

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