

Quality of Care Collaborative Australia for Paediatric Palliative Care (QuoCCA)

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Background

- Geography and population distribution present challenges to the care of children with life-limiting (LLC) conditions within Australia
- Specialist paediatric palliative care services are based in metropolitan centres within Australia
- Children in regional, rural and remote locations are cared for by a combination of paediatric, specialist palliative and primary health care professionals
- Children and young people have unique needs in relation to the provision of palliative care - A National Palliative Care Strategy "Supporting Australians to Live Well at the End of Life" has acknowledged the unique needs of children requiring palliative care, and the need for integrated care, education and research¹

Objectives

- This project aims to improve the quality of care provided to children in close proximity to their home through educational initiatives.
- Education is primarily delivered through "pop-up" education

Methods

- The project is a collaboration of the specialist paediatric palliative care services in each state of Australia.
- The project is being evaluated using pre and post intervention questionnaires completed by participants during 'pop-up' educational initiatives.
- Incidental and scheduled education sessions are also provided in tertiary children's hospitals. Scheduled education sessions are also undertaken in non-metropolitan locations.
- Participants in the education also provide free-text comments when providing feedback.
- Evaluation included knowledge and confidence around providing care for children with LLC.

Pop-Up Education²

- '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 relate to pain and symptom management, practical and emotional support and end of life care. The education is tailored to the patient's diagnosis, age and specific needs.
- The setting is usually in a non-metropolitan location, and the education is provided in a timely manner in relation to the patient's needs

Results

- Fifty-nine "pop-up" education sessions were delivered between June 2015 and April 2017.
- This has included each state and territory of Australia – see fig 1 and 2.
- There have been 647 participants in pop-up education sessions – see fig 3.
- Nurses represented the largest group of attendees. Medical and allied health staff also attended demonstrating the need for education to be relevant to an inter-professional audience³ – see fig 3.
- To date there has been an improvement in the knowledge and confidence of participants in a number of domains related to patient care – see fig 4 and 5.
- This includes management of symptoms such as pain, nausea, dyspnoea, seizures and anxiety and confidence in the provision of medications to children receiving palliative care (including subcutaneous delivery of medications)

Comments in surveys – what participants learnt

- Fantastic overview of the holistic care given for paediatric palliative 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 the paediatric palliative care service & collaborative role of medical, nursing and allied health staff in relation to the patient's needs.

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
- Funding received from the Department of Health (Australia) to assist each state based paediatric palliative care service to provide education, particularly to health care professionals working in regional, rural and remote locations has enhanced the care provided to patients (with cancer and non-cancer diagnoses).
- This collaboration has also enhanced the networking between services in different states, and allowed harmonisation of educational initiatives within Australia.

Figure 1: Location of Education to Date

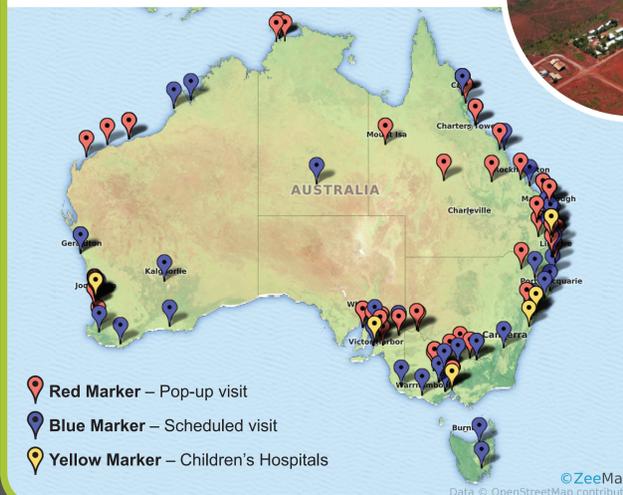


Figure 2: Educational Visits by State

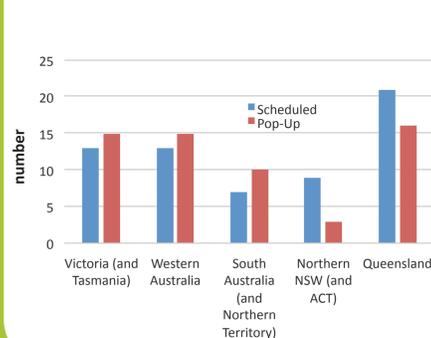


Figure 3: Discipline of Participants involved in Pop-up Education

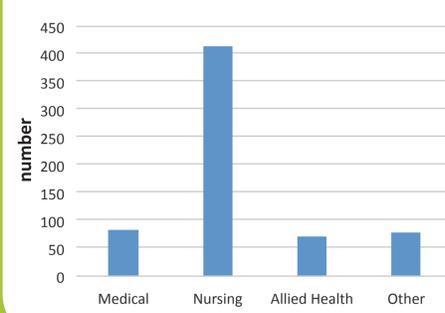


Figure 4: Average responses where both pre and post education surveys were collected for pop-up education (n=102)

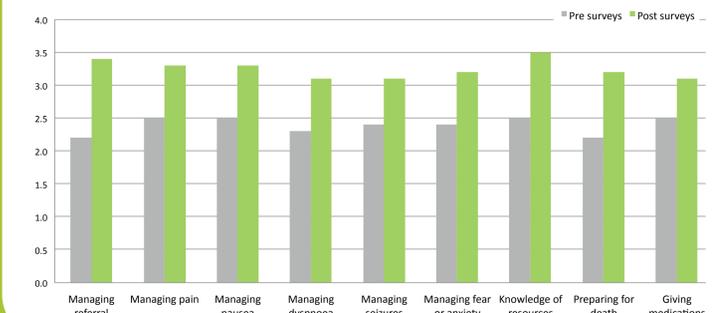
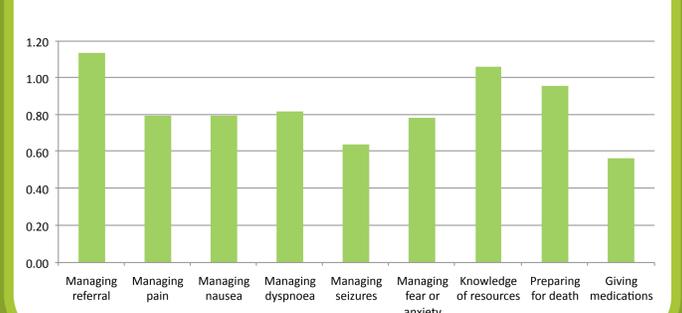


Figure 5: Average increase in confidence for paired post vs pre surveys (n=102)



Acknowledgments

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References

1. Commonwealth of Australia. Supporting Australians to Live Well at the End of Life. National Palliative Care Strategy 2010. Commonwealth of Australia, Canberra, 2010.
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3. O'Keefe M, Henderson A, Chick R. Defining a set of common interprofessional learning competencies for health profession students. Med Teach 2017. doi: 10.1080/0142159X.2017.1300246