

clinician education strategies, and novel symptom management approaches applicable to surgical patient populations. The presenters consist of an HPM fellowship-trained practicing general surgeon and HPM-focused anesthesiologist, an HPM social worker with a specialized practice in surgical oncology and critical care, and an HPM physician whose clinical and academic interests are focused on surgical patient populations. The cross-specialty representation of the panelists ensures a diversity of perspectives that will enrich the audience's appreciation for the role of surgical palliative care research in improving the outcomes of patients and families facing surgical illness across an array of care settings.

### ***Introduction to a Novel Palliative Care Intervention for Family Caregivers of Children and Adolescents Living with Rare Diseases (TH308)***



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#### ***Objectives***

- Establish the need for a family caregiver intervention for parents of children with rare diseases.
- Introduce the intervention and its components.
- Disseminate findings from the piloting of this intervention.

In the U.S. a rare disease is defined as a condition affecting fewer than 200,000 persons. Pediatric patients with rare diseases experience high mortality. Pediatric advance care planning (pACP), a key component of pediatric palliative care, has been proven to improve communication and spiritual and emotional well-being for children with cancer and HIV and their families. For providers, pACP, involves preparation and skill development to facilitate discussions about goals of care and future medical care choices. Due to the uncertainty surrounding a rare disease diagnosis, social isolation and the likelihood of parents being asked to make complex medical decisions for their child, rare diseases exact a severe emotional toll on families. There is an urgent need for interventions to ease the suffering of these families, yet few empirically validated interventions exist to address these issues. Moreover, children with rare diseases are a heterogeneous group who because of

co-morbidities are often excluded from research, thereby creating a health disparity. Available research lacks scientific rigor. Our consultation with families of children with rare diseases and with the National Organization for Rare Disorders revealed that basic palliative care needs should be addressed prior to a pACP intervention. Thus, we pilot tested the innovative FACE-Rare intervention, integrating two, previously adapted for pediatrics, evidence-based interventions: Carer Support Needs Assessment Tool (Sessions 1 & 2) *plus* Respecting Choices (Sessions 3 & 4). For acceptability, feasibility and safety purposes, we pilot tested the 4-session intervention, conducted exit interviews, baseline and 2-week post-intervention assessments. This session will review the existing research on the palliative care needs of family caregivers of children with rare diseases, introduce this innovative intervention and its components, disseminate findings from the beta testing and pilot testing, and discuss future directions for research. Video clips will also be presented.

### ***Tear Down the Wall and Build a Bridge: Understanding Latino Cultural and Spiritual Values to Enhance the Delivery of Palliative Care in the Latino Population (TH309)***



Sandra Alvarez, MD FAAFP, Orlando Veterans Administration Medical Center, Orlando, FL. Sara Munoz-Blanco, MD FAAP, Johns Hopkins Hospital, Baltimore, MD. Mayra Sanchez, MD, Scripps Health, San Diego, CA. Perla Macip, MD, Boston Medical Center, Boston, MA. Jose Fernandez, MD FAAHPM, Chapters Healthcare, Temple Terrace, FL. Lissa Berroa-Garcia, MD, Holy Cross Home Care and Hospice, Silver Springs, MD.

#### ***Objectives***

- Illustrate the complexity of Latino cultural constructs and its impact on the delivery of palliative care services.
- Explore Latinos' perceptions and barriers to seeking palliative care services.
- Appraise how integrating culturally sensitive education could help improve palliative care for Latinos.

The Latino population is currently the largest minority group in the United States and is expected to double by the year 2050. The goal of palliative care is to alleviate physical, psychological, and spiritual pain and suffering. Health systems have an ethical responsibility to provide this service; however, Latinos face significant health disparities and are less likely to receive palliative care in comparison to non-Latino whites. A narrative literature review was conducted to identify unique characteristics, other than language, that contribute to this inequality. Even though Latinos represent a heterogeneous group, they share distinct cultural values, beliefs, attitudes and

spirituality that make them more alike than different. These shared Latino characteristics can influence Latinos' understanding and acceptance of palliative care. In addition, it can affect the delivery of culturally-sensitive services by healthcare providers who may not be familiar with Latino cultural constructs. Presenters will introduce Latino cultural values and describe how they can impact seeking behaviors, delivery of palliative care, and patient-clinician relationships. The audience will be engaged to share their own experiences and challenges while taking care of these patients. Participants will be able to integrate attained knowledge into clinical practice; increasing cross-cultural knowledge on the complex beauty of Latino cultural values and attaining culturally sensitive communication skills could lead to a reduction in healthcare disparities.

### **Emergency Department Admission Triggers Sustainably Generate High-Value Palliative Care Consultations (TH310A)**

David Wang, MD, Scripps Health, San Diego, CA.  
Ryan Heidt, MHA, Scripps Health, San Diego, CA.

#### *Objectives*

- Describe how admission triggers can be implemented in the ED to effectively facilitate earlier palliative care consultation during the inpatient course.
- Demonstrate that specificity in trigger design can capture high value consultations while maintaining sustainable workflows.

**Background.** Capturing admitted patients for palliative care (PC) consultation earlier in their hospital course helps achieve better alignment with the quadruple aim. Emergency department (ED) admission triggers have been proposed to facilitate earlier engagement, however their impact is not adequately studied.

**Aim Statement.** Demonstrate that specific admission triggers can generate early palliative care consultations directly from the ED while maintaining sustainable workflows.

**Methods.** ED admission triggers were derived from literature review and prior quality improvement initiatives. Only three criteria were implemented to ensure actionability and sustainability: presence of serious illness, chair/bedbound >50% of time, and unsurprised if the patient dies this hospitalization. Eligible patients met all three criteria. Any ED interdisciplinary staff could identify eligibility. After verifying, the emergency physician coupled the admission with a “heads-up” PC consult. PC evaluated the patient within 24 hours; they were not expected to call back or come to the ED. High specificity enabled the mature PC consult team to prioritize their fully-stretched resources. Institutional alignment acquired from all stakeholders (ED, ICU, hospitalists,

administration) designated this workflow as “standard of care.” Data from 03/2018-06/2018 were tracked through the Palliative Care Quality Network registry.

**Results.** ED-initiated consults during this four-month pilot increased 180% year over year (50 vs.18,  $p=0.000$ ). Compared to usual PC consults, ED-initiated consults were comparable in age, gender, and palliative performance scale; however, they had significantly shorter median length of stay prior to consultation (0 days vs. 4 days,  $p=0.000$ ). Among live discharges, more ED-initiated consults received hospice services (51% vs. 38%,  $p=0.148$ ). Eight planned admissions were avoided. Overall PC consult volume remained proportionately steady, although 21% now originated from the ED. ED-initiated consults were evenly distributed across weeks. Stakeholders valued this new workflow and approved continuing as “standard of care.”

**Conclusions and Implications.** Emergency department admission triggers can effectively and sustainably drive earlier palliative care consultation to achieve the quadruple aim.

### **Opioid Risk Stratification in an Outpatient Palliative Care Clinic (TH310B)**

Isaac Chua, MD, Dana-Farber Cancer Institute, Boston, MA.

#### *Objectives*

- List common barriers of implementing a process for opioid risk stratification in an outpatient palliative care clinic.
- Explain why opioid risk stratification is important within the outpatient palliative care population.
- Interpret the results of a statistical process control (SPC) chart and understand when to consider using a SPC chart for a QI project.

**Background.** Approximately a quarter of patients in academic cancer centers are at high risk for opioid abuse.<sup>1,2</sup> At Dana-Farber Cancer Institute, we sought to create a high-reliability process within our palliative care clinic that risk stratifies our patients for opioid abuse using the Opioid Risk Tool (ORT).

**Aim Statement.** Our aim was to increase ORT completion rate from 0% to 70% for eligible new consults.

**Methods.** Our primary outcome measure was the percentage of ORT completed among eligible consults. Eligible consults were defined as new consults seen in the outpatient palliative care clinic who were prescribed opioids by their oncologist or palliative care provider. Charts were audited retrospectively to determine if the ORT was completed. We used a statistical process control (SPC) chart to track percentage of completed ORT over time and to differentiate between special cause and common cause variation. We implemented multiple Plan-Do-Study-Act (PDSA) cycles that included clinician education about ORT