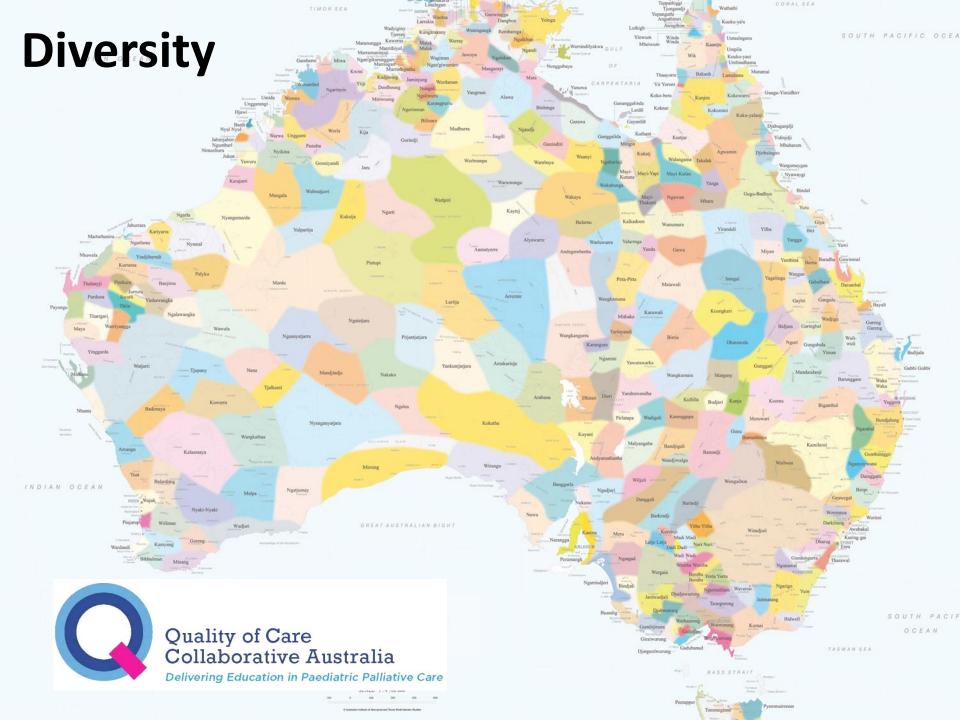


# A national quality of care collaboration to improve paediatric palliative care outcomes

Presenter: Sarah Baggio
Allied Health Clinical Educator
Lady Cilento Children's Hospital, CHQ



Funded by the Australian Government Department of Health



# **Diversity of Families**



### **Diversity of Children**



As an illness progresses the emphasis gradually shifts from curative to palliative treatment. E.g. cancer



Highly technical invasive treatments may be used to both prolong life and improve quality of life alongside palliative care, each becoming dominant at different stages of the disease e.g. <u>Duchenne's Muscular Dystrophy or Spinal Muscular Atrophy</u>. (many children diagnosed with <u>Duchenne's survive to adulthood also</u>)



No cure is possible and care is palliative from the time of diagnosis e.g. Neurodegenerative conditions



At first it is not apparent that this will be a terminal illness and palliative care starts suddenly once that realisation comes e.g. cerebral palsy

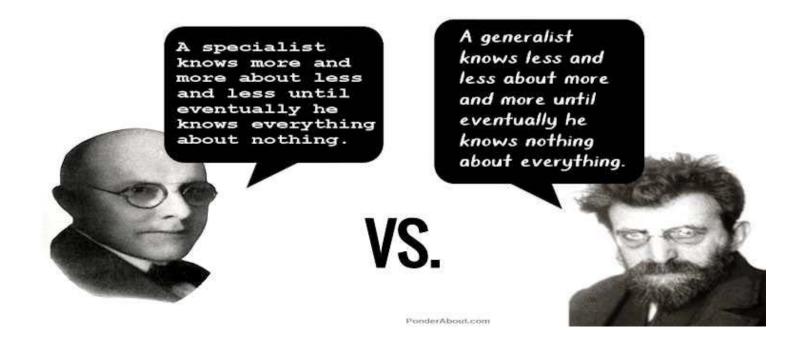


Palliative



NSW PC Programme/ ICPCN

# **Diversity of Health Professionals**



#### **Research Arms**







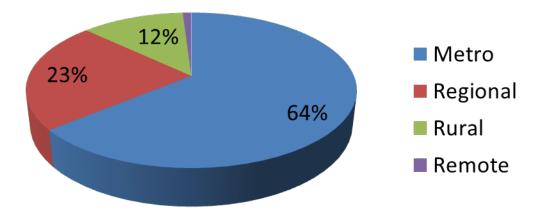
LNA-Baseline Impacts
Pop-up MOC
Scheduled
Incidental

Perspectives
DI
Fam-CARE-2



## **Learning Needs Analysis Data**





Profession Type	Responses (%)
Nursing	54%
Allied Health	24.5%
Medical	19%
Aboriginal & Torres	0.6%
Strait Islander	
Health Practitioner	

44% described minimal – no experience working in PPC 14% reported no PPC education



# **Top 12 Identified Learning Needs**

- Preparing families for the death of their child (4.28)
- Palliative Care resources
   (4.25)
- 3. Management of the dying child (4.16)
- 4. Communication skills (4.14)
- 5. Pain management (4.14)
- 6. Other symptom mx (4.12)

- 7. Bereavement Care (4.02)
- 8. Emotional Supports (4.02)
- 9. Practical support (4)
- 10. Grief and loss (3.95)
- 11. Self-care (3.87)
- 12. Management of Non-Oncology cases (3.86)

## Challenges

Communication
Who, what, where, when, why & how??

Knowing the **language** to speak - **being able to ask** the questions required without being insensitive I guess. As this area is very new to me I am finding it **difficult** to know exactly **how much to say/what to say/what not to say!** 

Clinical Nurse, less than two years experience of PPC



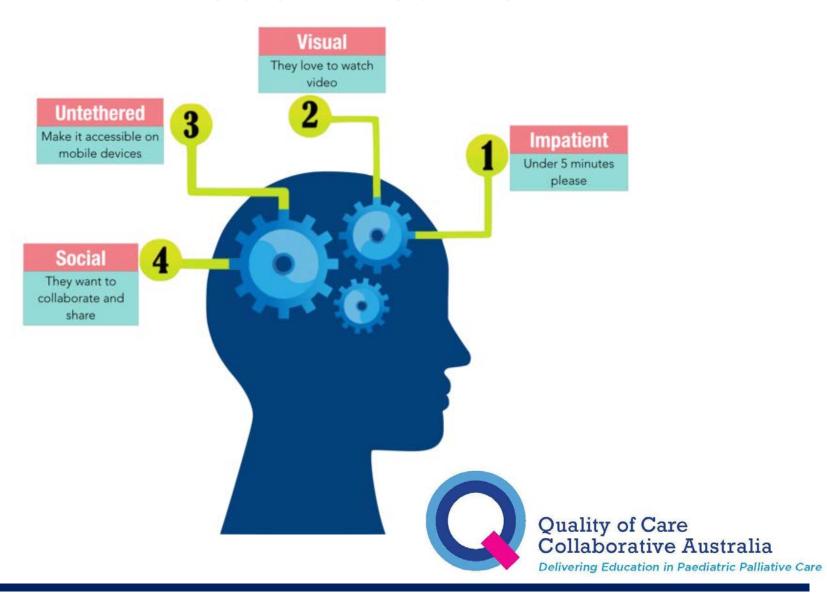
### Uniqueness of each child and family

I would like to think every child and their families are unique in every way. There lies the challenge. Every child and their families are in a position of our own worst nightmare. Challenges include emotions of the child and his family which change daily. The challenge for me would be to try to tune in as much as possible to better understand what is happening on that day at that time.

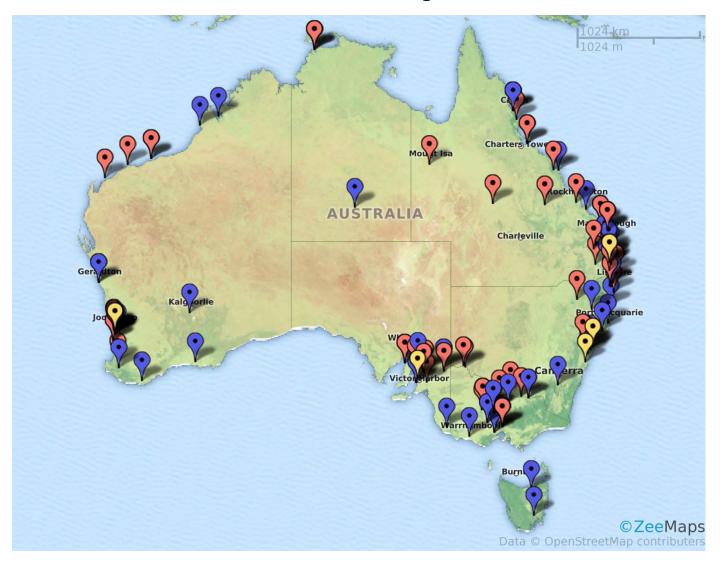
Clinical Nurse Team Leader, 6-10 years of PPC



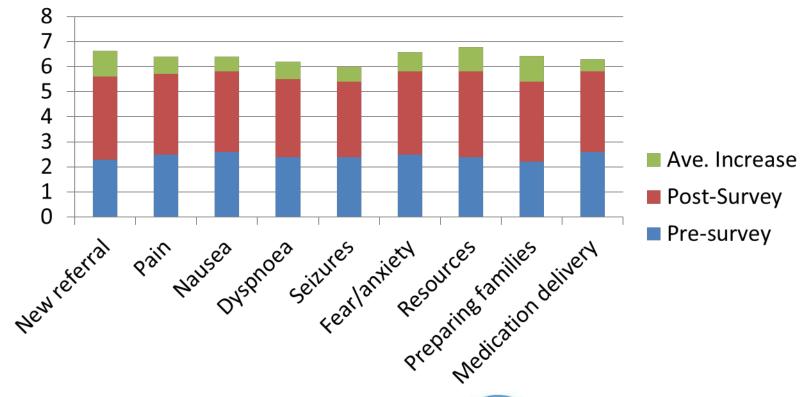
#### Modern Learner



# **QuoCCA Impacts**



# Average Responses- paired surveys (n= 504)





# Comments in surveys – what participants learnt

- Fantastic overview of the holistic care given for paediatric pall care & excellent tools in communicating with families & patients, so as to empower them in their choices
- Importance of self care & formal and informal approaches.
   Approach to personal grief versus professional behaviour.
- I really enjoyed the communication component & case studies, real life experience & discussion, on the importance of reflection & having an authentic relationship
- Increased confidence with awareness of PPCS & collaborative role of medical, nursing and allied health

#### **Lessons Learnt**

- Ethics processes
- On-line access
- Cultural appropriateness

- Pop-up model
- Flexible, MDT & interactive workshops

#### **Future Plans**

- Data collection & analysis Consumers
- CareSearch/QuoCCA website release www.Caresearch.com.au
- Continued collaborations with other projects/organisations:
   PEPA, PCC4U, RedKite, universities and PPC networks













# QuoCCA Collaborators & Educators

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# Thank-You



Metamorphosis: Judy Prosser