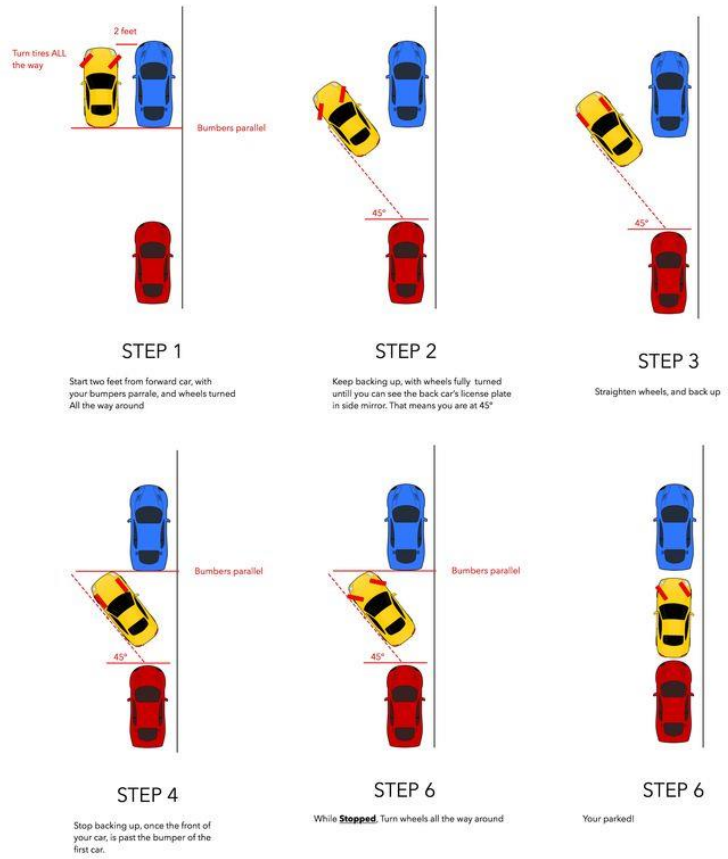
Parallel planning

Dr Lisa Kauffmann

Consultant Community Paediatrician

What is parallel planning?


2 feet
Turn tires ALL the way
Bumbers parallel
45°
STEP 1
Start two feet from forward car, with your bumpers parrale, and wheels turned All the way around
STEP 2
Keep backing up, with wheels fully turned untill you can see the back car's license plate in side mirror. That means you are at 45°
STEP 3
Straighten wheels, and back up
Bumbers parallel
45°
STEP 4
Stop backing up, once the front of your car, is past the bumper of the first car.
Bumbers parallel
45°
STEP 6
While **Stopped**, Turn wheels all the way around
STEP 6
Your parked!

In Artificial Intelligence:

"A parallel plan is a sequence of sets of actions such that any ordering of actions in the sets gives a traditional sequential plan".

A Novel Constraint Model for Parallel Planning. Roman Barták, Charles University in Prague, Faculty of Mathematics and Physics. Proceedings of the Twenty-Fourth International Florida Artificial Intelligence Research Society Conference 2011

In Social care - LAC

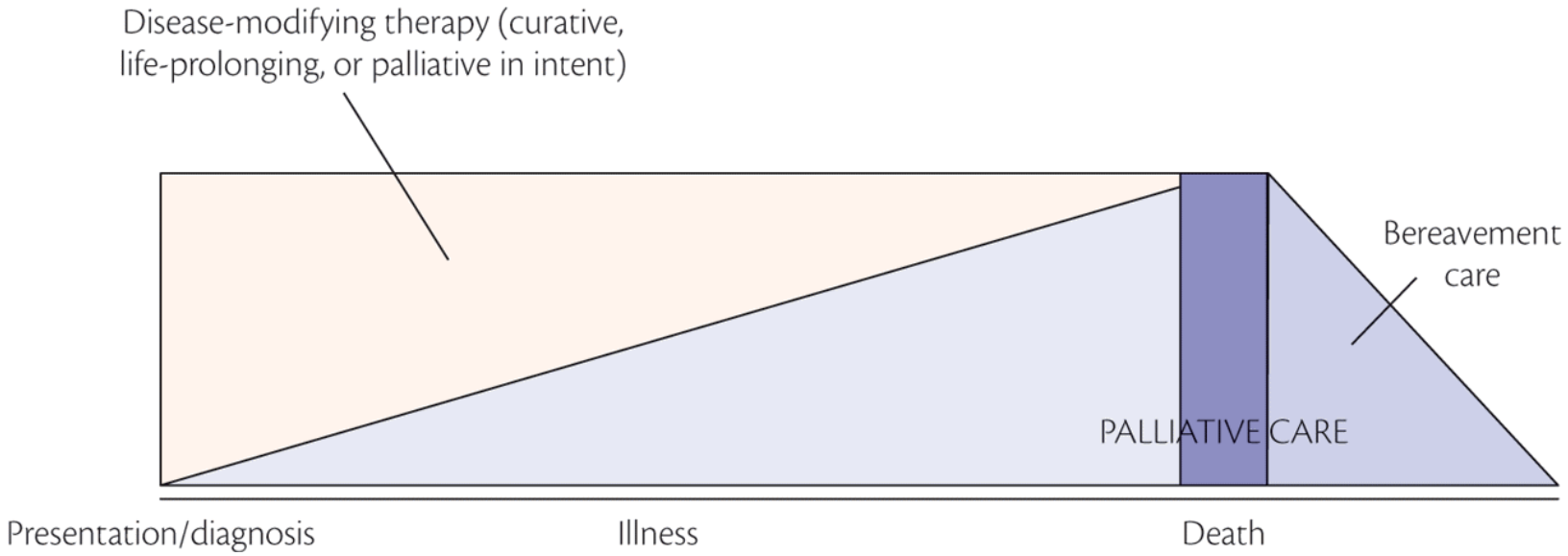
"Parallel planning provides for two sets of plans to run side by side. One plan is for the child's return home and, in case that is not possible, there is a second plan for your child to be placed with an alternative permanent family."

Parallel planning in palliative care

- Hoping for the best, but planning for the worst, just in case
- Planning for living and planning for dying
- Planning for different circumstances

Why is broaching palliative care difficult ?

- Worries about child and family anxieties about palliative care:
  - This means my child is going to die
  - This means the doctors and nurses are giving up on my child
  - This means my child is not worth it



Model of palliative care from the WHO. National Cancer Control Programmes. Policies and Managerial Guidelines, 2nd edn. Geneva: WHO, 2002

Family thinking

Joanne Woolf, Dana-Faber Institute

Why is broaching palliative care difficult ?

- Worries about our professional practice:
  - It is our failure
  - We are giving up
  - We might be wrong
  - We might be doing the wrong thing
  - We might be criticised

Why is broaching palliative care difficult ?

- Lack of understanding of palliative care and what it can offer
- Uncertain when to refer or who to
- Not having the communication skills to have these difficult conversations

So why would we do it? :

- Support children and families when they have a condition which is not – or may not be – curable
- Think about aims of treatment/intervention
- Support choices in care
  - place of care
  - intensity and extent of intervention
- Allow planning for different eventualities

Examples

- Antenatal
- Life threatening condition
- Life limiting condition
- Different circumstances

Josephine

- Trisomy 18 diagnosed in utero
- HLHS
- Decision to continue pregnancy
- Baby born at term, weighing 1.9kg
- Transferred to SCBU
- Tube fed for comfort
- Palliative care referral
- Home day 5.
- Jo died at 10 days age at home

- Trisomy 18 diagnosed in utero
- Decision to continue pregnancy
- Palliative care referral. Plans made to take baby home after birth
- Baby discharged with palliative care support at home at 12 hours after delivery
- Jo died at 10 days at home

Fatima

- Severe spastic cerebral palsy
- Increased admissions in past 12 months
- Admitted to PICU with chest infection
- Recovery back to her normal self
- Readmitted 6 weeks later
- Unable to wean and exhausted
- Planned withdrawal of ventilation.
- Palliative care team and rapid discharge offered but turned down
- Died on PICU with family around her

- Severe spastic cerebral palsy
- Increased admissions in past 12 months
- Palliative care team involved but turned down by family
- Admitted to PICU with chest infection
- Recovery back to normal self
- Palliative care team reintroduced and ACP made
- Readmitted 6 weeks later
- Unable to wean and exhausted.
- Rapid discharge for compassionate extubation at home

Paul

- Complex chromosomal abnormality with congenital heart disease
- Cardiac condition potentially amenable to surgery
- Referred to cardiac centre for surgery assessment
- Returned to referring centre, surgery not possible
- Palliative care referral offered --turned down as parents “not giving up”
- Died 36 hours later in hospital

- Complex chromosomal abnormality with congenital heart disease
- Cardiac condition amenable to surgery
- Referral to palliative care team.
- Plan for if surgery successful, and for if surgery not successful or impossible
- Returned home for end of life care from cardiac unit
- Died 24 hours later at home

Luke

- 12 year old boy with HOCM
- OOHCA aged 8
- Further IHCA 3 months later
- Severe hypoxic injury
- Mum does NOT want resuscitation in the event of further cardiac arrest
- But she does want all treatment including ventilation if appropriate for a reversible chest infection
- ACP invaluable

"We want everything done"... Gillis 2008

Language and attitude of mind

Cure orientated model

No cure → Continue to try to cure → Failure → Giving up

Palliative model

No cure → Continue with palliative aim → Ensure as good quality of life for as long as possible → Optimum care

When families want "everything done" they

- Want everything reasonable done
- Are afraid of abandonment
- Don't want professionals to give up

When?

- Use spectrum of palliative care to help
- Take cues from families
- At times of decision/crisis

The Spectrum of Children's Palliative Care Needs ©

Children who are diagnosed or recognised to have a potentially life shortening (fatal condition) before their 18th birthday.

Survival into adulthood is likely.

Would you be surprised if this child died as a result of this condition or problem?

Children whose death before adulthood (18th birthday) is not unexpected.

May live for many years.
Care needs may be similar to other children who have complex chronic conditions.

Would you be surprised if this child died before adulthood (their 18th birthday)?

Children who have increasing instability or progressive deterioration.

Death is not unexpected in months to years.

Would you be surprised if this child died within the next few months to years?

Children who are critically ill.

Survival is not expected beyond the next few weeks.

Would you be surprised if this child was alive in a few weeks time?

Children who die

Does not apply to children living with significant health needs and/or disability, but whose risk of dying is comparable to that of the general population

Does not apply to children who recover and whose risk of dying is comparable to that of the general population

How

- Conversations with families
- If…..then……
- ACP can help to record and share