

found between groups for burden, distress, or family well-being.

**Conclusion.** FACE pACP significantly increased positive caregiver appraisals compared to controls.

**Implications for Research, Policy, or Practice.** The family caregiver's role is critical for the well-being of teens with cancer. Findings indicate positive aspects of caregiving in the context of ACP for family caregivers without increasing caregiver burden or distress.

**From “Beat Cancer” to “Apply to Graduate School”:** How Goals Evolve During a 12-Month Period for Adolescents and Young Adults (AYAs) with a Cancer Diagnosis (SA510C)



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**Objectives**

- Identify 5 categories of goals that adolescents and young adults (AYAs) defined in short- and long-term goals.
- Discuss how the AYAs goals evolve over a 12-month period.

**Original Research Background.** The experience of serious illness may impact patients' short- and long-term goals.

**Research Objectives.** To characterize the evolution of adolescent and young adult (AYA) short-term (1-month) and long-term (1-year) goals over a 12-month period during cancer treatment.

**Methods.** In the Promoting Resilience in Stress Management (PRISM) RCT, AYAs receiving cancer treatment reported short- and long-term goals at enrollment 6 and 12 months later. Three blinded reviewers assigned each goal to 1 of 5 thematic categories: life milestone, physical health, mental health, cancer-specific, and hobbies. Goals were summarized using frequencies and percentages individually, for the full cohort, and by study arm and cancer status (newly diagnosed vs advanced cancer).

**Results.** The frequency of categories was similar across study arms (N=92: 48 PRISM, 44 usual care); data for the full cohort are reported here. Seventy-three percent of participants were 13-17 years, 57% male, 62% Caucasian, and 23% had advanced cancer. At baseline (n=92), 6 months (n=70), and 12 months (n=64), AYAs reported 169, 139, and 127 unique goals, respectively. The distribution of categories

changed over time in all groups. At baseline, the most common were cancer-specific (35% of short- and 33% of long-term goals). By 6 months, only 12% and 10%, respectively, were cancer-specific, decreasing to 5% and 6% by 12 months. Physical goals increased from 23% and 12% at baseline to 38% and 23% at 6 months. Long-term milestone goals grew steadily (40%, 49%, and 64%) among newly diagnosed patients, while those with advanced cancer reported a high proportion of long-term milestone goals at all 3 time points (62%, 57%, and 61%).

**Conclusion.** AYA goals evolve over their cancer experience. Many endorse cancer specific goals early and life milestone goals later, which may be due to evolving priorities.

**Implications for Research, Policy, or Practice.** Understanding how the timeline of illness impacts these goals will enable better patient-centered care.

**Sign-Off Rounds: A Workflow Innovation to Manage Census and Volume for an Inpatient Palliative Care Consult Service (SA511A)**



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**Objectives**

- Describe the workflow innovation, Sign-Off Rounds (SOR).
- Assess the impact of SOR and implications.

**Background.** Although palliative care (PC) programs continue to grow rapidly, growth in PC staffing often lags behind demand, resulting in unmet demand for consults and a large census of patients to follow. The PC team at a large academic hospital sought to improve efficiency by establishing weekly SOR to systematically evaluate the need for ongoing specialist palliative care involvement and promote timely sign offs, thereby increasing the ability of the team to accept new consults.

**Aim Statement.** To assess the impact of SOR on team- and patient-level outcomes.

**Methods.** We performed a retrospective study of all patients who received a PC consult for 6 months pre-SOR and 6 months post-SOR implementation (with a 6-month lead-in period) using an institutional palliative care registry. The primary outcome was the proportion of consults signed-off among total

consults seen, with secondary outcomes including re-consultation during the same hospitalization, duration of consult follow-up, and hospice discharges. Analyses were done at the patient level. We used *T* tests for continuous data and chi-square tests for proportions.

**Results.** During the pre-SOR (January-June 2016) and post-SOR (January-June 2017) periods, the PC team completed 955 and 975 unique patient consults, respectively. There were no sociodemographic differences between the two cohorts. The team signed off a greater proportion of consults in the post-SOR period (28.7% vs 21.4%,  $p < 0.001$ ). The mean follow-up duration was significantly reduced post-SOR (6.4 vs 10.1 days,  $p < 0.001$ ). While there was a trend towards more re-consultation rates, it was not statistically significant (13.9% vs 16.7%,  $p = 0.41$ ) Hospice discharges increased after implementation of SORs (15.0% vs 6.9%,  $p = 0.002$ ).

**Conclusions and Implications.** Sign Off Rounds is a scalable, innovative workflow intervention that may allow a busy inpatient PC team to sign off follow-up consults earlier and see more new patients, without causing harm. Future work should evaluate additional PC quality metrics and the impact on PC clinicians' job satisfaction and burnout.

### ***The Integrated Care Service: Impact of a Multidisciplinary Supportive Care Service on Hospice Discharge Rates for Medical Oncology Patients in a NCI-Designated Cancer Center (SA511B)***



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#### *Objectives*

- Comprehend various models of inpatient palliative care.
- Analyze why the integrated care service did not demonstrate decreases in length of stay and readmission rate as seen by other co-rouding oncology and palliative care teams.

**Background.** Palliative care (PC) has shown benefits to inpatient length of stay (LOS), symptom burden reduction, decreased utilization, and time on hospice. It has shown less impact on the rate of hospice referrals.

**Aim Statement.** We assessed the impact of an integrated care model on quality end of life metrics.

**Methods.** From January to July 2018, the Department of Supportive Care Medicine collaborated with medical oncology, nursing and administration to create the integrated care service (ICS). The ICS was designed to have geographic colocation, morning PC and medical oncology rounds, multidisciplinary rounds, and postacute management. Multidisciplinary rounds include medical oncology, PC, social work, spiritual care, psychiatry, psychology, hospice liaison, nursing, case management, nutrition, and physical and occupational therapy. Admission criteria include: 1) later-stage disease, 2) noncurative intent therapy, 3) high-distress burden, and 4) poor prognosis. The ICS was compared with other medical oncology patients (non-ICS) and Mantel-Haenszel Chi-Square statistical significance ( $p < 0.05$ ) was calculated using Epi Info StatCalc.

**Results.** In 6 months, 190 medical oncology patients (pts) were admitted to ICS vs 537 non-ICS pts. Compared with non-ICS, the ICS pts had a higher Case Mix Index (1.81 vs 1.56) and metastatic disease incidence (95% vs 78%,  $p = 0.008$ ). Discharge to hospice was higher from the ICS service vs non-ICS (23% vs 7%,  $p < 0.001$ ), and average hospice LOS increased from 9 to 15 days. No ICS patient received chemotherapy in the last two weeks of life (0 vs 6 non-ICS pts). Length of stay (LOS) was higher on ICS as compared to non-ICS (8.45 vs 5.26 days) and readmission rates were similar (12% vs 13%).

**Conclusions and Implications.** For medical oncology inpatients, the ICS significantly improved discharge rates to and LOS on hospice, avoided patients receiving chemotherapy, and maintained similar readmission rates. Based on this pilot, the ICS is planning for expansion to include hematology and surgical services.

### ***Dancing the WOLST: A Quality Improvement Project on Withdrawal of Life Sustaining Therapies (WOLST) (SA511C)***



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#### *Objectives*

- Design a systematic approach to the WOLST process.
- Integrate the systematic approach to WOLST into the EMR.