Aim Statement. Using two projects as case studies, we will delineate one academic healthcare system's step-wise 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 semi-automated 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