

A National Quality of Care Collaborative for Improving Paediatric Palliative Care Outcomes

Phase 1: Learning Needs and Capability

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Background

The Quality of Care Collaborative - Australia Delivering Paediatric Palliative Care (PPC) received funding in 2015. The overarching aim of this National multi-site collaborative is to promote high quality PC provided to children in close proximity to their home through education initiatives, evaluation and research. This abstract outlines one phase of the larger project entitled 'Evaluating the impact of Paediatric Palliative Care Education Modules delivered to Health Professionals in Regional, Rural and Remote locations'.

Aims

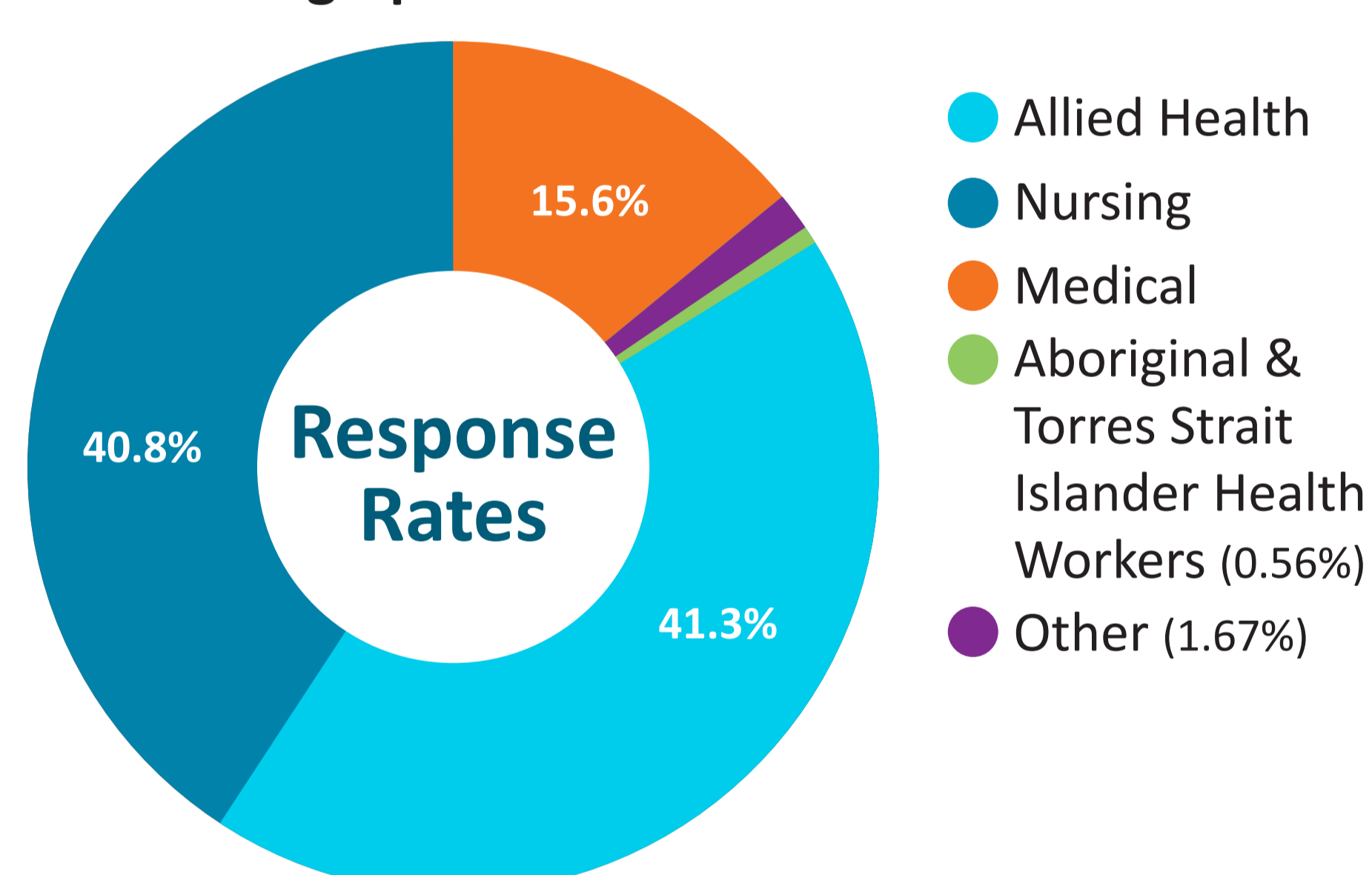
The aims of the baseline learning needs (LNA) and capability analysis are to determine health clinicians' PPC learning needs, including allied health, medical and nursing professionals in regional, rural and remote settings.

Methods

The LNA includes an on-line survey and a PPC Capability Tool (PPC-CT). The on-line survey was rolled out nationally via a number of government and non-government networks. A 'snowball' effect is anticipated.

Key Learnings

LNA Demographics



- 178 participants completed the LNA to date; 56% work in metropolitan settings, 21% in regional, 18.34% in community, 7.1% in rural hospital and 4.7% in hospice settings.
- 16% 'never' cared for and 22% had 'less than 2 years' of experience caring for children or young people with PC needs.
- 58% have not undertaken any university based education specific to palliative care; however almost 14% completed a short course, followed by an undergraduate component (9.35%) and post-graduate course (8.63%).
- Over the past 2 years, participants participated in the following PPC education sessions: self-initiated reading (47%), in-service (36%), case consult with specialist team (33%) and a workshop (28%).



Reported Challenges

- **Limited resources and access to the resources** in more isolated settings
- Providing **care across services** while considering social, cultural and geographical influences
- **Communication** (knowing the language to speak; communicating with parents, children and services)
- **Equipment** access
- **Self-care** (emotional challenges, impacts and strategies).

LNA & Capability Tool Preliminary Results

LNA Topics

QuoCCA LNA	Chong, Hamsah & Goh LNA (2015)
<ul style="list-style-type: none"> • Preparing families for the death of their child • Management of the dying child • PPC resources • Communication skills 	<ul style="list-style-type: none"> • Care of central lines • Bereavement care • Psychosocial support • Provision of CALD information

These findings are indicative of the larger and more diverse participant group.

PPC Capability Tool Rating Scale (with permission from Barwon Health)

N/A	0	1	2
Outside of my profession's scope of practice	Not at all confident	I want to be shown or helped	Willing to try, but I want feedback or support
3	4	5	6
I am confident to try this on my own	I can do this myself	I can do this well	I can do this better than most and am confident to teach someone else how to do this

The PPC-CT results show many capabilities requiring further assistance in the initial, supportive and end of life phases.

Participants rating 2 or less, included the following:

Initial Phase

- Participating in a family meeting following a paediatric palliative care referral (nearly 31%)
- Providing information about the possible side effects of treatment for symptom management (49%)

Supportive Phase

- Developing a symptom management plan with the child/family (nearly 46%)
- Supporting the parents/extended family's emotional health (nearly 36%)

End of Life Phase

- Providing information about the physiological processes at end of life, as required (nearly 44%)
- Managing processes of care after the child dies and the cultural considerations that may present (e.g. funeral arrangements, tissue donation, death certificates, equipment) (40%)

Quality Phase

- Undertaking paediatric palliative care research, relevant to their health care service (64.5%)
- Mentoring colleagues regarding paediatric palliative care (nearly 39%)

The LNA and PPC-CT results will influence areas for further development regarding education modules and supervisory supports. Access to the on-line surveys from a remote setting may be limited. Ethics processes have prolonged the on-line survey roll-out. These findings will also inform the project website and the iphone app. Funding from the Department of Health (Commonwealth) for nurse, allied health educators and medical fellows enabled these national initiatives.

