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Objectives

1. Describe essential elements of the Life-Sustaining Treatment Decisions Initiative.
2. Apply lessons learned from this evaluation of the Life-Sustaining Treatment Decisions Initiative to other implementation efforts related to improving advance care planning.

Background. To ensure that seriously ill Veterans' values, goals and preferences for life-sustaining treatments are elicited, documented and honored, VA's National Center for Ethics in Health Care implemented the Life-Sustaining Treatment Decisions Initiative (LSTDI).

Aim Statement. We aimed to characterize goals of care conversations (GOCC) and LST decisions at four VA pilot sites between 8/11/2014 and 11/14/2016.

Methods. Data from the patient medical record was linked to health factor (HF) data from the LSTDI template for initial GOCC. Descriptive statistics were performed for the following HF: Decision Making Capacity (DMC), Consent, Goals of Care (GOC) and Resuscitation status. We evaluated HF associations with DMC and chi-square t-tests were used to evaluate comparisons. We performed brief chart abstractions for rare instances of validity concerns.

Results. 6664 Veterans had >= 1 GOCC and were on average 72 years old, 93% male, 87% white, 61% urban. 35% of Veterans died. 15% with documented GOCC lacked DMC and <1% lacked a decision-maker. GOC varied for the cohort and included (more than one goal allowed): to be cured (8%), to prolong life (34%), to improve/maintain quality of life (62%), to be comfortable (53%), to obtain support for family/caregiver (8%), to achieve life goals (2%), and other (11%). Most with an initial LSTDI note had a DNR order (59%). Veterans lacking DMC were more likely to have comfort oriented goals (49% vs. 77%, $p<0.01$) and a DNR order (53% vs. 84%, $p<0.01$) compared to those with DMC. Most cases examined via chart abstraction due to data validity concerns were implicitly validated and identified opportunities to make adjustments to the LSTDI template to improve workflow.

Conclusions and Implications. LSTDI and goals of care documentation was successfully implemented at four pilot sites. Lessons learned will inform ongoing implementation across the VA nationally.

Integrating Creative Art Therapy with Palliative Care (QI743)

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Objectives

1. Discuss the integration of a creative art therapy program with a palliative care service.
2. Describe program evaluation outcomes with symptoms, and patient and family member perceptions regarding their experiences with creative art therapy.
3. Demonstrate the emotionally therapeutic effects of creative art therapy with patient examples.

Background. The University of Colorado Hospital (UCH) implemented a Creative Art Therapy (CAT) program in September 2016, offering CAT to hospitalized patients as a component of comprehensive Palliative Care services.

Aim Statement. To evaluate short term effects of the CAT session on patient symptoms and patient/family perceptions regarding their experience with CAT.

Methods. CAT was made available to all adult (18 and older) UCH Palliative Care Consult Service (PCCS) patients beginning in September 2016. The program evaluation occurred between 10/1/16-6/1/17. Patients self-selected a CAT session with a music or art therapist. The program evaluation consisted of a quantitative and qualitative component:

a. Self-report of 3 symptoms that we hypothesized CAT would have a short-term effect on: pain, anxiety, and well-being (0-10 scale) using the Edmonton Symptom Assessment Scale (ESAS) prior to and following the CAT session; $n=12$ patients.
b. Semi-qualitative patient and family member interviews using 6 questions to acquire in-depth information about perceptions of and experiences with the CAT session, administered within 1 day of the CAT session; $n=40$ patients and family members.

Results. During the study period, there were 366 CAT patient encounters. 12 patients completed pre/post-CAT session ESAS. Symptom scores showed a trend in improvement on a 0-10 scale for pain (4.8 to 4.3; $p=0.410$), anxiety (2.7 to 2.4; $p=0.699$), and well-being (5.8 to 4.8; $p=0.376$) from pre-intervention to post-intervention. 40 patients and family members completed semi-qualitative interviews. Qualitative analysis revealed the over-arching theme of improved quality of life through emotionally therapeutic effects, with sub-themes of non-medical relationships, distraction, family engagement, and personalized care.

Conclusions and Implications. This pilot CAT-PCCS program evaluation supports the need to confirm the association with positive trends in patient-reported pain, anxiety, and well-being in further studies with larger enrollment, and provides qualitative themes of patient and family member emotionally therapeutic effects.

Caring About Cancer—Advance Care Planning Group Visit Intervention (QI744)

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Objectives

1. Implement the ENACT-GV intervention to persons living with cancer.
2. Determine the feasibility and acceptability of the ENACT-GVs at the University of Colorado Hospital Anschutz Cancer Pavilion.
3. Evaluate the impact of ENACT-GV on medical durable power of attorney documentation.

Background. Electronic health record (EHR) documentation of a medical durable power of attorney (MDPOA) for persons living with cancer is only 25% at the University of Colorado Hospital Anschutz Cancer Pavilion (UCH-CP). Engaging in Advance Care planning Talks Group Visit (ENACT-GV) intervention can improve ACP discussions and EHR documentation in the primary care setting.

Aim Statement. To increase MDPOA documentation from 25% to 50% in persons living with cancer within six months.

Methods. Patients were recruited from UCH-CP Genitourinary Cancer Clinic by letters and phone calls. Three ENACT-GV were conducted, each consisting of two 2-hour sessions, one month apart, facilitated by a palliative care nurse practitioner and UCH-CP social worker. The groups consisted of ≤ 10 participants with an option for patients to bring a guest. ACP documentation in the EHR (baseline and one week after the 2nd session) and the 4-item ACP Engagement Survey (baseline and immediately post session) were assessed. Cycle 1 implemented ENACT-GVs at UCH-CP, cycle 2 optimized patient referrals, and cycle 3 enhanced group facilitation techniques.

Results. Ten patients ($<2\%$ recruitment rate) were recruited. Three patients returned for the 2nd session (30% retention rate). Seven guests attended ENACT-GVs (all attended only the 1st session). At baseline, 20% had a MDPOA in the EHR; one week after the 2nd session, 100% had MDPOAs in the EHR ($p<0.001$). 17% of patients ($n=2205$) who did not attend ENACT-GV had MPDOAs in the EHR compared to 100% who attended ENACT-GV ($p<0.001$). 87% of participants believed ENACT-GV was better than normal clinic visits for ACP discussions. 93% of participants would recommend ENACT-GV to another person. 50% of patients preferred one session over two sessions.

Conclusions and Implications. ENACT-GV was an acceptable method to engage persons living with cancer in ACP discussions and significantly improved documentation, however, recruitment was low. Limiting ENACT-GV to a single group session may improve feasibility.

Residential Homes for the Dying: An Untapped Resource for Teaching Patient and Family-Centered End of Life Care Before Professional School Training (S801)

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Objectives

1. Describe a clinical training program for undergraduate health professions students to provide bedside end of life care.
2. Explain the effect which participation in the CARE program had on undergraduate health professions students.

Original Research Background. There is a lack of clinical training opportunities in end-of-life care, especially at the bedside. The Community Action, Research, and Education (CARE) program was developed to help students interested in healthcare better understand the challenges of providing care when no cure is possible. Program participants train to serve as surrogate family members and spend 8 weeks providing care to 2 hospice patients in residential homes for the dying in upstate New York. In addition to providing 24 hours of direct bedside care per week, students complete 10 online learning modules, each of which emphasize different skills for providing end of life care. Students also meet with hospice and palliative care professionals and conduct agency-driven research to benefit the home where they provide this care.

Research Objectives. To determine whether the CARE program improves empathy and self-efficacy to provide end of life care among participants.

Methods. Eighteen undergraduate health professions students from 4 different institutions completed