

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)



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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)



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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.