**The PACT Conversation Trigger Tool: Assessing Reliability, Acceptability and Validity (Q1706)**

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**Objectives**

1. Describe a novel approach to screening patients for unmet advance care planning needs.
2. Describe the reliability, acceptability and validity of the PACT Trigger Tool.

**Background.** Many patients who would benefit from Advance Care Planning (ACP) do not have discussions with providers. One barrier is the lack of a standardized method to identify these patients.

**Aim Statement.** As part of a larger initiative whose aim was to increase ACP conversations, the Preference-Aligned Communication and Treatment (PACT) Trigger Tool was developed to help inpatient clinicians of any discipline identify patients with ACP needs based on serious illness, care dependency and functional decline. This study evaluated the reliability, acceptability and validity of the tool.

**Methods.** To assess inter-rater reliability, 100 patients were double-scored across participating hospitals. For acceptability, nurses (N=185) completed a 10-item survey using a Likert scale. Validity was measured using retrospective chart reviews (N=135).

**Results.** The PACT Trigger Tool demonstrated moderate to high reliability. A factor analysis of the acceptability survey showed that nurses found the tool useful (M=4.07, SD=0.73) and easy to complete (M=4.24, SD=0.67). Nurses who had been trained to use the tool found it easier to complete (F(1, 183)=12.69, p<.001) and more useful (F(1, 183)=26.42, p<.001) than those who had not. Chart reviews revealed that patients who triggered positive (n=40) were significantly more likely to have a DNR order (43% vs 11%) and palliative care consult (53% vs 20%) during the index admission and less likely to discharge home (53% vs 86%) compared with patients who triggered negative (n=95). Patients who triggered positive had shorter survival times (M=125 days, Mdn=69 days) than those who triggered negative (M=248 days, Mdn=240 days; log rank test p<.001).

**Conclusions and Implications.** The PACT Trigger Tool is a reliable, acceptable, and a valid means of identifying hospitalized patients who may benefit from ACP discussions. A larger validity study and evaluation of optimal ACP methods for patients who trigger positive are needed.

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**Improving Patient-Reported Outcomes Collection Rate in an Outpatient Palliative Care Clinic (Q1707)**

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**Objectives**

1. Explain the significance of patient reported outcome measures (PROMs) in the management of advanced cancer patients.
2. List potential barriers for PROMs collection in an outpatient palliative care clinic.

**Background.** From January 2018 to March 2018, Dana Farber Cancer Institute (DFCI) launched a pilot to collect Patient-Reported Outcomes of the Common Terminology Criteria for Adverse Events (PRO-CTCAE) within the adult palliative care (APC) clinic using smart tablets. We had a limited response rate—only 20% of patients attempted to complete the questionnaire. After the pilot ended on March 2018, smart tablets were discontinued and were replaced with a paper version of PRO-CTCAE from April to June 2018.

**Aim Statement.** Our aim was to increase the patient attempt and collection rate of the paper PRO-CTCAE from 20% to 50%.

**Methods.** Our primary outcome measure was the percentage of paper PRO-CTCAE attempted and collected. Eligible patients were established patients scheduled to see a provider in the APC clinic. We implemented several Plan-Do-Study-Act (PDSA) cycles including the implementation of the paper version of the questionnaire, training and educating front desk staff, and posting provider reminders in exam rooms. We used a statistical process control (SPC) chart to track percentage of attempted and collected questionnaires over time and to differentiate between special cause and common cause variation.

**Results.** From April 2018 to June 2018, the PRO-CTCAE collection rate improved from 20% to 48%. Special cause variation was associated with implementation of the paper version of the PRO-CTCAE and increased front desk staff engagement. Increased provider satisfaction was also associated with the paper version of the PRO-CTCAE.

**Conclusions and Implications.** Implementing a high-reliability process for collecting patient reported outcome measures in an outpatient palliative care clinic is complex and requires cohesive multi-disciplinary teamwork, a user-friendly patient-facing and provider-facing interface, and a streamlined workflow. The electronic version of PRO-CTCAE will resume in
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