

Partner service line	Emergency medicine (EM) department
Target audience	Emergency medicine attending physicians (“attendings”), fellows, resident physicians, and nurse practitioners (NPs)
Target population	Seriously ill patients in the emergency department (ED)
Palliative care process	Goals of care discussions and advance care planning (ACP)
Target behavior	Learn, perform, and document ACP conversations.

Training (provided to emergency medicine and palliative care staff)

- ▶ **Project presentation to EM staff.** The palliative care project lead presented the project to EM staff three times during weekly EM staff meetings.
- ▶ **VitalTalk’s EM Talk.** The team presented three VitalTalk EM Talk trainings to EM staff.
- ▶ **VitalTalk’s Mastering Tough Conversations.** One EM physician completed the course focused on communication skills (delivering serious news, goals of care conversations).
- ▶ **VitalTalk’s Faculty Development.** One EM physician and one palliative care physician completed part one of VitalTalk’s two-part train-the-trainer program, to serve as VitalTalk communications skills trainers at their organization. They were scheduled to complete the second part after the project concluded.

Identification (patient target population)

- ▶ **Seriously ill and “surprise question.”** Seriously ill ED patients for whom the EM physician would not be surprised if they died during that hospital admission were the primary population targeted for this intervention.

Documentation

- ▶ **ICD-10 codes.** The project team planned to use a diagnostic code to document ACP conversations but were not able to implement this goal.
- ▶ **Epic SmartPhrase.** The EM service line lead created a goals of care SmartPhrase in the organization’s Epic electronic health record to support staff in documenting goals of care discussions with seriously ill ED patients.

Lessons Learned

CHALLENGES

- ▶ **COVID-19 presented the most significant challenge to the project.** Because the EM partner service line was heavily impacted by the pandemic, the project experienced a delayed launch.
- ▶ **Limited VitalTalk training opportunities during COVID-19.** The primary intervention and sustainability strategy of having VitalTalk-trained project faculty train EM staff was derailed because of limited VitalTalk Faculty Development course training slots during the pandemic. Project faculty assigned to this activity were unable to complete their training. One of the project's team members, who was already a certified VitalTalk trainer, did successfully present the VitalTalk training sessions to EM staff.

KEY INGREDIENTS AND TAKEAWAYS

- ▶ **Ensure the activity benefits the partner service line.** The project's focus on goals of care discussions and ACP was welcomed by the EM department since it overlapped with an existing geriatric emergency initiative. A core component of that program, part of the Institute for Healthcare Improvement Age-Friendly Health System Initiative, is ensuring that older adults have an opportunity to identify what matters most in their life and for their health, and what they want from their health care.
- ▶ **Align with administrative goals.** The project goals of increasing frequency of ACP and goals of care discussions among seriously ill patients who present to the ED were aligned with broader health system goals of decreasing ED and hospital patient length of stay, improving patient triage, and preventing avoidable hospital admissions.

PROJECT LEAD TAKEAWAYS

- ▶ **Palliative care lead.** "One of the things that the palliative care service was asked about was, 'How can your service help with the hospital goals of decreasing hospital length of stay and inpatient mortality?' We knew that the previous chief medical officer was interested in getting the ED involved because of the opportunity to address patient needs earlier when it could make a difference in hospital admissions. We realized that we could partner with the ED to help their staff develop the skills to have ACP and goals of care conversations with seriously ill patients, and we could meet patient needs while aligning with a hospital-wide goal."
- ▶ **Service line lead.** "We are the only teaching institution in Orange County, and that kind of sets us apart. Because we are teaching med students and residents and fellows who will be moving on to other places, we want to create a culture of valuing palliative care here. We want our ED providers to be aware of when they can have goals of care conversations and then equip them with the tools they need to have those discussions in a way that promotes uniformity and consistency. I think that is actually very important."

Measures and Key Outcomes

- ▶ **Objective.** To train EM physicians in conducting goals of care conversations and ACP with seriously ill patients
- ▶ **Outcomes.** 40 of 69 EM faculty, fellows, residents, and NPs completed training

PROJECT TEAM

Palliative care lead	Jeff Wong, palliative care attending physician
Emergency medicine lead	Jennifer Roh, associate medical director, emergency department
Team members	Solomon Liao, director of palliative care Sangeeta Sakaria, emergency medicine residency director Becky Yamarik, palliative care attending, VitalTalk EM Talk faculty
Contacts	Jeff Wong, jeffrw18@hs.uci.edu