Friday, March 15

7–8 am

Concurrent Sessions

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

Kristin Edwards, MD FACP CPE, YNHHS—Bridgeport Hospital, Bridgeport, CT. Kimberly Wills-Rinaldi, LCSW, Center for Geriatrics, Bridgeport, CT. Alisa Savetamal, MD FACS, Connecticut Burn Center, Bridgeport, CT.

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 FAAFP 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