

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



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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)



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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

elements, methodologies and techniques to engage both teachers and learners during the session.

We will showcase four ways the Toolkit has been adapted and incorporated into communication training at a large academic institution and VA hospital. During a real-time consult PC faculty apply the “catch and release” method to coach learners on non-PC rotations when a PC consult is requested. PC faculty use the Toolkit to teach advance care planning to Nephrology fellows, to structure goals of care discussions with Internal Medicine residents on a geriatrics rotation, and to coach ICU nurse practitioners.

The Primary Palliative Care Communication Toolkit is a creative, consistent, and adaptable way to incorporate communication training into the day-to-day care of patients living with serious illness and into the education of learners of different disciplines and levels of training. Participants will find tools and ideas that are easy and fun to use as they teach the next generation of clinicians to care for seriously ill patients.

Palliative Care Interdisciplinary Team Effectiveness: Building an Effective Team and Maintaining Team Health (FR454)



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Objectives

- Identify and assess the attributes of a healthy palliative care interdisciplinary team.
- Identify and discuss three common threats to individual and team health.
- Identify four practices or processes teams can put in place to improve team effectiveness.

Has your team ever experienced high turnover, seemingly unmanageable consult volumes, tension among team members, role confusion, or less than effective interdisciplinary team (IDT) performance? How did your team maintain clinical quality? How did your team work together to solve problems or issues that were causing stress? Whether due to growth, the ongoing stresses of providing palliative care to seriously ill patients, or diverse personalities, most teams experience these issues at one time or another. Figuring out how to onboard new team members, identify team issues, and collectively work through challenges as a team is critical, particularly when your team stress is at its peak. This interactive session will provide participants with practical tools and tips for building a high-quality, effective interdisciplinary team in and across hospital, home, clinic, and other settings. An interdisciplinary panel will outline the practices and team processes

they have put in place that reinforce team health, ensure role clarity, and improve team communication.

'Roid Rage No More: A Review of Corticosteroid Adverse Drug Effects in Palliative Care Patients (FR455)



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Objectives

- Describe the clinical utility of corticosteroids for palliative care patients.
- Compare the differentiating factors of different corticosteroids including pharmacokinetics, potency and relative cost.
- Recognize adverse effect profiles of corticosteroids and summarize their clinical applicability.

Corticosteroids are often utilized in the treatment of many symptoms that arise in palliative care patients including fatigue, dyspnea, pain, anorexia, nausea, and vomiting. However, corticosteroids can produce many adverse drug effects (ADEs) including hyperglycemia, psychosis, hypertension, edema, and osteoporosis. These ADEs can often be significant and treatment-limiting despite clinical improvement of the initial presenting symptom. When ADEs develop and providers still wish to continue corticosteroid use, the question that often arises is: would a different corticosteroid result in a decrease in the ADE of concern or how may the current corticosteroid be managed in light of this ADE? This presentation will review the literature for clinical utility of corticosteroids in palliative care patients as well as present various factors to consider in the choice of different agents. It will include a review of the prevalence, onset, and likelihood of each ADE as well as discuss strategies to mitigate various ADEs when employing corticosteroids for symptom relief.

The Future at Your Fingertips: How Technology Can Help Us Make Better Predictions and Decisions (FR456)



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Objectives

- Apply web-based prognostic tools for patients with cancer and non-cancer diseases.
- Evaluate studies comparing the accuracy of clinician's prediction and prognostic models.