

Our Lady's Children's Hospital

.....where children come first



# Changing Referral Patterns to an Evolving Children's Palliative Care Service

Our Lady's Children's Hospital, Crumlin

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# Background

- ▶ 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

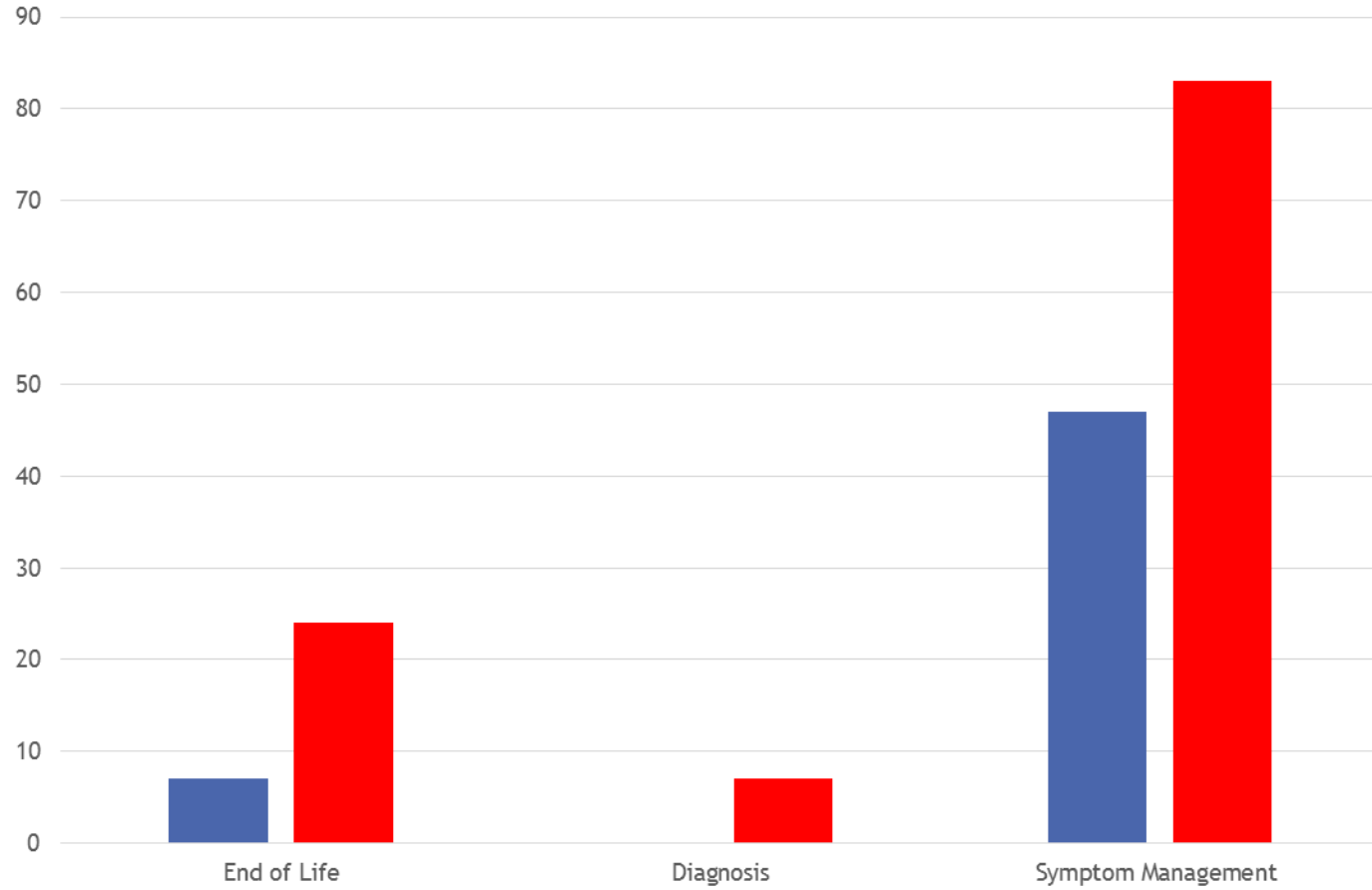
# Results

# Referrals

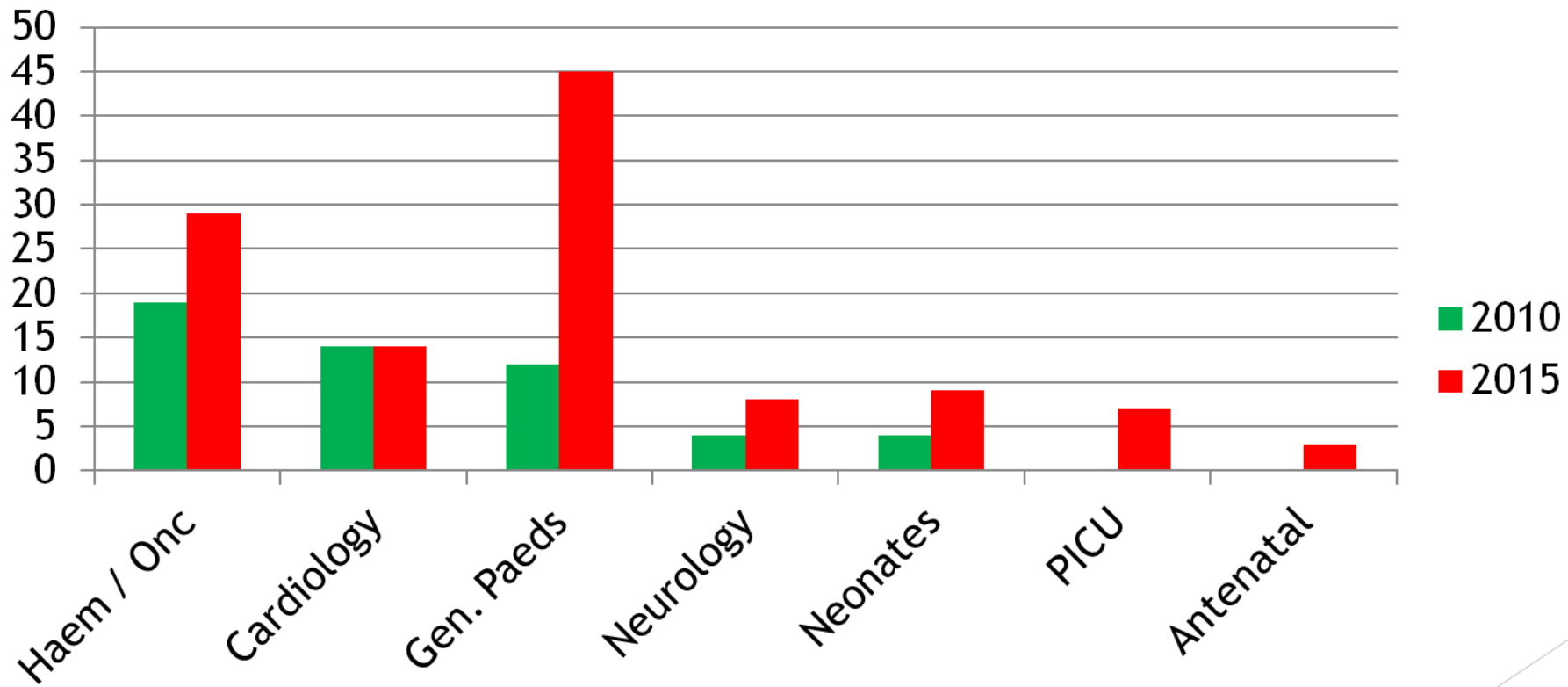
- ▶ New Referrals: 38 patients between Jan and July 2010 versus 56 in 2015
- ▶ 12 months 2010 v 2015 : 53 v 115 patients
- ▶ Increase of 117%
- ▶ Breakdown of referrals according to reason for referral analysed



# Reasons for Referral for 2010 & 2015



# Referral Patterns 2010 & 2015



# Percentage Increase 2010 to 2015

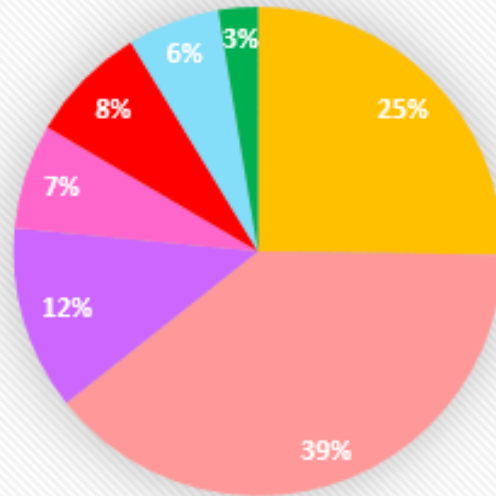


Speciality	No. of Referrals 2010	No. of Referrals 2015	Percentage of Referral Increases
Haem / Onc	19	29	53%
Cardiology	14	14	0%
General Paeds	12	45	275%
Neurology	4	8	100%
Neonates	4	9	125%
ICU	0	7	0%
Antenatal	0	3	0%

# Referral Sources 2015

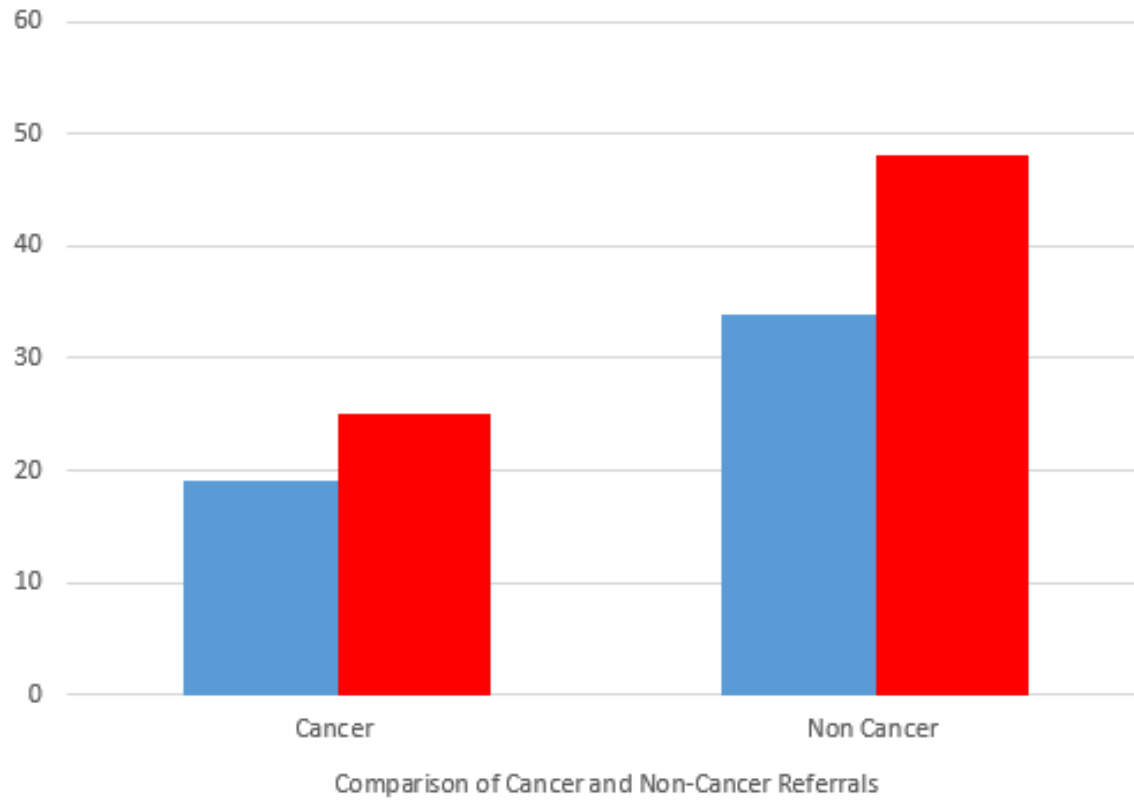


## Percentage Breakdown of Referrals 2015



■ Haematology / Oncology ■ General Paediatrics ■ Cardiology ■ Neurology  
■ Neonatology ■ ICU ■ Antenatal

# 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 OLCCH, 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

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- ▶ Kaye, E,C., Friebert, S. and Baker, J,N. (2016) Early Integration of Palliative Care for Children with High-Risk Cancer and Their Families. *Pediatric Blood Cancer* 65: 593-597.
- ▶ Ling, J., Balfe, J., Quinn, C., O'Reilly, M. and Devins, M (2015) Children with life-limiting conditions: establishing accurate prevalence figures. *Irish Medical Journal*, 08 -30.