



Measuring the Impact of Initiating a Pediatric Palliative Care Program. Nancy Hutton, MD¹, 742

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BACKGROUND

Harriet Lane Compassionate Care (HLCC) promotes access to pediatric palliative care for Johns Hopkins Children's Center patients living with life-threatening conditions and their families. In response to an institutional needs assessment, conducted as part of the Initiative for Pediatric Palliative Care (IPPC), program interventions were designed to educate interdisciplinary team members in palliative care, facilitate interdisciplinary clinical case discussion, and support the grief and bereavement needs of pediatric health care professionals.

OBJECTIVES

1. Document change in staff attitudes about institutional culture following initiation of Harriet Lane Compassionate Care
2. Assess staff-reported confidence and competence in providing palliative care
3. Assess staff-reported impact of participation in HLCC program activities

METHODS

DESIGN

Anonymous, voluntary, cross-sectional staff survey conducted pre and post intervention with IRB approval

SETTING

Tertiary care children's hospital in an urban academic medical center

POPULATION

Interdisciplinary staff who care for children with life-threatening conditions

SURVEY INSTRUMENT

Decisionmaking about the Care of Children and Adolescents with Life-Threatening Conditions (Solomon, EDC)

1999 and 2003

- 65 questions (145 response items)
- demographics
- knowledge of national guidelines
- beliefs, attitudes about institutional practice

2003 only

- 7 additional questions (27 response items)
- HLCC program outcomes of interest
- participation in HLCC program activities
- self reported impact of participation in HLCC

ANALYSIS

- 5 point Likert response scale
- Items reflecting targeted institutional outcomes were selected. Respondents were grouped by clinical unit and units examined over time using ANOVA. (1999 vs. 2003)
- The association of participation in HLCC activities with self reported professional attributes was examined using ANOVA. (2003)

HLCC PROGRAM OBJECTIVES

1. Establish and facilitate processes for interdisciplinary collaboration.
2. Increase health care professionals' awareness of, competence in, and confidence addressing pediatric palliative care and end-of-life issues.
3. Increase health care professionals' ability to manage their responses to grief and maintain or restore their professional integrity.

RESPONDENTS

1999	253 respondents
2003	170 respondents

Level of Participation (2003 only)

Rounds & Conferences	<u>n</u>
None	55
Medium	78
High	30

Debriefings, Tribute & Memorial Services

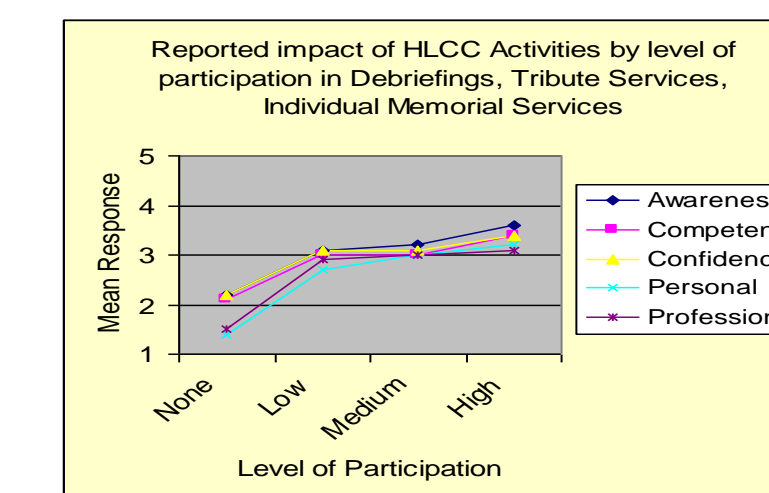
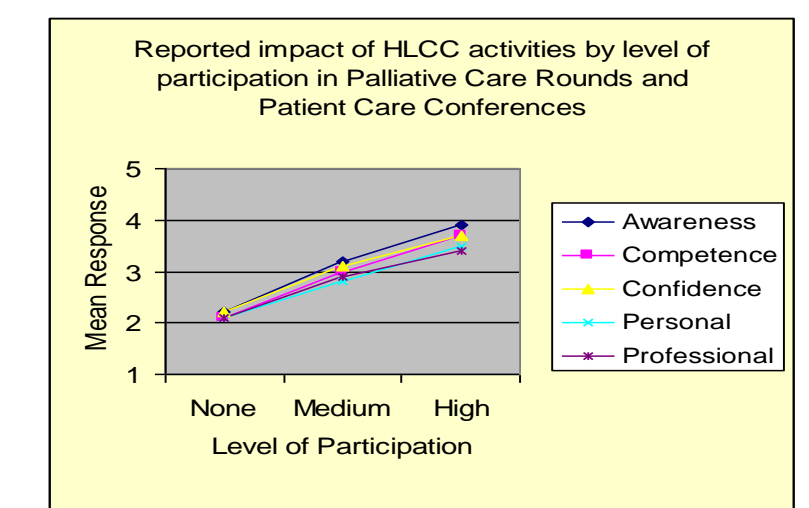
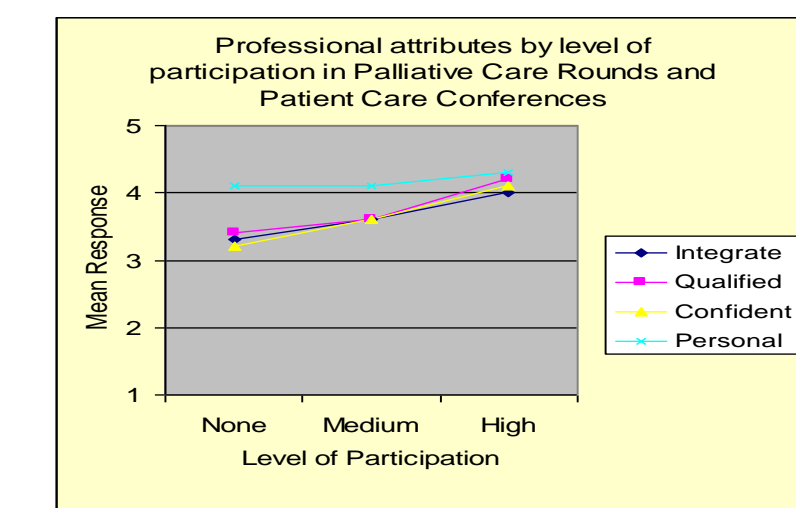
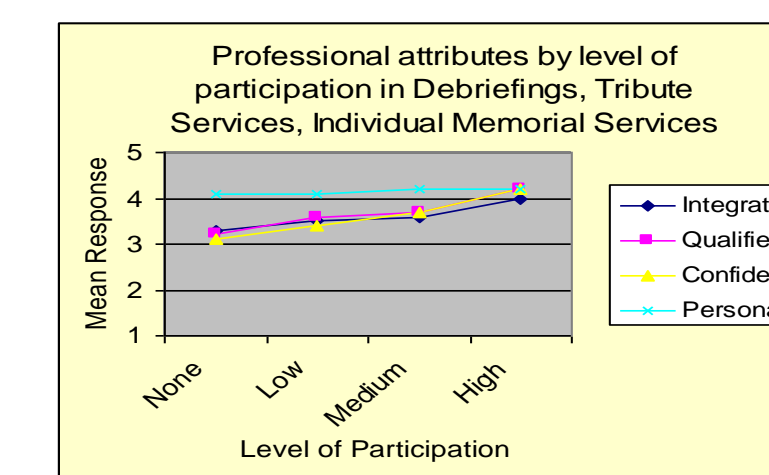
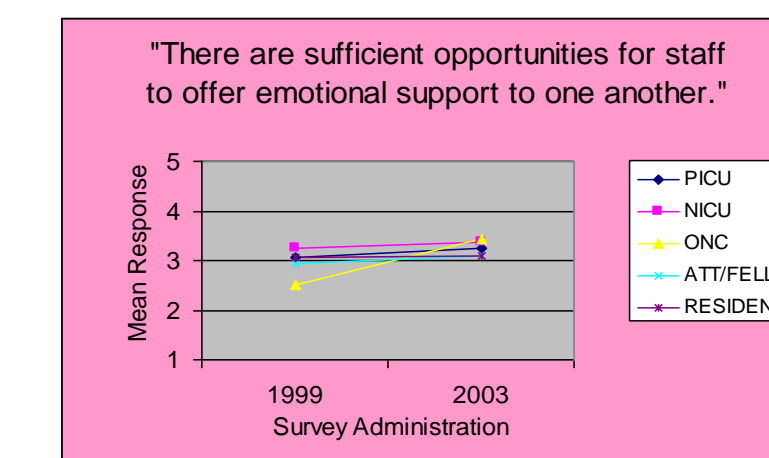
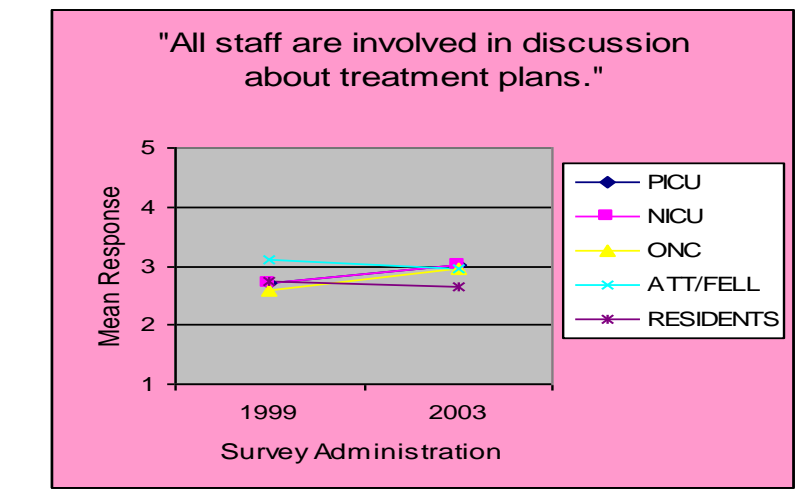
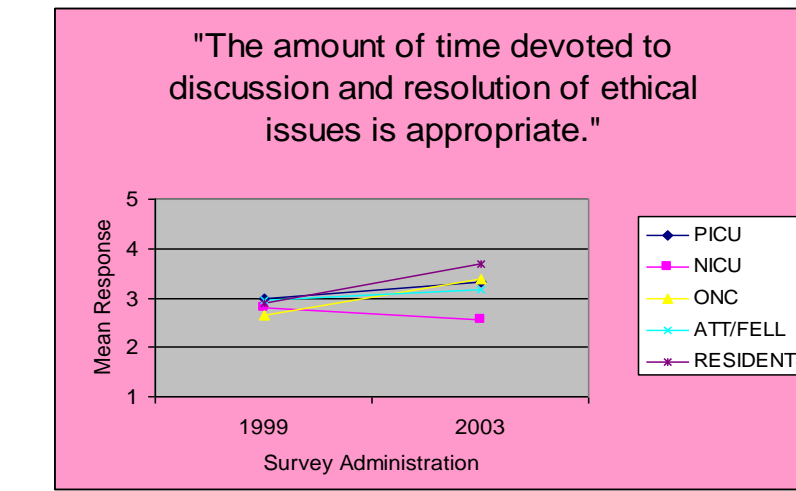
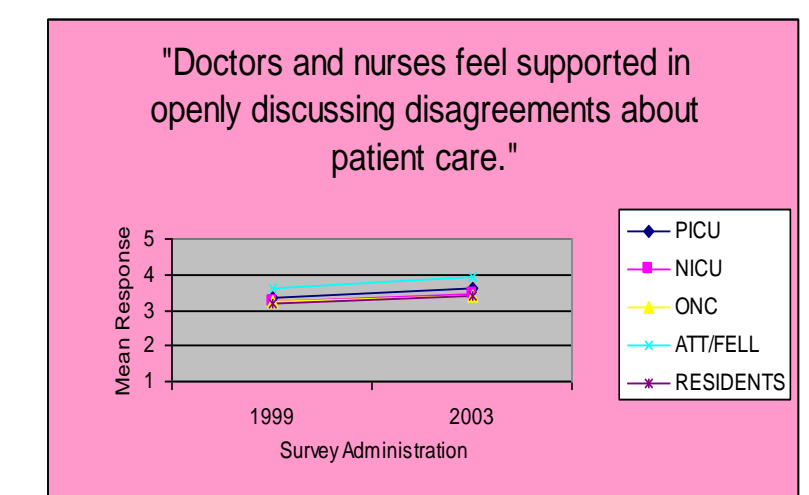
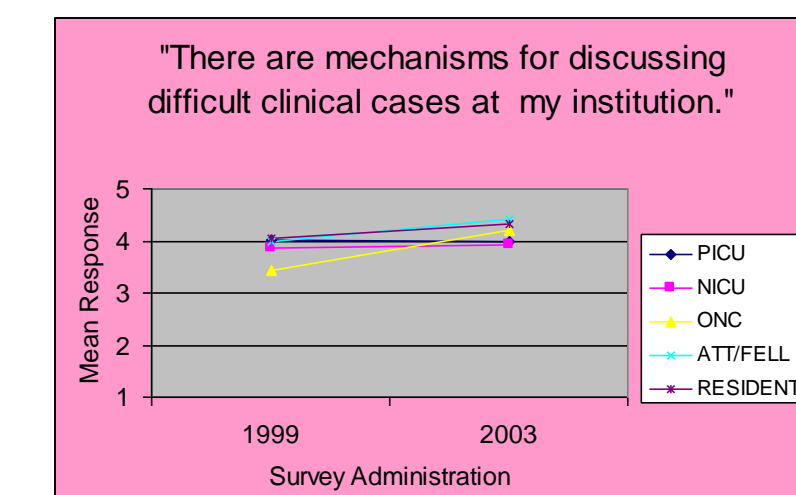
None	33
Low	39
Medium	74
High	17

RESULTS

HLCC PROGRAM OUTCOMES

HLCC PROGRAM INTERVENTIONS

- Phase 1 (2000)
 - Palliative Care Rounds
 - Patient Care Conferences
- Phase 2 (2002)
 - Bereavement debriefings



CONCLUSIONS

1. Significant increases in staff ratings of institutional palliative care practice occurred after initiation of HLCC.
2. Increasing levels of participation in HLCC activities were associated with increased staff reports of competence and confidence in providing palliative and end-of-life care.
3. Staff attributed this increase to HLCC participation.

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