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and devise possible solutions. A process and procedure and a workflow algorithm were implemented to help overcome barriers. Direct ED to home hospice admissions were measured.

Results. The top three barriers were ED unfamiliarity with hospice services, prolonged time to transfer patients home, and lack of hospice resources. The palliative, ED, and hospice stakeholders collaborated to create a home hospice discharge algorithm. Hospice scheduled dedicated staff to be physically present in the hospital with access to ED and electronic health records to coordinate the discharge. In the previous 6 months, no patients were directly discharged from the ED to hospice. After the implementation steps, there were 3 patients, which was 3% (3/102) of the total admitted nontrauma ED patients (N = 102) who died in the hospital from January to June 2021.

Conclusions and Implications. Little has been published on the hospice perspective to collaborate with a quaternary ED to implement a process and procedure algorithm to discharge patients directly to home hospice. This study identifies operational barriers and solutions that may be key drivers for others attempting to increase direct home hospice admissions from the ED directly.

**COVID-19 and Advance Care Planning: A Unique Opportunity (Q1429)**

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**Outcomes.**
1. Apply process for completing advance care planning
2. Evaluate process for efficacy of document completion

**Background.** Advance care planning (ACP) is a process to document patient preferences for future healthcare. Conversations between healthcare providers, patients, and loved ones are needed to reflect a patient’s values, goals, and choices for life-sustaining treatments (LSTs). The COVID-19 pandemic highlighted the critical importance of these discussions and the need for improved patient engagement.

**Aim Statement.** To improve ACP documentation for patients at high risk for COVID-19 complications and death.

**Methods.** As COVID-19 surged, the VA Northern California Health Care System Hospice and Palliative Care Section (HPCS) partnered with patient aligned care teams to expand outreach to high-risk patients needing LST documentation. High risk was defined as age >80, COPD or asthma, or Care Assessment Need Score >80 (which models risk of hospitalization or death within 1 year). An experienced HPCS nurse practitioner contacted these identified patients to provide COVID-19 education, conduct a high-quality goals-of-care conversation, and complete LST documentation and other ACP needs. A representative cohort was followed up to evaluate concordance of treatment with documented preferences.

**Results.** Between March and September 2020, 910 patients were identified as high risk, of which 294 agreed to participate in the telehealth visit and complete LST documentation. Importantly, 108 (37%) patients chose DNR and other LST limitations. Additionally, 142 (48%) patients created POLST documentation and 128 (43%) completed advance directives. Over 70% of patients hospitalized received care concordant with the documented LST preferences. A follow-up survey found the outreach impactful, with LST preferences documented correctly.

**Conclusions and Implications.** Prior studies have demonstrated success at training primary providers to conduct ACP discussions, but given the limitations imposed by COVID-19 restrictions, this novel and highly cost-effective process of coupling a highly trained HPCS NP with multiple primary care teams to perform ACP was piloted with success.

**Enhancing Virtual Communication Skills Among Medical Learners: A COVID-19 Telemedicine Goals of Care Standardized Encounter (Q1430)**

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**Outcomes.**
1. Evaluate the effectiveness of a virtual communication framework to conduct goals-of-care conversations
2. Emphasize the importance of adapting a complex communication curriculum to current telemedicine needs

**Background.** The COVID-19 pandemic has forced adaptations in medicine, causing rapid growth in the use of telemedicine to continue caring for patients. Although undergraduate medical education has also been forced to adapt curriculum to a distance learning or virtual model, many providers have no formal telemedicine or COVID-19-specific goals-of-care (GOC)
training. Thus, a COVID-19 GOC telemedicine curriculum was developed to provide undergraduate medical learners (UMLs) the skills necessary to facilitate advance care planning (ACP) via a virtual platform.

**Aim Statement.** Develop an effective COVID-19 GOC telemedicine curriculum.

**Methods.** UMLs were given a 2-hour virtual training session using P-T-SPIKEES, a framework for conducting difficult discussions with patients via telemedicine. Training objectives included gaining an understanding of telemedicine, ACP, and risk factors for worsening COVID-19 disease to facilitate appropriate COVID-19 GOC conversations. UMLs underwent pre/post training surveys in addition to a GOC Telemedicine Objective Structured Clinical Examination (TeleOSCE). Learner pre/post training survey responses were compared to their GOC TeleOSCE performance evaluation to gauge effectiveness of this pilot program.

**Results.** N = 83 UMLs. UMLs who experienced systemic technical problems or had incomplete data lacking either a pre, post, or TeleOSCE evaluation survey were excluded from the study. 10% of UMLs had prior telemedicine training, 50% had prior GOC training, and 0% had previously participated in a TeleOSCE. After completing the curriculum, 68% received scores of excellent or above average on their TeleOSCE performance. UML self-evaluated GOC competency increased from 33% to 89%, a 2.7-fold increase, and TeleOSCE competency increased from 22% to 90%, a 4-fold increase.

**Conclusions and Implications.** A COVID-19 GOC telemedicine curriculum using the P-T-SPIKEES framework can effectively teach UMLs the skills necessary to facilitate COVID-19-focused GOC discussions via a virtual platform. Further studies should examine the use of the P-T-SPIKEES framework throughout different institutions and in graduate medical education.