Conclusion. Many patients with amyloidosis experience high symptom burden, and although the majority report moderate/ severe fatigue, and insomnia, few are co-managed by PC. About one third had improved symptom burden at their second visit.

Implications for Research, Policy, or Practice. Patients with amyloidosis have high symptom burden and may benefit from specialist palliative care. Further research is required to establish practice protocols and evaluate outcomes.

Testing Usability and Acceptance of the Electronic Patient Visit Assessment (ePVA) for Head and Neck Cancer: An Iterative Process (S873)

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Objectives

1. Describe usability testing of a web-based patient-report application for assessment of symptoms.
2. Evaluate the effectiveness of the usability testing and refinement of the electronic Patient Visit Assessment by the study population.

Original Research Background. Patients with head and neck cancer experience substantial symptom burden. A clinically useful tool is needed to evaluate symptoms for early detection of symptoms and functional limitations. Therefore, we developed a web-based electronic patient visit assessment (ePVA) for head and neck cancer. Using an iterative process to identify issues related to usability of the tool is imperative for the implementation of the ePVA in clinical settings.

Research Objectives. 1) Determine usability of the ePVA in head and neck cancer, and 2) refine the ePVA system over time based on patients' suggestions from the iterative process.

Methods. Study design consisted of usability testing using the Think Aloud technique to guide the iterative process to refine the ePVA based on participants' evaluations. After informed consent, 30 participants with head and neck cancer (Mean age = 61, 67% Male, 70% White, 83% stage IV cancer) completed the ePVA using iPads while thinking aloud about ease of use. Following ePVA completion, participants answered a valid and reliable survey about usability. All patient conversations were recorded, transcripts were analyzed using thematic analysis.

Results. Majority of participants reported symptoms (oral symptoms: 93%, fibrosis: 60%, fatigue: 60%); 90% strongly agreed/agreed that the system was easy to use and 80% were very satisfied. Only minor usability problems were reported, decreasing in frequency over the study period. No usability problems were reported by the last 3 participants who completed the ePVA. Based on patients' suggestions from the iterative process, refinement of the ePVA included increased touch sensitivity and customized error messages to improve ease of use.

Conclusion. Study findings indicate that the ePVA is easy to use and has good acceptance by the study population.

Implications for Research, Policy, or Practice. Future research using the ePVA includes mapping of longitudinal trajectory of symptoms and clinical usefulness studies.

Bereavement Interventions for Grieving Family Members: A Systematic Review (S874)

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Objectives

1. Describe psychoeducational bereavement interventions that can be offered to family members during the first year of bereavement.
2. Identify family member outcomes that can be measured in an effort to determine if bereavement interventions are effective.

Background and Objectives. Bereavement care is part of palliative care that continues after patient deaths. It is important to determine what interventions are helpful and contribute to positive outcomes since supporting the bereaved may prevent long-term negative problems. The purpose of this systematic review was to review and evaluate the evidence regarding bereavement interventions for bereaved adults during the first year of bereavement.

Study Identification. Searches of MEDLINE, Embase, CINAHl, PscyINFO, and the Cochrane Central Register of Controlled Trials were conducted. Search terms used were grief, bereavement, mourning, intervention, program, support, therapy, outreach and counsel. A comprehensive review was conducted of bereavement intervention investigations published between 1979 and 2018.

Data Extraction and Synthesis. Twenty-five investigations were identified and analyzed. Of the 25 investigations 16 were randomized control trials and 9 were quasi experimental investigations. The interventions designed and tested included psychoeducational interventions (6), support group interventions (7), 1:1 support interventions provided by professionals, non-professionals or a combination of both (4), and additional interventions (8). Examples of additional interventions included post death letters and post death telephone calls.

Results. The review demonstrated that psycho-educational interventions (including two web-based interventions) were most effective. Support group interventions and 1:1 support interventions had mixed results. Effective additional interventions included family focused grief therapy and an intervention that taught breathing and relaxation exercises. Positive family member outcomes included a decrease in symptoms of anxiety, depression and post-traumatic stress, decreased levels of grief and increased coping.

Conclusions and Implications for Practice, Policy, and Research. The results of this systematic review demonstrated that there are grief interventions that are effective and can be used to support adult family members during the first year of bereavement. Based on the results of this systematic review specific bereavement interventions can be safely offered to bereaved family members. Additional research is needed with diverse populations.

Cannabis Use Among Patients Prescribed Opioids in a Palliative Care Clinic (S875)

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Objectives

1. State the approximate percentage of patients receiving opioids in a palliative care clinic who also use cannabis.
2. Describe the most common symptoms for which patients use cannabis in our clinic population.

Original Research Background. Cannabis use is increasing in the United States. Palliative care patients utilize it to manage various symptoms, but there is little data about its use in this population.

Research Objectives. To assess cannabis use among palliative care clinic patients being prescribed opioids.

Methods. We conducted a retrospective chart review (October 2017, January 2018 and April 2018) using a convenience sample of patients being prescribed opioid therapy in a palliative care clinic at a rural, tertiary care, academic system.

Results. During this time period, 174 patients received prescriptions for opioids (98% for cancer-related pain, 4% dyspnea). Seventy-eight patients (45%) were using cannabis, and of these, 57 (73%) had the indication documented. Among those using cannabis, only 3 (4%) indicated using cannabis recreationally. Documented reasons for cannabis use included: pain (55, 96%), insomnia (12, 21%), nausea (10, 18%), appetite (10, 18%), anxiety (5, 9%), depression (3, 5%), and seizures (1, 2%). Twenty patients (35%) used therapeutic cannabis for more than one indication. Routes of administration for the 38 patients for whom this was documented included: smoking (12, 32%), vaping (15, 40%), tincture (7, 18%), edible (6, 16%), and topical (6, 16%). Data was lacking on the formulations (CBD:THC ratios) of cannabis utilized and frequency of use.

Conclusions. Cannabis use is common among patients being prescribed opioids by a palliative care clinic. Indications and routes of administration are numerous. Our data lacks information on frequency and effectiveness of use for a given symptom. Use of cannabis and other complementary and alternative treatments should be assessed in palliative care patients.

Implications for Research, Policy, or Practice. Future research should investigate: better understanding of cannabinoid component formulations utilized for symptom relief, patients' perceived efficacy and side effects of cannabis as compared to FDA-approved medications for symptom management, safety profile of cannabis in combination with opioids, and whether cannabis use affects usage of opioids for cancer-related pain.

How are Pediatric Tracheostomy Decisions Discussed? An Analysis of Pediatric Tracheostomy Decision Processes (S876)

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Objectives

1. Describe pediatric tracheostomy decision discussions through the lens of the 10 Cardinal Issues from the Cardinal Issues Perspective (CIP) on decision making.
2. Interpret pediatric tracheostomy decision discussions through the lens of the 10 Cardinal Issues from the Cardinal Issues Perspective (CIP) on decision making.

Original Research Background. Parents of critically ill children who are ventilator dependent are often asked to consider the placement of a tracheostomy. This decision has substantial implications over the