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

Sherryann St. Pierre  
*Maine Medical Center*

Elizabeth Shaughnessy  
*Maine Medical Center*

Bethany Kay  
*Maine Medical Center*

Barbara Bush Children's Hospital

Mark Parker  
*Maine Medical Center*

See next page for additional authors

Follow this and additional works at: [https://knowledgeconnection.mainehealth.org/opex](https://knowledgeconnection.mainehealth.org/opex)

Part of the [Health and Medical Administration Commons](https://knowledgeconnection.mainehealth.org/opex), [Maternal, Child Health and Neonatal Nursing Commons](https://knowledgeconnection.mainehealth.org/opex), [Nursing Administration Commons](https://knowledgeconnection.mainehealth.org/opex), [Other Rehabilitation and Therapy Commons](https://knowledgeconnection.mainehealth.org/opex), and the [Pediatrics Commons](https://knowledgeconnection.mainehealth.org/opex)

**Recommended Citation**

St. Pierre, Sherryann; Shaughnessy, Elizabeth; Kay, Bethany; Barbara Bush Children's Hospital; Parker, Mark; Nayak, Suneela; Hanselman, Ruth; Tyzik, Stephen; and Sparks, Amy, "Improving Communication Between Child Life Services and Nursing on an Inpatient Pediatric Unit" (2018). *Operational Excellence*. 5.  
[https://knowledgeconnection.mainehealth.org/opex/5](https://knowledgeconnection.mainehealth.org/opex/5)

This Article is brought to you for free and open access by MaineHealth Knowledge Connection. It has been accepted for inclusion in Operational Excellence by an authorized administrator of MaineHealth Knowledge Connection. For more information, please contact mckeld1@mmc.org.
Authors
Sherryann St. Pierre, Elizabeth Shaughnessy, Bethany Kay, Barbara Bush Children's Hospital, Mark Parker, Suneela Nayak, Ruth Hanselman, Stephen Tyzik, and Amy Sparks
Improving Communication between Child Life Services and Nursing on an Inpatient Pediatric Unit

Last Updated: 9/18/2018

Executive Sponsor: Mark Parker, MD  Facilitator: Ruth Hanselman, Suneecla Nayak, Stephen Tyzik, Amy Sparks, Brendan Lilley
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 rehospitalization” (Keelelt-Glaser JK, Rosenberger PH, Jold P, Iekovices J). At the beginning of this improvement journey, a lack of connection 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:

1. 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 outpatient, during scheduled hours
2. Child life specialists will have a formal referral process
3. Child life specialists will round every morning with the nurses to review patient plans including procedures and any anticipated special needs
4. 100% of nurses will be educated to the role and services of CCLS
5. 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?

<table>
<thead>
<tr>
<th>Score</th>
<th>Qtr 1 2016</th>
<th>Qtr 2 2016</th>
<th>Qtr 3 2016</th>
<th>Qtr 4 2016</th>
<th>Avg. Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>(n=28)</td>
<td>(n=28)</td>
<td>(n=19)</td>
<td>(n=22)</td>
<td>(n=22)</td>
</tr>
<tr>
<td>70</td>
<td>(n=31)</td>
<td>(n=31)</td>
<td>(n=21)</td>
<td>(n=24)</td>
<td>(n=24)</td>
</tr>
<tr>
<td>80</td>
<td>(n=37)</td>
<td>(n=37)</td>
<td>(n=24)</td>
<td>(n=26)</td>
<td>(n=26)</td>
</tr>
<tr>
<td>90</td>
<td>(n=42)</td>
<td>(n=42)</td>
<td>(n=29)</td>
<td>(n=31)</td>
<td>(n=31)</td>
</tr>
<tr>
<td>100</td>
<td>(n=47)</td>
<td>(n=47)</td>
<td>(n=36)</td>
<td>(n=38)</td>
<td>(n=38)</td>
</tr>
</tbody>
</table>

Figure 1 displays the HCHAPS scores demonstrating an opportunity for increased and more collaborative communication.

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.

Root Cause Analysis:

Problem: Patients not benefiting fully from child life services

Why?

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

Root Cause: There was a lack of structure within the child life program and no expectation of child life specialists to collaborate with nurses.

Countermeasures

<table>
<thead>
<tr>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signed manager of Child Life Program to provide leadership, structure, and order for Child Life Services (1)</td>
</tr>
<tr>
<td>Child life program posted CCLS phone numbers and clearly illustrated each child life specialist’s section (2)</td>
</tr>
<tr>
<td>Identified IV starts as a good indicator of child life and nursing partnership as it serves as a common procedure (3)</td>
</tr>
<tr>
<td>KPI for notifying child life specialists before IV starts to help institute the overall changes (4)</td>
</tr>
<tr>
<td>Implement nursing checklist where CCLS educated nurses about their role, review patient care plans and procedures, and conduct coping strategies on 100% of patients</td>
</tr>
<tr>
<td>Countermeasure: To add more responsibility, putting actions forward and to provide oversight and commit to constant training and KPI (5)</td>
</tr>
<tr>
<td>Countermeasure: To continue teaching the family early and start teaching the family early (6)</td>
</tr>
</tbody>
</table>

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