

### ***Compassionate Design: Applying Design Thinking Principles to Pediatric End-of-Life Care (FR452)***



Rachel Thienprayoon, MD, Cincinnati Children's Hospital Medical Center, Cincinnati, OH. Joseph Lane, BFA, Live Well Collaborative, Cincinnati, OH. Daniel Grossoehme, DMin MS, Cincinnati Children's Hospital Medical Center, Cincinnati, OH.

#### *Objectives*

- Discuss bereaved parent and staff perspectives regarding limitations for end-of-life care for children who die in intensive care units.
- Explain the process of co-creation sessions, and identify opportunity concepts for improving end of life care in pediatric intensive care units.
- Discuss multiple interventions to improve end-of-life care for children who die in intensive care units and their families.

Approximately 70% of pediatric deaths at Cincinnati Children's (CCHMC) occur in an intensive care unit (ICU). Memories of the child's death critically impact the grieving process. Yet, ICU rooms are not designed for end-of-life (EOL) care. Space and privacy are limited; families may feel pressured to leave quickly after the child dies. Visitation policies limit family presence. Ritual bathing is difficult to accommodate. Some families desire to accompany the child through the basement to the morgue, a walk described as "unceremonious" and "stark".

The Objectives of this study were to (i) understand EOL and post-mortem (PM) experiences of bereaved parents, how they relate to grief/mourning, (ii) understand EOL and PM experiences of staff, how they relate to job satisfaction/moral injury (iii) design new patient-centered, culturally sensitive processes and dedicated space for EOL and PM care.

This project was a collaboration between CCHMC and a University of Cincinnati College of Design, Architecture, Art and Planning student design team, united through the Live Well Collaborative (LWC), a non-profit utilizing a design-thinking process to co-create innovations to improve health outcomes.

LWC utilized human centered design in three phases: research, ideation and refinement. **Research:** LWC drew insights from a literature review and interviews with bereaved families and staff. The team designed an experience/journey map visually representing stakeholders' thoughts, experiences, and emotions throughout the EOL process. A feasibility/influence chart focused them on 3 improvement areas: privacy, transition from intensive care to legacy building, and parental control. **Ideation:** the team's co-creation sessions with parents and staff led to 7 opportunity concepts. **Refinement:** Concepts were tested and refined: room privacy lights, a comfort quilt, little

reminders, announcement and spiritual lighting en route to the morgue, a remembrance garden and other spatial considerations. These were presented to the CCHMC team and other stakeholders for implementation.

### ***"It's not Magic, It's Intentional Communication"—Using the Primary Palliative Care Communication Toolkit to Teach Communication to Interdisciplinary Learners at Different Levels of Training (FR453)***



Maie El-Sourady, MD, Vanderbilt University Medical Center, Nashville, TN. Juan Iregui, MD MA FAAHPM, CHI Franciscan Hospice and Palliative Care, Tacoma, WA. Jill Nelson, RN ACHPN APRN, Vanderbilt University Hospital, Nashville, TN. Mohana Karlekar, MD, Vanderbilt University Medical Center, Nashville, TN. Sumathi Misra, MD MPH CMD FAAHPM, Vanderbilt University Medical Center and Nashville VA, Nashville, TN. Marilyn Pattison, MD, CHI Franciscan, Tacoma, WA.

#### *Objectives*

- Incorporate literature-based fundamental conceptual frameworks in communication into a workable toolkit for "just in time" use, for the right learner at the right time at the right place.
- Develop a personalized skill set for Palliative Care teams to recognize teachable moments in everyday care and disseminate timely and concise teaching pearls in communication using the Toolkit.
- Identify techniques to incorporate primary palliative care communication instruction to enhance skill sets in non-palliative care trainees and inter-professional learners.

Primary palliative care (PPC) instruction is gaining prominence as benefits of early palliative care (PC) become clear, as patients live longer with serious illness, and as hospital systems look to improve the care of medically frail patients. With the growth of academic PC, the opportunity to engage learners of many disciplines and levels of training has expanded. Effective PC is based on excellent communication, which can be challenging to teach, especially in busy clinical practices.

We discuss the interdisciplinary PC faculty skills development in utilizing the flexible and adaptable PPC Communication Toolkit. We demonstrate how our current training curriculum for fellows and other learners of various levels and disciplines incorporate this Toolkit to enable learners to build on their personal frame of reference as they see faculty incorporate these principles and techniques into everyday practice. Attendees will apply and practice these core