

2. Recognize the benefits of role play for communication based learning.

Background. While some nurses receive fundamental communications skills training, opportunities exist to strengthen palliative communication skills among nurses in cancer care. At our NCI-designated comprehensive cancer center, we sought to adopt the COMFORT^{TMSM} Communication Curriculum to broaden oncology nurses' competencies to engage in difficult conversations in routine practice across all settings. Developed through research, the curriculum includes communication skills-building sessions and provides participants with a communication toolkit.

Aim Statement. To improve nurses' patient centered communication across the cancer trajectory.

Methods. Participants in the NCI-funded COMFORT^{TMSM} Communication for Oncology Nurses professional training program partnered with our departments of Supportive Care Medicine and Nursing Professional Development. A COMFORT^{TMSM} Team was established to develop and deliver a curriculum for our cancer center. The target audience included nurses and nursing/medical assistants throughout all clinical environments. The program consists of seven 1.5-hour classes, including lecture and role-play to enhance skills. Each class dedicated time for debriefing and interactive discussions to address barriers and concerns related to integration of COMFORT^{TMSM} techniques into nurses' busy practices. To foster engagement, the curriculum was offered as part of Nursing Grand Rounds, as an element of progression within the nursing Clinical Ladder, and by linking COMFORT^{TMSM} with our foundational nursing theory (Duffy's Quality Caring Model).

Results. To date, 74 individuals from various clinical areas have participated in the COMFORT^{TMSM} Curriculum, including registered nurses, advance practice nurses, care coordinators, clinical educators, and medical assistants. Results from the C-COPE survey indicate attendees' comfort with palliative conversations increased following participation.

Conclusions and Implications. We have successfully adopted the COMFORT^{TMSM} Communication Curriculum within our Nursing Grand Rounds format. Nurses from diverse clinical areas are equipped with COMFORT^{TMSM} techniques to communicate with patients, families, and team members. Our COMFORT^{TMSM} Team plans to continue the current program, explore inclusion in new staff orientation, and monitor impact on patient satisfaction.

Evaluation of Medication-Related QTc Prolongation Risks in Patients Receiving Hospice Care (QI727)



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Objectives

1. Characterize the use of QTc prolonging medications in hospice patients.
2. Recall the average QTc prolonging medication burden in hospice patients.

Background. Medications commonly used for symptom management in the hospice population are linked with QTc interval prolongation, which may lead to *torsades de pointes*. Safety risk of QTc-prolonging medications in this population may be underestimated.

Aim Statement. To develop a risk assessment scoring tool for QTc prolongation in hospice patients.

Methods. A retrospective chart review of a national hospice pharmacy provider was completed. Decedents with a cardiac-related primary hospice diagnosis and medication claims profiled during between January 1, 2018 and March 31, 2018 were included. Age, sex, and medications profiled were also collected. Charts of decedent's age ≥ 65 years were reviewed for medications with a known or possible risk of QTc interval prolongation. Independent patient risk factors and profiled medications, based on CredibleMeds.org categories of QTc interval prolongation risk, were scored using a modified RISQ-PATH tool. Independent patient risk factors were also scored.

Results. A total of 16,501 decedents were reviewed with an average age of 87 years. The population is 56.6% (n=9,343) female. This subset of patients scored 9 on RISQ-PATH based on independent risk factors alone. Percentage of patients with QTc-prolonging drugs was 28.8% with 10.3% of the population on a drug that CredibleMeds.org ranks as known risk of *torsades*. Additionally, 6.9% of patients were prescribed diuretics. After the initial review of population data, additional statistical analysis is in progress for final risk assessment tool development. Results of this analysis will be incorporated in final presentation.

Conclusions and Implications. Our population review illustrates utilization of medications with QTc prolongation risk in a patients with several independent risk factors already present. Evaluating patient risk for QTc interval prolongation will help prioritize significance of drug-drug interactions and inform our discussions with interdisciplinary teams about the risk vs benefits of these medications for symptom management.

Sleepless Nights: Trazodone Use and Insomnia Evaluation in the Palliative Care Clinic (QI728)



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