primary providers in palliative interventions and communication. This is increasingly recognized in value-based payment models such as Accountable Care Organizations (ACOs) and the Comprehensive Primary Care Plus program, thus creating an opportunity for palliative care clinicians.

This concurrent session will present unique, multidisciplinary approaches to enhance primary palliative care delivery. These models vary from providing training for hospital-based and primary care clinicians to integrating palliative specialists in primary care. They include:

1. Focused geriatrics and palliative care skills training for primary care physicians within an ACO.
2. A trial of home-based palliative care embedded within a primary care practice vs. usual office-based care enriched with palliative care training for primary care clinicians.
3. A systematic intervention to improve serious illness communication in primary care.
4. A curriculum on best practice approaches to delivering primary palliative care for hospital-based teams with community education and outreach.

Both primary care and palliative care needs and resources vary widely by region and practice. Each model presented will emphasize the process of needs assessment and stakeholder engagement preceding program design and implementation. This will equip attendees to return to their own communities and begin to engage with primary care practices around developing models of care.

The Epidemiology of Community-Based Pediatric Palliative Care: A Descriptive Study (TH370A)

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Objectives

- Describe the demographics of the pediatric population served by a community-based palliative care program.
- Recognize survival data of the pediatric population served by a community based palliative care program and its implications on the care needs and support for these children and their families.

Original Research Background. Pediatric Palliative Care (PPC) is a rapidly-growing pediatric subspecialty. While there is ample literature characterizing children receiving inpatient palliative care services, little is known about the children enrolled in community-based pediatric palliative care programs.

Research Objectives. To characterize a large cohort of children in upstate NY cared for by CompassionNet, a community-based pediatric palliative care program.

Methods. Children were identified by reviewing the CompassionNet database from 2008-14. Children were eligible for the program if they were <22 years old and had an illness that put them at risk of dying before age 21. Demographic data, time on the program, disease categories, overall survival, and date of death were extracted from the database. Disease type was defined by ICD9 codes for complex chronic conditions (CCC).

Results. 713 children were enrolled and followed during the study period. The median time children were on the program was 3.5 years (range 0-15 years). Median age at time of enrollment was 6.5 years (0-24). 379 (53%) were male. 426 (60%) were white, 102 (14%) black, 38 (5%) were Hispanic and 49 (7%) were other. The most common CCC's were malignancies 265 (37%), cardiovascular disease 81 (11%), and neonatal disease 58 (8%). 546 (77%) of children enrolled in the program are alive. At 1 and 2 years, 82% and 56% of children are still being served by the program, respectively.

Conclusion. These data suggest there is a role for community-based pediatric palliative care programs in caring for children with CCC's and that with many of these children surviving a long time, that role can continue over many years.

Implications for Research, Policy, or Practice. Children with complex chronic conditions live a long time and spend much of that time in the community. Broader support for community-based programs is needed to provide these children and their families support at home, not just in the hospital.

Improving Moral Distress and Provider Perceptions with an Integrated Palliative Care Conference in the Neonatal Intensive Care Unit (NICU) (TH370B)

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Objectives

- Describe how domains of palliative care can be integrated into the care of high-risk infants in the Neonatal Intensive Care Unit (NICU).
- Delineate the effects of an integrated palliative and neonatal interdisciplinary conference on staff moral distress and neonatal providers' perceptions towards palliative care.

Original Research Background. Despite national recommendations to incorporate palliative care (PC) into the Neonatal Intensive Care Unit (NICU), providers' (MD and APN) perceptions may prevent optimal PC delivery in this setting, leading to moral distress in staff.

Research Objectives. Objectives were to investigate the efficacy of a weekly case-conference to improve moral distress and perceptions of PC in the NICU and to increase consultation rate to specialty PC for newborns at high risk for mortality and/or morbidity.

Methods. An interdisciplinary PC/NICU case-conference served as a platform for educating providers on incorporating palliative care domains into the care of high-risk NICU infants. NICU providers' PC perceptions were measured at baseline and after 12 months of implementation (follow-up) using a published survey. Providers and multidisciplinary NICU staff completed the Moral Distress Scale-Revised at baseline and follow-up. NICU consultation rate to PC at follow-up was compared to baseline.

Results. Surveys were completed by 57 MDs/APNs and 176 NICU staff, mostly RNs. Compared to baseline, providers were significantly more likely to endorse that they provide families with PC options (84% v. 95%; $p<.03$); are comfortable with PC (84% v. 97%; $p=.03$); are satisfied with EOL care (65% v 79%; $p<.02$); have time to provide PC (42% v 72%; $p<.02$); and perceive parents are involved in PC decisions (81% v. 95%; $p<.01$). Additionally, moral distress among NICU staff was significantly reduced ($p=.005$) and the number of PC consultations increased by 56%.

Conclusion. Moral distress, provider perceptions of PC, and PC consultation rate can be improved by a weekly case-based interdisciplinary conference that includes PC and NICU stakeholders.

Implications for Research, Policy, or Practice. This study provides direction for overcoming some PC implementation barriers in the NICU. Future studies should assess the effect of improved utilization of PC services on parental perceptions and newborn outcomes.

Availability of Bereavement Support Services for Those Affected by a Pediatric Death: A Literature Review (TH370C)

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Objectives

- Describe the importance of providing bereavement support services to families impacted by the death of a child.
- Describe how to conduct a scoping literature review.
- Discuss the limits of existing research related to the availability of bereavement support services for families impacted by the death of a child.

Research Background. Bereavement support is an essential component of palliative care. Yet little is known about the availability of bereavement support services offered to those affected by a pediatric death.

Research Objectives. To review existing literature related to the availability of bereavement support for families affected by the death of a child (including pre-natal deaths) in the United States (US).

Methods. We searched five databases (PubMed, Embase. PsycIFNO, CINAHL, and Cochrane Library) using terms related to three concepts: "child death," "bereavement," and "support." We included articles discussing availability of bereavement support services based in the community, hospital, clinic, or a palliative care organization. We excluded articles that focused on bereavement education, case studies or series, specific program descriptions, healthcare provider support, the impact of a child's death on parents or healthcare providers, adult death, efficacy of bereavement services, activities during the dying period, and programs outside the US. Two people screened articles for those that met our inclusion/exclusion criteria. A third team member resolved discrepancies. Resultant articles were reviewed by two people for content.

Results. Our database search identified 2,067 articles, of which 7 met our inclusion/exclusion criteria. Three articles addressed services for all pediatric populations, 3 focused on pregnancy loss, and 1 focused on cancer patients. 4 articles described the types of services available, two of which highlighted variability in the breadth and depth of services offered. 3 articles described service use and noted that minorities are underrepresented.

Conclusions and Implications for Research, Policy, or Practice. The literature on availability of US bereavement support services for families affected