accreditation process to distinguish quality programs will be necessary.

Filling Big Needs in Big Areas (TH304)

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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)

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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.