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

Characterize patients receiving inpatient PPC consults
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

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).

<table>
<thead>
<tr>
<th>Variable</th>
<th>Total (n=327)</th>
<th>New (n=205)</th>
<th>Established (n=122)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>2.0 (0.0-11.0)</td>
<td>0.0 (0.0-10.0)</td>
<td>4.0 (1.0-12.0)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>LOS (days) prior to consult</td>
<td>6.0 (3.0-17.0)</td>
<td>11.0 (4.0-23.0)</td>
<td>4.0 (2.0-7.0)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>&gt;3 CCCs</td>
<td>263 (80.9%)</td>
<td>154 (75.5%)</td>
<td>109 (90.1%)</td>
<td>0.003</td>
</tr>
<tr>
<td>Primary ICU service</td>
<td>199 (60.9%)</td>
<td>142 (69.3%)</td>
<td>57 (46.7%)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>ICU stay during admission</td>
<td>260 (79.5%)</td>
<td>181 (88.3%)</td>
<td>79 (64.8%)</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

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

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

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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Figure 1: Flow chart for record inclusion.

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