Measuring the Impact of Initiating a Pediatric Palliative Care Program. Nancy Hutton, MD1, Cynda Rushton, DNSc, RN1, Elizabeth Reder, MA1, Barbara Hall, RN1, Deborah Sellers, PhD2
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BACKGROUND
Harriet Lane Compassionate Care (HLCC) promotes access to pediatric palliative care for Johns Hopkins Children’s Center patients living with life-threatening conditions and their families. In response to an institutional needs assessment, conducted as part of the Initiative for Pediatric Palliative Care (IPPC), program interventions were designed to educate interdisciplinary team members in palliative care, facilitate interdisciplinary clinical care discussion, and support the grief and bereavement needs of pediatric health care professionals.

OBJECTIVES
1. Document change in staff attitudes about institutional culture following implementation of Harriet Lane Compassionate Care
2. Assess staff-reported confidence and competence in providing palliative care
3. Assess staff-reported impact of participation in HLCC program activities

METHODS
DESIGN
Anonymous, voluntary, cross-sectional staff survey conducted pre and post intervention with IRB approval

SETTING
Tertiary care children’s hospital in an urban academic medical center

POPULATION
Interdisciplinary staff who care for children with life-threatening conditions

SURVEY INSTRUMENT
Decisionmaking about the Care of Children and Adolescents with Life-Threatening Conditions (Soleman, EDC) 1999 and 2003
65 questions (145 response items) •demographics: knowledge of national guidelines beliefs, attitudes about institutional practice 2003 only
7 additional questions (27 response items) •HLCC program outcomes of interest: participation in HLCC program activities •self reported impact of participation in HLCC

ANALYSIS
•5 point Likert response scale •Items reflecting targeted institutional outcomes were selected. Respondents were grouped by clinical unit and units examined over time using ANOVA. (1999 vs. 2003)
•The association of participation in HLCC with self reported professional attributes was examined using ANOVA. (2003)

RESULTS
HLCC PROGRAM OBJECTIVES
1. Establish and facilitate processes for interdisciplinary collaboration.
2. Increase health care professionals’ awareness of, competence in, and confidence addressing pediatric palliative care and end-of-life issues.
3. Increase health care professionals’ ability to manage their responses to grief and maintain or restore their professional integrity.

HLCC PROGRAM INTERVENTIONS
Phase 1 (2000)
•Palliative Care Rounds
•Patient Care Conferences
Phase 2 (2002)
•Bereavement debriefings

RESPONDENTS
1999 253 respondents 2003 170 respondents
Level of Participation (2003 only)

1999 2003
Survey Administration
Mean Response
PICU
NICU
ONC
ATT/FELL
RESIDENTS

HLCC PROGRAM OUTCOMES
"There are mechanisms for discussing difficult clinical cases at my institution."
"I feel comfortable in talking about end-of-life issues.
"I am more confident in my role as a health care provider.
"I am more able to discuss end-of-life issues with patients and families.
"I think patients and families are better served.
"There are sufficient opportunities for staff to offer emotional support to one another."
"I have increased opportunities to support my colleagues in their grief and loss.
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CONCLUSIONS
1. Significant increases in staff ratings of institutional palliative care practice occurred after initiation of HLCC.
2. Increasing levels of participation in HLCC activities were associated with increased staff reports of competence and confidence in providing palliative and end-of-life care.
3. Staff attributed this increase to HLCC participation.

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