KEYNOTE - Everyone Has A Last Lecture, Donna Oiland - Steering Committee Member, Washington End of Life Coalition, Facilitator, Honoring Choices Pacific Northwest, Hospice Volunteer

The term “ethical will” can sound a bit scary and even somewhat “off-putting”. But what does the phrase really mean? An ethical will, or legacy letter, is a way to share your values, blessings, life’s lessons, hopes and dreams for the future, love, and forgiveness with your family, friends, and community. It is not a legal document; it does not distribute your material wealth. It is a heartfelt expression of what truly matters most in your life. Can the creation of an ethical will be achieved by means of a “Last Lecture”? This keynote session can be significant not only for patient care but also for palliative care and hospice staff interested in their own personal and professional development. At the end of Donna’s session, participants will be able to a) identify what the term “ethical will” means; b) describe the differences between an “ethical will” and a legal will; and c) identify what issues may be included in the creation of an “ethical will” or “last lecture”.

PLENARY – Yes, We Can and Why We Should: Pediatric Hospice & Palliative Care, Anne Anderson, BSN, RN, Consultant, Pediatric Advanced Care Team Seattle Children's Hospital & Stacey Jones LICSW, ACHP-SW, Clinical Manager, Providence Hospice of Seattle

Why do terminally-ill children in Washington State sometimes have to stay in an acute-care hospital for weeks or months while waiting to go home? What are the obstacles which have prevented these children from being able to return to their homes, their communities and their friends? Many Hospice programs have been hesitant to take on the challenge of caring for a pediatric hospice patient. The State of Washington’s Certificate of Need program feels that all hospices should be able to accept pediatric patients who reside in their respective CoN service areas. This presentation will review challenges and resources with the goal for every terminally-ill child to be able to go home to receive end-of-life care. Learning objectives for participants include the identification of a) recent challenges faced by hospitals who were trying to refer patients to a home hospice program; b) recent changes to the Washington State Medicaid regulations regarding the provision of pediatric concurrent care; and c) the Certificate of Need regulations and what the expectations of the CoN office are regarding the acceptance of hospice patients in a CoN area.
The Culture of Palliative Care: What Does Success Look Like, Kathryn Schlenker, DO, Clinical Assistant Professor, Division of General Internal Medicine, Palliative Care University of Washington Medical Center & Carol Kummet, LICSW, MTS, UWMC Palliative Care Social Worker, University of Washington Medical Center

This session will explore the presenters’ experiences as palliative care providers and to help bring a better understanding to what the field involves and how “success” can be defined. The importance of working as a multi-disciplinary palliative care team will be discussed. Communication techniques will be explored with the goal to enhance the provision of multi-cultural support and guidance with complex medical decision making for patients and families who are facing end of life decisions. Learning objectives for this presentation include a) defining success in palliative care; b) describing the successful palliative care consultation as a cross cultural experience; c) explaining how a narrative approach to communication bridges cultural differences; and d) describing how identification of cultural differences and use of a narrative approach enhances professional resiliency.

Washington State Department of Health In-Home Services Division – An Update for Hospice Providers in a Roundtable Discussion Format, Robin Bucknell, In-Home Services Survey Manager, Office of Investigation and Inspection, Department of Health & Nancy Tyson, Executive Director, Office of Community Health Systems, WA State Department of Health

Managers and Staff from the Washington State Office of Investigation and Inspection will share recent Hospice survey findings. They then will participate in “Q & A” sessions with attendees in a less formal format. Bring your questions!

Incorporating Palliative Care into your Hospice Organization? Now learn about the other side of the conversation; billing and operations for palliative care from the payer’s perspective, Leslie Foren & Leanne Spears, Regence BlueShield Washington

Our healthcare system is complex and is undergoing significant changes that could have impact on end-of-life care. Many hospices are working to incorporate palliative care into their organization in order to meet the community need. This session will address how providers can work with payers on partnership opportunities around quality incentives, value-based care and innovative pilot projects. We will also share information and answer questions on the “incident to” billing and show how to integrate these billing procedures. We will address key components of ACP conversations, including initiating the conversation, and how and what is important in documentation of these conversations. Upon completion of this presentation, participants will a) have working knowledge of the key components of Advance Care Planning conversations and will know how to initiate, follow up and document goals of care conversations in a respectful, culturally sensitive manner; b) learn the 5 key essentials to establishing effective palliative care provider – payer partnerships; and c) have a clear understanding and clarification on when and how to bill for palliative care services using the “incident to” professional services.
Grief Groups by Phone: Removing Barriers, Expanding Outreach, Providing Care, Sandra Bochonok, DMin, MDiv, RN, CHI Franciscan Hospice Bereavement Counselor

For the past two years, Franciscan hospice has piloted an experimental grief phone support group program. The program received 2017 Joint Commission Survey recommendation as “best practice.” This workshop shares pragmatic lessons learned so any hospice with a phone can provide/facilitate phone groups for grief support and education as a valuable supplement to traditional groups. Case studies will be presented that demonstrate how easily this phone group program has served bereavement clients with local, national and even an international positive impact. Upon completion of this session, participants will a) learn how any hospice with a phone can provide grief support groups that can provide care to those who otherwise might be overlooked or underserved, including the elderly, blind, mobility restricted, as well as those who cannot access a local group due to employment and/or distance challenges; b) be able to determine if a phone support group can enhance, supplement or improve their bereavement care accessibility to their clients and community; and c) be able to describe this care concept to their bereavement departments on how this inexpensive, low tech and convenient way of expanding bereavement care can provide greater outreach and support based on the pragmatic lessons learned from this two year pilot program at CHI Franciscan Hospice.

How “Big Data” Can be Used to Improve Performance for a Hospice Program, Marc Berg, Private Consultant

Virtually all industries now use big data to drive their strategies on financial performance, quality improvement and customer satisfaction. A significant exception to this is the healthcare industry. While there are segments of healthcare that are using big data, they are the exception. Objectives for this session include a) looking at how big data can be used in local markets to improve performance in all domains for a hospice program; and b) exploring opportunities to better partner with hospitals to improve their financial and quality outcomes.

After We Implemented the “Surprise Question” into Everyday Practice: What Happened Next!, Laurel Oswalt Jackson, Masters of Divinity, Masters Certificate in Clinical Ethics, Senior Director, Compass Care

This session will explore the results of a change in hospital clinical practice which now requires every physician to ask of every patient: “Would I be surprised if this patient died in the next six months?” At the end of this session, participants will be able to a) identify what the “Surprise Question” means in end-of-life care; b) list methods for instituting the use of the “Surprise Question” in their programs; and c) list results for how one program’s incorporation of the “Surprise Question” in their hospital’s practice impacted their hospice and palliative care programs.
Integration of Palliative Care in Rural Communities, Patricia Justis, MA, Executive Director, WA State Office of Rural Health, Washington State Department of Health & Stephanie Carpenter, Chief Nursing Officer, RN, Columbia County Health System

Participants will learn and discuss how rural health systems differ from non-rural and a model for integration of palliative care in rural hospitals, clinics and communities currently under development and testing. The role of Hospice, home health and other care givers within the community as collaborative partners will be discussed. Medicare policy changes needed to support palliative care in rural areas will be highlighted. Specific strategies within the model will be discussed as well as lessons learned to date from model testing. By participating in this workshop, participants will a) list three characteristics of rural health systems that call for a different approach to palliative care and describe the model proposed for rural integration of palliative services in WA State; b) describe specific strategies that organizations can use to deliver palliative services to rural communities; and c) discuss lessons learned in a pilot in a Rural Health Clinic in rural Washington.

**CLINICAL TRACK SESSIONS**

Palliative Care for the Developmentally Delayed: Obstacles and Solutions, Heather Mikes, DO, Legacy Palliative Care Medicine Service, Vancouver

Who gets to define “quality of life” for the Developmentally Delayed? Dr. Heather Mikes will discuss assessment and treatment obstacles, communication challenges and other issues when providing palliative care to Developmentally Delayed patients. Using case study examples, they will review healthcare trends, challenge assumptions and promote advocacy to support the provision of palliative care to this population who are now living long enough to face age-related illnesses. On completion of this session, participants will be able to a) identify common obstacles in assessment, treatment and communicating with DD individuals; b) list 3 effective ways to communicate and provide symptom assessments for DD patients; c) support healthcare decision making for DD individuals and use shared values to enhance delivery of care at end of life.

Panel Presentation: Challenges in Hospice & Palliative Care, Mimi Pattison, MD, Medical Director, Franciscan Hospice and Palliative Care, Hope Wechkin, MD, Medical Director - Evergreen Hospice and Palliative Care, Wayne Kohan, MD, Medical Director, Chaplaincy Hospice Care & Patrick Waber, MD, Compass Care, Virginia Mason Memorial

This session will explore some of the current challenges faced by Hospice Medical Directors and Physicians. Issues addressed may include: determining which primary diagnosis is correct, determining relatedness of symptoms to the primary diagnosis as it pertains to coverage of medications and treatments, distinguishing between palliative versus curative treatment options and other challenges. By completing this session, participants will be able to a) identify current challenges in determining a patient’s primary hospice diagnosis; b) describe what the Medicare Hospice Benefit requires regarding the coverage of medications and treatments for the palliation of symptom’s related to a patient’s hospice diagnosis; and c) identify challenges in determining whether a medication or treatment is palliative or “curative” in nature and whether the symptom issue is truly “related” to the hospice diagnosis.
Psychopharmacology in Palliative Care, Wayne Kohan, MD Hospice and Palliative Medicine, Medical Director Hospice at the Chaplaincy

This session will review the methods for diagnosing and treating delirium. The common indications for psychoactive drug use and the commonly-used medications used to treat delirium and other psycho-physiologic conditions will each be discussed, with an emphasis on symptom palliation. Considerations in medication use, including dosage recommendations and possible adverse effects will be reviewed. Upon completion of this session, participants will be able to identify a) common indications for psychoactive drug use; b) the commonly-used medications used to treat delirium and other psycho-physiologic conditions; and c) dosage recommendations and possible adverse effects of commonly-used psychopharmacologic medications.

Palliative Care for People with Dementia in the Community Setting, Darrell Owens, Attending Nurse Practitioner and Section Chief; DNP, MSN, UW Primary, Palliative, and Supportive Care at Northwest Hospital

Major Neurocognitive Disorders, aka Dementia, is now a leading cause of death for people over the age of 70. The disease is characterized by a prolonged and unpredictable course which ultimately ends in death after patients and families endure multiple losses. People with dementia are cared for in multiple locations, with private homes and assisted living facilities being the primary locations, often with family members serving as caregivers. Behavioral issues for people with dementia impact up to 90% of patients at some point and can be very challenging for family members. This workshop will focus on the experiences of our home-based practice in providing care to this population and their families. By participating in this workshop, participants will be able to a) discuss the most common types of dementia; b) list 3 common behavior interventions in caring for people with dementia; and c) list common medications used to help manage symptoms for this population.

The Use of Cannabis in Palliative Care and Hospice, Gregg VandeKieft, MD, MA, Regional Medical Director for Palliative Care Providence Health and Services, Southwest Washington, Associate Medical Director, Providence Institute for Human Caring

Medical Cannabis is a hot topic for discussion, since no one in medical or nursing school learned about it in training, except as a drug of abuse. When Dr. VandeKieft gave an audio presentation about it in 2014, it was the most requested recording of the year! This presentation is sure to facilitate a robust discussion about Cannabis use for symptom control in end of life care. Upon completion of this session, participants will be able to a) list at least three indications for the use of Cannabis to manage symptoms in a palliative care or hospice setting; b) discuss dosage recommendations for the use of Cannabis in end-of-life care; and c) list the different options available for ingestion of Cannabis to manage symptoms in end-of-life care.

Complex Wound Care Management, Mark Vance, RN, WCC, Multicare Home Health, Hospice and Palliative Care, Tacoma

This session addresses management of fistulas, Stage 4 pressure ulcers, fungating tumors and other types of complex wounds. Different types of wound products and management techniques will be explored. At the end of this presentation, participants will be able to identify a) how to differentiate between different types of wounds, including pressure ulcers, tumors, fistulas, surgical wounds, venous stasis ulcers and diabetic foot ulcers; b) several treatment options to manage pain, odor and exudate for hospice and palliative care patients; and c) identify some cost-effective options for management of complex wounds in end-of-life care settings.
What’s New with POLST (for Young and Old): Updates for 2017, Sharmon Figenshaw, BSN, RN, MSN, ARNP, ACHPN, Washington POLST task force/ Washington End of Life Coalition & Karin Brook, LICSW, Yakima Regional Medical Center

In this session, we will cover some basic truths about the POLST form, give links to resources including new videos, and then go over the 2017 revisions to the form, how we hope these will affect clinical practice. We will address POLST use in long-term care settings and with pediatric patients. At the end of this session, participants will be able to a) list decision points on a Washington POLST form; b) identify the revisions made to the POLST form in 2017; and c) identify how the 2017 POLST form revisions can guide clinical practice.

PSYCHOSOCIAL/SELF-CARE/OTHER TRACK SESSIONS  (noted in GREEN on schedule)

Bedside Ethics, Juan Iregui, MD, Hospice & Palliative Medicine, CHI Franciscan Hospice & Palliative Care, University Place

During this session clinicians from all disciplines will learn an effective and time efficient approach to determine decisional capacity and assist surrogate decision makers in compliance with substituted judgment state laws. At the end of this presentation, attendees will a) learn to assess Decisional Capacity; b) understand decision-making hierarchy and substituted judgment; and c) practice using Teach Back to assess Health Literacy and eliciting substituted judgment from health care surrogates.

Facilitated Discussion: Innovations and Challenges in Coordinating Hospice Volunteers Today, Laurel Oswalt Jackson, MDiv, Senior Director, Compass Care, Virginia Mason Memorial Hospital & Vicki Husted Biggs, MSW, LICSW, Volunteer Coordinator

This session will seek to explore issues and challenges hospices face today, as the need for volunteers (and volunteer hours) increase. Innovative ideas for attracting volunteers as well as for serving patients and families will be explored. Come and share your thoughts, challenges and ideas regarding working with volunteers in the regulation-laden world of hospice today! Participants will be able to identify the current Medicare regulations regarding the provision of Hospice Volunteers; describe challenges in and strategies for recruiting, training and retaining Volunteers; and identify challenges in making Volunteer assignments for home hospice patients as well as for patients in a facility.
Communication Issues with Physician-Assisted Death, Gregg VandeKieft, MD, MA, Regional Medical Director for Palliative Care Providence Health and Services, Southwest Washington, Associate Medical Director, Providence Institute for Human Caring

The focus of this presentation is to not get caught up in ethical or legal debates. Physician-Assisted Death is already legal in many states. This session will instead discuss how to model a supportive therapeutic response to inquiries about PAD, regardless of whether one supports its legalization or not, regardless of whether one participates or not, regardless of whether the patient has serious intent to follow through or is simply inquiring as a way to open up a deeper conversation. Regardless of where attendees fall on the religious/political/participation spectrum, participants will be able to describe communication measures which will allow them to be as helpful as possible to patients and families who inquire about PAD. Participants will also be able to identify, when asked about PAD by patients in the future, measures to facilitate having the response and interactions be similar, regardless of whether one is pro/con, or whether the patient/family really intend to follow through with PAD; describe communication techniques with the goal of providing a compassionate and supportive exploration of what led to the inquiry regarding PAD; and describe what can be done moving forward to address considerations identified by patients.

How We Honor Veterans, Rev. Shakur Sevigny, Spiritual Care Coordinator, Kindred Hospice, Seattle

Using real examples, this session will review how one hospice program increased their ability to participate in the “We Honor Veterans” program. The presenter will share how the We Honor Veterans program can become part of their agency’s “norm” to honor and show appreciation for the Veterans they regularly serve. Learn how they have incorporated the program into their regular activities as well as how they “raise their game” for certain special situations. Learn how this program makes a difference not only for their patients, but for the patients’ families and for the hospice staff as well. Participants will be able to a) discuss methods to better understand and treat medical problems related to military service; b) discuss tips hospice staff can use to engage, honor and recognize the Veterans they serve; c) list three measures a hospice program can incorporate into their everyday activities to assess the Veterans they serve; and d) discuss activities hospices could undertake to show appreciation for and honor of the Veterans and their service.

Trauma-Informed Bereavement Care, Catherine Zimmerman, LICSW, ACHP-SW, CSW-G, Zelda Foster Palliative Social Work Fellow, Zimmerman Counseling PLLC

Traumatic experiences are common and trauma may be (re)awakened after loss. When trauma-informed care is integrated into bereavement services, grief support includes a greater focus on mindfulness, safety, attunement, with ongoing emotional and somatic regulation. The trauma-informed approach draws upon neuroscience for an understanding of how trauma may overlay normative grief and utilizes evidenced-based interventions as helpful tools in surviving loss. This workshop will provide an brief overview of trauma-informed practice and discuss the integration of “trauma-informed care” into bereavement services. By participating in this workshop, participants will be able to a) identify different sources of exposure to trauma, understand the physiology of trauma response, and recognize signs and symptoms of trauma in the context of grief and bereavement; b) understand how to create a grief support environment that will help to prevent re-traumatization, and promote integration and healing after loss; and c) describe evidence-based interventions that may be used to help Survivors of loss as they are living with grief, to cope more effectively with their bereavement experience.
Cultural and Religious issues Impacting End of Life Care, Panel Presentation with Anne Roberts, MSSW, LSWAIC, Medical Social Worker, Hospice, Providence SoundHome Care and Hospice, Sheri Mila Gerson, LICSW, ACHP-SW, Olympia, WA, PhD candidate in Palliative Care, Lancaster University, UK & Mark Snelling, D. Min., Chaplain & Bereavement Counselor, MultiCare Hospice

What impact does culture play on end-of-life care? How can Hospice and Palliative Care staff respectfully support the diverse, multi-cultural patient populations being served. This panel will share experiences, observations and insights from their collective professional experience. Upon completion of this presentation, participants will be able to a) identify at least two ways their own cultural backgrounds or religious beliefs impact their current hospice or palliative care practice; b) describe at least three cultural and religious practices at end of life which may be “outside their usual experience”; and c) identify several measures they can implement in their own practices which will facilitate a more open and accepting response to others’ cultural or religious practices.

Overcoming Barriers: How End of Life Washington, Hospice, and Palliative Care Can Better Collaborate, Sally McLaughlin, Executive Director, End of Life Washington

When it comes to supporting patients at end of life, three organizations work hard to see that needs are effectively met: Washington State hospices, Palliative Care Departments and the non-profit organization, End of Life Washington (formerly Compassion & Choices of Washington.) This session will examine the myriad points of intersection and will explore how these three entities can work better together to provide robust and meaningful services to those wishing to avail themselves of our state’s Death with Dignity Act, as well as other EOL services. Upon completion of this session, participants will be able to a) identify services which End of Life Washington provides to terminally-ill persons seeking information or wishing to pursue death with dignity; b) describe points of intersection between Hospice, Palliative Care programs and End of Life Washington; and c) identify opportunities for programs to provide mutual support to terminally-ill patients and their families.

PEDIATRIC PALLIATIVE CARE TRACK SESSIONS (TUESDAY, noted in PURPLE on schedule)

Managing Symptoms in the Pediatric Population, Dr. Amy Trowbridge, Seattle Children’s Hospital & Maggie Hood, MD, Providence Palliative Care, Sacred Heart Children’s Hospital

Pediatric patients are not just “small adults”. It would be impossible to address every disease process or symptom a child might have. This session will focus on commonly encountered symptom management challenges faced by pediatric patients, their families and their Hospice and Palliative Care Providers. At the end of this session, participants will be able to identify a) common symptom management challenges in the pediatric hospice and palliative care; b) common pharmacologic and non-pharmacologic measures used to manage symptoms in the pediatric population; and c) medication management principles and resources used in treating pediatric patients at the end of life.
Providing Emotional and Spiritual Support to Pediatric Patients & Families, Caiti Morehead, MSW, Social Worker and David Yoo, MDiv, BCC, Chaplain, Stepping Stones Pediatric Hospice and Palliative Care Program, Providence Hospice of Seattle

Physical symptom management is not all that is needed in pediatric end-of-life care. This session will explore ways in which hospice and Palliative Care staff can work together, in a multi-disciplinary fashion, to support patients and families. Upon completion of this session, participants will be able to describe ways to assess pediatric patients and their families for psychosocial and spiritual needs; list common psychosocial and spiritual challenges faced by terminally-ill pediatric patients and their families; and identify resources available to assist with providing emotional and spiritual

Panel Presentation: Lessons Learned: Experiences Supporting Pediatric Patients and Families, Anne Anderson, Facilitator, Gloria Lay, RN, Frontier Hospice, Sherri Osburn, RN, Elite Hospice, David Brunelle, MD, Multicare, Jenn Gardner, Assured Hospice & Carolyn Ringo, Sacred Heart Children’s Hospital

How have hospice programs who very rarely care for pediatric patients been able to do so – and to do it well? Hear directly from hospice providers how they worked with their staff and their resources to be able to support pediatric patients and their families being able to return to their own homes to receive end-of-life care. Participants will be able to list at least two ways hospice programs can provide support to staff who are uncomfortable providing care to pediatric patients; identify at least two resources for information regarding the management of a patient’s symptoms; and describe how a hospice can work together with a pediatric hospital or other referral source to ensure resources are available to the hospice staff.