A Message from Our Chair

Welcome to the third edition of “E-News for Professional Social Workers in Hospice and Palliative Care.” Thanks to John Cagle, PhD, MSW, and Rebecca Armendariz, MSW Candidate, for their continuing work on curating a broad array of up-to-date information and education that has specific implications for, and application to psychosocial palliative care. This newsletter is unique in our field in both the depth and breadth of the information provided with links to many other resources for exploration. Each article has specific relevance to our work.

Do take note of the assembly summary “Roundup: SWHPN 2016 General Assembly.” With over 360 colleagues registering for the conference and over 150 for the Sunday preconference workshops it was the largest SWHPN assembly to date. The presentations and conference events surpassed expectation as judged by the high enthusiasm of participants and the evaluations received afterward. Special thanks to those who submitted conference evaluations and for your suggestions of ways to improve the Assembly going forward. We also welcomed the offer of many participants to help in planning for the next Assembly and to assist in growing and sustaining SWHPN!

I would also like to draw your attention to the request for you to complete the brief SWHPN survey conducted by board member, Barbara Head, PhD and members of the credentialing committee. The survey aims to obtain your views on the value of developing an evidence-based certification for hospice and palliative social workers. Would it benefit the field – and at what cost? It takes just 10 minutes of your time to respond! Thanks so much in advance.

Grace Christ, DSW, PhD
Chair, SWHPN

Roundup: SWHPN 2016 General Assembly

Thank you to all who gathered and presented at this year’s conference in Chicago—it was inspiring to share knowledge, stories, and support among more than 350 colleagues! We extend our utmost gratitude to Dr. Debbie Parker-Oliver for delivering a stunning, emotional keynote that traced her experience through the illness and death of her husband, Dr. David Oliver. Presentations and events throughout the entire conference surpassed our expectations, and we look forward to riding the momentum until next year in Phoenix.

More from SWHPN 2016:
- Congratulations, SWHPN 2016 Award Winners!
- Presentation materials: Available online through July 2016

New SWHPN Survey

SWHPN wants to know whether you think an evidence-based certification for hospice and palliative care social workers would benefit our field. Our brief survey will take less than 10 minutes; all responses are confidential.

Contribute to our research
### Hospice and Palliative Social Workers Have a Role in Suicide Prevention

**By Karla Washington, PhD**

**The Issue:** U.S. suicide rates are on the rise (Curtin, Warner, & Hedegaard, 2016); hospice patients, their family caregivers, and patients’ other friends and family members may be at risk.

**The Evidence:** Over half of the hospice and palliative social workers responding to a recent survey reported having worked with patients, family caregivers, or patients’ other family members and friends who had exhibited warning signs for suicide in the prior year, excluding requests for physician aid-in-dying (Washington et al., in press).

Almost three-quarters of these social workers indicated that they “somewhat infrequently,” “rarely,” or “never” used standardized scales to assess emotional well-being, including suicide risk. More than a fifth reported that the suicide-related education they received as part of their formal social work training did not sufficiently prepare them to work as hospice and palliative social workers.

There are things you can do as a hospice and palliative social worker to decrease the likelihood that the patients and families you serve will die by suicide, but practitioners need to be vigilantly aware when patients and families are struggling. Large caseloads often prevent frequent social work visits, and the unmet needs of patients and families who are quiet and adherent to the plan of care may go unnoticed.

**Practice Implications/Recommendations:**
- Rates of depression are high among individuals who ultimately die by suicide. Routinely screening patients and their family caregivers for depression may help you identify individuals who would benefit from additional assessment and, if needed, intervention.
- The Patient Health Questionnaire (PHQ) is one of several free, easy-to-use tools to screen for depression. It is available in two versions: the nine-item PHQ-9 and the shorter, two-item PHQ-2 (Kroenke, Spitzer, & Williams, 2001; 2003).
- It is a myth that talking about suicide will make things worse. If you are worried that a patient or family member is considering suicide, ask.
- If you feel unprepared to adequately address suicide in your professional practice, take advantage of continuing education related to suicide risk, assessment, and prevention. If you feel well-prepared, share your suicide-related knowledge and skills with other members of the interdisciplinary team.
- One easy way to help is to share the National Suicide Prevention hotline’s number; it is staffed 24 hours a day with trained counselors. 1-800-273-TALK (8255)


### Apps to Improve Your Practice

**By Rebecca Armendariz, MSW 2017**

Emerging mobile technology has the potential to improve clinical practice while connecting practitioners with patients who may already be well acquainted with these advancements. These patients may be turning to their phones and the Internet for medical advice instead of consulting their doctors; it may benefit care team members to know the types of information available to health care consumers. There are also many apps geared to help caregivers and patients manage medications and symptoms. Hospice and palliative care social workers may wish to inform patients about these apps and orient them with their functions. Additionally, practitioners will benefit from apps that aid in assessment and health communication.

**For Good Communication**

A few apps have been developed to facilitate clear and empathic communication between hospice and palliative...
care social workers and patients. Developed by Elaine Wittenberg, PhD, the Health Communication app gives clinicians quick access to tools for productive and sensitive interactions with patients, including a Plain Language Planner with information about palliative care medications, oncology terms, and cancer treatment side effects in English and Spanish and an easy way to practice and evaluate skills. Practitioners may also want to check out the Caring Conversations app, designed to positively affect teamwork between critical and palliative care professionals. Oncologist Anthony Back created the VitalTalk app to help clinicians give serious news to patients. Feedback on iTunes for these apps is limited; please consider submitting a review if you find them useful.

Average iTunes ratings (stars): Health Communication (4); Caring Conversations (No reviews); VitalTalk (5)

For Medical Information
There are many apps for patients to find information about their health conditions. Additionally, a number of them perform a telehealth function, increasing opportunities for communication between doctors and patients. Versions of the highly rated HealthTap app, for instance, have been developed for doctors and patients. Consumers on the patient side cite several desirable features, including simple access to a trusted medical opinion and ease of use. By subscribing to a premium version of the service, patients can schedule virtual consults with a physician, assigned locally. The doctor app is only available to licensed professionals with a qualifying degree; iPhone users use this platform to answer general health questions and may recommend that their patients subscribe to the paid version to foster communication between appointments.

Social workers need to consider how medical practitioners’ personal use of telemedicine becomes integrated into the electronic medical record and communicated to the care team. Hospice and palliative care social workers in clinical settings can use HealthTap and similar apps, including Epocrates and Medscape from WebMD, to explore prescriptions, drug interactions, and medical and mental health conditions and symptoms.

Average iTunes ratings (stars): HealthTap (4.5); Epocrates (5); Medscape (3)

For Tracking Medication
Effective medication management contributes to symptom management and pain relief for many patients. Those with smartphones can use apps like Round Health and Pill Reminder from Drugs.com to remind them to take (and give) medications. Round Health users report liking the design, clear instructions, and simplicity. Pill Reminder earns high marks for intuitive functionality and create-your-own categories of medications.

Average iTunes ratings (stars): Round Health (4.5); Pill Reminder (4.5)

Research Spotlight

Patient-Centered Care
Compassion: a scoping review of the healthcare literature


Compassion is regularly included as a critical aspect of hospice and palliative care, but there is limited empirical evidence operationalizing this concept for clinical practice. In this review, researchers sought to find what is currently known about compassion in clinical care by examining the perspectives of patients and clinicians, along with the effects of interventions designed to improve compassionate care. The authors address both barriers to compassionate care and the need for a deeper understanding of this concept from the patient and family perspective. Read more

Hospital-Based Support
Bereavement services offered in adult ICUs in the U.S.

By Jennifer McAdam, RN, PhD, and Alyssa Erikson, RN, PhD

Studies have not previously addressed bereavement follow-up care in intensive care units (ICUs) across the United States, though 20% of ICU patients will die in the ICU or immediately after leaving. This circumstance has been shown to increase risk of post-traumatic stress, anxiety, major depressive disorder, sleep issues, and prolonged grief in surviving family members. In this study in the American Journal of Critical Care (McAdam & Erikson, 2015), 237 nurses in supervisory and leadership roles at hospitals across the country provided responses to questions about bereavement follow-up services in adult ICUs. Most of the hospitals did not offer bereavement service. Hospitals offering services (37.6%) provided condolence cards, brochures, and follow-up telephone calls. Among other implications, this study indicates a link between the availability of hospital-based palliative care services and bereavement support. Read more
Hospice Social Work
Adult Hospice Intervention Outcomes in the U.S.
By Amary Alice and Miriam Potocky

Hospice social workers provide myriad services and a unique perspective for the care team. However, literature is sparse on the effectiveness of interventions provided in hospice, especially by social workers. In the December edition of SWHPN’s Journal of Social Work in End-of-Life and Palliative Care, Alice & Potocky (2016) draw attention to this issue by comprehensively reviewing social work intervention outcomes and expanding on their practical implications. According to the authors, there is a dearth of studies that evaluate psychosocial interventions tailored to the hospice population and implemented by social workers. Future outcome evaluations will contribute to best practice models and offer guidelines for the roles of social workers and other care team members. Read more

Policy Notes

Improving Training for Hospice and Palliative Care Professionals

Along with a number of organizations, including the National Coalition of Hospice and Palliative Care and the National Association of Social Workers, SWHPN has co-signed a letter supporting of the Palliative Care and Hospice Education and Training Act (PCHETA), introduced in both the House and Senate last year. This bill aims to improve health care delivery and clinical practice by providing for professional education in core competencies related to pain and symptom management, advance care planning, communication, and care coordination. The bill also provides for a national campaign to increase awareness of palliative care supports. These bills have since been referred to subcommittee (House, Senate). Contact members of these subcommittees to voice support for a hearing for this bill. Read the letter

Medicare Reimbursements for Support in the Dying Process

Families with a member in hospice may benefit from intensive education and support when adjusting to services during the final days of life. Recently finalized Centers for Medicare & Medicaid Services (CMS) hospice payment reform policies provide increased payment for the first 60 days of hospice care. An additional policy pays for up to four hours of a daily visit from a social worker and/or registered nurse during the final week of a patient’s life, when symptoms are aggravated. Among other findings in a study by Dr. Joan Teno examining 661,557 Medicare hospice beneficiaries, Black patients were less likely to be visited than White patients, and 12.3% of patients received no professional staff visits in the last two days of life. Read more

SWHPN Supports a National Pain Strategy

In April, SWHPN joined nearly 40 organizations in supporting the National Pain Strategy (NPS) released in March by the Department of Health and Human Services. While chronic pain remains the primary reason patients seek help from a health care provider, little is invested in training and research that supports effective treatment. The addiction and overdose crisis further contributes to the need for urgent implementation of this strategy. The letter requests a written implementation plan and corresponding budget for the NPS. Contact members of the U.S. Senate Committee on Health Education Labor to voice your support.

“Literature is sparse on the effectiveness of interventions provided in hospice, especially by social workers.”
Defining Palliative Care

Attending to patient comfort has been shown to significantly contribute to better outcomes for patients and families, yet palliative care remains underused in clinical practice. On the New York Times New Old Age blog, Paula Span examines the implicit association between palliative care and hospice and the implications for providers, patients, and families. Shifting the focus of palliative care to quality of life is critical to growth of the field. 

Read more

Hospice Plus Treatment

In the Pittsburgh Post-Gazette, Barbara Mancini and Mark Dann of Compassion & Choices write of the paradox at the core of hospice: the choice between palliative and curative care. The Medicare Choices Model pilot program aims to innovate by offering both types of care, an effort to inform patients and families of the costs and benefits of all end-of-life treatment. Compassion & Choices and other health care organizations support this program and have submitted recommendations to CMS regarding modifications and expanded participation. 

Read more

Dying on Her Terms

Nearly half of Americans who die each year are in hospice care. In a detailed piece, the Kansas City Star explores the life and death of Jody Wooton, a city resident who accessed in-home hospice care after she was revived in the hospital despite her DNR. The story of the friendship Jody developed with her nurse case manager, Jen Moss, presents a beautiful backdrop for an explanation of hospice care.

Read more

Educational Opportunities and Resources

Hospice Action Network Advocacy Intensive

Join more than 250 members of the hospice and palliative care community at the Hospice Action Network’s annual advocacy gathering from June 18-19 in Washington, D.C. Participants will learn government, lobbying, and advocacy processes while transforming their daily experiences into powerful stories to affect policy change. Free to attend.

Details and registration

Free Comfort Communication Training

The Comfort Communication Project offers various resources and training opportunities for caregivers and palliative care and oncology teams. Resources include a communication guide for caregivers (designed by the makers of the aforementioned Health Communication app) and relevant citations. A new course in spiritual communication was recently announced; stay tuned for details.

Learn more

Empathy: The Human Connection to Patient Care

For a poignant illustration of empathy’s role in patient-centered care, check out this video from The Cleveland Clinic.

Dying in America Survey

The National Academy of Medicine (formerly the Institute of Medicine) is seeking responses from clinicians to assess the current landscape of care in five key areas and progress since the 2014 Dying in America report. 

Contribute your response

Jobs

Are you an employer hiring for positions in the hospice and palliative care field? By advertising in our Career Center, you can reach a large pool of qualified social workers and allied professionals with an interest in hospice, palliative care, oncology, and grief work. Get great exposure, additional newsletter benefits, and more! 

See pricing
References


SWHPN E-News Contact Information, Editorial Team, Authors & Contributors

E-News Editor - John Cagle, PhD, MSW
E-News Content Coordinator - Rebecca Armendariz
Journal Editor - Ellen L. Csikai, LCSW, MPH, PhD
SWHPN Chair - Grace Christ, DSW, PhD

SWHPN Vice Chair - Gary L. Stein, JD, MSW
Strategic Manager - Jessica Strong
Membership Manager - Natalie Kovacic
The SWHPN Board

Submit your E-News to us at: membership@swhpn.org