clinicians to focus on taking care of their patients without distractions. In turn, this improved the work environment for all team members, even non-clinicians.

Conclusions and Implications. Though this data does not take into account the fluctuating FTE of the providers on the team, there is a trend to improvement in both quantitative parameters after initiation of the Nurse Triage role. Qualitative data was resoundingly positive in terms of improved wellbeing and pride in the quality of the work done by the team. Nurse Triage is an effective possibly replicable model to improve delivery of care in Palliative Care inpatient consult teams.

Open-Ended Responses to Bereaved Surveys: Best Practices from the Veterans Health Administration and Kaiser Permanente (QI710)

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Objectives

1. Recognize opportunities to collect and/or use existing qualitative self-reported data in their practice settings for quality improvement.
2. Discuss how self-reported data can be used to educate administrators and non-palliative care clinicians about end-of-life care.

Background. The U.S. Veterans Health Administration's (VA) Bereaved Family Survey (BFS) is administered to the next-of-kin of Veterans who die in VA hospitals; Kaiser Permanente (KP) recently piloted an abridged version of the BFS, adapted items for its members across inpatient and outpatient settings. Narrative responses to 2 BFS open-ended questions informed identification of best end-of-life practices.

Aim Statement. We compared VA and KP BFS narrative responses to identify best care practices across 2 large integrated delivery systems.

Methods. Content analysis of: *Is there anything else that you would like to share about either:*

1. *The patient's care during his/her last month of life?*
2. *How the care could have been improved for the patient?*

Results. A sample of responses to VA's and 1,463 responses to KP's open-ended questions were reviewed to identify best practices. Responses confirmed the quantitative BFS structured content (i.e., multiple-choice items) and generally supported its domains. However, unique processes of care emerged. For example, using music therapy to calm and sooth Veterans was identified in the VA sample. Data suggests opportunities and specific approaches for improving quality of life at the end of life. Other processes of care to emerge from both data sets included frequent and timely updates to family and loved ones on patients' clinical status as death nears. Among KP responses, it was noted that families appreciate more frequent and timely interaction with clinicians with respect to early information sharing and dialogue about end-of-life process, what to expect, and how they can help their loved one.

Conclusions and Implications. Analysis of qualitative data affirmed the domain structure and comprehensive nature of the BFS. It also provided unique insights into best end of life care practices.

Department of Veteran Affairs Gold Status Practice—Advance Care Planning Using Group Visits (QI711)

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Objectives

- Describe key components of advance care planning group visits, including social worker and team-based facilitation, clinic-based needs, and staffing resources.
- Obtain person-centered tools and communication skills to successfully facilitate advance care planning group visits.

Background. Advance care planning (ACP) is a health behavior that requires person-centered education, support by trained professionals and motivational strategies to promote goal-setting and actions. Group visits in the healthcare setting can effectively increase an individual's knowledge, motivation and self-efficacy.

Aim Statement. This session presents a best practice and lessons learned from implementation of group visits focused on ACP.