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Defining the Value of Child Life Specialists in Paediatric Healthcare Settings

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CONSIDERATIONS FOR IMPLEMENTING OR EXPANDING SERVICES

A child coming into a healthcare setting brings with them a unique set of coping strategies, fears, family dynamics, and perceptions of what their experience will be like. Personalising care to fit the needs of that child and family is a crucial element of providing high quality, family-centred and cost-effective care.

Child life specialists enter the child's world when medical stresses do, and their aim is to serve as a bridge between the realities of the healthcare setting and the needs of the child and family. There are several anecdotal reports that not only do child life specialists improve the experience of the child and family, but they also positively impact efficiency and coordination of care. Child life specialists have been shown prospectively to positively impact family satisfaction scores, family and staff reports of child cooperation and staff satisfaction (Tyson et al. 2014). The American Academy of Pediatrics, in a 2006 statement, recommended that "child life services should be considered an essential component of quality pediatric health care and are integral to family-centred care and best-practice models of health care delivery for children" (Child Life Council et al. 2006).

From a mission perspective the addition of child life specialists to improve the experience of the child and family is crystal clear. The business aspect of the decision must entail more nuanced questions and a cost-benefit analysis that documents the advantages of having a robust child life programme.

The Role of a Certified Child Life Specialist

Understanding the function of a Certified Child Life Specialist (CCLS) is the first crucial step to assessing impact and effectiveness. The role of a CCLS is diverse and constantly evolving to meet the needs of patients, families, and medical institutions. The Child Life Council's definition (2014) is that "child life specialists focus on the psychosocial needs of children, collaborating with parents and other members of the team to:

- Ease a child's fear and anxiety with therapeutic and recreational play activities;
- Foster an environment that incorporates emotional support;
- Encourage understanding and cooperation by providing non-medical preparation and support for children undergoing tests, surgeries, and other medical procedures;
- Advocate for family-centred care;
- Engage and energise children and families by coordinating special events, entertainment, and activities;
- Consider the needs of siblings or other children who may also be affected by a child's illness or trauma;
- Direct pre-admission hospital tours and resources, and consultations with outpatient families;
- Support families confronting grief and bereavement issues;
- Provide information and resources for parents and members of the interdisciplinary team."

Child life specialists embody a variety of additional roles, depending on their specific position. These can include (but are not limited to):

- Making pre-procedure phone calls to provide anticipatory guidance to children and families and to advocate for individual needs;
- Serving as members/leaders of interdisciplinary committees and teams;
- Coordinating donations and seeking sources for programme funding;
- Administering paediatric volunteer programmes and providing training and supervision;
- Educating hospital staff on the developmental needs of children;
- Promoting a child-focused atmosphere.

The many and diverse roles of the child life specialist make the scope of the profession especially difficult to define and quantify. Each aspect of the profession must be viewed in the context of the cost of providing each service and the benefit to the patient, family, medical institution and broader community.

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Considerations for the Implementation or Expansion of Child Life Services

Healthcare leaders considering the initiation or expansion of a child life programme must consider a variety of factors, including:

• Who is your competition?

Healthcare institutions are competing in an environment where patients have choices and are influenced by impressions of quality and service. Patients are consumers of healthcare, who are increasingly more informed. The competitive nature of healthcare systems makes service an important strategic and competitive tool. Child life services have been widely recognised to impact impressions of quality and service and may be a factor upon which families decide where to bring their children for care.

• What is the structure and flow of your institution?

The specific role and corresponding impact of a CCLS depends on the services provided at your institution and the process by which the patient is served. In an inpatient setting the types of interventions provided by a CCLS may decrease length of stay and improve the coordination of care provided. In an outpatient setting a CCLS will likely improve flow and increase the number of procedures that can be done per day. CCLS are a relatively low cost resource that can be tremendously effective in roles that other staff may otherwise take on. For instance, in a paediatric radiology department without a child life specialist an imaging technologist may help to prepare the child in the MRI room for a few minutes before the scan begins. With the addition of a child life specialist, the preparation of the child can begin over the phone or in the waiting room, such that the higher cost resources of the imaging technologist and MRI room are not used for that portion of the process.

• How are the services that you provide paid for?

The financial impact of a CCLS is largely dependent on the payment and reimbursement system of an institution. For example, CCLS are often able to impact rates of sedation by offering additional pain management techniques, but in a fee-for-service environment that may not be financially beneficial to the healthcare organisation. If payments are bundled or diagnosis-related group (DRG) based however, a reduction in those kinds of higher cost procedures could be quite financially advantageous. A thorough analysis is recommended in both deciding if to implement a child life programme, and also in deciding where existing or new CCLSs should focus their time within the programme.

• Where does your institution rank with regards to patient satisfaction scores?

Do not underestimate the importance of patient satisfaction scores and the potential impact that the provision of child life services could have on those scores. The widespread use of patient satisfaction survey tools has changed how hospitals assess quality care, and the ease with which customers can access and compare this data has significant ramifications for the business strategy of healthcare organisations. In addition to the importance of image among consumers, satisfaction data is increasingly linked to quality and even reimbursements.

Communication and an awareness of the patient's perspective, both key aspects of the child life role, have been shown to be determining factors of satisfaction. The Press Ganey Hospital Pulse Report (2010) found that, based on survey results from more than 1,700 hospitals in the United States, the top three issues identified by inpatients relate to communication and empathy, including response to concerns, being included in treatment decisions, and having one's emotional needs addressed while hospitalised. The highest priorities in the outpatient environment centred around meeting the emotional needs of the patient and included response to concerns, sensitivity to needs, and concern for worries. These top priorities reported by patients directly relate to staff interactions and interactions that exist in the essence of the child life specialist's role.

• **Would marketing the availability of child life services strengthen your brand identity?**

The availability of child life services can be interpreted as a sign of commitment to family-centred, high quality care and attention to the patient experience. Philanthropic efforts may also be positively impacted by a strengthened brand identity that includes the provision of child life services.

• **Do you currently provide true family-centred care?**

In addition to being seen as a driver of patient satisfaction, family-centred care has become a focus in many healthcare institutions as a way to improve quality, safety, efficiency, and financial outcomes. Charnel & Frampton (2008) analysed the business case for patient-centered care, noting that hospitals that provide patient-centred care reap a number of financial benefits, including:

- Reduced length of stay;
- Lower cost per case;
- Decreased adverse events;
- Higher employee retention rates;
- Reduced operating costs;
- Decreased malpractice claims;
- Increased market share.

Patient-centred care is often cited as a way to achieve product differentiation in healthcare. A study by Stone (2007) examined data for two comparable hospital inpatient units over five years. One unit implemented an extensive programme of patient-centred practices during this time and the other did not. The study showed that in each of the five years studied the patient-centred unit had:

- A shorter average length of stay than the control unit;
- A statistically significantly lower cost per case than the control unit;
- A shift in the emphasis from higher cost staff to lower cost staff;
- Higher than average overall patient satisfaction scores.

The philosophy of child life is synonymous with patient and family-centred care, and a Certified Child Life Specialist has the unique role of focusing on the empowerment and support of patients and families as well as advocating for patient-centred practices.

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Conclusion

Child life specialists provide valuable services that support paediatric patients, their families, and the healthcare institutions where they work. Decisions regarding the implementation or expansion of child life services should consider the competitive landscape, financial impact, possibilities for marketing, influence on patient satisfaction scores, and institutional commitment to patient- and family-centred care. Engaging patients and families in decisions regarding child life programmes is encouraged where possible.

Although the case for child life is compelling and robust, future studies should seek to quantify the impact a CCLS has on efficiency and coordination of care within paediatric health settings. This detailed data would allow healthcare leaders to make more informed and detailed decisions regarding having child life specialists as members of the healthcare team.

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