Presentation Summaries

Keynote Speaker:
Dignity: A Critical Lens for Affirming Personhood
Harvey Max Chochinov, O.C., O.M., M.D., Ph.D., F.R.C.P.C., F.R.S.C., F.C.A.H.S. - University of Manitoba

Acupuncture as a Useful Adjunct for the Management of Pain in a Palliative Care Setting
Malea MacOdrum, ND, LSOM, LAc - Providence Cancer Center

Acupuncture is a 2,000 year old medical art and science that has gained new traction as a useful adjunct in the palliative care setting. This presentation will provide an introduction to traditional medical theory underpinning the use of acupuncture as well as current understanding of the mechanistic action of acupuncture analgesia. Included in the presentation is a review of clinical trials examining the efficacy of acupuncture for pain relief as well as an introduction to the Providence Cancer Center’s model of care delivery that incorporates acupuncture into its team-based approach to palliative care.

Pain management is a central focus of palliative care, and collaborative approaches to pain management have increasingly been emphasized in both the medical literature and through clinical practice.

CANCELLED:
Palliative Care of Veterans: Distinguishing PTSD from Moral Injury and the Clinical Implications
Ryan Weller, LCSW & Jason Malcolm, LCSW - Department of Veterans Affairs

Caring for Our Patients, Caring for Ourselves: Palliative Care Provider Burn-Out & Resilience
Meghan Marty, PhD - Rose City Geropsychology, LLC

Palliative care providers are at high risk for burnout and compassion fatigue, potentially having a negative impact on provider general health, psychological well-being, job satisfaction, and patient care (Koh et al., 2015). In spite of several interventions developed specifically to address this problem, there is a lack of evidence that existing interventions are effective (Hill et al., 2016). A new paradigm aimed at building palliative care clinician resilience and work engagement was recently developed, incorporating both individual skills and workplace factors (Back et al., 2016). This presentation will explore individual and organizational contributors to burnout and compassion fatigue, and invite discussion around best practices for increasing provider resilience.
Improving Early Outpatient Advanced Care Planning in the Oncology Setting
(A Quality Improvement Project)
Sarah Lowry, ACNP-BC, OCN & Cathy Weeks, LCSW - OHSU

There are three areas in which interventions can be focused to improve multiple aspects of the advance care planning (ACP) process. These areas include patients, clinicians, & systems. Published literature on improving advance care planning and documentation tend to focus on only one of these areas, frequently, the patient. Our quality improvement plan focuses on each system to improve both the advance care planning process and documentation within the medical record system.

Outcomes: We plan to pilot this project with 4 groups of patients. We will evaluate group acceptability to patients and rates of AD/POLST on file.

The Role of Rehabilitation Services in Palliative Care
Margaret McReynolds, Med, PT, CWC - OHSU

Rehabilitation services are greatly underutilized in the palliative care patient population. It is estimated that 65% of patient living with cancer would benefit from physical therapy and rehabilitation services but only 12.5% are actually referred to physical therapy. Which is greatly unfortunate given physical therapy, occupational therapy and speech therapy have unique skill sets to help patients maintain their physical independence as long as possible and aid in pain, fatigue and dyspnea management. Evidence based models of care show Rehabilitation improves quality of life score, decreased symptom burden and can lower the cost of care.

The Burden of End of Life Decision Making: Supporting Patients and Families Through the Process
Monica K. Andrews, LCSW - Providence Hospice
& Darlene Goatley, LCSW - Connections, Providence St. Vincent Medical Center

Families are oftentimes faced with difficult choices when having to make decisions that affect their loved ones, especially when patients are critically ill or dying. The decisions families make not only impact the patient’s quality and length of life; these decisions also impact extended family members, their grief response, and future coping capacities for everyone affected.

This discussion will focus on "bridging the gap" between medical information provided by health care teams and various perceptions and understanding capacities of this information as it is shared and implemented by the family.

Plenary Speaker:
Palliative Care Futures: Primary Palliative Care, Team Resilience, and Mindfulness
Erik Fromme, MD - OHSU
The Next Step Program: An Innovative Program for Parkinson's Disease
Kieran Tuck, MD - Legacy

Discussion of a novel interdisciplinary clinic for advanced Parkinson's Disease (PD) and parkinsonian syndromes incorporating palliative care principles to improve quality of life. Management of late stage PD is difficult due to poor response to dopaminergic medications, severe disability and caregiver strain.

The clinic is comprised of neurology providers, nurse coordinator, social worker, speech pathologist and physical therapist who communicate throughout the clinic to produce a unified care plan. This innovative clinic delivers high levels of patient and provider satisfaction along with time and money savings.

The Dance between Process and Outcome: Fostering a Sense of Purpose in Advanced Illness Using the ACT Matrix
Tim Wright, PsyD - Department of Veterans Affairs/Transitions Professional Center

From the perspective of Acceptance and Commitment Therapy (ACT; Hayes, et al., 1999), process and outcome are deeply interwoven in the pursuit of a life worth living (Bach & Moran, 2008). While such terms can be confusing, the simple message is that while we need a destination, the key is to participate fully in the journey. And in many instances, by narrowing our focus and clinging to, or rejecting, a particular destination or outcome, we risk losing connection with the process of intentional valued living, and its potential for richness and meaning.

While this is relevant to us all, it can be particularly poignant for individuals with advanced illness. For Marjorie, with a terminal cancer diagnosis, she might choose to receive a 3rd line chemotherapy regimen, with the goal of extending her life or getting cured. She may however die from complications, but she does so in relative peace, knowing she chose to prioritize believing in hope and miracles, thereby engaging in valued living, and valued dying, to the end.

For the purposes of this presentation, our goals are to introduce and harness the ACT Matrix – a clinical tool developed to bring greater awareness to the function of human behavior and promote psychological flexibility (Polk & Schoendorff, 2014) – in order to demonstrate how: (1) to foster greater self-awareness, (2) to explore the utility of process and outcome, from an ACT perspective, and (3) to employ specific clinical methods to help clients identify and move flexibly between a focus on outcome and process, based on what is important to them and what is working, in each moment. Fortunately, even if we don’t attain such lofty goals, hopefully, we’ll find some purpose and satisfaction in working our way towards them…
It's All About the Relationship: A Qualitative Exploration into Non-Cognitively Impaired Mother Daughter Dyads in Hospice at Home
Diane Solomon, PhD, PMHNP, CNM - OHSU

Adult daughters caring for aging mothers provide the most prevalent care dyad, yet little is known about relationship quality in these dyads, particularly in the context of hospice at home. To interpret and describe how mothers and daughters: a) perceive relationship quality, and b) perceive how relationships have developed over time, semi-structured interviews explored perceptions of relationship quality in ten aging mother-adult daughter care dyads.

A novel method of dyadic qualitative analysis was developed for interpretation in close parallel at both individual and dyadic levels. A multi-dimensional relationship quality spectrum emerged. Findings and implications for practice will be discussed.

Palliative Care: Practical Presence in Skilled Nursing
Mary Kofstad, APRN, MSN, FNP-C, AOCNP - Signature Home Health and Hospice

Palliative Care is a practical opportunity to relay clinical information in the skilled setting to improve patient outcomes and coordination of care. In this presentation we will review criteria for skilled admission, palliative care and hospice care. We will discuss the practical application of palliative care conversations in the skilled setting with multidisciplinary team.

We will identify key stakeholders and the opportunity to facilitate coordinated care with different partners and payers to optimize patient outcomes