

What Care Service Tools Help Palliative Care Teams to Learn From Expected Childhood Deaths?

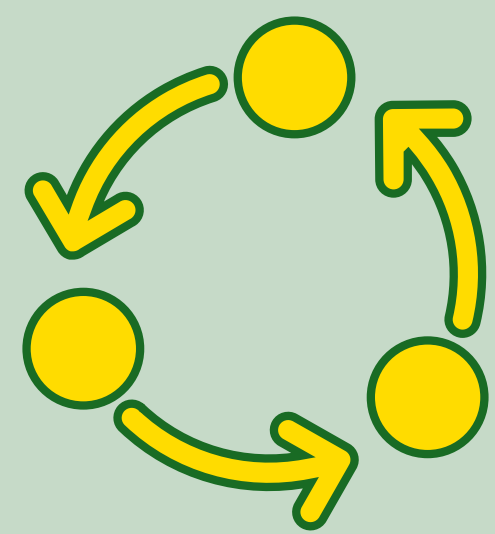


Introduction

There is a statutory requirement for child death review (CDR) in England to improve and save children's lives. This includes examining the deaths of those receiving palliative care, with all health care providers expected to participate in reviews.

Objective

This paper describes care and service tools developed in one Region in the UK which helped us learn and improve care and support around the time of death for babies, children, young people (BCYP) and their families.



Method

Regional service vision, mission and policy evaluation. Review and revision of planned palliative care service outcomes alongside the development of multiple holistic care delivery tools and care processes. Hearing feedback from families about their experiences through electronic bereavement survey.

Specialist Children's Palliative Care Regional Outcomes

Babies, Children and Young People and their families:

- Are supported closer to home by core teams with appropriate support, skills and training
- Have access to specialist nursing and medical advice and support alongside their local team
- Have a reduction in avoidable in-patient stays as they are supported to manage care safely in their own homes
- Are better supported by the whole health care system through partnership working and collaboration
- Have choice, control and involvement in their care
- Can access current, evidence-based care across the full 24/7 period wherever their care takes place.



George happy and ready to learn



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Results

Tools and processes identified which support learning:

Person-centred: Individual baby, child or young person multidisciplinary team (MDT) meeting, co-memorative debrief, clinical supervision, competency development programme, advanced clinical practice academic training.

Results

Service: Regional multidisciplinary team (RMDT) meeting, end of life checklist, advance care plan (<https://cypacp.uk/>), symptom management plan, on call handover plan, teaching sessions.

Organisational: Journal club, mortality and morbidity meeting, patient stories, child death review meeting.



Click here for Tools

"Using the morbidity and mortality checklist has helped us reflect on the efficacy of anticipatory prescribing and the need to empower clinical teams to make medicines administration decisions in a timely way when faced with complex scenarios outside of the hospital setting".

"Without any doubt, the communication, learning and support between the specialist palliative care team and the hospice was the best we have seen between two organisations".

"George's tumour was aggressive, grew at speed which made staying on top of the pain a challenge. The team found solutions that were right for George with the focus on keeping him comfortable and happy. We felt truly cared for and that everyone was walking beside us, holding our hands the whole way. We will forever be thankful for that".

"George was supported by your team to attend school last year. He managed 10 hours. In this photo, although we all know how poorly he is, he is so happy because he was at school ready to learn".

Key Learning Points

Unifying regional practice around end-of-life care and providing consistency with evidence informed tools

- ✓ Builds confidence and competence among professionals
- ✓ Enhances safer and more effective care
- ✓ Promotes high quality baby, child, young person and family experiences.

Underpinning factors for optimising learning are the

- ✓ Pivotal role of the individual MDT and the RMDT
- ✓ Clear lines of communication between all individuals, services and organisations.



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