

Results. Referral data from the PC team indicated that although IP referrals decreased slightly (17%) in the 3 months after the guideline launch, OP referrals increased by 40%. In general, pilot feedback from the ARISE guideline was positive with 100% of clinicians indicating they felt the guideline was “very” or “extremely” useable. In addition, 75% of clinicians in the posttest indicated they anticipated using the guideline in the future.

Conclusions and Implications. It is hoped that this project helped HF clinicians better understand the benefits that PC can provide for their patients, and that the ARISE guideline may be a viable tool to promote upstream integration of PC into the care of elderly ESHF patients and their families.

A Rapid Qualitative Synthesis of Insights from the Veterans Administration Life-Sustaining Treatment Decisions Initiative (LSTDI) National Implementation (QI703)



Cati Brown-Johnson, PhD, Stanford School of Medicine, Stanford, CA. Natalie Lo, OT MPH, Center for Innovation to Implementation, Los Altos, CA. Karleen Giannitrapani, PhD, VA Health Services Research and Development Service/Stanford, Palo Alto, CA. Jill Lowery, PsyD, Veterans Health Administration, Washington, D.C. Mary Beth Foglia, PhD MA RN, Veterans Health Administration, Washington, D.C. Anne Walling, MD, University of California, Los Angeles, Los Angeles, CA. David Bekelman, MD MPH, University of Colorado, Denver, CO. Karl Lorenz, MD MS MSHS, Stanford - VA Palo Alto Health Care System, Palo Alto, CA.

Objectives

1. Describe the core elements of the Life-Sustaining Treatment Decisions Initiative.
2. Describe implementation barriers and facilitators from the perspective of multiple stakeholders.
3. Define essentials of a lightning report rapid qualitative synthesis methodological approach.

Background. The Veterans Health Administration’s Life-Sustaining Treatment Decisions Initiative (LSTDI) was initiated to elicit, document, and respect seriously ill Veterans’ goals, values, and preferences for life-sustaining treatments. To characterize implementation barriers and facilitators, we interviewed stakeholders from four geographically diverse demonstration sites (Salt Lake, Black Hills, Madison, and James Lovell), and identified strategies to enhance continuing national rollout.

Aim Statement. To characterize major contextual factors affecting implementation of goals of care in a diverse health system.

Methods. We conducted 16 semi-structured interviews (4/site) with providers and clinical leaders identified using snowball sampling and characterized themes using rapid qualitative synthesis (RQS) which includes: pre-planning with evaluation partners; data gathering; data synthesis using Plus/Delta debriefing derived from LEAN techniques; report creation, with executive summary and findings that reflect Plus/Delta, refined with stakeholder input.

Results. Respondents represented nursing, primary care, social work, non-clinical administration, and leadership. Local issues were common, “Our badges say one VA. But then everybody jokes that when you’ve seen one VA you’ve literally only seen one VA.” Nevertheless, general themes encompassed facilitators of having clinical champions, national support, outpatient palliative care, and strong local advisory oversight. Barriers included limited physician support, low provider self-efficacy for communication, lack of ownership by specialty/primary care clinicians, “We’re not having great luck with the subspecialty providers,” poor support (e.g., time and funding) for training, and staff/trainee turnover and inexperience. Insights included that middle manager outreach overcomes senior leader resistance, champions cultivate grass roots support for training, a dedicated trainer is critical, and that small group training, and cultivating long-term-care superusers, abets implementation. Local implementation coordinators succeeded through repeated incremental efforts that encompassed train-the-trainer, peer mentoring, and cultivating onsite experts/advocates.

Conclusions and Implications. Site leaders described critical strategies to support goals of care implementation and improvement in an extremely large, diverse national health system. RQS methodology can provide just-in-time information to inform ongoing implementation of complex initiatives.

The Discrepancy Between Palliative and Oncology Providers in Palliative Referrals (QI704)



Bethany Calkins, MD MMM HMDC, VA Western New York Healthcare System, Buffalo, NY. Jaclyn Schneider, MD, VA Western New York Healthcare System, Buffalo, NY. Raed Al Yacoub, MD, University at Buffalo, Buffalo, NY. Vrinda Bhasin, MD, University at Buffalo, Buffalo, NY. Alan DeMaine, DO, University at Buffalo, Buffalo, NY. Rym Lamrad, MD, State University of New York at Buffalo, Minot, ND.

Objectives

1. Justify the need for palliative care consultation to outpatient oncologists by meeting with them on a regular basis in order to increase the rate of referrals.