ECHPI

Evidence for Children's Palliative care in Ireland

Hospital activity amongst children aged 0-19 with life-limiting conditions in Ireland

Children with life-limiting conditions have been found to be resource-intense healthcare users, but evidence is limited to a small number of countries. To strengthen the evidence base in Ireland, we examined Irish public acute hospital activity for the age group 0–19 with and without a life-limiting condition between 2009 and 2024.

What Did We Do?

The Data

- National public acute hospital data
- List of life-limiting conditions from international literature
- Years 2009–2024 (with focus on 2019 as pre-Covid-19 benchmark)

The Methods

Detailed analysis of hospital activity amongst discharges with and without a life-limiting diagnosis focusing on demographic (age, sex), clinical (diagnoses, procedures, complexity of resource use, dependence on medical technology), and system-level characteristics (hospital location, length of stay, bed days, intensive care use).

Key Definitions

Children: for this analysis the term 'children' included infants, children and adolescents aged 0–19. In practice some adolescents aged 16+ continue to be treated by paediatric services even though the formal cut-off age is 16.

Life-limiting conditions **in children include conditions where curative treatment may be feasible but can fail (i.e., life-threatening) or where there is no reasonable hope of cure.**

What We Found

- Despite being less than 1% of the population, children (aged 0-19) with life-limiting conditions use a disproportionately high share of hospital resources.

Who's Involved?

Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

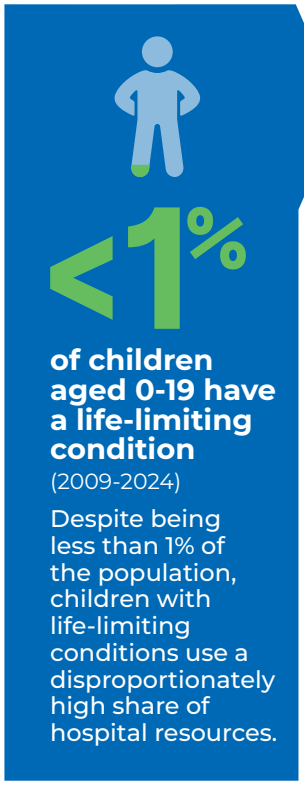
HRB Health Research Board

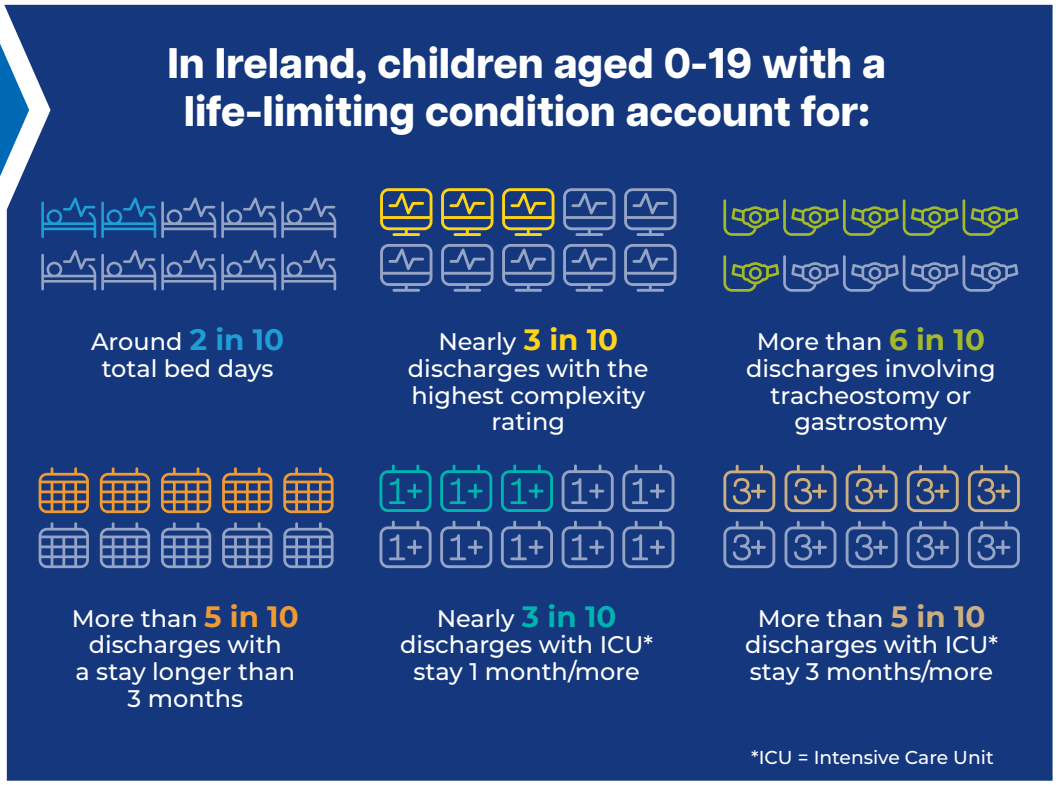
LauraLynn Ireland's Children's Hospice

Irish Hospice Foundation

AIIHPC

In Ireland, children (aged 0-19) with a life-limiting condition account for a small proportion of the population but a large share of inpatient hospital resources.





What this means

➜ Paediatric training and education

Increased education and training in a palliative care approach for all paediatric professionals is essential because in any ward, on any given day, any healthcare professional might be treating children facing potentially life-limiting circumstances.

➜ Long lengths of stay

For children with serious illness, a long length of stay may be justified where it is health-replenishing, but not justified if due to bottlenecks in the system, absorbing a considerable portion of a child's potentially short life. Reasons behind any delayed discharges need to be examined and addressed.

➜ Supports for children with complex care needs and their families while attending hospital

Attending hospital with a child with highly complex and life-limiting needs who might rely on almost constant parental/carer supervision is particularly challenging, and even more so if far from home support networks. Properly resourced practical supports are needed (e.g., supports for accompanying parents/carers during inpatient and outpatient episodes, increased access to supported transport, psychosocial supports, accommodate comfort items from home, 'extra support' flag on patient chart).

This project was funded by the Health Research Board [APA-2022-003], co-funded by the Irish Hospice Foundation and LauraLynn Ireland's Children's Hospice.

If you would like to find out more about the overall ECHPI Project, scan the QR code or visit the ECHPI webpage:
https://palliativehubresearch.com/research-updates/palliative-care-research-projects/childrens-palliative-care/