

Children's Mercy Kansas City

SHARE @ Children's Mercy

Posters

5-2019

Does Pediatric Palliative Care Involvement Influence Location of Death?

Joy Solano

Children's Mercy Hospital

Meghna Singh

Children's Mercy Hospital

Ashley K. Sherman

Children's Mercy Hospital

Jennifer Linebarger

Children's Mercy Hospital

Let us know how access to this publication benefits you

Follow this and additional works at: <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>

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 hlsteel@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

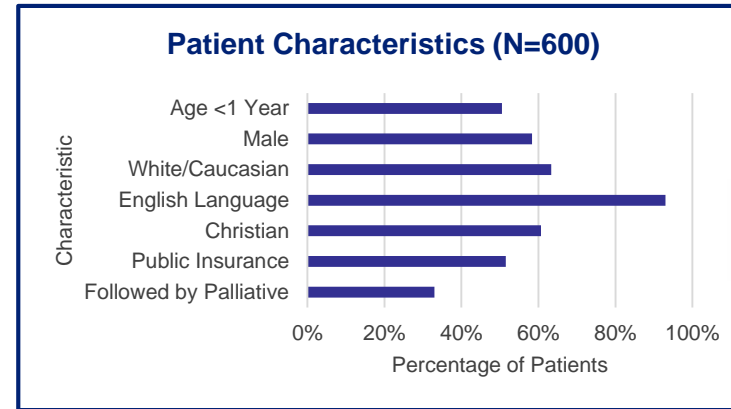
Objectives

- 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

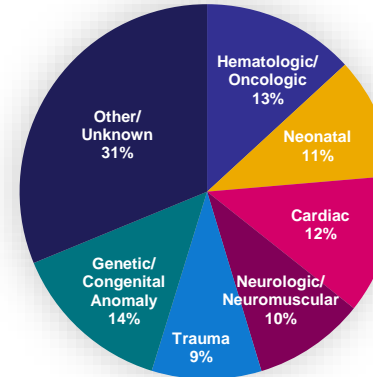
Methods

- 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

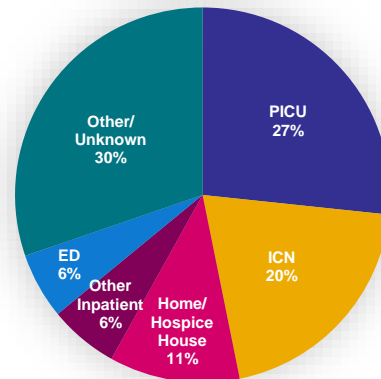
Results



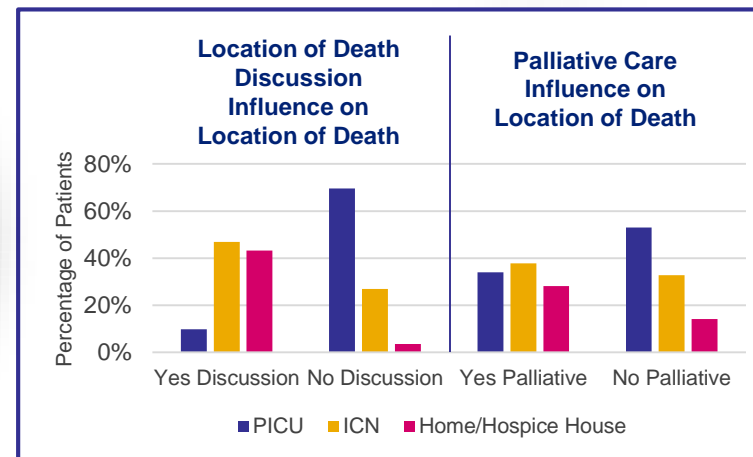
Disease Category



Location of Death



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



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