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From: Hospice & Palliative Care Today Newsletter
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Sent: Saturday, August 10, 2024 4:00 AM
To: Cordt Kassner
Subject: Your Hospice & Palliative Care Today Newsletter for 08/10/24

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August 10th, 2024

Saturday newsletters focus on headlines and research - enjoy!

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Research News

Virtual reality for pain management in hospitalized patients with cancer: A randomized controlled trial

Cancer; by Hunter Groninger, Diana Violanti, Mihriye Mete; 4/24

Among hospitalized adult patients with moderate-severe pain related to cancer and cancer therapies, VR provided more nonpharmacologic pain relief than active control and this benefit sustained long after conclusion of the intervention.

Start of the COVID-19 pandemic and palliative care unit utilization: a retrospective cohort study

Journal of Pain and Symptom Management; by Michael Bonares, Kalli Stilos, Madison Peters, Lise Huynh, Debbie Selby; 7/24

Despite historically poor palliative care units (PCU)/hospice access, the COVID-19 pandemic created circumstances that may have enabled unprecedented utilization in individuals with non-cancer diagnoses in our cohort. This substantiates that so long as it is concordant with their goals, individuals with non-cancer diagnoses can have enhanced PCU/hospice utilization.

Four years and more than 200,000 deaths later: Lessons learned from the COVID-19 pandemic in US nursing homes

Health Affairs; by R. Tamara Konetzka, David C. Grabowski, Vincent Mor; 7/24

Nursing home residents and staff were disproportionately affected by the COVID-19 pandemic, drawing attention to long-standing challenges of poor

infection control, understaffing, and substandard quality of care in many facilities. Evolving practices and policies during the pandemic often focused on these challenges, with little effect. Despite the emergence of best practices to mitigate transmission of the virus, even the highest-quality facilities experienced outbreaks, indicating a larger systemic problem, rather than a quality problem at the facility level. Here we present a narrative review and discussion of the evolution of policies and practices and their effectiveness, drawing on evidence from the United States that was published during 2020–23.



Social isolation changes and long-term outcomes among older adults

JAMA Network Open; by Chen Lyu, Katherine Siu, Ian Xu, Iman Osman, Judy Zhong; 7/24

Is social isolation change associated with long-term outcomes in older adults? In this cohort study using a national longitudinal health survey of 13 649 adults aged 50 years or older in the US, data revealed that increased isolation was associated with an increased risk of mortality, disability, and dementia. Decreased isolation was associated with a lower risk of mortality only among individuals who were non-isolated at baseline. These results underscore the importance of interventions targeting the prevention of increased isolation among older adults to mitigate its adverse effects on mortality, as well as physical and cognitive function decline.

Managing medications among individuals with mild cognitive impairment and dementia: Patient-caregiver perspectives

Journal of the American Geriatrics Society, by Rachel O'Connor, Andrea M Russell,

Allison Pack, Dianne Oladejo, Sarah Filec, Emily Rogalski, Darby Morhardt, Lee A Lindquist, Michael S Wolf; 7/24

With changing cognitive abilities, individuals with mild cognitive impairment (MCI) and dementia face challenges in successfully managing multidrug regimens. We sought to understand how individuals with MCI or dementia and their family caregivers manage multidrug regimens and better understand patient-to-caregiver transitions in medication management responsibilities. To ease medication management transitions, balance must be sought between preservation of older adult autonomy and early family caregiver involvement. Clinicians should work to initiate conversations with family caregivers and individuals living with MCI or dementia about transitioning medication responsibilities as memory loss progresses, simplify regimens, and deprescribe, as appropriate.

Improving pain self-management among rural older adults with cancer

JAMA Network; by Megan J Shen, Tammy Stokes, Sarah Yarborough, Jill Harrison; 7/24

Is the adapted version of Cancer Health Empowerment for Living without Pain (CA-HELP) feasible, acceptable, and able to improve pain outcomes among older adults with cancer living in rural settings? Study results highlight a potentially low-cost, low-burden intervention designed to improve pain communication and reduce pain severity and pain misconceptions among older adults with cancer in rural settings.



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Kidney transplant outcomes from deceased donors who received dialysis

JAMA Network; by Yumeng Wen, Sherry G Mansour, Nityasree Srialluri, David Hu, Heather Thiessen Philbrook, Isaac E Hall, Mona D Doshi, Sumit Mohan, Peter P Reese, Chirag R Parikh; 5/24

Are kidneys from deceased donors who underwent dialysis prior to kidney donation associated with adverse graft outcomes in kidney transplant recipients compared with kidneys from deceased donors who did not undergo dialysis? Compared with recipients of kidneys from deceased donors who did not undergo dialysis, receiving kidneys from deceased donors who underwent dialysis prior to donation was associated with a higher incidence of delayed graft function, but no difference in graft failure or death at longer-term follow-up.

AI and health insurance prior authorization: Regulators need to step up oversight

Health Affairs; by Carmel Shachar Amy Killelea Sara Gerke; 7/24

Artificial intelligence (AI)—a machine or computer’s ability to perform cognitive functions—is quickly changing many facets of American life, including how we interact with health insurance. AI is increasingly being used by health insurers to automate a host of functions, including processing prior authorization (PA) requests, managing other plan utilization management techniques, and adjudicating claims. In contrast to the Food and Drug Administration’s (FDA’s) increasing attention to algorithms used to guide clinical decision making, there is relatively little state or federal oversight of both the development and use of algorithms by health insurers.

Changes in registered nurse employment plans and workplace assessments

JAMA Network Open; by Christopher R Friese, Barbara R Medvec, Deanna J Marriott, Lara Khadr, Marissa Rurka Wade, Melissa Riba, Marita G Titler; 7/24

How have nurses’ workplace assessments and intention to leave their workplace changed from the 2022 to the 2023 Michigan Nurses’ Study? In this survey study of 9150 and 7059 nurse participants in the 2022 and 2023 surveys, respectively, significantly fewer nurses were planning to leave their workplace in 2023 than in 2022 (32.0% vs 39.1%). Workplace assessments improved in the 2023 survey; however, planned departure rates, abusive or violent events, and unsafe conditions remained high, and understaffing remained a primary concern. Findings of this study suggest that improved working conditions are likely to promote nurse retention; health system leaders and policymakers should prioritize initiatives that support nurse retention and reduce potential workforce instability.



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Hospital assets before and after private equity acquisition

JAMA; by Elizabeth Schrier, Hope E M Schwartz, David U Himmelstein, Adam Gaffney, Danny McCormick, Samuel L Dickman, Steffie Woolhandler; 7/24

Private equity firms spent \$505 billion on health care acquisitions between 2018 and 2023. Financial infusions may augment resources for care. However, firms have sometimes sold acquired hospitals' land and buildings, repaying investors with proceeds and burdening hospitals with rent payments for facilities they once owned. We assessed changes in hospitals' capital assets after private equity acquisition. After private equity acquisition, hospital assets decreased by 24% relative to that of controls during 2 years. Private equity acquisitions appear to have depleted, rather than augmented, hospital assets. Although funds from asset drawdowns might be redeployed to enhance care or efficiency, previous studies suggest such effects may not occur.

International News

Recognising dying in motor neurone disease: a scoping review

[UK] Palliative Medicine; by Elizabeth Abbey, Maimoona Ali, Matthew Cooper, Paul Taylor, Catriona R Mayland; 8/24

Dying in motor neurone disease is associated with patterns of symptoms and signs, however evidence is limited compared with other terminal conditions and requires further exploration. The characteristic sudden and unpredictable terminal decline is a key barrier to recognition of dying by healthcare professionals. Dyspnoea, anxiety and pain were the most common symptoms associated with the dying phase. Worsening respiratory function, the development of specific new symptoms and deteriorating symptom control suggested approaching death. No studies reported changes in vital signs or biomarkers associated with dying.

Today's Encouragement

Sometimes I look back on my life and I am seriously impressed I am still alive.



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