

Most patients were discharged from the hospital alive (78.7%, range between teams: 44.7%–99.4%), and the percentage of patients discharged alive increased over time (75.0% to 80.0%, $p < 0.0001$). Between 2013 and 2017, there was a substantial decrease in hospice referrals (46.0% to 31.0%, $p < 0.0001$) and an increase in referrals to clinic-based (2.0% to 4.0%, $p < 0.0001$) and home-based PC services (2.0% to 4.0%, $p < 0.0001$).

Conclusions. There is wide variation in practice across inpatient PC teams. Overall, teams are seeing more patients with diagnoses other than cancer and are doing so earlier in the course of illness, which may account for lower rates of hospice referral. Teams are connecting slightly more patients with outpatient PC services at the time of hospital discharge.

Implications. Changes in the practice of PC over time are consistent with guidelines calling for PC for all patients with serious illness earlier in the course of illness. Variations in practice between teams establish benchmarks and reveal opportunities for improvement.

Finding the Path: Incorporating Patient Preferences into an Interactive Clinical Pathway Platform (S867)



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Objectives

1. Identify preferences that affect treatment decision-making among women with Stage I-III breast cancer.
2. Describe a new clinical pathway model that will incorporate women's preferences for individualized assessments of prognosis and treatment benefits and challenges, and that will facilitate shared-decision making and use of palliative care services.

Original Research Background. Clinical pathway tools offer physicians a selection of cost-effective, evidence-based treatment options to discuss with patients. Although shared decision-making is essential to patient-centered care, clinical pathway tools have

not integrated patient preferences around treatment burden and outcomes.

Research Objectives. We sought to identify patient preferences for incorporation into MyPATHway, a patient-centered, interactive clinical pathway platform for patients with breast cancer.

Methods. Using interpretive description as an approach, we conducted individual qualitative interviews with women aged 18+ treated for Stage I-III breast cancer at Smilow Cancer Hospital in New Haven, CT. We asked participants if there was additional information they would have liked prior to treatment decision-making, their preferences for and factors affecting decision-making, and their attitude towards an electronic platform, including preferences for learning about and weighing treatment burdens and outcomes. We coded transcribed interviews and analyzed them for themes.

Results. The sample's ($n=21$) mean age was 56.4 (range 29-74). Breakdown of cancer stage was I (33.3%), II (42.9%), and III (23.8%). Participants reported receiving adequate information prior to treatment decision-making, although some wanted more regarding what to expect during and after treatment. Several factors affected treatment decision-making, including physical (e.g., symptom burden), lifestyle (e.g., ability to function in normal roles), provider (e.g., provider opinion), and health care system (e.g., consistency of care) factors. Participants strongly felt they had "final say" in treatment decision-making while preferring involvement of providers and family caregivers. Most were open to using an electronic platform at home or in clinic, but to augment versus to replace face time with providers.

Conclusion. Participants identified preferences regarding content and format that build on currently available clinical pathway tools.

Implications for Research, Policy, or Practice. We will utilize data to design and test MyPATHway so that it facilitates shared decision-making and, potentially, use of palliative care services to better set and meet patient expectations.

Are Pediatric Patients Just Short Adults? Most Commonly Prescribed Drugs for Pediatric Hospice Patients (S868)



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Objectives

1. Describe prescribing practices for pediatric patients receiving hospice care.