

2. Recognize the benefits of role play for communication based learning.

Background. While some nurses receive fundamental communications skills training, opportunities exist to strengthen palliative communication skills among nurses in cancer care. At our NCI-designated comprehensive cancer center, we sought to adopt the COMFORT^{TMSM} Communication Curriculum to broaden oncology nurses' competencies to engage in difficult conversations in routine practice across all settings. Developed through research, the curriculum includes communication skills-building sessions and provides participants with a communication toolkit.

Aim Statement. To improve nurses' patient centered communication across the cancer trajectory.

Methods. Participants in the NCI-funded COMFORT^{TMSM} Communication for Oncology Nurses professional training program partnered with our departments of Supportive Care Medicine and Nursing Professional Development. A COMFORT^{TMSM} Team was established to develop and deliver a curriculum for our cancer center. The target audience included nurses and nursing/medical assistants throughout all clinical environments. The program consists of seven 1.5-hour classes, including lecture and role-play to enhance skills. Each class dedicated time for debriefing and interactive discussions to address barriers and concerns related to integration of COMFORT^{TMSM} techniques into nurses' busy practices. To foster engagement, the curriculum was offered as part of Nursing Grand Rounds, as an element of progression within the nursing Clinical Ladder, and by linking COMFORT^{TMSM} with our foundational nursing theory (Duffy's Quality Caring Model).

Results. To date, 74 individuals from various clinical areas have participated in the COMFORT^{TMSM} Curriculum, including registered nurses, advance practice nurses, care coordinators, clinical educators, and medical assistants. Results from the C-COPE survey indicate attendees' comfort with palliative conversations increased following participation.

Conclusions and Implications. We have successfully adopted the COMFORT^{TMSM} Communication Curriculum within our Nursing Grand Rounds format. Nurses from diverse clinical areas are equipped with COMFORT^{TMSM} techniques to communicate with patients, families, and team members. Our COMFORT^{TMSM} Team plans to continue the current program, explore inclusion in new staff orientation, and monitor impact on patient satisfaction.

Evaluation of Medication-Related QTc Prolongation Risks in Patients Receiving Hospice Care (QI727)



Bridget McCrate Protus, PharmD RPH BCGP CDP, Optum Hospice Pharmacy Services, Westerville, OH.

Amanda Lovell, PharmD BCGP, Optum Hospice Pharmacy Services, Westerville, OH.

Objectives

1. Characterize the use of QTc prolonging medications in hospice patients.
2. Recall the average QTc prolonging medication burden in hospice patients.

Background. Medications commonly used for symptom management in the hospice population are linked with QTc interval prolongation, which may lead to *torsades de pointes*. Safety risk of QTc-prolonging medications in this population may be underestimated.

Aim Statement. To develop a risk assessment scoring tool for QTc prolongation in hospice patients.

Methods. A retrospective chart review of a national hospice pharmacy provider was completed. Decedents with a cardiac-related primary hospice diagnosis and medication claims profiled during between January 1, 2018 and March 31, 2018 were included. Age, sex, and medications profiled were also collected. Charts of decedent's age ≥ 65 years were reviewed for medications with a known or possible risk of QTc interval prolongation. Independent patient risk factors and profiled medications, based on CredibleMeds.org categories of QTc interval prolongation risk, were scored using a modified RISQ-PATH tool. Independent patient risk factors were also scored.

Results. A total of 16,501 decedents were reviewed with an average age of 87 years. The population is 56.6% (n=9,343) female. This subset of patients scored 9 on RISQ-PATH based on independent risk factors alone. Percentage of patients with QTc-prolonging drugs was 28.8% with 10.3% of the population on a drug that CredibleMeds.org ranks as known risk of *torsades*. Additionally, 6.9% of patients were prescribed diuretics. After the initial review of population data, additional statistical analysis is in progress for final risk assessment tool development. Results of this analysis will be incorporated in final presentation.

Conclusions and Implications. Our population review illustrates utilization of medications with QTc prolongation risk in a patients with several independent risk factors already present. Evaluating patient risk for QTc interval prolongation will help prioritize significance of drug-drug interactions and inform our discussions with interdisciplinary teams about the risk vs benefits of these medications for symptom management.

Sleepless Nights: Trazodone Use and Insomnia Evaluation in the Palliative Care Clinic (QI728)



Juan Pagan-Ferrer, MD, University of Iowa Hospital and Clinics, Iowa City, IA. Yuya Hagiwara, MD

MACM, University of Iowa, Iowa City, IA. Kshelle Lockman, PharmD MA, University of Iowa College of Pharmacy, Iowa City, IA.

Objectives

1. Discuss the evaluation of insomnia in the palliative care clinic of a large academic medical center.
2. Discuss the use of trazodone in the palliative care population and discuss the concerns regarding the use of trazodone.

Background. Insomnia is a common symptom in the Palliative Care patient population with some estimates showing up to 70% of patients having symptoms of Insomnia. However, patients continue to depend on pharmaceutical agents owing in part due to lack of access to Cognitive Behavioral Therapy and longtime use of medications to treat insomnia. Although trazodone has limited efficacy for insomnia, it is used roughly by 1% of the U.S. adult population. We sought to better define within our clinic population the likelihood patients were using trazodone and also the likelihood of recognition of its use for insomnia.

Aim Statement. evaluate the use and documentation of Insomnia and trazodone use in the outpatient clinic in the palliative care clinic of a large academic medical center.

Methods. This is a retrospective chart review assessing patients seen in the Palliative Care Clinic at a large academic center from June 2017 to November 2017. Data includes demographics, presence of trazodone in their medication list, and documentation of ESAS (date documented, and drowsiness score). Charts were manually reviewed for any documented discussion of insomnia either in the problem list, discussion, or history. Descriptive statistics were used during analysis.

Results. Fifteen (9.2%) of 163 patients had trazodone in their medication list during the review period; 6(40%) were female with mean age of 63.5. Discussion of insomnia was documented for only 4(26.6%) patients. The mean ESAS drowsiness score was 5.03. The most common prescribed dose of trazodone was 50 mg (47%). We were unable to identify thorough assessment or alternative non-pharmacologic strategies within any of these charts.

Conclusions and Implications. Discussion with patients regarding the effectiveness of interventions to help treat insomnia are rare in palliative care patients receiving trazodone. Future interventions will focus on implementing better screening methods, patient education, and documentation regarding insomnia and its management.

Driving Organizational Change in Serious Illness Communication: Successes and Challenges of Implementing the Serious Illness Care Program (QI729)



Joanna Paladino, MD, Ariadne Labs, Boston, MA. Jane Kavanagh, BA, Ariadne Labs/Brigham and Women's Hospital, Boston, MA. Justin Sanders, MD MSc, Dana-Farber Cancer Institute, Boston, MA. Erik Fromme, MD MSCR FAAHPM, Ariadne Labs, Boston, MA.

Objectives

1. Describe different approaches to the use of clinical tools, clinician training, and systems-changes to improve serious illness communication throughout a system.
2. Examine aggregate implementation data across three health systems on structures and processes of implementing a primary palliative care program focused on communication.
3. Explore strategies to maximize clinician behavior change and factors that may influence uptake of serious illness communication on the frontlines.

Background. Clinicians commonly miss opportunities to engage seriously ill patients in conversations about values and goals, or do so late in the illness course. Achieving more, earlier, and better serious illness communication requires system-level change.

Aim Statement. Examine early learnings about successes and challenges of implementing a communication quality-improvement initiative in three health systems.

Methods. Three U.S. systems have adapted and implemented the Serious Illness Care Program (SICP), which includes tools, training, and systems-changes, in partnership with Ariadne Labs (AL) using a system-level implementation model. We combined and analyzed structure and process data from the three systems and routinely collected coaching notes to understand early successes and challenges.

Results. From 2016-present, AL trained and coached 24 champions (including 20 palliative care specialists) at the 3 systems. Champions launched SICP in cardiology, oncology, geriatrics, surgery, and primary care; Champions have trained 330 clinicians. EMRs have been modified to include an accessible template; 1,852 patients have a documented conversation thus far. Preliminary analysis of coaching notes revealed: 1) Structures and capabilities (e.g. clinician training, EHR template) can be replicated, yet clinician uptake of serious illness conversations varies and may depend on factors not captured in the model, e.g. attitudes toward palliative or end-of-life care; 2) Uncertainties about the role of inter-professionals (e.g. nurses) and specialists vs. generalists in serious illness