

Title: A quality improvement initiative to increase utilization of perinatal and neonatal palliative care consults

Authors: Rasheda J Vereen MD¹, Kathleen O'Brien, MD¹, Alexandra P. Hansen, MD¹ and Catlin M Drumm MD¹

Institution: 1. Department of Pediatrics, Brooke Army Medical Center at Fort Sam Houston, San Antonio, Texas

Background: The American Academy of Pediatrics recommends the utilization of a palliative care model for infants and children with life limiting conditions and long-term morbidities. These conditions are often diagnosed prenatally by obstetricians or after delivery in the neonatal intensive care unit.

Aim/Objective The goal of this quality improvement project is to increase perinatal and neonatal palliative care consultation within the departments of obstetrics, neonatology, and pediatrics in a single center by identifying missed opportunities for consults and categorizing barriers in initiating consultation.

Planning/studying the intervention (PDSA cycles)

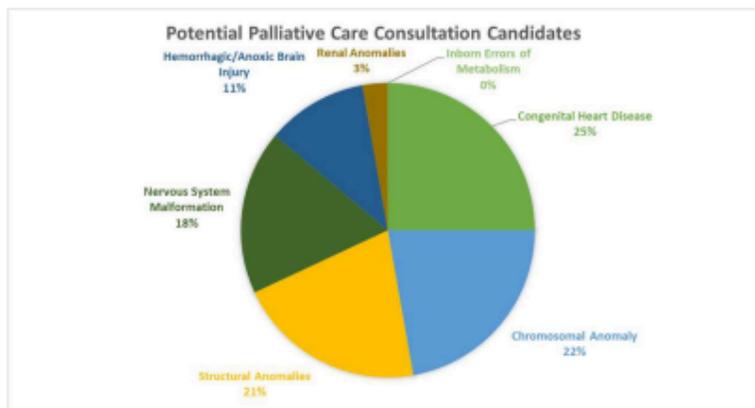
We performed a retrospective chart review of all inpatient and outpatient encounters of obstetrics and neonatal patients who received care at our center from January 2017-December 2019; we screened for potential palliative case consultation candidates to include aneuploidy or life limiting chromosomal genetic condition, inborn errors of metabolism, severe hemorrhagic or anoxic brain injury, renal anomalies, congenital nervous system malformations, congenital heart disease, or structural anomalies. Concurrently, a provider survey of the obstetrics, neonatology and pediatrics departments was completed to identify any barriers to obtaining palliative consultation.

Measures (Process and outcomes indicators)

Primary outcome measurement is an increase in palliative consultation utilization.

Analysis/Outcomes/results (run or control charts, changes in delivery process, outcomes, balancing measures)

In the study period, we identified 72 patients that met criteria for potential palliative care consultation. Twenty of the 72 patients (27%) were prenatal diagnoses and 52 of the 72 patients (72%) were postnatal. The most common eligible diagnoses included a form of congenital heart disease, chromosomal anomaly, structural anomalies, or nervous system malformation (Figure 1). Fourteen palliative consults were initiated for the 72 eligible patients: 11 consults for family support, 2 consults for end of life/comfort care, and 2 consults for home hospice coordination.



The provider survey included responses from 67 providers (physicians, nurses, and social workers). Of the respondents, 30% were not aware the hospital had a palliative care team, 88% had never consulted the team and 50% of respondents were unaware the team was available for neonatal/pediatric consultation. Some of the barriers to consultation identified by respondents included provider and patient understanding of the role of palliative care, availability of palliative care providers, and concern of whether a consult would address the needs of the patient.

Summary/Discussion

Perinatal and neonatal palliative care consultation is underutilized in our facility. Improving utilization will require provider and patient education and addressing barriers to consultation.