

Results. The percentage of infants receiving PPC in the NICU increased over time from 7% in 2009 to 38% in 2017. Infant decedents ($N=140$) who received PPC in the NICU were mostly Caucasian (58%) and African American (39%), receiving Medicaid (84%), and had genetic (53%) and prematurity (34%) diagnoses. There were no statistically significant differences between racial or urban versus rural groups in the timing of PPC consultation during the NICU admission. Infants who lived over 1 hour away received PPC significantly later than infants living less than 1 hour away from the NICU ($p=0.03$).

Conclusion. There were no racial or rurality differences in PPC timing during hospitalization; however, traveling over an hour to the hospital was associated with a delay in receiving PPC.

Implications for Research, Policy, or Practice. Interventions tailored to reduce disparities in timely PPC in the Deep South may need to account for families living great distances from their hospitalized infant.

“Why Would You Choose Death?”: Heart Failure Patient Attitudes Regarding Palliative Care (S817)



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Objectives

1. Discuss relationships among attitudes toward palliative care, advanced care planning and care satisfaction among patients with heart failure.
2. Identify implications for PC implementation in HF care.

Original Research Background. Patient-level factors potentially influencing perceived need for palliative care (PC) in heart failure (HF) remain unclear.

Research Objectives. Explore HF patients' attitudes toward PC, including self-defined triggers for specialty PC.

Methods. Semi-structured interviews exploring palliative needs, the extent to which those were met within current HF management, and preferences regarding PC initiation. Two investigators independently analyzed transcript data using thematic analysis. The Kansas City Cardiomyopathy Questionnaire (KCCQ) was administered to measure symptom burden.

Results. 28 patients recruited from a quaternary care hospital were interviewed. The average participant was 63 years old, male and Caucasian with 3.4 symptoms and KCCQ score of 39. 71% ($n=20$) had advanced disease (NYHA III/IV). After being read a definition of PC expressing its role in symptom control and quality-of-life across the illness trajectory, most viewed it favorably. However, participants also expressed

preferences to delay specialty PC involvement until their disease became terminal. Other themes include: (1) exhaustion of treatment options, and loss of ability to perform activities-of-daily-living as triggers for specialty PC involvement; (2) lack of relationship between symptom burden and advance care planning activities; (3) general satisfaction with HF management despite identifying gaps (e.g. social services management) in treatment.

Conclusion. Our results suggest HF patients, despite positively viewing PC as an option for symptom control across HF's disease course, prefer to utilize PC solely for end-of-life care.

Implications for Research, Policy, or Practice. Efforts are needed to negate patient reluctance to PC across the illness trajectory, as patients may believe PC is reserved exclusively for terminal care.

Spirituality and Religiosity and Burnout in Latin-American Palliative Care Health Care Professionals (LAPC) (S818)



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Objectives

1. Identify demographic factors related to spirituality and religiosity in PC health care providers from Latin America.
2. Identify factors related to burnout in PC health care providers and the relationship with spirituality and religiosity.

Original Research Background. Spirituality(S) and religiosity(R) are common with Latino cultural values. These elements are essential in delivering Quality Palliative Care (PC). There is limited literature regarding Latin American clinicians' spiritual and religious characteristics, or how these commitments shape their clinical engagement and presence of burnout.

Research Objectives. To describe the frequency, intensity and importance of self-reported S and R and burnout on the clinical practice of LAPC.

Methods. From 6/1, to 12/31, 2017, a cross-sectional study using an anonymous and voluntary Online Survey was provided to active members of PC-Latin American-Association. We collected and analyzed data regarding demographics, personal and professional role of S and R and burnout.

Results. 221/353 members from 20 Latin American Countries participated, Response rate 63%. Median age 47(SD+/-12), 75% were women. 40% were Catholic. 58% were physicians, 19% nurses, 12% psychology, and other 12%. The median time of working in PC was 9 years (+/-7). LAPC considered themselves spiritual (median: 8/10, range 0-10) and religious (5, 0-10). LAPC considered S/R very important in their lives (9/10, 0-10 and 6/10, 0-10), respectively. LAPC reported that S/R was a source of strength and comfort (9/10, SD+/-2), helped them to cope with their problems (8/10, SD+/-3), and helped them to keep their quality of life in a stressful work environment (8/10, SD+/-4), significant in those belonging to a church community ($p=0.000$), time working in PC ($p=0.01$), age ($p=0.03$). 190/221(86%) reported strongly/somewhat agreed with the statement: "I feel called to take care of patients who are dying". 31/221(14%) reported being Burned out. No significant difference among gender, profession, age, years in profession or in PC, or importance of spirituality and religion.

Conclusion. Most of LAPC considered themselves spiritual and religious. Low percentage of LAPC reported presence of burnout. The "call" and feeling energized caring patients dying are associated with less burnout. More research is needed.

Implications for Research, Policy, or Practice. Spirituality and Religiosity helping to decrease burnout in Latin American PC.

Validation of the Palliative Performance Scale (PPS) to Predict Survival of Older Adults Admitted to the Hospital from the Emergency Department (S819)



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Objectives

1. Identify those patients admitted from the emergency department who have a high 6 month mortality rate and could benefit from early Palliative intervention.
2. Recognize that patients who have low baseline functional status will have a lower 6 month survival when admitted to the hospital from the emergency department.

Original Research Background. Emergency clinicians have a role in early prognostication. Babcock et al. (2016) validated the PPS among adult patients

admitted to the hospital through the ED. They demonstrated the content validity that PPS of 0-30 and 40-60 predict 6 month survival of 14% and 48%, respectively. However, their study was limited by a modest sample size at a single hospital of a predominantly white affluent patient population. We hypothesize that decreasing baseline PPS score will correlate with decreasing survival and that PPS will be a predictor of mortality. If the PPS can discern those at high risk of death it may provide a method to identify those patients who might benefit from a goals-of-care conversation prior to hospital admission.

Research Objectives. To evaluate the construct validity of the Palliative Performance Scale (PPS) as a measure that can stratify the 6 month survival of older adults admitted to an urban university hospital from the emergency department.

Methods. Adults >55 years admitted from the ED were interviewed by investigators on day of admission. Baseline PPS assessed and on admission and followed up at 6 months.

Results. One hundred and forty five participants were enrolled, 129 participants accounted for and 16 were lost at the end of 6 month follow-up. Survival at 6 months as follows: 86% survival of those with initial PPS of 70-100 (13/95 died), 58% survival of those with initial PPS of 40-60 (18/43 died), and 28% survival of those with initial enrollment PPS of 10-30 (5/7 died) (Chi-squared statistic = 21.15, $p=.000026$).

Conclusion. Palliative performance scale is validated tool for predicting mortality at 6 months and can be used to screen patients admitted from the ED who could benefit from Palliative care consult.

Implications for Research, Policy, or Practice. P-CaRES tool in combination with PPS could help define this population further and additional studies may be of benefit.

How Do Internal Medicine Residents Perceive Direct Observation for Education in Goals-of-Care Communication? (S820)



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Objectives

1. Describe resident perceptions of direct observation of goals-of-care communication.
2. Describe barriers to direct observation of goals-of-care communication.