Impact of Child Life Intervention on Procedure-Related Distress in Children Being Treated for Laceration Repair in the Pediatric Emergency Department

Results

Parents of patients who received child life interventions perceived less distress in their children and rated their overall care significantly higher.

Other results:

- Press Ganey scores reflected positive impact of child life/nursing collaboration
- Anecdotal information suggested decreased procedural times, decreased anxiety, increased compliance and better comprehension by caregivers of procedures

Implications for Practice

Nursing/Child Life partnerships are essential in all pediatric settings, inclusive of emergency departments.

- Improves quality of care
- Allows facilities to compete in current healthcare market
- Adds value in terms of family centered care, patient, family, staff and physician satisfaction

What this means for the bottom line

- ED is largest point of entry for most hospitals, accounts for 60% of inpatient admissions (65% for our institution)
- 10-12% of ED visits result in inpatient admissions
- “Likelihood to Recommend and Likelihood to Return” increases volume and ultimately patient revenue
- Future of healthcare reimbursement linked to patient satisfaction scores
- Need to capture all potential return visits

What we implemented

- Expanded “Express Care” hours to address rapid increase in growth
- Ensured child life actively involved in all cases when they were available
- Proposed plan to expand child life hours (currently 8 hours/day)

Future Goals

- Preparation done by a child life specialist in relation to decreased sedation needs and increased patient cooperation
- Demonstrates additional cost saving measures of child life/nursing collaboration including increased compliance and decreased length of stay
- Assess types of preparation and distraction that are most effective with children and families
- Measure objective physiological markers including heart rate, body temperature, neurohormonal mediators
- Assess parents’ distress or feeling of control as it relates to child’s distress

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