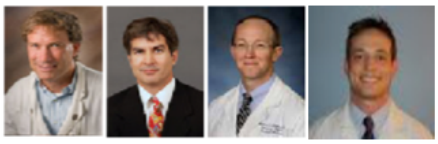
critical care perspectives in emergency medicine



Palliative Care in the Emergency Department

Key Article

- *Grudzen CR, Siman N, Cuthel AM, et al. Palliative Care Initiated in the Emergency Department. JAMA. 2025; 333:599-608.*

Background

- Among patients 65 years an older, approximately 75% visited an ED within 6 months of their death.
- Palliative care teams are now present in approximately two-thirds of hospitals in the US.
- Unfortunately, these teams are often not available 24/7.
- There is an opportunity for emergency care to improve our ability to meet the needs and goals of older adults with serious illness who prefer to have care delivered at home.
- Patients receiving palliative care are often able to remain cared for and supported at home, which leads to greater patient and family satisfaction and less prolonged grief among family members.
- Specialty palliative care is provided by a specialty-trained or board-certified palliative care health worker. Benefits of specialty palliative care include greater quality of life, improvement in symptom burden and satisfaction with care, and a increased chance of patients dying in their preferred location. Palliative care can also reduce unnecessary hospitalizations, diagnostic and treatment interventions, and avoid subsequent ED visits or ICU admissions.
- Specialty palliative care is often not available in many locations due to workforce shortages.
- Primary palliative care skills are basic skills and competencies that can be taught and delivered to emergency care workers across a diverse group of EDs and settings.

Objective

- To assess the effectiveness of a multicomponent primary palliative care intervention in the ED.

Methods

- Pragmatic, cluster, randomized, stepped-wedge design
- 29 EDs across the US
- Emergency physicians, physician assistants, nurse practitioners, and nurses
- Patients - Included
    - Aged 66 years or older
    - Visit to 1 of the 29 EDs between May 2018 and December 2022
    - Had 12 months of prior Medicare enrollment with inpatient and outpatient claims and a Gagne comorbidity score > 6 (represented a short-term mortality > 30%)
- Patients – Excluded
    - Patients with hospice services within the prior 12 months or at least 2 claims for a nursing facility stay
- Intervention

    - Prior to the interventions, EPs, PAs, CRNPs, and RNs completed a baseline survey assessing primary palliative care knowledge and skills
    - Intervention
        - Evidence-based multidisciplinary primary palliative care education (MDs/PAs/NPs and RNs had different education modules)
        - Simulation-based workshops on serious illness communication
        - Clinical decision support
        - Audit and feedback
    - Randomization
        - Sequence of intervention start dates determined by randomly assigning unique start times to each ED site
- Primary outcome
    - Hospital admission
- Secondary outcomes
    - 6-month health care use (ICU admission, additional ED visits, hospice use, home health visits, or hospital readmission)
    - 6-month survival

Results

- A total 98,922 ED visits were included in the analysis
    - Preintervention period: 51%
    - Postintervention period: 49%
    - Median age: 77 years
    - Median Gagne comorbidity score: 8
    - < 25% visits during the preintervention period occurred during COVID-19, whereas 90% of postintervention visits occurred during the pandemic.
- Primary Outcome – Hospital admission
    - Preintervention period: 64.4%
    - Postintervention period: 61.3%
    - Not significant
- Secondary Outcomes
    - Rate of ICU Admission
        - Preintervention period: 7.8%
        - Postintervention period: 6.7%
    - Rate of at least 1 ED revisit
        - Preintervention period: 34.2%
        - Postintervention period: 32.2%
    - Rate of Hospice Use
        - Preintervention period: 17.7%
        - Postintervention period: 17.2%
    - Rate of Home Health Use
        - Preintervention period: 42%
        - Postintervention period: 38.1%
    - Rate of at least 1 hospital readmission
        - Preintervention period: 41%
        - Postintervention period: 36.6%
    - 6-month Survival
        - Preintervention period: 28.1%

    - Postintervention period: 28.7%

Limitations Identified by Authors

- Stepped-wedge trial design – vulnerable to external factors that influence the primary outcome
- Use of an alternative study design not possible due to the human resources needed to deliver the small group, simulation-based training.
- Global pandemic altered the landscape of ED care during this trial – likely affected illness severity of patients, likelihood of hospital admission, availability of home health and hospice services, etc.
- Funding for the study did not allow investigators to offer communication skills training to trainees.

Take Home Point

- A multicomponent primary palliative care intervention did not reduce hospital admissions, subsequent health care use, or short-term mortality for older ED patients with life-limiting illness.