Changing Referral Patterns to an Evolving Children’s Palliative Care Service

Our Lady’s Children's Hospital, Crumlin

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CPC service established 2001
- One part time adult consultant and one CNS
- Service grew steadily but need for full time paediatrically trained team on site
- 2010 full time paediatrician appointed
- Role clinical, education, research and national lead
AIMS

► To review referral numbers prior to and post introduction of paediatrician
► To establish if any change in referral patterns in this period
The Specialist Paediatric Palliative Care Service OLCHC

- Dr. Mary Devins - Paediatrician (Specialist Interest in Paediatric Palliative Medicine)

- Liz O’Donoghue, Valerie Jennings, Imelda Hurley (1.5 WTE) - Children’s Palliative Care Clinical Nurse Specialists (OLCHC)

- Dr. Maeve O’Reilly & Dr. Marie Twomey - Adult Palliative Care Medicine Physicians (based in St. Luke’s Hospital, Rathgar, Dublin 6 (with 2 sessions per week in OLCHC))

- SpR in Adult Palliative Medicine - (St. Luke’s Hospital, Rathgar, Dublin 6)

- SHO (GP Training Scheme) - (St. Luke’s Hospital, Rathgar, Dublin 6)

- Link with MSW, psychology, pastoral care etc
Referral to Specialist Palliative Care Service, OLCHC

- Consultant to Consultant Referral
  
  Recognised referral pathways: Made in person, by phone call, letter or email OLCHC
  
  Always with parental consent

- Reasons for referral vary:
  
  1. End of Life Care (withdrawal of care)
  2. At diagnosis of LLC
  3. Symptom Management
  4. Support parents
  5. Support teams
  6. Difficult ethical decisions
Method

- Retrospective chart review of referrals Jan-July 2010
- Compared with Jan-July 2015
- Review then extended to 12 months in 2015
Results
Referrals

- New Referrals: 38 patients between Jan and July 2010 versus 56 in 2015
- 12 months 2010 v 2015: 53 v 115 patients
- Increase of 117%
- Breakdown of referrals according to reason for referral analysed
Reasons for Referral for 2010 & 2015

- End of Life
- Diagnosis
- Symptom Management
Referral Patterns 2010 & 2015

- Haem / Onc
- Cardiology
- Gen. Paeds
- Neurology
- Neonates
- PICU
- Antenatal

Green bars represent 2010, red bars represent 2015.
<table>
<thead>
<tr>
<th>Speciality</th>
<th>No. of Referrals 2010</th>
<th>No. of Referrals 2015</th>
<th>Percentage of Referral Increases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haem / Onc</td>
<td>19</td>
<td>29</td>
<td>53%</td>
</tr>
<tr>
<td>Cardiology</td>
<td>14</td>
<td>14</td>
<td>0%</td>
</tr>
<tr>
<td>General Paeds</td>
<td>12</td>
<td>45</td>
<td>275%</td>
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<tr>
<td>Neurology</td>
<td>4</td>
<td>8</td>
<td>100%</td>
</tr>
<tr>
<td>Neonates</td>
<td>4</td>
<td>9</td>
<td>125%</td>
</tr>
<tr>
<td>ICU</td>
<td>0</td>
<td>7</td>
<td>0%</td>
</tr>
<tr>
<td>Antenatal</td>
<td>0</td>
<td>3</td>
<td>0%</td>
</tr>
</tbody>
</table>
Referral Sources 2015

Percentage Breakdown of Referrals 2015

- Haematology/Oncology: 25%
- General Paediatrics: 6%
- Cardiology: 3%
- Neonatology: 12%
- ICU: 7%
- Antenatal: 8%
- Neurology: 39%
Comparison of Cancer and Non-Cancer Referrals
Early Integration of Palliative Care for Children

- Kaye et al 2016: Review paper USA looking at children with high-risk cancer
- Timely ‘early’ integration benefit to child and the family and also to medical practitioners
- Haem/Onc Team remain primary
- Results in relationship building, gaining trust and helps families cross the ‘readiness’ barrier
- Should be considered best practice but often offered inconsistently
- OLCHC service transitioned 2012
- Children referred directly to Community SPCT
Conclusion

- There has been a significant increase in referrals to this evolving children’s palliative care service in OLCHC, following the expansion of the team.

- Specialist services who had referred very few children (or none) previously, are now using the service.

- There has been an increase of over 117% in the number of referrals in 2010 as compared to 2015.

- This has resource implications for the organisation of the children’s palliative care service in the future.
References


