Pediatric Patient Experience: A Mixed-ED’s Journey with Child Life

- Indiana University Health Arnett Hospital, Lafayette, IN
  - ACS Level III Trauma Center
  - 191-bed hospital
  - Primary Stroke Center
  - Chest Pain Center with Primary PCI
  - Magnet Hospital
Authors

• Brad Jordan, DHA, MHA, EMT-P, CPP, Administrative Director of Emergency & Trauma Services, IU Health West Central Region

• Ben Froedge, MHA(c), BSN, RN, CEN, NE-BC, ED Clinical Operations Manager, IU Health Arnett Hospital

• Olivia Rauschenbach, CCLS, CIMI, CPST, Child Life Specialist, IU Health Arnett Hospital
Introduction

• The delivery of effective care to pediatric patients in a mixed emergency department presents many challenges to all clinicians involved. An intervention or program that can be utilized to provide effective, patient-centered care is to implement the services of a child life specialist (O’Malley, Brown, Krug, & the Committee on Pediatric Emergency Medicine, 2008).
• Evidence illustrates child life specialist can ease the burden of traumatic, anxiety-inducing procedures that pediatric patients can experience while receiving care in the emergency department (Alcock, Feldman, Goodman, & McGrath, 1985; Stevenson, Bivins, O’Brien, Gonzalez, del Rey, 2005). With all of this evidence, the role of child life specialist is still undervalued and misunderstood within the continuum of care delivered to pediatric patients (Fehlen, n.d.)
Method

• Leadership at the Indiana University Health Arnett emergency department noticed a gap in advocating for pediatric patients as evidenced by our pediatric patient satisfaction scores. As a result, leadership within the department decided to implement a child life specialist program within our mixed emergency department.
• Patient experience scores were monitored 3 months before and after implementation of the Child Life Specialist program. The population size for both the pre-intervention and post-intervention group were 35 & 36, respectively.
Pre-Implementation Data

- Data
  - Net Promoter Scores Before Child Life Specialist = 28.6 (n=35)

FIGURE 1 – Before Child Life Specialist Program Implemented
Post-Implementation Data

- Data
  - Net Promoter Scores Before Child Life Specialist = 50 (n=36)

FIGURE 2 – After Child Life Specialist Program Implemented
Continued Success
Recommendations & Discussion

• Data illustrate pediatric patient experience scores increased with the implementation of a child life specialist. Emergency departments, including units lacking a specialized pediatric focus, can implement a child life specialist to improve the pediatric patient experience. Implementation of child life specialist can help improve the patient experience for pediatric patients in all clinical settings.
References

