quality of life through emotionally therapeutic effects, with sub-themes of non-medical relationships, distraction, family engagement, and personalized care.

Conclusions and Implications. This pilot CAT-PCCS program evaluation supports the need to confirm the association with positive trends in patient-reported pain, anxiety, and well-being in further studies with larger enrollment, and provides qualitative themes of patient and family member emotionally therapeutic effects.

Caring About Cancer—Advance Care Planning Group Visit Intervention (QI744)

Jeanie Youngwerth, MD FAAHPM, University of Colorado School of Medicine, Denver, CO. Nancy Robertson, MSN ANP-BC ACHPN, University of Colorado, Aurora, CO. Erin Nielsen, LCSW, The Holding Group and University of Colorado Hospital, Denver, CO. Hillary Lum, MD PhD, University of Colorado School of Medicine, Aurora, CO.

Objectives

1. Implement the ENACT-GV intervention to persons living with cancer.
2. Determine the feasibility and acceptability of the ENACT-GVs at the University of Colorado Hospital Anschutz Cancer Pavilion.
3. Evaluate the impact of ENACT-GV on medical durable power of attorney documentation.

Background. Electronic health record (EHR) documentation of a medical durable power of attorney (MDPOA) for persons living with cancer is only 25% at the University of Colorado Hospital Anschutz Cancer Pavilion (UCH-CP). Engaging in Advance Care planning Talks Group Visit (ENACT-GV) intervention can improve ACP discussions and EHR documentation in the primary care setting.

Aim Statement. To increase MDPOA documentation from 25% to 50% in persons living with cancer within six months.

Methods. Patients were recruited from UCH-CP Genitourinary Cancer Clinic by letters and phone calls. Three ENACT-GV were conducted, each consisting of two 2-hour sessions, one month apart, facilitated by a palliative care nurse practitioner and UCH-CP social worker. The groups consisted of ≤ 10 participants with an option for patients to bring a guest. ACP documentation in the EHR (baseline and one week after the 2nd session) and the 4-item ACP Engagement Survey (baseline and immediately post session) were assessed. Cycle 1 implemented ENACT-GVs at UCH-CP, cycle 2 optimized patient referrals, and cycle 3 enhanced group facilitation techniques.

Results. Ten patients (<2% recruitment rate) were recruited. Three patients returned for the 2nd session (30% retention rate). Seven guests attended ENACT-GVs (all attended only the 1st session). At baseline, 20% had a MDPOA in the EHR; one week after the 2nd session, 100% had MDPOAs in the EHR ($p<0.001$). 17% of patients ($n=2205$) who did not attend ENACT-GV had MPDOAs in the EHR compared to 100% who attended ENACT-GV ($p<0.001$). 87% of participants believed ENACT-GV was better than normal clinic visits for ACP discussions. 93% of participants would recommend ENACT-GV to another person. 50% of patients preferred one session over two sessions.

Conclusions and Implications. ENACT-GV was an acceptable method to engage persons living with cancer in ACP discussions and significantly improved documentation, however, recruitment was low. Limiting ENACT-GV to a single group session may improve feasibility.

Residential Homes for the Dying: An Untapped Resource for Teaching Patient and Family-Centered End of Life Care Before Professional School Training (S801)

Catherine Adams, MD PhD, St. Peter's ssHospital, Albany, NY. Kelly Melekis, PhD MSW, Skidmore College, Saratoga Springs, NY. Carol Weisse, PhD, Union College, Schenectady, NY.

Objectives

1. Describe a clinical training program for undergraduate health professions students to provide bedside end of life care.
2. Explain the effect which participation in the CARE program had on undergraduate health professions students.

Original Research Background. There is a lack of clinical training opportunities in end-of-life care, especially at the bedside. The Community Action, Research, and Education (CARE) program was developed to help students interested in healthcare better understand the challenges of providing care when no cure is possible. Program participants train to serve as surrogate family members and spend 8 weeks providing care to 2 hospice patients in residential homes for the dying in upstate New York. In addition to providing 24 hours of direct bedside care per week, students complete 10 online learning modules, each of which emphasize different skills for providing end of life care. Students also meet with hospice and palliative care professionals and conduct agency-driven research to benefit the home where they provide this care.

Research Objectives. To determine whether the CARE program improves empathy and self-efficacy to provide end of life care among participants.

Methods. Eighteen undergraduate health professions students from 4 different institutions completed 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)

Rebecca Anhang Price, PhD, RAND Corporation, Arlington, VA. Anagha Tolpadi, MS, RAND Corporation, Santa Monica, CA. Joan Teno, MD MS, Oregon Health and Science University, Portland, OR. Marc Elliott, PhD, Rand Corporation, Santa Monica, CA.

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)

Joshua Arenth, MD, University of North Carolina Healthcare, Chapel Hill, NC. Kenneth Pituch, MD, University of Michigan, Ann Arbor, MI. Jessica Turnbull, MD MA, Monroe Carell Jr. Children's Hospital, Nashville, TN.

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