

Background. Patients with life-threatening illness face critical decisions regarding goals of care (GOC) and treatment preferences (TP). Palliative Care (PC) consultants play a pivotal role in clarifying and documenting patients' wishes to ensure they receive goals-aligned care. However, inconsistencies in documentation of GOC/TP in the electronic medical record (EMR) can result in patients receiving interventions incongruent with their preferences. Among a baseline sample of patients seen by the University of California San Francisco (UCSF) PC service for GOC discussions in April and May 2017, only 63.3% had any goals documented in the EMR, and only 54.5% had both overall GOC (e.g., curative) and at least one specific TP specified in addition to code status (e.g., artificial nutrition, dialysis, etc). This quality improvement study examined the impact of an easily accessible, highly reproducible EMR note template on the consistency of GOC/TP documentation for patients seen by the UCSF PC service.

Aim Statement. This study aimed to increase documentation of GOC/TP among patients seen for GOC by the UCSF PC service from 54% to 80% with the use of a note template designed to integrate into the Advance Care Planning (ACP) problem in Epic.

Methods. Study authors designed an Epic note template to facilitate consistent documentation of GOC/TP. The PC service encouraged routine use of the dot phrase by all consulting PC physicians. Analysts assessed compliance at monthly intervals.

Results. Among 640 patients seen by the UCSF PC service between September 2017 and May 2018, 466 (72.8%) were seen for GOC. Of these, 461 patients (98.9%) had documentation of both overall GOC and at least one TP in their ACP problem in Epic.

Conclusions and Implications. Implementation of an EMR note template increased consistency and clarity of GOC/TP documentation for patients seen by the PC consult service.

Reducing Medication Errors in Home Hospice to Improve Patient Safety (QI714)



Trisha Kendall, RN, Gilchrist Services, Hunt Valley, MD. Carson Savage, BSN RN CHPN, Gilchrist Hospice Care, Hunt Valley, MD. Kimberly Schonfeld, RN CHPN, Gilchrist Hospice, Hunt Valley, MD. Lauren Garlow, RN CHPN, Gilchrist Services, Hunt Valley, MD.

Objectives

1. Reduce medication errors in the home hospice setting by focusing on performance improvement efforts in nurse practice and patient/caregiver practice.
2. Develop patient- and family-centered educational tools for safe medication practices in a home hospice setting.

Background. Gilchrist Hospice Care's average daily census is 433 in the home care setting, representing 49% of the total served. In FY15, our medication error rate was 0.61, with 55% in home care. A Medication Safety Team uncovered root causes and focused efforts on nurse centered medication reconciliation practices and patient/caregiver education.

Aim Statement. To reduce medication errors in home hospice service by 20% by FY18.

Methods. The Medication Safety Team includes our home care Medical Director, Clinical Nurse Specialist, and nurses from home care, triage, admissions, and after-hours teams. Using the IHI model, the team developed new educational tools for medication safety: Syringe Tool, Medication Record, PRN Medication Tracker. Feedback about the ease of use during a crisis to prevent medication errors was collected from patients, family caregivers, and clinicians. The Patient and Family Advisory Council consulted on the visual representation of the tools. A double check process was initiated in the new First Dose Protocol, providing families 24/7 access to our nurse help line. Our Medical Director trained nurses in polypharmacy, to improve crucial conversations about reducing the number of medications taken.

Results. The nurses and family members surveyed reported over 90% satisfaction with use of new education tools. The FY18 medication error rate is 0.34, representing a 44% decline over a three-year period. The errors in home care decreased 9% during the same period.

Conclusions and Implications. The new tools are integrated into the hospice Caregiver Handbook and provide cues about when to administer medications, how to safely check dosing, and provide clinicians a clear picture of medication usage between visits. The double check process in triage has led to countless 'great catches'. These simple improvements to nurse practice and patient education have made a lasting impact at the frontline of care to improve patient safety and overall caregiver confidence.

Nursing Telephonic Intervention to Reduce No-Show Rates for Outpatient Oncologic Palliative Care (QI715)



Arum Kim, MD FAAPMR, New York University, New York, NY. Akash Shah, MD, New York University, New York, NY. Deetta Vance, DNP, New York University, New York, NY.

Objectives

1. Illustrate the potential value of a nursing telephonic intervention to reduce no-show rates to an outpatient palliative care practice.
2. Identify care coordination needs of patients with serious illness that may be addressed through