

usability and acceptance of existing ACP tools and develop a culturally acceptable ACP toolkit for use in the community; 3) host annual events to increase awareness of ACP on or around National Health Care Decision Day and to recognize the important role of caregivers; 4) train pastors and care navigators to support ACP in the community; and 5) assess annually completion of ACP milestones among church congregations and associated community centers.

Over the last 2 years, ACCA has helped over 2,200 persons needing care and caregivers. In the first year, care navigators identified and made more than 1000 referrals to local resources, successfully addressing 80% of participants' stated needs. Through discussion, use of case examples, findings from community events, and ACP evaluation data, this workshop will present practical information on how to effectively engage the faith-based African-American community in ACP, inform ACP communications preferences, and better understand attitudes and values around lifesaving treatment options and ACP activities.

A Personal Exploration Through Expressive Art (FR434)



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Objectives

- Recognize the primary therapeutic principles of expressive therapies and learn how they may be used to deepen the meaning and value of interactions with pediatric and adult populations.
- Describe the evidence supporting the clinical application of therapeutic art for the grieving and bereaved.
- Determine how to facilitate a replicable art based therapeutic intervention for use with all disciplines working within palliative and hospice care, and for use with patients as appropriate through personal exploration and experience.

As hospice and palliative medicine evolve, an intensified focus emerges on the human experience of death and dying. Meaning making, identity reconstruction, managing negative grief symptoms and facilitating continuing bonds with the deceased are now core competencies in palliative care. Expressive modalities in clinical practice offer a bridge between the medical and the emotional as we strive as a community to meet the psychosocial needs of our patients and their families. The clinical application of therapeutic art with the grieving and bereaved has been widely documented.

In contrast to talk therapy where unresolved issues and interpersonal dilemmas are explored with words, expressive activities such as therapeutic art and play

ask participants to use their imagination, and thus subconscious, as a form of communication. For example, an individual may be asked to draw an image of an idea or feeling. In this way, participants may quickly communicate relevant issues in ways talk therapy simply cannot achieve. When these techniques are applied in the hospice and palliative care setting, clinicians can more fully enhance their patients (or colleagues) ability to communicate effectively and authentically.

This session would afford participants the opportunity to engage in a therapeutic art activity frequently utilized with both patients and trainees, designed to facilitate the emotional exploration of their experience with significant loss. Once complete, members of the group will be invited to share the feelings and insights elucidated by the activity. Facilitators will guide and support as insights into the events that surround personal losses are discovered.

Respecting Patient's Wishes—How an Electronic POLST Tool Can Drive Goal-aligned Care (FR435)



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Objectives

- Describe the key principles to work effectively with your system's Information Technology specialists to design an electronic POLST tool.
- Discuss applying lessons from the experience of deploying an electronic POLST tool across multiple states.
- Discuss how clinical decision support can help avoid administering unwanted treatments and aid delivery of goal-aligned care.

Honoring a patient's treatment preferences and priorities are key features of providing goal-aligned care. Having a clear record of a person's choices related to life-sustaining treatments is particularly valuable. Forty-seven states have developed or are developing a Physician Orders for Life-Sustaining Treatments (POLST) form to unambiguously convey treatment plans that reflect a patient's wishes to either receive or decline critical interventions. While conceptually straightforward, access to POLST forms and their utility are challenged by the information being static, a "snapshot" of a patient's preferences, and the lack of interface to the rest of the EHR.

In 2012, we created ePOLST, an integrated EHR-based tool for the electronic completion of POLST forms. In