

was associated with better psychological status (e.g., lower depression and anxiety) at 3 months.

Conclusion. We suggest a need to screen family members with validated scales and intervening with those at high risk of depression and anxiety at 3 months.

Implications for Research, Policy, or Practice. Our findings suggest that a family's own functioning and ability to cope with stress may have a stronger impact on family members' psychological health, we also suggest that health care providers empower family members to maintain and improve their own family's well-being or resilience.

Cancer Patients' and Healthcare Providers' Perceptions About Supportive and Integrative Oncology Services (S834)



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Objectives

1. Describe cancer patients' and healthcare providers' perceptions of supportive and integrative oncology services.
2. Compare cancer patients' and healthcare providers' perceptions of supportive and integrative oncology services.

Original Research Background. Supportive and integrative oncology services improve quality of life for cancer patients and are increasingly popular.

Research Objectives. To characterize and compare the perceptions of supportive and integrative oncology services among cancer patients and healthcare providers.

Methods. A cross-sectional survey was administered at Seidman Cancer Center (SCC), an NCI designated Comprehensive Cancer Center, to providers and patients in the spring of 2018. We inquired about familiarity, perceived importance, and

frequency of use, accessibility and barriers of 19 supportive and integrative oncology services. Data analysis included the Chi-square test and Spearman's rank correlation (ρ).

Results. A total of 585 surveys were obtained (421 patients and 164 healthcare providers). Patients were generally over 60 (58.2%), female (57.4%), Caucasian (64.2%) with most at >1 year from starting treatment (59.9%). Healthcare providers were physicians (38.7%), RN partners (38.1%), and advanced practice providers (APPs) (23.2%). Most were female (74.3%), Caucasian (80%) and worked at SCC for >5 years (56.4%). Providers were more familiar with palliative care (71.7%) and felt it was more important (92%) than patients did (25.2% and 43.6%, $p < 0.001$). Patients who were in treatment for a longer length of time were more familiar with social work, palliative care and psychiatry ($\rho = 0.17, 0.14, 0.20$; $p < 0.01$). Most providers (>85%) of all types regarded palliative care, social work and diet & nutrition services as important. The most common barrier for both patients and providers was being unaware of the services (41.6% and 67.1%).

Conclusion. Overall, healthcare providers were more familiar and considered most services to be more important than patients with many supportive and integrative oncology services. Being unaware of the services was a common barrier.

Implications for Research, Policy, or Practice. Interventions are needed to improve the patients' and providers' awareness of supportive and integrative oncology services and communication of the importance of these services.

Acute Care Utilization at End-of-Life in Sickle Cell Disease: Highlighting the Need for a Palliative Approach to Sickle Cell Disease (S835)



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Objectives

1. Describe the acute nature and young age of deaths of patients with Sickle Cell Disease.
2. Consider what a palliative approach to care of patients with Sickle Cell Disease entails.

Original Research Background. Despite recent advances, people with sickle cell disease (SCD) continue to have a life expectancy <50y. Therefore, understanding end-of-life care in SCD is critically important, but remains understudied.

Research Objectives. To determine the location of death and acute care utilization by people with SCD at end-of-life.

Methods. The study utilized the California Sickle Cell Data Collection Program database, which combines data from administrative sources, vital records, and Medicaid claims. We examined people with SCD who died between 2006 and 2015 (cases) and examined their utilization of the hospital, emergency department (ED), and intensive care unit in their last year of life compared to living controls with SCD matched 1:1 based on age, year, insurance, and income.

Results. The 485 cases with SCD died at a mean age of 44y (SD: 16y). Most people with SCD died in the hospital (63%) after short admissions (mean 3.4d) and the ED (15%). In the last year of life, people with SCD were admitted for an average of 42d (SD: 49d) over 5 inpatient admissions. Utilization patterns were stable throughout the year and comparable for cases and controls until the month before death when the cases had a sharp increase in utilization with the exception of 1) a slow increase in the length of hospital admissions for cases (2.6 days 12 months before death to 5.7 days the month before death) and 2) more ED visits for young adult (22-39y) cases compared with children and older adult SCD cases or young adult SCD controls.

Conclusion. People with SCD are dying acutely and at a young age – with most dying in the hospital (after short visits) and in the ED.

Implications for Research, Policy, or Practice. In SCD, a palliative approach to care should be extended beyond managing chronic pain and psychosocial challenges to include advanced directives and living wills at a young age.

Periprocedural Code Status Discussions for Inpatients Undergoing Percutaneous Gastrostomy Tube Placement (S836)



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Objectives

1. Describe recommendations for “Do-Not-Resuscitate” orders in the periprocedural period.
2. Discuss current low rate of documented periprocedural code status conversations for patients undergoing inpatient G-tube placement.

Original Research Background. Gastrostomy tube (G-tube) placement is a common procedure performed for patients with life-limiting diseases. Patients may present for G-tube with a “Do-Not-Resuscitate” (DNR) order. Despite multiple national societies recommending periprocedural conversations for patients

with a DNR status, it is not clear how often these conversations occur.

Research Objectives. We sought to evaluate the frequency of documented code status conversations for inpatients who are DNR at the time of G-tube placement at an academic medical center. We also explored factors associated with the presence of a documented conversation.

Methods. We performed a retrospective chart review for adult inpatients undergoing G-tube placement between May 2016 and May 2017. We abstracted demographic information, type of G-tube inserted, code status, indication for G-tube and mortality data. For patients with a code status other than “Full” at time of G-tube, notes five days pre- and post-procedure were reviewed for documentation of a code status discussion.

Results. We identified 254 adult inpatients who underwent G-tube placement during the one-year study period. 101/254 patients (44%) were 66 or older, 62% were male and more than half had the highest severity of illness. The most common indication for G-tube was dysphagia/aspiration (23% of patients). Thirty-three (13%) had code status other than “Full” at the time of procedure. Of those, 9 (27%) had documented code status discussion. Patients for whom anesthesia was involved were significantly more likely to have a documented code status discussion (89% of patients with an anesthesia consult vs. 33% of patients without; $p=.0057$).

Conclusion. The majority of patients with code status other than “Full” at the time of procedure did not have documented discussions in the chart despite clear recommendations from major medical societies.

Implications for Research, Policy, or Practice. Future work should include investigation into interventions to improve the rate of code status conversations as well as ensuring these are appropriately documented.

A Pilot Study of Hospice Admission Predictors of Hyperactive Terminal Delirium (S837)



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Objectives

1. Identify types of terminal delirium and its relevance to hospice patient care.
2. Describe the relationships between hospice admission data and hyperactive terminal delirium.
3. Recognize opportunities for future research about terminal delirium.

Original Research Background. Terminal delirium is a common occurrence at the end of life. It is a