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| **Paediatric Lung Transplant in Australia: Program Evaluation from a Health Care Provider Perspective** |
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| **Introduction/Aim:**  Paediatric lung transplant is a highly complex, low volume intervention performed in children with end stage lung disease. In Australia, children requiring lung transplant are referred from tertiary children’s hospitals to the Nationally Funded Centre (NFC) for Paediatric Lung and Heart-Lung Transplant (PLHLT) program, led by The Alfred Lung Transplant Program. This study evaluated PLHLT program delivery and impact, assessing health care provider (HCP) experiences using the RE-AIM framework. RE-AIM is a robust evaluation model assessing dimensions of *Reach, Effectiveness, Adoption, Implementation and Maintenance*.  **Methods:**  Participants were HCPs recruited from the PLHLT program, Royal Children’s Hospital (RCH, supporting paediatric centre) and referring interstate hospitals. Semi-structured interviews were completed using Microsoft Teams, based on evaluation questions derived from the RE-AIM framework. Inductive content analysis was used to assess the data and address RE-AIM dimensions.  **Results:**  Twenty-six interviews were completed through The Alfred (n=10), RCH (n=10) and interstate hospitals (n=6), across a range of professions (medical/surgical, nursing, allied health) and specialities (respiratory, pulmonary hypertension, intensive care). Themes for *Reach* surrounded state-dependant access to pre and post-transplant services and potential inequity due to patient age, location, lung disease and social circumstances. *Effectiveness* highlighted the balance of transplant expertise with paediatric services and variability of support outside the NFC 3-month program. *Adoption* noted variable interstate hospital engagement and expertise, with ‘good will’ required to access appropriate services. *Implementation* depicted PLHLT program expertise and outcomes as well regarded, highlighted complexity of coordinating paediatric care in an adult hospital and funding uncertainty. *Maintenance* centred around improving paediatric resources, including sharing program data, processes and patient resources to engage interstate centres.  **Conclusion:**  The NFC PLHLT program is well-regarded from an HCP perspective, with opportunities to increase referrer engagement and evaluate equitable program delivery. Sustainability is a concern, considering funding uncertainty and considerable ‘good will’ required to support the complex program.  **Grant Support:**  None |