

POSTER ABSTRACTS



Poster 11: Improving the nation-wide outcomes for children and families supported by paediatric palliative care: Phase 1 learning needs and capability. A national quality of care collaboration.

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Background: The Quality of Care Collaborative - Australia for paediatric palliative care (PPC) received funding in 2015. The overarching aim of this national collaborative is to promote high-quality PC provided to children in close proximity to their home through education initiatives, evaluation and research. This abstract outlines phase 1 of the larger project, modelled on another body of work by Chong, Hamsah and Goh (2015), with author permission.

Aims: The aims of the baseline learning needs (LNA) and capability analysis are to determine health clinicians' PPC learning needs, including allied health, medical and nursing professionals in regional, rural and remote settings.

Methods: The LNA includes an online survey and a PPC Capability Tool (PPC-CT). The PPC-CT was developed and released based on another validated self-efficacy tool developed at Barwon Health. We received author permission and support in order to progress the PPC-CT. The online survey was rolled out nationally via a number of government and non-government networks. A 'snowball' effect is anticipated.

Key Learnings: 162 participants completed the LNA to date, 62% live in metropolitan, 25% in regional and 13% in rural areas. The majority of respondents were allied health professionals (42%), followed by nursing (39%) and medical professionals (19%). Preliminary results show the national learning needs are different from Hong et al's study (2015). Top 4 learning needs are: preparing families for the death of their child, management of the dying child, PPC resources and communication skills. These findings are indicative of the larger and more diverse participant group. The PPC-CT results show many capabilities requiring further assistance in the initial, supportive and end of life phases. The LNA and PPC-CT results will influence areas for further development regarding education modules and supervisory supports. Access to the on-line surveys from a remote setting may be limited. Ethics processes have prolonged the on-line survey roll-out. These findings will also inform the project website and the iPhone app. Funding from the Department of Health (Commonwealth) for nurse, allied health educators and medical fellows enabled these national initiatives.

Poster 12: Improving the nation-wide outcomes for children and families supported by paediatric palliative care. A national collaboration.

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Background: The Paediatric Palliative Care Service aims to enhance the quality of life of infants, children and adolescents with life limiting conditions via a number of different supports. Providing targeted and varied educational initiatives based on a learning needs analysis (LNA), to regional, rural and remote health care teams and community services should ultimately improve the quality of paediatric palliative care provided to children and their families across Australia.

Aims: The overarching aim of this national collaborative is to promote high-quality palliative care (PC) to children in close proximity to their home through education initiatives, evaluation and research.

Methods: This is a mixed methodology study with three phases. 1. Baseline learning needs/capability involves an online LNA and a Paediatric Palliative Care capability tool (PPC-CT) developed and used to determine a baseline of health clinicians in regional, rural and remote settings. Results from the LNA will develop education modules. 2. Educational initiatives and evaluations (Impacts) includes a 'pop-up' model for case consults and scheduled education sessions developed and reviewed with confidence surveys, using a 5 point Likert scale. 3. Consumer & Health Clinician Engagement (Perspectives) uses the Discovery Interview methodology to better understand parents', clinicians' and educators' perspectives relating to the service and educational initiatives.

Key Learnings: 162 participants have completed the LNA to date, with different findings from another study. Phase 2 indicates a positive impact on health clinicians' confidence levels, with ethics approval provided for Phase 3. The LNA results are indicative of the larger and diverse participant group. Educational sessions led to improved confidence for knowledge of resources, management of a new referral with PC needs and management of fear/anxiety. The highest average difference in paired pre/post confidence levels was for management of a new referral. Incidental education has led to unexpected networking benefits within acute settings. Given that each state has its own ethics committee, these processes were longer than anticipated. Funding for this project is limited and plans for a future legacy include website, education modules and mobile app. Funding from the Department of Health (Commonwealth) for nurse, allied health educators and medical fellows enabled these national initiatives.