Implementation of a Pediatric Palliative Care Team for Pediatric Oncology Patients: An Evidence-Based Practice Improvement Project

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BACKGROUND

- 15,000 children in the United States get diagnosed with cancer every year.
- Survival rate of childhood cancer has increased from 10%-85% in the past 4 decades, but this has also resulted in an increase in morbidity.
- 56% of children who qualify for palliative care do not have access to services.
- The provision of this service is supported by the psychosocial standards of care for children with cancer and their families, The World Health Organization, American Academy of Pediatrics, and The National Academy of Medicine.

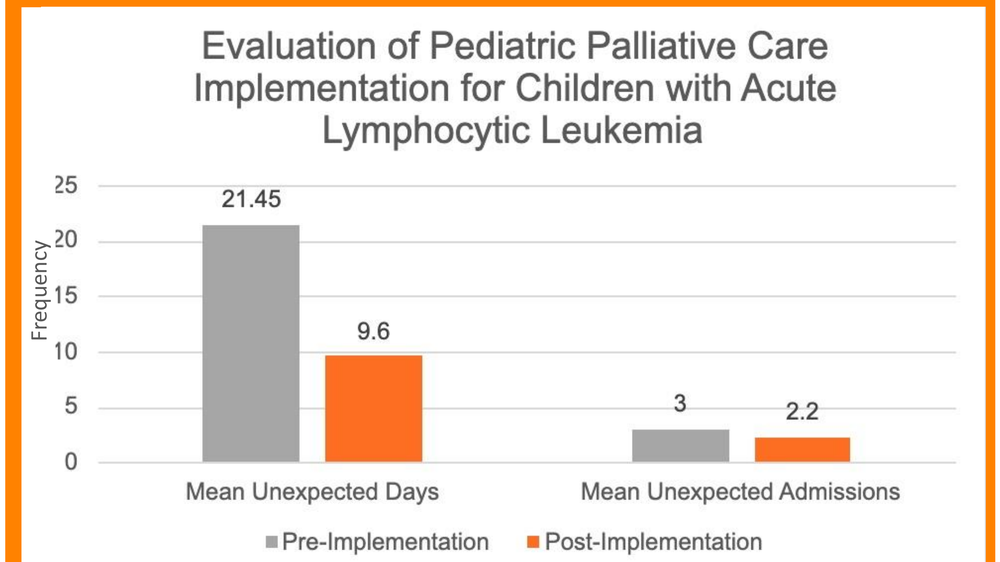
LOCAL PROBLEM

- The project site lacked a pediatric palliative care service to target healthcare associated quality-of-life while the oncology team targets curative treatments.
- The population included children with Acute Lymphocytic Leukemia in their first 6 months of treatment.
- The project site was an outpatient oncology clinic that services an average of 73 new patients annually with 31% of those being children diagnosed with Acute Lymphocytic Leukemia.
- The purpose of the proposed project is to reduce the burden of treatment related effects on pediatric cancer patients and their families by implementing a pediatric palliative care team.
- The specific aim of the project was to decrease the unexpected days spent in the hospital by 30% within 3 months of implementation.

METHODS

- The Evidence-Based Practice Improvement model process framework was used to guide the project.
- The implementation of a pediatric palliative care team was developed through a review of the research evidence, expert opinion, and patient and family preferences.
- The unexpected days spent in the hospital and the unplanned hospital admissions were measured in the year prior to implementation and 3 months post intervention implementation.

Implementation of pediatric palliative care for children with ALL reduced unexpected hospital days by 55.24% and unplanned admissions by 26.7%



ACKNOWLEDGEMENTS/FUNDING DISCLOSURE:
Thank you to the project site staff who not only supported this process change but welcomed the new perspective on the care of these patients.
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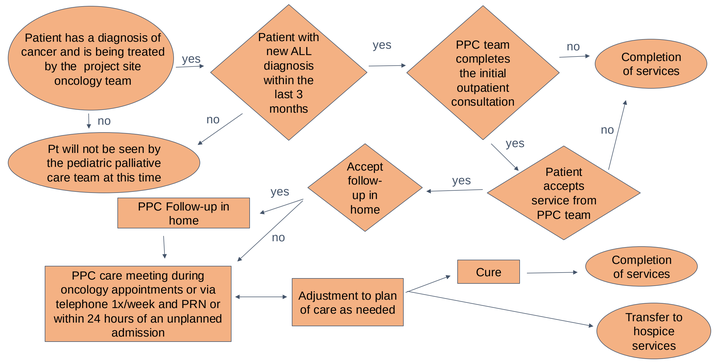
INTERVENTIONS

- Implementation of an embedded outpatient pediatric palliative care team using the concurrent care model.



RESULTS

- Unexpected hospital days decreased by 55.24%, exceeding the aim of this project.
- Unplanned hospital admissions decreased by 26.7%
- Adherence with referral protocol increased from 66.7% to 100% with PDSA cycle feedback, resulting in an overall rate of 71%
- Improved oncology team satisfaction

CONCLUSIONS

- The implementation of a pediatric palliative care team for pediatric oncology patients improved the quality of life of patients and their families by reducing the unexpected days spent in the hospital.
- Early and concurrent integration of pediatric palliative care for children with cancer reduces healthcare associated burden and saves resources.
- The integration of palliative care as the standard of care for all children diagnosed with cancer has been adopted by the project site.
- Further integration to include a larger, more diverse oncology population is ongoing at the project site.