

safety through documentation of billable work and accurate care goals. Increased work engagement leads to social worker retention. Based on this descriptive study, healthcare systems are encouraged to explore enrollment of social workers in such training to increase palliative care knowledge, attitudes and skills.

### ***It Takes a Village: An Interdisciplinary Effort to Improve the PAL-05 Measure in a Large Academic Medical Center (QI719)***



Grace La Torre, DO, Stony Brook Medicine, Stony Brook, NY. Susan Robbins, MS BSN, Stony Brook Hospital, Stony Brook, NY. Samantha Nagengast, MD, Stony Brook Medicine, Stony Brook, NY.

#### *Objectives*

1. Review the Joint Commission PAL-05 measure description and expectations.
2. Discuss some of the barriers to meeting the PAL-05 measure.
3. Describe an interdisciplinary approach using a step-wise method to improve PLA-05 measure compliance.

**Background.** The National Consensus Project for quality palliative care (2013) guidelines recommend that a patient's or surrogate's goals and treatment preferences are used as the foundation for the plan of care. Despite recognition of the value of these conversations by both physicians and patients, there is often hesitancy to initiate these discussions. According to the PEACE project the use of a Treatment Preferences quality measure will promote discussions regarding treatment preferences and goals between seriously-ill patients and their physicians. The Joint Commission's PAL-05 measure assures that documentation of the patient's treatment preferences and goals accompanies the patient to the next level of care. Joint Commission certified palliative care programs, however, have found it challenging to develop a feasible and effective approach to meet this measure.

**Aim Statement.** Utilizing an interdisciplinary approach along with a step-wised method is crucial to the successful development and execution of the PAL-05 measure Initiative.

**Methods.** In order to integrate the important PAL-05 quality measure in our large academic medical center, we developed an interdisciplinary committee encompassing representatives from the palliative care service, nursing leadership, social work, information technology, and quality measure. Several steps were taken, including monthly meetings scheduled over the course of six months, to discuss design, construction, and education of the PAL-05 measure initiative. This initiative encompassed three phases. 1) design and construction; 2) education and training; 3) assessment and impact.

**Results.** Data regarding compliance of the PAL-05 measure was collected at the one month and three month mark. User feedback regarding the practicality and effectiveness of this initiative was assessed via a survey. Data collected showed marked increased in PAL-05 measure compliance, as well as the impact and feasibility of this initiative.

**Conclusions and Implications.** Our approach highlights the importance of collaborating with other disciplines, especially when dealing with the complexity of caring for seriously-ill and end-of-life patients.

### ***Opioid Screening & Monitoring in the Palliative Care Clinic: An Attempt at Standardization (QI720)***



Tariq Lateef, MD, Mercy Health—St. Vincent Medical Center, Toledo, OH. Chad Hines, MBBS, Mercy Health—St. Vincent Medical Center, Toledo, OH. Julie Stausmire, MSN RN APRN CNS, Mercy Health—St. Vincent Medical Center, Toledo, OH.

#### *Objectives*

1. List and recognize components of opioid monitoring.
2. Devise and implement his/her own screening and monitoring plan for the Palliative Care Clinic.

**Background.** The Centers for Disease Control (CDC) recommend Urine Drug Testing (UDT) for managing non-palliative care patients on chronic opioid therapy (COT)<sup>1</sup>. There are no guidelines for the care of palliative care patients receiving (COT). Studies have shown that in some cohorts roughly half of cancer patients receiving palliative/supportive care have abnormal UDT, suggesting that even palliative care patients misuse/abuse opioids, and that the UDT may serve as an important tool in uncovering this misuse/abuse. Our Palliative Care Clinic (PCC) demonstrated inconsistent use of UDT testing and inaccurate ordering of the appropriate UDT for our patient population. Lack of a formal approved Mercy protocol puts the Palliative Care Clinic at risk of being deemed as subjectively selecting random patients for drug testing. This could be perceived as unfair or unequal treatment of patients from different color, economic backgrounds or gender identity.

#### **Aim Statement.**

1. Develop/implement a new policy for standardization of UDT in the PCC.
2. Increase provider compliance ordering the correct UDT.
3. Increase patient/family education and compliance with opioid policy, risk assessment and use of opioid contracts.

**Methods.** We utilized the IHI Model for Improvement (AIM/Plan-Do-Study-Act).