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**AN OUTCOME EVALUATION OF A PEDIATRIC PALLIATIVE CARE  
MODEL TO IMPROVE QUALITY OF LIFE**

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**Background:** Results of an outcome evaluation of a pediatric palliative care have important implications for improving hospital costs and utilization and quality of life of families with children with chronic conditions. Community PedsCare was initiated in 2001 through various alliances of healthcare organizations throughout Northeast Florida to address the need for holistic care coordinated services for children with chronic illnesses. The primary approach of the Community PedsCare palliative care program is a multiple disciplinary approach that involves psychosocial, nursing, bereavement support, and volunteer interventions for children under age 21 with chronic illnesses.

**Methods:** A research design to assess impact was developed including a before and after enrollment in palliative care services study, matched comparison group with similar illnesses study design and a health related quality of life retrospective study. The different levels of outcome required different methodological procedures.

**Results:** The findings from the study are promising with statistically significant reductions in hospital utilization per quarter ( $p .03$ ) among Community PedsCare clients. Meaningful reductions in hospital charges per quarter were observed, but these reductions were not statistically significant due to small sample size. The comparison study did not reveal a statistically significant difference between PedsCare clients and a control group. For the Health Related Quality of Life (HRQOL) family caregivers tended to score high on the HRQOL scales. Significant ( $p \leq .05$ ) relationships to clients' length of enrollment in the Community PedsCare occurred for reported days of impaired emotional health due to fear ( $p = .01$ ) and reported days of activity limitation due to emotional problems ( $p = .01$ ).

**Conclusions:** The results provide important insights for both program development and evaluation research design. The results are preliminary due to: 1) a small overall sample size; and 2) methodological challenges encountered in using ICD 9 codes to identify comparable PedsCare and non-PedsCare groups (types and severity of conditions) of children for the impact study. A further study is warranted with longitudinal and multi-site investigations implemented using the tools and approaches piloted in this study.