

The PACT Conversation Trigger Tool: Assessing Reliability, Acceptability and Validity (QI706)



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Objectives

1. Describe a novel approach to screening patients for unmet advance care planning needs.
2. Describe the reliability, acceptability and validity of the PACT Trigger Tool.

Background. Many patients who would benefit from Advance Care Planning (ACP) do not have discussions with providers. One barrier is the lack of a standardized method to identify these patients.

Aim Statement. As part of a larger initiative whose aim was to increase ACP conversations, the Preference-Aligned Communication and Treatment (PACT) Trigger Tool was developed to help inpatient clinicians of any discipline identify patients with ACP needs based on serious illness, care dependency and functional decline. This study evaluated the reliability, acceptability and validity of the tool.

Methods. To assess inter-rater reliability, 100 patients were double-scored across participating hospitals. For acceptability, nurses ($N=185$) completed a 10-item survey using a Likert scale. Validity was measured using retrospective chart reviews ($N=135$).

Results. The PACT Trigger Tool demonstrated moderate to high reliability. A factor analysis of the acceptability survey showed that nurses found the tool useful ($M=4.07$, $SD=0.73$) and easy to complete ($M=4.24$, $SD=0.67$). Nurses who had been trained to use the tool found it easier to complete ($F(1, 183)=12.69$, $p<.001$) and more useful ($F(1, 183)=26.42$, $p<.001$) than those who had not. Chart reviews revealed that patients who triggered positive ($n=40$) were significantly more likely to have a DNR order (43% vs 11%) and palliative care consult (53% vs 20%) during the index admission and less likely to discharge home (53% vs 86%) compared with patients who triggered negative ($n=95$). Patients who triggered positive had shorter survival times ($M=125$ days, $Mdn=69$ days) than those who triggered negative ($M=248$ days, $Mdn=240$ days; log rank test $p<.001$).

Conclusions and Implications. The PACT Trigger Tool is a reliable, acceptable, and a valid means of identifying hospitalized patients who may benefit from ACP discussions. A larger validity study and evaluation of optimal ACP methods for patients who trigger positive are needed.

Improving Patient-Reported Outcomes Collection Rate in an Outpatient Palliative Care Clinic (QI707)



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Objectives

1. Explain the significance of patient reported outcome measures (PROMs) in the management of advanced cancer patients.
2. List potential barriers for PROMs collection in an outpatient palliative care clinic.

Background. From January 2018 to March 2018, Dana Farber Cancer Institute (DFCI) launched a pilot to collect Patient-Reported Outcomes of the Common Terminology Criteria for Adverse Events (PRO-CTCAE) within the adult palliative care (APC) clinic using smart tablets. We had a limited response rate—only 20% of patients attempted to complete the questionnaire. After the pilot ended on March 2018, smart tablets were discontinued and were replaced with a paper version of PRO-CTCAE from April to June 2018.

Aim Statement. Our aim was to increase the patient attempt and collection rate of the paper PRO-CTCAE from 20% to 50%.

Methods. Our primary outcome measure was the percentage of paper PRO-CTCAE attempted and collected. Eligible patients were established patients scheduled to see a provider in the APC clinic. We implemented several Plan-Do-Study-Act (PDSA) cycles including the implementation of the paper version of the questionnaire, training and educating front desk staff, and posting provider reminders in exam rooms. We used a statistical process control (SPC) chart to track percentage of attempted and collected questionnaires over time and to differentiate between special cause and common cause variation.

Results. From April 2018 to June 2018, the PRO-CTCAE collection rate improved from 20% to 48%. Special cause variation was associated with implementation of the paper version of the PRO-CTCAE and increased front desk staff engagement. Increased provider satisfaction was also associated with the paper version of the PRO-CTCAE.

Conclusions and Implications. Implementing a high-reliability process for collecting patient reported outcome measures in an outpatient palliative care clinic is complex and requires cohesive multi-disciplinary teamwork, a user-friendly patient-facing and provider-facing interface, and a streamlined workflow. The electronic version of PRO-CTCAE will resume in