



Opportunities and challenges of a shared paediatric palliative care team in two hospitals



Suzanne Hofman and Sarmila Lalbahadoersing, on behalf of the Paediatric Palliative Care Team Utrecht



Background

- 2019: PPCT in all academic hospitals
- 6 teams: single hospital
- 1 team: 2 hospitals

Opportunities

- Exchange of expertise
- Sharing of staff (physicians) and collaboration regarding education
- Guideline development and research
- Mutual deliberation on how to achieve a position as PPCT within a local institution

Challenges

- Differences in patient populations
- Access electronic medical files.
- Financial structures.
- Lack of dedicated physician time.

PPCT

- Multi disciplinary team
- Major role of nurses
- Weekly multi disciplinary meeting
- Once a month shared multi disciplinary Meeting
- Common shifts doctors
- Common education

Expertise

- Advance care planning
- Managing between different healthcare professionals
- Psychosocial care
- Individual care plan
- Transition to home
- Home visits
- Transition curative to palliative



UMC Utrecht
Wilhelmina Kinderziekenhuis

Bereavement care





Experience

In the first 18 months

- 161 children:
(109 PMC vs. 52 WCH)
- 105 passed away:
(80 PMC vs. 25 WCH)

Conclusions

- Working as a shared PPCT, challenges regarding institutional differences in attitudes, finances and logistics need to be faced.
- The benefits of sharing expertise, staff, mutual support, education, research activities enhance an ongoing effort to promote high-quality PPC in both hospitals.
- Improve continuity, coordination en quality of care in cooperation for the best care for child and fa

Hope for the best, prepare for the worst



 **UMC Utrecht**
Wilhelmina Kinderziekenhuis

 **prinses
máxima
centrum**
kinderoncologie

**Het Kinder Comfort
Team Utrecht**

Samen voor de beste zorg en ondersteuning voor kinderen met
een levensbedreigende of levensduurverkortende ziekte.