

**Results.** 41 patient-family caregiver dyads are included in these analyses. On average, patients died 5.2 months after enrollment into the study. At baseline, patients' average preference scores were 55.5 (SD=32.8) and family caregivers' average preference scores were 40.1 (SD=27.1)—this difference was statistically significant ( $p=.04$ ). At the last assessment prior to death, patient preference scores were 58.3 (33.2) and family caregivers were 34.4 (22.9)—the difference was statistically significant ( $p=.003$ ). However, when examining differences over time, we found that neither patient ( $p=.80$ ), family caregiver ( $p=.26$ ) or differences between patient and family caregiver preferences changed over time ( $p=.44$ ).

**Conclusion/Implications:** Patients and family caregivers have differing preferences regarding quality versus length of Life and their preferences diverge over time and at end of life. While not statistically significant, attention to these differences could be used to guide conversations between patients and family caregivers regarding preferences at the end of life.

### *Nurses' Experiences of Spiritual Communication with Seriously Ill Children (S716)*



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#### *Objectives*

- Understand the spiritual communication needs of seriously ill children.
- Describe at least one topic of spiritual communication with ill children.
- Describe at least one communication strategy for communication with ill children.

**Original Research Background.** Spiritual care is essential in pediatric palliative care and nurses have been identified as the key team member with whom parents and children most often communicate. Yet, spiritual communication remains one of the most difficult areas of communication for nurses.

**Research Objectives.** The purpose of this presentation is to describe spiritual communication with seriously-ill children to inform communication training in pediatric palliative care.

**Methods.** Researchers developed a brief survey to prompt nurses to reflect on pediatric palliative care experiences that included spiritual discussions. Stories were collected from nurses attending End-of-Life

Nursing Education (ELNEC) courses. Qualitative responses were transcribed and inductively analyzed using an iterative process of theme analysis.

**Results.** Nurses' spiritual conversations with children revealed that children question God and the reason for their illness, have a desire to talk about the afterlife as a way of understanding their limited lifespan, and to share descriptions of an afterlife, in these cases described as heaven. Nurses conveyed the importance of being present and engaging in spiritual communication with children. Nurses believed that ill children had spiritual needs and that it was important to nourish the child's spirit by being with them and acknowledging their experiences. Nurses also emphasized being present for and with the children and their families and available to pray with them. Finally, nurses highlighted that they themselves had to be spiritually available.

**Conclusion.** This presentation will emphasize the importance of being present and engaging in spiritual communication with children.

**Implications for research, policy or practice.** Communication training is needed and should prepare providers to respond to a child's spiritual questioning, assist parents when the child initiates discussion about the afterlife, and help parent and child understand the spiritual meaning of their illness. Quality palliative care communication is incomplete without attention to spiritual care.

### *Collaborative Care Across the Silos: Respecting Wishes and Decreasing Unwanted Readmissions (S717)*



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#### *Objectives*

- Understanding the importance of transitions of care coordination for reducing unwanted patient hospital readmission.
- Understanding how patient disposition is effected by systemic and personal factors.

**Original Research Background.** According to research, Long Island sees higher rates of hospital utilization and in-hospital death in the last 6-months of life compared to other regions. Of those who prefer to die at home, 55% died in the hospital.

**Research Objectives.** The hypothesis is that palliative coordination among a tertiary-care hospital, nursing home facility, and community agency will lead to fewer readmissions and in-hospital deaths in a population with multiple readmissions. The goal is