></td>
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<tr>
<td>• Hospital finance office representative</td>
<td></td>
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<tr>
<td>• ICU director or representative (physician and nursing)</td>
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<tr>
<td>• Palliative care program director</td>
<td></td>
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<tr>
<td>• Emergency Medical Service medical director (if on staff in the ED)</td>
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</tr>
</tbody>
</table>
II. Review the Existing Literature†

• What is known?
• What is not known?
• Are you doing something unique?
• What might be easy to adopt?

†IPAL-EM Reference Library
http://www.capc.org/ipal/ipal-em/reference-library

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III. Identify Local Hospice and Palliative Care Resources

• What services are available to the ED?
• What services are not available to the ED?
• Who, what, when, how?
III. Identify Local Hospice and Palliative Care Resources

- In-house palliative care team/unit/outpatient clinic availability
- Community hospice providers: home hospice and residential hospice
- 24/7 Chaplaincy support
- 24/7 Social service support
- Bereavement support
- Ethics consultant

IV. Develop a Plan to Complete a Needs Assessment

- Identify the gap between ideal and current
- Begin to prioritize where to start
- Allows for “champions” to gain focus for action
The Needs Assessment

Needs Assessments

Four Key Steps:
1. Define the Problem
2. Resource Inventory
3. Anticipate Barriers
4. Develop an Action Plan
Needs Assessments

- Informal
  - Talk to stakeholders
    ➢ Staff, administrators, patients/families

- Formal
  - Structured assessment in key areas/domains

ED-Palliative Care Needs Assessment
IPAL-EM Project

- Needs assessment based on 8 domains of palliative care tailored for the emergency department
  i. Structure and Process of Care
  ii. Physical Aspects of Care
  iii. Psychological Aspects of Care
  iv. Spiritual Aspects of Care
  v. Social Aspects of Care
  vi. Cultural Aspects of Care
  vii. Care of the Imminently Dying
  viii. Ethical and Legal

Download assessment at:
Questions?

Raise your hand

Use the Chat

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**Model for Improvement**

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?

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**Aim of Improvement**

**Measurement of Improvement**

**Developing a Change**

**Testing a Change**

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**Principles & Guidelines for Testing**

- A test of change should answer a specific question
- A test of change requires a theory and prediction
- Test on a small scale
- Collect data over time
- Build knowledge sequentially with multiple PDSA cycles for each change idea
- Include a wide range of conditions in the sequence of tests
Repeated Use of the PDSA Cycle

Sequential building of knowledge under a wide range of conditions

Changes That Result in Improvement

Hunches
Theories
Ideas

Very Small Scale Test

Follow-up Tests

Wide-Scale Tests of Change

Implementation of Change

Spread

Aim: Implement Rapid Response Team on non-ICU unit

Cycle 1: ICU nurse responds to rapid response team calls on one unit, one shift for one day

Cycle 2: Repeat cycle 1 for three days

Cycle 3: Have Respiratory Therapist attend rapid response calls with ICU Nurse

Cycle 4: Expand coverage of RRT on unit to one unit for one shift for five days

Cycle 5: Have Nurse Practitioner respond to calls in addition to RT and RN

Cycle 6: Expand rounds to one unit for one shift seven days a week

Cycle 2: Repeat cycle 1 for three days

Cycle 1: ICU nurse responds to rapid response team calls on one unit, one shift for one day
Questions?

Raise your hand

Use the Chat

Homework for Next Call

• 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
Homework for Next Call

- One Aim
- Location to start
- Workgroup members
- Barriers
- Convene workgroup

Expedition Communications

- If you would like additional people to receive session notifications please send their email addresses to improvementmap@ihi.org.
- We have set up a listserv for the Expedition to enable you to share your progress. To use the listserv, address an email to PalliativeCareED@ls.ihi.org.
Next Session

Thursday, May 3, 1:30 PM – 2:30 PM ET
Session 2 – Overcoming Barriers to Implementation of an ED Palliative Care Improvement Effort