

**Aim Statement.** The purpose was to determine the impact of early palliative care consultation in the hospital.

**Methods.** Obtaining palliative care consultation involved rounding on COVID units and requesting goals of care consults on all PUIs. Consultation included identifying decision-makers, counseling on medical condition, CPR and intubation, goals of care, escalation of care, and transition to comfort care when appropriate. Outcomes measures from existing reports were reviewed for all patients from March 1, 2020, to May 31, 2020.

**Results.** There were 394 Palliative Care consults between March and May of 2020. 63 patients were not seen due to staffing and 25 patients were not included due to provider request not to address goals of care. Consultation resulted in establishing a decision-maker in 345 patients (98.2%) and 137 patients (45%) changed their code status. After meeting with palliative care, 131 patients (44.2%) changed their goals of care and one-fourth (75 patients, 25.5%) transitioned to comfort care. Fifty-three patients (17.7%) died in the hospital and thirty-nine patients (12.9%) discharged with hospice.

**Conclusions and Implications.** Due to the rapid decline associated with COVID-19, early palliative care consultation is key to providing patients and families with an opportunity to discuss their wishes for care to avoid unnecessary suffering, and to better utilize resources to prevent further stress on the health-care system.

### ***Rapid Response to Inpatient Medical Power of Attorney Completion: A Dedicated Social Work Intervention During COVID-19 (Q1706)***



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#### *Objectives*

1. Describe the design and implementation of a social work-led intervention to improve Medical Durable Power of Attorney completion for hospitalized patients during the COVID-19 pandemic.
2. Illustrate the use of effective change management strategies.

**Background.** The high risk of mechanical ventilation with COVID-19 requires health care systems to innovate advance care planning (ACP) delivery for

hospitalized patients to promote receipt of goal-concordant care.

**Aim Statement.** To increase the proportion of hospitalized patients with a Medical Durable Power of Attorney (MDPOA) form available in the electronic medical record (EMR) in parallel with the rising number of COVID-19 hospitalizations.

**Methods.** Human-centered design was used to develop a social work (SW) intervention. Care Managers were asked to routinely consult SW if there was no MDPOA form available in the EMR. Twenty-eight SWs staff our 650-bed hospital at a ratio of 1 SW to 36 patients. Change management strategies were chosen and tailored to address SW implementation barriers. Data was collected using an automated report in our EMR which identified a weekly list of hospitalized patients with an MDPOA. Analysis of the difference in proportion of patients each week with an MDPOA was done using a statistical process control p-chart.

**Results.** Weekly baseline data was collected from January 5–April 5, 2020. The intervention started April 12th and data were collected for 12 weeks. At eight weeks, the number of SW consults overwhelmed the inpatient SW team and the intervention was amended to focus on high-risk patients. Despite needing to focus the SW intervention on high-risk patients only, the baseline weekly average of hospitalized patients with an MDPOA increased from 30.1% patients to 42.8% after intervention implementation, with correlating evidence of special cause variation.

**Conclusions and Implications.** In anticipation of future surges of COVID-19 admissions, health systems need to implement effective ACP processes in the acute care setting. Change management strategies can rapidly address the needs of overwhelmed health systems and should focus on identifying staffing models that are effective and sustainable.

### ***Identifying the Gaps: Assessment of Hospice and Palliative Care Educational Needs for Internal Medicine and Family Medicine Residents (Q1708)***



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#### *Objectives*

1. Describe the design and implementation of a palliative care educational needs assessment for internal medicine and family medicine residents.
2. Identify and interpret the palliative care educational needs of internal medicine and family