

caregiver perceptions of the experience of hospice care.

- Discuss how to interpret composite and single items scores on the CAHPS hospice survey.

Original Research Background. As a person dies, symptoms increase, and family caregivers need both practical and emotional support. Previous research has found striking variation in professional staff visits in the last two days of life, but the association between these visits and patient and family experiences of hospice care is unknown.

Research Objectives. Examine the association between professional staff visits in the last two days of life and hospice care quality.

Methods. Using 2016 claims and survey data, we ran hospice-level cross-sectional regression models to examine associations between proportion of professional staff visits in the last two days of life and hospice performance on CAHPS Hospice Survey composites (e.g. timely care, caregiver training, emotional support) and items (e.g. willingness to recommend the hospice), adjusting for case mix and mode of survey administration.

Results. Among the 2,236 hospices in our dataset (50.5% for-profit, 51.6% chain), the proportion of patients receiving professional staff visits in the last two days of life varied from 0% to 100%, with a median of 84.6 (IQR 15.1). For all CAHPS outcomes with the exception of caregiver training, we observed significant positive associations between the proportion of patients receiving staff visits and hospices' performance starting at the sixth decile of visits (87.5% and higher). Family caregivers in hospices in the highest decile of professional staff visits (97.4% and higher) rated the hospice 5.2 points higher on timeliness of care, and between 2.3 and 4.5 points higher on other outcomes, than caregivers in hospices in the lowest decile (67.5% and lower).

Conclusion. Professional staff visits to actively dying patients may impact the quality of hospice care.

Implications for Research, Policy, or Practice. Promoting visits from professional staff in the last days of life may improve patient and family experiences of hospice care.

Pediatric Hospice and Palliative Care: A State-Wide Needs Assessment (TH340D)



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Objectives

- List the key components in conducting a comprehensive statewide community needs assessment (CNA) of palliative care resources, using Georgia as an example.

- Describe the key hospital-based, community, and university collaborators in conducting a statewide needs assessment of palliative care resources.

- Consider findings of the presented state-based needs assessment, and identify an approach to conducting a similar assessment in your own setting.

Original Research Background. As awareness increases regarding the benefits of palliative care services for children, additional studies will be needed to examine the scope of pediatric palliative care (PPC) and hospice services available, gaps in care, and opportunities for improvement. In Georgia, the Children's Healthcare of Atlanta's Palliative Care Team, Georgia Hospice and Palliative Care Organization, and Rollins School of Public Health at Emory University collaborated to conduct a statewide community needs assessment (CNA) of pediatric palliative care (PPC) and hospice resources.

Research Objectives. The CNA sought to identify the following:

- What is the scope of pediatric palliative care clinical services at the inpatient, outpatient, and community levels within the state of Georgia?
- What are the gaps in pediatric palliative care services within the state of Georgia?
- What is needed to grow pediatric palliative care services within the state of Georgia?

Methods. A mixed-method descriptive design with multiple stages incorporating different methodological approaches was utilized. These included: (1) literature review and community profile, (2) survey and interview questionnaire development, (3) windshield survey, (4) identifying and interviewing key informants, and (5) quantitative and qualitative survey of the state's hospice organizations.

Results. Four key themes and 10 key subthemes were identified, which were triangulated across all existing data collection techniques. Ten recommendations were created and organized by both importance and feasibility.

Conclusion. While pediatric palliative care services have been established at the hospital level in key geographic locations within Georgia, there is significant need for growing resources at the community level. Pre-existing models of care within the state could be leveraged to improve quality and access to care through alliances and networking.

Implications for Research, Policy, or Practice. This methodological approach can be utilized by other state organizations, institutions, or governments looking to perform a CNA of pediatric palliative care and hospice resources, or could be applied to other geographical settings or types of care.