

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)***

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#### **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)***

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#### **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

54 specialty palliative care clinicians. Using a tandem machine learning–human coding method, we identified conversational pauses lasting 2+ seconds in the 96 audio hours and distinguished connective silences from other pauses. Using traditional human coding, we identified patient and family expressions about treatment goals and subcategorized them into those relating to physical and role function, duration of life, symptom control, and place of living. We used standard epidemiology methods to describe the association between the presence of connective silence and expression of goals.

**Results.** Connective silence and goal expression occurred in 58% (116/199) and 59% (117/199) of consultations, respectively. Goal expression was more common in conversations with at least one connective silence compared to others (69% vs 45%,  $p = 0.001$ ). We observed similar associations across gender and racial identities. The association persisted for specific goal expressions about function ( $p = 0.006$ ), symptom control ( $p < 0.001$ ), and life prolongation ( $p = 0.05$ ) but not about place of living ( $p = 0.77$ ).

**Conclusion(s).** Connective silence is associated with goal expression in inpatient palliative care serious illness conversations.

**Impact.** These findings support the need to better understand the role of connective silence in participatory decision-making communication.

### ***Overcoming End of Life Discussion Hesitancy in Advance Care Planning for Patients with Advanced Cancer and Their Caregivers (RP309)***

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#### **Outcomes.**

1. Identify death/dying topic avoidance by patients with advanced cancer and caregivers enrolled in a primary advance care planning (ACP) study

2. Recognize how certain ACP attributes and certain patient-caregiver goals help overcome death/dying topic avoidance and hesitancy in having end-of-life conversations between advanced cancer patients and caregivers enrolled in a primary ACP study

**Importance.** Many patients avoid discussing end-of-life (EOL) wishes with loved ones due to reluctance to contemplate death. This can lead to value-discordant EOL care and increased grief. While it has been suggested that the frequency of patient–loved one EOL

discussions increases after advance care planning (ACP) engagement, it is unclear how ACP helps patients and their loved ones overcome this reluctance.

**Objective(s).** To describe advanced cancer patients' and caregivers' experiences with EOL discussions after participating in an ACP intervention and to describe facilitators for patient-caregiver EOL discussions.

**Method(s).** Adult patients with metastatic solid tumors and their caregivers were recruited from a cancer center network in western Pennsylvania. Participants were randomly assigned to complete discussion-based ACP or online video-based ACP. Afterwards, semistructured, audio-recorded phone interviews were conducted with participants. All interviews were transcribed and coded for thematic content by qualitative researchers using NVivo software.

**Results.** Twenty-four interviews were conducted (15 patients and 9 caregivers); of the 15 patients, 47% were female and 95% were Caucasian. After participating in either ACP intervention, most patients and caregivers identified facilitators for engaging in EOL conversations: The interventions normalized the ACP process, focused on procedural content rather than emotions, and empowered participants to have these conversations; certain participants were motivated to have EOL discussions because they needed to face the reality of death, believed these discussions would make the future easier for loved ones, or believed that discussions would ensure their EOL care wishes would be respected.

**Conclusion(s).** Participants found it easier to engage in ACP and EOL conversations when the ACP process was normalized, more informational than emotional, and empowering and when patients and caregivers had goals of value-concordant care, helping loved ones, or confronting death.

**Impact.** ACP interventions could be designed to be more normalizing, empowering, and goal centered.

### ***Impact of Palliative Care Education on Confidence of Residents at Historically Black Medical Schools (RP310)***

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#### **Outcomes.**

1. Describe an intervention that can be implemented at residencies with high numbers of under-represented minorities

2. Describe how the intervention improved residents' view of their palliative care education and their perceived competency

**Importance.** Medical schools with larger populations of Black medical students provide less palliative care