were seen in patients with age ≤75 (p=0.27), cervical cancer (p=0.11), non-recurrent disease (p=0.69) and a non-infectious admission indication (p=0.49).

Conclusion. In this cohort of non-surgical patients with advanced gynecologic malignancy discharged to SRC, only 20% received additional chemotherapy, and the median survival was 58 days.

Implications for Research, Policy, or Practice. This may be an appropriate population to target for advanced care planning prior to discharge.

Why Do Some Patients Regret Their Decision to Initiate Dialysis? (S865)

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Objectives

1. Discuss the importance of patient autonomy in dialysis decision-making.
2. Discuss the impact of a physician's paternalistic style of decision making on patients' inner peace with the decision.

Original Research Background. Nearly 25% of patients receiving maintenance dialysis withdraw from dialysis each year. Many patients regret their decision to start dialysis.

Research Objectives. To identify factors associated with dialysis regret.

Methods. A forty-one item questionnaire was administered to adult patients receiving maintenance dialysis in seven dialysis units located in Cleveland, Ohio and its suburbs. Of the 450 patients who were asked to participate in the study, 423 agreed. The questionnaire items assessed patients' knowledge of their kidney disease, attitudes toward chronic kidney disease (CKD) treatment, and preference for end-of-life (EoL) care. A single question was used to assess dialysis regret, "Do you regret your decision to start dialysis?" We used logistic regression to identify predictors of decisional regret. Candidate predictors were patient demographics, attitudes toward CKD treatment, beliefs about the dialysis decision-making process, and EoL care preferences.

Results. Eighty of 395 respondents (20.2%) reported dialysis regret. Three variables were associated with dialysis regret: (1) patients chose dialysis over conservative management to please doctors or family members (adjusted odds ratio (AOR) 3.33, confidence interval 1.73, 6.37), p=<0.0001; (2) patients thought it was important for their families to be actively involved in dialysis decision-making (AOR 1.97, CI 1.73, 6.37), p=0.0001; (3) patients reported not having prognostic discussions with the kidney doctors (AOR 2.60, CI 5.85,1.15, CI), p=0.0414.

Conclusion. Dialysis regret was not uncommon in this sample. Regret is associated with beliefs about the dialysis decision-making process. There was no evidence of demographic (age, gender, race, income) differences in regret.

Implications for research. Future research involving multiple stakeholders (e.g., patients, caregivers, physicians) is warranted to identify modifiable risk factors for dialysis regret and to improve dialysis decision-making.

Trends in Hospital-Based Specialty Palliative Care: Insights from a National Palliative Care Quality Improvement Collaborative (S866)

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Objectives

1. Describe at least two trends in processes of care provided by inpatient palliative care (PC) teams over time.
2. Describe one major change in a clinical outcome achieved by inpatient PC teams over time.
3. Discuss how these trends relate to evolving expectations of and norms within the field.

Background. The field of palliative care (PC) is growing and evolving rapidly in response to increased demand and recognition of its benefits.

Objectives. Describe how processes of care and outcomes achieved by inpatient PC teams have changed over time.

Methods. Data for this study were extracted from the Palliative Care Quality Network database on 03/06/2018 and pertain to 135,197 patients referred to 88 inpatient PC consult teams between 01/01/2013 and 12/31/2017.

Results. The most common diagnoses leading to inpatient PC consult were cancer (32.0%, range between teams: 11.3%—93.9%), cardiovascular disease (13.2%, 0%—29.0%), and pulmonary disease (11.3%, 0%—26.0%). The percentage of referred patients with cancer decreased between 2013 and 2017 (39.0% to 30.0%, p<0.0001), while there was an increase in the percentage of patients with cardiovascular disease (12.0% to 14.0%, p<0.0001) and pulmonary disease (10.0% to 12.0%, p<0.0001).

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.