7th Maruzza International Congress on Paediatric Palliative Care

Rome · 21–23 October 2026

ORAL PRESENTATION

Prioritizing Complexity

A Structured Referral System for PPC Team Case Discussions

Federico Pellegatta

Igor Catalano · Claudia Sansone · Anna Capogreco · Ermes Schiocchet · Giada Lonati · Barbara Rizzi

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How Our Paediatric Palliative Care Team Works

Longitudinal care, integrated expertise and weekly multidisciplinary meetings

Longitudinal community care

Community-based care delivered through stable physician–nurse dyads, with periodic, alongside hospital consultations and coordination with the pediatric hospice.

Interprofessional practice

Physicians, nurses, psychologists, social workers, rehabilitation professionals and educators contribute their expertise to the care process, supported by volunteers.

~100
children reciving care

3
community care teams

~15
meeting participants

4.5 h
weekly MDT meeting

New referrals
and eligibility assessment

Ongoing consultations

Complex cases in care

The weekly meeting is where individual observations become shared assessments, decisions and care goals.

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From existing discussion to purposeful discussion

Building on an established multidisciplinary meeting to improve how cases are selected and discussed

1

Structured case selection

Identify in advance which cases need discussion and why

2

More focused use of time

Allocate discussion time according to needs and priorities.

3

Clearer discussion

Make discussion goals explicit and create space for different voices.

The goal was not to discuss more cases,

but to make each discussion more focused and shared.

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Why adapt SBAR?

A familiar clinical communication framework repurposed for multidisciplinary reflection

S
SITUATION

B
BACKGROUND

A
ASSESSMENT

R
RECOMMENDATION

- **Familiar** and established framework

Widely recognized by healthcare professionals, providing a common communication structure.

- **Supports** interdisciplinary **communication**

Offers a shared framework for organizing information and exchanging professional assessments.

- Aligned with **organizational improvement**

Restructuring multidisciplinary meetings can improve communication, collaboration and staff satisfaction.

- Applicable **beyond acute care**

SBAR has been explored in long-term care settings characterized by complex and ongoing needs.

Müller et al. BMJ Open. 2018;8:e022202 · Park et al. J Nurs Res. 2021;29(3):e151
Kay et al. J Appl Gerontol. 2023;42:194–204 · Fukui et al. J Pain Symptom Manage. 2022;63:850–851.

How We Adapted SBAR to Paediatric Palliative Care

A structured approach to identifying, prioritizing and discussing complex care needs

S
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What is happening NOW?

Open problem or need (maximum two lines)

New concern / evolving problem

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S
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What context is indispensable?

Only previous information that directly changes how the team will discuss the case.

Information is intentionally brief and selected for relevance — not a full patient history.

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S
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RECOMMENDATION

Which dimensions are involved?

- **Clinical / care**
- **Psychological**
- **Educational**
- **Social**
- **Rehabilitation**

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What are we asking the team to address?

Clinical decision

Joint consideration of clinical options

Ethical discussion

Uncertainty, proportionality, values

Redefining goals

Care objectives and shared planning

Psychological support

Emotional and relational needs

Service activation

Mobilising relevant resources

Care-plan review

Updating the coordinated plan

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Priority is also a reflective choice

The referring professional assigns a priority for multidisciplinary discussion, rather than a level of clinical urgency.

HIGH

Discussion during the current week

Significant concern requiring multidisciplinary input within days

MEDIUM

Discussion within two weeks

Issue requiring multidisciplinary assessment or shared planning

LOW

Planned or deferred discussion

Non-urgent issue related to future care planning

Urgent clinical needs are addressed promptly through established care pathways, independently of the weekly meeting.

A weekly pathway from referral to discussion

The timing of submissions and priority-setting supports preparation of a shared agenda.

ANY DAY

Submit SBAR referral

Open to all team members

AT SUBMISSION

Assign discussion priority

High / medium / low

WEDNESDAY · 12:00

Prepare the shared agenda

Submitted referrals reviewed and organized

THURSDAY MORNING

Discuss selected cases

Focus on goals, actions and care planning

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Structuring the Presentation of Each Case

A common guide focuses the information needed for multidisciplinary discussion

01

Child & care network

Age, diagnosis, care history, PPC professionals, community services and primary-care involvement

02

Current clinical status

Relevant respiratory, cardiovascular, neurological, nutritional and symptom-related information

03

Psychosocial & relational context

Family burden, relationships, awareness, communication and shared care planning

04 CURRENT DECISION POINT

Why is this case being discussed today? What is the key decision or care issue?

Organizational Change as a Driver of Reflective Practice

Embedding reflection into routine practice rather than introducing a separate training programm

01 **Redesign the workflow**

Replace spontaneous case selection with a shared referral and discussion process.

02 **Encourage individual reflection**

Ask professionals to clarify concerns, priorities and their specific question for the team.

03 **Structure collective reflection**

Bring different professional perspectives together around clearly defined care needs.

04 **Create opportunities for learning**

Use repeated reflective practice as a possible route to professional development.

Early Implementation Findings

Referral volume, discussion priorities and multidimensional care needs

21 weeks observed

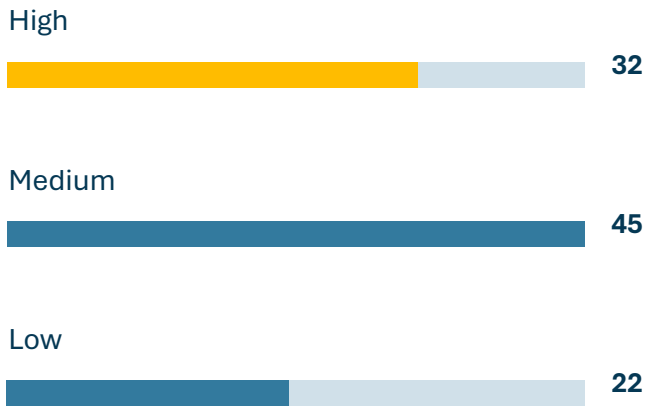
99 referrals

3.7 per meeting day

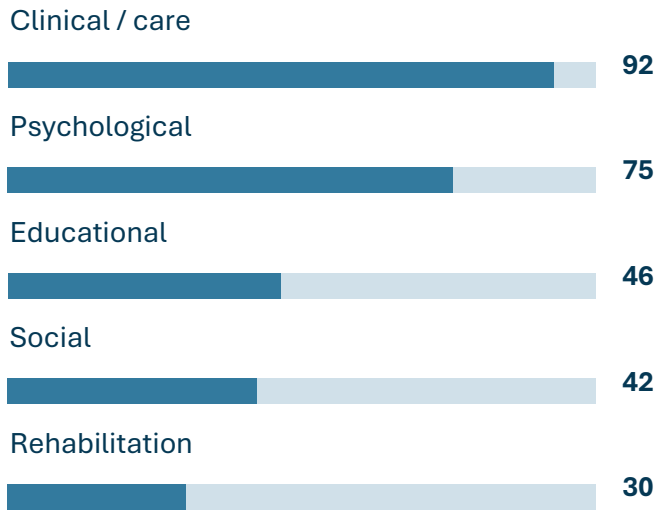
62 distinct children

55,6% involving ≥3 domains

DISCUSSION PRIORITIES



CARE DOMAINS INVOLVED



DISCUSSION REQUESTS



Professionals' experience of the change

Exploratory staff evaluation: usability, question clarity, acceptability and perceived impact

14/15 support maintaining the system in routine practice

WHAT PROFESSIONALS VALUE

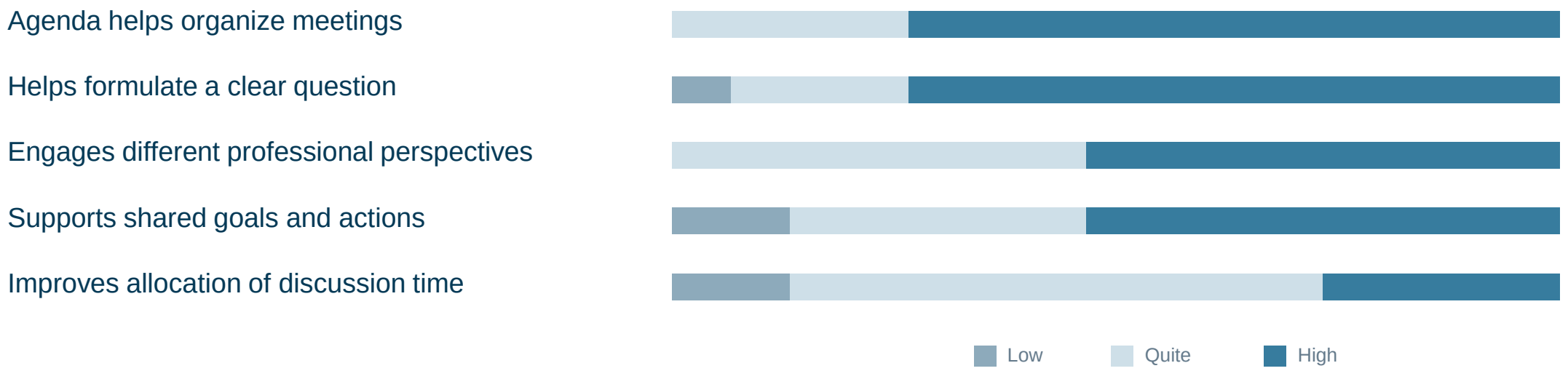
Advance reflection and clearer prioritization

WHAT STILL NEEDS WORK

Concise discussions and systematic follow-up

STAFF RATINGS — DISTRIBUTION

Number of respondents; 15 responses per item



Conclusions

Structuring the process to support multidisciplinary reasoning

01 **From spontaneous to structured discussion**
A standardized referral pathway makes case selection, priorities and expected contributions more explicit.

02 **From individual concerns to shared reasoning**
Formulating a specific question helps direct multidisciplinary attention to identified care needs.

03 **Organizational change supporting reflection**
Structured reflection is embedded in routine team processes, without a separate training intervention.

04 **A potentially transferable approach**
An established communication framework can be adapted to organize complex discussions in PPC teams.

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