



Child Life - Nursing Collaboration: A Driving Force for Quality Care

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Our Organization

The Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson University Hospital (BMSCH) is New Jersey's only freestanding, state designated, acute care children's hospital serving more than 30,000 children a year. Established in 2001, the BMSCH has continued to grow in both size and scope to its status as a 105-bed tertiary facility that provides comprehensive, specialized pediatric maternal and fetal medicine services and a full range of subspecialties including pulmonology, urology, hematology and oncology. BMSCH sits at the core of a thriving academic pediatric health campus that provides the most comprehensive care for children. For the second consecutive year, the BMSCH was named one of the nation's "Best Hospitals" according to the 2013-2014 US News & World Report ranking of America's Best Children's Hospitals.



Pediatric ED

Our Pediatric Emergency Department treats patients from infancy through 20 years old. Our doors are open 24 hours a day, seven days a week for any pediatric illness or injury. As the only American College of Surgeons (ACS) designated Pediatric Trauma Center in New Jersey, RWJUH and BMSCH is the state's resource for the care of injured children in our region, from acute pediatric trauma care to injury prevention and trauma education. In 2014 over 25,000 children were seen in the peds ED.

What we know:

- Pediatric ED visits can be highly stressful for children and caregivers
- Child life interventions, including preparation and distraction reduce anxiety, improve cooperation and decrease sedation needs
- Not all pediatric emergency departments have child life services
- Child life interventions assist with improving patient satisfaction and overall ED experience

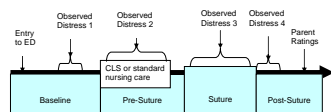


Research Design

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

- A quasi-experimental study was conducted using a convenience sample procedure.
- Sample size included 24 patients, ages 3 - 13
- Measurement methods:
 - Salivary cortisol (3 times) used to assess children's reactivity or acute response to stress
 - Observational Scale of Behavioral Distress (4 times) which is a measure used widely in studies of children's responses to medical procedures using real time assessment of 8 indicators of child distress in 15 second intervals
 - Parent Assessment of Child Distress (5 point scale)
 - Parent Satisfaction measure (self developed 12 question caregiver questionnaire)

Time Line of Study Procedures



Intervention

Intervention: Standardized child life teaching/preparation protocol consisting of age appropriate preparation and distraction during the procedure (15 minute)

- CLS introduction to patient/family
- Demonstrate sutures on doll/purpose of sutures
- Role play laceration repair
- Introduce and implement distraction techniques for suturing

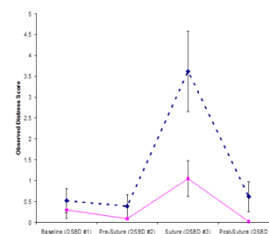


The Child Life Specialist shows bubbles during an IV start as a distraction and relaxation tool.

Results

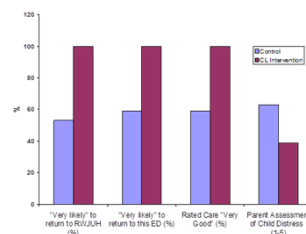
Children who received child life interventions in conjunction with standard nursing care had lower observed distress behavior during suturing compared with patients who did not receive the intervention.

Observed Distress across ED Visit as a Function of Child Life Intervention



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

Parent Ratings of Satisfaction and Child Distress as a Function of Child Life Intervention



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

Future Research - larger scale study

- Preparation done by a child life specialist in relation to decreased sedation needs and increase patient cooperation, increasing productivity and decreasing rescheduling of procedures
- Demonstrate 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

Contact Information

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