Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
Outcomes.
1. Identify factors that affect collaboration between palliative care (PC) and surgical teams in the perioperative period from PC provider perspectives
2. Identify strategies to improve quality of care for seriously ill patients in the perioperative period through PC

Original Research Background. Palliative care (PC) interventions improve quality outcomes for surgical patients but are underused in the perioperative period. Within the Veterans Health Administration (VHA), end-of-life quality outcomes for surgical decedents vary by site.

Research Objectives. To identify strategies to improve quality of care for seriously ill patients in the perioperative period that would hold salience across diverse VHA contexts.

Methods. We conducted semistructured interviews with 20 multidisciplinary providers on palliative care teams at 10 geographically distributed VHA sites. The analytic approach relied on content analysis with dual review (intrarater reliability of 0.85).

Results. The analysis elucidated a framework of 4 key strategies:
1. Develop and maintain collaborative and trusting relationships between PC providers and surgeons. PC providers expressed frustration that they are not involved when they could add the most value and that “surgery has always been our hardest customer.”
2. Provide sufficient interdisciplinary PC staffing.
3. Use adequate measures to identify patients who may benefit from a PC consult. PC providers identified the lack of “clear rules” for PC referrals as a barrier to increasing palliative services in the perioperative period. Surgeons may “not necessarily recognize that they may need a more in-depth discussion” or that surgery may not be so “straightforward” for seriously ill patients.
4. Involve palliative care teams “as early as the time of diagnosis and surgical planning, decisions about treatment options, and goals of care.”

Conclusion. Strategies for leveraging PC to improve quality of care in the perioperative period center around interdisciplinary provider relationships, PC staffing, patient identification, and timing of PC inclusion.

Implications for Research, Policy, or Practice. Mutual understanding of when and for whom palliative care can be helpful in the surgical context may foster collaboration between palliative and surgical care teams. This aligns with early interventional evidence that multidisciplinary perioperative input improves patient selection and palliative involvement.

“Shoot from the Hip”: What Patients with Cancer Want from Communication About Serious Illness During COVID-19 (S526)

Nainwant Singh, MD, VA. Karleen Giannitrapani, PhD, VA Health Services Research & Development and Stanford University. Raziel Gamboa, MA, VA Palo Alto Healthcare System. Anne Walling, MD FAAHPM, UCLA. Charlotta Lindvall, MD PhD FAAHPM, Dana-Farber Cancer Institute. Karl Lorenz, MD MSHS, VA Palo Alto.

Outcomes.
1. Describe what patients with cancer and caregivers value in communication about serious illness
2. Examine strategies that model these values

Original Research Background. When asked to share recommendations for providers and health systems to foster high-quality care during COVID-19, patients with cancer and their caregivers recommended providers to communicate proactively and effectively about serious illness.

Research Objective. In this secondary analysis of participant responses, we aimed to identify patient and caregiver perspectives on what it means to communicate proactively and effectively about serious illness.

Methods. Content analysis of communication-related output from 15 semistructured interviews of diverse patients with cancer and caregivers of patients with serious illness.

Results. Theme 1: Transparency: Clinicians share the medical rationale for recommendations: “If what’s explained to me is that my chance of recovery … is minimal, and I’m just going to increase my suffering, well, then that feels like a chance for acceptance.”
Theme 2: Proactivity: Clinicians facilitate conversations about care preferences in advance: “Right now, you guys have this incredible opportunity to have these conversations. To enable—you know, onecologists to have these conversations with their patients while they’re as an outpatient, before they get COVID?”
Theme 3: Coordination: Clinicians integrate with the interdisciplinary palliative care team to communicate serious news: “I would ask that [what] be done a little bit better is the integration of the social worker with the doctor, especially in the palliative and hospice care. We know that not every doctor has got a good bedside manner… it’s hard to tell someone you’re going to die.”
Theme 4: Respect for autonomy: Patients and caregivers feel empowered by clinicians to make informed decisions: “You’re still in control of your decision-making, given the parameters, even though you’re not in control of the parameters.”

**Conclusion.** Patients with serious illness and caregivers of patients with serious illness value transparent, proactive, and coordinated communication that respects their autonomy.

**Implications for Research, Policy, or Practice.** Efforts to make serious illness communication more patient-centered during COVID-19 will target these areas that align with established patient-centered communication theories.

**Provider Concordance Regarding Elements of Goals of Care Discussions in Neonatal Intensive Care (S527)**

Katherine Guttman, MD MBE, Icahn School of Medicine at Mount Sinai. Bian Liu, PhD, Icahn School of Medicine at Mount Sinai. Amy Kelley, MD MSHS FAAHPM, Icahn School of Medicine at Mount Sinai.

**Outcomes.**

1. Describe how providers who participated in the same goals-of-care discussion view elements of that discussion
2. Describe potential implications of provider concordance or lack of concordance during difficult conversations and potential relationship to communication quality

**Original Research Background.** Little is known about concordance of neonatal intensive care unit (NICU) provider perspectives regarding goals-of-care (GOC) discussions.

**Research Objectives.** To explore concordance of provider perspectives in relation to GOC discussions in which they took part.

**Methods.** Prospective cohort study in a level IV NICU in an urban teaching hospital. We administered a validated instrument (the Williams Instrument, a measure of end-of-life care) following GOC to physicians, nurses, and social workers. We assessed the simple percentage agreement of the responses for each Williams Instrument item among participants from the same GOC discussion.

**Results.** We collected data on 79 GOC conversations over a 1-year period from 2018 to 2019. We found that scores on the Williams Instrument within a discussion were moderately concordant with a median Kendall’s correlation coefficient of 0.40 (interquartile range, 0.32-0.48; minimum-maximum, 0.17-0.65, n = 79). The percentage of individuals who participated in the same conversation who agreed about presence or absence of an item in that conversation differed between items on the Williams Instrument. Fourteen percent of items demonstrated low concordance and 20% demonstrated high concordance. There were high levels of agreement relating to whether providers were frank and honest, polite, respectful; and whether parents were encouraged to ask questions or whether providers avoided answering questions.

**Conclusion.** We found that providers who participated in the same GOC conversation demonstrated moderate concordance with each other about that conversation. This finding is important to future study of communication around difficult topics because it suggests some potential for objectivity surrounding components of GOC discussions.

**Implications for Research, Policy, or Practice.** Staff perceptions of GOC conversations and the degree to which these perceptions are concordant with those of other providers’ perceptions may provide useful insight into communication quality. The items upon which providers disagree may represent key elements that warrant further study and targeting with future interventions.

**Managing Acute Decompensation in Life-Limiting Illness (MADLI): A Novel Simulation Curriculum (S528)**

Dmitry Kozhevnikov, DO, Yale University. Ambrose Wong, MD MSEd MHS, Yale University School of Medicine. Karen Juhaszky, MD, Yale University School of Medicine. Matthew Ellman, MD, Yale University School of Medicine. Laura Morrison, MD FAAHPM, Yale New Haven Hospital.

**Outcomes.**

1. Describe a novel virtual simulation curriculum designed to teach internal medicine (IM) and emergency medicine (EM) residents clinical management and communication skills for seriously ill patients presenting to acute care settings with signs of imminent death
2. Identify 3 barriers preventing the timely initiation of goals-of-care conversations in acute care settings as perceived by IM and EM residents

**Original Research Background.** During their training, internal medicine (IM) and emergency medicine (EM) residents often care for seriously ill patients presenting to the hospital for acute care. Studies suggest that physicians are often inadequately prepared to discuss the possibility of imminent death with patients and families when appropriate. We designed a novel curriculum to teach recognition of potential impending death and communication skills to conduct goals-of-care conversations (GOCCs) in acute care settings.