Abstracts

NU-14. THE PEDIATRIC NEURO-ONCOLOGY AND PALLIATIVE CARE TEAMS: WORKING TOGETHER TO MAXIMIZE MEDICAL AND PSYCHOSOCIAL SUPPORT AT THE END OF LIFE

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At our center, the pediatric neuro-oncology and palliative care teams co-manage patients at the end of life (EOL) to provide seamless transition to Hospice care and optimize both medical and psychosocial support for patients

and their families. We gathered data on patients who have died to identify areas for improvement and move towards a goal of creating EOL quality indicators specific to pediatric brain tumor patients. Using a retrospective chart review, we extracted data from the records of patients who 1) received therapy at our center, 2) were provided EOL care by our teams, and 3) died between January 2012 and December 2015. Forty patients were included in this review. Nine of 40 patients (22.5%) received a home visit; 12 home visits total were done including multiple visits for 2/9 patients. Of the 12 total visits, 6/12 (50%) included members of both teams. Place of death was Home for 8/9 patients (89%) who had a home visit. Almost all patients who received a home visit were able to die in their home and at least one intervention was made at each visit to improve patient quality of life and maintain the family's care goals. Areas of development include improving documentation of home visits when the palliative care team does not attend, creating a shared EOL order set, documentation of bereavement support provided to families, and implementing a case review for all patients after death to identify potential quality measures.