

disciplines are lacking. Our research team developed and validated the first quantifiable spiritual screening tool designed specifically for seriously ill veterans, the PC-Spirit.

**Objective(s).** The objective of the study was to present the results of the quantitative validation of the PC-Spirit

**Method(s).** We administered the instrument along with a battery of comparison measures to 249 veterans with advanced illness. The comparison measures captured general spiritual well-being, religious coping, and emotional functioning and examined convergent and discriminant validity: FACIT (faith, meaning and purpose), QUALE (preparation and completion), R-COPE (religious/spiritual coping), POMS and PHQ-8 (anxiety and depression), and FACT-G (quality of life). We administered the PC-Spirit a week later, for test-retest reliability.

**Results.** Results demonstrated reliability and validity and yielded a screening tool with three main components: spiritual relevance, spiritual needs, and spiritual resources. Spiritual needs (9 items) and resources (14 items) had Cronbach's alphas of .76 and .86, respectively, items evaluating relevance of spirituality (7 items) demonstrated a Cronbach's alpha of .76. Psychometric analyses yielded a final PC-Spirit tool including 30 items. Spiritual resources was strongly positively correlated the FACIT-SP three subscales: meaning ( $r = .63, p < .0001$ ), peace ( $r = .59, p < .0001$ ), and faith ( $r = .71, p < .0001$ ); the GES (measuring spirituality and peace with life) ( $r = .65, p < .0001$ ); and the social and family well-being subscale of the Fact-G ( $r = .56, p < .0001$ ), positive coping ( $.63, p < .0001$ ), and religious intensity ( $.51, p < .0001$ ). Spiritual needs were strongly positively correlated with depression as measured by the PHQ-8 ( $r = .54, p < .0001$ ) and anxiety as measured by the POMS ( $r = .52, p < .0001$ ). We also demonstrate threshold values and their correlation with anxiety and depression.

**Conclusion(s).** The PC-Spirit demonstrates reliability and validity.

**Impact.** PC-Spirit offers a validated tool to screening for spiritual distress.

### ***Moving "OurCareWishes" to the Bedside: A Step-Wedge Pragmatic Trial (RP318)***

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#### **Outcomes.**

1. Describe three advantages of using web-based platforms for eliciting advance care directives for hospitalized patients

2. Describe three disadvantages of using web-based platforms for eliciting advance care directives for hospitalized patients

**Importance.** Web-based platforms such as OurCareWishes.com hold great potential to overcome common barriers to documenting advance directives (ADs); however, research about these platforms' effectiveness is limited.

**Objective(s).** Determine the effectiveness of a low-cost intervention, OurCareWishes (OCW), that encourages the use of a novel online advance care planning solution by patients admitted to the hospital. Specifically, we examined the impact of OCW interventions on the number of patients with advance care planning documentation recorded in the electronic medical record (EMR).

**Method(s).** We conducted a step-wedge pragmatic trial comparing patients who were encouraged to complete an online advance care planning form to standard of care. We collected standard of care AD (pre-implementation phase) and enhanced AD (intervention phase) data from 3 admission sites at a single large academic center. We used logistic regression to evaluate the association between receiving the enhanced AD process and presence of a new AD documented in the EHR within 8 weeks of hospital discharge.

**Results.** In our final sample of 16,020 hospital admissions, only 8.6% ( $n = 1,370$ ) of participants had an AD at the time of hospital admission and only 4.7% had a new AD 8 weeks after hospitalization. In our fully adjusted regression model, the completion of new ADs 8 weeks after hospitalization was not associated with exposure to the enhanced AD process (odds ratio 0.94; 95% CI 0.623, 1.42).

**Conclusion(s).** This step-wedge trial did not find a significant increase in AD documentation 8 weeks after hospital discharge after implementing an enhanced process for documenting AD with a web-based platform (OCW). We found low rates of AD on admission and 8 weeks after hospitalization, revealing low-hanging areas for improving AD documentation in future work.

**Impact.** Although web-based platforms have potential for improving advance care planning, future work should examine how to best design these platforms to improve quality of care.

### ***Listening to Learn, Learning to Listen: Qualitative Research Participation Empowers Trainees (RP319)***

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