

share if important to them. Universality of death, the “Golden Rule,” and hospice professionals treating everyone the same were provided as reasons why LGBTQ+ individuals did not have particular care or communication needs. LGBTQ+ HCT participants often countered this by citing historical discrimination and its particular impact on older adults.

Conclusion. Many HCT members seemed unaware of issues impacting the end-of-life experience of LGBTQ+ groups.

Implications for Research, Policy, or Practice. Competency education focused on cultural, historical context and communication competencies would support more inclusive care.

Hospital-Based Palliative Care Experiences of Patients with COVID-19 (SCI947)



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Objectives

1. Describe characteristics of hospitalized patients with COVID-19 requiring PC consultation.
2. Describe PC consultation needs and interventions for subject population.

Background. Palliative care (PC) consultation is an important intervention for patients hospitalized with COVID-19. While clinical guidelines are being introduced, data regarding PC practices and outcomes remain lacking.

Research Objectives. To describe PC consultation needs and interventions for hospitalized patients with COVID-19.

Methods. Retrospective analysis of patients admitted to three regional hospitals with diagnosis of COVID-19 between March and June 2020. Electronic health record review was utilized to extract information regarding patient demographics, underlying medical history, hospital course and complications, clinical details of PC reasons for consultation and interdisciplinary interventions.

Results. The analysis included 227 patients (mean age 70 years; 49% women, 73% African American;) with median hospital length of stay 16 days (range 1-31). Predominant comorbidities included CKD (34%), dementia (26%), heart failure (22%), cancer (14%), chronic lung disease (13%), and stroke (11%). Most patients (68%) were admitted from

home. Hospital interventions often included intubation (57%) and renal replacement therapy (23%). At time of consult, 33% already had do-not-resuscitate orders. Nearly half (48%) died in hospital; the remainder were discharged to home (19%), facilities (19%), or hospice care (3%). PC was primarily consulted for clarifying goals (75% of cases) but also psychosocial-spiritual support to patients/families (35%) and symptom management (29%). Interdisciplinary PC encounters were conducted by MDs/NPs (46%), social workers (44%), chaplains (11%), and clinical pharmacists (3%). Across all encounters, PC interventions included psychosocial (24%) and spiritual (9%) support, goals-of-care meetings (20%), bereavement calls (7%), as well as pain (9%) and non-pain (22%) symptom management. For symptom management, patients frequently required opioids (77%) and benzodiazepines (42%), compared to antipsychotics (26%).

Conclusion. Hospitalized patients suffering from COVID-19 receive broad interdisciplinary PC interventions with emphasis on non-pain symptom management and supportive counseling to patients/families.

Implications for Research, Policy, or Practice. This study provides initial perspectives with which to begin development of hospital-based PC practices targeting patients suffering from COVID-19 and their families.

Grieving in a Pandemic: How COVID-19 Has Impacted Bereavement for Family Caregivers of Hospice Cancer Patients (SCI948)



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Objectives

1. Analyze 1-4 aspects of bereavement that have been impacted by COVID-19 for family caregivers of advanced cancer hospice patients.
2. Evaluate the strategies implemented by family caregivers to overcome isolation and maintain connectedness during the Coronavirus pandemic.

Research Objective. As Coronavirus has spread to the US, it has changed family caregivers' hospice experiences including bereavement.

Background. To examine the impact of a global pandemic on connectedness and isolation in