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August 3rd, 2024

Saturday newsletters focus on headlines and research - enjoy!

Contents

Research News

- [1. Pain Management at the End of Life](#)
- [2. Role of Hospice and Palliative Nurses in Advancing Research and Scholarship](#)
- [3. Prognostication in hospice care: Challenges, opportunities, and the importance of functional status](#)
- [4. Patient outcomes of a virtual reality-based music therapy pilot in palliative care](#)
- [5. The Tandem VR™ protocol: Synchronized nature-based and other outdoor](#)

experiences in virtual reality for hospice patients and their caregivers

6. Nursing strategies to mitigate separation between hospitalized acute and critical care patients and families: A scoping review

7. Providing clarity: Communicating the benefits of palliative care beyond end-of-life support

8. Adapting an intervention to address barriers to pain management in hospice: Formative research to inform EMPOWER-D for dementia caregivers

9. Advance Care Planning: Perspectives of People Living in Prison

10. Familial loss of a loved one and biological aging: NIMHD Social Epigenomics Program

Today's Encouragement

11. Today's Encouragement

Research News

Pain Management at the End of Life

Journal of Hospice and Palliative Nursing; HPNA position statement; 8/24

Pain management is essential from the time of diagnosis of a serious illness and throughout the disease trajectory. Unfortunately, the prevalence of pain in those with serious illness remains unacceptably high. In most cases, pain experienced by people with advanced disease can be prevented or relieved through optimal care, yet studies reveal that patients continue to experience uncontrolled pain in the final weeks, days, and hours of their lives...

Role of Hospice and Palliative Nurses in Advancing Research and Scholarship

Journal of Hospice and Palliative Nursing; HPNA position statement; 8/24

The Hospice and Palliative Nurses Association (HPNA) aims to advance palliative care science and provide high-quality, evidence-based care to patients, families, and communities. Specifically, HPNA believes...

Prognostication in hospice care: Challenges, opportunities, and the importance of functional status

Federal Practitioner - Case Reports; by David B. Brecher, MD and Heather J. Sabol, MSN, ARNP; 7/24

Predicting life expectancy and providing an end-of-life diagnosis in hospice and palliative care is a challenge for most clinicians. Lack of training, limited communication skills, and relationships with patients are all contributing factors.

These skills can improve with the use of functional scoring tools in conjunction with the patient's comorbidities and physical/psychological symptoms. The Palliative Performance Scale (PPS), Karnofsky Performance Scale (KPS), and Eastern Cooperative Oncology Group Performance Status Scale (ECOG) are commonly used functional scoring tools.



The image is a promotional graphic for a workshop. It features a yellow background with a white box in the top left corner containing the text "NEW Workshop". The main text in the center reads "Become one of the first to achieve the CHLead® credential." Below this is a circular logo with "CHAP CERTIFIED" at the top, "Healthcare Leader®" in the middle, and "CHLead®" at the bottom. Underneath the logo is the text "Healthcare Leadership Certification Workshop". In the bottom right corner, there is a grey box with the text "San Diego, CA | October 8-9". At the very bottom, centered, is the text "Sponsor of Hospice & Palliative Care Today".

Patient outcomes of a virtual reality-based music therapy pilot in palliative care

Palliative Medicine Reports; by Adreanne Brungardt, Angela Wibben, Prajakta Shanbhag, Debra Boeldt, Jeanie Youngwerth, Amanda Tompkins, Abigail J Rolbiecki, Heather Coats, A Blythe LaGasse, Jean S Kutner, Hillary D Lum; 7/19/24

Hospitalized patients with palliative care needs often have high levels of physical and psychological symptom distress. Virtual reality (VR) with a music therapy intervention may improve physical and psychological symptoms. Results: Seventeen patients completed VR-MT (range 20-79 years of age, 59% women). Moderate clinical improvements were observed for total ESAS-r score (Cohen's d effect size, 0.68), physical distress subscale (0.52), and psychological distress subscale (0.60); small improvements were observed in total MQOL-r score (0.26) and the existential subscale (0.27). Health care team members described the value of VR-MT as facilitating meaningful conversations.

The Tandem VR™ protocol: Synchronized nature-based and other outdoor experiences in virtual reality for hospice patients and their caregivers

Contemporary Clinical Trials Communications; by O McAnirlin, J Thrift, F Li, J K Pope, M H E M Browning, P P Moutogiannis, G Thomas, E Farrell, M M Evatt, T Fasolino; 6/24

Nature-based and other outdoor virtual reality (VR) experiences in head-mounted displays (HMDs) offer powerful, non-pharmacological tools for hospice teams to help patients undergoing end-of-life (EOL) transitions. However, the psychological distress of the patient-caregiver dyad is interconnected and highlights the interdependence and responsiveness to distress as a unit. Using personalized, nature-based and other outdoor VR content, the patient-caregiver dyads can simultaneously engage in an immersive encounter may help alleviate symptoms associated with declining health and EOL phases for the patient and the often overburdened caregiver. This protocol focuses on meeting the need for person-centered, non-pharmacological interventions to reduce physical, psychological, and spiritual distress.

Nursing strategies to mitigate separation between hospitalized acute and critical care patients and families: A scoping review

Intensive Critical Care Nurse; Sonja Meiers, Véronique de Goumoëns, Lorraine Thirsk, Kristen Abbott-Anderson, Petra Brysiewicz, Sandra Eggenberger, Mary Heitschmidt, Blanche Kiszio, Natalie S Mcandrew, Aspen Morman, Sandra Richardson; 7/26/24

Implications for clinical practice: Permanent policy changes are needed across acute and critical care settings to provide support for nurses in mitigating patient and family separation. We recommend that family members be considered as caregivers and care receivers, not visitors in patient and family-centered care in acute and critical care settings.



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Providing clarity: Communicating the benefits of palliative care beyond end-of-life support

Palliative Care and Social Practice; by Julie L Masters, Patrick W Josh, Amanda J

Kirkpatrick, Mariya A Kovaleva, Harlan R Sayles; 6/24

Palliative care affords numerous benefits, including improvements in symptom management, mental health, and quality of life, financial savings, and decreased mortality. Yet palliative care is poorly understood and often erroneously viewed as end-of-life care and hospice. Barriers for better education of the public about palliative care and its benefits include shortage of healthcare providers specializing in palliative care and generalist clinicians' lack of knowledge and confidence to discuss this topic and time constraints in busy clinical settings. This study offers insight into the knowledge and attitudes about palliative care among community-dwelling adults, 19 years and older living in Nebraska. More effort is needed to communicate what palliative care is, who can receive help from it, and why it is not only for people at end of life.

Adapting an intervention to address barriers to pain management in hospice: Formative research to inform EMPOWER-D for dementia caregivers

Palliative Medicine Reports; by Karla T. Washington, Morgan L. Van Vleck, Todd D. Becker, George Demiris, Debra Parker Oliver, Paul E. Tatum, Jacquelyn J. Benson, John G. Cagle; 7/24

Pain management is a priority for hospice patients, including those with ADRD [Alzheimer's disease or a related dementia], most (63%) of whom experience bothersome pain. One such intervention, EMPOWER (Effective Management of Pain: Overcoming Worries to Enable Relief), has been shown to improve hospice pain management by training hospice staff on barriers to pain management, incorporating screening for pain concerns into routine hospice care, delivering tailored pain education to hospice patients and their family caregivers, and facilitating needed follow-up services. Participants indicated that the EMPOWER-D materials addressed common pain concerns that were both family-centered and relevant to clinical dementia care.

Advance Care Planning: Perspectives of People Living in Prison

Journal of Hospice and Palliative Nursing; by Erin Kitt-Lewis, Nanda Zheng, Susan J Loeb; 8/24

A person-centered approach to advance care planning is recognized as a fundamental need, yet its routine implementation remains a challenge across disparate settings, such as prisons. The purpose of this study was to gain the perspectives of people who are incarcerated about advance care planning...

Findings contribute to identifying best practices for infusing advance care planning into prisons.



Accelerate Results
Accelerate Growth
Accelerate Learning

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Familial loss of a loved one and biological aging: NIMHD Social Epigenomics Program

JAMA Network Open; by Allison E. Aiello, PhD, MS; Aura Ankita Mishra, PhD; Chantel L. Martin, PhD; Brandt Levitt, PhD; Lauren Gaydosh, PhD; Daniel W. Belsky, PhD; Robert A. Hummer, PhD; Debra J. Umberson, PhD; Kathleen Mullan Harris, PhD; 7/29/24

Is the experience of losing a loved one associated with accelerated biological aging? In a cohort study of 3963 participants from the National Longitudinal Study of Adolescent to Adult Health, nearly 40% experienced the loss of a close relation by adulthood. Participants who had experienced a greater number of losses exhibited significantly older biological ages compared with those who had not experienced such losses. These findings suggest that loss can accelerate biological aging even before midlife and that frequency of losses may compound this, potentially leading to earlier chronic diseases and mortality.

Today's Encouragement

A good friend is cheaper than therapy.



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