PRINCIPLES OF A PAEDIATRIC PALLIATIVE CARE CONSULTATIONS CAN BE ACHIEVED WITH HOME TELEMEDICINE

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OVERVIEW

• Paediatric palliative care
• Telemedicine in this patient group
• Consultations in paediatric palliative care
• Determining the quality of a consultation
  – Methods
  – Results
• Summary

PAEDIATRIC PALLIATIVE CARE

• Palliative care- philosophy of care to improve quality of life
• Formally recognised as a speciality in 2009 (UK)
• Australia- needs of dying children not adequately addressed (2011 PCA)
• Many hospitals do not have a dedicated service

IN AUSTRALIA

• 125 / 253 agencies in Australia have capacity to provide paediatric palliative care
• 1.6 % of nurses had a paediatric palliative care qualification
• Evolving models across Australia

CHILD VS ADULT PALLIATIVE CARE

• Important differences compared to adult palliative care
  – Provided alongside curative or treatment orientated care
  – Approximately 500 child deaths compared to 25,000 adults deaths in QLD per year
  – Less exposure for health professionals
  – Rare diseases
  – Care of extended family and community
  – Physiological differences of child vs adult
  – Emotional factor and societal expectations
• Specialist care required

DEVELOPMENT OF PPCS

• 2009- PPCS developed at RCH, Brisbane
• State- wide service
  – Largest state in Australia
  – Population 4.3 million
  – Approx 200 children per year could benefit from referral
  – Scattered throughout the state
The Problem

- Small numbers - less frequent exposure for clinicians
- Need for rapid assessment, response and care co-ordination
- Vast geography of QLD and dispersed population
- Paediatric specialist located in SEQ
- Parents apprehensive returning home after extended periods of treatment in Brisbane

Palliative Care and Telehealth

- Doesn’t rely on a physical examination
- Assessment of symptoms through discussion and observation
- Paediatric model is to provide an extra layer of support rather than take over care
- Ability to provide care in families choice of location - eliminate burden of travel
- Provide support to peer clinicians (Community nurses, GP’s etc)
- Minimally intrusive
- BUT… need evidence

What Constitutes a Consult?

- Delphi study with 28 experts around Australia
- Define the components and principles in a consultation
  - 14 overarching principles

Face to Face versus Telemedicine

- Developed checklist
- Retrospective chart review of consecutive consultations
  - 50 face-to-face
  - 50 telemedicine
- Review completed by Medical Registrar

Results
DISCUSSION

• Focus on the process of the consultation (not outcome)
• Often outcomes are the focus e.g. pain/ QoL
  – Argue the process is more important than the outcome
  – ‘Intervention’ is the method of communicating
  – Morphine reduces pain- teleconsultations deliver consultations not morphine
• Measured the ability of telemedicine to deliver defined objectives
• Greater emphasis on process of communication

SUMMARY

• Documentation in general could be improved
  – Some components considered desirable in a palliative consultation were not routinely documented
• Following an established protocol for documentation may make it easier to clarify the expectations of referrals, what interventions have been implemented, and also help with research
• Findings confirm documentation of principles of a consultation were equivalent via telemedicine or face-to-face

“There can be no keener revelation of a society’s soul than the way in which it treats its children”

Nelson Mandela

THANK YOU – QUESTIONS?