September 2018. We will implement lessons learned from the paper PRO-CTCAE implementation, including ongoing front desk staff engagement and an enhanced provider view in the electronic medical record.

Increasing Awareness and Recognition of Pediatric Physician Orders for Life-Sustaining Treatment (POLST) at an Academic Children's Hospital: A Quality Improvement Project (QI708)

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Objectives

1. Describe the barriers to POLST recognition and subsequent ordering of correct code status on admission in the pediatric setting.
2. Identify possible strategies to increase documentation of POLST awareness and ordering of correct code status on admission in the pediatric setting.

Background. When children are admitted to our institution using electronic admission orders, code status defaults to "full code." POLST documents on file are often not recognized by the admitting team. As a result, there are instances in which code status is incorrectly ordered on admission.

Aim Statement. Increase documentation indicating POLST recognition by 5% and decrease inaccurate code status orders in EMR by 5% within 1 year.

Methods. Pre-data was collected via chart review of patients on the Palliative Care Registry in Epic admitted within a two-month window. Documentation of the existence of POLST and whether the ordered code status was consistent with the POLST form was assessed. Intervention included adding a banner in Epic notifying admitting physicians of a POLST, with a corresponding hyperlink to POLST document. Post-data was collected by chart review of patients on the Palliative Care Registry admitted within a two-month window after intervention was implemented.

Results. Pre-intervention, 9% of available POLSTs were documented as recognized on admission. Three patients (11%) had incorrect code status ordered on admission. After intervention implementation, 12% of POLSTs were documented as recognized on admission. One patient (5%) had the wrong code status entered by the resident. This was recognized and corrected by the attending within several hours.

Conclusions and Implications. After implementation of the POLST banner, there were less instances of the wrong code status being entered on admission, thus meeting smart aim of decreasing inaccurate code status orders. However, documentation of reviewing POLST remains low. We feel this may be secondary to the fact that the majority of POLSTs are filled out as full code, and banner alone may not be enough to trigger documentation. One future aim for this project includes adding a line to the standard admission H&P template indicating if POLST is present and reviewed by primary team.

Addition of the Nurse Triage Role in Improving Inpatient Consultation Delivery: A Palliative Care Team Model Quality Improvement Initiative (QI709)

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Objectives

1. Explain the process of incorporating a nurse triage role into an inpatient Palliative Care consultative service team.
2. Articulate benefits to the Palliative Care team as well as the hospital system in instituting a nurse triage role.
3. Differentiate replicable benefits to other hospital systems and the financial implications of this model.

Background. The Inpatient Palliative Care team at a 700+ bed academic medical center had been clinician led for years. The consults were placed by paging the consult pager and were therefore triaged by clinicians seeing patients throughout the day. This was inefficient and was identified as a contributor to burnout.

Aim Statement. The nurse triage role was proposed as a means of improving the efficiency of the team to see more patients, have time for more family meetings, and improve the wellbeing of the clinician team members.

Methods. Palliative Care Quality Network (PCQN) data was used for number of consults seen and family meetings, looking six months before initiation of Nurse Triage and six months after. Palliative Care team members shared their written reflections on how adding this team member improved their quality of life at work.

Results. Number of new consults per month increased from 66.5 patients to 81.6 patients. Average number of family meetings per day increased from 1.1 to 1.2. The prevailing themes shared by all interdisciplinary team members in their narratives were: The Nurse Triage improved the coordination of care, improved communication between palliative team members and also with the referrers, and allowed

clinicians to focus on taking care of their patients without distractions. In turn, this improved the work environment for all team members, even non-clinicians.

Conclusions and Implications. Though this data does not take into account the fluctuating FTE of the providers on the team, there is a trend to improvement in both quantitative parameters after initiation of the Nurse Triage role. Qualitative data was resoundingly positive in terms of improved wellbeing and pride in the quality of the work done by the team. Nurse Triage is an effective possibly replicable model to improve delivery of care in Palliative Care inpatient consult teams.

Open-Ended Responses to Bereaved Surveys: Best Practices from the Veterans Health Administration and Kaiser Permanente (QI710)

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Objectives

1. Recognize opportunities to collect and/or use existing qualitative self-reported data in their practice settings for quality improvement.
2. Discuss how self-reported data can be used to educate administrators and non-palliative care clinicians about end-of-life care.

Background. The U.S. Veterans Health Administration's (VA) Bereaved Family Survey (BFS) is administered to the next-of-kin of Veterans who die in VA hospitals; Kaiser Permanente (KP) recently piloted an abridged version of the BFS, adapted items for its members across inpatient and outpatient settings. Narrative responses to 2 BFS open-ended questions informed identification of best end-of-life practices.

Aim Statement. We compared VA and KP BFS narrative responses to identify best care practices across 2 large integrated delivery systems.

Methods. Content analysis of: *Is there anything else that you would like to share about either:*

1. *The patient's care during his/her last month of life?*
2. *How the care could have been improved for the patient?*

Results. A sample of responses to VA's and 1,463 responses to KP's open-ended questions were reviewed to identify best practices. Responses confirmed the quantitative BFS structured content (i.e., multiple-choice items) and generally supported its domains. However, unique processes of care emerged. For example, using music therapy to calm and sooth Veterans was identified in the VA sample. Data suggests opportunities and specific approaches for improving quality of life at the end of life. Other processes of care to emerge from both data sets included frequent and timely updates to family and loved ones on patients' clinical status as death nears. Among KP responses, it was noted that families appreciate more frequent and timely interaction with clinicians with respect to early information sharing and dialogue about end-of-life process, what to expect, and how they can help their loved one.

Conclusions and Implications. Analysis of qualitative data affirmed the domain structure and comprehensive nature of the BFS. It also provided unique insights into best end of life care practices.

Department of Veteran Affairs Gold Status Practice—Advance Care Planning Using Group Visits (QI711)

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Objectives

- Describe key components of advance care planning group visits, including social worker and team-based facilitation, clinic-based needs, and staffing resources.
- Obtain person-centered tools and communication skills to successfully facilitate advance care planning group visits.

Background. Advance care planning (ACP) is a health behavior that requires person-centered education, support by trained professionals and motivational strategies to promote goal-setting and actions. Group visits in the healthcare setting can effectively increase an individual's knowledge, motivation and self-efficacy.

Aim Statement. This session presents a best practice and lessons learned from implementation of group visits focused on ACP.