

Friday, March 15

7–8 am

Concurrent Sessions

Embers of Hope: A Palliative Care/Burn Unit Collaboration Story (FR400)



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Objectives

- Describe Unique Clinical Features of Burn Care which impact a Palliative Care approach.
- Describe key mental health aspects involved in the care of patients with burn injury.
- Identify challenges and successful elements in the development of Burn/Palliative Collaboration at a Regional Burn Center.

According to current statistics, approximately 30,000 people will be hospitalized at one of the 128 U.S. Burn Centers this year, with over 3000 patients succumbing to death from fire or inhalation injury. Yet there is little description in the literature of successful Palliative Care/Burn Unit integrated collaborations. Burn patients are unique, representing the most severe model of trauma for many of the disciplines involved. For example, patients with severe burn injury have 40-45% pre-burn psychiatric morbidity, including substance abuse, depression, anxiety, PTSD, and psychosis, and many develop post-burn PTSD and depression. Primary and specialty level palliative care integration in burn units can lead to improved pain and symptom management, clearer prognostic discussions, earlier establishment of goals of care, and assessment and treatment of mental health comorbidities. Since 2011, the Palliative Care Team at Bridgeport has been providing consultative services, but initial Burn Service integration was sporadic and minimal. In 2016, following a successful index case, BH developed a strong PC/Burn collaboration, resulting in an average of over 20 consults per year. Average time to consult also shows earlier consultation and consultation for those with a greater chance of survival. The Bridgeport Hospital Palliative Care/Burn Service Collaboration was recognized by ACS Surveyors as an exemplary integration of the two programs to relieve distress in patients with burn injury and their families. Through case discussions, brief didactic sections, and subsequent discussion, presenters will share the core aspects of Palliative/Burn care, including challenges, successes, and lessons learned in developing a

Burn/Palliative Care Partnership. Burn Unit specific issues that will be discussed are prognostication, assessment and treatment of mental health issues, pain management, and collaborative/coaching relationships with referring clinicians. These lessons, while specific to the Burn Unit, are applicable to additional settings in the development of collaborative partnerships.

Begin with the End in Mind: Interprofessional Primary Palliative Care (FR401)



Timothy Short, MD FAFP FAAHPM, University of Virginia, Charlottesville, VA. Kenneth White, PhD ACNP ACHPN FAAN, University of Virginia, Charlottesville, VA. Elizabeth Patterson, MEd, University of Virginia School of Medicine, Charlottesville, VA.

Objectives

- Describe how an effective interprofessional (IP) primary palliative care curriculum is designed, refined and pilot tested.
- Understand how educational initiatives, when promoted by a champion or change agent, will positively shift culture in a sustainable fashion.
- Describe why primary palliative care is best practiced and taught in an interprofessional manner.

While the demand for palliative care is rapidly expanding in the United States, there is a critical shortage of palliative care specialty providers, and that shortage is compounded annually. Contributing to the urgency of this shortage is the increasing focus on end of life care, as 25% of the health care dollar in the US is spent in the last six months of life. Due to limited fellowship training programs, there is a need for widespread training of primary and specialty providers in the principles of palliative care.

Given the scope and urgency of the need, an interprofessional approach will be most effective. Palliative care was conceived and has been practiced as an interdisciplinary specialty, yet it continues to be taught in separate curricula among health care professionals. The challenges of merging nursing and medical curricula led to the development of this portable, flexible, collaborative curriculum.

While educational initiatives are important in shifting culture in a health system, they are limited. Identifying and supporting champions as change agents to embed the principles of palliative care in the healthcare system is essential and thus a “train the trainer” element was designed in the curriculum.

This workshop will describe how an IP curriculum was designed by a multidisciplinary team and refined after expert panel review and feedback from a pilot teaching program. The course, entitled “Advanced Disease Life Support” (ADLS) is composed of two parts: didactic sessions addressing core elements of the eight domains

of palliative care and a communication component focusing on leading code status discussions and family meetings about goals of care. AAHPM workshop participants will have an opportunity to experience some of the curriculum elements in an interactive fashion. Outcomes data will be shared about the curriculum content, effectiveness of the IP curriculum and instructional design, and the impact on IP attitudes.

Can You See Me Now? Exploring Telehealth in Palliative and Supportive Care (FR402)

Rodney Tucker, MD MMM FAAHPM, University of Alabama at Birmingham Center for Palliative and Supportive, Birmingham, AL. Marie Bakitas, DNSc CRNP, University of Alabama at Birmingham School of Nursing, Birmingham, AL. Jennifer Hicks, MSHA MBA, University of Alabama at Birmingham, Birmingham, AL. James Dionne-Odom, PhD RN ACHPN, University of Alabama at Birmingham, Birmingham, AL. Eric Wallace, MD, University of Alabama at Birmingham, Birmingham, AL.

Objectives

- Explore the current evidence base for benefits of telehealth interventions in various palliative and supportive care settings.
- Summarize the potential benefits and barriers to implementing a telehealth program within palliative and supportive care.
- Develop an operational checklist of items to consider when starting a telehealth program.

Community-based Palliative Care focuses on delivering the elements of Palliative Care where people with serious illnesses spend the majority of their time – at home. This support is provided through a variety of models of care designed to meet the needs of seriously ill individuals. With increasing focus on eliminating unnecessary emergency room visits and hospitalizations while increasing quality of life and satisfaction with healthcare services, the current U.S. Health System is driving healthcare delivery models outside of the traditional hospital/clinic settings. This is encouraging healthcare providers to develop new and innovative models to provide care for seriously ill people and their families including telehealth strategies. In the emerging field of telehealth and, in particular, palliative care telehealth, there is much to be learned. Telehealth strategies have great potential in this population of patients who may struggle due to their serious illness to travel to healthcare appointments and may feel burdened by many appointments with various specialists. Several studies in this area have shown that patients with advanced diseases are willing to participate in telehealth interventions. In fact, Palliative Care telehealth can remove physical and financial burdens associated with travel to and

from appointments while caring for patients, managing symptoms, and even supporting caregivers. In this interdisciplinary session presented from the perspectives of medicine, nursing and administration, we will introduce the evidence base supporting the idea of telehealth as a viable strategy to provide Palliative and Supportive Care services. Additionally we will address the various potential barriers and challenges of implementing a telehealth Palliative and Supportive Care program in a large hospital system and provide an operational checklist of items to consider when starting a telehealth program.

Build It and They Will Come: Outcomes of Developing a Palliative Care Identification and Machine Learning Algorithm (FR403)

April Krutka, DO, Intermountain Healthcare, Salt Lake City, UT. Hannah Luetke-Stahlman, MPA, Cerner Corporation, Kansas City, MO. Sarah Hill, PhD, Ascension Health, St. Louis, MO.

Objectives

- Discuss how development of a software tool can drive development of inpatient and outpatient palliative care programs.
- Discuss Algorithms 101.
- Discuss ‘lessons learned’ and results of going live with a Palliative Care Algorithm in the acute care setting.

One of the largest barriers for seriously ill patients, is timely identification of Palliative Care needs. In the acute care setting, many admitting and consulting physicians struggle with identification of appropriate patients. Intermountain Healthcare and Ascension Health, in collaboration with an electronic medical record company, developed an electronic Palliative Care identification algorithm, or trigger, which leverages historical and near real-time data to identify patients that would benefit from Palliative Care services. This project allowed several iterations of the algorithm, which ran in ‘silent mode’ in the electronic medical record. Over time, accuracy has improved with a current positive predictive value of 80%. It has identified nearly 26% of this 310 bed hospital’s adult population as appropriate for Palliative Care services. This algorithm led to accurate data for program development and resource allocation at Intermountain Healthcare. Ascension’s St. John Providence Hospital has utilized this same Palliative Care identification algorithm in a live clinical setting since April 2017. Many lessons were learned at both the algorithm development and the deployment state which can benefit others hoping to utilize similar methods. Due to the high volume of patients and staffing capacity of most palliative care programs, risk stratification for identified patients will be necessary. Therefore, development is underway for a machine