IMPROVING THE LEFT VENTRICULAR ASSIST DEVICE CAREGIVING EXPERIENCE THROUGH CLINICIAN TRAINING. <u>J Pfahl</u>, (MD, SOM), JS Thompson[1,2], DD Matlock[1,2], LA Allen[1,2], JN Dionne-Odom[,3,4,5], MA Bakitas[3,4,5], CK McIlvennan[1,2], [1]University of Colorado, School of Medicine, Aurora, Colorado; [2]Adult and Child Consortium for Outcomes Research and Delivery Science, Aurora; Colorado; [3]School of Nursing, University of Alabama at Birmingham, Birmingham, Alabama; [4]Division of Gerontology, Geriatrics, and Palliative Care, School of Medicine, University of Alabama at Birmingham, Birmingham, Alabama; [5]Center for Palliative and Supportive Care, University of Alabama at Birmingham, Birmingham, Alabama

Purpose of Study: Despite evidence that unpaid family caregivers (FCGs) for patients with left ventricular assist devices (LVADs) experience significant emotional strain in the months following LVAD implantation, there is no formalized training or resources for clinicians or FCGs to address this critical aspect of patient care. Adapted from the evidence-based ENABLE (Educate, Nurture, Advise Before Life Ends) intervention for palliative care coaching and caregiver support in heart failure and cancer patients, ENABLE-LVAD provides tools and resources for clinicians and caregivers for LVAD patients. The goal of ENABLE-LVAD is to improve the caregiving experience through free, asynchronous, self-paced clinician training and caregiver guidebooks. This project assessed the ENABLE-LVAD program's potential for dissemination and public health impact.

Methods: Evaluation was conducted using the RE-AIM framework, which assesses reach, effectiveness, adoption, implementation, and maintenance of a program or intervention. Course registrants were sent a survey 6-months after registration to assess (1) training completed (Adoption), (2) use in practice (Implementation), (3) volume of caregivers reached (Reach), (4) intention for continued use (Maintenance), and (5) training and intervention feedback (Effectiveness).

Results: From the 195 advanced heart failure programs that received targeted outreach, 174 clinicians registered for the training and 40 completed all modules (23.0% completion rate). 153 registrants have been sent the 6-month survey with 42 completing it (27.5% response rate). Of those who completed the training, all reported that it was useful. Over one-third of training completers who responded to the survey had used ENABLE-LVAD with FCGs, and 100% planned to continue using it. From the qualitative survey data, clinicians reported that the ENABLE-LVAD training is helping to meet an unmet need and that there is a desire for more resources and support. Survey respondents stated that, because of the training, they would now make efforts to discuss core values with patients, introduce end-of-life discussions earlier, provide more thorough patient and caregiver education, and make a point to engage and empower caregivers. This project also revealed the potential for a self-paced online training to fill a gap in clinician knowledge and skills around complex FCG discussions.

Conclusions: ENABLE-LVAD training helps fill a crucial need for resources and support to address LVAD caregiver burnout and fill a gap in clinician knowledge and skills around complex caregiving discussions. The flexibility of an interactive, self-paced online training model is important to maximize adoptability and implementation, and this model is readily translatable to other chronic conditions by modifying the disease-specific information on prognosis and symptom management. Challenges of this model are clinicians' lack of time and the lack of incentives to use these resources and strategies. Future work should address these barriers by targeting health policy related to FCGs—such as financial incentives to include them as part of the care team--and evaluating the effectiveness of this training.