



Assessing the Need and Planned Utilization of a New Pediatric Palliative Care Program



Anne Camerlengo, MD

www.cuanschutz.edu/MSPC

Statement of the Problem

- Currently, Kaiser North Valley (3 hospitals with clinical sites) has no dedicated Pediatric Palliative Care (PPC) providers.
- PPC is integral to providing comprehensive care for children with serious illnesses. With the aim of improving pediatric care to the level of children's hospitals around the country, Kaiser Roseville Medical Center (KRMC) will be implementing a PPC program.
- A dedicated needs assessment of perception and utilization of PPC was performed to aid in this implementation.

Background/Literature Review

- Literature review emphasized the value of conducting a community needs assessment at a variety of access points.¹
- Previous needs assessments highlight the value of including a diverse population of staff amongst all pediatric subspecialties.²
- This review also informed the inclusion of particularly valuable domains of pediatric palliative care in this needs assessment.³

Purpose and Objectives

This project's purpose is to determine perceptions and planned utilization of a new PPC program amongst primary and subspecialty providers at KRMC using a validated needs assessment tool.

Specific Objectives:

- Determine barriers and challenges to PPC delivery
- Identify health care professionals and providers' satisfiers and resources around providing PPC
- Determine pediatric patient populations most likely to benefit from PC service
- Share the needs assessment results with key stakeholders to ultimately inform the development of PPC at KRMC

Methods

Project Type: Needs Assessment **Timeline:** Spring 2023
Project Design: An 18-item validated needs assessment⁴ consisting of Likert-style items and open-ended questions was emailed using a Qualtrics link
Sample population: 300 inpatient/outpatient pediatric providers (physicians, surgeons) and health care professionals (subspecialty nurses, respiratory therapists, social workers, case managers, and Child Life Specialists)
Setting: KRMC
Data Collection and Analysis: Descriptive statistics

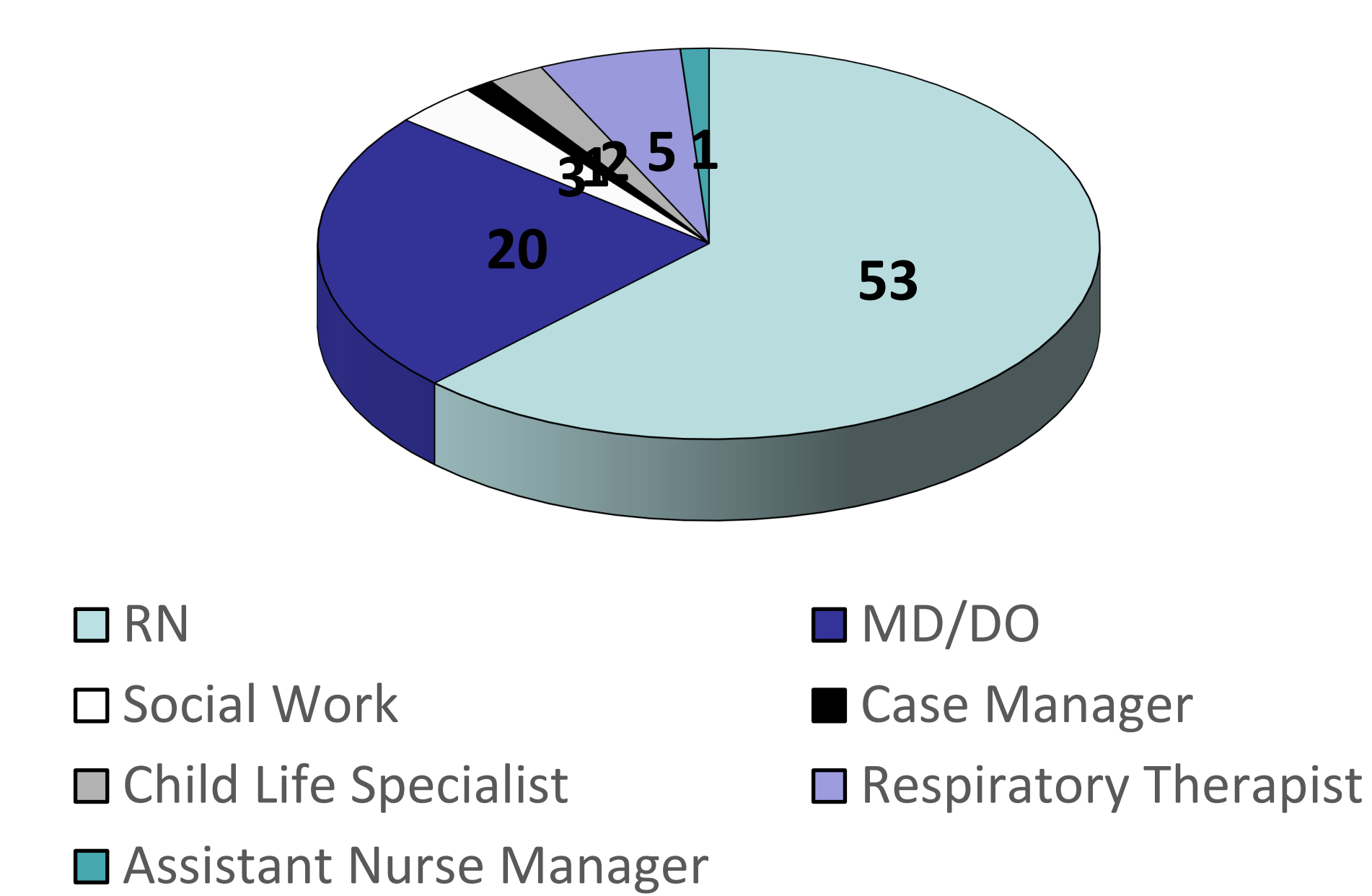
Implications

- PPC is an integral component of comprehensive care for children living with serious illness.
- Needs assessment results will inform development and implementation of a comprehensive PPC program at KRMC.
- All pediatric subspecialties were identified as benefitting from PPC and must be included in this new service rollout.
- Additional input should be elicited from multidisciplinary team members that were absent or underrepresented.

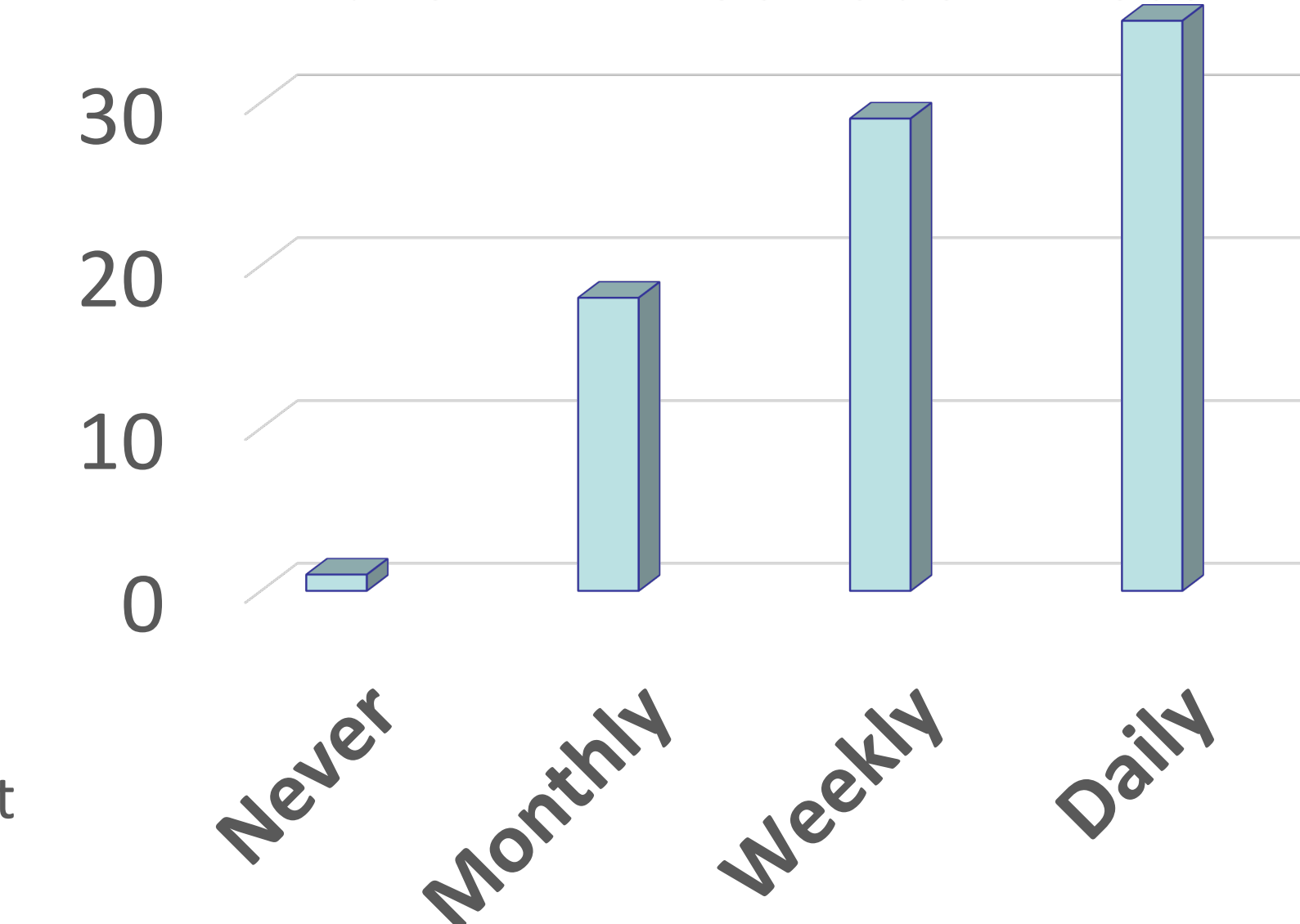
Results

- 84 total responses collected for 28% response rate
- Average years of experience: 17 years
- Over 60% of respondents reported that they were "very familiar" with the concept of palliative care (PC)
- Most utilized PC services were communication among healthcare team (20%), PC team/consult service (15%), and discharge planning for patients with serious illness (15%)
- Additional diagnoses that would benefit from PC support: acute AVM/stroke, primary immunodeficiencies, "all pediatric cases", and "any chronic condition that affects quality of life".
- Top priorities in caring for children with serious illness were comfort of child (28%), wishes of the family (22%), and dignity of child (18%).

Professional Background



How often do you care for children with serious illness?



- While respondents were evenly divided in their possession or lack of previous PC education, the majority reported that "our clinical staff need to learn more about PC" (98%) and "I wish to learn more about PC" (95%).
- Preferred methods for PC education were Inservice Education by PC service (35%) and attending a PC workshop (31%).

Which patient situations would benefit from PC?

"Collaboration among ALL professionals"

"I would like to see more of the family meetings and end of life conversations happening...outside of hospitalizations, potentially on a regular basis as part of the specialty care they receive in clinic."

Limitations

- Low overall response rate despite 2-month survey window and email reminder
- Responses received primarily from nursing professionals with little to no representation from Spiritual Care or ancillary services including PT, OT, and Speech Therapy

Acknowledgements/References

Deep gratitude for the mentorship of Regina Fink, PhD, APRN and Dr. Maurice Scott, MD

1. Ngwenya N et al. Qualitative situational analysis of palliative care for adolescents with cancer and HIV in South Africa: healthcare worker perceptions. *BMJ Open*. 2019;9(1):e023225.
2. Stenekes S et al. Development and implementation of a survey to assess health-care provider's competency, attitudes, and knowledge about perinatal palliative care. *J Palliat Care*. 2019;34(3):151-159.
3. Lazzarin P et al. A tool for the evaluation of clinical needs and eligibility to pediatric palliative care: The validation of the ACCAPED Scale. *J Palliat Med*. 2021;24(2):205-210.
4. Needs assessment adapted from Fink RM, Oman KS, Youngwerth J, Bryant L. A palliative care needs assessment in rural hospitals. *J Palliat Med*. 2013;16(6):638-644.