enrolled in this program, medication-related problems identified and resolved, quantifying medication reconciliation discrepancies identified and resolved, and provider satisfaction.

Results. Forty-three patients were seen by a clinical pharmacist. An average of 14.9 medication reconciliation discrepancies per patient were identified and resolved. 76 drug therapy problems (DTPs) were identified, and recommendations were made to the patient or provider for resolution; the most common DTPs were compliance or dose too low involving opioids, bowel regimens, antiemetics, and nonopioid analgesics. 100% of palliative care providers strongly agreed the IMPACT Program improved quality of care for our patients.

Conclusion(s). The IMPACT Program is feasible and effective in reducing medication-related errors in the palliative care oncology population.

Impact. Plan to increase resources to ensure sustainability of the program and research program impact on readmissions.

An Event Time Model Study Examining the Impact of the POLST Program on Place of Death of Nursing Home Residents over Time (RP307)

Komal Murali, PhD APRN, Columbia University School of Nursing. Tadeja Gracner, PhD, RAND Corporation. Andrew Dick, PhD, RAND Corporation. Mansi Agarwal, PhD, Washington University School of Medicine. Patricia Stone, PhD, Columbia University.

Outcomes.

1. Understand the impact over time of the POLST program on the place of death of nursing home residents

2. Discuss how specific advance directive policies impact decision making at the end of life for nursing home residents

Importance. Physician Orders for Life-Sustaining Treatment (POLST) programs assist patients, surrogates, and clinicians in ensuring that preferences for treatment at the end of life are prioritized.

Objectives. To examine the impact of the POLST program on place of death of nursing home (NH) residents over time (e.g., NH or hospice) based on developing or endorsed status (e.g., *developing* meaning beginning of use; *endorsed* meaning that benchmarks in use among institutions within a state were established).

Methods. This event time model study examined the associations between POLST status and the probability of dying in a NH or hospice. A national 10% sample of NH decedents between 2012 and 2018 was created. We merged data on the POLST year of development or endorsement with the 10% sample of quarterly assessments and place of death from the Minimum Data Set 3.0 and the National Vital Statistics mortality data for U.S. NH residents aged 65 and older.

Results. Our findings represent 225,149 NH residents. Two thirds (67%) were women, and the majority were White (82.2%). Five years after POLST development, the probability of dying in an NH or hospice was statistically significantly (5.6 percentage points, or 7.5%) higher compared to the NH or hospice death in the year prior to POLST development. The probability of dying in an NH or hospice also showed sustained increase with endorsement and maturity status of the POLST program over time.

Conclusions. The POLST program has potential to improve end-of-life care for NH residents with continued proliferation of programs within states. More research is needed to examine the impact for racial and ethnic minority NH residents.

Impact. Advance directives programs can be helpful in ensuring that NH residents can die in place or in hospice should they desire, potentially avoiding often unnecessary and aggressive care during hospitalizations.

Connectional Silence and Goal Expression in Serious Illness Conversation (RP308)

Cailin Gramling, BA, University of Vermont. Stewart Alexander, PhD, Purdue University. Brigitte Durieux, BS, Dana-Farber Cancer Institute. Ali Javed, PhD, University of Vermont. Jeremy Matt, BSEE BSCE, University of Vermont. Ann Wong, University of Vermont. Margaret Eppstein, PhD, University of Vermont. Donna Rizzo, PhD, University of Vermont. Robert Gramling, MD DSC, University of Vermont Medical Center.

Outcomes.

1. Learners will be able to contrast two examples of connectional silence

2. Learners will be able to describe two types of goal expressions

Importance. Some pauses in serious illness conversations mark moments of human connection amid the isolating, confusing, and often terrifying experience of hospitalization for advanced cancer. The presence of these "connectional silences" is associated with proximal decision making and quality-of-life outcomes. However, little is known about the intraconversational processes that are associated with the expression of connectional silence.

Objective(s). To explore the association between connectional silence and patient or family expression of perspectives about treatment goals during palliative care consultations.

Method(s). As part of a multisite cohort study, we audio-recorded initial palliative care consultations involving 199 hospitalized people with advanced cancer and