

symptoms and trigger referral to palliative care with PROs.

2. Describe how to test prototypes of an integrated PROs clinical assessment pathway and understand who are the stakeholders and how to beta test PRO measures.

Background. Specialty palliative care (SPC) has been shown to improve quality of life, reduce unnecessary healthcare utilization, and decrease mortality in patients with advanced cancer. Despite calls for universal palliative-oncologic co-management for people with metastatic disease, only a small proportion of such patients are appropriately and promptly referred.

Aim Statement. Test hypothesis that improving documentation, availability, tracking, and transparency of PROs in oncology visits will increase SPC referrals.

Methods. 74 English-speaking patients seen at least once by oncology in a breast cancer clinic were invited and agreed to participate in the study. Patients completed the electronic, validated PROMIS and PRO-CTCAE PRO questionnaires in the waiting room. Results were presented to the oncologist during the encounter if PRO-CTCAE score exceeded 3 ("severe") in at least one domain. Data was also gathered via chart review and patient/provider interviews.

Results. At baseline, 9 (12.2%) patients reported severe anxiety; 17 (23.0%) severe pain; and 27 (32.1%) severe fatigue. At study entry, 25 (33.8%) already had been referred to SPC; 19 were seen (76% of those referred; 25.7% of all participants). 63 (85.1%) had complete data. Among these, 13 (20.6%) reported at least "severe" in ≥ 2 or more components of the CTCAE domains, 6 (46.2%) of whom had been previously referred to SPC. The 7 remaining patients with severe symptoms never received a referral to SPC. Oncologists reported that referrals were limited by concern of negative impact to doctor-patient relationship and challenge of having this conversation during a time-constrained oncology encounter.

Conclusions and Implications. While oncologist referral has been a traditional mechanism through which patients can access SPC services, the decision to refer is complex and subjective. Referrals triggered by PRO have the potential benefit of accessing the proven survival benefits of PROs and rationalizing patient identification for SPC.

An Innovative Tuck-In Program to Improve Service Delivery in Hospice Patients (QI725)

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Objectives

1. Demonstrate an innovative delivery of hospice services to anticipate care needs in a rural environment.
2. Manage resource delivery to anticipate patient status, current and future needs, to avoid service failures and improve continuity of care.

Background. Hospices face unique challenges, including broad service areas, and, in Maine, extreme weather conditions. Patients may express frustration and anxiety if supply and medication needs are not well anticipated, requiring urgent visits to provide them. Deploying weekend/overnight staff for visits unassociated with acute symptom management misdirects resources.

Aim Statement. The quality initiative will result in anticipation and resolution of supplies, medications, and visit planning to improve continuity of care delivery to hospice home care patients, and to decrease off-shift requests.

Methods. Historical weekend/night triage data analysis showed 45% of calls requested urgent medications, supplies, or visit planning. A volunteer led program uses a scripted Tuck-In questionnaire to call patients several days before each weekend and anticipated weather event. Urgencies are prioritized and forwarded to an RN for resolution. All calls are reviewed each service day for quality assurance.

Results. Immature data demonstrates an 18% decline in medication, supply, and visit planning requests. Acute symptom management data remain consistent with pre-initiative data. Unanticipated benefits include capture of additional clinical data useful in early intervention, and longitudinal data trending nurse performance in anticipating patient needs.

Conclusions and Implications. Tuck-In programs for hospices provide an additional evaluation point, review of service satisfaction, and early identification of patient needs. Staff travel burden is reduced, and additional nursing performance measures can be monitored.

Integrating COMFORT^{TMSM} at a Comprehensive Cancer Center (QI726)



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Objectives

1. Describe use of COMFORT Communication Curriculum to promote primary palliative care among oncology nurses.