

Cordt Kassner

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**HOSPICE &
PALLIATIVE CARE
TODAY**

June 29th, 2024

Saturday newsletters focus on headlines and research - enjoy!

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Hospice Provider News

Health system C-suites expanding

Becker's Hospital Review - Leadership & Management; by Laura Dyrda; 6/18/24

Health system C-suites are evolving to meet the changing needs and priorities of the organization. Roles focused on the patient experience, sustainability and health equity are on the rise. Large and small health systems are revamping their C-suites to tackle new projects and oversee emerging areas of growth. Others are elevating clinical and IT leaders as their core accountabilities become an essential aspect of hospital strategy moving forward. Here are five emerging roles at health systems across the country.

- Chief Consumer Officer ...
- Chief Decarbonization and Sustainability Officer ...
- Chief Digital Officer ...
- Chief Development Officer ...
- Chief Health Disparities Officer ...

Research News

How do enrollees feel about support in big hospices? - The caregiver experience of emotional, spiritual, and bereavement support by profit status among large US providers

Palliative and Supportive Care; by Jason T Hotchkiss, Emily Ridderman, Brendan T Hotchkiss; 4/24

Recent findings narrate profiteering detrimentally impacting hospice care quality. However, no study has examined the caregiver experience of emotional and

spiritual support expressed online. The purpose was to evaluate the hospice caregiver's experience of emotional, spiritual, and bereavement support and whether the care was respectful and compassionate to the care unit. ... Compassionate professionals were thanked and praised regardless of profit status. Sadly, anger was expressed toward large, for-profits more fixated on census than emotional, spiritual, and bereavement support; thankfully nonprofits were more supportive.

The presence of implantable cardioverter defibrillators is rarely addressed during code status change

American Journal of Hospice and Palliative Medicine; by Namratha Seetharam Meda, MBBS, Watipa Makhumalo, MD, Hunter Groninger, MD, Clint Pettit, MD; 6/24

Implantable Cardioverter Defibrillators (ICDs) are used to prevent sudden cardiac death, but they may provide unwanted shocks during end-of-life care. We aimed to study the frequency at which Do Not Resuscitate (DNR) discussions address ICD preferences in high-risk patients. ... ICD discussions were rarely documented in our high-risk population, highlighting a potential need for better in-chart visibility of ICDs and for focused education of clinicians who care for these patients at end of life.



Accelerate Results
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Accelerate Learning

Sponsor of Hospice & Palliative Care Today

California hospice ownership changes from 2018-2020: A spatial analysis and case illustration

American Journal of Hospice and Palliative Care; by Heather A. Davis, PhD, Christy Torkildson, PhD, RN, PHN, FPCN, HEC-C, Lisa C. Lindley, PhD, RN, FPCN, FAAN; 6/24

Hospices in California have undergone significant and complicated ownership changes in recent years. ... Our findings showed that ownership changes were significant and complicated. An influx of for-profit organizations into the California market was primarily responsible for these changes. Additionally, lack of corporate financial public disclosure and voluntary hospice accreditation, certification, and reporting result in a lack of free, publicly available, definitive

comprehensive data on for-profit hospice ownership. This hinders information gathering on and provider/familial choice-making regarding hospices. Our study provides critical insight into the impact of ownership changes and lack of definitive, free, publicly available information on adult hospices in California caring for children and has important clinical, research, and policy implications.

The two phases of hospice - Declining Phase and Terminal Phase

Journal of Palliative Medicine; by Roy Zagieboylo, MD; 6/24

I propose that hospice care should be identified as Declining Phase or Terminal Phase hospice care. ... In the Declining Phase, patients will usually have a gradual deterioration in function requiring more and more care. ... As many patients progress and their bodies fail, they may enter the Terminal Phase of hospice care. This phase is identified by the patient and family and is that time when the quality of life is so poor, there is no goal to increase the number of days alive. ... If, upon referral to hospice, a doctor was routinely asked "Is this a Declining Phase or Terminal Phase referral?" it would encourage discussion, education, and possibly a better understanding of the full scope of hospice care. If the nomenclature became widespread, it would also help patients and families better understand, appreciate, and accept earlier hospice referrals.

Chronic loneliness and the risk of incident stroke in middle and late adulthood: a longitudinal cohort study of U.S. older adults

eClinical Medicine, Part of THE LANCET Discovery Science; by Yenee Soh, Ichiro Kawachi, Laura D. Kubzansky, Lisa F. Berkman, Henning Tiemeier; 6/24/24

Loneliness has been implicated as a stroke risk factor, yet studies have examined loneliness at only one time point. The association of loneliness changes and risk of incident stroke remains understudied. Our aim was to examine the association of loneliness with incident stroke, particularly the role of loneliness chronicity. Chronic loneliness was associated with higher stroke risk independent of depressive symptoms or social isolation. Addressing loneliness may have an important role in stroke prevention, and repeated assessments of loneliness over time may help identify those particularly at risk.

Editor's Note: This is the source research for an article we posted yesterday, 6/28/24, titled "[Chronic loneliness can raise stroke risk in older adults, findings show.](#)"

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Patient experiences of specialty palliative care in the perioperative period for cancer surgery

Journal of Pain and Symptom Management; by Laura M Holdsworth, Rachel Siden, Anna Sophia Lessios, Mae Verano, Elizabeth Rickerson, Bridget Fahy, Fabian M Johnston, Brittany Waterman, Rebecca Aslakson; 6/19/24

Though patients undergoing treatment for upper gastrointestinal (GI) cancers frequently experience a range of sequelae and disease recurrence, patients often do not receive specialty palliative care soon after diagnosis and it is unknown in what ways they may benefit. ... We found five themes that characterized patient experiences and perceptions of specialty palliative care. Patients typically had limited prior awareness of palliative care (theme 1), but during the study, came to understand it as a "talking" intervention (theme 2). Patients whose concerns aligned with palliative care described it as being impactful on their care (theme 3). However, most patients expressed a focus on cure from their cancer and less perceived relevance for integration of palliative care (theme 4). Integrating specialist palliative care practitioners with surgical teams made it difficult for some patients to identify how palliative care practitioners differed from other members of their care team (theme 5).

A palliative care curriculum may promote resident self-reflection and address moral injury

The Journal of Surgical Research; by Shruti Koti, Lyudmyla Demyan, Danielle Deperalta, Sophia Tam, Gary Deutsch; 6/24

There is a lack of formal palliative care education for surgical trainees, and the

demanding nature of surgical training and exposure to challenging clinical scenarios can contribute to moral injury. We developed a palliative care curriculum to promote self-reflection, aiming to address moral injury in residents. ... The described palliative care curriculum accomplishes several goals as follows: it educates residents on palliative care topics, teaches communication tools, encourages self-reflection, and provides space for building peer relationships. The ease of implementation makes this curriculum applicable across various types of institutions, offering the potential to positively impact surgical training on a national scale.

International News

End-of-life care needs in cancer patients: a qualitative study of patient and family experiences

[Spain] BMC Palliative Care; by Mario López-Salas, Antonio Yanes-Roldán, Ana Fernández, Ainhoa Marín, Ana I Martínez, Ana Monroy, José M Navarro, Marta Pino, Raquel Gómez, Saray Rodríguez, Sergio Garrido, Sonia Cousillas, Tatiana Navas, Víctor Lapeña, Belén Fernández; 6/21/24

Four major themes emerged from the interviews that explored the needs and concerns of patients with cancer at the end of life: (1) physical well-being (2) emotional well-being (3) social well-being and (4) needs relating to information and autonomous decision-making. The interviews also shed light on the specific needs of family members during this period, namely the difficulties of managing increased caregiver burden and maintaining a healthy work-life balance. ... A lack of support, information and transparency during a period of immense vulnerability makes the end-of-life experience even more difficult for patients with cancer. Our findings highlight the importance of developing a more in-depth understanding of the needs of this population, so that informed efforts can be made to improve palliative healthcare and implement more comprehensive care and support at the end of life.

Editor's Note: Often, we examine our services from our perspectives of what we provide. Use this article's results #1-4 to examine your services from the perspective of the patient and family, paired with your organization's feedback, Incident Reports, in-the-field team members, and bereavement counselors. Why bereavement counselors? They often hear stories of both positive and negative care which stay with the family member long after the person has died. The CAHPS Survey is sent and filled

out during those first moments when memories of healthcare experiences and emotions can be especially significant.



Coping and end-of-life decision-making in ALS: A qualitative interview study

[Germany] PLoS One; by Celia Spoden, Olga Wenzel, Anke Erdmann, Gerald Neitzke, Irene Hirschberg; 6/26/24

How do people with amyotrophic lateral sclerosis (PALS) deal with their diagnosis and engage in end-of-life decision-making? What informational or supportive needs do they have for counselling about life-sustaining treatment and end-of-life care? Which correlating conditions and influences relate to these needs and how do they connect to the wish to die or wish to live? ... We identified the coping strategies 'avoid thinking about end-of-life' and its counterpart, 'planning ahead to be well-prepared,' and differentiated the latter into the patterns 'withdrawing from life and taking precautions against life-prolongation' and 'searching for a new meaning in life and preparing for life-sustaining treatment'. ... These strategies may vary over time, resulting in different support needs. Our findings signify that deep insight is needed into PALS' coping processes to understand their decision-making about life-sustaining treatment. Healthcare professionals should be sensitive to illness experiences beyond medical aspects and foster coping as a biographical process to better support people with ALS.

Editor's Note: Click on the title to access the full text of this insightful, relevant research. Hospice and palliative educators, use this to strengthen your disease-specific resources and training about care for persons with ALS.

Today's Encouragement

Travel is fatal to prejudice, bigotry, and narrow-mindedness. ~Mark Twain



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