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**Outcomes.**

1. Understand the importance for standardized templates in the EMR for documentation and retrieval of serious illness/goals of care conversations.

2. Identify processes that can help sustain behavior change at a systems level.

**Key Message.** Prompting providers on high-quality Serious Illness Conversation elements through use of a smartphrase in Electronic Medical Record is an easily implementable approach to enhance self-perceived quality of these conversations in a time and resource poor environment.

**Introduction.** Serious Illness Conversation Guide (SICG) is an evidence-based framework developed as part of Ariadne Labs' Serious Illness Care Program for high-quality conversations. These serious illness (SIC) conversations are crucial to patient safety, satisfaction, and goal-concordant care. Despite the availability of an electronic medical record (EMR)-embedded SmartPhrase based on the SICG framework to document these conversations at our institution, usage in neurocritical care unit was poor (once in 8 weeks) and provider satisfaction with workflow around family meetings was low.

**Objective.** Increase use of SICG SmartPhrase and measure the impact.

**Methods.** Thirty-six providers (attendings and advanced practice providers) received education about the SmartPhrase via virtual group sessions, tip sheets and videos, e-mail/in-person reminders, and unit flyers. Reinforcement through behavioral nudges (i.e., peer-normative comparison feedback and gift card incentives) was provided during 8-week intervention period. Quantitative data on SmartPhrase usage was collected through EMR reports and manual chart review. Pre- and post-intervention surveys were administered for provider perspectives and feedback.

**Results.** SmartPhrase usage increased to 46 in 8-week intervention period (baseline 1; 4,500% increase). In post-intervention provider survey (n=24), 91.7% reported that using the structured template improved self-perceived SIC quality and patient care, and 100% agreed it was easy to use. Increased use in two non-intervention units suggested a halo effect (from 0 to 29 and 0.67 to 2). Six-month follow-up showed continued use above baseline in all three ICUs suggesting sustainability.

**Conclusion.** These findings suggest that by prompting providers on high-quality SIC elements through system smartphrase, the provider-perceived quality of these conversations increased without time and resource-intensive skills training program. Behavioral nudges were important in overcoming initial hesitancy but ease of use, standardized documentation to offer conversation details and easy retrievability of previous

conversations, in addition to improved provider satisfaction with quality, resulted in sustainability of intervention.

**Keywords.** Quality Improvement / Communication

***Improving Inpatient Respite Care: A Collaboration with ALS Patients and Caregivers***

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**Outcomes.**

1. Understand the inpatient respite care experience via lessons learned from interviews with ALS patients and caregivers including perceptions, barriers to use, and how insights may apply to inpatient respite care for other patient populations.

2. Discuss the collaborative development of a patient-centered inpatient respite care admission checklist, designed to enhance communication between patients, caregivers and the inpatient interdisciplinary team.

**Key Message.** Providing inpatient respite care for ALS patients is uniquely challenging due to specialized equipment and skills which may be unfamiliar to inpatient providers. An admission checklist was collaboratively developed with ALS patients, caregivers and an interdisciplinary hospice team to address these challenges. This tool may benefit patients with neurodegenerative diseases and communication challenges, improving the quality of inpatient respite care.

**Introduction.** Provision of inpatient hospice (IPU) respite care for patients with amyotrophic lateral sclerosis (ALS) presents unique challenges. As ALS progresses, care requires specialized equipment and advanced caregiver skills, placing a substantial burden on caregivers. Technologies such as eye-tracking communication devices and portable ventilators, often integral for ALS patients, are rarely used in the IPU setting. The gap between ALS patient/caregiver experiences and expectations, and that of IPU interdisciplinary teams, can present significant obstacles to high-quality care for this population which could greatly benefit from respite services.

**Methods.** We conducted a quality improvement project to improve inpatient respite care for ALS patients.

Initial interviews with the caregiver of the patient who inspired this project, and their bedside nurse, pinpointed communication breakdowns as the main root cause of a difficult IPU respite experience and identified the intake process as a key improvement opportunity. An interview guide was developed to characterize inpatient respite care perceptions, experiences, and barriers to use. Semi-structured, in-depth interviews were conducted with 4 patient-caregiver dyads and 2 caregivers of patients who had passed, and field notes taken. Themes identified within and between interviews guided an interdisciplinary hospice team in developing an inpatient admission checklist to align patient and caregiver expectations with those of staff. The checklist was iteratively refined based on feedback from patients, caregivers, and staff.

**Results.** An IPU admission checklist was collaboratively developed by an interdisciplinary hospice team, ALS patients and their caregivers. This checklist addresses unique pre-admission logistics for ALS patients including medical equipment, home routine integration, and interventions for addressing common sources of patient distress/discomfort.

**Conclusion.** A patient-centered IPU respite admission checklist can help align expectations between patients with complex medical needs, caregivers, and respite care providers. It may benefit not only ALS patients, but also those with other neurodegenerative diseases and communication challenges.

**Keywords.** Communication / Interdisciplinary Teamwork / Professionalism

### ***Palliative Care in Interstitial Lung Disease: With the “Who,” We Need the What, When, Where, and How.***

Gillian Love, MD, Thomas Jefferson University Hospital. Megan Pogue, MD, Thomas Jefferson University Hospital. Daniel Kramer, MD, Thomas Jefferson University Hospital.

#### **Outcomes.**

1. Understand the inter-professional needs of patients with interstitial lung disease.

2. Describe the implementation and impacts of palliative management in interstitial lung disease.

**Key Message.** While the importance of palliative care (PC) to support patients with end-stage lung disease (ESLD), such as interstitial lung disease (ILD) is known, this interactive presentation will describe the importance of early PC intervention to improve patient and family quality of life.

**Background.** End-stage lung disease (ESLD), specifically interstitial lung disease (ILD), causes great symptom burden, decreased functional status, and anticipatory grief. Although the literature supports the

role of palliative care (PC) to aid patients with ILD, optimal timing of referral, need for specialized care, and access to care remain unclear.<sup>1</sup> This case presentation reviews 3 unique cases, illustrating the necessity and dramatic benefits of early PC intervention.

**Methods.** This outpatient palliative care clinic partnered with the institution-wide multidisciplinary ILD team to improve access to PC for ILD patients. A telemedicine program was developed and a retrospective chart analysis from July 1, 2022 – July 1, 2023, reviewed patient complexity, interventions, timelines, and outcomes.

**Results.** Patients with ILD represented 12% of patients seen in clinic. They had a lower no-show rate (8% vs 19% for first appointment) and 11% higher utilization rate of telemedicine. They had double the average PC follow-up and a 27% higher than average admission rate to hospice. This interactive presentation reviews this data and narrates the stories of 3 unique patients with ESLD with various complex medical courses. CK, a 71-year-old woman with ILD happened upon PC by accident and had more follow-ups than any other patient, plus prolonged survival. JB, a 65-year-old veteran with advanced COPD, PTSD, suicidal ideation, was referred for advance care planning, and had drastically improved mental health and quality of life after dyspnea management. PS, a 76 year-old woman presented to PC requesting euthanasia and subsequently enrolled in a 3-month inpatient clinical trial, after symptom management and supportive family meetings.

**Conclusion.** Patients with ESLD represent a unique, often over-looked, under-resourced population. This presentation demonstrates the significance and profound impact of early PC.

**Keywords.** Emergencies / Refractory Symptom Management Managing Suffering and Distress

*References:* 1. Gersten RA, et al. Pulmonary Fibrosis Foundation. Provider Perspectives on and Access to Palliative Care for Patients With Interstitial Lung Disease. *Chest*. 2022 Aug;162(2):375-384.

### ***Liability for Under-prescribing Opioids in Vulnerable Patients with Severe Pain***

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#### **Outcomes.**

1. Understand the main facts and legal reasoning behind the decisions of the Bergman and Slone cases.

2. Understand the special features of vulnerable populations that place clinicians at increased risk for liability of abuse allegations when undertreating their chronic, severe pain.