

the 8-week summer program that included weekly didactic sessions with hospice and palliative care providers. Empathy and Self-Efficacy to provide end of life care were measured in 18 undergraduate health professions' students (7 men; 11 women) between the ages of 19 and 27 before and after the program.

**Results.** Paired t-tests revealed significant increases in perceived self-efficacy to provide end of life care ( $p < .001$ ) and empathy ( $p < .05$ ) among participants following completion of the program.

**Conclusion.** Residential homes for the dying offer a unique patient care experience with time to practice end of life care with instruction by, and observation of, more experienced caregivers.

**Implications for Research, Policy, or Practice.** There are approximately 30 residential homes for the dying in upstate NY and 30 others across the U.S. in need of caregivers. This educational initiative represents an opportunity to improve community-based end of life care and cultivate communities of compassionate caregivers.

### ***Characteristics of Hospices Providing High-Quality Care (S802)***



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#### *Objectives*

1. Identify hospice characteristics associated with high performance on CAHPS Hospice Survey measures.
2. Identify hospice characteristics associated with high performance on Hospice Item Set measures.
3. Compare hospice characteristics associated with high performance on Hospice Item Set measures to characteristics associated with high performance on CAHPS Hospice Survey measures.

**Original Research Background.** Newly available data from the Hospice Quality Reporting Program allow for examination of hospice characteristics that are associated with high-quality hospice care.

**Research Objectives.** Examine hospice characteristics associated with high performance on Hospice Item Set (HIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey measures.

**Methods.** We used 2015 hospice claims and 2016 Provider of Services data to identify structural features of hospices, characteristics of their patients, and their processes of care. We used logistic regression models to assess the association between hospice characteristics and hospices' being in the top quartile of 2015-

2017 performance for HIS measures, CAHPS measures, or both.

**Results.** Of the 2,746 hospices in our analysis, 5.6% were in the top quartile of both HIS and CAHPS measure performance. Hospice characteristics associated with being in the top quartile for HIS included being in a for-profit chain, larger size (91+ patients per year), and having fewer than 40% of patients in a nursing home. Characteristics associated with being in the top quartile for CAHPS included being a non-profit and non-chain hospice, smaller size (< 200 patients per year), and serving a rural area. Providing professional staff visits in the last two days of life to a higher proportion of patients was associated with hospices' being in the top quartile of HIS and in the top quartile of CAHPS.

**Conclusion.** Hospice characteristics associated with strong performance on clinical process measures differ from those associated with better patient and family experiences of care; however, some hospices achieve high performance on both domains, suggesting that there is no inherent tradeoff between them.

**Implications for Research, Policy, or Practice.** Variation in care quality by hospice characteristics suggests opportunities for improvement.

### ***Teaching the Skill of Shared Decision Making Utilizing a Novel Online Curriculum: A Blinded Randomized Controlled Pilot Study (S803)***



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#### *Objectives*

1. Identify the components of shared decision making using a values-guided support approach.
2. Identify language that identifies parental values and how language to elicit these values can be learned via the educational intervention.
3. Identify common ways that decisions may be inadvertently and inappropriately framed during conversations in high stakes situations.

**Original Research Background.** Competence in shared decision making for non-palliative care professionals is becoming essential as children's hospitals are increasingly caring for more chronically and critically ill children. The resources of Pediatric Palliative Care teams are often stretched thin, and the medical team is often unable to ascertain families' goals of care during rounds or bedside discussions, often due to lack of communication training and skills.

**Research Objectives.** To test the effectiveness of an online module in improving the language of shared decision making used by non-palliative care pediatric