Methods. Forty participants from the professional MICU staff of a Queens, New York hospital completed the 28-item Self-Perceived Competency in End of Life Care (EOL-ICU) questionnaire via email. The staff attended an educational session which consisted of a didactic lecture covering PC principles, reviewing newly developed documents intended to increase the number of PC consults, and goals of care discussions (GOCD), watching video vignettes which focused on enhancing communication skills, and engaging in active role play exercises. Four weeks post-intervention, the EOL-ICU was emailed to participants to assess perceived self- competency.

Results. Post-test EOL-ICU scores revealed a 12-point increase in self-perceived competencies. In addition, three months post-intervention, 58% of patients triggered a PC intervention and there was a 16% increase in PC consults. Lastly, charts were reviewed indicating change favorable change in documentation compliance.

Conclusions and Implications. The professional MICU staff utilized the new trigger list and documentation bundle. This led to an increase in PC consults and GOCDs. These findings indicate that this intervention was successful. By adopting a standardized approach, the professional MICU staff had the increased ability to identify patients with unmet PC needs.

Safe Opioid Education and Disposal in the Home Hospice Setting (QI732)

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Objectives

1. Examine the background and need for safe opioid disposal in home hospice and the SUPPORT for Patients and Communities Act.
2. Compare opioid disposal systems available for home hospice programs.
3. Discuss one completed pilot program strategy for home hospice opioid disposal and expansion to state-wide adoption of guidelines.

Background. Mandates set forth in the federal SUPPORT bill emphasize safe disposal of unused medications, prescription monitoring, education, and treatment. Specifically, the SUPPORT bill directs hospice employees to safely dispose of medications in the home once they are no longer needed. Individual states are charged with further clarification to these new requirements in the coming months. Further, it is clear that interdisciplinary team members need more education and a comprehensive protocol for opioid disposal; documentation is critical and must be timely to best alleviate risks associated with safe opioid use in the community.

Aim Statement. Launch a pilot project for opioid disposal at one, large non-profit hospice for safe opioid disposal including education for hospice staff and family caregivers and tracking of opioid disposal outcomes.

Methods. Descriptive statistics of opioids disposed of in the community and gathering feedback from interdisciplinary team members and family caregivers of home hospice patients.

Results. The hospice safely disposed of 150.6 pounds of opioids in the community over 23 months and feedback from the interdisciplinary team (physicians, nurses, social workers and chaplains) and family caregivers suggested the program was extremely useful and user friendly in this fragile patient population.

Conclusions and Implications. Development of best practices in providing virtual support and education to hospice clinical team members and family caregivers regarding opioid disposal in the home is essential and possible. A second quality improvement project is now underway to evaluate a modified virtual version of this training disseminated to a state coalition of hospices.

Scientific

"They Can't Even Wipe Away Tears Due to the PPE": Results of a COVID-19 Hospice and Palliative Care Workforce Survey (SCI901)

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Objectives

1. Describe the impact of COVID-19 on services provided by the hospice and palliative care workforce.
2. Discuss the psychological impact of COVID-19 on the hospice and palliative care workforce.

Background. The coronavirus 2019 (COVID-19) pandemic has forced people to consider death, dying, and complex decision making in a new light. Although palliative care is well-positioned to respond to a pandemic with its focus on supporting complex decision making, relieving suffering, and managing clinical uncertainty, the impact of COVID-19 on the hospice and palliative care workforce is unknown.

Research Objectives. To explore the impact of COVID-19 on the palliative care workforce.

Methods. A 35-item online survey was disseminated via the Hospice and Palliative Nurses Association newsletter, posted in the Sigma Theta Tau Hospice and Palliative Care Community Group discussion board, and advertised through social media from May 7-May 28, 2020. Summary statistics were computed and thematic analysis was applied to open-ended responses.

Results. Thirty-six surveys representing all U.S. geographic regions were completed. The majority (70%) reported an increase in use of specific services as a result of the pandemic including: palliative care referrals, advance care planning, goals of care conversations, psychosocial support consults, spiritual counseling, withdrawal from ventilators, and increased demand for providers to support families through technology. In response to the pandemic, respondents reported that the agency provided the following services to employees: wellness activities (56%), individual counseling (53%), spiritual support (44%), and support groups (42%). In qualitative comments, respondents described the devastating impact of the pandemic and resulting social distancing measures on the emotional well-being of patients and families, as well as staff. They used a range of terms to characterize the experiences of patients and families including traumatic grief, isolation, depression, anger, and sadness.

Conclusion. Findings suggest that the COVID-19 pandemic has placed a significant strain on the palliative care workforce as it provides increased services at an unprecedented rate.

Implications for Research, Policy, or Practice. Administrators need to take steps to proactively address the long-term psychologic impact of COVID-19 on frontline workers.

Improving Provider Training for Implementing a Comfort Care Order Set in Veterans Affairs Medical Centers (VAMC): Palliative Care Consult Team Members' Perspectives (SCI902)

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Objectives

1. Articulate PCCT members' perspective on improving provider training for implementing a Comfort Care Order Set (CCOS) in Veterans Affairs Medical Centers (VAMC).
2. Engage in a discussion of potential mechanisms for implementing CCOS training as a process incorporating both pre-and post-training elements to enhance training readiness, relevance, and continuity.

Background. Best Practices for End-of-Life Care for our Nation's Veterans (BEACON II) delivered a Comfort Care Education Intervention leveraging the established infrastructure of VA Palliative Care Consult Teams (PCCT) to facilitate activation of a Comfort Care Order Set (CCOS) and education of non-palliative providers in primary palliative care in acute care. During the 4-month implementation window, PCCTs were charged with training providers and developing plans to sustain training.

Research Objectives. To explore PCCT members' perspectives on the CCOS training process.

Methods. 132 PCCT members from 46 VAMCs received training in the CCOS. 78 individuals participated in post-training telephone interviews and were asked to provide a subjective assessment of the training experience and offer suggestions for improvement. Qualitative analysis identified key strategies for improving training.

Results. The overarching theme was the importance of creating and sustaining momentum across the training continuum. Key elements were 1) setting the stage prior to training by aligning trainees' understanding of the implementation process with their goals and facilitating site readiness for CCOS installation, uptake, and utilization; 2) enhancing relevance by decentralizing training and customizing it to trainees' needs, service line issues, and facility characteristics; and 3) systematizing post-training implementation support by incorporating a robust follow-up process for ongoing trainee-trainer communication; and 4) fostering trainee networking to develop a repository for shared discourse about best practices.

Conclusion. Improving PCCT training for implementing a CCOS requires moving beyond a one-and-done paradigm and embracing a comprehensive approach, which views training as a continuum that generates pre-training clarity and readiness, ensures training relevance, and facilitates post-training follow-up and networking.

Implications for Research, Policy, or Practice. Recognition of the need for palliative care across a variety of inpatient settings calls for innovative training strategies to support primary palliative care. Seeking input from PCCTs about improving CCOS training is pivotal for promoting best practices.