

### ***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

accreditation process to distinguish quality programs will be necessary.

### **Filling Big Needs in Big Areas (TH304)**

Andrew Esch, MD MBA, Center to Advance Palliative Care, New York, NY. Tammy Stokes, BSN RN CHPN, Maury Regional Medical Center, Columbia, TN.



#### *Objectives*

- Describe the essential aspects of delivering high quality palliative care to underserved rural communities.
- Utilize innovative yet practical staffing, outreach, identification, and training strategies to overcome challenges in delivering high quality palliative care in rural communities.
- Describe ways to increase access to high quality hospice and palliative care in rural communities.

Discrepancies between needed and received hospice and palliative care services exist everywhere. Access to high quality, timely, and effective palliative and hospice care is an even bigger challenge for seriously ill residents of rural communities. Small rural hospices have decreased in numbers over the last 10 years, but they are often the only hope for residents of these communities to have their suffering addressed. Even with the support of their communities, challenges for these hospices include geographic spread of patients, lack of hospitals and other community services, transient medical providers (many work off loan forgiveness and move on), lack of support services, and little access to mental health services. An example is Orleans County, which covers 391 square miles in northwestern New York. Its population is approximately 43,000; roughly 18 percent live below poverty level, and almost 15 percent are older than 65. The number one employer is Walmart. Another example is Maury Regional Medical Center, which serves a population of more than 250,000 people in six rural Tennessee counties. How can hospices or regional health systems such as these provide high quality palliative care to rural areas in a cost effective and sustainable way? How can they get access to highly trained, board certified clinical staff in the face of a national workforce shortage? How are patients identified, who sees them and how often? In this interactive session, representatives from a small hospice and a regional health system will share their own experiences and present practical and replicable processes for overcoming the challenges facing rural communities in finding and caring for their seriously ill—implementing innovative workforce strategies, leveraging technology, developing a proactive educational plan for training staff and onboarding new hires, and utilizing community outreach strategies to find and serve patients who may be suffering.

### **Guiding Families to Mindfulness Supports Decision Making for Adults and Children (TH305)**



David Steinhorn, MD FAAP FAAHPM, Children's National Medical Center, Washington, DC. Jana Din, BA, Teaching Credential, Tao Center for Healing, Sacramento, CA.

#### *Objectives*

- List at least three ways to help individuals/families achieve mindfulness.
- Identify three ways in which indigenous and first-nation people view illness and healing.
- Experiential exercise using traditional methods for creating mindfulness.

**Background.** Mindfulness-based techniques focus one's attention on the moment, acknowledging feelings, thoughts, and sensations. Meditation, devotional prayers, guided imagery create an inner space where new wisdom may be gained. Mind-body approaches commonly achieve a tranquil inner state in which new insights may 'appear' to patients, family members, or caregivers. A priest, rabbi, chaplain, indigenous (first nation) healer, shaman, or integrative healer can guide people to a mindful state when the patient is too ill to actively participate. This state can aid patients/families in making difficult decisions regarding healthcare, especially in those world cultures which do not easily embrace Western cognitive behavioral approaches to decision making.

**Methods.** Journeying into one's inner self, i.e. becoming mindful of the moment, is facilitated in many cultures through the use of a sonic drive such as drum to focus the attention and achieve a tranquil inner state. In this state, one becomes open to new insights, visions, understandings, epiphanies, and information that may not be accessible in our usual state of awareness and inner talking.

**Results.** We have conducted dozens of mindful journeying with patients and their families over the last few years. Families report new insights/understanding during the process and achieve new clarity on what decisions they feel they need to make. No negative psychological events occurred. Several patients were critically ill, terminally ill or legally brain dead. Families found the experience comforting, reassuring, and helpful in achieving insights they were not able to achieve with conventional Western approaches. Our work supporting patients' spiritual healing needs was featured on a national public television segment, Healing Quest. Workshop attendees will have an opportunity to experience this process to understand how it may benefit their patients.

**Summary.** Our experience guiding patients and families to mindfulness will be shared with the attendees through this experiential session.