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Does Pediatric Palliative Care Involvement Influence Location of Death?

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Does pediatric palliative care involvement influence location of death?

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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

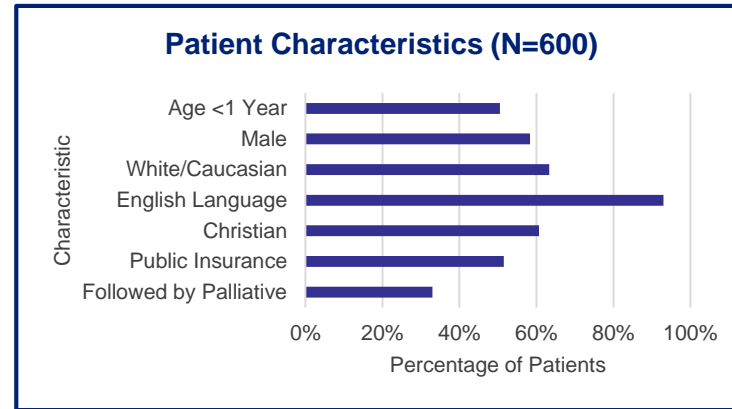
Objectives

- 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

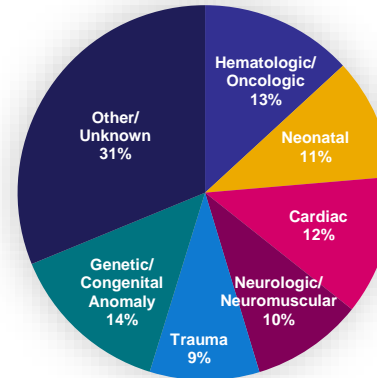
Methods

- 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

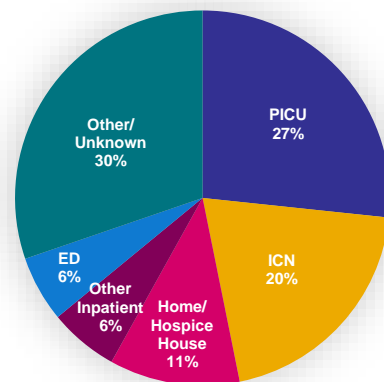
Results



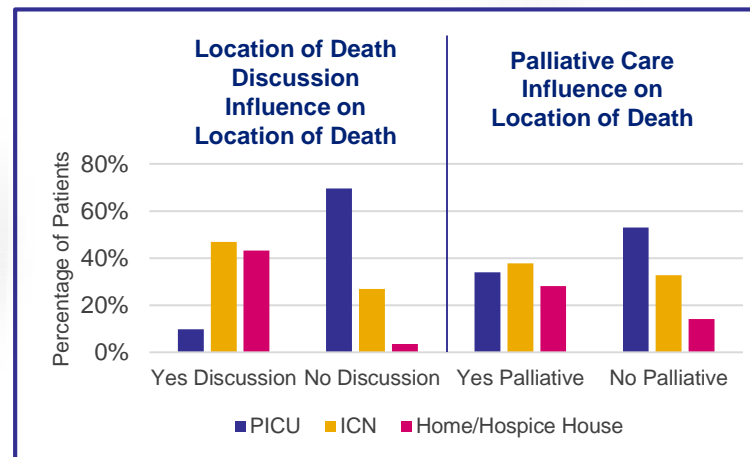
Disease Category



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