

contribute to quality monitoring and “dashboarding.”

The Institute for Human Caring (Institute) was founded in 2014 and charged with advancing models of goal-aligned care across the Providence St. Joseph Health system. The Institute has focused on operationalizing a scalable pilot to demonstrate the feasibility of delivering high quality goal-aligned care, while also attending to patients’ emotional, spiritual, interpersonal, social and mental wellbeing.

Using resources from Ariadne labs, CAPC, and ACP Decisions, the Institute deployed a mutually-reinforcing strategic change program at a 327 bed hospital in California. A core element of this program empowers non-palliative care clinicians to conduct goals of care (GOC) conversations with seriously ill patients. All inpatient clinicians were encouraged – and some mandated – to attend in an educational, skill-based training session focused on GOC conversations. Electronic health record (EHR) tools were created to document GOC conversations, which allowed for the creation of automated dashboards displaying unit-based performance. On site, project management support was deployed to inpatient units to assist clinicians in utilizing patient-education and EHR tools.

A total of 5,148 GOC conversations occurred over a two-year period. During the initial launch quarter, only 1% (32/3186) of hospitalized patients with a chronic serious illness had a documented GOC note; the frequency rose to 42% (1235/2928) in the final quarter of the pilot program. These conversations were associated with important differences in code status preferences. During hospitalization, 4% of seriously-ill patients without a GOC note changed their code status, compared to 8% with a GOC conversation in their EHR. Palliative care consultation further increased the percent of code status changes. Additionally, patient experience, measured by key Press-Ganey items showed improvement in domain of nurse and physician communication when a GOC conversation was documented.

Detailed, updated results will be presented along with methodologies, tools, and lessons learned for implementing a program of this type.

***The –ibs, –abs and Beyond—Immunotherapies for Pediatric Cancer Treatment and What They Mean for Pain and Symptom Management and Patient Prognosis (TH337)***



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Nemours/Alfred I. duPont Hospital for Children, Wilmington, DE.

***Objectives***

- Describe immunotherapy and its use in pediatric cancer treatment, including the risks and benefits of immunotherapy.
- State what symptoms are expected for patients receiving immunotherapy.
- Recognize how immunotherapies are changing prognosis for pediatric cancer patients.

**Background.** Use of Immunotherapy for pediatric cancer treatment is rapidly increasing. Medications such as blinatumomab, dinutuxumab, tisagenleclucel and others are dramatically changing the field of pediatric Oncology, and it is imperative that Pediatric Palliative Care (PPC) providers understand pain and symptom management needs as well as changes in prognosis for patients undergoing intensive immunotherapy.

**Discussion.** Using a case-based discussion, we will review immunotherapies currently in use and being studied for treatment of pediatric cancers. We will discuss the risks, benefits and symptom burden that accompany each medication. We will also discuss which medications are being used for management of which pediatric cancers, and how these medications are changing prognosis and patient outcomes. We will talk in-depth about what PPC teams should know when providing decision-making support to patients and families who are considering immunotherapies for cancer treatment.

**Conclusions.** Given the rapid pace at which pediatric cancer treatment is changing, PPC providers must add management of immunotherapy side effects and counseling around treatment risks and benefits to their palliative toolbox. This session will help keep providers up to date on the changing landscape of pediatric cancer therapy.

***GeriPal Podcast Live! Podcasting in Hospice and Palliative Care (TH338)***



Alexander Smith, MD MPH MS, UCSF Division of Geriatrics, San Francisco, CA. Eric Widera, MD FAAHPM, University of California, San Francisco, Larkspur, CA.

***Objectives***

- Describe the steps in developing a podcast on a limited budget.
- Utilize effective interview strategies to engage guest speakers about their work.
- Commit to one change in their use of social media following the session.

One in four Americans listen to podcasts on at least a monthly basis. Apple features more than 500,000 active podcasts in more than 100 languages. Despite the growing importance of this medium from a clinical, research, and educational perspective, there is a

dearth of content on hospice and palliative care. This session aims to change that by giving tools to hospice and palliative care practitioners to develop and disseminate their own podcasts.

The workshop will be led by GeriPal Co-Founders Alex Smith and Eric Widera. GeriPal is one of the premier blogs in the hospice and palliative care space, with over 10,000 regular subscribers and listeners across social media platforms.

In the first portion of the session, Alex and Eric will discuss the importance of social media to promote the palliative care movement. We will then describe the steps needed to create one's own hospice and palliative care podcast, drilling down to the nuts and bolts including recording equipment and software, conducting live and remote interviews, and working in a team vs. solo.

In the second portion of the session, we will conduct a live Podcast on a cutting edge published paper, chosen in advance at a date closer to the meeting. We will model for the audience how to talk with an author about: how they became interested, what they did, what they found, and why this matters. The audience will have an opportunity to ask questions of the guest speaker during the podcast.

In the third phase, we will discuss the steps that follow the podcast. These steps include post production editing, transcription of the podcast for persons who prefer to read rather than listen, hosting the podcast, and dissemination. Audience members will create individualized goals of commitment to use social media to advocate for hospice and palliative medicine.

### ***“Too Good to be True? No!” Exploring Self, Incorporating a Quick and Easy Reflective Writing Exercise that Anyone Can Do (TH339)***



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#### *Objectives*

- Identify innate qualities of Self, such as feelings, beliefs, expectations, values, and yearnings, and how they relate to how we define ourselves.
- Construct a self-reflective and insightful 6-10 word phrase.
- Integrate a brief mindfulness exercise into clinical practice and teaching to improve individual and team well-being, resiliency, compassion, and hope and minimize burnout and compassion fatigue.

Narrative medicine is defined as clinical practice strengthened by the ability to “recognize, absorb, interpret, and honor the stories of self and other.” [1] In the form of reflective writing, it has been shown to

help healthcare providers improve critical thinking, understanding of self, cultural humility, and psychological resilience, as well as to better connect with each other, their patients, and their families. [2,3,4] But reflective writing can feel intimidating or overwhelming to clinicians who have never had any formal experience or training in writing or the reflective practices.

We will set the expectation for self-contemplation by reading a poem, completing a mindfulness exercise, and then examining the deeper structures of our coping stances. We will explore our feelings, beliefs, perceptions, expectations, values, and yearnings as they all make up our sense of self. Participants will engage in an innovative self-reflective writing exercise that anyone can adopt and gain insight from, whether professional writer or novice learner. It begins with pen to paper and, through a distillation process, culminates in a 6-10 word revelation. The exercise becomes one of purification, where the result is a precise truth or an unveiled discovery. [5]

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- [2] Schuessler JB, Wilder B, Byrd LW. Reflective journaling and development of cultural humility in students. *Nurs Educ Perspect* 2012;33:96-99.
- [3] Sexton JD, Pennebaker JW, Holzmüller CG, et al. Care for the caregiver: benefits of expressive writing for nurses in the United States. *Prog Palliat Care* 2013;17:307-312.
- [4] Sewell E. Journaling as a mechanism to facilitate graduate nurses' role transition. *J Nurses Staff Develop* 2008;24:49-52.
- [5] Forner, Kristin. “Finding Meaning in Stream of Consciousness.” *Mending the Fractured Story*. March 2018. <https://mendingthefracturedstory.weebly.com/blog>

### ***Estimating Costs Across Hospice Episodes (TH340A)***



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#### *Objectives*

- Describe variation in costs across hospice enrollment periods.
- Compare costs across hospices that provide high quality of care and those that provide low quality of care.

**Original Research Background.** Routine home care (RHC) payments under the Medicare Hospice Benefit