

Hidden Part Of The Iceberg:

Integrated Paediatric Palliative Care in Belgium The Paediatric Liaison Model

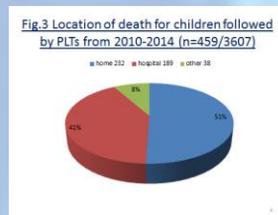
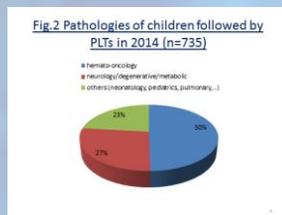
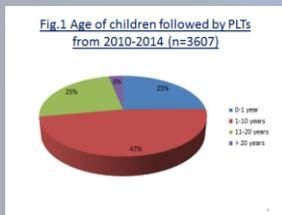
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Context: Since the creation of the first paediatric liaison team (PLT) in 1989, five interdisciplinary PLT delivering curative and palliative care have been developed. A Royal Decree issued in 2010 provides the legal framework that defines their missions, which ensure continuity of care between hospital and home for children with life-limiting conditions.

Research questions: What are the activities of paediatric liaison teams and how do they ensure continuity of care? What are the characteristics of the children followed? (number, age, disease, location of death).

Methods: Analysis of annual PLT reports (2010-2014) collected by Cancer Plan. Descriptive statistics through Excel and qualitative thematic analysis of open ended questions. Results were reviewed by a panel of representatives from each PLT.

Results: Main activities of PLT are palliative care embedded in curative care, continuing through bereavement care, coordination of care among all settings (home/hospital), education in PPC of colleagues and first line caregivers, research, communication activities and fundraising. In 5 years, 3607 children benefitted from a follow-up by a PLT (Mean 721/year, min 660/max 770).



Limits: Precise statistical analysis was not possible due to limit access of individualized data.

Discussion/Conclusion: Results demonstrate the smooth integration of PPC within the Belgian health care system ensuring coordination and continuity of care. Families are given the opportunity of a first contact with PLTs during a child's curative phase, and are followed up after the child's death.

Recommendations: Meaningful governmental funding of PLTs should be reinforced. Data registration and classification for annual reporting should be harmonized. Research in development of instruments to measure workload and quality of care provided is needed.

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