

will provide additional perspective and assistance to the challenges participants are facing as leaders.

During the program, practical take-home tips will be shared so that participants come away from the session ready to develop a strategy for leading in their organization. Just as importantly, common day-to-day strategies for surviving and thriving in a leadership position will be explored.

Strategies for Detecting, Addressing, and Preventing Drug Diversion in Hospice and Palliative Care (P15)



John G. Cagle, MSW, PhD, University of Maryland School of Social Work, Baltimore, MD.

Objectives

- Identify common sources of drug diversion in hospice and palliative care.
- Employ practical strategies for dealing with missing medications and suspected diversion.
- Modify policies and practices to help prevent drug diversion.

Hospice and palliative care providers are touted as experts in pain and symptom management. They are also known for liberal opioid prescribing practices, which is appropriate given the challenges of managing progressive terminal illness. A large majority of hospice and palliative care patients (>90%) are prescribed a controlled pain medication and many are given multiple narcotic medications for the purposes of symptom management. Many hospice and palliative care patients receive care at home. When at home, family caregivers often manage and administer patient medications. Prescription pain medications in the home are a well-known entry point for unauthorized family members or visitors to begin experimenting with addictive substances. Furthermore, patient medications are also at risk for diversion if family members have a prior history of misuse or addiction. Hospice and palliative care providers, however, have struggled with how to identify and care for patients and families who are at risk for substance misuse or addiction. Preventative strategies are vital to stem the burgeoning epidemic of opioid misuse, addiction, and overdose. Within the context of hospice and palliative care context, key prevention strategies include vigilant prevention of diversion through consistent assessment of substance use history within the home, background checks for new hospice hires, thorough medication surveillance (e.g., routine pill counts), and effective drug disposal procedures.

This presentation uses fresh data from hospice and palliative care providers (collected summer of 2018) to inform cutting-edge strategies for detecting, addressing, and preventing drug diversion. After participating in the workshop, attendees will be able to: (1)

identify common sources of drug diversion in hospice and palliative care; (2) employ practical strategies for dealing with missing medications and suspected diversion; and, (3) modify policies and practices to help prevent drug diversion.

Improving the Quality of Care—A Practical Quality Improvement Skill-Building Workshop (P16)



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Objectives

- Define a practical, adaptable framework for quality improvement projects.
- Apply the quality improvement framework to a real-world quality improvement project relevant to the field of Hospice & Palliative Medicine.
- List common challenges encountered in quality improvement work and consider ways to overcome these challenges.

Hospice and palliative care teams are increasingly expected to engage in quality improvement activities and demonstrate the value of their work for the purposes of sustaining their services, accreditation, and reimbursement. Despite this, many hospice and palliative care clinicians have not had sufficient training in quality improvement methods and/or would benefit from ongoing support for this important aspect of their work. In this practical quality improvement workshop, presenters will provide participants with an adaptable framework for quality improvement initiatives. We will present this framework in brief didactic modules, incorporating examples from successful quality improvement projects. The majority of the workshop will be spent in moderated small group exercises that will give participants an opportunity to apply, with guidance from quality improvement experts, quality improvement methods to real-world projects relevant to the field of hospice and palliative care. Participants will also have an opportunity to share challenges they have encountered while engaging in quality improvement work and receive advice for overcoming these hurdles. The goal of this preconference workshop is to empower participants to conduct successful and sustainable initiatives that truly improve the quality, safety, and value of care.

It is appropriate for everyone, from quality improvement novices to experienced practitioners.

Personal Resilience and Sustainability 2019: Tools for Happiness in a Complex Environment (P17)



Katy Lanz, DNP AGPCNP-BC ACHPN FPCN, Aspire Health, Pittsburgh, PA. Nancy O'Brien, BS BA, Experience Happiness, LLC, Minneapolis, MN. Linda Sagau Experience Happiness, LLC, Minneapolis, MN.

Objectives

- Distinguish the links between happiness, well-being, engagement, and performance.
- Recognize the physical, emotional, and behavioral toll of unhealthy stress & burnout and why self-care is essential to wellbeing.
- Improve individual levels of resilience and sustainability through redefining happiness as an authentic, inside-out state that can be cultivated with practice.

The magnitude and impact of stress and burnout have received much attention from researchers, however, evidence-based solutions to effectively and measurably address it have not been widely available until now. This ½ day pre-conference is designed to provide learners with the resources to build a high-performance culture of wellbeing by equipping participants with transformative life practices to reduce unhealthy stress and burnout and its physical, emotional and behavioral effects, while simultaneously increasing happiness and its byproducts—including engagement, resilience, innovation, sustainability and performance.

Oncologist in My Pocket: What the Hospice & Palliative Clinician Needs to Know About Hematology/Oncology and Radiation Oncology (P20)



Kristina Newport, MD FAAHPM, Penn State Health and College of Medicine, Hershey, PA. Shanthi Sivendran, MD, Penn Medicine at Lancaster General Health, Lancaster, PA. Joshua Jones, MD MA, University of Pennsylvania Health System, Philadelphia, PA. Thomas LeBlanc, MD MA MHS FAAHPM, Duke University School of Medicine, Durham, NC.

Objectives

- Verbalize the need for increased knowledge of topics in Hematology/Oncology.
- Define and describe the language and assessment tools utilized by Hematologist/Oncologists.
- Describe available treatment and prognosis for advanced solid tumor malignancies with emphasis on emerging treatments such as immunotherapy and targeted treatments.
- List chemotherapy-related most common toxicities, and management.

Care of adult patients with hematologic or oncologic malignancies is increasingly complex. Hospice and palliative care (HPC) clinicians are increasingly asked to care for them, given the growing evidence that early palliative care improves survival, symptoms, mood, cost, and patient satisfaction. To ensure success of upstream involvement, HPC clinicians must be equipped to competently care for these patients and “speak the language” of the hematologist/oncologist and radiation oncologist, particularly in the outpatient setting. This workshop will provide HPC clinicians the essentials needed to approach the care of these patients, including; terminology, treatment options, prognostic uncertainty, targeted therapies, immunotherapy, hematology/oncology emergencies, financial toxicity, radiation therapy, caregiver support, expected side effects of treatments, models of implementation and navigating relationships with hematologists/oncologists.

The workshop will target attendees' specific needs and questions, with real-time adjustment of the curriculum to fulfill their goals and provide appropriate resources. This third generation workshop builds on the well-attended 2017 & 2018 sessions with improvements based on participant feedback. Upon completion of this workshop, HPC clinicians will have the clinical tools necessary to develop an approach to the care of patients with hematologic or oncologic malignancies along the continuum of cancer care.

Whoa, This Patient Is How Young? Strategies for Adult Providers Caring for Pediatric Patients (P21)



Patricia Keefer, MD, University of Michigan, Ann Arbor, MI. Lisa Humphrey, MD, Nationwide Children's Hospital, Columbus, OH. Elissa Miller, MD, Nemours/Alfred I. duPont Hospital for Children, Wilmington, DE. Michael Barnett, MD MS FACP FAAP FAAHPM, UAB/Children's of Alabama, Birmingham, AL. Adam Marks, MD, University of Michigan, Ann Arbor, MI. Kristen Moyer Nationwide Children's Hospital, Columbus, OH.

Objectives

- Describe the significance and an approach to prognostic uncertainty in pediatrics.
- Apply established communication approaches to pediatric patients and demonstrate approaches unique to this population.
- Identify three modifications to enhance care for pediatric patients within the traditional hospice service model.

Pediatric palliative care is a limited resource outside of academic centers. Pediatric patients and their families, however, may live in diverse geographic