

Executive Summary

In November of 2005 Madison Clinic was established, offering an **inter-disciplinary service** on a **biweekly** basis. The clinic was structured to enhance the current level of service and provide options and flexibility to patients, families and clinicians related to pediatric palliative care. To date, the clinic has run as scheduled **70%** of the time seeing a total of **19** patients over **31** visits. The majority of patients seen (**65%**) were on the CPCH program, but providing them with this outpatient service has expanded the options available to them, and has strengthened the continuity of care between BCCH and Canuck Place. In the past, little opportunity existed for follow up after an inpatient admission for respite or treatment to determine the effectiveness of the treatment plans.

The clinic is now starting to see patients for intake assessment to the CPCH program. Families and clinicians have reported that seeing patients in person has provided additional information that would not have been possible to obtain from written reports only. One family stated they felt better prepared to accept the outcome of the intake process since they had been able to share information about their child directly with the clinicians.

In the short 12 months that the clinic has been operational, it has been successful in achieving many of the objectives outlined in the proposal. The clinic has served to provide early and flexible access to palliative care information and services, with families being able to be seen within a short period of time. Many of the visits have been in support of symptom management or treatment planning which were identified as areas of concern with the previous model of care. The clinic has also been able to provide alternative service to families without them having to wait for admission to Canuck Place or BCCH. With the increasing pressures on Canuck Beds, BCCH inpatient beds and Emergency visits alternatives are needed and valued by families. The proactive follow up with patients and families to determine the effectiveness of the treatment plan has been viewed as extremely positive by families and very responsive to their needs

As is the case with the introduction of any new service or program it takes some time for the referral patterns to begin to change. Although the overall numbers of patients seen are not high, it is anticipated that as clinicians at BCCH, Canuck Place and throughout the province become more aware of the service options referral rates will increase.

Death is not an outcome expected of a childhood journey but is one that many families have to face. The establishment of Madison Clinic has provided an opportunity to begin to address the gaps previously identified by families and clinicians and has supported the further development of an exemplarily and truly interdisciplinary service.

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