

common reasons for presentation. This was not a commonly identified emergency in the literature related to hospice-enrolled patients presenting to the ED. In response to this, I created an Emergency Plan sheet related to falls. In the future, this will be given to patients upon enrollment.

Designing a Peer-to-Peer Facilitated Support Network for Active and Bereaved Care Partners of People with Serious Illness: A Multi-Stakeholder Co-Design Project (QI721)



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Objectives

1. Describe an effective approach to identifying and collaborating with multiple stakeholders in the co-design of a community peer-to-peer support network.
2. Identify most important features of a support network for care partners in the serious illness community.

Background. Peer-to-peer facilitated support networks can provide a forum for partnerships with people with shared serious illness experiences. Partnerships may include exchange of information, resources, and psychosocial support.

Aim Statement. To co-design an online support network to help persons providing care or support to an adult with a serious illness to help them be better prepared to cope with surprises that arise post diagnosis and/or in bereavement.

Methods. A twenty-member multi-stakeholder team—including caregivers, community members, clinical team members, and facilitators—met biweekly for eight months and monthly for six additional months to identify the top priorities, functions, and vendor platform for an ideal support network. We employed user-centered design methods to identify the

need, determine the context, co-design, and test support network prototypes. We gathered information through interviews, focus groups, caregiver surveys, and an environmental scan of existing networks.

Results. The team prioritized two network functions: (1) connecting care partners to information and (2) facilitating emotional support. The co-design process generated and prioritized 23 potential network features. The highest priority features included providing a supportive and respectful space; incorporating and helping facilitate one-to-one connections; providing connections to trusted and curated local, national, and international resources; reducing difficulty of asking for help by normalizing needing help; providing frequently asked questions lists; identifying most common needs of care partners; and moderation by local or regional expert facilitators. Additional critical requirements included an intuitive user interface, data ownership, and security.

Conclusions and Implications. It is feasible to engage a multi-stakeholder team to collaboratively identify and prioritize elements in the development of an online peer-to-peer facilitated support network for care partners of people with serious illness. Testing the network's feasibility and impact is needed to determine usability; impact on care partner empowerment, distress, and isolation; and gaps in unmet information needs.

Responding to Community Needs During COVID-19: A Virtual, Interdisciplinary Palliative Care Education Series for the Public (QI722)



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Objectives

1. Explain how virtual palliative care education can be designed for large and small public audiences.
2. Describe at least 3 ways virtual education can be marketed to the public.
3. Describe at least one way to evaluate virtual education for the public.

Background. COVID-19 raised public concerns about planning for and coping with serious illness and death. Social distancing and shelter-in-place orders made leveraging virtual platforms essential in providing the public with access to palliative care experts who could help address these concerns.

Aim Statement. The patient experience and palliative care departments partnered to develop, implement, and evaluate a virtual education series for the

public on advance care planning (ACP), psychological distress, and caregiving.

Methods. Topics were chosen based on the perceived needs of the public and presenter expertise. Palliative care physicians, psychiatrists, caregiving professionals, and program staff presented.

Offerings were an hour, delivered in English, and styled as a lecture followed by Q&A. The ACP webinar and workshops were a two-part offering (initial and follow up). Webinar recordings were posted to YouTube and the palliative care department website, and one (ACP) was translated into Spanish.

We recruited participants through department communication channels, community partners, social media, and personal networks. Survey evaluations included a likelihood to recommend (LTR) metric using a 5-point Likert scale (5= very likely).

Results. 979 people attended a total of 12 webinars and workshops from April-June 2020.

The survey response rate was 26.8%, and mean LTR, 4.03 (SD 1.36). The caregiving webinar had the highest LTR of 5, but only 6 survey respondents. LTR for the ACP and psychological distress webinar was around 4 (ACP mean LTR 4.03, SD 1.41, N=124; psychological distress mean LTR 3.96, SD 1.3, N=82).

Attendees were largely white and female (81% white, 12% Asian, 4% Latinx, 3% Black; 81% female), and mean age was 59.95 (median 63, range 22-89, SD 14.01).

Conclusions and Implications. Virtual education is an effective way to engage the public, reaching a large number of people. An effort to reach more diverse communities through outreach and providing multilingual offerings is needed.

Exploring the Way for Respecting the Patient's Autonomy Under the Law of the Life-Sustaining Treatment Decision Act in Korea (Q1723)



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Objectives

1. Demonstrate the portion of patient's own decision making under the law of Life-Sustaining Treatment (LST) Decision Act of Korean cancer patients.
2. Compare the difference of medical services utilization before and after enforcement of the LST

Decision Act for patients in the last admission of cancer.

Background. Decisions for end-of-life (EOL) care have been agreed upon patient surrogates and physicians in East-Asian culture. The Life-Sustaining Treatment (LST) Decision Act was enforced to assure patients' best interest on February 4, 2018 in Korea due to the increase of concerns for patients' autonomy and socio-ethical debates.

Aim Statement. To investigate the operation of LST Decision Act as originally designated.

Methods. The medical records of terminal cancer patients who wrote the Physician Orders for Life-Sustaining Treatment (POLST) at three academic cancer centers over 1 year from the effective date of LST Decision Act were analyzed. The frequency of filling out POLST and the amount of time from the date of POLST completion to the date of death were determined. The medical services utilization was analyzed with the matched control group of patients who died with cancer diagnostic code before the enforcement of using the Korean National Health Insurance Service database.

Results. A total of 1,018 cancer patients were identified. The median age was 65 years old. The frequency of POLST documentation was 36.1% for group 1 (patients) and 63.9% for group 2 (surrogates). The amount of time from the date of POLST completion to the date of death was median 5 days (0-248) in group 1 and median 2 days (0-170) in group 2. In respect to the utilization of medical services such as imaging test, cardiopulmonary resuscitation, and use of anticancer drugs on last admission were significantly reduced after the enforcement of LST Decision Act ($p < 0.0001$).

Conclusions and Implications. Patients' involvement was not fully engaged and the decision time was questionable to assure patients' wishes in EOL care. Though futility seemed to be decreasing since the enforcement of LST Decision Act, there must be more efforts with respect to EOL care planning of patients' decisions.

Emergent Implementation of Rectal Catheter Policy to Mitigate Medication Shortage (Q1724)



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Objectives

1. Identify and list oral medications that can be delivered via the rectal route using a Macy catheter.
2. Develop Policies & Procedures and order sets for rectal catheter medication administration.
3. Identify opportunities for use of rectal administration of medications in end of life care.

Background. During the early weeks of COVID-19 pandemic, The Valley Hospital supply and its