

Symptom-Driven Antibiotic Use: A Tool to Promote Antibiotic Stewardship in End-of-Life Care (TH302)



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Objectives

- Evaluate benefits versus risks of antibiotic therapy in end-of-life care.
- Identify opportunities for end-of-life care providers to contribute to global antibiotic stewardship efforts and improve patient care.
- Describe an approach for optimizing antibiotic use for symptom relief of infections and documenting in the plan of care.

Responsible antibiotic prescribing is paramount to the success of global antimicrobial stewardship efforts. Hospice-based studies report antimicrobial use ranging 8-37%, but inappropriate and unnecessary antibiotic prescribing in end-of-life is poorly defined. Healthcare providers have limited guidance regarding the utilization of antibiotics in end-of-life care. According to the Centers for Disease Control, up to 50% of antibiotic use is classified as inappropriate in both inpatient and outpatient care settings, while nearly 75% of nursing home is reported to be inappropriate. Further, at least 30% of outpatient antibiotic treatment courses are deemed unnecessary. Hospice and palliative care providers have a responsibility to further define appropriate use of antibiotics based on symptom management and quality of life goals.

Antibiotic stewardship has rapidly grown across all healthcare settings, including those serving the hospice and palliative care patient population. Improvements in antibiotic prescribing, to ensure patients receive the right antibiotic for the right indication, dose, and duration, promotes the underlying principles of effective antibiotic stewardship. In end-of-life care, conventional measures for determining antibiotic appropriateness must be considered; however, appropriateness should be weighed against anticipated symptom benefit versus side effect burden. Antibiotic prescribing in end-of-life care should also factor in the patients' overall prognosis and each individual's goals of care. Responsible antibiotic prescribing coupled with palliative care principles will positively contribute to global stewardship efforts and improve individual patient care and quality of life.

This concurrent session will review the current landscape of antibiotic use and associated outcomes in end-of-life care, illustrate the relationship between palliative care and antibiotic stewardship (including review of new long-term care requirements), and describe how to integrate principles of palliative care with antibiotic use to improve symptom management. Clinical case scenarios will be used to demonstrate an approach for implementing symptom-driven antibiotic use, across all healthcare settings, for end-of-life patients.

Blueprint for a Palliative Advanced Practice Registered Nurse Fellowship (TH303)



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Objectives

- Describe the landscape of advanced practice fellowships in palliative and non-palliative nursing.
- Examine blueprint for palliative APRN fellowship design.
- Evaluate feasibility and readiness to start a fellowship at home institution using an interactive process.

As Americans age they are developing an ever-increasing frequency of complex co-morbid medical conditions. In order to care for seriously-ill and dying Americans, there is a critical need for palliative care (PC) specialty-trained advanced practice registered nurses (APRN). Unfortunately, there is minimal PC content integrated within undergraduate and graduate nursing academics. Moreover, post-graduate residencies or fellowships in palliative nursing are extremely limited. Fellowships for APRNs have begun to emerge across many specialties, including oncology and critical care. These training programs provide successful models for clinical immersion and mentorship that launch careers for new-to-practice clinicians, as well as practitioners transitioning into new specialties. In PC training, there is a disparity between the number of hospice and palliative medicine fellowships and the handful of fellowships offered for palliative APRNs. There is opportunity for collaboration and sharing of resources to expand these existing programs into rich, interprofessional fellowships with the goal of growing the PC workforce. However, guidance in developing or revising curricula to train the palliative APRN is lacking.

In this session, attendees will review frameworks for APRN fellowships both within and outside our PC specialty. Faculty—including one palliative APRN fellowship director, one palliative APRN, and one Accreditation Program Director at the American Nurses Credentialing Center—will review the landscape of advanced practice fellowships. Faculty will also share lessons learned to help PC educators who are eager to design programs. This blueprint includes the necessary infrastructure, stakeholders, professional standards, opportunities for funding, curricula, and competency evaluation to build a fellowship. Attendees will be tasked to review the status of each domain in their home institution and assess readiness to support a fellowship using a case study and evaluation tools. Eventually, these pioneering efforts will grow into more programs at which point an