

## Cordt Kassner

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**May 11th, 2024**

*Saturday newsletters focus on headlines and research - enjoy!*

## Contents

- [1. Reflective learning: A new leadership development framework driving engineering innovation](#)
- [2. Associations between Certificate of Need policies and hospice quality outcomes](#)
- [3. The role of mindfulness and resilience in Navy SEAL training](#)
- [4. Retraumatization when an adult child cares for the parent who harmed them through serious illness or the end of life](#)
- [5. The value of screening for a history of incarceration in the palliative care setting](#)
- [6. Does assisted living provide assistance and promote living?](#)
- [7. In praise of hospice](#)

8. End-of-life ethics content in the ten residencies offering Hospice and Palliative Medicine Fellowship
9. Inpatient palliative care and healthcare utilization among older patients with Alzheimer's Disease and Related Dementia (ADRD) and high risk of mortality in U.S. hospitals
10. Oregon Death with Dignity Act access: 25 year analysis
11. Today's Encouragement

## Research News

### **Reflective learning: A new leadership development framework driving engineering innovation**

*Reflective Practice; by Jeremy Wei; 5/24*

Innovation is an organizational learning process that demands a reflexive perspective to take on uncertainties and question deeply held assumptions, propelling leadership and organizational structures forward. ... A reflexive-learning-based leadership development program is a set of collective actions comprising four fundamental steps: acknowledging problems, reassessing assumptions, thinking of alternatives, and developing new perspectives. This study demonstrates its effectiveness in developing collective reflexivity within an engineering organization by repurposing the After-Action Review (AAR) as reflexive learning training.

*Publisher's note: A leadership-oriented article from another field (engineering) that can be applied to healthcare.*

### **Associations between Certificate of Need policies and hospice quality outcomes**

*American Journal of Hospice & Palliative Medicine; by Arlen G. Gaines, John G. Cagle; 5/24*

Approximately 86% of hospices are in states without a hospice CON provision. The unadjusted mean HIS scores for all measures were higher in CON states (M range 94.40-99.59) than Non-CON (M range 90.50-99.53) with significant differences in all except treatment preferences. ... The study suggests that CON regulations may have a modest, but beneficial impact on hospice-reported quality outcomes, particularly for small and medium-sized hospices.

## **The role of mindfulness and resilience in Navy SEAL training**

*Military Psychology; by Andrew Ledford, Celeste Raver Luning, Deirdre P. Dixon, Patti Miles, Scott M. Lynch; 5/24*

Mindfulness and resilience are thought to be essential qualities of the military's special operations community. Both are tested daily in Special Operations Forces (SOF) assessment and selection efforts to prepare candidates to persist through grueling training and complex combat situations; but these qualities are rarely measured. While military leadership places value on the concepts of mindfulness and resilience, there is minimal empirical research examining the role that they play in the completion of training. This longitudinal study followed three classes of SEAL candidates at Basic Underwater Demolition/SEAL (BUD/S) training over their six-month selection program. We estimated logit models predicting successful completion of BUD/S and specific types of failure in that training environment with indexes of mindfulness and resilience at the start of the program as predictors of completion. The results indicate that mindfulness is generally unrelated to completion, while resilience generally predicts completion. *Publisher's note: A leadership-oriented article from another field (the military) that can be applied to healthcare.*



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## **Retraumatization when an adult child cares for the parent who harmed them through serious illness or the end of life**

*Journal of Pain and Symptom Management; by Jaime Goldberg, Jooyoung Kong; 5/24*

Adult children caring for a parent who harmed them through the parent's serious illness or the end of life are at high risk for experiencing retraumatization. This session will offer trauma-informed, culturally responsive, person-centered tools and techniques hospice and palliative care professionals can use to effectively identify, assess, and intervene with this often-overlooked population of caregivers.

*Publisher's note: This current article summary is for an upcoming AAHPM conference workshop. The study was previously published in JPSM 5/24 [here](#).*

## **The value of screening for a history of incarceration in the palliative care setting**

*American Journal of Hospice and Palliative Medicine; by Joseph Michael Schnitter, Joshua Hauser; 5/24*

In this article, we explore existing literature that highlights the unique physical, cognitive, and psychosocial challenges that formerly incarcerated patients face. We proceed to argue that palliative care providers should screen for a history of incarceration to identify and address the needs of this patient population. We also offer strategies to create a safe, welcoming environment to discuss past traumas related to these patients' time in prison.

## **Does assisted living provide assistance and promote living?**

*Health Affairs; by Sheryl Zimmerman, Robyn Stone, Paula Carder, Kali Thomas; 5/24*

Assisted living has promised assistance and quality of living to older adults for more than eighty years. ... As assisted living has evolved, the needs of residents have become more challenging; staffing shortages have worsened; regulations have become complex; the need for consumer support, education, and advocacy has grown; and financing and accessibility have become insufficient. Together, these factors have limited the extent to which today's assisted living adequately provides assistance and promotes living, with negative consequences for aging in place and well-being. This Commentary provides recommendations in four areas to help assisted living meet its promise: workforce; regulations and government; consumer needs and roles; and financing and accessibility. Policies that may be helpful include those that would increase staffing and boost wages and training; establish staffing standards with appropriate skill mix; promulgate state regulations that enable greater use of third-party services; encourage uniform data reporting; provide funds supporting family involvement; make community disclosure statements more accessible; and offer owners and operators incentives to facilitate access for consumers with fewer resources. Attention to these and other recommendations may help assisted living live up to its name.

*Publisher's note: Many of these ALF recommendations may be helpful in hospice, too...*



**Accelerate Impact**  
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### **In praise of hospice**

JAMA; by James R. Nicholas, MD; 4/24

In this narrative medicine essay, a retired physician describes the kindness, companionship, and skill of the hospice workers who helped his wife and him prepare for her death. ... Joan did what she wanted to do: she, with the help of hospice, made her dying as easy as possible for me and our children. I have the same wish for myself. I doubt if I will achieve it as well as did Joan, but I will have her as a guide. And I hope I will have the kind of hospice team that Joan had.

### **End-of-life ethics content in the ten residencies offering Hospice and Palliative Medicine Fellowship**

*Journal of Pain and Symptom Management; by Sara W. Youssef, Lauren E. Berninger, Danielle J. Doberman; 5/24*

Ethics training is essential to hospice and palliative medicine (HPM) training. Ten residencies feed into HPM fellowship, but clinical ethics tested on board certification exams vary in content and weight across specialties. Given this variance, standardizing end of life ethics training for HPM fellowship programs presents an opportunity for educational improvement.

### **Inpatient palliative care and healthcare utilization among older patients with Alzheimer's Disease and Related Dementia (ADRD) and high risk of mortality in U.S. hospitals**

*American Journal of Hospice and Palliative Care; by Zhigang Xie, Guanming Chen, Oluwadamilola T Oladeru, Hanadi Y Hamadi, Lucinda Montgomery, Maisha T Robinson, Young-Rock Hong; 5/24*

PC substantially reduced hospital expenditures for older patients with ADRD-HRM, but the prevalence remained low at 14.6% in the study period. Future studies should explore the unmet needs of patients with lower sociodemographic status and those in rural hospitals to further increase their PC consultation utilization.

## **Oregon Death with Dignity Act access: 25 year analysis**

*BMJ Supportive & Palliative Care; by Claud Regnard, Ana Worthington, Ilora Finlay; 4/24*

[UK] The number of assisted deaths in Oregon increased from 16 in 1998 to 278 in 2022. Over this time, patients' health funding status changed from predominantly private (65%) to predominantly government support (79.5%), and there was an increase in patients feeling a burden and describing financial concerns as reasons for choosing an assisted death. There has been a reduction in the length of the physician-patient relationship from 18 weeks in 2010 to 5 weeks in 2022, and the proportion referred for psychiatric assessment remains low (1%). Data are frequently missing, particularly around complications.

## **Today's Encouragement**

**Success is stumbling from failure to failure with no loss of enthusiasm.**  
**~Winston Churchill**





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*With Nathan Fairman, MD, MPH*

Wednesday, May 15, 2024 | Noon-1:00 (PDT)

1.0 CE available for nurses, social workers, and MFTs

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