

PC-PAICE Palliative Care—Promoting Access & International Cancer Experience in India Collaborative (QI717)



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Objectives

1. Describe the application of online methods to teach Quality Improvement.
2. Describe key principles of fostering successful international collaboratives.

Background. India has a burgeoning elderly population, and limited palliative care (PC). Using a LEAN-based quality improvement (QI) curriculum, US & Australian institutions (Stanford, Duke, UCSF, Johns Hopkins, UTS Sydney, Peter MacCallum) partnered with Indian PC & cancer centers (AIIMS, CIPLA, Homi Baba, MNJ, Tata Memorial, Thrissur, Trivandrum) 10/17-6/18 to improve care.

Aims. We used PC-PAICE to train a cohort of Indian leaders to promote improvement in PC capacity and performance. Participants were recruited from members of the Indian Association of Palliative Care, and faculty of US and Australian sites with PC oncology services were recruited as site coaches. PC-PAICE 2018-9 is transitioning to a US-Indian leadership model with Stanford as resource hub and Indian maintenance of coaching, education, and team relationships.

Methods. In addition to monthly online curricula, group, and site coaching, all teams met in person in February 2018 at Delhi IAPCON for didactics, team building, and problem solving. PC-PAICE curricula encompassed baseline states, problem descriptions, outcomes measurement, intervention deployment, sustainability, and QI methods (e.g., run charts).

Results. QI projects addressed earlier solid tumor (lung, head and neck, advanced cancer) PC referrals, documenting goals of care, hospital-hospice coordination, and improving community-based service allocation. 4/6 teams reached self-defined QI goals for the 1st cycle. On a 0-5 scale, 20/29 participants found project templates, key driver diagrams, in person workshop, monthly group WebEx, and sustainability plans to be most helpful; online videos, Pareto charts, internal progress scoring, Box, and a 'graduation template' least helpful didactic features. One participant remarked, "I have always thought here is a problem, this is the solution and jumped right into it. PC-PAICE helped approach solutions in a more open-minded approach through various steps and logic."

Interpretation. PC-PAICE demonstrated feasibility of remote support to improve PC QI capacity, access and quality in India.

Online Specialty Education Impact on Social Work Knowledge, Attitudes and Skills Regarding Palliative Care (QI718)



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Objectives

1. Appraise tools to monitor distress and improve communication.
2. Support implementing goals of care (GOC) conversations.
3. Evaluate the impact of this education on work engagement.

Background. Social work is an integral part of health-care delivery especially for those with serious illness. Palliative care education can increase comfort and skills needed for healthcare social workers.

Aim Statement. Examine impact of 8 month online certificate program in palliative care on medical social workers.

Methods. Forty-four social workers in the Providence system enrolled in online palliative care certificate program. Twenty-three (51%) were social workers for 0-6 years and fourteen (32%) had 15+ years of experience. A seventeen question, anonymous, emailed survey was administered pre/ post course. Forty-three responded pre-course. Five participants withdrew. Twenty-eight responded post-course.

Results. Social worker comfort in discussing GOC jumped from 25% pre to 75% post course and increase in having tools needed to monitor patient and family caregiver distress improved from 25% to 67%. Work engagement improved as well as increased social worker satisfaction with use of skills at work (37% pre and 57% post). Social worker perception of palliative care consultation as routine for patients with medical complexity and not always associated with end of life care improved post course.

Conclusions and Implications. Palliative care education is effective regardless of time as a social worker. Increased comfort with GOC conversations, improved patient, family and provider communication and increased work engagement was noted after specialty training. Assessment tools allow monitoring of patient and family caregiver distress so interventions can be planned, implemented and distress reassessed objectively. Improved comfort in GOC conversations allows social workers to operate at the top of licensure increasing provider efficiency. Ease with GOC conversations increases delivery of congruent care. Social workers can increase provider efficiency and patient

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)



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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)



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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)¹. 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).