

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

documentation within our electronic medical record, asking patients to complete a written version of the ORT, and empowering clinic assistants (CAs) to help patients complete the ORT.

**Results.** From November 2017 to May 2018, the average ORT completion rate among new consults (n=231) was 52%. We achieved special cause variation with the written ORT and incorporating CAs into the workflow but were unable to establish a high-reliability process. Among patients seen in palliative care clinic who are still alive and are prescribed an opioid (n=412), 22% have completed an ORT. Among patients who have completed the ORT, 77.78% are considered low risk, 15.56% are medium risk, and 6.67% are high risk for opioid abuse per the ORT scale.

**Conclusions and Implications.** Implementing a high-reliability process for evaluating risk of opioid abuse in an outpatient palliative care clinic can be a complex endeavor that requires cohesive, multi-disciplinary teamwork.

### *Assessing End-of-Life Care Quality Across Settings in an Integrated Healthcare Delivery System (TH310C)*



Margaret Wang, PhD MPH, Kaiser Permanente, Oakland, CA. Daniel Johnson, MD FAAHPM, Kaiser Permanente, Aurora, CO. Helene Martel, MA, Kaiser Permanente, Oakland, CA. David Glass, PhD, Southern California Permanente Medical Group, Pasadena, CA. Jim Bellows, PhD, Kaiser Permanente, Oakland, CA.

#### *Objectives*

- Describe the development and testing of a patient- and family-centered end-of-life care survey to strengthen the evaluation of quality of end-of-life care across a large and diverse integrated delivery system.
- Discuss how insights from the survey can be used to promote and guide quality improvement.

**Background.** Kaiser Permanente has implemented programs aiming to improve care at the end of life. To better understand patient care experience, we adapted existing instruments to develop and test a survey assessing quality of end-of-life care (EOLC) across all care settings.

**Aim Statement.** To assess the feasibility and value of using the KP EOLC Survey across an integrated delivery system.

**Methods.** Survey domains were prioritized through a key stakeholder consensus building process. We scanned relevant literature on EOLC quality measurement and adapted items from validated instruments that mapped to each prioritized domain, drawing primarily from the VA's Bereaved Family Survey (BFS). We conducted cognitive testing of drafted instrument on next-of-kin (NOK) respondents of deceased KP

members. The final survey was administered via mail and followed up by telephone outreach to NOK respondents six months after decedent's death date.

**Results.** 2,701 surveys were completed (25.6% response rate). Respondents were similar to non-respondents in decedent's age, gender, and clinical profile. Respondents were mostly family members (85%) and reported being familiar with decedents' health issues and treatment decisions (88%) and had discussed EOLC preferences with decedents (84%). Overall care in the last month of life was rated "excellent" by 53% of respondents and varied across regions and care settings. Eighty-eight percent of respondents agreed that KP gave care and treatment concordant with decedent's wishes and 78% reported decedent passed away in preferred setting. Regional leaders are using survey results to inform quality improvement.

**Conclusions and Implications.** The KP EOLC Survey was acceptable to family members and yielded response rates comparable to those reported in the literature. It provided valuable patient-centered information about EOLC outcomes across settings. Further assessment of survey psychometrics is warranted, and strategies to incorporate regular administration of the KP EOLC Survey across the organization are under development.

### *Successes and Challenges in One Organization's Process of Implementing Multiple System-Wide Primary Palliative Care Quality Improvement Projects (TH310D)*



Dio Kavalieratos, PhD, University of Pittsburgh, Pittsburgh, PA. Judith Resick, MSN MPH RN, University of Pittsburgh, Pittsburgh, PA. Megan Gance, MPH, University of Pittsburgh Medical Center, Pittsburgh, PA. Zachariah Hoydich, BS, University of Pittsburgh, Pittsburgh, PA. Scott Freeman, MD, University of Pittsburgh Medical Center, Pittsburgh, PA. Robert Arnold, MD FACP FAAHPM, University of Pittsburgh, Pittsburgh, PA.

#### *Objectives*

- Describe common barriers and facilitators to implementation and management of primary palliative care quality improvement.
- Devise a systematic process to streamline the conduct and management of multiple concurrent primary palliative care QI proposals in a large healthcare system.

**Background.** The palliative needs of seriously ill patients will always overwhelm the capacity of palliative care (PC) specialists. As such, a central mission of PC is to develop and disseminate primary PC interventions to relieve the reliance on our already taxed workforce.