

A Model for Embedded Palliative Care (PC) in the Emergency Department (ED) During COVID-19

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Objective

- Provide PC to ED patients during Colorado's COVID-19 initial surge.

Background

- Longstanding interest in PC-ED integration but no gold standard.
- COVID-19 pandemic highlighted urgency of upstream identification of medical decision-makers and patient goals.
- Similar efforts at other institutions provided momentum for our effort.

Conclusion: Embedding palliative care in the ED is feasible, welcomed, and enhances patient goal-concordant care.

	Before PC-ED	After PC-ED
Patients with documented medical decision-maker	9%	86%
Patients documented as full code	86%	78%

80% (n=76) proactively identified by PC-ED team as needing intervention.

98% (n=42) of ED staff survey respondents felt embedded PC helped provide better care.

100% (n=43) found it easy to incorporate into their workflow.

(28% survey response rate)

Methods

- PC fellow and SW embedded for 3 weeks in a large academic center ED.
- PC-ED team used chart review and ED staff input to proactively identify patients.
- Survey given to ED staff at the end of pilot analyzed via descriptive statistics and frequencies.
- 95 patient encounters.

Limitations

- Small sample size; short intervention duration; single-site.
- No randomization or control arm.
- Survey not controlled for possible response bias.