

NURSE-DRIVEN TRANSITIONS PROGRAM PROVIDES HIGH VALUE END-OF-LIFE CARE TO VETERANS WITH SERIOUS ILLNESS

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We developed the Supportive Coordinated Transitions of Care (SC-TraC) pathway at VA Boston to improve the quality of end-of-life (EOL) care. A nurse case manager (NCM) with training and experience in geriatrics and palliative care enrolled hospitalized patients with advanced illness (life expectancy < 2 years) who were not enrolled in hospice, and provided phone-based care coordination after discharge for up to 1 year. Our prior work found that SC-TraC patients were more likely to receive goal-concordant care, 60% more likely to enroll in hospice, twice as likely to die at home with hospice, and half as likely to die in an ICU, with no difference in survival. We worked with VA Geriatrics and Extended Care Data Analytics Center to calculate VA and Medicare/Medicaid cost data for a cohort of 104 SC-TraC cases and 104 carefully matched controls enrolled January 2017-June 2018, with follow-up through December 2019. Total cost data (VA + non-VA) was available for all patients up to 6 months following initial discharge. Difference in total cost per-patient was higher in SC-TraC patients at 30 days post-discharge (+ \$3,258), but lower at 90 days (-\$1,686) and 6 months (-\$1,267). SC-TraC cost was substantially less in the last 30 days of life (-\$4,057). Cost differences were due to more home-based and less inpatient/institutional care in the SC-TraC cohort. This data suggests that the SC-TraC program promotes high value EOL care and is a financially sustainable model.

PALLIATIVE CARE CONSULT FOR CLINICIAN DISTRESS THROUGH THE PHILOSOPHICAL LENSES OF GENDER NORMS AND PHENOMENOLOGY

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The National Academy of Medicine has raised significant concerns on clinician health and well-being as many experiencing burnout, post-traumatic stress, and depression. Indeed, clinicians experience a range of human emotions when caring for older adults with severe, life-limiting illnesses. These emotions may manifest in multiple ways and from various sources. Uncertain of how to attend to such distress, clinicians may consult a trusted resource, including the palliative care team. Palliative care specialists are trained to support the complexities and needs of patients and families; increasingly, however, palliative care consults are rooted in clinician distress. This session uses clinical case examples to explore the palliative care consult for distressed clinicians from two different philosophical perspectives:

(1) phenomenology and (2) the social construct of gender norms. A phenomenological lens respects the unique, subjective lived experience of each individual in their day-to-day interactions with patients, families, and health care systems. Therefore, when caring for seriously ill older adults, clinicians may bring their own subjective experiences to the patient encounter and react differently to ethical dilemmas and conflicts that arise. The social construct of gender norms asks us to examine clinician distress from a different perspective. Here, the postmodern rejection of gender binarism allows clinicians to experience a spectrum of emotions and distress regardless of gender. Exploration through clinical cases will highlight the unique, varied experience of clinician distress and offer opportunities for future research into the role of palliative care teams in supporting distressed clinicians who care for seriously ill older adults.

PALLIATIVE CARE RESEARCH: SUCCESSFUL RECRUITMENT AND RETENTION STRATEGIES OF PATIENT-CAREGIVER DYADS

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Research shows that the well-being of patients with serious illness and their family caregivers is significantly associated. Thus, to build the scientific knowledge upon which to establish high quality palliative and end-of-life care practices for these patients and their caregivers, research studies should include successful recruitment and retention strategies that focus on the patient-caregiver dyad. Aims: To review the literature focusing on successful dyadic recruitment and retention strategies and to describe successful recruitment and retention strategies, and attrition in a longitudinal study of end-stage liver disease (ESLD) patient-caregiver dyads. Methods: A five-year prospective longitudinal study of dyads included quantitative and qualitative data collected at 5 time points over 1 year: at baseline, 3, 6, 9, and 12 months. Results: Over a 32-month period 336 dyads were approached and 241 were enrolled. The refusal rate was 27 dyads (8.0%). Over the course of the study, 31 patients or caregivers withdrew for various reasons (too sick, liver transplantation). The attrition due to death of patients was 53 dyads (20.2%). Successful strategies used for recruitment and retention included tailoring to provider preference for referral, accommodating patient preference for data collection method, and having predictable and ongoing contact between a specific study staff and dyads. Conclusions: Less than 10 studies address recruitment and retention strategies most effective in dyadic research in various serious illnesses and clinical settings. Recruitment of ESLD patient-caregiver dyads is challenging. Future longitudinal dyadic studies of serious illnesses and palliative care may benefit from strategies learned from the current ESLD study.

PRIORITIES FOR END-OF-LIFE CARE REPORTING IN NURSING HOMES: RESULTS FROM A MIXED-METHODS STUDY

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