

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