

Paediatric Palliative Care National Education and Quality Improvement Collaborative

Dr Anthony Herbert¹, Penny Slater¹, Lee-anne Pedersen¹, Susan Johnson¹, Dr Helen Irving¹, Dr Marianne Phillips², Suzanne Momber², Dr Jenny Hynson³, Dr John Collins⁴, Dr Martha Mherekumombe⁴, Dr Sharon Ryan⁵, Dr Susan Trethewie⁶, Sara Fleming⁷, Julie Duffield⁷.

¹ Lady Cilento Children's Hospital, Brisbane; ² Princess Margaret Hospital for Children, Perth; ³ Royal Children's Hospital, Melbourne; ⁴ The Children's Hospital at Westmead, Sydney; ⁵ John Hunter Children's Hospital, Newcastle; ⁶ Sydney Children's Hospital, Randwick, Sydney; ⁷ Women's and Children's Hospital, Adelaide

Dr Anthony Herbert, Director, Paediatric Palliative Care Service, Lady Cilento Children's Hospital, Brisbane¹
Anthony.Herbert@health.qld.gov.au mob 0427 080 555

Background

The paediatric population has unique needs in relation to the provision of palliative care.

Australia's geography and population distribution requires innovative methods of delivering palliative care.

Aims

Improving the quality of care provided to children in close proximity to their home through educational initiatives.

Building the capacity of health services to provide paediatric palliative care in each state and territory of Australia - in metropolitan, regional, rural and remote locations

Methods

- Developing networks of multi-disciplinary healthcare professionals capable of supporting children with life limiting conditions and their families through "pop-up" education.
- Developing capacity of health services to provide paediatric palliative care outside of metropolitan areas through scheduled education.
- Provision of training for paediatric and palliative care medical trainees at 3 new sites in Australia (Brisbane, Sydney, Newcastle).
- Increasing capacity of palliative care education within tertiary children's hospital, and throughout each state, through the presence of nurse educators (and medical fellows).
- Provision of educational initiatives which are cross-disciplinary. Ensuring educational initiatives reflect allied health expertise and are also relevant to allied health staff through a central allied health educator.

Pop-Up Education

- 'Pop-up' education usually occurs (face-face or telehealth) when a specialist service is building capacity within a child and family's local community and creating a paediatric network.
- The education provided can be specific to symptom management, end of life care, physical aspects of patient care according to their individualised need and diagnosis and psychosocial needs.
- This can be provided several times over a specified period in order to build capacity and confidence for the local services to effectively care for the child and as the needs of the child changes.
- Pop up occasions provide 'In time training' and more specific education as the child's care needs change throughout their illness trajectory.



Planned Outcomes

	Performance Indicator Description	Target
1	Number of scheduled education sessions delivered by 30 June 2015	4
2	Number of pop-up education sessions delivered by 30 June 2015	4
3	Number of scheduled education session between 1 July 2015 and 30 June 2016.	16
4	Number of pop-up education sessions delivered between 1 July 2015 and 30 June 2016.	19
5	Number of workshops delivered between 1 July 2016 and 30 June 2017.	16
6	Number of pop-up education sessions delivered between 1 July 2016 and 30 June 2017.	19
7	Percentage of participants overall from project commencement to 30 June 2017 who identified as having improved their knowledge and/or skills in paediatric palliative care.	85 %

Increased collaboration of various services within and between states and territories.

Development of a central repository of educational and clinical resources related to paediatric palliative care.

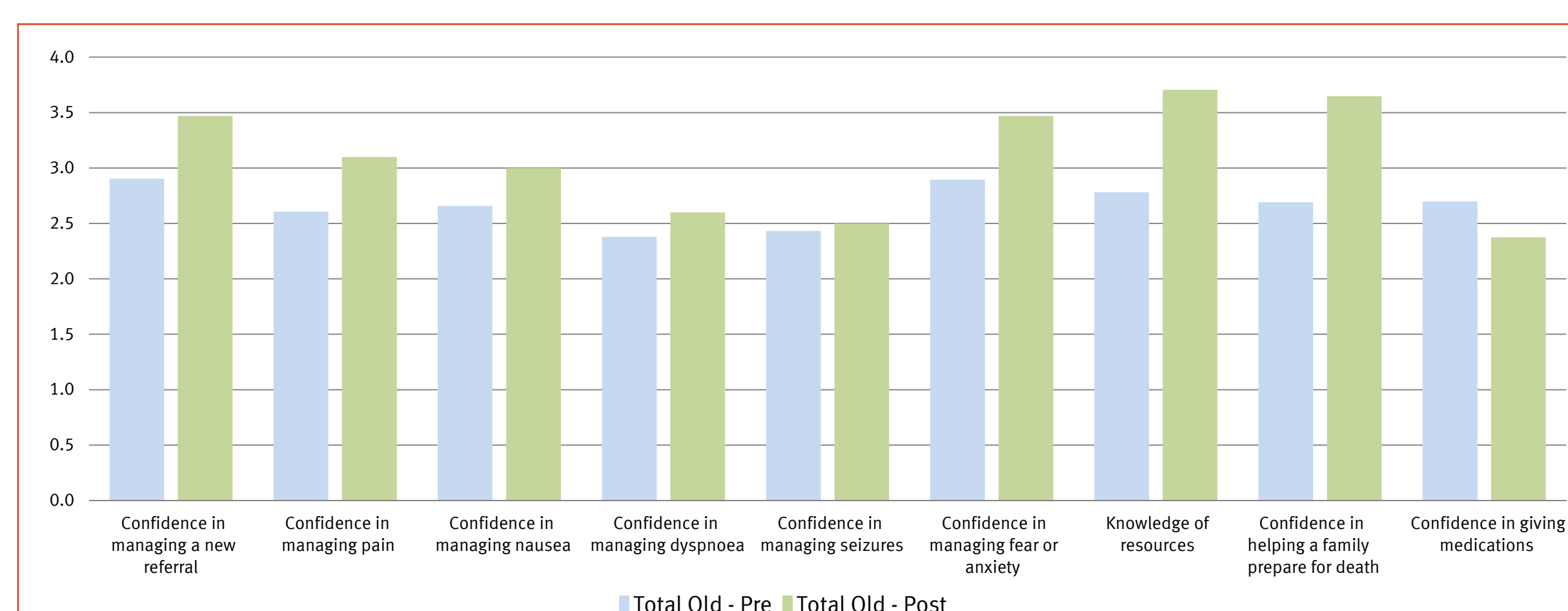
Preliminary Results

A/ Costs

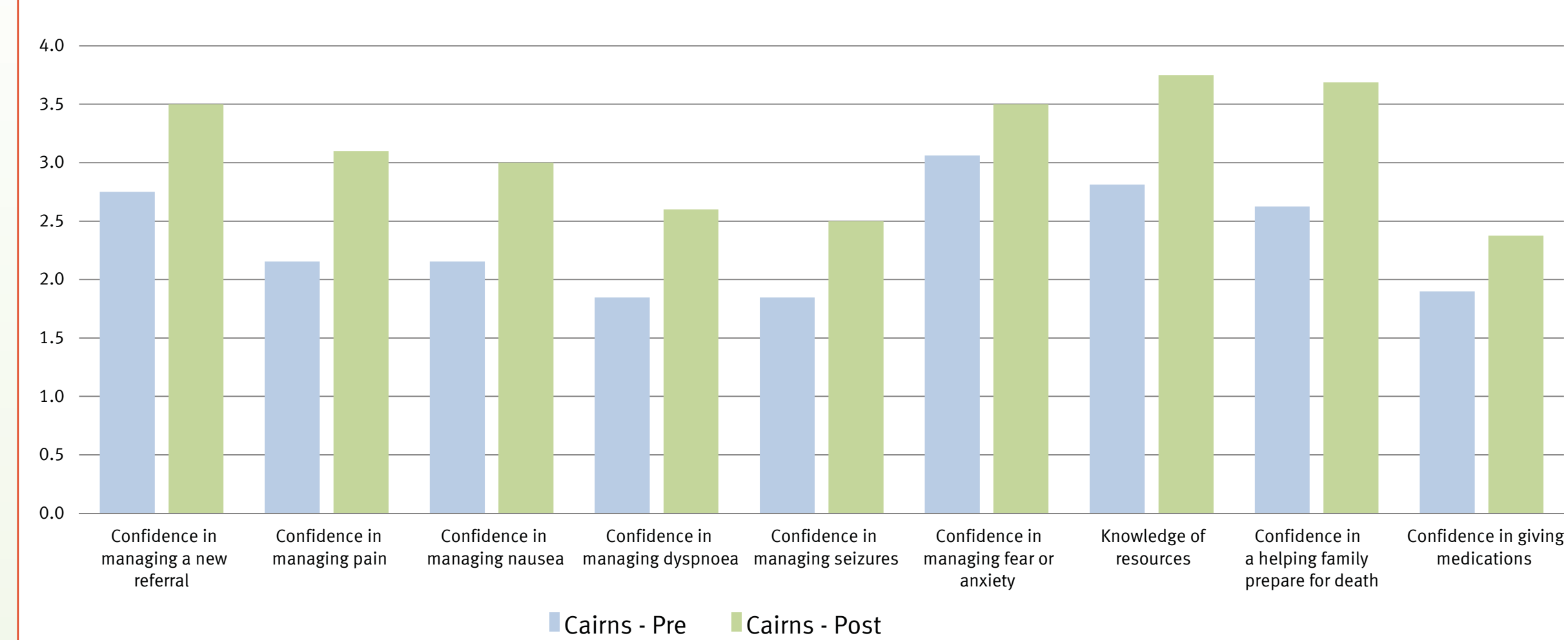
- Hervey Bay (Pop-Up): 1 Day, 1 Staff Member
Travel \$702.72
- Cairns (Scheduled): 2 Days, 2 Staff members
Travel \$1,002, Accommodation \$720,
Misc. \$395

B/ Number of visits to June 30

- **Scheduled: 2 visits.**
Melbourne, Victoria;
Cairns, Queensland.
- **Pop-Up: 3 visits.**
Dandenong, Victoria;
Hervey Bay, Queensland;
Walleroo, South Australia.



Cumulative Pre and Post Survey Results (Scale 1 – 5) for 1 Pop-up (Hervey Bay) and 1 Scheduled Educational Session (Cairns) in Queensland (45 participants)



Pre and Post Survey Results (Scale 1 – 5) for 1 Scheduled Educational Session at Cairns in Queensland (17 participants)

Conclusion

A collaboration of paediatric palliative care services providing education in a planned and co-ordinated way shows promise in increasing capacity for paediatric palliative care within Australia, and should assist achieving goals of the National Palliative Care Strategy 2010.



Acknowledgements: This project was funded by the Commonwealth Department of Health through the National Palliative Care Projects.

References

- White, K., Wilkes, L., Yates, P., and Cairns, W. Development of a model for palliative care in rural and remote communities: the 'pop-up model'. National SARRAH Conference, 2004.
- Paediatric Palliative Care Program, NSW www.nswppcprogramme.com.au

