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Improving Communication Between Child Life Services and Nursing on an Inpatient Pediatric Unit

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Improving Communication between Child Life Services and Nursing on an Inpatient Pediatric Unit

Last Updated: 9/18/2018

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Team Members: Sherryann St. Pierre, Elizabeth Shaughnessy, Bethany Kay

Problem/Impact Statement:

The child life program provides services in the 30 bed inpatient unit at the Barbara Bush Children's Hospital (BBCH). Certified child life specialists (CCLS) provide therapeutic interventions that help children cope with the stress and trauma of hospitalization. Stress and anxiety are antagonists to healing and recovery. "Greater fear or distress prior to surgery has been associated with poorer outcomes including longer hospital stays, postoperative complications, and higher rates of re-hospitalization" (Kiecolt-Glaser JK, Rosenberger PH, Jokl P, Ickovics J).

At the beginning of this improvement journey, a lack of collaboration between the BBCH nursing team and the child life team was creating confusion and misunderstanding for patients and caregivers and directly impacting the physical and mental recovery of the children we serve, creating an opportunity for dramatic improvement.

Scope:

In scope: BBCH nursing team, Child Life Program, patients, and caregivers; limited to IV starts

Out of scope: Other MMC departments and Maine Health hospitals

Goal/Objective:

- 100% of the time child life will be notified prior to an IV start (common procedure that almost every patient will undergo) for all patients, including outpatients, during scheduled hours
- Child life specialists will have a formal referral process
- Child life specialists will round every morning with the nurses to review patient plans including procedures and any anticipated special needs
- 100% of nurses will be educated to the role and services of CCLS
- Nurses and child life specialists will collaborate to meet the standards of care set by the American Academy of Pediatrics.

Baseline Metrics/Current State:

HCHAPS: How well did your child's nurse explain things to your child?

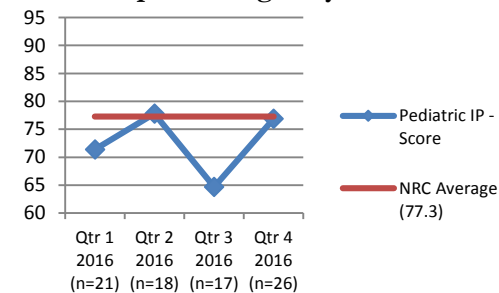


Figure 1 displays the HCAHPS scores that demonstrate an opportunity for increased and more collaborative communication

CCLS notified for IV Start

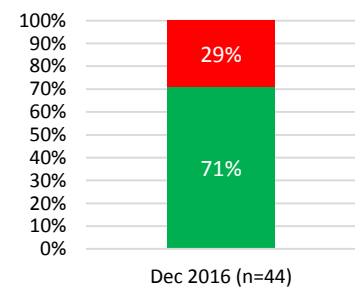


Figure 2 indicates that 29% of all IV starts were missed at the start of the KPI due to lack of nursing and child life collaboration

"Important to note: In relation to this data, CCLS and nursing staff were huddling 0% of the time prior to this work. Therefore, they were not discussing or collaborating regarding the plan of care or coping strategies."

Root Cause Analysis:

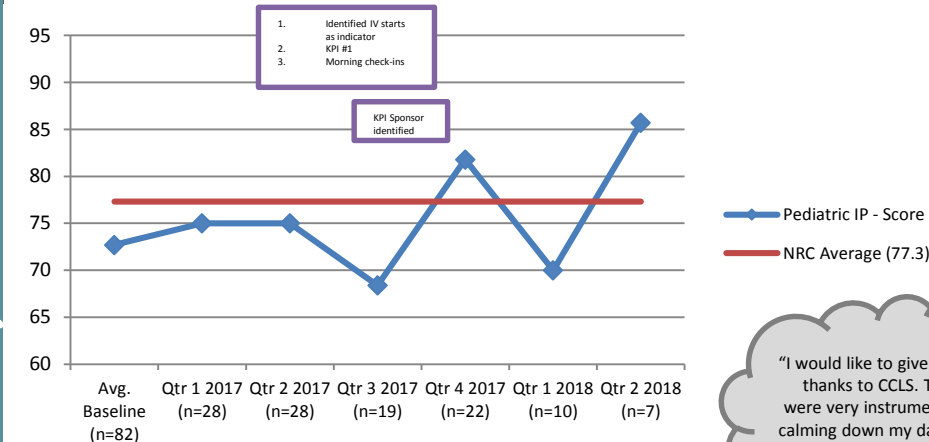
Problem	Patients not benefitting fully from child life services
Why?	Nurses often didn't call a CCLS for procedures
Why?	Nurses often didn't think the patient needed a CCLS
Why?	Nurses were unaware of the scope and practice of a CCLS
Why?	Child life specialists worked independently from nurses
Why?	There was a lack of structure within the child life program and no expectation of child life specialists to collaborate with nurses
Root Cause	There was no formal leadership in the child life program to build structure and collaboration with the nursing staff around such procedures as IV starts, sedations, NG tube placement, etc.

Countermeasures

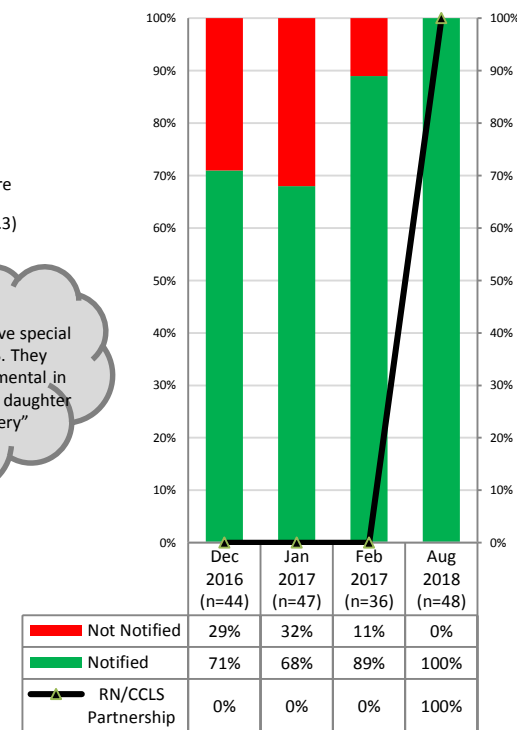
Action	Owner	Due Date	Status
Hired manager of Child Life Program to provide leadership, structure, and order for Child Life Services (1)	Nicole Manchester	July 2016	Completed
Child life program posted CCLS phone numbers and clearly illustrated each child life specialist's section (2)	Elizabeth Shaughnessy	August 2016	Completed
Identified IV starts as a good indicator of child life and nursing partnership as it serves as a common procedure (3)	BBI OpEx committee	November 2016	Completed
KPI for nurses to notify child life specialists before IV starts to help institute the overall changes (4)	Sherryann St. Pierre and Elizabeth Shaughnessy	12/1/16	Completed
Implement morning check-ins where CCLS educate nurses about their role, review patient care plans and procedures, and develop coping strategies on 100% of all patients	Elizabeth Shaughnessy	12/1/16	Completed
Identify a KPI sponsor to take more responsibility in pushing actions forward and to provide oversight and commit to constant brainstorming (6)	Bethany Kay, Sherryann St. Pierre and Elizabeth Shaughnessy	2/2/17	Completed

Outcomes

HCHAPS: How well did your child's nurse explain things to your child?



CCLS notified for IV Start and Percentage of Time RN and CCLS Partnered to Develop a Child's Coping Plan



"Thank you for getting me in touch with CCLS about my daughter's surgery. They were amazing! They went above and beyond to make her surgery day go smooth and with little anxiety. The book she made was perfect and the extras that she included like the mask, cuff and IV were perfect!!"

"I would like to give special thanks to CCLS. They were very instrumental in calming down my daughter for her surgery"

CCLS met us in radiology and did an amazing job creating a plan to help my daughter. She kept her engaged and distracted all the time. I really do feel so much better each time we have to go into something like this knowing we have a supportive CCLS looking out for my daughter!"

Next Steps

- Continue CCLS expansion throughout the hospital
- Sustain and enhance the collaboration between CCLS and nursing staff in BBCH
- Child life specialists to be notified for sedations by provider in inpatient unit so he/she can call patient at home and start teaching the family early
- ED child life specialists available for night calls from BBCH nurses
- Expand to child life specialists present for all applicable procedures
- Continue to deliver the best possible pediatric experience to all patients and families at BBCH

Plan

Do

Study

Act