4th International Conference on

Palliative Care, Medicine and Hospice Nursing

August 27-28, 2018 | Boston, USA

Poster Presentations

The difference of ketamine use in pancreatic cancer patient between gender

Kyung Min Kwon
Catholic University School of Medicine, South Korea

Purpose: Up to 90% of pancreatic cancer patient suffering from neuropathic pain. In the palliative care setting, pain control in a pancreatic cancer patient is one of the major goals. Ketamine is a NMDA receptor antagonist effective in neuropathic pain. Also, there have been studies about the opioid-sparing effect of ketamine. This study was held in palliative care unit among pancreatic cancer patients to find out the difference between ketamine and opioid use between men and women.

Methods: Medical records of pancreatic cancer patients admitted to St.Mary's hospital palliative care unit from 2013.1 to 2014.12 were reviewed. Total ketamine dose and total opioid dose were compared between men and women. All opioid medication was converted to OME(oral morphine equivalents).

Results: 57 men and 49 women with pancreatic cancer were on opioid and ketamine during admission. Compared to men, women required higher dose of total ketamine dose(men 123.4mg vs women 268.2mg, P=0.18), total basal opioid(men 361mg vs women 564mg, P=0.18), total PRN opioid(men 172mg vs women 286mg, P = 0.135), daily average ketamine(men 13.7 vs women 17.5, P=0.47) and daily average opioid(men 27.5 vs women 32.2, P=0.67) but it none of the variables showed statistical significance.

Conclusion: In this study, female pancreatic cancer patients required more opioid and ketamine, compared to male pancreatic cancer patients although it did not have a statistical difference. Future prospective studies about the palliative use of ketamine and the difference between sex in a larger number of patients are required.

Biography

Kyung min Kwon has graduated from Yonsei college of medicine of Korea as Medical Doctor, currently working as a clinical fellow in St.Mary's hospital family medicine department. In pursuit of Doctor of Medicine in Catholic University of Korea, College of Medicine.

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Notes:

Johan Menten et al., J Palliat Care Med 2018, Volume 8
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When do palliative patients die?

Johan Menten, Vandyck H, Peeters E, Rochus T, Lembrechts M, Brackenier C, Coppens G, Bollen H and **Haemels V**
Catholic University Leuven, Belgium

Background: Many caregivers have the gut feeling that patients die mostly in the night, die more in the weekend than on working days, die more in the winter time than in summer. Therefore we analyzed the moment of death in the database of the palliative care unit.

Material and methods: In this retrospective quantitative study, all 2774 patients passed away in the palliative care unit of the University Hospital of Leuven from 1999 to 2015. Data were extracted from the individual electronic patient files. Time and date of death per patient were noted. Analysis searched for the of death moment per hour over 24h, per week and per month.

Results: Four to 5 patients died per hour equally over 24 hours a day. Every day of the week 13 to 15 patients died and 7 to 9 patients died every month. There is no statistical difference in death frequency per hour over 24 h and the death rate per day and per month is also constant.

Conclusion: Natural death in the palliative care unit is equally spread over the day, over the week and over the year. This analysis helps caregivers to communicate correctly with patients and family and is important for the management and support of caring teams.

Biography

Johan Menten completed his Graduation in Medicine from Limburgs University Center and Catholic University Leuven. He is also a Member of the board of Belgian society of palliative Care till 2000. Now, he is President of the research task group in the Flemish Federation of Palliative Care.

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Electronic medical orders for life-sustaining treatment (eMOLST) in new york state: Length of stay, direct costs

Claudia R DiBlasi
Touro College, USA

In the United States, approximately 20% of patients die during a hospitalization having an ICU stay with critical care costs exceeding $82 billion annually, accounting for 13% of inpatient hospital costs. Treatment of sepsis is listed as the most expensive condition in US hospitals, costing more than $20 billion annually. No study to date has looked at the effect of palliative care and advanced care planning on intensive care unit (ICU) costs in the short term and long term using direct variable, direct fixed and indirect ICU costs. Electronic medical orders for life-sustaining treatment (eMOLST), following the POLST paradigm, is carried out in New York State. Our aim was to investigate the impact of signing an eMOLST form on the length of stay and direct costs in the intensive care unit. Outcome measures of this retrospective chart included length of hospital stay, total direct costs, ICU costs, and palliative care consultation for patients >65 years of age, admitted into the ICU and having a diagnosis of sepsis. Independent samples t-test were used to test for significant differences between those who had and not signed the eMOLST form on total direct costs, ICU costs, and length of stay in the hospital. Patients who signed the eMOLST form had significantly higher total direct and ICU costs and had a significantly longer length of hospital stay. Signing an eMOLST form does not have a positive fiscal impact on direct hospital costs or reduce the overall length of patient stay.

Biography

Claudia R DiBlasi is a doctoral candidate, OMS-4, from TouroCOM-NY-Middletown. She has a Master of Arts in Mathematics from Villanova University. She has expertise in product management and fulfilled actuarial and analyst responsibilities prior to her transition into the healthcare industry.

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Could art therapy be incorporated in palliative care programs among Asian Americans?

Angela Sun
Health Resource Center, USA

Statement of the Problem: Studies indicated a high prevalence of depressive symptoms in of patients with advanced illness (Faller 2016; Lloyd-Williams et al., 2008; Ly et al., 2002; Pasquini 2007). Art therapy has shown to have psychosocial benefits. The form of therapy, which uses the creative process of art making to enhance and improve the emotional, mental and physical well-being of individuals of all ages is American Art Therapy. Strategies such as art therapy have been shown to have a positive effect on anxiety management among breast cancer patients (Boehm et al., 2014). This form of therapy helps to increase social support and networking with others and facilitates emotional and creative expressions (Reid and Hartzell, 2013). However, limited studies have examined that the efficacy of art therapy as part of a palliative care within the Asian community.

Methodology: The Chinese Community Health Resource Center has conducted a needs assessment among 7 community members through a focus group utilizing qualitative data collection method. Of 7 participants, 3 were male and 4 were female with an age range of 60-73 years.

Findings: All participants expressed interest in attending an art therapy program to promote healing and reduce anxiety. The types of art therapy participants highlighted were ballroom/line dance, calligraphy, painting, singing, karaoke, and music-making.

Conclusion & Significance: Asian patients are receptive to receive art therapy. However, culturally tailored art therapy should be examined as part of a palliative care program for older Asian Americans.

Biography

Sun has been serving the Chinese community for over 20 years and has devoted her career to improving access to quality healthcare for Asian communities. She is the Executive Director of the Chinese Community Health Resource Center (CCHRC), which she fully developed from its inception. The Center's mission is to build a healthy community through culturally competent health education programs including research and advocacy. Under her leadership, CCHRC is recognized as a leader and principal source of culturally appropriate health education programs within the Chinese community. She also serves on various committees and as a conference speaker at local, national and international levels and lecturer for academic institutions. Her research focus is on exploring and identifying effective methods to deliver health-related messages tailored to Asian communities. For a list of her publications and presentations. In 2012, Dr. Sun founded the Asian Alliance for Health.

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Notes:

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Cancer-related distress: Screening, evaluation and triage

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Patients diagnosed with and fighting cancer is facing multiple distressing factors that could adversely affect compliance with medical care and the outcomes of cancer therapy and even the overall survival. Distress significantly affects the quality of life a patient might have. The city of Hope is a National Cancer Institute (NCI) designated cancer center and an innovative biomedical research, treatment and educational institution. We are guided by compassionate patient-centered philosophy, supported by a national foundation of humanitarian philanthropy, and we sustain a long history of commitment to physician education. Distress is addressed in all patients receiving care at the City of Hope through proper screening and triage. Patients are screened with a tool developed by City of Hope, named Support Screen, that identifies biopsychosocial problems related to distress and facilitates patient - physician and multi-specialist communication. Data collection identified the most distressing factors (emotional, physical, social, communication, spiritual etc.) for our patient population and the differences between various cancer diagnosis groups (GI, Breast, Lung etc.). A literature review indicated that distress could be further reduced by a proper coordination of care, hence, the Department of Supportive Care Medicine developed a clinical triage algorithm to ensure that all distressing factors are appropriately addressed. This presentation will share with the audience these initiatives and the data collection.

Biography

Sorin Buga MD is an Associate Clinical Professor in the Department of Supportive Care Medicine at City of Hope, Duarte, California. He is board certified in internal medicine and hospice and palliative medicine and a fellow of the American College of Physicians and of the American Academy of Hospice and Palliative Medicine. He completed his fellowship in palliative medicine at H. Lee Moffitt Cancer Center in Tampa, Florida. He is the City of Hope's representative on the NCCN Adult Cancer Pain Panel and an active member of the American Academy of Integrative Pain Management, the American Academy of Hospice and Palliative Medicine, the International Association for Hospice and Palliative Care and International Association for the Study of Pain. He has published in the peer review literature and is often invited to speak at scientific meetings.

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Safety of wearing contact lenses for patients using selective serotonin reuptake inhibitors (SSRIs)

Yi-Pei LIU, **Yi-Jiun LIU**, and **Yi Shuan LIU**
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Objective: Due to the frequent use of contact lenses by modern humans, and the widespread usage of SSRIs, which is considered to be one of the antidepressants used by most people, leads to increased adverse effects such as elevated intraocular pressure, uveal effusions and angle-closure glaucoma, we reviewed English lectures to assess the effect of wearing contact lenses on eye side effects associated with SSRI.

Methods: To review the English lectures of Google Scholar and PubMed, which were related to the evidence of wearing contact lenses, changing intraocular pressure, and the role of SSRIs in controlling intraocular pressure in patients with SSRIs treatment.

Results: Acute angle-closure glaucoma and elevated intraocular pressure are the most important manifestations of SSRIs associated ocular adverse events. Case reports by Andrew and others showed that any patient using paroxetine may cause angle-closure glaucoma. In addition, some literature has reported that people wearing contact lenses have a risk of having increasing intraocular pressure, especially in the case of prolonged wearing of contact lenses, therefore contact lenses must be carefully selected.

Conclusion: Elevated intraocular pressure is an evidential cause of glaucoma. Thus, wearing contact lenses should be considered as a risk. In addition, SSRIs may have a side effect on elevating intraocular pressure. Therefore, it is worth noting that patients using SSRIs may have the same side effects when wearing contact lenses. In conclusion, patients who are advised to take SSRIs and have been in the cases of intraocular pressure elevation after taking SSRIs should be ensured the safe use of contact lenses.

Biography

Yi Pei Liu has passion in improving the health. She is a pharmacist from many years and very interested in long-term care and old age care.

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Diphenhydramine in the treatment of Acute Dystonia

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Objective: Diphenhydramine is a common drug and using for allergy syndrome. Diphenhydramine has some common side effect that is an association with a muscle disorder. Discuss that is it well to use diphenhydramine for Patient with acute dystonia.

Methods: In order to review the English lectures about the relationship between diphenhydramine and treatment of acute dystonia, PubMed, EBSCOhost, and the Web of Knowledge databases were searched using the following keywords " Diphenhydramine ", " treatment of Acute Dystonia", " acute dystonia" and "muscle disorder".

Results: Some case reports have shown that diphenhydramine was effective in dystonia and one case report has shown that patient with acute dystonia can give intravenous diphenhydramine to relieve the syndrome. Diphenhydramine has effectiveness to patients with dystonia that was showed in some study reports

Conclusion: According to the result, we believe that diphenhydramine will be useful to patients with acute dystonia. Because some psychoactive drugs and mental disorder will induce patient to show the acute dystonia and diphenhydramine could be a good choice for that patient.

Biography

Yi-Jiun LIU is a pharmacist in the hospital from many years and likes to know the new medical knowledge.

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e-Posters

Clemente Amoroso et al., J Palliat Care Med 2018, Volume 8
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Music Therapy in hospice and palliative care

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Statement of the Problem: Music has always considered a therapeutic element for the human being. There is a wide range of scientific literature on this subject, and the Music Therapy is a recognized discipline. In general, we can say that Music Therapy is a non-verbal psychotherapeutic method that uses musical interaction as a means of communication and expression. The purpose of the therapy is to help people with psychophysical illnesses, as well as social disease, to develop relationships and to facilitate the resolution of problems that can't be dealt with by verbalization. The purpose of the present study is to present a music therapy experience in the context of hospice, starting from the questions: Are there any significant benefits in combining music therapy with standard care? Which are the indicators that allow to identify them? A reflection has made, focused on musical activities carried out in a nursing home for elderly people.

Findings: The results have shown benefits from a qualitative point of view, which pertain to arousal, socialization e.g.. From a quantitative point of view, there was a variation in the need for administration of benzodiazepine in different subjects.

Conclusion & Significant: This last observation encourages us to deepen the research in a quantitative sense. What we want to highlight is the thinking that led to this acquisitions. First results come out an observation of the music therapeutic action in relation to the clinical and social situation as a whole, experienced in a natural situation, in consideration of the general well-being of the person and the material and economic organization of the Institution.

Biography

Clemente Amoroso is a music therapist, a sociologist, and a trainer; he performs music therapy as a freelancer, in his own studio and in agencies and institutions. He is the scientific coordinator of Musicaperta-sound, research, therapy-music therapy for neuro-psychiatric pathologies and autism spectrum disorders of Caserta (Italy). Since 2008 at the Department of Mental Health of the ASL of Caserta, he is Music therapy teacher and sociology of music. He has studied at University of Naples Federico II, the University of Ferrara, University of Music and Dramatic Arts Mozarteum of Salzburg, CEP music therapy school at Assisi.

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Comparison of active and passive learning modules and student engagement levels in an online course

Beverly Gish and **Dale Hilty**
Mount Carmel College of Nursing, USA

Student engagement has been defined as "the level of interest demonstrated by students, how they interact with each other in the course, and their motivation to learn about the topics" (Gray & DiLoreto, 2016, p. 5). Online learning environments are challenged to develop strategies that will engage students, to improve student retention and maximize student achievement of course objectives. Therefore, different online learning strategies require an assessment to determine their effectiveness at enhancing student engagement. Hilty, Gill-Rocha, Parkinson, Blackford, & Cook (2018) evaluated the psychometric properties of the Burch et al., (2014) 63-item Student Engagement Survey (SES). Exploratory principal axis factor analysis (EPAFA) was used to determine the number of underlying factors. Using the scree test to determine the number of factors, the EPAFA with an oblimin rotation suggested four factors. The scree test indicated four factors (eigen values: 17.176, 3.807, 2.942, and 2.151) accounting for 63.6% of the variance. Forty-one (41) of the 63 items loaded on one of the physical engagement, cognitive engagement, deep learning engagement, and engagement skills factors. Coefficient alpha reliability estimates were .921 (Physical), .961 (Cognitive), .905 (Deep Learning), and .937 (Engagement Skills). Masters level graduate nursing students completed the 41 questions designed to measure student engagement. Advanced Pathophysiology students completed an educational intervention based on passive learning and active learning modules for this online course. Learning activities, such as textbook readings, videos, and quizzes, were the same for all modules. The difference was in the discussion of the case studies. Using SPSS 25, the dependent t-test analyzed the passive and active learning approaches by comparing student responses to the physical, cognitive, deep learning, and engagement skill factors.

Biography

Beverly Gish is an Assistant Professor working as a nurse for 40 years and has diverse career experiences in direct patient care, staff education, nursing management, and finally nursing education. She started her career on a busy gynecology/oncology unit, moving to critical care, then the emergency department, and finally a specialty in neurosurgery. Currently, she had returned to direct patient care and practice as a certified nurse practitioner (CNP) in a primary care (community clinic) setting. She loves the insight it gives her in the teaching environment. Professionally, she has fifteen years' experience of teaching nursing.

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Preliminary evaluation of a nursing student attachment questionnaire: Reliability and Validity

Dale M Hilty and **Rosanna Bumgardner**
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Simpson and colleagues (Simpson, 1990; Simpson, Rholes, & Phillips, 1996) developed the Adult Attachment Questionnaire (AAQ) which was one of the first quantitative instruments. Exploratory factor analysis found support for two common factors (attachment anxiety, attachment avoidance), AAQ used 17 items. Graham and Uterschute (2015) reported .78 coefficient alpha reliability estimates for both common factors. Carver and colleagues (Carver, 1997; Kim & Carver, 2007) developed a quantitative instrument named the Measure of Attachment Quality (MAQ) which consisted of 13 items designed to measure significant other relationships. Exploratory factor analysis found support for three common factors: secure, anxious, and avoidant (Kim & Carver, 2007). The purpose of this educational intervention was to design a questionnaire that would measure attachment styles, that could be applied to the professional relationships between nursing students and their patients. A quantitative instrument (i.e., Nursing Attachment Styles Questionnaire; NASQ) was designed with 33 items with 11 items measuring secure, anxious, and avoidant attachment styles. The participants (N=247) were BSN nursing students.
Hypothesis 1: Determine whether attachment measured with the NASQ items would be a multi-dimensional construct (i.e., two or more common factors). This hypothesis would be tested by using exploratory principal axis factor analysis (EPAFA).
Hypothesis 2: Determine if the reliability estimate(s) would be greater than .80 for engagement common factors.
Hypothesis 3: Determine whether secure, anxious, and avoidant attachment as measured by the NASQ, AAQ and MAQ scales were significantly correlated with the theoretically designed constructs. Undergraduate BSN nursing students (N=247) responses were analyzed via EPAFA with an oblimin rotation. Three common factors (secure, anxious, avoidant) accounted for 64% of the variance (eigen values = 12.455, 5.71, 2.963). Each of the theoretically designed items loaded on the respective common factors. Coefficient alpha reliability estimates were .93 (secure), .933 (anxious), and .947 (avoidant). Correlations coefficients were significantly correlated among the NASQ, AAQ, and MAQ scales.

Biography

Dale M Hilty, Associate Professor, received his PhD in counseling psychology from Department of Psychology at the Ohio State University. He has published studies in the areas of psychology, sociology and religion. Between April 2017 and April 2018, his ten research teams published 55 posters at local, state, regional, national, and international nursing conferences.

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Preliminary analysis: Nursing turnover rates, nursing students, self-efficacy, continuous self-improvement, and coping skills

Dale M Hilty
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Halter and colleagues (2017) reviewed primary research articles using the Nursing Turnover Cost Calculation Methodology and found the turnover rate was 27% (Duffield et al, 2014) in the United States. Halter and colleagues (2017) summarized Li and Jones' (2013, p.)

Findings: "This review was based on ten studies, eight of which were in acute hospital settings, all conducted in the USA, with one also in each of Australasia and Canada. The review reported costs of per nurse turnover ranging from $10,098 to $88,000…" The purpose of this educational intervention was to determine whether high and moderate-low scores on self-efficacy differentiated coping skills with a sample of nursing students.

Instrumentation: Self-Efficacy (Schwarzer & Jerusaslem, 1995), Wooden's Competitive Greatness (Hilty, 2017) construct (i.e., being the best you can be when your best is needed, continuous self-improvement, appreciating difficult challenges), and Greenglass' et al. (1999) proactive coping, reflective coping, and strategic planning. If nursing students reported different levels of continuous self-improvement and coping skills in relation to self-efficacy, it may be possible to track these students following graduation to determine the relationship between turnover rates and these research constructs. A sample of Bachelor of Science in Nursing (BSN) traditional students were divided into two groups using the self-efficacy scales. Hypothesis 1: There would be a difference between self-efficacy (high and moderate-low scoring groups) when compared to the Proactive Coping, Reflective Coping, Strategic Planning scales (SPSS 25, Independent t-test). Hypothesis 2: A difference would be found using self-efficacy as the dependent variable and competitive greatness (i.e., continuous self-improvement) as the predictor variable (SPSS 25, linear regression). Independent t-test (N=61) analyses found significant differences between Proactive Coping (p=.001), Reflective Coping (p=.001), and Strategic Planning (p=.001) scales. The linear regression analysis confirmed the hypothesis 2 prediction and produced a correlation between self-efficacy and competitive greatness of .515 (r square = .265) which is significant (F (1, 59)=21.307, p=.001). Higher levels of self-efficacy are associated with higher levels of continuous self-improvement.

Biography

Dale M Hilty, Associate Professor, received his PhD in counseling psychology from Department of Psychology at the Ohio State University. He has published studies in the areas of psychology, sociology, and religion. Between April 2017 and April 2018, his ten research teams published 55 posters at local, state, regional, national, and international nursing conferences.

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Accepted Abstracts

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Granny Pods: Cost-effectiveness and health benefits of nextdoor housing approach – pilot

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Specific Aims: With an aging baby boomer generation, the Accessory Dwelling Units (ADU) are considered alternatives to expensive long-term care facilities that help to keep aging middle-class seniors close to families. The ADU also was known as "Granny Pods" or "Med Cottages" are portable high-tech dwellings that can be installed in a family's backyard and can be the temporary solution for taking care of elderly family members in need of special care. Granny Pods are specially built with the safety of a senior in mind. They include a small kitchen, bedroom, and a bathroom that is handicap accessible with railing and safety features built in. All utilities and electricity are connected to the primary residence. Recent studies show that loneliness is a significant factor in the decline of quality of life in older adults, including a risk of depression, cognitive impairment and health problems like coronary artery disease, and even increased the risk for an earlier death. Granny Pods homes enable maturing guardians to remain nearby to their youngsters and grandkids for care and friendship while keeping up security and freedom for all relatives. Over the past few decades, municipalities across the country have adopted standards to allow or encourage the construction of ADUs. The information about regulations by state and city can be found on the Accessory Dwellings website. NextDoor Housing is the sole company selling such Granny Pods in Minnesota. Units typically sell for about $45,000 or can be rented. The bill S.F. 2555 ("Granny Pods") was passed in Minnesota during 2016 session in an attempt to allow accessible/non-permanent types of housing to be used for family members in need of various medical cares. Cities everywhere rejected the law without giving their citizens an opportunity to try this alternative housing. Therefore, at this time, granny pods cannot be sustained as a temporary housing or rental fleet, because of the current city ordinances. This research will employ mixed methods. Specifically, the lead researcher will conduct key informant interviews with city officials and surveys of older adults and their families before and after the intervention. The second part is to run the pilot, to rent out 5-10 units to interested families for 12-18 months, and conduct cost-effectiveness analysis.

There are three specific aims for the study:

Aim # 1: To analyze the cost-effectiveness of the Granny Pods program and determine its economic impact. Hypothesis 1 is that these small transferrable houses are less expensive housing options compare to long-term care facilities and living close by the family will possibly reduce the need for home care services and long-term care that, in turn, could save public dollars and families' savings.

Aim # 2: To examine the quality of life of the Granny Pods tenants. Hypothesis 2 is that Granny Pods housing will improve quality of life of older adults with an assumption that living near to their families will have a positive effect on health by reducing stress, anxiety and therefore, improve depressed mood associated with relocation and separation from the families.

Aim # 3: To evaluate if the increased quality of life of the Granny Pods tenants will be associated with health benefits. Hypothesis 3 is that improved quality of life will be associated with a reduction in the incidence of acute vascular events, such as stroke and heart attack, will improve chronic disease conditions such as obesity, depression, diabetes, cancer, hypertension, and hence reduce direct medical costs, increase quality-adjusted life-years and, eventually, prolong life.

The ultimate goal of this study is to bring more evidence to the state legislature and city officials giving them an opportunity to understand better the potential benefits of this program. This information hopefully will help to revise the "Granny Pods" law, to break bureaucratic barriers, and hence to implement the program in Minnesota and statewide.

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Older adults homelessness in the metro Minnesota: Barriers to re-housing and challenges for case management

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Summary: The older adult chronic (long-term) homeless is rapidly increasing in Minnesota. Long-term homelessness is defined as "a lack of a permanent place to live continuously for a year or more, or at least four times in the past three years" (Minnesota). The proportion of the homeless older adults age 55 and older nearly doubled between 2009 and 2012 and has increased by 8 percent since 2012. Currently, 9% of single homeless individuals in metro Minnesota are aged 55 and older (Wilder Foundation Study 2015). Homelessness as a significant public health issue. People who are chronically homeless have higher mortality and morbidity rates compared to the general population. Approximately half of the medical expenditures for the homeless individuals account for emergency room use. As such, uncontrolled chronic conditions along with premature aging contributes to increases in health care costs for homeless older adults. Homelessness is preventable with affordable housing options, lifestyle change, and sufficient social support.

Methods/Settings: Catholic Charities (CC) of Saint Paul and Minneapolis provides social services and housing to homeless individuals and families in the Twin Cities. This pilot study examines the qualitative data on how case management services are provided to the older adults who are homeless through the CC Adult Services Section and what challenges they experience while working with the older adults. Specifically, the lead researcher employed key informant interviews of case managers working with older adults from different age groups and client charts reviews.

Results: The major reason why people became homelessness later in life is poverty and not enough affordable public housing, age limit 62+ for senior subsidized housing, health issues and/or disability, loss of income due to loss of jobs or low income, financial abuse, death of life partner, lack of social support, drug or alcohol abuse. Major barriers to rehousing for the older adult include high rent, inability to find the job due to lack of knowledge of digital technologies, criminal or eviction history, long waiting list for public/subsidized housing, group Residential Housing program (GRH) policies and eligibility criteria (the homeless individual needs to be homeless for at least one year, have disability and have a medical document from primary doctor). Also, people with certain felonies cannot get into a nursing home, even if they have served their time. Some of these felonies are domestic abuse and sex offenders.

Conclusion: The data from this study indicate that the causes that contribute to raising older adult homelessness are not limited only to the poverty and not enough affordable housing. There are also gaps in social services delivery due to ageism; gaps in long-term care and public housing policies that leave certain categories of the older chronic homeless adults on the other side of the society.

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A survey to assess the use of manual hyperinflation by physiotherapists in intensive care units

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Objectives: The objectives were to determine whether or not manual hyperinflation (MHT) is used as a treatment technique by physiotherapists on respiratory compromised patients in intensive care units (ICU).

Methods: A questionnaire was developed by according to the available literature on the use of manual hyperinflation by physiotherapists, Physiotherapists who practice cardiopulmonary physiotherapy in ICUs of hospitals in the private sectors in Karachi were identified then targeted for the study. The self-administered questionnaire was then posted and emailed to the physiotherapists identified for inclusion into the study.

Results: A total of 100 questionnaires were distributed among physiotherapists. Of the 100 questionnaires distributed, the response rate for the questionnaires was 80% The results showed 93% physiotherapist use MHT in ICU. Maximum airway pressure used by 78.8% physiotherapist is 20cmH_2O, 80% used manometer, 30% use shaking as combination technique, 76.3% used percussion, 52.5% postural drainage and 48.8% used nebulization, 58.8% give a treatment of MHT for 5 to 10 minutes. An indication of MHT 42.5% physiotherapist gives to increase oxygen saturation, 43% for stimulation of a cough, 63.8% used for secretion dislodge,61.3% used to increase lung compliance and 53.3% used to increase lung volume. There is no physiotherapist who is post graduated in the field of cardiopulmonary rehabilitation.

Conclusion: The survey of 80 physiotherapists, working in ICUs of Karachi, indicated that MHI is a widely used treatment technique. There is a general consensus regarding the benefits, contraindications, and precautions regarding the use of MHI. This has been shown to be in line with current studies conducted in other countries. The survey does show that there is a need for the development of a post-graduation program in cardiopulmonary rehabilitation pertaining to the use of MHT.

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End of life care and family issues and their concerned at palliative care at bhaktapur cancer hospital

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Objective: The objective of the study was to find out the family issues and their concerns about the end of life care planning at palliative care unit admitted the patient.

Method: A respective study was carried out among the family members of advanced-stage cancer patients who were admitted to the palliative care unit from 1st Jan to Dec 31st, 2017. 70 family counselling forms which include patient's demography, final diagnosis with stage, and patients knowledge about their own disease, present patients palliative performance status, relevant family issues from nearest family members and planning of end of life care.

Result: The study revealed the majority of patients were male. 70% have PPS <50%(80%) lies between 50 to 88 years with stage IV disease (80%). Most of them CA lung 80, Ca Stomach 30, Ca breast 36 Ca gallbladder 24, Ca head and neck 24, Ca ovary 16, Ca colon 24, Ca pancreas18, sarcoma 24. 60% of family members prefer home for final hours of life and 60% want no active treatment and allow natural death. 62% patients did not know their disease as cancer due to family barriers, 70% of the family member thought to know their malignancy with increase their anxiety and hasten death.

Conclusion: Majority of the patients 62% did not know their disease due to the familial barrier, 2/3 of the families had many issues which need to be addressed financially, socially as well as emotionally, most of them want to take back to own home at last hour of life. As there are no good facilities to take care at the periphery, home hospices are the special need for patients care and bereavements.

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A clinical audit aimed at optimizing pain assessment in resident cancer patients in a Sri Lankan oncology setting: Reflection on the experience

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Being a commonly experienced distressful symptom, 'pain' is not sufficiently managed in worldwide cancer patients. One of the principle obstacle identified is an inadequate assessment of pain which in turn leads to its poor management. This is heralded by the lack of medical or nursing professionals qualified in Palliative Medicine/Care to date in Sri Lanka. Hence, the aim of this clinical audit was to optimize the assessment of pain among resident patients of a tertiary care cancer hospital by oncology doctors. A simple "pain and associated symptom chart" was designed for the doctors to document pain experienced by resident cancer patients in terms of intensity, both upon admission and on daily clerking (expected to be documented 100% each, regardless of the presence or absence of pain on a Visual Analog Scale from 0-10). Documentation of the site and character of pain were expected to be 80% each if the pain was present on assessment. Despite conducting three audit cycles with appropriate staff training and clarifications between each cycle, the pain assessment practices could not be improved among the doctors concerned. In the third audit cycle, it was noted that 23.5% of the charts were marked as '0' pain intensity upon admission and have been neglected thereon. It was also noted that some patients were documented elsewhere than the form to experience nor pain neither breathlessness and were still on opioid analgesics which could potentially have led to litigation. Therefore, it is of utmost importance to incorporate clinical audit as a mandatory practice to the clinical oncology settings where it is not practiced. Relevant training has to be delivered to the concerned medical professionals. Appointment of health care practitioners dedicated to palliative care is essential to ensure a better quality of life (QOL) for patients with life-limiting illnesses.

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Addressing the unique needs of lesbian, gay, bisexual, and transgendered patients in palliative and hospice care: Developing understanding and organizational cultural competence

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There is a tremendous variance between and even within countries in terms of protections for Lesbian, Gay, Bisexual, Transgender, Transexual, Intersex, Queer, Questioning, 2-Spirited, Asexual people (LGBTTIQQ2SA). This presents challenges for healthcare providers and health systems in the provision of equitable, patient- and family-centered care at any time in the life course. However, the impact of these inequities is exacerbated in palliative and hospice care. As the world's population ages, so too does the LBGTTIQQ2SA community. There will be a greater number of aging people from this community requiring palliative and hospice care in the next two decades. This is an unprecedented time for hospice and palliative care since most LGBTTIQQ2SA have lived the majority of their lives openly and there are significant fears associated with having to "hide oneself" to be safe when they are entering one of the most vulnerable stages of their lives. There are well-documented disparities that impact access, outcomes, and utilization of, as well as experiences with health care in this population who continue to experience homophobia, open discrimination, and stigmatization. Understanding the unique needs of this group is essential to cultural competence, excellence, and equity in the provision of palliative and hospice care for all.

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Survey of satisfaction of cancer patients and their family under home-based cancer patients management in Jeju

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Background: Jeju regional cancer center has provided home-based cancer patients management since 2008. It was required the assessment of basic data and the level of satisfaction for the purpose of quality improvement of home-based cancer patients management for cancer patients staying at home.

Method: We conducted face to face surveys of patients and their family from March 2015 to May 2015. Surveys were conducted using a standardized questionnaire and written informed consent was obtained before data collection was initiated. The structured questionnaire asked general characteristics (e.g., sex, age, education level, economic status, religion, duration of home-based patient management, et al.) and the level of satisfaction of management for cancer patients.

Result: The survey response rate was 100%. There were 59 patients and 42 of their family. Breast cancer was the most common disease. 51 patients(86%) and 36 their family(85%) had the high satisfaction with the frequency of visiting for home-based patient management. The most desired services except therapeutic treatment for patients was the psychological counseling. Picnic and education program about cancers which were provided by the regional cancer center gave high satisfaction.

Conclusion: There was high satisfaction with a home-based patient program for cancer patients. Although the survey participants were small in number, we should develop the program including psychological counseling to improve the quality of life for cancer patients and their family.

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Lessons learned from the dying on becoming a better person and practitioner

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At the bedside of our Palliative Care patients, we can learn a great deal about living life well. Patients, when faced with their own mortality, can be some of our most inspiring teachers challenging us to better than we are today in our personal and professional lives. They teach lessons on the importance of daily gratitude and the significance of embracing the present moment. They teach about the fallacy of "bucket list," and the need to leave judgement at the door. They teach us that every person has a unique definition of quality of life and the need to cultivate compassionate detachment in order to have longevity in the field of Palliative Care. They challenge us to work on and develop the art of conversation to help guide our patients and families in decision making. In addition, they teach us to learn the needs of our patient's (hint, they may not be what we think). Each day our dying patient seeks to teach, guide, and lead us if we make the time, pull up a seat and just listen.

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Communication needs of palliative patients with communication barriers

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Objective: To explore the communication needs of cancer patients with barriers to communication, while under palliative care especially towards the last phase of life.

Methods: We use a reflective learning process in the context of an incident that happened in the palliative care unit in King Fahad medical city, Riyadh.

Case: 50-year-old male with locally advanced squamous cell carcinoma of the skin of the face involving the lip, invading and destroying the maxilla and nose, had difficulty in talking. He had the history of hearing loss, unrelated to cancer but aggravating his communication barrier. Worsening the communication gap was the language barrier where most of the healthcare staff were non –Arabic speaking and the patient could barely write in English. He was using a list of needs written on paper in Arabic and English. The list was not comprehensive and needed to be frequently updated and the paper required replacements.

Reflection: We did a literature search to look for documented needs of cancer patients who could not talk. We added and updated the list of needs, printed it in both English and Arabic on a large A3 paper and laminated it to prevent damage. The patient could now use this locally modified Augmentative and Alternative Communication (AAC) method to communicate his needs to the health caregiver.

Conclusions: Palliative patients with communication barriers need AAC methods to effectively communicate their care needs. We recommend further studies to standardize the items and the language used in the list of palliative care needs to make it culturally relevant for use in the Arab population.

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Blossom on beautiful departure: Spiritual growth of family members caring terminal illness by palliative care

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When a life encounters mournful departure, how can we have the smiley face on a blood tear stain? The research aims to study the spiritual growth of family members caring terminal illness by palliative care. In-depth interviewing of the major careers losing they are beloved recently, a phenomenology study is the qualitative approach to comprehend each experiences structures also meaning-making. The investigation concerns in (1) the process and factor supporting the inner growth, (2) the transition of paradigms and behaviors, and (3) the characters of spiritual growth. The data are collected by audio tapes, a researchers journal, and subjects' social online web pages. The finding shows the association between these issues in the boundary of their perception resulting from their paradigms. According to palliative care curators, wholeheartedly communication is the uttermost essence of progression. As purely transmission triggers the subjects to contemplate in their relationships among terminal patients, eventually the new meaning, as well as the value of spending time in their lives, emerged. Consequently, their conceptual frameworks are broadened to be obviously positive thinking and pleasured manners. Lessons learned in the significant caregivers' experiences appear in palliative care treatment, deeply understanding each other can cut corners on caregiver bereavement comparing the traumatic theories. Apart from acceptance of beloved's desires by profoundly conceived, all subjects confidently nurse their hearts till the last second, afterward courageous to share their bereavement experience for social benefits.

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The role of animal-assisted therapy in mental and physical functioning in older adults

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The worldwide geriatric population rises constantly. The care for older adults must be prioritized, especially due to aging's effects on degeneration and dysregulation of physical and psychological function. Animal-assisted therapy (AAT) is a nonpharmacological treatment that can alleviate the symptoms of aging and assist older adults functioning. The purpose of the present review is to analyze the role of AAT in geriatric functioning by evaluating both the mental and physical outcomes after an intervention. Seventeen relevant studies were collected from PubMed, Wiley Online Library, and International Peer-Reviewed and Open Acess Journal for the Nursing Specialists. Subjects within these studies were above 65 years of age regardless of the health or patients. Inclusion criteria were either psychological or physiological data on older individuals in either institutions or the community. We further evaluated each effect and classified each into specific geriatric functioning. The findings demonstrate that there is a consensus that AAT improves psychological function in older populations, including better cognitive function, stabilization of mental status, and increased socialization. Additionally, AAT also benefits physiological function in aging. Although the deterioration of organ function with aging cannot be eliminated, the potential improvements from AAT were seen in muscle, bone, cardiovascular, pulmonary, brain, and neuronal systems. We concluded that AAT interventions can elicit positive effects, maintaining psychological and physiological functioning as a result of improving the quality of life of older adults.

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The politics of a good death: A comparative study over policies towards end-of-life care

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The idea of death as a self-governed process is one created by different kinds of social movements and historical processes and is deeply intertwined with the emergence of palliative care as a new medical expertise capable of providing individualized care for terminally ill patients. Health has become a transactional zone between political concerns for the fitness of the nation for the population and techniques of self-government for the care of self (Rose, 2015), palliative care can also be considered as a transactional zone between political concerns and techniques of self-government. It is important to note that the palliative care model had a global impact in creating the new end of life care strategies, policies, and movements. The relationship between palliative care and quality of death can be seen in The Economist's 2015 Quality of Death Index revealing the direct connection made between palliative care dissemination and quality of death improvement in different societies. This brings us to our problem: there seems to be a tendency to universalize and nationalize palliative care as a political solution for death. In order to understand the impact of policies based on a globalized, unified model of palliative care, the study will be conducted in two different contexts that follows the same directives from the World Health Organization (WHO) such as Brazil and United Kingdom to provide a better understanding of the impacts of a globalized palliative care model.

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Good death and subjetctivity: Governmentality analysis in palliative care

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The study is seeking to explore the dying process as a phenomenon in which relations of power occur in the form of governance of conduct in palliative care settings in Brasilia/Brazil. The findings revealed a real concern from both practitioners and non-practitioners about the quality of death. It became evident that quality of death is a common objective in palliative care practice, but significant differences were found regarding what quality of death means. Analysis of discourse revealed that normative ideas of what a good death is and how to obtain it through palliative care conflicted directly with someone who understood a good death differently. With that said, good death became a contested space between two different cultures.The palliative care practitioners that participated in this study showed that there are tendencies to achieve the best quality of death possible. It also showed a normative narrative of a good death based on the Western palliative care movement. The palliative care narrative of a good death has established a constricted image of what a good death should be transforming it into not only a norm but also in the ultimate objective of palliative care practitioners. We then concluded that the term 'good death' is functioning as a rhetorical device used by practitioners to conduct the patients and their families to achieve a certain way of death.

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Educating oncology nurse practitioners to provide primary palliative care

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Approximately 1.66 million Americans are diagnosed with cancer each year and another 589,430 die from the disease. As treatment options expand, patients are living longer with worsening symptoms and an increased illness burden, and are ideal candidates for palliative care. Palliative care is delivered by clinicians with specialty training and a focus on improving the quality of life for patients with serious illnesses. A number of major organizations recommend the integration of palliative care into comprehensive cancer care including The American Society of Clinical Oncology (ASCO) and The National Comprehensive Cancer Network (NCCN). With an advanced education and scope of practice, a holistic orientation, and based on evidence of providing safe and effective care, nurse practitioners (NPs) are well positioned to improve access to palliative care; yet, many lack basic content knowledge of palliative care and do not have competencies in the provision of its care. This study used valid and reliable instruments and a one-group pre and post-test design to measure differences in NPs' knowledge of and self-rated competence in the provision of basic palliative care before and after a formal educational program. The content, drawn from the End of Life Nursing Education Consortium's (ELNEC) APRN curriculum, was delivered in one 8-hour session, by an experienced NP currently enrolled in the palliative care track of a DNP program. The study was conducted with nurse practitioners practicing in the regional network sites of an NCI-designated comprehensive cancer center.

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Confronting racial disparities in end of life care

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In this day and age, one would not expect to find disparities in any form of health care. This, however, is not the case. Research has proven that even in the 21st century that there is a lack of hospice and end of life care services provided and received by minority populations. It is estimated that in the year 2050 there will be 439 million African Americans and other minorities that are over the age of 65. This percentage of 42% is more than double the 20% noted in 2000. In the United States, African Americans currently make up 12% of the population. Out of this population, less than 10% have utilized hospice and end of life services, while 80% of Caucasian races make up 80% of utilized services. It has also been shown that while 40% of Caucasian Americans over age 70 have advance directives, only 16% of African Americans have done so. Why is this? What continues to be the cause of minority races receiving fewer services than is available? How can we address and bring to the forefront these issues? How can minorities be better informed of services available and myths dispelled so that quality of care revolving around the end of life can be increased? The answer to these questions may not only lie in the misinformation of what hospice and end of life services are but also in the history of past healthcare issues relating to care given to minorities. One thing is for sure, it is up to us as not only a hospice and palliative care community but also as healthcare, in general, to deal head-on with the barriers and concerns that prevent minorities from being provided quality care.

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Beyond meaning and connectedness: Spiritual experiences of family caregivers in a hospice setting from an eastern context

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Background: While caring for a seriously ill family member receiving palliative care, family caregivers go through multiple transitions, make new resolutions, adjust to changing roles and expectations, and experience grief and other complex caregiving situations where their search for meaning becomes evident. There is an increasing need to explore such experiences of spirituality among family caregivers to support their caregiving actions and practices.

Purpose: The aim of the study was to describe the experiences of spirituality among family caregivers and how these experiences shape family caregiving practices while caring for a terminally ill family member in a hospice.

Research Design: Interpretive descriptive design was used. Individual in-depth interviews were taken from family caregivers (n=18) and healthcare professionals (n=5). The study was conducted at Baitul-Sukoon Cancer Hospital and Hospice in Karachi, Pakistan.

Results/Findings: Analysis of the rich descriptions revealed four themes under study: family love, attachment, and belongingness; honoring family values and dignity; acts of compassion and selfless service; and seeking God's kindness and grace. All these themes led to a central theme 'rise above or self-transcendence'. Spirituality was found to be beyond meaning and connectedness. Spirituality enabled family caregivers to identify their uncertainties, losses, and sufferings as part of life and perceived them as invitations to open themselves to the depths of their spirits and to the support, service, and love of others as they experienced 'rise above' or self-transcendence. Findings present a novel perspective of spirituality and family caregiving from an Eastern context. Spirituality is a major resource for coping among family caregivers. Healthcare professionals need to acknowledge and develop spiritual care interventions to support family caregivers' spiritual wellbeing at the end of life in the hospice setting.

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Role of nurse practitioners: Facilitators and barriers to addressing palliative care in a primary care setting

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Palliative care focuses on optimizing the quality of life of patients with life-threatening illnesses by helping alleviate pain, treating the symptoms of patients with chronic illnesses, and by providing psychosocial and spiritual support (Anderson & Puntillo, 2017). Palliative care can be initiated at any stage of a serious illness while continuing the treatment; it is a comprehensive patient-centered approach that can help patients and families in multiple ways. Palliative care includes an open discussion about coordination of care and support for the family. While the primary purpose of palliative care is to address the distressing symptoms that a patient may be experiencing, one of the main and most important goals of palliative care is to help alleviate the legal and financial burdens of a life-threatening illness by providing counselling on advanced care planning, which will be the main focus of this integrative review of literature. Many factors have been identified as barriers to initiating palliative care discussions, which includes the clinician's confidence in their own ability to provide palliative care due to lack of education or access to training sessions, the patient's lack of knowledge about palliative care, the availability and accessibility of palliative care facilities, and misunderstanding that palliative care is a terminal care (Zheng et al., 2016).

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Re-creating community: Owning the mission of true palliative care

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Timothy G Ihrig, MD, examines the influence of cultural behaviors and beliefs on the development, delivery, and future of healthcare. Healthcare is a rapidly changing and challenging profession. As providers, we are facing some of the greatest obstacles in our history. Ethical challenges abound at the intersection of care, education, public perception, economics, policy, and technology. It is increasingly easy to lose sight of what is important, to forget who we are, what it means to remain patient-centric and to define our fiduciary responsibility. How do we navigate amongst so many competing platforms? Drawing parallels between the current paradigm of segmented care delivery with the loss of "community" as expressed a century ago, he will reveal his thoughts on how we can evolve back to a higher sense of connectivity. Through this, he uncovers that shifting our perspective of how life can be lived; we become able to connect to a greater sense of humanity beyond our own and can truly impact care and enhance relationships with patients, families, each other and ourselves; and can move towards truly caring for another human being. Challenging our perception empowers the translation of healthcare into care.

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Communities learning from communities: Lessons from Tanzania

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Timothy G Ihrig examines the influence of trans-cultural experiences on the practice and definition of what palliative care can and should be in the contemporary United States health care system. He explores the transformational process of engaging internationally as a physician in some of the poorest and most rural areas of Africa, on his practice of palliative and hospice care in the United States and how lessons from these outside communities can empower providers to understand human connectivity beyond medical education opportunities in the US.

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What do you want?

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Patients are people too. I am involved in EoLC because of my personal experience of caring for my son during his terminal illness. I dream we can work towards a system of fully integrated, holistic care for those near death. This will involve a culture-change in the relationship between medical professionals and patients/carers, in line with the patient-centered philosophy embodied in the NHS Constitution, and with the recommendations of the Francis Report, the Neuberger Report, "One Chance to Get it Right," and the NICE guidelines 2016, seeing patient and professional in a partnership, defining and meeting the perceived needs of the patient. Communication will be central to this development. Professionals and patients must evolve a common language comprehensible to both, and an atmosphere in which patients and carers feel empowered to become involved in the decision-making process, and thus to take back some control of their condition and its management. Great sensitivity on the part of the professionals as to the emotional effects of their discussions on patients will be needed along with an understanding that everyone is an individual, with specific and personal needs, and that "one size fits all," will not meet their needs.

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An operational research on palliative care in a district of central Kerala

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Introduction: Quality of life of patients and their families can be improved by Palliative care approach. Palliative care treatment will be given to patients who are facing problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other complications. In Kerala, a southern state of India, funding of palliative care projects by local self-government are made mandatory and thus making its implementation uniform and successful. Ernakulam is the most advanced district in the state had implemented mental health programmes also through palliative care networks. This research work is intended to study the operational aspects of palliative care services for the betterment of the programme in the district.

Objective: To study the process and outcome of palliative care programme in Ernakulam

Methodology: Design:-Operational research-descriptive ecological study.

Setting: Ernakulam District palliative care units - There are 116 Primary care units-101 in rural areas and 15 Urban areas- 12 Secondary care units in major hospitals, 14 secondary units in block hospitals and 1 tertiary care unit. Study period: - Jan 2017 – Dec 2017.

Programme process and outcome: Total of 24,287 Cases were registered and 18,304 (75.37% ; 95% CI- 74.82-75.91) attended in outpatient departments. A total of 71,178 home care services were also given. Services were provided by 162 primary nurses, 36 secondary nurses, 24 physiotherapists and 4 medical officers exclusively for the programme along with Medical officers of health institutions and 1500 trained volunteers. Long-term care is given for 10,175 patients with chronic morbidities. 6 crore Indian rupees were allocated in primary care units of rural areas through respective local self-government and INR 2,16,000 were provided by the national government. Volunteer's Training sessions lasting for 3 to 5 days, staff review meetings, basic courses of one and half months for Doctors and nurses, disease-oriented training for caregivers and Palliative Day observations were the other main process activities. Implementation of video calling facility at tertiary care Centre and mental health programs in urban areas were also initiated.

Conclusion: Satisfactory implementation of the palliative programme is made possible in the district with 32 lakhs population, through the concerted and focused efforts of all sectors of society with people's participation and making it a people owned programme.

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Using simulation as strategy for teaching end of life care in palliative care course in under graduate nursing program Akusoanm

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Death and dying although is a reality yet for many it remains a taboo to be discussed. It is reported that nursing students feel considerable anxiety and sadness when they experience death on a clinical placement. Therefore, teaching end-of-life nursing care and providing practice experiences in caring for dying patients are essential competencies in nursing education programs. It is reported that end- of- life care simulation can produce an effective and safe learning situation where the students increase their knowledge about palliative care principles and feel more comfortable and confident in communicating with patients and their families. Despite this evidence of the effectiveness of simulation in education programs, the current analysis indicates that where palliative and end-of-life care is included in undergraduate curricula it is delivered largely in theoretical form. Hence, it is planned to introduce simulation in palliative care nursing course in which year II students of Post-RN BScN programme at Akusonam- Karachi will be enrolled in January 2018 to provide care to patients and their families in death and death situation. The study employed a quasi-experimental design (pre-post intervention design to see the impact of simulation and debriefing on students' learning). Data collection is completed and analysis of the study in progress. Hence this study will give students experiential learning by engagement with simulated scenarios. Moreover engaging them in the safe learning environment with complex issues will and improve patient safety and outcome.

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