

with implications for developing targeted outreach efforts in faith-based or social group settings, and healthcare settings.

TRENDS IN THE RECEIPT OF CONSISTENT HOSPICE PROFESSIONAL VISITS AT THE END OF LIFE AND RATINGS OF HOSPICE CARE QUALITY

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Caregivers have identified consistent visits by professional hospice staff at the end of life as positively affecting experiences of care quality. Little is known about the prevalence of such visits. Using 100% Medicare hospice claims with discharge dates in Federal Fiscal Year 2018, we identified the rates of providing skilled nurse or social worker visits to hospice beneficiaries in at least two of the last three days of life and compared these rates to percentages of caregivers indicating they would “definitely” recommend the hospice and caregivers rating the hospice a 9 or 10 on a 10-scale from CAHPS Hospice scores. Among our analytic cohort of 762,238 hospice discharges, 509,585 individuals (66.9%) were visited by a nurse or social worker in at least two of the last three days of life. Beneficiaries lacking these visits were more likely to be black (black 39.6% vs. white 32.2%; AOR 1.32 95% CI 1.29-1.34) or resided in a nursing facility (nursing facility 37.7% vs. patient’s home 32.1%, AOR 1.39 95% CI 1.36-1.40). The mean hospice-level score for achieving these visits was 64.8% (median 70.2%; IQF 53.0%-80.9%). The Pearson’s correlation coefficients between hospice-level rates of visits at the end of life and the caregiver percentages for “definitely” recommending the hospice was 0.2418 and for rating the hospice a 9 or 10 on a 10-scale was 0.2587. These findings demonstrate significant variability across hospice providers and signal a positive correlation with caregivers’ quality ratings. Future work is needed to monitor the provision of these visits.

VIDEO INTERVENTION TO INCREASE KNOWLEDGE ABOUT AND INTEREST IN PALLIATIVE CARE AMONG MSW STUDENTS

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As the population ages and more people live longer with chronic and life-limiting illnesses, more healthcare professionals with palliative care skills are needed. Social workers are part of the palliative care team, but there is little, if any, content on palliative and end-of-life care in MSW programs. A 24-minute video featuring nine palliative and hospice social workers was produced with two goals: 1) increase knowledge of social work students about palliative and end-of-life care; and 2) interest social work students in a career in palliative social work. MSW students from three schools, in NY and Alabama, viewed the video. After viewing the video, 94 students participated in the mixed methods study, completing the brief, anonymous, online survey. The mean level of understanding about what palliative social workers do, rated from 1 (no understanding) to 5 (very good understanding), was 2.96 (SD=.99) before viewing the video and 4.31 (SD=.61) after, for an increase of 1.35 points (95% CI=1.14, 1.55) ($p<.001$). The

mean level of interest in a career in palliative care social work and working with seriously ill persons and their family members, rated from 1 (Not at all interested) to 5 (Extremely interested), was 2.52 (SD=.99) before viewing the video and 3.45 (SD=.80) after, for an increase of .91 points (95% CI=.79, 1.07) ($p<.001$). Qualitative data supporting the quantitative findings will be presented. This study suggests that a video intervention may be an effective tool to increase knowledge and interest in palliative and end-of-life care among social work students.

WHAT IS IMPORTANT AT THE END OF LIFE? PERSPECTIVES FROM EXPERIENCED HOME CARE WORKERS

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Home care workers (HCWs) make up a large and rapidly growing sector of the American health care workforce serving older adults. This study focuses on a common but understudied feature of home care labor: workers’ thoughts around what makes a “good” or “bad” patient death. While researchers have investigated patients’, families’, physicians’, and other care providers’ perspectives on this issue, the perspectives of HCWs, who contribute substantially to home-based care at the end of life, have yet to be explored. We conducted 40 in-depth interviews with HCWs in New York City on their experiences with and reflections on patient death. We used a inductive, iterative approach to analyze data on what HCWs believe is important for dying patients. HCWs described EOL values that align well with the views held in common by patients, families, and other care providers, like the importance of not being alone when dying and being physically comfortable (not in pain and not suffering). In particular, HCWs conceptualized a detailed role for themselves when providing EOL care near the time of death. HCWs’ sustained presence and relationships with patients may uniquely position them to assist in the attainment of patients’ EOL goals, particularly when HCWs understand what these goals are. HCWs’ potential for playing this role, however, is jeopardized by a lack of training in EOL care and by the limited information they receive about a patient’s health status.

SESSION 2858 (POSTER)

FAMILY CAREGIVING

AN EXPLORATION OF LEARNING RESULTS AND CURRICULA GAPS WITHIN AN ONLINE GRANDFAMILIES CERTIFICATE PROGRAM

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Professionals who work with grandparents raising grandchildren have cross-cutting training needs that span content in gerontology, social services, child welfare and program development. To address these needs, a unique, asynchronous, online continuing education program was launched by the UMaine Center on Aging. To-date the program has 177 individual program completers with learners from across the U.S. and Hong Kong that are affiliated with a diverse set of