

versus verbal narrative control and compare outcomes of patients randomized to the video intervention or control arms of the trial

Importance. Transplant-ineligible patients with advanced liver disease rarely receive timely advance care planning (ACP). Tools are needed to educate these patients about medical interventions available at the end of life to promote ACP.

Objective(s). To assess the feasibility, acceptability, and preliminary efficacy of an ACP video decision support tool for improving transplant-ineligible advanced liver disease patients' knowledge about and preferences for end-of-life care.

Method(s). In this single-site pilot randomized controlled trial, intervention participants watched a 5-minute ACP video decision support tool depicting 3 levels of goals of care: life-prolonging care (cardiopulmonary resuscitation [CPR] and intubation), life-limiting care (hospitalization, no CPR or intubation), and comfort care. Control subjects received a verbal narrative of these 3 levels of goals of care. The primary outcome was feasibility ($\geq 60\%$ enrollment rate). Secondary outcomes included acceptability of the video, patients' knowledge of end-of-life care options (6-item test; range 0-6), and postintervention goals-of-care and CPR and intubation preferences.

Results. We enrolled 85% (50/59) of eligible patients randomly assigned to the video ($n=26$) or verbal ($n=24$) arm. Preferences to receive CPR (69% vs. 70%; $p=0.99$) and knowledge assessment scores (3.3 vs. 3.2; $p=0.45$) were similar between both arms at baseline. In the video arm, 81% of patients reported being very comfortable watching the video. Patients in the video arm had higher mean knowledge scores (5.7 vs. 4.8; $p < 0.001$) and were less likely to prefer to receive CPR compared to patients in the verbal arm (35% vs. 63%; $p=0.09$).

Conclusion(s). An ACP video decision support tool to improve knowledge about and preferences for end-of-life care is both feasible and highly acceptable to transplant-ineligible patients with advanced liver disease with a high enrollment rate and promising preliminary efficacy.

Impact. Future studies should examine the efficacy of the ACP video for increasing the quality of end-of-life care for patients with advanced liver disease.

Examining Shared Decision Making in Hospice Interdisciplinary Team Meetings (RP302)

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Outcomes.

1. Identify 9 essential elements of shared decision making

2. Discuss family and staff differences in definitions of problems

Importance. Bi-weekly interdisciplinary team (IDT) meetings are a requirement in hospice but can at times be a source of frustration for staff, who spend several hours in them and perceive them to have limited utility.

Objective(s). Shared decision making (SDM) is a central tenet of hospice, yet patient and family participation in plan-of-care meetings is rare. As part of a clinical trial involving family in IDT meetings, the objective of this study was to analyze the use of SDM in IDT meetings.

Method(s). Family members who participated in IDT meetings in four hospice agencies between 2008 and 2021 were interviewed and their meetings were audio-recorded and transcribed. A framework analysis identified elements of SDM and the benefits and barriers perceived by family. A consensus coding process was used between two coders and the study principal investigator.

Results. Sixty-two hospice IDT meetings were transcribed and coded. The least often observed SDM elements were discussion of risks and benefits for potential solutions and the discussion of patient and family values. Family members and staff had differing ideas of presenting problems. Family members were interviewed about their experience in the meetings and expressed both appreciation and frustration with the experience.

Conclusion(s). IDT meetings would benefit from an efficient structure to support informed discussion, including the definition of presenting problems. Additionally, a pre-meeting process to prioritize cases needing more discussion would seem valuable. Similarly, a standard SDM process could provide a supportive discussion framework for the elements of SDM. Finally, the meetings could benefit from documentation tools supporting rapid information sharing, eliminating "verbal reports" and providing time for problem solving.

Impact. Advanced prioritization, a shared information tool, and a standardized SDM structure could result in a more efficient environment for family participation and SDM.

Experience with an Electronic Practice Alert in Primary Care: Results from the Meta-LARC Advance Care Planning Study (RP303)

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