

Children's Health Queensland Hospital and Health Service

# Long term value and practice improvements: QuoCCA Outcomes

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Children's Health Queensland pays respect to the traditional custodians of the lands on which we walk, work, talk and live. We also acknowledge and pay our respect to Aboriginal and Torres Strait Islander Elders past, present and future.

Artwork: concept watercolours of *The Glad Tomorrow 2014-2018* a sculptural installation.  
Artist: Tony Albert, Giramay, East Cape region, Kuku Yalanji, East Cape region

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## Evaluation of QuoCCA education

- National paediatric palliative care project commenced 2015 (Commonwealth funded – National Palliative Care Projects)
- Funded in 3 year intervals – currently undertaking QuoCCA 3
- Evaluated immediate impact of education (Slater et al, 2018)
  - Significant improvement in all measures following education.
  - Dosage of education drove improvements in knowledge, skills and confidence – repeated and longer education sessions.
- Perspectives of health professionals (Donovan et al, 2019)
  - Importance of building capacity in PPC
  - Developing inter-professional relationships through networks, communication pathways and ongoing mentoring
  - Developing sustainable practice – meaning and purpose, emotional wellbeing, support network.
  - Learning from children and families
- Looking at QuoCCA mentoring with Medical Fellows and Nurse Practitioners

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## Longer term outcomes from QuoCCA 1 and 2 – the survey

- Surveyed participants in QuoCCA education Feb 2018 - June 2020
- At least 6 months following education
- How valuable did you find the QuoCCA education in caring for children/young people?
- What were the most valuable aspects of the QuoCCA education session?
- How helpful was the QuoCCA education in making a difference to your practice?
  - Describe this.
- Any barriers to applying the QuoCCA education to your practice?
- Improving your knowledge, skills or confidence specifically in the following areas.....
- Other topics for future sessions

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## Respondents

- 152 respondents
- 71% received education less than 1 year prior, 29% more than 1 year
- 67% nursing, 13% allied health, 9% medical, 12% admin/other
- 74% scheduled education, 22% pop up education
- Qld -79, WA-19, SA-16, Vic-15 plus Tas - 8, ACT- 6, NSW - 6, NT -2.
- Major city 47%, inner regional 29%, outer regional 17%, remote 5%, very remote 3%
- Outer regional and remote respondents more highly represented

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## Value of education

Rating	% Total (n=152)	% Pop ups (n=33)	% Scheduled (n=113)
Extremely valuable	65.1	72.7	63.7
Valuable	32.9	27.3	33.6
Neutral	1.3		1.8
Minimal value	0.7		0.9
No value			
Total	100	100	100

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## Value of education

- Building relationship with tertiary service – the support they provide
- Presentation and discussion of case studies
- Local multidisciplinary team building – local resources and services
- Discussions re issues, ethics and boundaries
- Symptom management

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## Making a difference to practice

Helpfulness in making a difference	Total (n=152)	Pop ups (n=33)	Scheduled (n=113)
Extremely helpful	37.8	32.1	40.7
Very helpful	40.3	46.4	38.4
Moderately helpful	16.8	14.3	18.6
A little helpful	5.0	7.1	2.3
Not at all helpful	0.0		

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## How QuoCCA education made a difference to practice

- Local and statewide services and resources
- Improve collaboration, communication and understanding of roles
- Early referral to PPCS and knowledge of support they provide
- Improvement in knowledge, skills and confidence
- Improved communication with families – listen better, answer difficult questions, normalise PC
- Practical symptom management, care planning, quality time

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## Barriers to applying the education

- Rarity of PPC cases
- Time and rostering constraints
- Lack of resources
- Taboo subject for clinicians and stigma for families – delay in referral to PPCS
- Lack of coordination between services
- Managing their own emotions

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## Improvement in knowledge, skills and confidence

Question	Total	Pop up	Scheduled
Benefits of early referral and support by a PPC service	91.9	92.3	92.4
Responding to psychosocial needs	91.7	93.8	91.6
Benefits of the palliative approach	91.5	90.3	92.4
Palliative care resources	91.0	87.5	91.7
Communication skills	89.7	87.1	90.8
Advance care planning	88.7	93.5	87.6
Palliative assessment and intervention	87.5	96.4	85.4
Responding to physical symptoms	86.5	93.5	83.7
Providing bereavement care	84.5	85.2	84.7
Supporting the patient's and family's spiritual needs	84.1	90.6	82.2
Supporting health professionals and self care	83.7	92.9	81.3
Death reviews and methods to evaluate and improve services	67.7	82.4	65.8

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## Future education

- Symptom / pain management
- Ethics
- Case studies discussion
- Pain management
- Work experience
- School support
- Resilience and self care for staff

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### Summary of findings re outcomes of education

- Value re networks of care – better coordination
- Delivery of holistic palliative care – case studies
- Skills in communicating with families

#### Barriers:

- Small number of cases – focus on pop up education
- Emotional toll on health professionals – sustainable practice

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### Summary of findings re outcomes of education

- Translating learnings to the workplace
  - Knowledgeable and experienced presenters
  - Creating a relationship with tertiary PPCS – ongoing support and mentoring
  - Access to resources
  - Pop up education related to a real case – greater impact
  - Enable clinicians to drive positive change from what they have learnt
- Continued improvement in quality of practice
  - Increased competency in reflective practice, lifelong learning, service evaluation and research
  - Proactive clinical learning environments - plan implementation of learnings with line managers, ongoing mentoring and support

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## Quotes

- “As a regional facility with limited experience with PPC, the QuoCCA education is very important for awareness, enhancement and making staff equipped with information and knowledge gained from education.”
- “This education came when I was involved in the care of .. the second palliative paediatric patient I had been involved with. The education really helped to break down barriers in discussing palliation of children, and I had a better idea of what to expect and how the patient would be managed. The training gave me more confidence in communicating with the parents at an extremely difficult time for them.”
- “I have previously had difficulty getting medical teams to commence palliative care earlier than just prior to death; still find certain teams reluctant to see palliative care’s bigger roles.”
- “Death and dying is a taboo subject that few really want to discuss. More education is needed and especially the doctors. We need to make families more aware of what we can do to support them.”