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assess quality of life in CF patients. The Patient-Reported Outcomes Measurement Information System (PROMIS) study tool has been implemented in clinics as part of a collaborative CF network among 10 CF centers across the country. The survey was given to each patient seen in VCU adult CF clinics (21+) for a routine visit and consisted of 10 survey questions that were scored using a Likert scale of 1 to 5 (poor to excellent). The purpose of this study was to examine the process of collection of health-related quality of life (HRQOL) surveys to heighten distribution. The aim was to implement the distribution of the HRQOL surveys to at least 75% of CF patients in each adult VCU CF clinic using a PROMIS tool. The secondary outcome of the study was the percentage of surveys reviewed by the patient and care team. **Methods:** The survey was administered via REDCap through a pre-visit planning (PVP) message sent via the patient portal 1 day prior to clinic. If the survey was completed by the patient prior to the appointment, survey results were reviewed with the patient during a Zoom clinic meeting. A dietitian and social worker administered, scored, and reviewed the survey with the patient. If the patient did not complete the survey prior to appointment, a link to the survey was sent via Zoom chat as the patient was waiting to be seen. To achieve the distribution goal of 75%, the effect of various interventions, including different platforms, survey links, and number of team members, was examined and modified through weekly to biweekly PDSA cycles. **Results:** From February 1 to March 22, 2021, there has been a 60% return rate on HRQOL surveys by CF participants. Out of the 30 surveys completed, 29 participants (96.7%) reviewed the survey with their care team. The PDSA cycles suggested that 1) electronic survey collection improved distribution when compared to paper-based surveys, 2) pre-visit planning improved collection/ distribution of the HRQOL surveys, and 3) annual screening measures should not be coupled with this new survey. Survey results demonstrated an overall substandard perception for quality of life. As seen in Figure 1, 50% reported general health and 53.9% reported general quality of life to be only poor, fair, or good. Physical activity was rated as only poor or fair by 65.3%.

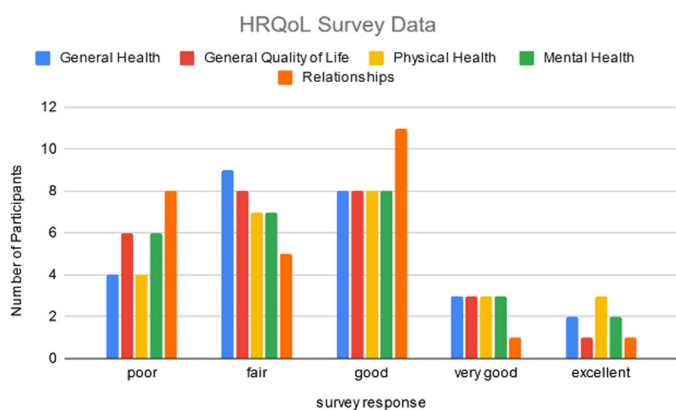


Figure 1. HRQOL survey data.

**Conclusion:** In conclusion, the study was successful in screening 60% of patients on HRQOL. The study results suggested utilizing electronic surveys, pre-visit planning, and REDCap without the coupling of annual screening measures to maximize distribution of HRQOL surveys. Future studies will analyze the team survey review in clinic to standardize the place, time, and content of this process.

**Reference**

1. Knudsen KB, Pressler T, Mortensen LH, Jarden M, Skov M, Quittner AL, et al. Associations between adherence, depressive symptoms and health-related quality of life in young adults with cystic fibrosis. *SpringerPlus*. 2016;5(1).

**Addressing food insecurity among patients with CF during the COVID-19 pandemic**

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**Background:** Many longitudinal studies have indicated patients with cystic fibrosis (CF) were twice as likely as the general population to be living in food insecurity (FI). The individuals who are at highest risk for serious illness associated with COVID-19 include people with chronic illness who are the same individuals most adversely affected by the economic burden. The direct relation between early nutritional health and later lung health means long-lasting effects of FI. As a result, our aim was to address FI in our CF center's 2 locations, New York City and Stamford, Connecticut, which serve 110 patients.

**Methods:** Initially, a visiting pulmonary fellow asked about FI with standardized screening questions via telephone calls. Due to concerns of privacy intrusion, the social worker (SW) and dietitian (RD) took on the responsibility of asking the screening questions creating a safe space for response. The 2 screening questions asked were: 1) Within the past 12 months, we worried whether our food would run out before we got money to buy more. 2) Within the past 12 months, the food we bought just didn't last and we didn't have enough money to get more. Available responses were often true, sometimes true, never true, or refuse to answer. Fundraising for the \$100 gift cards distributed to families was accomplished with Wilton Interfaith Action Committee (Wi-ACT), in Wilton, Connecticut. A post gift card distribution survey that asked items purchased was conducted in the clinic and by phone.

**Results:** We screened 90 patients, and 15 patients were identified with FI. Five families who had internet access were able to enroll online for food delivery to their home. Of the 10 families who received the gift cards, 7 used the funds for food and 3 used for food and clothing. All 10 patients found the gift cards to be very helpful.

**Conclusion:** The 2-question FI screening survey proved to be effective in identification of our patients in need. These interventions helped connect families with community resources and also tapped into creative ideas to secure financial support. This is an ongoing project that will include screening, referral, and securing other community resources to meet family food insecure needs (Figure 1).



Figure 1. Process map for food insecurity project

**Building capacity for reporting on improvement**

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**Background:** Many successful improvements are not publicly presented or published. Those doing the work are often frontline professionals who do not see publishing as a priority, or who are not sure how to write up their