

# ASCO® Quality Care Symposium

EMBARGOED FOR RELEASE:  
September 3, 2019, 5 p.m. (ET) &  
September 7, 2019, 7 a.m. (PT)

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## 2019 Symposium Highlights Notable Research Advances in Quality of Care

### ASCO Perspective



*“To improve the quality of care for patients with cancer, we need to eliminate the disparities in care, whether they’re related treatment protocols or patient populations,” said Randall J. Kimple, MD, PhD, ASCO expert and member of the Quality Care Symposium News Planning Team. “As clinicians, we owe it to our patients to look at models or ideas that are working and examine research into where we can do better so we can begin to change the way we practice, aiming for equitable and top-quality care for all patients.”*

**SAN DIEGO**— Seven noteworthy studies exploring key research related to improving cancer care quality will be presented at the 2019 Quality Care Symposium, taking place September 6–7, at the Hilton San Diego Bayfront in San Diego. These abstracts examine the differing quality of life in end of life care and overall survival, respectively, experienced by distinct groups of patients.

Experts in quality of care are available to comment on the studies below, which are **under embargo until Sept. 3, 2019, at 5 p.m. (ET)**.

#### **Abstract 89:**

[Intensity of end-of-life \(EOL\) cancer care in Western Washington \(WA\) versus Alberta \(AB\), Canada \(CA\)](#)

Poster Session A

Friday, September 6, 2019

**Times:** 11:30 a.m.–1:00 p.m.; 5–6 p.m.

**Location:** Sapphire Ballroom B, Level 4

**Poster Board #:** G4

Ali Raza Khaki, MD

University of Washington

Seattle, WA

#### **Abstract 162:**

[Socioeconomic deprivation and cancer outcomes in patients treated in clinical trials](#)

Poster Session A

Friday, September 6, 2019

**Times:** 11:30 a.m.–1:00 p.m.; 5–6 p.m.

**Location:** Sapphire Ballroom B, Level 4

**Poster Board #:** R1

Joseph M. Unger, PhD

Fred Hutchinson Cancer Research Center

Seattle, WA

#### **2019 Quality Care Symposium News Planning Team**

- Chair: Merry-Jennifer Markham, MD, FACP, University of Florida
- Randall J. Kimple, MD, PhD, University of Wisconsin
- Neeraj Agarwal, MD, Huntsman Cancer Institute-University of Utah Health Care

[View the disclosures](#) for the News Planning Team.

In addition, four abstracts being presented at the Symposium will also have corresponding manuscripts published simultaneously in the *Journal of Oncology Practice (JOP)*. Please note that the four *JOP* articles have a separate **embargo lift date and time of Sept. 7, 2019, at 7 a.m. (PT)** and that abstracts 177 and 178 are covered in the same *JOP* manuscript.

**Abstract 177:**

[\*Integrating family caregiver identification into a gynecologic oncology practice: An ASCO quality training program project\*](#)

Poster Session B	Grace Campbell, BSN, MSW, PhD
Saturday, September 7, 2019	University of Pittsburgh School of Nursing
<b>Times:</b> 7–7:55 a.m.; 11:30 a.m.–1 p.m.	Pittsburgh, PA
<b>Location:</b> Sapphire Ballroom, Level 4	
<b>Poster Board #:</b> B8	

**Abstract 178:**

[\*Family caregiver needs assessment in a gynecologic oncology practice: An ASCO quality training program project\*](#)

Poster Session B	Heidi AS Donovan, PhD, MSN, BA
Saturday, September 7, 2019	University of Pittsburgh School of Nursing
<b>Times:</b> 7–7:55 a.m.; 11:30 a.m.–1 p.m.	Pittsburgh, PA
<b>Location:</b> Sapphire Ballroom, Level 4	
<b>Poster Board #:</b> B9	

**Abstract 175:**

[\*Employment outcomes, anxiety, and depression among caregivers of African American cancer survivors\*](#)

Poster Session B	Theresa A. Hastert, PhD
Saturday, September 7, 2019	Karmanos Cancer Institute
<b>Times:</b> 7–7:55 a.m.; 11:30 a.m.–1 p.m.	Detroit, MI
<b>Location:</b> Sapphire Ballroom, Level 4	
<b>Poster Board #:</b> B6	

**Abstract 319:**

[\*The impact of an electronic medical record alert on code status documentation for hospitalized patients with advanced cancer\*](#)

Poster Session B	Benjamin Switzer, DO, MHSA, MS
Saturday, September 7, 2019	Cleveland Clinic Foundation
<b>Times:</b> 7–7:55 a.m.; 11:30 a.m.–1 p.m.	Cleveland, OH
<b>Location:</b> Sapphire Ballroom, Level 4	
<b>Poster Board #:</b> P2	

**Abstract 192:**

[\*Improving documentation of pain and constipation management within the cancer center of a large urban academic hospital\*](#)

Poster Session B	Iloabueke Gabriel Chineke, MD
Saturday, September 7, 2019	Morehouse School of Medicine
<b>Times:</b> 7–7:55 a.m.; 11:30 a.m.–1 p.m.	Atlanta, GA
<b>Location:</b> Sapphire Ballroom, Level 4	
<b>Poster Board #:</b> C7	

ATTRIBUTION TO THE 2019 QUALITY CARE SYMPOSIUM IS REQUESTED IN ALL NEWS COVERAGE.

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**About the American Society of Clinical Oncology:**

Founded in 1964, the American Society of Clinical Oncology, Inc. (ASCO®) is committed to making a world of difference in cancer care. As the world's leading organization of its kind, ASCO represents nearly 45,000 oncology professionals who care for people living with cancer. Through research, education, and promotion of the highest-quality patient care, ASCO works to conquer cancer and create a world where cancer is prevented or cured, and every survivor is healthy. ASCO is supported by its affiliate organization, the Conquer Cancer Foundation. Learn more at [www.ASCO.org](http://www.ASCO.org), explore patient education resources at [www.Cancer.Net](http://www.Cancer.Net), and follow us on [Facebook](#), [Twitter](#), [LinkedIn](#), and [YouTube](#).

Confidential and embargoed until September 3, 2019, at 5 PM (ET)

Poster Session A  
Friday, September 6, 2019  
Time: 11:30 a.m.–1:00 p.m.; 5–6 p.m.  
Location: Sapphire Ballroom B, Level 4  
Poster Board #: G4

Ali Raza Khaki, MD  
University of Washington  
Seattle, WA

**Abstract 89:** Intensity of end-of-life (EOL) cancer care in Western Washington (WA) versus Alberta (AB), Canada (CA).

**Authors:** Ali Raza Khaki, Yuan Xu, Catherine R. Fedorenko, Petros Grivas, Scott David Ramsey, Winson Y. Cheung, Veena Shankaran; University of Washington, Seattle, WA; Tom Baker Cancer Centre, Alberta Health Services, Calgary, AB; Fred Hutchinson Cancer Research Center, Seattle, WA; University of Washington, School of Medicine, Seattle, WA; BC Cancer Agency, Vancouver, BC

**Background:** Aggressive care at the EOL may lead to unnecessary suffering and healthcare costs for patients (pts) with cancer. Despite similar populations and state-of-the-art cancer delivery systems, we hypothesize that EOL care may be more intense in the United States (US) multi-payer system vs the CA single-payer system. Using cancer registry and claims data, we compared EOL cancer care between WA and AB. **Methods:** Adult pts with AJCC stage II-IV solid tumors who died between 2014 and 2016 were identified from regional population-based cancer registries in WA and AB. Data sources were 1) WA State Cancer Registry (WSCR) and Western WA Cancer Surveillance System (CSS) linked to enrollment files and claims from four regional insurers and 2) CA National Ambulatory Care Reporting System (NACRS), Discharge Abstracts Database (DAD), and CT records from AB Health Services. Proportions of pts receiving chemotherapy (CT), ICU admission, or > 1 ED visit in the last 30 days of life (DOL) in WA and AB were determined and compared using two sample z-test with two-tailed hypothesis ( $\alpha = 0.05$ ). **Results:** 11,177 AB and 7,906 WA pts met study inclusion criteria. Median age was 71 (IQR 61-79) and 75 (IQR 68-82) for AB and WA, respectively. The most common cancer types represented include lung (31% AB; 35% WA), colorectal (17% AB; 9% WA), breast (10% AB; 6% WA) and prostate (11% AB; 4% WA). A similar proportion of pts in WA and AB experienced multiple ED visits in the last 30 DOL (12.4% WA vs 12.1% AB). CT use in the last 14 and 30 DOL was greater in WA vs AB (6.3% and 13.4% vs 2.7% and 6.6%, respectively) and ICU admissions in the last 30 DOL were substantially greater in WA vs AB (19.9% vs 3.9%). **Conclusions:** CT use and ICU admissions in the last 30 DOL were more common in WA than AB. The lower rate of ICU admissions in AB may be due to a provincial effort to prioritize goals of care discussions. Future studies to characterize and compare drivers of inappropriately aggressive EOL care may help improve cancer care for patients (pts) in the US and AB.

Metric	WA N = 7,906	AB N = 11,177	p-value
CT last 14 DOL	6.3%	2.7%	< 0.00001
CT last 30 DOL	13.4%	6.6%	< 0.00001
> 1 ED visit in last 30 DOL	12.4%	12.1%	0.54
ICU stay in last 30 DOL	19.9%	3.9%	< 0.00001

**Disclosures:** Ali Raza Khaki, MD: Stock and Other Ownership Interests in Pfizer, Procter & Gamble, and Walgreens Boots Alliance; Petros Grivas, MD, PhD: Consulting or Advisory Role with Genentech, Merck, Bristol-Myers Squibb, AstraZeneca, Biocept, Clovis Oncology, EMD Serono, Seattle Genetics, Foundation Medicine, Driver, Inc, Pfizer, QED Therapeutics, HERON, Janssen, and Bayer; Speakers' Bureau for Bristol-Myers Squibb; Institutional Research Funding from Mirati Therapeutics, Genentech/Roche, Merck, Oncogenex, Bayer, Pfizer, AstraZeneca, Clovis Oncology, Bavarian Nordic, and Immunomedics; Scott David Ramsey, MD, PhD: Consulting or Advisory Role with Kite Pharma, Bayer, Genentech, Bristol-Myers Squibb, AstraZeneca, Merck, Cascadian Therapeutics, and Epigenomics; Travel, Accommodations, Expenses from Bayer Schering Pharma, Bristol-Myers Squibb, and Flatiron Health; Institutional Research Funding from Bayer, Bristol-Myers Squibb, and Microsoft; Veena Shankaran, MD: Travel, Accommodations,

***CONFIDENTIAL AND EMBARGOED***

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**Research Funding Source:** U.S. National Institutes of Health

**Received Grant funding:** No

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Poster Session A  
Friday, September 6, 2019  
**Time:** 11:30 a.m.–1:00 p.m.; 5–6 p.m.  
**Location:** Sapphire Ballroom B, Level 4  
**Poster Board #:** R1

Joseph M. Unger, PhD  
Fred Hutchinson Cancer Research Center  
Seattle, WA

**Abstract 162:** Socioeconomic deprivation and cancer outcomes in patients treated in clinical trials.

**Authors:** Joseph M. Unger, Anna Moseley, Scott David Ramsey, Raymond U. Osarogiagbon, Banu Symington, Dawn L. Hershman; Fred Hutchinson Cancer Research Center, Seattle, WA; SWOG Statistical Center, Fred Hutchinson Cancer Research Center, Seattle, WA; Multidisciplinary Thoracic Oncology Program, Memphis, TN; St. Luke's Mountain States Tumor Institute, Twin Falls, ID; Columbia University Medical Center, New York, NY

**Background:** Studies using cancer registry data have shown that cancer patients living in socioeconomically disadvantaged areas have worse cancer outcomes. Socioeconomic deprivation (SD) has not been systematically examined in clinical trial patients, who are uniformly staged according to trial eligibility criteria and have access to protocol-directed care. **Methods:** We examined survival for patients enrolled in phase III clinical trials for all major cancers conducted by SWOG from 1985-2012. SD was measured using trial participant's residence zip codes linked to the Area Deprivation Index (ADI), a comprehensive index composed of 17 indicators reflecting a diverse set of socioeconomic variables, scored from 0-100, split into quintiles. Five-year overall survival (OS), progression-free survival (PFS), and cancer-specific survival (CSS) were examined using Cox regression, adjusting for age (in 5-year intervals), sex, race (black v. non-black), and, for a subset of patients, insurance status (Medicaid/no insurance v. other). Analyses were stratified by cancer histology and stage. **Results:** In total, n = 41,182 patients from 55 trials comprising 24 cancer histology and stage-specific strata were examined. Compared to trial participants in the most affluent areas (ADI 0%-20%), trial participants from areas with the highest SD (ADI 80%-100%) had worse OS (HR = 1.26, 95% CI, 1.18-1.35, p < .001), PFS (HR = 1.19, 95% CI, 1.12-1.27, p < .001) and CSS (HR = 1.25, 95% CI, 1.17-1.35, p < .001). Results were similar after also adjusting for insurance status. For each outcome, there was a continuous increase in risk of an event as the ADI quintile increased. **Conclusions:** In cancer patients with access to protocol-directed care in clinical trials, area-level SD was associated with worse survival, even after adjusting for patient-level race and insurance. Future research should examine whether the etiology of this residual disparity is related to reduced access to supportive care or post-protocol therapy, and/or to differences in health status not reflected by protocol staging criteria. Policies to mitigate socioeconomic differences in cancer outcomes should emphasize access to cancer care services beyond initial therapy.

**Disclosures:** Scott David Ramsey, MD, PhD: Consulting or Advisory Role with Kite Pharma, Bayer, Genentech, Bristol-Myers Squibb, AstraZeneca, Merck, Cascadian Therapeutics, and Epigenomics; Travel, Accommodations, Expenses from Bayer Schering Pharma, Bristol-Myers Squibb, and Flatiron Health; Institutional Research Funding from Bayer, Bristol-Myers Squibb, and Microsoft; Raymond U. Osarogiagbon, FACP, MBBS: Consulting or Advisory Role with Lilly and Association of Community Cancer Centers (ACCC); Speakers' Bureau for Roche/Genentech; Patents, Royalties, Other Intellectual Property: patent pending on Lung Cancer Specimen Kit; Stock and Other Ownership Interests in Lilly and Pfizer; Honoraria from Genentech/Roche; Dawn L. Hershman, MD, FASCO: Consulting or Advisory Role with AIM Specialty Health

**Research Funding Source Name:** National Cancer Institute and Other Foundation

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Poster Session B  
Saturday, September 7, 2019  
**Times:** 7–7:55 a.m.; 11:30 a.m.–1 p.m.  
**Location:** Sapphire Ballroom, Level 4  
**Poster Board #:** B8

Grace Campbell, BSN, MSW, PhD  
University of Pittsburgh School of Nursing  
Pittsburgh, PA

**Abstract 177:** Integrating family caregiver identification into a gynecologic oncology practice: An ASCO quality training program project

**Authors:** Grace Campbell, Michelle M. Boisen, Lauren Hand, Nora Lersch, Barbara Suchonic, Heidi AS Donovan; University of Pittsburgh School of Nursing, Pittsburgh, PA; Magee-Womens Hosp of UPMC, Pittsburgh, PA; University of Pittsburgh Medical Center, Pittsburgh, PA; UPMC, Pittsburgh, PA; UPMC Magee Women's Hospital Gynecologic Oncology Program, Pittsburgh, PA

**Background:** Family caregivers (CGs) in gynecologic (gyn) cancer are essential members of the care team, but no formal systems exist to provide CGs with information and support. A needs assessment of family caregivers (CGs) in our clinic found *50% of CGs report >9 distressing unmet needs*, but chart reviews found only *19% of patients had a documented CG*--the first step in mitigating unmet needs. Our ASCO QTP-supported project aim was to identify (ID) and document primary CGs for 85% of patients within 2 clinic visits of a gyn cancer diagnosis. **Methods:** An Interprofessional team reviewed baseline data, defined the problem and project aim, created process maps, and identified root causes of poor CG documentation. After securing stakeholder buy-in we implemented eight successive PDSA cycles to intervene on root causes. Biweekly team meetings were held to study results, troubleshoot, and plan each PDSA cycle. Primary outcome was the percentage of patients with a CG documented. **Results:** Root causes of poor CG ID were 1) no protocol for IDing CGs, 2) no designated EHR field for CGs, 3) no designated staff to "own" CG ID, and 4) lack of CG awareness of available support in clinic. Interventions to prepare for project launch (PDSA 1) included protocol development, staff training, spirit activities, and selection of staff 'champions'. In PDSA 2 CGs were ID'd for 25.3% of all patients in the clinic. By PDSA 4, CG ID dropped to a low of 12.5%. Major changes to PDSA 5 sought to reduce staff burden by narrowing focus to newly diagnosed patients, with an increase in CG ID to 56% of new patients. PDSA cycles 6-8 focused on increasing process efficiency while broadening CG ID to other times of high CG stress (e.g. recurrence; inpatient stays); CG ID rate stabilized at 57-60% over the last 6 weeks. In total, 288 primary CGs were documented. **Conclusions:** Proportion of CGs ID'd increased initially and then again after PDSA 4 as process efficiency improved. Despite falling short of our benchmark, CG ID more than doubled and we are planning further PDSA cycles to continue this momentum. Our results demonstrate systematic CG ID is feasible in a high volume Gyn Onc clinic and sets the stage for CG assessment and intervention.

**Disclosures:** Lauren Hand: Research Funding from Clovis Oncology

**Research Funding Source:** UPMC Magee Womens Hospital Gynecologic Oncology Program

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Poster Session B  
Saturday, September 7, 2019  
**Times:** 7–7:55 a.m.; 11:30 a.m.–1 p.m.  
**Location:** Sapphire Ballroom, Level 4  
**Poster Board #:** B9

Heidi AS Donovan, PhD, MSN, BA  
University of Pittsburgh School of Nursing  
Pittsburgh, PA

**Abstract 178:** Family caregiver needs assessment in a gynecologic oncology practice: An ASCO quality training program project

**Authors:** Heidi AS Donovan, Michelle M. Boisen, Lauren Hand, Young Ji Lee, Nora Lersch, Mary Roberge, Barbara Suchonic, Teresa Thomas, Grace Campbell; University of Pittsburgh School of Nursing, Pittsburgh, PA; Magee-Womens Hosp of UPMC, Pittsburgh, PA; University of Pittsburgh Medical Center, Pittsburgh, PA; University of Pittsburgh, Pittsburgh, PA; UPMC, Pittsburgh, PA; University of Pittsburgh, School of Nursing, Pittsburgh, PA; UPMC Magee Women's Hospital Gynecologic Oncology Program, Pittsburgh, PA

**Background:** Family caregiver (CG) demands in gynecologic oncology (gynonc) put CGs at risk for anxiety, depression, and inability to care for loved ones. Resources exist to support patients, but systematic support for **CGs** is lacking. Fifty percent of CGs in our clinic report 9 or more distressing unmet needs. Thus, an ASCO Quality Training Program (QTP) project aimed to assess and intervene on the needs of 75% of gynonc family CGs (identified in a concurrent QTP project).

**Methods:** An interprofessional team reviewed baseline data, defined the problem and project aim, created process maps, and identified root causes of poor CG documentation. With stakeholder buy-in we implemented eight successive PDSA cycles over 6 months to address root causes. Biweekly team meetings were throughout the PDSA cycles.

Outcomes were percent of CGs with 1) needs assessed, and 2) intervention received. **Results:** Root causes of poor CG assessment included 1) no protocol to assess/respond to CG needs; 2) no designated staff to 'own' CG assessment; and 3) lack of understanding of the value of CG support among clinicians. PDSA 1 (pre- launch) included: develop CG assessment/intervention protocol; create CG tracking database; pursue EHR capabilities. PDSA cycle 2-3 prioritized information provision about resources (52-73% of CGs) over individualized assessment (20-23% of CGs) due to the large number of CGs identified. Subsequent PDSAs sought to increase assessment effectiveness by focusing assessment/intervention on CGs of newly diagnosed and high-risk patients. While there was variability in outcomes across cycles (Table), by PDSA cycle 8, staff had assessed and intervened on 58% and 50% of CGs, respectively. In addition, multiple potential serious CG and patient mental health crises were avoided from team interventions.

**Conclusions:** CG assessment improved from 28% at baseline to >50% post implementation. Further efforts to more fully integrate assessment and tracking into EHR to reduce the burden of CG tracking over time is underway.

	# CGs identified	% CG assessed	%CG interventions
PDSA 1	0	0	0
PDSA 2 1	60	23.3	73.3
PDSA 3	56	19.6	51.8
PDSA 4	23	52.2	56.5
PDSA 5	44	52.3	59.1
PDSA 6	9	44.4	55.6
PDSA 7	23	30.4	56.6
PDSA 8	12	58.3	50.0

**Disclosures:** Lauren Hand: Research Funding from Clovis Oncology

**Research Funding Source:** UPMCMagee Womens Hospital Gynecologic Oncology Program



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Poster Session B  
Saturday, September 7, 2019  
**Times:** 7–7:55 a.m.; 11:30 a.m.–1 p.m.  
**Location:** Sapphire Ballroom, Level 4  
**Poster Board #:** B6

Theresa A. Hastert, PhD  
Karmanos Cancer Institute  
Detroit, MI

**Abstract 175:** Employment outcomes, anxiety, and depression among caregivers of African American cancer survivors

**Authors:** Theresa A. Hastert, Julie J. Ruterbusch, Kendra L. Schwartz, Felicity W. K. Harper, Tara Baird, Jennifer Lynn Beebe-Dimmer, Ann G. Schwartz; Karmanos Cancer Institute, Detroit, MI; Wayne State University School of Medicine, Karmanos Cancer Institute, Detroit, MI; Karmanos Cancer Institute, Wayne State University, Detroit, MI; Wayne State University/Karmanos Cancer Institute, Detroit, MI; Barbara Ann Karmanos Cancer Institute, Detroit, MI

**Background:** Cancer patients commonly rely on loved ones to act as informal caregivers during and after treatment. Caregivers may need to take time off work or make other employment changes to handle caregiving demands. Employment changes due to caregiving and their impacts on psychological outcomes are not well understood, especially among caregivers of African American cancer survivors. **Methods:** Results include information from caregivers of participants in the Detroit Research on Cancer Survivors (ROCS) cohort, a population-based study of African American survivors of breast, colorectal, lung, or prostate cancer from Metropolitan Detroit. ROCS participants nominated a friend or family member who acted as a caregiver to participate in the caregiver study. Caregivers provided information on employment and PROMIS depression and anxiety measures. The relationship between work outcomes and anxiety/depression was assessed using logistic regression models controlling for age, sex, income, and the caregiver's relationship to the survivor. **Results:** For the first 350 caregivers enrolled, more than half (56%) were employed (42% full time, 14% part time) at the time of the survivor's diagnosis. 53% of employed caregivers took time off work, including 40% who took unpaid time off to provide care. 16% took one month or more off work, including 12% who took at least one month of unpaid time. Taking at least one month off was associated with 2.3 (95% CI: 1.0, 5.4) times the odds of depressive symptoms but was not associated with anxiety. Extended unpaid time off was not associated with depression or anxiety. 38% of employed caregivers reported that it was somewhat, very or extremely difficult to balance work and caregiving. Difficulty balancing work and caregiving was associated with 3.1 times the odds of depressive symptoms (95% CI: 1.5, 6.2), and 2.2 times the odds of any anxiety (95% CI: 1.1, 4.3) compared with those who reported little or no difficulty. **Conclusions:** Difficulty balancing work and caregiving is common among caregivers of African American cancer survivors and is associated with symptoms of depression and anxiety. Supports for caregivers facing employment challenges may improve their psychosocial wellbeing.

**Disclosures:** No relationships with companies to disclose.

**Research Funding Source Name:** American Cancer Society

**Additional sources of funding for your study:** Other Foundation

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Poster Session B  
Saturday, September 7, 2019  
**Times:** 7–7:55 a.m.; 11:30 a.m.–1 p.m.  
**Location:** Sapphire Ballroom, Level 4  
**Poster Board #:** P2

Benjamin Switzer, DO, MHSA, MS  
Cleveland Clinic Foundation  
Cleveland, OH

**Abstract 319:** The impact of an electronic medical record alert on code status documentation for hospitalized patients with advanced cancer

**Authors:** Benjamin Switzer, Khalid Jazieh, Eden Bernstein, Mohammad Khan, David Harris; Cleveland Clinic Foundation, Cleveland, OH; Cleveland Clinic Taussig Cancer Institute, Cleveland, OH

**Background:** Cardiopulmonary resuscitation in hospitalized patients with advanced cancer is associated with high rates of morbidity and mortality. Advanced care planning (ACP) in this population has exhibited improvements in quality, patient satisfaction, hospice utilization, rates of harm, and healthcare costs. We have sought to observe the changes in ACP documentation by Internal Medicine residents within a tertiary hospital's inpatient oncology service following a mandatory caregiver training module and enterprise-wide modification in Epic, as well as identify self-reported barriers in code status documentation. **Methods:** Patients admitted to the Cleveland Clinic's oncology service were retrospectively reviewed for 8 weeks before and after the implementation of an ACP caregiver training module and code-status best-practice-alert (BPA) into Epic. ACP documentation was assessed in admission notes and direct orders into Epic. In addition, Internal Medicine residents were surveyed on behaviors and perceived barriers contributing to code status documentation. **Results:** A total of 551 patients (181 pre and 370 post-BPA) were reviewed, exhibiting a 17.2% (44.2 to 61.4) increase of code status documentation in resident admission notes and a 17.6% (10.5 to 28.1) increase in code status orders by residents into patient Epic charts by the time of discharge. Observed 30, 60, and 90-day mortality rates from the day of admission were 18.2, 24.9, and 32%, respectively. The most common self-reported barrier to resident ACP documentation was "forgetting to discuss during the admission process", and 58% of first-year residents admitted to feeling "uncomfortable" in orchestrating goals-of-care conversations. **Conclusions:** Resident ACP documentation continues to be suboptimal in the high-risk cohort of hospitalized advanced cancer patients. However, documentation rates appear to be positively influenced by large-scale and multimodal approaches. Further efforts to improve the current practice and culture of advanced directives and code status for the inpatient oncology patient population remains a crucial aspect in the quality and safety of our approach to patient care.

**Disclosures:** No relationships with companies to disclose.

**Research Funding Source:** No funding received

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Poster Session B  
Saturday, September 7, 2019  
**Times:** 7–7:55 a.m.; 11:30 a.m.–1 p.m.  
**Location:** Sapphire Ballroom, Level 4  
**Poster Board #:** C7

Iloabueke Gabriel Chineke, MD  
Morehouse School of Medicine  
Atlanta, GA

**Abstract 192:** Improving documentation of pain and constipation management within the cancer center of a large urban academic hospital

**Authors:** Iloabueke Gabriel Chineke, Marjorie Adams Curry, Giselle Dutcher, Steve Power, Leon Bernal-Mizrachi; Morehouse School of Medicine, Atlanta, GA; Georgia Cancer Center for Excellence at Grady Health System, Atlanta, GA; Department of Medicine, Emory University School of Medicine, Atlanta, GA; Duke University Medical Center, Durham, NC; Winship Cancer Institute, Emory University School of Medicine, Atlanta, GA

**Background:** Pain and constipation are common among patients with cancer and remain inadequately controlled in many. Quality Oncology Practice Initiative (QOPI) assessment of pain and constipation at the Georgia Cancer Center for Excellence at Grady Health System identified documentation to be below benchmark levels. A quality improvement initiative to improve pain and constipation management was conducted. **Methods:** Given the low baseline documentation rates for pain (60%) and constipation (20%), we aimed for a 20-percentage point increase within one year. Based on cause and effect analysis and questionnaires to providers, our multidisciplinary team developed a new provider note template to integrate nurse's assessment of pain and constipation into the provider's documentation. A new order panel was developed in the electronic medical record (EPIC) to link appropriate orders with the pain and constipation plan. **Results:** Integrating the initial nursing assessment into the provider note template increased pain score documentation from 66.7% to 100%,  $P < 0.01$  and pain management plan from 65.3% to 86.4%,  $P = 0.06$ . Similarly, constipation assessment documentation improved from 20.4% to 100%,  $P < 0.01$  and a documented constipation plan improved accordingly from 11.2% to 29.1%,  $P < 0.01$ . As a result of this intervention, pain control at the 3rd clinic visit improved from 61.5% to 86.8%,  $P < 0.01$ . Emergency room visits related to pain and constipation decreased (16.2% to 14.9%,  $P = 0.19$ ) and hospitalizations marginally increased (1.6% to 3.6%) during the study period. **Conclusions:** A standardized visit template and mandated assessment of pain and constipation exceeded the goal for improvement in documentation and positively impacted outcomes.

**Disclosures:** Steve Power, MBA: Stock and Other Ownership Interests (Immediate Family Member) in Merck; Leon Bernal-Mizrachi, MD: Consulting or Advisory Role with Celgene; Travel, Accommodations, Expenses from Celgene; Patents, Royalties, Other Intellectual Property: Discovered that translocation of NFKB2 predict response to proteasome inhibitors. Test has been patented and licensed to Empire Genomics, Inc.; Stock and Other Ownership Interests in Kodikas Therapeutic Solutions; Honoraria from Celgene; Research Funding from Takeda

**Research Funding Source:** No funding received