Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company’s public news and information website.

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Palliative Care. This meeting provided the opportunity to explore, in depth, the greatest barriers to providing high-quality Pediatric Palliative Care and to identify potential solutions.” This group recommended the formation of a multidisciplinary task force focused exclusively on barriers and access in pediatric palliative care. In 2020, with funding from the Cameron and Hayden Lord Foundation and the Cambia Healthcare Foundation, the National Coalition for Hospice and Palliative Care convened a Pediatric Palliative Care Task Force (the “Task Force”) with dedicated pediatric representation from each of its 13 member organizations, the American Academy of Pediatrics, and family advocates. Within months, representatives from the Child Life Council, the American Psychological Association, and the Statewide Pediatric Palliative Care Forum were added to the group. The resultant Task Force includes diverse representation from various professional roles involved in the delivery of high-quality pediatric palliative care. The Task Force established its vision, “Equitable access to high quality pediatric palliative care for everyone,” and its mission, “Activate interdisciplinary collaborations and create real-world solutions to continuously improve access to pediatric palliative care.” The initial 3 key priorities to advance the field of pediatric palliative care (PPC) are Payment and Financing, Assessment of Need and Capacity, and Raising Awareness and Demand, and workgroups were established to focus on these 3 key priorities. In addition to creating a governance structure, publishing a quarterly newsletter, PPC NOW, and continuing efforts in each of the 3 workgroups, since its inception the Task Force has also been invited to provide commentary about several national palliative care publications, rules, and projects.

Left Ventricular Assist Devices: Palliative Care from Pre-Implantation to End-of-Life (TH101)

Jared Lowe, MD, University of North Carolina School of Medicine. Sandy Wagner, PA-C, UNC Medical Center. Anup Bharani, MD, Icahn School of Medicine at Mount Sinai. Karen Hiensch, ANP-BC, Mount Sinai School of Medicine. Laura Gelfman, MD MPH FAAHPM, Icahn School of Medicine at Mount Sinai.

Outcomes

1. Understand the process of LVAD implantation with regard to patient selection, decision making, impacts on physiology, and the role of the palliative care team
2. Identify common challenges faced by patients with LVADs and the healthcare team across the clinical course
3. Describe a process to develop care capabilities for patients with LVADs in hospice and guidelines for device deactivation

The number of patients with advanced heart failure (HF) living with a left ventricular assist device (LVAD) is increasing. The palliative care team has a critical role in the care of patients with LVADs from the time of patient evaluation for device implantation, through surgery and ongoing care and support, to the end of life. More patients are receiving LVADs for destination therapy, which is placement of the device without additional plans for heart transplantation or other intervention; subsequently these patients develop LVAD complications or other serious illnesses that may require palliative care or hospice care. This session will review the role of palliative care and hospice providers in the care of patients with LVADs across the spectrum of their experience with advanced HF.

In this session, we will discuss the integration of palliative care with advanced HF teams and describe how such partnerships benefit patients preparing for an LVAD and undergoing LVAD implantation and along their future trajectory. We will also discuss the challenges facing patients, families, and provider teams as patients with LVADs approach the end of life. We will share specific recommendations on how to support patients, families, and palliative care and hospice providers throughout that process. Finally, we will communicate our process for developing guidelines for LVAD deactivation and care in the dying process in both hospital and hospice settings. The concurrent session will be led by members of two institutions, the Icahn School of Medicine at Mount Sinai and the University of North Carolina School of Medicine. The multiple perspectives provided and care settings covered—hospital and hospice, rural and urban—will be valuable to a diverse range of conference attendees. The overall goal is to educate and empower participants to develop and improve programs for care of patients with LVADs in their own organizations.

Mass Production of Compassionate Communication in the Era of COVID-19: A How-To Guide from Parkland Hospital’s COVID ICU Team (TH105)

Padmaja Reddy, MD, UT Southwestern Medical Center. Anna Tomlinson, DNP APRN, Parkland Health & Hospital System. Matthew Leveno, MD, UT Southwestern and Parkland. Catherine Chen, MD, UT Southwestern Medical Center. Daniel Arteaga, MD MBA, UT Southwestern Medical Center.

Outcomes

1. Describe and analyze a blueprint for rapid upscaling of inpatient palliative care services in the ICU, both in the context of normal operations and in
the context of mass casualties, natural disasters, pandemics, and other events

2. Describe the natural history, prognosis, morbidity, and mortality associated with acute respiratory distress syndrome due to COVID-19

3. Review and simulate use of novel communication tools and scripts for communication with families of critically ill patients

In March 2020, Parkland Memorial Hospital, Dallas County’s safety net hospital and one of the busiest hospitals in the nation, opened its Tactical Care Unit, a surgical space converted into a 100-bed unit for patients suffering from the novel and rapidly spreading COVID-19. At the outset of the pandemic, the team committed to expanding access to specialty-level palliative care and maintaining a pipeline of high-quality daily communication for all families of critically ill patients admitted to the COVID ICU. In this session, members of the multispecialty and multidisciplinary Parkland COVID ICU team will present a blueprint for the novel care model that allowed them to meet these goals, even in the midst of massive surges in the summer and winter. The following components of this care model will be reviewed in detail: a clearly defined structure for efficient co-management and co-rounding between palliative care and critical care specialists; the use of volunteer communication extenders; detailed data analysis regarding natural history, prognosis, morbidity, and mortality associated with acute respiratory distress syndrome due to COVID-19; and the generation of standardized, data-driven communication tools and scripts for daily conversations with families of critically ill patients. Attendees will receive copies of said communication tools and scripts, and we will conduct case-based simulations in small groups. Afterwards, we will review lessons learned and outcomes, answer questions, and review the ways in which the strategies and tools described above are being applied in our hospital outside the context of the COVID-19 pandemic.

A Novel Web-Based Substance Use Disorder Curriculum for Hospice Interdisciplinary Teams (TH106)

Gabrielle Langmann, MD MS, University of Pittsburgh Medical Center. Scott Rothenberger, PhD, University of Pittsburgh School of Medicine. Lisa Sheehan, MSN RN VA-BC, Wolff Center at UPMC. Jessica Merlin, MD PhD, University of Pittsburgh. Julie Childers, MD MS FAAHPCM, University of Pittsburgh.

Outcomes

1. Describe results of a preliminary evaluation of a novel asynchronous web-based curriculum tailored to

the self-identified educational needs of hospice clinicians related to caring for patients with substance use disorders at end of life

2. Discuss potential uses and adaptations of a novel asynchronous web-based curriculum focused on substance use disorders and related considerations for patients at end of life

Background/Context. In a recent nationwide survey, we found that substance use disorders (SUDs) are common in hospice and that clinicians have limited comfort and access to educational resources in caring for patients with SUDs at the end of life. Our objective was to develop and evaluate a web-based SUD curriculum for hospice clinicians.

Purpose:  
1. Appreciate SUDs as treatable, chronic illnesses that affect patients, families, and care teams
2. Identify behaviors related to opioid misuse
3. List at least three risk factors for SUDs
4. Understand the pharmacology of buprenorphine in addiction treatment, including how it can affect pain management
5. Adapt pain management strategies for patients with addiction or difficulty controlling opioid use

Audience. This asynchronous curriculum targets hospice clinicians (physicians, nurses, nurse practitioners, social workers) and is adaptable for trainees and practitioners across disciplines nationally.

Approach. We created an online curriculum by using Articulate Rise 360 and implemented it at a local hospice with a randomized controlled trial design. Primary outcomes were within-group changes in knowledge and attitudes (stigma, comfort) over time and between-group differences postintervention. Secondary outcomes were curriculum feasibility and acceptability.

Results. We randomly assigned 156 participants, 78 to the intervention (curriculum) and 78 to the control group (no curriculum). Of those, 11 participants in the intervention group and 28 participants in the control group completed all preintervention and postintervention assessments. Although low participant numbers limited our ability to characterize the curriculum’s impact, participants agreed the curriculum was relevant (90%) and easy to complete (70%) and will change practice (80%).

Impact. A novel web-based SUD curriculum based on hospice clinicians’ self-identified educational needs was feasible and acceptable to clinicians from multiple disciplines.

Critique/Next Steps. To our knowledge, this is the first SUD curriculum tailored to hospice interdisciplinary teams. Hospices can implement or adapt this curriculum to provide portable SUD education to their clinicians.