

Results. Cycle 1 investigated baseline clinical practice as we had no existing policy for UDT in the PCC. Our institution has 4 different UDT's and we frequently ordered the wrong test. Cycle 2 we developed and presented a policy that was accepted by hospital administration. We provided a staff educational session for policy compliance, correct test codes, opioid contract compliance, and physician follow-up of UDT results. Cycle 3 we provided patient/family education and tracked 100% compliance with opioid contract use, correct UDT, policy compliance and physician follow-up of UDT results. Cycle 4 is in process with initiation of opioid risk assessments and continued maintenance of previous interventions.

Conclusions and Implications. Physician monitoring of opioid therapy is essential from legal, regulatory and professional mandates in the palliative care setting.

The Implementation of a Palliative Care Intervention During Induction Chemotherapy for Patients with Acute Myeloid Leukemia (AML) at a Community Cancer Institute (QI721)



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Objectives

1. Recognize the benefits of upstream palliative care in patients with hematologic malignancies.
2. Describe multifaceted intervention to increase palliative care utilization in patients with AML undergoing induction chemotherapy.
3. Discuss future directions to assess uptake of palliative care utilization in patients with AML.

Background. Patients with hematologic malignancies are referred to palliative care less than patients with solid tumor malignancies. Clinical trials are underway at academic centers exploring early inpatient palliative care for patients newly diagnosed with AML receiving induction chemotherapy. Feasibility of such interventions have not been studied in a community setting.

Aim Statement. We structured a multi-faceted intervention for our community hematology and palliative team on the benefits of early palliative care in

hematologic malignancies with the aim to increase utilization.

Methods. In 2017, 24% of patients with AML admitted to Lancaster General Hospital for induction chemotherapy received an inpatient palliative care consultation. Needs assessment performed on the hematology and palliative teams demonstrated a need for integration of palliative care into clinical pathways, automatic triggers for consultation, a need for increased education on AML, and creation of standard elements in inpatient consultations.

Results. In the spring of 2018, we integrated palliative care into institutional AML clinical pathways such that all patients receive inpatient palliative consultation within 72 hours of admission. A consultation trigger was placed within the admission order set and is currently being incorporated into the chemotherapy treatment protocol. An educational program on AML was created and presented by the hematology team to the inpatient palliative team. This intervention included creation of minimum standards for inpatient palliative consultation including provider assessment within 72 hours of referral, two visits per week by a provider, and a minimum of one visit by the interdisciplinary team during admission with a focus on symptom management, psychosocial assessments, and advanced care planning.

Conclusions and Implications. We have demonstrated feasibility of creating standards for early palliative care intervention in AML patients with collaboration from the hematology and palliative teams. Next steps will include assessing whether these interventions increase uptake of palliative care utilization and specific patient outcomes.

Increasing Outpatient Palliative Care Referrals in a Veteran's Affairs Hospital Oncology Clinic: A Quality Improvement Project (QI722)



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Objectives

1. Describe a quality improvement project regarding increasing outpatient palliative care utilization among advanced cancer patients.
2. Describe different PDSA cycles that can affect outpatient palliative care referrals.

Background. The American Society of Clinical Oncology recently published guidelines recommending palliative care (PC) to patients with advanced stage cancer. PC referral and involvement may provide improved goals of care discussions and planning for transitions to end of life care.