communication may contribute to workflow challenges; 3) Supportive coaching, leadership/peer engagement, and/or data-reporting are likely to enhance practice change but require time and resources.

**Conclusions and Implications.** Successful adaptation and adoption of SICP structures and processes in three health systems suggests the promise of a systems-level implementation model to improve serious illness communication. More effective workflows that activate the care team and a better understanding of the mechanisms and contextual factors that support practice change are likely to enhance efforts.

### Rapid Access Service for Symptom Management: An Out-Patient Palliative Medicine Clinic Initiative in a Cancer Institute (QI730)

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*Objectives*
1. Discuss the operation of a mobile out-patient consult team.
2. Discuss the challenges for the mobile out-patient service.

**Background.** The benefits of early introduction of palliative care in patients with advanced cancer are increasingly recognized and integration of palliative care in standard oncology care is recommended. Since oncology care is mostly in the out-patient setting, access to out-patient palliative care service is important.

**Aim Statement.** To share our experience with our mobile out-patient palliative medicine consult team.

**Methods.** In May 2017, the section of Palliative Medicine under the Department of Supportive Oncology at Levine Cancer Institute piloted a Rapid Access (RA) service for symptom management. This is a mobile out-patient service to complement the out-patient palliative medicine clinic. The goals of the service are: 1) provide immediate assistance to patients with poorly controlled symptoms related to their cancer and/or treatments; 2) prevent unnecessary emergency room (ER) visits; and 3) facilitate early palliative medicine integration in cancer care. The RA service is staffed by a nurse and a palliative medicine physician. The team sees urgent referrals for uncontrolled symptoms.

**Results.** 183 patients were referred over 12 months. 75% of the patients have solid tumor malignancies, 15% have gynecologic cancers, and 9% have hematologic malignancies. Majority of patients referred were seen on the same day or next day. The most common reasons for referral are uncontrolled pain (83%) and GI symptoms (6%). Of the patients seen by the RA team, only 4% needed to be sent to the ER.

Longitudinal follow-up was arranged in the out-patient palliative medicine clinic.

**Conclusions and Implications.** The RA access service increased out-patient palliative referrals of patients with advanced cancer.

### Evaluation of Goals of Care Communication Training for Medical Oncologists (QI731)

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*Objectives*
1. Develop succinct goals of care communication skills training for oncologists.
2. Design an evaluation tool for the above training sessions.
3. Recognize that such succinct training sessions can be perceived as effective, relevant, and practice-changing.

**Background.** Medical oncologists commonly have goals of care (GOC) conversations with their patients, but many report insufficient formal communication training. The lengthy nature of many training curricula may limit participation.

**Aim Statement.** Evaluate the effect of a 90-minute GOC communication training for medical oncology providers on perceived barriers to GOC conversations.

**Methods.** This training evaluation was conducted at the University of North Carolina at Chapel Hill. Recruitment targeted medical oncology providers specializing in lung, breast, and genitourinary cancers. Medical oncology leadership participated in study planning and assisted with recruitment. Training consisted of a 90-minute interactive primary palliative care skills session, offered four times to accommodate clinicians' schedules. Training consisted of elements from the Ariadne Labs Serious Illness Conversation Guide, VitalTalk, and a case-based exercise. Participants learned to document advanced care planning (ACP) notes in the EMR. Participants evaluated the training on semi-structured surveys using a 5-point Likert scale (1 = not at all, 5 = very much) and open-ended questions assessing perceived communication barriers, quality and relevance of training, and expected effect on practice.

**Results.** Seventeen of twenty eligible medical oncologists (85%) and five of nine NPs (56%) attended the training and completed the evaluation. They