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Goals of Care Rapid Response Team at a Comprehensive Cancer Center: Feasibility and Preliminary Outcomes (S537)

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Outcomes.
1. Describe an approach to supporting goal-concordant care for critically ill hospitalized patients with cancer
2. Identify areas for improvement in the Goals of Care Rapid Response Team process
3. Discuss potential implications for use in other settings

Original Research Background. The COVID-19 pandemic placed the issue of resource utilization front and center. Our comprehensive cancer center developed a Goals of Care Rapid Response Team (GOCRRT) to optimize resource utilization with goal-concordant patient care.

Research Objectives. 1. Evaluate feasibility of GOCRRT by number of consultations that occurred for referred patients.
2. Describe adherence to GOCRRT processes: core team member participation (clinical ethics, medical oncology, supportive care, and social work) and advance care planning (ACP) template use for easily retrievable documentation.
3. Explore preliminary efficacy of GOCRRT consultations in limiting goal-concordant care escalation (change of resuscitation status to DNR, location change from ICU to regular nursing unit, or withdrawal of life-sustaining treatment).

Methods. We conducted a retrospective chart review of patients referred to GOCRRT from 3/23/2020 to 9/30/2020. Analysis was descriptive. Categorical variables were compared with Fisher’s exact or chi-square tests and continuous variables with Mann-Whitney U tests.

Results. Eighty-nine patients were referred. 76 (85%) underwent a total of 95 consultations. Mean (SD) patient age was 60 (14) years, 54% male, 19% Hispanic, 48% White, 72% married, and 66% of Christian faith traditions. There were slightly more hematologic malignancies than solid (53% vs 47%). The majority (77%) had metastatic disease or relapsed leukemia. 7% had confirmed COVID-19 at referral. 69% expired during the index hospitalization. There was no statistically significant difference in demographic or clinical characteristics between groups (no consultation, 1 consultation, >1 consultation). All core team members were present at 64% of consultations. Consultations were documented in ACP templates in 33%. Care de-escalation occurred in 45% of patients.

Conclusion. GOCRRT consultations are feasible and associated with care de-escalation. Adherence to core team participation was good, but documentation in ACP templates was uncommon.

Implications for Research, Policy, or Practice. Research to confirm efficacy and components critical to success and to evaluate outcomes in different patient populations and care settings is needed.

The Role of Palliative Care During the COVID-19 Pandemic: Perceptions and Experiences Among Critical Care Clinicians, Hospital Leaders, and Spiritual Care Providers (S538)

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Outcomes.
1. Describe ways that palliative care supported patients, families, and care providers during the COVID-19 pandemic, as identified by participants in this study
2. Identify roles that palliative care could play when it comes to responding to future public health emergencies, as described by participants in this study

Original Research Background. Palliative care offers a unique skill set in response to challenges posed by the COVID-19 pandemic, with expertise in advance care planning, symptom management, family communication, end-of-life care, and bereavement. However, few studies have explored palliative care’s role during the pandemic and changes in perceptions and utilization of the specialty among health and spiritual care providers and hospital leaders.

Research Objectives. To explore the evolving utilization, perceptions, and understanding of palliative care among critical care clinicians, hospital leaders, and spiritual care providers during the pandemic.
Methods. We conducted a qualitative study employing in-depth interviews at a tertiary academic medical center in Boston, Massachusetts. Between August and October 2020, we interviewed 25 participants from three key informant groups: critical care physicians, hospital leaders, and spiritual care providers.

Results. Respondents recognized that palliative care’s role increased in importance during the pandemic. Palliative care served as a bridge between providers, patients, and families, supported provider well-being, and contributed to hospital efficiency. The pandemic reinforced participants’ positive perceptions of palliative care, increased their understanding of the scope of the specialty’s practice, and inspired physicians to engage more with palliative care. Respondents indicated the need for more palliative care providers and advocated for their role in bereavement support and future pandemic response.

Conclusion. Findings highlight rapidly evolving and increased utilization and understanding of palliative care during the COVID-19 pandemic.

Implications for Research, Policy, or Practice. Results suggest a need for greater investment in palliative care programs and for palliative care involvement in public health emergency preparedness and response.

Impact of a Palliative Care Certificate Program for PharmD Students Among Postgraduate Year 1 and 2 Alumni (S539)
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Outcomes.
1. Describe palliative care certificate (PCC) graduates’ actual and intended engagement in palliative care in clinical practice, research, and teaching
2. List perceived benefits of a PCC program in graduates’ professional and personal lives

Original Research Background. In 2017, University of Iowa implemented a 17-credit hour Palliative Care Certificate (PCC) for PharmD students, with the first cohort graduating in 2019.

Research Objectives. This study aims to determine to what extent PCC graduates incorporate palliative care (PC) in their practice and evaluate perceived value of the PCC program.

Methods. Research surveys for postgraduate years 1 and 2 were developed and pretested. The class of 2019 was surveyed during their second year after graduation, and the class of 2020 was surveyed during their first year after graduation. Ordinal and continuous data were summarized with descriptive statistics. Comments to open-ended survey questions were analyzed by inductive coding to conduct a thematic content analysis.

Results. Among 14 alumni in the classes of 2019 and 2020, 86% participated. Respondents incorporated PC in an average of 73% of their fourth-year clinical rotations and 89% of their postgraduate year 1 residency rotations. 41% intend to practice in the future as a hospice or PC specialist, with a goal to spend an average of 79% of their time providing PC. 50% plan to practice as a PC champion or generalist, planning to spend an average of 57% of their time providing PC. All respondents strongly agreed they would choose to complete the PCC again. 75% strongly agreed they apply PC in their professional and personal life. Major themes about the professional value that respondents attributed to the PCC include developing a holistic, humanistic perspective and skills to care for patients with complex needs. Major themes regarding respondents’ value of the PCC to their personal lives included emotional intelligence, self-care and resilience, and skills to navigate personal loss.

Conclusion. A PCC is valued by pharmacy students and relevant across pharmacy specialties and practice settings.

Implications for Research, Policy, or Practice. Including PC electives and certificates in curricula may prepare future healthcare professionals to integrate core PC principles in their practice.

A Tale of Two “P”s: Palliative Care and Pain Management Approaches to Aberrant Drug and Opioid-Related Behavior in Patients with Life-Limiting Illness (S540)
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Outcomes.
1. Identify the barriers and challenges providers face in providing safe and effective symptom management for patients at high risk or demonstrating aberrant drug-related behaviors
2. Identify risk mitigation mechanisms used by other providers, discuss their perceived efficacy, and collaborate with other attendees to identify high-yield strategies for further evaluation