

**Implications for Research, Policy, or Practice.** Understanding the reasons for this decrease in inappropriate critical care might elucidate how to foster further improvement.

### ***Lung Transplant Pulmonologists' Views of Specialty Palliative Care for Lung Transplant Recipients (S857)***



Eric Nolley, MD, University of Pittsburgh, Pittsburgh, PA. Jessica Fleck, MA, University of Pittsburgh, Pittsburgh, PA. Dio Kavalieratos, PhD, University of Pittsburgh, Pittsburgh, PA. Mary Amanda Dew, PhD, University of Pittsburgh, Pittsburgh, PA. Matthew Morrell, MD, University of Pittsburgh Medical Center, Pittsburgh, PA. Yael Schenker, MD, University of Pittsburgh, Pittsburgh, PA.

#### *Objectives*

1. Differentiate how lung transplant pulmonologists' views of lung transplantation affect their use of specialty of palliative care (SPC).
2. Contrast lung transplant pulmonologists definitions of specialty palliative care with their patterns of specialty palliative care utilization for lung transplant recipients.

**Original Research Background.** Lung transplant recipients face foreshortened life expectancies and frequently experience significant symptoms. They may benefit from but rarely receive SPC services. Transplant pulmonologists' views of SPC may be key to understanding SPC utilization for this population but these have not been well characterized.

**Research Objectives.** (1) Examine how lung transplant pulmonologists view SPC and make decisions to refer transplant recipients to SPC and (2) identify any unique aspects of lung transplantation affecting transplant pulmonologists use of SPC.

**Methods.** We conducted semi-structured interviews with attending transplant pulmonologists at nine geographically diverse high-volume transplant centers with SPC services in the U.S. and Canada. All interviews were audio-recorded and transcribed verbatim. The multidisciplinary team developed a qualitative codebook using the constant comparative method. Two investigators coded all transcripts, with disagreements discussed and resolved by consensus.

**Results.** We interviewed 37 transplant pulmonologists. Only 2 participants had never referred a lung transplant recipient to SPC. While most participants correctly defined SPC and differentiated SPC from hospice, approximately half used SPC only when disease-directed therapies failed. This approach was associated with a perception that transplant and SPC are "not convergent paths" because transplant focuses on "survival and aggressive treatment," particularly in the first post-transplant year or when re-

transplantation is possible. Participants who reported using SPC alongside disease-directed therapies were more likely to view transplant as a "palliative treatment" or a "terminal illness" with an uncertain "rollercoaster" course especially after the onset of chronic rejection.

**Conclusion.** Despite viewing SPC as more than solely end-of-life care, many transplant pulmonologists view SPC as incompatible with traditional post-transplant disease-directed therapy.

**Implications for Research, Policy, or Practice.** Efforts to integrate SPC into lung transplantation will require solutions that address transplant pulmonologists perception that transplant and SPC are divergent treatment paths.

### ***The EFFECT (End-of-lIFE-Communication) Study: Acceptability, Feasibility, and Potential Impact of Using Mortality Prediction Scores for Initiating End-of-Life Goals of Care Communication in the Adult Intensive Care Unit (S859)***



Shelly Orr, PhD RN CNE, VCU School of Nursing, Richmond, VA.

#### *Objectives*

1. Describe the role of the Sequential Organ Failure Assessment (SOFA) in calculating mortality risk prediction scores.
2. Articulate the role of mortality risk prediction scores in promoting EOL goals-of-care communication.
3. Describe a patient example in which use of mortality prediction scores promoted earlier EOL goals-of-care communication.

**Original Research Background.** Uncertainties in prognosis remain a barrier to end-of-life (EOL) communication in the intensive care unit (ICU). Mechanisms for increasing the accuracy and timeliness of EOL goals-of-care communication are needed.

**Research Objectives.** This study evaluated: 1) the acceptability and feasibility of providers' use of patient mortality prediction scores as part of routine practice, and 2) providers' intentions to change practice, related to goals-of-care communication, as a result of awareness of the scores.

**Methods.** An explanatory mixed-methods approach was used. Using Sequential Organ Failure Assessment (SOFA), patient mortality prediction scores were provided to ICU providers (12) at a large urban medical university who then completed an acceptability and feasibility questionnaire. Follow-up interviews were conducted to further understand and gain insight into providers' perceptions regarding EOL practice changes as a result of having the scores.