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Literature Review: Palliative Care in the Emergency Department

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Introduction:

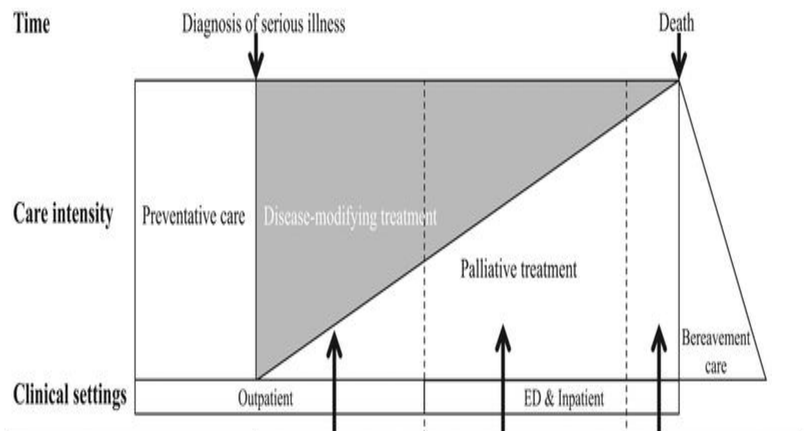
With current medical advances, our patient population continues to age. This poses new challenges for healthcare practitioners to provide for elderly patients with complex and multifactorial medical needs. Particularly, this is a growing challenge in the emergency department (ED), where patients often present towards the last months of their lives. A study conducted by UCSF indicates 75% of patients in their last 6 month of life visited the ED(1). 56% to 99% of older adults do not have advance directives available at ED presentation(6). Therefore, ED visits towards the end of life is an opportune teaching moment for physicians to empower patients who are still well enough to communicate their goals of life and determine trajectory of medical care. 77% of patients seen in the ED during the last month of life were admitted to the hospital , and 68% of those admitted died there. In contrast, patients who enrolled in hospice at least one month before death rarely visited the ED during that time period. Most people say they prefer to receive end of life (EOL) care at home (2). Early identification palliative care (PC) needs, and initiation of comfort care can improve quality of life, decrease in-hospital mortality, decrease ED visits, and decrease hospital costs(3). Therefore, it is increasingly relevant for emergency medicine (EM) providers to have the resources and be equipped to provide palliative care.

What is the role of palliative care in emergency medicine?

The Model of the Clinical Practice of Emergency Medicine includes health care coordination at the EOL and PC as essential skills for emergency physicians (4). According to American College of Emergency Physicians (ACEP) the core topics of PC relevant to emergency medicine are recognition of PC and hospice need in patients, primary-level provider skills in PC, and understanding of how PC can be implemented in the ED (5). ED initiation of PC is helpful because patient who received PC conversations in the ED have higher incidence of palliative consult inpatient and shorter time to PC consult compared to traditional ED care (7). Inpatient PC consult within 24 hours is associated with shorter hospital length of stay, decreased total cost of hospitalization and decreased in-hospital mortality. However, emergency physicians are only responsible for 3% of PC referrals. In a survey that asked resident how comfortable they are with EOL discussions, 25.5% stated they were not comfortable with EOL discussions at currently in their training (9).

What are the barriers in the use of palliative care in the ED?

Literature review identified several barriers to PC in the ED. Barriers includes lack of prior provider-patient relationships, uncertain knowledge about prognosis, lack of time, lack of access to medical records and lack of availability of PC team (10). There is a discrepancy between the perceived importance of PC skills and the training in PC residents receive. A survey given to emergency physicians showed that 88% of residents agreed/strongly agreed that PC skills are an important competency for EM (11). 79% respondents states they would like to have more training and education in PC. Yet, 46% and 54% respondents reported minimal training in managing the imminently dying and managing hospice patients, respectively.



Conversation types	Advance care planning	Serious illness conversation	Crisis communication
Perceptions	Too early	Teachable moment	Too late
Barriers/Facilitators			
• Clinician-patient relationship	Existing	Some	None
• Time for decision making	Months to days	Days to hours	Minutes
• Ability to communicate	Best	Able but not at its best	Worse/non-existent

Adapted from Lynn, J. 2005 "Living long in fragile health: the new demographics shape end of life care."

Research questions to evaluate state of palliative care training in emergency medicine

The survey for EM program director below is formulated to investigate the current state of palliative care training in EM residencies. It consists of numerical, close-ended multiple choice and Likert scale questions.

- **How many hours of training do residents have in palliative care?**
  - none, 1-4, 5-10, >10
- **How many palliative care trained faculty are a part of the program?**
  - none, 1-2, 3-5, >5
- **Is palliative care a part of the milestones for resident's education?**
  - yes or no
- **Are palliative care training programs such as Center to Advance Palliative Care (CAPC), Education in Palliative and End-of-Life Care (EPEC) utilized as a part of the residency training?**
  - yes or no
- **Are screening tools used to identify palliative care patients in the ED?**
  - yes or no
- **Are there guidelines on how to approach hospice patients in the ED?**
  - yes or no
- **How comfortable would residents be in end-of-life discussions?**
  - Scale of 1-5, Not comfortable at all=1, Somewhat comfortable=3, Very comfortable=5
- **How often is advanced care planning or advanced directive addressed in the ED?**
  - Scale of 1-5, Never=1, Sometimes=3, Many times a shift= 5
- **How often is code status addressed in critical patients in the ED?**
  - Scale of 1-5, Never=1, Sometimes=3, Always =5

Discussion:

Current literature indicates significant advantages of initiating PC early in patients with life-limiting or chronically debilitating disease. For seriously ill older adults, advanced care planning (ACP) conversations are associated with improved quality of life, earlier hospice referral, lower in-hospital death and greater likelihood of having wishes known and followed (12). Moreover, for caregivers, early EOL conversations are associated with better bereavement adjustment, reduced trauma and distress in decision-making (13,14). Studies have shows that patients with serious, life-limiting illness have high incidence of ED visits, especially during the last months of life. Therefore, it is increasingly important to recognize ED as an opportunity to have ACP discussion and develop EOL plans. These decisions have a profound impact on the trajectory of patient care. However, while there's an acknowledgement of the importance of PC skills in EM physicians, there is a significant gap in PC training for EM residents.

To investigate the presence of PC in EM residency training currently, a survey is developed to identify areas of improvement. Specifically, the survey asks EM program directors the number of hours of PC training residents have, the number of PC faculty on staff, if screening tools or training programs are used and how comfortable residents are in EOL discussions. Identifying the gaps in PC training can help guide the necessary implementations to incorporate PC in the ED. Successful implementation of PC screening tools have already shown positive outcomes in patient care. Morristown Medical Center developed a set of evidence-based screening criteria and algorithm to identify patients who may benefit from earlier PC involvement(15). In the post-implementation survey, staff reported increased confidence in PC skills and the implementation resulted in a 400% increase in PC consult placed. A study using an ED-based, brief negotiated interview to stimulate ACP conversations showed improved ACP engagement and documentation post-intervention, with medium duration of ED intervention lasting 11.8 minutes on average (16).

Conclusions:

As our population age, the early incorporation of PC as a part of patient care, where fitting, is increasingly urgent. Literature review reveals vast and significant benefits of PC for patients, their families and the healthcare system. Studies have shown the ED is an important opportunity to address PC needs in patients with serious illnesses. Beyond equipping healthcare workers in the ED with tools to recognize patients who can benefit from PC, it is essential to empower EM physicians with the PC skills to engage patient in ACP and EOL care conversations. This can be addressed by closing the fap of PC training in EM residencies. Studies have shown that early PC interventions in the ED can effectively change the trajectory of patient care. It can reduce the burden on the healthcare system by reducing ED visits, ED bounce backs, ICU admissions and length of stay. More importantly, it allows seriously ill patients to reflect on their EOL wishes and pass away with control and dignity.

References:

1. Smith AK, McCarthy E, Weber E, et al. Half of older Americans seen in emergency department in last month of life; most admitted to hospital, and many die there [published correction appears in Health Aff (Millwood). 2012 Jul;31(7):1650]. *Health Aff (Millwood).* 2012;31(6):1277-1285. doi:10.1377/hlthaff.2011.0922

2. Higginson IJ, Sen-Gupta GJ. Place of care in advanced cancer: a qualitative systematic literature review of patient preferences. *J Palliat Med.* 2000;3(3):287-300. doi:10.1089/jpm.2000.3.287

3. Quest, T. Lamba, S (2022). Palliative care for adults in the ED: Concepts, presenting complaints, and symptom management. Available at: https://www.uptodate.com/contents/palliative-care-for-adults-in-the-ed-concepts-presenting-complaints-and-symptom-management

4. Counselman FL, Babu K, Edens MA, et al. The 2016 Model of the Clinical Practice of Emergency Medicine. *J Emerg Med.* 2017;52(6):846-849. doi:10.1016/j.jemermed.2017.01.040

5. Shoenberger J, Lamba S, Goett R, et al. Development of Hospice and Palliative Medicine Knowledge and Skills for Emergency Medicine Residents: Using the Accreditation Council for Graduate Medical Education Milestone Framework. *AEM Educ Train.* 2018;2(2):130-145. Published 2018 Mar 22. doi:10.1002/aet2.10088

6. Oulton J, Rhodes SM, Howe C, Fain MJ, Mohler MJ. Advance directives for older adults in the emergency department: a systematic review. *J Palliat Med.* 2015;18(6):500-505. doi:10.1089/jpm.2014.0368

7. George NR, Kryworuchko J, Hunold KM, et al. Shared Decision Making to Support the Provision of Palliative and End-of-Life Care in the Emergency Department: A Consensus Statement and Research Agenda. *Acad Emerg Med.* 2016;23(12):1394-1402. doi:10.1111/acem.13083

8. George N, Bowman J, Aaronson E, Ouchi K. Past, present, and future of palliative care in emergency medicine in the USA. *Acute Med Surg.* 2020;7(1):e497. Published 2020 Mar 18. doi:10.1002/ams2.497

9. Schmit JM, Meyer LE, Duff JM, Dai Y, Zou F, Close JL. Perspectives on death and dying: a study of resident comfort with End-of-life care. *BMC Med Educ.* 2016;16(1):297. Published 2016 Nov 21. doi:10.1186/s12909-016-0819-6

10. Lamba S, Nagurka R, Zielinski A, Scott SR. Palliative care provision in the emergency department: barriers reported by emergency physicians. *J Palliat Med.* 2013;16(2):143-147. doi:10.1089/jpm.2012.0402

11. Lamba S, Pound A, Rella JG, Compton S. Emergency medicine resident education in palliative care: a needs assessment. *J Palliat Med.* 2012;15(5):516-520. doi:10.1089/jpm.2011.0457

12. Shen MJ, Prigerson HG, Paulk E, et al. Impact of end-of-life discussions on the reduction of Latino/non-Latino disparities in do-not-resuscitate order completion. *Cancer.* 2016;122(11):1749-1756. doi:10.1002/cncr.29973

13. Wright AA, Zhang B, Ray A, et al. Associations between end-of-life discussions, patient mental health, medical care near death, and caregiver bereavement adjustment. *JAMA.* 2008;300(14):1665-1673. doi:10.1001/jama.300.14.1665

14. Silveira MJ, Kim SY, Langa KM. Advance directives and outcomes of surrogate decision making before death. *N Engl J Med.* 2010;362(13):1211-1218. doi:10.1056/NEJMsa0907901

15. Boyle, Susan (2019) Integrating Palliative Care in the Emergency Department: A Paradigm Shift. Available at: https://www.capc.org/blog/palliative-pulse-the-palliative-pulse-december-2018-integrating-palliative-care-in-the-emergency-department-a-paradigm-shift/

16. Pajka SE, Hasdianda MA, George N, et al. Feasibility of a Brief Intervention to Facilitate Advance Care Planning Conversations for Patients with Life-Limiting Illness in the Emergency Department. *J Palliat Med.* 2021;24(1):31-39. doi:10.1089/jpm.2020.0067Death among elderly patients in the emergency department: a needs assessment for end-of-life care. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5360867/