Inpatient Pediatric Palliative Care Consult Requests and Recommendations

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BACKGROUND

- Pediatric palliative care (PPC) = comprehensive care of a child with life-limiting illness
- Recent drastic increase in number of PPC programs; most offer inpatient consultations with focus on quality of life (QOL)
- Limited research on differences in inpatient PPC for ward vs ICU patients and new vs established patients
- Research may guide improvements to services and the QOL of patients/families.

AIMS

1. Characterize patients receiving inpatient PPC consults
2. Compare consult requests and recommendations by patient location (ward vs ICU) and patient type (new vs established (≥ 1 prior PPC consult))

METHODS

- Single-center, retrospective, observational cohort study of children ages 0-18 years who received a full inpatient PPC consult between 1/1/2018 and 6/30/2019
- Data collection: auto-extraction + chart review
- Analysis: bivariate descriptive statistics, using Wilcoxon Rank Sum, Chi-Squared, and Fisher's Exact Tests

RESULTS

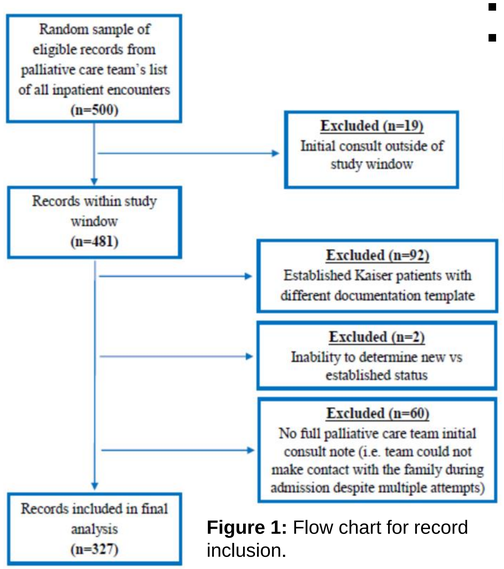

Figure 1: Flow chart for record inclusion.

- 327 records for 260 unique patients included in final analysis
- A life-threatening condition or the need for a goals of care conversation were the most common reasons for consult regardless of patient location or type (results not shown in tables).

Variable	Total (n=260)
Age (years)	1.0 (0.0-11.0)
Sex – male	138 (53.1%)
Race - White	175 (70.9%)
Ethnicity – Non-Hispanic	174 (70.4%)
Preferred Spoken Language – English	233 (90.7%)
Insurance Type	
Government	130 (50.0%)
Private	46 (17.7%)
Both	82 (31.5%)

Table 1: Patient demographics. Cells are n (%) or median (IQR).

Variable	Total (n=327)	New (n=205)	Established (n=122)	p-value
Age (years)	2.0 (0.0-11.0)	0.0 (0.0-10.0)	4.0 (1.0-12.0)	<0.001
LOS (days) prior to consult	6.0 (3.0-17.0)	11.0 (4.0-23.0)	4.0 (2.0-7.0)	<0.001
>3 CCCs	263 (80.9%)	154 (75.5%)	109 (90.1%)	0.003
DNAR/mDNAR prior to consult	43 (13.3%)	22 (10.8%)	21 (17.6%)	0.080
Primary ICU service	199 (60.9%)	142 (69.3%)	57 (46.7%)	<0.001
ICU stay during admission	260 (79.5%)	181 (88.3%)	79 (64.8%)	<0.001

Table 2: Clinical characteristics for new vs established patients. Cells are n (%) or median (IQR).

Variable	Total (n=327)	Ward (n=128)	ICU (n=199)	p-value
Pain	157 (48.0%)	71 (55.5%)	86 (43.2%)	0.030
Nausea	39 (11.9%)	31 (24.2%)	8 (4.0%)	<0.001
Anorexia/Nutrition	71 (21.7%)	37 (28.9%)	34 (17.1%)	0.011
Mood	47 (14.4%)	33 (25.8%)	14 (7.0%)	<0.001
Social Work (SW)	312 (95.4%)	119 (93.0%)	193 (97.0%)	0.090
Hospital-based Spiritual Care (SC)	296 (90.5%)	110 (85.9%)	186 (93.5%)	0.023
Multidisciplinary Care Conference	43 (13.1%)	11 (8.6%)	32 (16.1%)	0.051

Table 3: Symptoms addressed by palliative care team and additional recommendations for ward vs ICU patients. Cells are n (%).

CONCLUSIONS

- Patients receiving palliative care are highly complex and often covered by Medicaid (81.5% in our study).
- SW and SC are almost always recommended for these patients.
- There are opportunities for palliative care to be consulted earlier for new patients.
- Differences in recommendations for patients on ward- vs ICU-based teams may reflect variations in primary provider comfort, emergence of symptoms (e.g. mood issues) as patients become less critically ill, need for more aggressive symptom management upon transition from the ICU, and an opportunity for increased collaboration among all teams.

IMPLICATIONS

- Informs targeted education to primary teams on proactive involvement of PPC and reasons to consult PPC teams
- Guides process improvement for PPC teams to expand symptom management and holistic care to improve QOL
- Argues for SW and SC providers dedicated specifically to PPC teams
- Highlights potential for collaboration with the Centers for Medicare and Medicaid Services to increase PPC access

DISCLOSURES

We have no disclosures.

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