

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

bereavement among hospice family caregivers using automated phone diaries.

**Aim.** We examined phone diaries of bereaved hospice family caregivers of cancer patients from a larger multi-site longitudinal study for COVID and non-COVID related references to isolation and connectedness.

**Methods.** Participants were asked to complete daily phone diaries through an automated system from the time they consented to 6 months after the patient's death. Recordings were selected between March 13 and May 15, 2020 from bereaved caregivers. Summative content analysis using deductive codes was conducted to examine diaries for physical/social isolation and connection. Isolation was defined as having no other person in close physical or social contact during bereavement, while connection was defined as feeling attached to others during bereavement.

**Results.** Bereaved caregivers' diaries (N=6; bereavement range=2-7 months) were analyzed. Each caregiver completed audio diaries over the bereavement period (range=1 to 42). Of the 59 diaries, 32 (54.24%) made reference to the coronavirus pandemic. Coronavirus references were mentioned by all 6 participants. COVID-related connection was identified 15 times (25.42%), while COVID-related isolation was identified 32 times (54.24%). Non-COVID related connection was identified 20 times (62.5%), while non-COVID related isolation was coded only twice (13.33%).

**Conclusions and implications.** Findings from this study suggest COVID-related social isolation was integral to the bereavement experiences of family caregivers. However, despite the pandemic, caregivers expressed maintaining connectedness to others. This study has implications for hospice support services for bereaved caregivers during the pandemic.

### ***When Financial Health Is Tied to Mental Health: Predictors of Hospice Cancer Caregivers' Psychological Well-Being (SCI949)***

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#### *Objectives*

1. Identify 2-4 factors sociodemographic, caregiving, or economic factors associated with cancer caregivers' mental health outcomes during hospice.

2. Evaluate how financial well-being affects the mental health of cancer caregivers and discuss implications for policy and practice.

**Background.** End-of-life caregiving is associated with poorer mental health which may impact bereavement.

**Research Objectives.** To examine the sociodemographic, caregiving, and economic characteristics of mental health among hospice family caregivers of cancer patients.

**Methods.** Informal caregivers were purposively recruited from hospices from four states. Participants completed demographic, caregiving, and mental health survey items. The Medical Outcomes Social Support Survey ( $\alpha=0.85$ ), Zarit Caregiving Burden Inventory ( $\alpha=0.89$ ), PROMIS mental health subscale ( $\alpha=0.80$ ), Hospital Anxiety and Depression scale (anxiety-  $\alpha=0.88$ ; depression  $\alpha=0.80$ ), and the Positive Affect and Well-being Scale ( $\alpha=0.94$ ) were administered. Hierarchical linear regression models (base models: sociodemographic factors, final models: sociodemographic and caregiving factors) were generated in SPSS version 24 with significance set at  $p<0.05$ .

**Results.** Data from 102 informal caregivers were analyzed. Participants had a mean age of 58.93 years (SD=14.24). Majority of participants were female (72.55%), spouses (51.96%), and non-Hispanic White (80.00%). Over 60% cared for patients for less than 2 years, 51.96% had less than a college degree, and 46.53% were not employed. Most (77.78%) described their financial situation as comfortable or more than adequate. Controlling for sociodemographic and caregiving characteristics, higher financial satisfaction (B=1.47), social support (B=0.05), and lower caregiving burden (B=-0.11) were associated with more positive overall mental health (R<sup>2</sup>=0.56,  $\Delta$ R<sup>2</sup>=0.27,  $p<0.001$ ). Younger age (B=-0.11) and higher caregiving burden (B=0.17) were associated with increased anxiety (R<sup>2</sup>= 0.46,  $\Delta$ R<sup>2</sup>=0.15,  $p<0.001$ ) while financial satisfaction (B=-1.26), lower social support (B=-0.04), and higher caregiving burden (B=0.16) were associated with depression (R<sup>2</sup>=0.47,  $\Delta$ R<sup>2</sup>= 0.26,  $p<0.001$ ). Less proximal caregiving relationship (child vs. spouse; other relationship vs. child; B=2.14), financial satisfaction (B=2.03), social support (B=0.10), and lower caregiving burden (B=-0.26) were associated with greater well-being (R<sup>2</sup>=0.48,  $\Delta$ R<sup>2</sup>=0.27,  $p<0.001$ ).

**Conclusion.** Financial satisfaction remains a major factor of caregivers' psychological well-being even after controlling for other variables.

**Implications for Research, Policy, or Practice.** This study identifies subgroups of caregivers who may benefit from additional hospice support services.

