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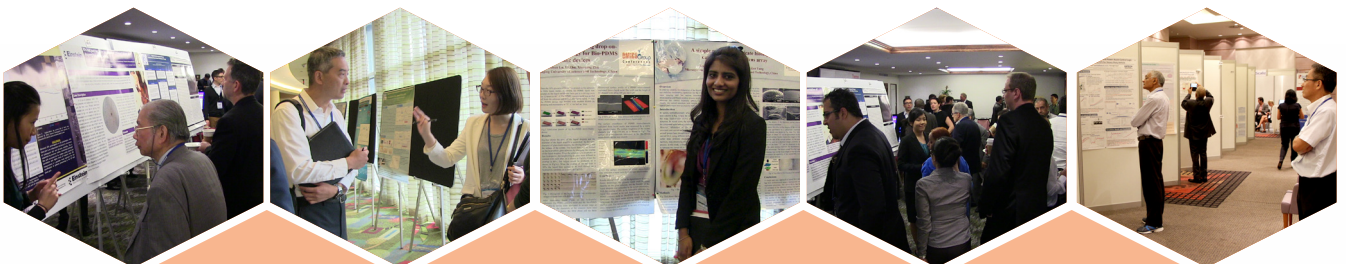
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Posters



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THERAPEUTIC TOUCH™ IN A GERIATRIC PALLIATIVE CARE UNIT: A RETROSPECTIVE REVIEW

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Complementary therapies are increasingly used in palliative care as an adjunct to the standard management of symptoms to achieve an overall well-being for patients with malignant and non-malignant terminal illnesses. A Therapeutic Touch Program was introduced to a geriatric Palliative Care Unit in October 2010. Two volunteer Therapeutic Touch Practitioners offer the therapy to patients who have given verbal consent.

Objective: To conduct a retrospective review of Therapeutic Touch services provided to patients in an in-patient geriatric palliative care unit to better understand the impact of the Therapeutic Touch Program on patient care.

Methods: A retrospective medical chart review was conducted on both patients who received Therapeutic Touch as well as a random selection of patients who did not receive Therapeutic Touch.

Client characteristics and the Therapeutic Touch Practitioners' observations of the patient's response were collected. Descriptive analyses were conducted on all variables.

Results: Patients who did not receive Therapeutic Touch tended to have lower admitting Palliative Performance Scale scores, shorter length of stay and were older.

Based on the responses provided by patients and observed by Therapeutic Touch practitioner the majority of patients receiving treatment achieved a state of relaxation or sleep.

Conclusions: The results of our chart review suggest beneficial effects for significant numbers of participants and deserve a more robust comparison study in future. Recommendations also include revising the program procedures to improve processes and documentation, and ensure all or most patients are offered the therapy.

Biography

Senderovich is a physician at Baycrest Health Science System with practice focused on Palliative Care, Pain Medicine and Geriatrics. She is a lecturer at the Department of Family and Community Medicine, and Division of Palliative Care at the University of Toronto who actively involved teaching medical students and residents. She has a broad international experience and a solid research background. Her research was accepted nationally and internationally. She is an author of multiple manuscripts focused on geriatrics, patient's centered care, ethical and legal aspect of doctor patient relationship, palliative and end-of-life care.

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ROLE OF THERAPEUTIC TOUCH IN THE MANAGEMENT OF RESPONSIVE BEHAVIOR IN PATIENTS WITH DEMENTIA.

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Introduction: There was an estimated 36.5 million individuals worldwide living with dementia in 2010 as per World Health Organization. In addition to deficits in cognitive domains, Responsive Behaviours in Dementia (RBD) greatly impact the quality-of-life of individuals with dementia and greatly increase caregiver burden.

Current treatment modalities are not always effective, and thus non-pharmacological approaches along with careful use of pharmacological therapies should be considered in the management of RBD. Therapeutic Touch (TT) is a simple procedure that only requires a pair of hands and a compassionate mind. TT allows for clear and respectful communication with the patient and helps to avoid confrontation by providing stimulation and structure.

Objective: To review the publications that evaluate the use of TT in the management of RBD.

Methods: We searched PubMed for 'Therapeutic Touch' and 'Dementia'. We limited our inclusion to reviews and studies published in the last 10 years. We excluded articles in languages other than English and studies for which no outcomes were reported.

Results: Four of the five examined studies suggest that Therapeutic Touch reduces restless behaviours found in dementia. However, there are limitations to these studies including methodological variability and small sample sizes.

Conclusions: TT is garnering attention for its potential role in ameliorating RBD in patients suffering from different stages of dementia and many are looking into using TT in palliative care settings. It can be used in inpatient and outpatient settings. However, at this time, there is insufficient data and further studies need to be done before definite conclusions can be drawn.

Biography

Shaira Wignarajah is a fourth year student at York University who is currently pursuing a Kinesiology degree. Shaira has a strong desire and interest to study medicine. For the past 3 years, she has been actively involved in research at the Baycrest Health Sciences System, working together with the team on topics related to geriatrics, palliative and end-of-life care, and ethics and law in medicine. Shaira has a strong interest in writing and participating in editing manuscripts which have been accepted nationally and internationally, and her contribution has been acknowledged. She is a co-author of the recently published study on the role of Therapeutic Touch in Geriatric Palliative care. She also appeared in the Media as a co-author of an article on the crucial role of Advance Care Planning. She is very motivated towards her own progress and plans to be involved in medical education to improve the quality of patient care in the future.

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RISK SCORE TO ESTIMATE SURVIVAL AMONG ADVANCED DEMENTIA IN TAIWAN: A LONGITUDINAL BASED STUDY

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Background: As the population ages, dementia patients are increasing. Dementia is irreversible chronic degenerative diseases, death is the inevitable result. But the disease course is slow, and the symptom complex in the terminal stage, it cannot effectively predict the time of death. An accurate forecasting tool can help dementia patients to do the advance directives at the end of life, provide the comfort and good quality of life palliative care. Therefore, it will help dementia patients in palliative care, if identify possible predictors of death within six months as the intervention timing reference index.

Methods: This study adopted a retrospective cohort study from Taiwan National Health Insurance Database(NHID). Capture diagnosed dementia patient, based on their individual basic characteristics (age, gender), diagnostic classifications (Alzheimer's disease, vascular dementia, other dementia), chronic comorbidities (including stroke, hypertension, diabetes, coronary artery disease, heart failure, renal failure, cancer, high cholesterol, chronic obstructive pulmonary disease and cirrhosis); and six months before the death of acute illness (pneumonia, urinary tract infections, fractures, bedsores, delirium), hospital situation (hospitalization, emergency) and medical treatments (nasogastric tube insertion, oxygen therapy, cardiopulmonary resuscitation, and endotracheal intubation) as index. Statistical methods using statistical software version SAS 9.3. COX proportional hazards model was used to identify risk factors of death in the derivation set. Then, we use the steps proposed by the Framingham Heart Study to build a mortality prediction model with the scoring system in Taiwan within a six-month and one-year survival rate of elderly people with dementia. The performance of the risk models was evaluated by the area under the receiver operating characteristic curve (AUROC).

Results: The mortality rate was 55.1% (n = 20542) in 2000-2010. A total of 19 variables as mortality risks, including diagnosis, age, sex, cancer, renal failure, pressure ulcers, sepsis, hospital, nasogastric tube insertion, oxygen therapy, the sum risk score ranged from 0-17 points. AUROC verify this model of risk of death, which is 0.6964 in six months, 0.6968 in one year.

Conclusions: This model from Taiwan National Health Insurance database which has a moderate prediction accuracy within six-months and one-year of death in elderly dementia.

Biography

Kwo-Chen Lee has completed her Ph.D. from the school of nursing of National Yang-Ming University in Taiwan in 2011. Lee had been working in the clinical oncology ward for 12 years before getting to her Ph.D. degree. She also interested in nursing research while in university, and has published more than 10 papers in reputed journals. She is an associate professor of nursing at China Medical University, Taiwan since 2011. Her major studies are palliative care and end of life care among patient and family caregiver. She recently worked on family caregiver support with terminally ill patient studies, and she received the NIH funding from Taiwan's government in 2015-2017. Lee also has been serving as an editorial board member of reputed journal in Taiwan.

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Accepted Abstracts



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EMERGENCY MEDICAL SYSTEM AND NURSING HOME PATIENTS: IS THERE A WAY TO BETTER USE EXISTING RESOURCES TO IMPROVE THE QUALITY OF CARE?

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Background: Our population is aging and there are a growing number of Nursing Home (NH) residents who benefit from ambulance transport to the Emergency Department (ED), which are not known to be 'senior friendly' and are often on surge capacity. Simultaneously, we face a reduced availability of General Practitioners (GP) to visit these patients prior their transport to the ED.

Hypothesis: Many NH patients are transported by ambulance to the ED without having benefitted from a medical evaluation on site. Palliative and end of life care could sometimes be provided on site rather than having the patient transported.

Setting: The State of Vaud (Switzerland) dispatch centre sends ambulances and, when a life-threatening situation is suspected, a Pre-hospital Emergency Physician (PEP) too.

Results: We previously published a case series where PEPs have been able to provide palliative and end of life care on site, according to the patient and relative's will, and we with the support of the NH.

Discussion: EMS systems that dispose of PEPs should use this resource not only for life-threatening emergencies but also to provide palliative and end of life care, when all parties (patient, relatives, NH) agree with this strategy, therefore avoiding unnecessary transport to crowded ED.

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CANCER NARRATIVES WITHIN A CANCER TRAJECTORY

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The aim of this paper is to offer the meanings and experience of a group of people who were given a cancer diagnosis. The power of their stories and the insightfulness of their narrative provided a rich tapestry from which healthcare professionals can gain insight. The discussion will focus on the meanings attributed to their experience of what will be referred to as the diagnosis trajectory. Recipients (people who received a cancer diagnosis) and significant others (identified by recipient) were invited to participate. For the purpose of this presentation, the focus will be on the narrative of the recipient and the meanings which they attributed to their story. Interviews were coded using a phenomenological descriptive approach. A number of core themes which emerged were: the waiting game; being seen; pretty is important; dismissive mantra; living the diagnosis. Truth and openness were seen as critical to enabling the person to cope. The need to have ones suspicions acknowledged and not dismissed and the overwhelming cry for recognition as a person, a mother, a lover and not just a lump or blockage was a heart cry of many as they shared from the depth of their experience and the reality of the everyday celebration of surviving. The study highlights the use of narrative to inform and challenge practice as a powerful tool and recognises the strength of voice and clarity of experience as offering methodological and ethical challenges for the nurse and the researcher.

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EFFECTS OF GIVING AND RECEIVING A DEMENTIA DIAGNOSES: AN INTEGRATIVE REVIEW

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One in 20 people over 65 and one in 5 people over the age of 80 are diagnosed with dementia. Presently, an estimated 24.3 million patients are diagnosed with dementia around the world. The CDC predicts that the population of adults, age 65 years and older will increase to 71 million by 2030. The purpose of this integrative review is to review the impacts on the giver and the receiver of a diagnosis of dementia. There is little data exploring this phenomena from the perspective of giver and receiver. The integrative review synthesized and analyzed 10 research studies that met the inclusion criteria. Three key themes emerged from the data: Barriers to Diagnosis; Tactics used in Disclosure & Effects of Diagnosis.

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PSYCHOGENIC DISORDERS CAUSED BY DEATH OF PATIENTS IN SHARED ROOMS IN TERTIARY CARE HOSPITAL

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During the year 2015 and the first quarter of 2016, more than 20 mortality events has been reported in the palliative medicine department in King Fahad Specialist Hospital Dammam in shared rooms, with the attendance of the other patients and in some occasions their relatives or companions, most of the patients who had this bad experience are palliative or oncology patients with poor prognosis as well, unfortunately this hard situation affected them negatively in a way that there was clear deterioration in their mental health and also physical health.

In most of the cases the need of psychological reassessment by the psychologist and psychiatric management was mandatory, also the need for escalation of pain medications, anxiolytics and hypnotics are indicated.

Other patients left the hospital against medical advice in spite of their bad general condition and need for hospitalization.

Due to hospital bed crises, the palliative patients could not be accommodated in single bed rooms in most of the times, we, as palliative physicians with the assistance of the case manager, can only select the actively dying cases with the signs of approaching death to be in our limited single rooms, but it does not work in most of the times and the unexpected rapid deterioration and death is always there.

The exaggerated or abnormal grief reactions of some family members added to the bad experiences the patients and consequently got to their psychological sufferings.

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PATIENT AND SPOUSE PERCEPTIONS OF COGNITIVE AND NEUROPSYCHIATRIC SYMPTOMS IN PARKINSON'S DISEASE: IMPLICATIONS FOR DISTRESS, QUALITY OF LIFE AND RELATIONSHIP SATISFACTION

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Introduction: People with Parkinson's Disease (PD) experience a range of Cognitive and Neuropsychiatric Symptoms (CNPS), including depression, fatigue, anxiety, hallucinations and dementia. Patients rate CNPS as among the most important and challenging features of their illness (Politis et al., 2010), yet CNPS is less well understood than motor symptoms. Many loved ones of individuals with PD become informal caregivers. This study investigated the impact of CNPS on carers' and patients' wellbeing as individuals and on couples' relationship satisfaction.

Method: This cross-sectional study involved 31 couples living with PD. Clinically valid screening tools and a semi-structured interview assessed the intensity of CNPS and CNPS-related distress. Self-report measures assessed mood, overall distress, health-related quality of life (HRQoL), and relationship satisfaction.

Results: Within couples, patients and carers agreed on the levels of total CNPS intensity across the 14 CNPS assessed. Patients and carers within couples disagreed with their views of the presence of specific symptoms, particularly hallucinations, disinhibition, irritability, agitation and aggression, apathy and delusions. Discordance was not associated with distress or relationship satisfaction.

Patient overall distress was positively predicted by couples' ratings of patient CNPS-related distress. Carer overall distress was positively predicted by carers' CNPS-related distress, caregiving-related distress and HRQoL. Carer relationship satisfaction was best predicted by caregiving-related distress. No predictors of patient relationship satisfaction were identified.

Discussion: The study demonstrates that relying only patient or carer reports is clinically invalid. Patients' and carers' distress, experiences of PD-related CNPS, and any discordance within couples must be proactively and accurately assessed and used to inform interventions.

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AVOIDABLE EMERGENCY VISITS BY HOME HOSPICE PATIENTS: IS THERE A SOLUTION?

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Although research has shown the majority of terminally ill people would prefer to die at home, many who are utilizing home-based hospice end up in the emergency room during their final weeks of life. This integrative review evaluates published studies identifying the causative factors and impact of emergency room visits among home-based hospice patients and their family/caregivers in the last few weeks of life from January 2005 to current. A search of the electronic databases EBSCO Host was utilized as well as the U.S National Library of Medicine/Pub Med, Google Scholar, and the Cumulative Index of National and Allied Health Literature (CINAHL) using key words: Nurse Practitioner, palliative care, hospice, end of life care, and emergency. Data was evaluated using a constant comparative approach as well as thematic content analysis to identify key issues. Thirteen studies from the United States were included as well as ten studies from other countries. From these studies, several factors are addressed including: primary reasons for accessing emergency services, the impact on perceived quality of life and caregiver bereavement outcomes, and prevention and guidance aimed towards reducing hospital admissions. The impact of potentially avoidable end-of-life hospital visits by the terminally ill has been shown to adversely affect quality of life and bereavement outcomes. A comprehensive and coordinated specialist palliative care approach may help minimize the number of patients presenting to the emergency department unnecessarily, thereby helping to maintain them in the setting of their choice for the provision of end-of-life care.

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SUBJECTIVE QUALITY OF LIFE/SYMPTOM MEASUREMENT OVER TWO DECADES

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The Schedule for the Evaluation of Individual Quality of Life (SEIQoL) is a phenomenological approach to the measurement of quality of life (QoL), in which the terms-of-reference are determined by the individual. Little is known about the impact of symptoms on patients' quality of life. The degree to which the symptoms are actually bothersome to the patient is a missing area in symptom assessments. Waldron et al, demonstrated that symptom 'bother' is a separate entity from both symptom frequency and intensity. Quality of life is a dynamic construct. Over the course of time, areas of life meaningful to the patient to shift through a process of adaptation. There appears to be a process of psychological adaptation that enables patients cope and maintain good quality of life, even in the face of adversity. This is a concept known as 'intra subject construct dynamism' or 'response shift'. Using an outcome measure as a clinical tool, especially in the area of quality of life (QoL) is uncommon. We hypothesized that individual QoL information may help improve patient's QoL outcome over time when shared with the multidisciplinary team.

Results: Results of seven Higher Theses are explored to reflect on all above views with both published and presented, Nationally and Internationally papers reviewed.

Conclusion: Subjective QoL can be measured in Advanced Cancer patients and incorporation of Symptoms, Symptom Bother/Symptom interference with QoL and Response Shift as well as 'Using the Outcome as a Clinical tool' can really help this very vulnerable patient group.

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THE EFFECTIVENESS OF FOUR-FACTOR PSYCHOTHERAPY IN THE DECREASE OF CORTISOL LEVEL

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Many Patients with cancer are disturbed about the possibility of recurrence, death, body image and other psychological problems. These stresses can increase cortisol level and lead to suppression of immune – system strength. The important role of cortisol level in regulating immune- system has well documented. The aim of this research was to assess the effectiveness of four-factor psychotherapy in decreasing the level of cortisol in women with breast cancer. The sample comprised 25 women diagnosed with breast cancer who were selected using voluntary sampling and were randomly assigned to the experimental and control groups. Groups were assessed in terms of serum levels of cortisol before and after the intervention. The experimental group underwent 12 sessions of four-factor psychotherapy whereas the control group received no intervention. The result of co-variance analysis indicated that the four-factor psychotherapy is effective in decreasing the cortisol's level of women with breast cancer. It can be concluded that the four-factor psychotherapy by reducing cortisol levels and also decreasing physical and mental exhaustion contribute significantly to the recovery of patients.

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THE CHAMPLAIN SYMPTOM MANAGEMENT KIT: ENHANCING EOL CARE BY PROVIDING TIMELY ACCESS TO MEDICATIONS AND SUPPLIES IN THE HOME

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Adequate pain and symptom management is an essential component of palliative and end-of-life care and has a direct impact on patient and caregiver experience. In September 2014, the Champlain CCAC, in collaboration with regional pharmacies, service provider organizations, the Regional Palliative Consultation Team and community palliative care physicians, introduced a Champlain Wide Pain and Symptom Management Kit (SMK). The SMK is a standard package of medications and related medical supplies placed in the home of a patient who is approaching the end-of-life for the purpose of relieving unanticipated or rapidly escalating symptoms in a timely manner.

The overall purpose of the Kit is to facilitate pain and symptom management at the end of life by providing timely access to medications and supplies, therefore optimizing patient's chances of remaining at home until death; enhancing informal caregiver support in the home; and enabling nurses to manage symptoms without needing immediate access to a physician, which is often difficult.

One year after implementation, a robust evaluation was completed. The results demonstrate a positive impact of the Kit on patients, caregivers, and provider experience, including reduction of caregiver anxiety and increased self-efficacy. The results also demonstrate a positive impact on a number of outcome measures, such as reduced emergency department visits and hospital admissions, and increased patient deaths in their preferred location.

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THE SYSTEMATIC EARLY INTEGRATION OF PALLIATIVE CARE INTO MULTIDISCIPLINARY ONCOLOGY CARE IN THE HOSPITAL SETTING (IPAC), A RANDOMIZED CONTROLLED TRIAL: THE STUDY PROTOCOL

Gaëlle Vanbutsele^a, Simon Van Belle^a, Martine De Laat^a, Veerle Surmont^a, Karen Geboes^a, Kim Eecloo^a, Keon Pardon^a and Luc Deliens^a^aGhent University, Belgium

Background: Previous studies in the US and Canada show the positive impact of early palliative care programs for advanced cancer patients on quality of life (QoL) and even survival time. There has been a lack of similar research in Europe. In order to generalize the findings from the US and Canada research on a larger scale, similar studies are needed in different countries with different care settings, such as Belgium. Method: A randomized controlled trial (RCT) is being conducted as follows: 186 patients with advanced cancer were recruited from the departments of Medical Oncology, Digestive Oncology and Thoracic Oncology of the Ghent University Hospital. Patients are randomized to either systematic early integration of palliative care in standard oncology care or standard oncology care alone. Patients and informal caregivers are asked to fill out questionnaires on QoL, mood, illness understanding and satisfaction with care at baseline, 12 weeks and every six weeks thereafter. Other outcome measures are end-of-life care decisions and overall survival time. Results concerning baseline characteristics are due June 2016.

Discussion: This is the first RCT in the Belgian health care setting to evaluate the effect of systematic early integration of palliative care for advanced cancer patients. The results will enable us to evaluate whether systematic early integration of palliative care has positive effects on QoL, mood and patient illness- Understanding and which components of the intervention contribute to these effects. Trial registration Clinical trials.gov Identifier: NCT01865396, registered 24th of May, 2013.

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IMPACT OF AGE AND FINANCIAL STATUS OF PATIENTS OR CAREGIVERS ON PERCEPTIONS OF HOSPICE CARE AND THE CHOICE OF HOSPICE V. HOSPITAL CARE AT TERMINAL DIAGNOSIS

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Hospice is designed to provide quality end-of-life medical care for patients and support for their families. Most insurance, including Medicaid, provides hospice benefits. Why then do so few people enter hospice? I hypothesized that the perception of hospice care as a last resort drives the decision to choose hospital care at terminal diagnosis. However, the data shows that although a large number of respondents across age and income groups did not regard hospice care as a last resort, when asked to make a hypothetical decision between hospice and hospital care, they primarily chose hospital care except when life expectancy was less than 3 months. Subjects aged 30 and under showed higher preference for hospital care even when given life expectancy of less than 3 months. Respondents were more likely to choose hospital over hospice care when making the decision for a family member than for themselves. Given 6 months or more to live with a terminal disease, respondents generally chose hospital care, perhaps in anticipation of a curative option which may not be available for diseases such as end-stage Alzheimer's. Thus my hypothesis that the perception of hospice as a last resort drives choice of hospital care at terminal diagnosis was not proven. Multiple factors affect decision making when life expectancy is 3 months or less. Age and income do impact the choice; however end-of-life care decisions are clearly more complex and require careful guidance and support.

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ASSESSING END-OF-LIFE CARE IN THE ACUTE CARE SETTING

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A growing body of literature has identified significant care deficiencies and opportunities for improvement of care at the end-of-life (EOL). This is particularly true within the hospital setting, where the existing literature suggests widespread deficiencies in symptom management, miscommunication, and suffering of both patients and families. This study used a mixed-methods retrospective correlational design to investigate the EOL care processes and care outcomes within the acute care setting within two acute care facilities in Los Angeles. Data sources include quantitative and qualitative responses from caregivers of deceased patients via a mortality follow-back survey. A review of the medical records of decedents investigated the relationships among the study variable of completed mortality follow-back surveys. Results from this study revealed wide variability in the overall perception of EOL care by 92 caregivers. Some variables were identified as being of great importance to caregivers as evidenced by their frequency within the narrated comments and correlational strength. Key findings link advance care planning documentation to positive perceptions of EOL care and the need for further research in communication and pain management.

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APPROACH AND MONITORING AT HOME ON PATIENTS WITH UNTREATED PAIN AND INTRATHECAL PUMP IMPLANTATIONS IN PALLIATIVE CARES

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The intrathecal analgesy emerges as a therapeutical option to relieve the untreated pain when other treatments have failed, and in cases with high opium doses presenting unacceptable secondary effects

OBJECTIVES: To analyze the viability of the home handling of patients with intratecales pumps by a team of palliative cares supported at home

MATERIAL AND METHODOLOGY: Retrospective descriptive analysis of terminal patients with intratecales pumps implanted to control the pain.

Variables analyzed: age, sex, pathology type, functional capacity, survival from the pump implantation, average stay, medication received, recharged number, secondary effects, necessary doses, adjuvant treatment, hospital transfers avoided and place of death.

RESULTS: 15 patients with advanced oncology illness is analyzed. Average age 60 (40-75). Males- 60 %. Colon neoplasia: 40 %, Lumb: 26.6 %. Others: 33.4 %. Average Barthel index 38 (10-65). Medium survival since the pump implantation to the death. 137,46 days (10-425). Medium home recharged 3,2 (1-14). No secondary effects were found. Medication used: Morphine- minimum dose 3,5 mg / 24 hours- 6,5 mcg / 24 h). Clonidina 0,4 % (75 mcg/24 h). Secondary effects: 80 % presented constipation but non of them was hospitalized by intestinal obstruction, 13,3 % showed high blood pressure, a 20 % used Ziconotide, and all of them showed symptoms of alteration on the behavior and alusions. 60 % presented nausea and one patient was hospitalized due to emesis. A 100 % needed a rescued treatment and the 93 % adyuvante medication for its control (pregabalina, dexametasona, AINE, anxiolytic and antidepressant). A 53 % kept a treatment with opioides with retarded liberation.

7 patients required hospitalization due to emetic syndrome, urinary sepsis, dyspnea, pain, catheter infection, badly function of the pump and replacement. Death place, hospital 60 %, home 40 %. The 100 % required a progressive increase of opioids as the illness progressed.

CONCLUSIONS: The intrathecal pumps management can be performed at home safely by advanced Palliative Cares Units avoiding transfers to the hospital in 48 occasions to recharge the pumps. No problems were found in the recharges at home.

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OPPONENTS AND PROPONENTS VIEWS REGARDING PALLIATIVE SEDATION AT END OF LIFE

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Palliative sedation is sedating a patient to the point of unconsciousness to relieve one or more symptoms, when all other possible measurements have failure. Palliative sedation is charged with controversy since developed. The purpose of this position statement paper is to support and discussing opponents and proponent's views comprehensively around palliative sedation in terminally ill patients. The most important dispute was if palliative sedation hastens death or not, if it can be used as physician-assisted suicide, if it legalized euthanasia and (or) if it violate patient's autonomy. The current authors are supporting palliative sedation with advanced incurable patients in order to alleviate patients suffering, palliative sedation offer to terminally ill patient's comfortable experience at end of life and allow them to die in peace. Palliative sedation should be encouraged to get health care facilities and legal support.

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THE ART OF PALLIATIVE CARE: THE ARTIST AS LEADER

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There has been much written about Creative Leadership over the past 10 years (McCauley et al 2006; Stoll 2008). Major issues associated with leadership in hospices in the 21st century were also mentioned in the Final Report of the commission into the Future of Hospice Care (2013) in the form of an undeveloped workforce and also the fact that leaders will need to be developed from within existing hospice staffing structures in order to achieve major change.

This paper will explore the benefits of the artist as leader. The author began a career in the hospice movement over 25 years ago and has moved from working as an Arts Practitioner, through various senior management roles and recently took on the role of Chief Executive at a hospice in the South of England.

Three main topics will be considered:

1. The structures, systems and discipline of artistic processes and the benefits of these in relation to developing strategy and leading teams as well providing frameworks for innovation
2. The importance of the experiences and thinking processes of the disciplined artist when calculating risk and the potential of working through and beyond it in order to take risks to achieve preferred outcomes
3. The impact of 'flow and poise' on successfully achieving major change within organisations

Examples of innovation and change from within a number of hospices that the author has worked in will be given to highlight the issues raised, as well as references to the latest research in the field. Specific focus will be given on the benefits that the experienced art ist can bring to leadership within the 21st Century hospice movement.

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CONTINUOUS LATERAL ROTATION THERAPY: HEALTHY FOR THE LUNGS, SAFE FOR THE SKIN?

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Continuous Lateral Rotation Therapy (CLRT) is a treatment modality used in intensive care units for early mobilization of ventilated patients by mechanically rotating them laterally left-center-right in bed. Research supports its use for the treatment of pulmonary diseases and for the prevention of VAP by mobilizing secretions in the lungs. Some in healthcare believe that CLRT is not sufficient to allow for capillary re-perfusion, which may lead to tissue damage. The purpose of this research is to evaluate the effect of CLRT on posterior skin integrity by asking the following questions: Are there differences in skin pressure readings, skin integrity, or perceived discomfort among three positioning scenarios: Continuous lateral rotation therapy (CLRT) only; CLRT with static wedge (30°) and static wedge (30°). A linear mixed model analysis for repeated measures was used to compare mean and maximum interface pressure. Maximum pressures were recorded to quantify the amount of pressure on capillary beds while mean pressures were recorded to illustrate a pressure over time effect. CLRT alone demonstrated statistically lower interface pressures on ischial tuberosities ($P < 0.05$) as compared to any use of a static wedge. Statistically higher pressures were noted on the heels in CLRT alone ($P < 0.05$). No difference noted between static wedge alone and CLRT with wedge. Pain noted in wedge positioning: 7/10 subjects; CLRT with wedge: 6/10 subjects; CLRT alone: 1/10 subjects. No erythema or breakdown noted. The results of this study support the use of CLRT to decrease pressure on capillary beds and also decrease patient pain.

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SIGNIFICANT PLACEBO: THE EFFECT OF SPIRITUAL PSYCHOTHERAPY ON SOME CYTOKINES IN FEMALE PATIENTS WITH BREAST CANCER

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The aim of this study was to determine the effect of spiritual psychotherapy on some cytokines (TNF α , IFN γ , IL-10, hs-CRP) in cancer patients. Therefore, in a quasi-experimental research, 25 female patients with BC were selected and divided into two groups of experimental and control randomly. Experimental group were undergoing therapeutic protocols for 12 sessions. Control group did not undergo any psychological intervention. Both groups were assessed on some cytokines before and after the intervention. Measured variables were IL-10, IFN γ , TNF α , hs-CRP. Analysis of mixed variances of the data indicates that spiritual psychotherapy improved the median of cytokine levels. It seems that spiritual psychotherapy is a useful approach for breast cancer.

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SYSTEMATIC ASSESSMENT AND PATIENT'S DRUG PRESCRIPTION FOLLOW-UP IN LONG-TERM CARE

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To optimize resident's drug prescription in long term care, we conducted a retrospective analysis of all patient's prescriptions admitted to the department between January 1 and June 30 2013. This analysis was to respond, for each drug, to the presence of an indication of prescription, the appropriateness of the dose and the duration of prescription and to the indication to continue the prescription beyond the date of evaluation. This analysis was performed independently by two geriatricians, based on the data contained in the medical records of the patients considered. The justified character of a prescription was defined from the drug authorizations market data (AMM), the French list of drugs potentially inappropriate in the elderly, indications based on evidence and certain clinical ethic principles of geriatric medicine. For the 50 drug orders analysed, this approach allowed an average reduction of three lines of drug prescription per resident. Non-appropriate requirements (indication) rate was 41% of prescriptions; inappropriate times were 16% of prescriptions and non-adapted doses was 23%. Forty three percent of drug treatments had not been continued. This systematic evaluation of drug orders on admission is now sustainable in long-term care. This leads to correct drug prescriptions and fights against poly medication and the avoidable supply in the elderly.

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PACIFIC MEETS WEST IN ADVANCING PALLIATIVE CARE FOR PACIFIC POPULATIONS

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This presentation describes the initial steps in conducting studies by Massey University to identify strategies to improve the provision and use of specialist and primary palliative care among Pacific people in New Zealand (NZ). The NZ Ministry of Health is reviewing Palliative Care Services in New Zealand including the assessment of the access and utilisation of such services among the NZ Pacific population. The Pacific people in NZ have a disproportionately high health and socioeconomic burden from Non communicable diseases (NCDs) including diabetes, cancer, and respiratory diseases (conditions that would benefit from Palliative care). Palliative care has not always been responsive to indigenous cultural needs, the lack of which may result in unwanted outcomes and loss of trust in health care services. Very few studies have explored palliative care services among Pacific people in NZ. We hypothesise that issues to do with the complexity of socio-cultural perspectives and interactions in the delivery of palliative care is a significant barrier for adequate access of these services for Pacific people. We are conducting mixed methods research involving a quantitative assessment of access to and use of palliative care by Pacific people in 3 Hospice care services, and other national data and a qualitative assessment systematically exploring the perspectives and experiences of Pacific palliative patients, their immediate family and hospice service providers on challenges and enablers for the use of Palliative care and will integrate the findings with previous research to inform policies to improving Palliative health care for Pacific people in NZ.

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