

Alameda Health System

Partner service line	Emergency department
Target audience	Emergency medicine (EM) residents
Target population	Seriously ill patients in the emergency department (ED)
Palliative care process	Goals of care discussions
Target behavior	Identify, initiate, and document goals of care discussions with seriously ill patients in the ED to guide patient care choices.

Training (provided to EM residents)

- ▶ **Internally developed palliative care presentations.** Developed introductory palliative care presentations and lectures on pain management and code status conversations.
- ▶ **VitalTalk EM Talk.** Provided two EM Talk training sessions (based on VitalTalk curriculum adapted for emergency medicine). Incorporating into annual training for EM residents.
- ▶ **Weekly EM conference.** Created a palliative care educational slide from Education in Palliative & End-of-Life Care for Emergency Medicine materials and presented it during weekly EM conferences to promote learning and discussion.
- ▶ **Palliative care featured on resident website.** Integrated palliative care into website used by residents for ongoing education, training, and information.
- ▶ **VitalTalk Faculty Development.** Multiple project champions completed VitalTalk's train-the-trainer program, preparing them to serve as VitalTalk communications skills trainers for future resident classes.

Identification (patient target population)

- ▶ **ICD-10 codes.** Project team used a redacted version of the Center to Advance Palliative Care list of ICD-10 codes associated with serious illness to identify appropriate patients for goals of care discussions.
- ▶ **Electronic health record (EHR) search.** Project team, in partnership with an information technology (IT) analyst, created an EHR search process to identify ED patients with qualifying ICD-10 codes.

Documentation

- ▶ **Epic SmartPhrase.** Created a goals of care SmartPhrase in Epic EHR.
- ▶ **Documentation incentives.** Offered small awards to residents using the goals of care SmartPhrase; announced winners at resident meetings.
- ▶ **Documentation reminders.** Developed goals of care documentation reminders including laminated cards placed on all computers in the ED.

Lessons Learned

CHALLENGES

- ▶ **Selecting a viable set of indicators to identify seriously ill patients in the ED.** In an attempt to be as inclusive as possible, the project team began with a list of thousands of ICD-10 codes. Trying to balance sensitivity with specificity and reduce the risk of ED providers getting “pop-up fatigue” from too many alerts and reminders, the team narrowed the list to codes that captured the most common serious illness diagnoses. This approach allowed the team to test the set of codes. The list may be expanded in the future, as IT infrastructure and systems improve over time.
- ▶ **Transitioning in-person training programs to an online format due to the COVID-19 pandemic.** The transition process took time and resources, but the project team completed it expeditiously, which in turn enabled residents to have effective goals of care discussions with seriously ill ED patients during the pandemic.

KEY INGREDIENTS AND TAKEAWAYS

- ▶ **Identify a motivated partner champion.** The project had the support of a lead ED attending physician, a senior resident champion, and several supporting EM resident champions, all highly motivated and passionate about developing palliative care skills among EM residents. The resident champions led the work and were motivated to ensure all ED residents were comfortable and confident having goals of care discussions with seriously ill ED patients during the COVID-19 pandemic. To ensure project sustainability, the resident champions recruited a group of junior residents to carry on the work and serve as future leads for the initiative. This recruitment will be done each year to ensure sustainability. Additionally, curriculum development is in process for integration in residency training as well as an elective EM resident rotation on the palliative care team.
- ▶ **Start small and build.** The project team discovered that their initial plans for a broad target audience (EM residents, attending physicians, nurses, and social workers) and broad target population presented training and tracking difficulties. The target audience was too large to effectively train, and the initial very inclusive diagnosis code list would have identified more patients than the ED staff could manage or track in the early phase of the project. As a result, the team elected to focus on training only residents and to use a more targeted approach to identifying patients. These decisions allowed the team the time and space they needed to test and improve the intervention.

PROJECT LEAD TAKEAWAYS

- ▶ **Palliative care lead.** “For sustainability, we are going to pick champions on a year-to-year basis. We are also thinking of drawing up a document that outlines palliative care integration into emergency medicine curriculum, so if an attending leaves, whoever replaces that person has the project road map and can run with it.”
- ▶ **Service line lead.** “We made COVID our initial driver to push the project forward and help our patients. Once we started doing that, I gave a talk to all the ED residents about goals of care discussions, and they were really receptive to it. That was the first experience I had where I felt that the residents got what we were trying to do and accomplish.”

Measures and Key Outcomes

- ▶ 132 of 7,790 seriously ill patients (2%) seen in three system EDs in post-intervention period had documented goals of care discussions
- ▶ 23 of 40 trained residents completed and documented goals of care discussions
- ▶ Average number of referrals to specialty palliative care from the ED increased from 3 to 5 per month in baseline period to 8 to 11 per month in post-intervention period
- ▶ Pre-post training survey responses showed significant improvement:

Table 1. Pre- Post-Training Survey Results: One-Hour Online Training for Postgraduate Year One Residents

PERCENTAGE WHO . . .	PRE-TEST n = 10	POST-TEST n = 9
Could identify patients who could benefit from palliative care services	60%	77%
Felt uncomfortable leading code status discussions	40%	0%
Felt comfortable delivering bad news to patients	20%	55%
Knew how to properly document decisions for the end of life in the EHR	0%	78%

Table 2. Pre- Post-Training Survey Results: EM Talk

PERCENTAGE WHO . . .	PRE-TEST n = 11	POST-TEST n = 14
Responded that they "often" or "always" know when to call for a family meeting	36%	64%
Felt comfortable making treatment recommendations	55%	86%
Felt comfortable speaking to a patient surrogate, and know how to guide them in centering a patient's wishes	36%	86%
Felt comfortable knowing what to do when patients are reluctant to engage in goals of care discussions	18%	71%
Felt comfortable eliciting goals of care at the end of life	45%	100%

PROJECT TEAM

Palliative care lead Linda Bulman, physician assistant; program manager, palliative services

Emergency medicine lead Justin Moore, emergency medicine resident

Team members Tara Benesch, emergency medicine resident
Ameila Breye, emergency medicine physician
Julie Gesch, emergency medicine faculty
Robert Kim, emergency medicine resident

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