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 Glance, 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.

Aim Statement. Using two projects as case studies, we will delineate one academic healthcare system's stepwise approach to developing and conducting quality improvement (QI) related to primary PC across an entire healthcare system, offering challenges, lessons learned, and solutions.

Methods. We solicited proposals from PC clinical faculty regarding interventions to fulfill an overarching mission to expand the provision of primary PC. Second, we translated proposals into logic models to delineate inputs, outputs, and anticipated outcomes. Third, we worked closely with data engineers to design semiautomated data reports. A steering team met monthly, adopting a "plan, do, study, act" framework to evaluate data, troubleshoot barriers, and brainstorm strategies to mitigate weaknesses and improve on successes.

Results. In FY2018, we implemented 7 interventions, ranging from a thrice-weekly coaching intervention to improve residents' competency in GOC discussions, to the implementation of a nursing checklist to identify unmet palliative needs and trigger GOC consultations, in settings ranging from the CCU to outpatient general medicine clinics. Projects began meeting milestones within 6 months of deployment, overcoming impediments such as determining comparator and denominator populations, and extracting data. In the coaching intervention (n=35), rates of documented GOC among high-risk patients increased from 17% to 54% pre/post-hospitalization. In the CCU intervention, a PC physician provided on-going education sessions about family meetings to residents resulting in an increase in documented GOC for CCU patients from a monthly average of 35.6% to 53.5%.

Conclusions and Implications. While challenging, simultaneously rolling out multiple primary palliative care QI initiatives was made possible through standardization tools such logic model templates as well as the use of common data elements whenever possible.

8:15–10 am

Plenary Session

Getting the Results that Matter: Addressing Quality in Hospice and Palliative Care (101)

Shantanu Agrawal, MD MPhil, National Quality Forum, Washington, DC.

Objectives

- Recognize the role of quality measurement in the overall healthcare landscape and how quality improvement can impact behavior and outcomes.
- Explain how and why quality will continue to be essential to the drive toward value and the important role of the hospice and palliative care community.
- Identify how the National Quality Forum (NQF) is evolving to focus on quality improvement initiatives that add value to the healthcare system and make care safer, more effective, and more affordable for patients and their families.

This session will provide an overview of how quality measurement is evolving to address the shift to value, tools and resources available to providers to focus on quality care at the bedside, and opportunities to provide quality hospice and palliative care. The session will also discuss how to involve patients and families more fully in quality improvement activities. Panelists Martha Twaddle, MD HMDC FACP FAAHPM, and Betty Ferrell, MA CHPN FAAN FPCN, and will join moderator Amy Melnick, MPA, executive director of the National Coalition for Hospice and Palliative Care in a discussion with Dr. Agrawal on the intersections of quality with palliative care and hospice.

10:45–11:45 am

Concurrent Sessions

Nurses as Sources in Health News: Developing Media Competencies (TH311)

Barbara Glickstein, MPH MS RN, HealthCetera Media Lab, New York, New York.

Objectives

- Discuss the importance of media for leadership in nursing and health policy.
- Describe key media competencies nurses must have for strategic engagement of news media.
- Identify how to successfully craft three strong, clear media messages to prepare for future media opportunities.

Nurses continue to be left out of dominant media narratives. A recent study, The Woodhull Study Revisited: Nurses Representation in Health News Stories, which replicated the original research published in 1998, reported on nurses' representation in health news. The study found that, although nurses are the largest group of health professionals, they are cited as sources in only 2% of articles published by newspapers, news weeklies and trade publications. A companion study of health journalists provided some explanations, including newsrooms' biases about women and nurses, a lack of understanding of what nurses do, and difficulty in finding nurses with specific expertise. Nurses are diverse, dynamic, front-line experts who know the latest real-world effects of healthcare and health policy. There are solutions that could help bring nurses to the forefront as media sources. Learn