Does Pediatric Palliative Care Involvement Influence Location of Death?

Joy Solano  
*Children's Mercy Hospital, jsolano@cmh.edu*

Meghna Singh  
*Children's Mercy Hospital*

Ashley K. Sherman  
*Children's Mercy Hospital, aksherman@cmh.edu*

Jennifer Linebarger  
*Children's Mercy Hospital, jslinebarger@cmh.edu*

Follow this and additional works at: [https://scholarlyexchange.childrensmercy.org/posters](https://scholarlyexchange.childrensmercy.org/posters)  
Part of the Palliative Care Commons, and the Pediatrics Commons

**Recommended Citation**  
Solano, Joy; Singh, Meghna; Sherman, Ashley K.; and Linebarger, Jennifer, "Does Pediatric Palliative Care Involvement Influence Location of Death?" (2019). Posters. 101.  
[https://scholarlyexchange.childrensmercy.org/posters/101](https://scholarlyexchange.childrensmercy.org/posters/101)

This Poster is brought to you for free and open access by SHARE @ Children's Mercy. It has been accepted for inclusion in Posters by an authorized administrator of SHARE @ Children's Mercy. For more information, please contact library@cmh.edu.
Does pediatric palliative care involvement influence location of death?

Joy Solano, MD¹; Meghna Singh, MD¹; Ashley Sherman, MA¹; Jennifer Linebarger, MD, MPH¹

¹Children’s Mercy Kansas City, Kansas City, Missouri

Background

• More research is needed to improve end of life care for pediatric patients
• Few studies have examined the influence of palliative care teams on end of life care discussions

Objectives

• To describe the influence of a palliative care team on location of death and location of death discussions with patients/caregivers
• To determine whether location of death discussions influence location of death

Methods

• Retrospective cohort study
• All patients from one children’s hospital who died in 2005, 2010, or 2015
• Descriptive statistics, chi-square and Kruskal-Wallis tests were used

Results

If followed by a palliative care team, patients were:
• More likely to have a discussion about location of death (59.8% vs 26.5%, p<0.01)
• Less likely to die in the PICU and more likely to die at home/hospice house (28.2% home/hospice house, 34% PICU, 37.8% ICN vs. 14.1% home/hospice house, 53.1% PICU, 32.8% ICN; p<0.01)

With location of death discussions, patients were:
• Less likely to die in the PICU & more likely to die at home (43.3% home/hospice house, 9.8% PICU, 47% ICN vs. 3.6% home/hospice house, 69.6% PICU, 26.9% ICN; p<0.01)

Conclusions

With palliative care or a location of death discussion, patients were:
• Less likely to die in the PICU
• More likely to die at home
Location of death discussions were:
• More likely to occur if a palliative care team was involved

Patient Characteristics (N=600)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Percentage of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age &lt;1 Year</td>
<td>35%</td>
</tr>
<tr>
<td>Male</td>
<td>55%</td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>65%</td>
</tr>
<tr>
<td>English Language</td>
<td>20%</td>
</tr>
<tr>
<td>Christian</td>
<td>50%</td>
</tr>
<tr>
<td>Public Insurance</td>
<td>20%</td>
</tr>
<tr>
<td>Followed by Palliative</td>
<td>35%</td>
</tr>
</tbody>
</table>

Location of Death Discussion Influence on Location of Death

<table>
<thead>
<tr>
<th>Location</th>
<th>Discussion</th>
<th>Palliative</th>
</tr>
</thead>
<tbody>
<tr>
<td>PICU</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>ICN</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Home/Hospice House</td>
<td>No Discussion</td>
<td>Yes Palliative</td>
</tr>
</tbody>
</table>

Location of Death

- 30% Other/Unknown
- 25% PICU
- 20% ICN
- 11% Home/Hospice House
- 6% Other Inpatient
- 6% ED

Disease Category

- Hematologic/Oncologic: 13%
- Neonatal: 11%
- Cardiac: 12%
- Neurologic/Neuromuscular: 10%
- Trauma: 9%
- Genetic/Congenital Anomaly: 14%
- Other/Unknown: 31%

PICU=Pediatric Intensive Care Unit; ICN=Intensive Care Nursery; ED=Emergency Department