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-rounding 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.