- Analyze the relationship between risk factors for postoperative complications and readmissions with the completion and availability of advanced directives.
- Identify the relationship between risk factors preoperatively and outcomes postoperatively to develop protocols for a collaborative, interdisciplinary partnership for increased completion of Advance Directives.

Original Research Background. High-risk patients undergoing elective surgery have an increased likelihood of life-threatening complications.[1-5] Most lack capacity during their procedure, yet completion of Advance Directives (ADs) is not required.[6]

Research Objectives. The Objectives of this project were: 1) identify the prevalence of ADs (living will or surrogate decision maker) and 2) assess for relationship between ADs, preoperative risk factors, readmissions, and mortality.

Methods. This was a retrospective chart review of patients undergoing preoperative evaluation for elective surgery. Demographic, comorbidities, Charlson Index Reviewed, Revised Cardiac Risk Index, and functional status were obtained from the preoperative evaluation. The Electronic Medical Record (EMR) was reviewed for the presence of AD's prior to surgery and at 1-year follow-up, 1-year mortality, and readmissions. Statistical methods included chi-square, Fisher's exact, and multiple logistic regression.

Results. Four hundred charts were reviewed. Thirty-five percent of patients were ≥ 65 years old and 29% reported having an AD; however, only 12.5% had an AD in the EMR prior to surgery. In the regression model, age ≥ 65, male gender, congestive heart failure, and HIV/AIDS were associated with having an AD on file (p-values <0.05). Of 386 records at 1-year follow-up, 18 were deceased, of which 3 (17%) had completed an AD prior to surgery. One-hundred two patients were readmitted at least once. Readmissions were not related with having an AD on file at 1 year (p-value 0.42).

Conclusion. Less than 15% of patients undergoing elective surgery had ADs on file. Patients who were readmitted were not more likely to have an AD. Preoperative clinics provide an opportunity to identify and assist with advance care planning.

Implications for Research, Policy, or Practice. This project affirms that few high-risk surgical patients have ADs completed prior to surgery and presents an opportunity for patient education, dissemination of results to preoperative clinics, and implementation of a quality improvement project aimed at AD counseling in this setting.

Effect of FAmily CEntered (FACE) Advance Care Planning (ACP) on Families' Appraisals of Caregiving for their Teens with Cancer (SA510B)

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Objectives

- Describe the effect of FACE ACP on families' appraisals of caregiving for their teens with cancer.
- Describe communication approaches in advance care planning.

Original Research Background. Little not much is known about how well family caregivers respond to participating in advance care planning with their adolescents with cancer.

Research Objectives. To identify the effect of the FAmily CEntered (FACE) pediatric advance care planning (pACP) on family caregivers' appraisal of their caregiving for their child with cancer.

Methods. Eighty-four adolescent/family dyads were randomized to either FACE-TC intervention or treatment as usual control. FACE-TC is 3 weekly, 60-minute pACP sessions with a trained/certified facilitator. Controls and intervention participants received an information booklet on ACP. Family Appraisal of Caregiving Questionnaire subscales assessed outcomes. The GEE model tested the effect of intervention on family caregiver appraisals subscales at 3-month postintervention.

Results. We enrolled 84 adolescent/family dyads. In this interim analysis 60 dyads have completed 3-month assessment. Demographics of adolescents: mean age of 16 years (range 14-20); cohort is 39.3% male; 80.9% Caucasian. Family participants' demographics: mean age of 45 (range 19-63); cohort is 80.9% female; 80.9% Caucasian. Positive caregiving appraisals subscale items are "Caring for __ is satisfying; It is a privilege to care for __; Caring for __ has made me feel closer to him/her; I am able to comfort __ when he/she needs it; I feel confident I can handle most problems in caring for __; I feel useful in my relationship with __; I am committed to caring for __. FACE pACP significantly increased positive caregiving appraisals at 3 months postintervention, compared to controls, ($\beta=0.225$, Confidence Interval=0.0016-0.448, $p=0.0484$). No significant differences were found between groups for burden, distress, or family well-being.

Conclusion. FACE pACP significantly increased positive caregiver appraisals compared to controls.

Implications for Research, Policy, or Practice. The family caregiver's role is critical for the well-being of teens with cancer. Findings indicate positive aspects of caregiving in the context of ACP for family caregivers without increasing caregiver burden or distress.

From "Beat Cancer" to "Apply to Graduate School": How Goals Evolve During a 12-Month Period for Adolescents and Young Adults (AYAs) with a Cancer Diagnosis (SA510C)

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Objectives

- Identify 5 categories of goals that adolescents and young adults (AYAs) defined in short- and long-term goals.
- Discuss how the AYAs goals evolve over a 12-month period.

Original Research Background. The experience of serious illness may impact patients' short- and long-term goals.

Research Objectives. To characterize the evolution of adolescent and young adult (AYA) short-term (1-month) and long-term (1-year) goals over a 12-month period during cancer treatment.

Methods. In the Promoting Resilience in Stress Management (PRISM) RCT, AYAs receiving cancer treatment reported short- and long-term goals at enrollment 6 and 12 months later. Three blinded reviewers assigned each goal to 1 of 5 thematic categories: life milestone, physical health, mental health, cancer-specific, and hobbies. Goals were summarized using frequencies and percentages individually, for the full cohort, and by study arm and cancer status (newly diagnosed vs advanced cancer).

Results. The frequency of categories was similar across study arms (N=92: 48 PRISM, 44 usual care); data for the full cohort are reported here. Seventy-three percent of participants were 13-17 years, 57% male, 62% Caucasian, and 23% had advanced cancer. At baseline (n=92), 6 months (n=70), and 12 months (n=64), AYAs reported 169, 139, and 127 unique goals, respectively. The distribution of categories changed over time in all groups. At baseline, the most common were cancer-specific (35% of short- and 33% of long-term goals). By 6 months, only 12% and 10%, respectively, were cancer-specific, decreasing to 5% and 6% by 12 months. Physical goals increased from 23% and 12% at baseline to 38% and 23% at 6 months. Long-term milestone goals grew steadily (40%, 49%, and 64%) among newly diagnosed patients, while those with advanced cancer reported a high proportion of long-term milestone goals at all 3 time points (62%, 57%, and 61%).

Conclusion. AYA goals evolve over their cancer experience. Many endorse cancer specific goals early and life milestone goals later, which may be due to evolving priorities.

Implications for Research, Policy, or Practice. Understanding how the timeline of illness impacts these goals will enable better patient-centered care.

Sign-Off Rounds: A Workflow Innovation to Manage Census and Volume for an Inpatient Palliative Care Consult Service (SA511A)

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Objectives

- Describe the workflow innovation, Sign-Off Rounds (SOR).
- Assess the impact of SOR and implications.

Background. Although palliative care (PC) programs continue to grow rapidly, growth in PC staffing often lags behind demand, resulting in unmet demand for consults and a large census of patients to follow. The PC team at a large academic hospital sought to improve efficiency by establishing weekly SOR to systematically evaluate the need for ongoing specialist palliative care involvement and promote timely sign offs, thereby increasing the ability of the team to accept new consults.

Aim Statement. To assess the impact of SOR on team- and patient-level outcomes.

Methods. We performed a retrospective study of all patients who received a PC consult for 6 months pre-SOR and 6 months post-SOR implementation (with a 6-month lead-in period) using an institutional palliative care registry. The primary outcome was the proportion of consults signed-off among total