

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.

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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