disparities exist within this domain; for example, African Americans may have lower overall knowledge of palliative care services and advance care planning than non-Hispanic Whites (Noh et al., 2018). In the current study, knowledge of palliative care was measured using the PaCKS (Kozlov et al., 2018), and scores represented the widest possible range of 0 to 13 (M = 7.68, SD = 4.08). There was a significant correlation between age and PaCKS score (r = .12, p < .05), as palliative care knowledge increased with age. Females scored significantly higher (M = 8.29, SD = 3.91) than males (M = 6.81, SD = 4.18), t(309) = 3.18, p < .001. There was no main effect of race on palliative care knowledge, and post-hoc analysis using Tukey HSD did not demonstrate significant differences between groups.

PATIENT PORTAL USE NEAR THE END-OF-LIFE
Jennifer Portz,1 John David Powers,2 David Bekelman,1 Megan Baldwin,3 Alejandra Casillas,4 Jean Kutner,1 and Elizabeth Bayliss,1 1. University of Colorado, Aurora, Colorado, United States, 2. Kaiser Permanente Colorado, Kaiser Permanente Colorado, Colorado, United States, 3. Kaiser Permanente Colorado, Denver, Colorado, United States, 4. UCLA David Geffen School of Medicine, Los Angeles, California, United States

Use of patient portals, personal health information websites linked to electronic health records, in seriously ill populations is unknown, as is use by caregivers. We described portal use patterns among adults with serious illness nearing end-of-life and their caregivers within Kaiser Permanente Colorado. Inclusion criteria were: 1) seriously ill patients (defined by KP’s “Care Group”), □18 years of age, who were registered for the portal, and died between 1/1/2016-6/30/2019; and 2) caregivers of these patients, □18 years of age, registered for a proxy account. Data included user characteristics and portal use metrics summarized monthly over the 12-month period prior to death. Models included an unadjusted linear trend of the days used by month using a generalized estimating equation Poisson model with a log link and an autoregressive correlation structure of order 1. We identified 6,517 seriously ill patients with portal registrations; 163 of these patients had proxy caregivers. Patient users were 77 years old, mostly frail and White, and caregivers were predominantly female. Average days of use among patients was 42.4 days and <1 day among their caregivers. Number of days used significantly increased by 0.7% per month from twelve months to one month prior to death (95% CI: 0.4%-1.0%; p-value <.0001) and peaked 3 months prior to the patient’s death. Average use was high in comparison to previous portal research and suggests that as the patient approaches death portal use increases. Future research should explore how portals may serve as indicators of identifying and addressing end-of-life care needs.

PREDICTORS OF ACP COMPETENCY AMONG CHAPELAIN BY SERVICE LINE
Soyeon Cho,1 Jung Kwak,2 Brian Hughes,3 George Hands,4 and Moon Lee,1 1. City University of New York/CityTech, Brooklyn, New York, United States, 2. The University of Texas at Austin, Austin, Texas, United States, 3. health Care Chaplaincy Network, health Care Chaplaincy Network, New York, United States, 4. HealthCare Chaplaincy Network, New York, New York, United States, 5. University of Texas, Austin, Texas, United States

Healthcare chaplains have key roles in palliative care including facilitating advance care planning (ACP). However, little is known about chaplains’ competency in ACP. We conducted an online survey with board-certified healthcare chaplains recruited from three major professional chaplains’ organizations. We explored correlates of chaplains’ competency in ACP facilitation among two groups of chaplains, general and special care (SC) chaplains (chaplains in oncology, intensive care, or palliative units) because SC chaplains are generally more involved in palliative care. The final sample included 481 chaplains with 89.8% reporting ACP as an important part of their work and 71.3% reporting to help patients complete advance directives. There was no significant difference in ACP competency between general chaplain group (n=240; M=39.61, SD=7.0) and SC chaplain group (n=241; M=40.65, SD=5.87). Hierarchical regression analyses revealed differences between the groups. General chaplains who practiced longer as a chaplain (b=1.02, p<.000), were more engaged in ACP facilitation (b=1.06, p<.05), had more positive attitude toward ACP (b=4.04, p<.000), and reported a higher level of participation in shared decision-making with other team members (b=.75, p<.000) were more competent in ACP facilitation. In the SC chaplain group, higher competency was associated with more positive attitude towards ACP (b=.58, p<.05), and a higher level of participation in shared decision-making (b=1.05, p<.000). Overall, these findings suggest that healthcare chaplains, both general and special care, are competent and actively involved in ACP facilitation. Further systematic studies are warranted to examine the effects of chaplains facilitating ACP on patient and healthcare system outcomes.

TILL DEATH DO US PART?: EXPLORING THE INFLUENCE OF DECEASED ROMANTIC PARTNERS ON THE LIVES OF OLDER WOMEN
Sara Hackett, University of South Florida, Wesley Chapel, Florida, United States

Recent research integrating the hierarchical mapping technique (HMT) and the continuing bonds framework has suggested that deceased individuals may be influential social convoy members. Building off this pilot work, the current qualitative descriptive study focused on how older women viewed the role of a longstanding deceased romantic partner in their current social network. Twenty women (Mean age = 78 years), recruited via social media and snowball sampling, participated in one 90-minute semi-structured interview. Each discussed their bereavement journey and completed a HMT diagram to comment on their social network. The HMT diagram was used to reveal five major themes: “We’re part of each other,” “I think he supports me,” “He would want me to be happy,” “I just feel so grateful,” and “I think about him every day but I don’t talk about him every day.” Perceptions that deceased romantic partners continue to play a key role in participants’