

The Need for Child Life Intervention in the Trauma ICU

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BACKGROUND

- On Average, the Trauma Unit admits about 3,000 patients per year.
- 2,810 admissions in 2012.
- Current practice in Adult Critical Care Trauma Unit:
 - Children under the age of 14 are NOT allowed to visit loved ones on 10N – Trauma Unit.
 - Children under the age of 14 are NOT allowed to wait in the waiting room on 10N.
 - Despite having full-time officers on the unit, the waiting room is often an unsafe environment for young children.
 - Exceptions to visitation are occasionally made during End-of-Life circumstances.
 - Exceptions to visitation are determined by the charge nurse and the bedside nurse NOT always by a professional child life liaison.
 - Child Life Services is available three days a week at VUMC with on-call specialists after hours.

PURPOSE

The purpose of this study is to determine the critical need for further expansion of the Child Life Program in the Trauma Unit at Vanderbilt University Medical Center and to identify the need for a trauma specific protocol.

Key questions to address:

- According to nursing staff, is there a need for professional Child Life Specialists to evaluate and educate children of critically ill family members in the Adult Trauma Unit at VUMC?
- How could the expansion of the Child Life Intervention Program be used to positively effect and assist the nursing staff?
- Would the staff in the Trauma ICU benefit from an established Child Life protocol, further education on the roles of Child Life Specialists (CLS), and/or the development of assessment tools to aid in the evaluation of children.

The assessment of the nurse's perspective will also determine appropriate interventions for future incorporation of Child Life Services on the Trauma Unit.

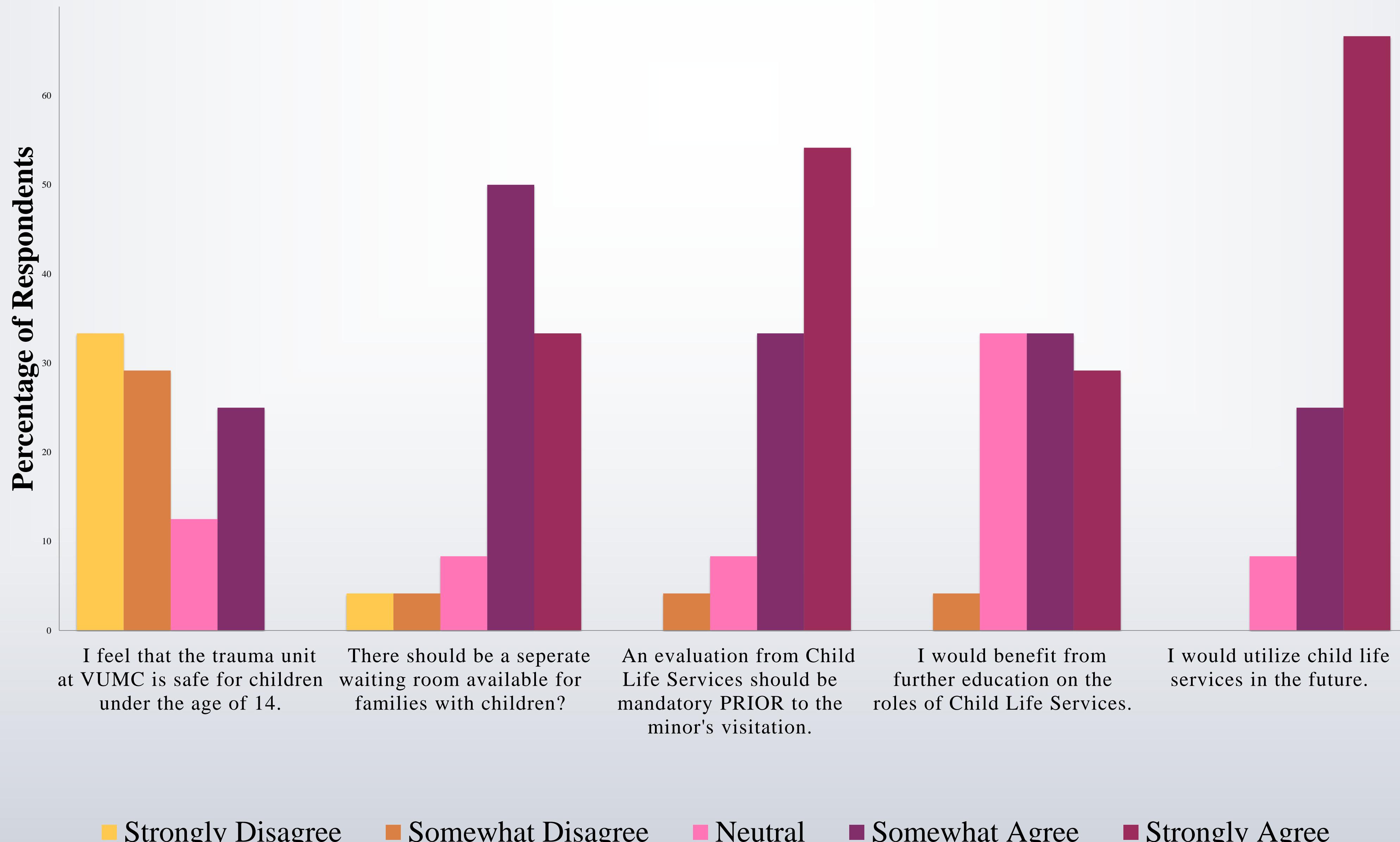
MATERIALS AND METHODS

Methods: A cross-sectional study of the nursing staff at VUMC is being conducted in order to determine the need for expansion of the Child Life Intervention Program on the adult trauma unit. An anonymous questionnaire was used to collect data related to their knowledge of Child Life Services, the impact of this program, experiences and attitudes towards CLS, and the need for further expansion on their unit.

Participants : Registered Nurses working full-time and part-time in the adult trauma unit at Vanderbilt University Medical Center in Nashville, TN. Care partners, medical receptionists and ancillary staff were not included in the survey.

Questionnaire: The questions were a mixed method design utilizing multiple choice format, open-ended format and a 5-point Likert scale.

Procedure: The questionnaire was designed and distributed using Research Electronic Data Capture (REDCap). The survey remained completely anonymous and the results were compiled based on the answers from the survey.



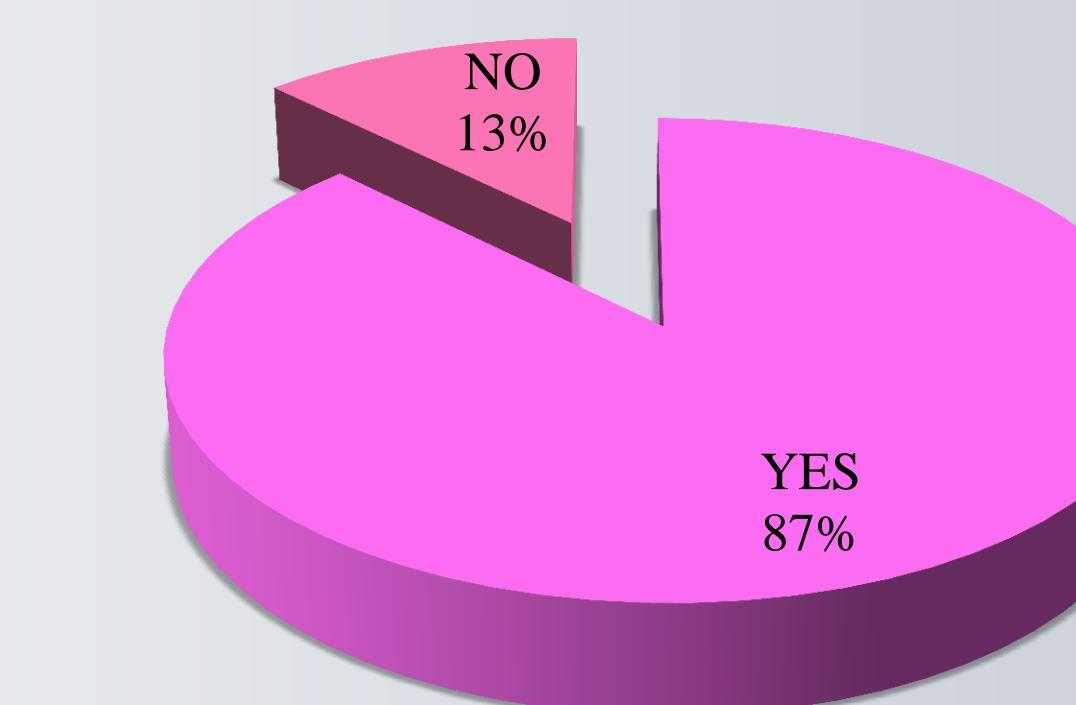
Analysis: Qualitative and quantitative analysis of the data collected from the anonymous REDCap survey was performed. The results from the questions utilizing the 5-point Likert scale are displayed in graphical format above, with pie graphs representing yes or no questions displayed to the right. The information provided will aid in determining appropriate interventions for future incorporation of Child Life Services on the adult Trauma unit and will assist in the development of a Trauma specific unit protocol.

RESULTS

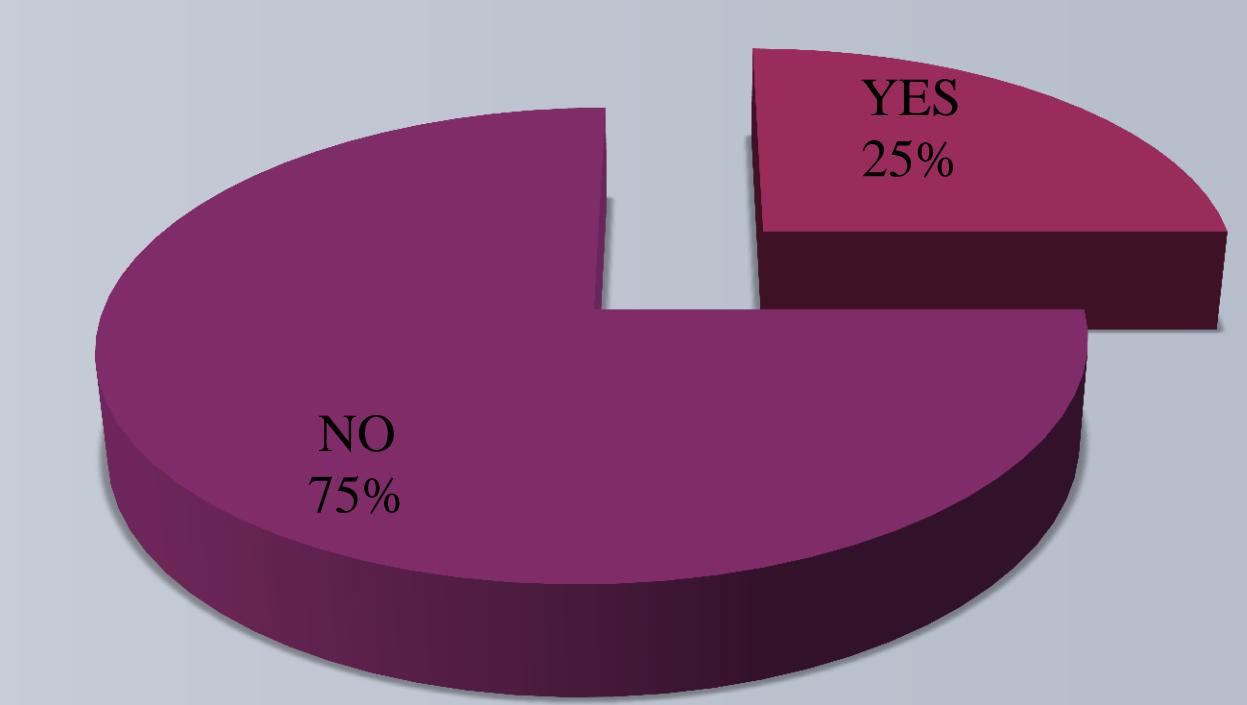
The results reflect an overall positive perception of the Child Life Specialists and the need for further expansion of the Intervention Program within the Trauma ICU. This is reflected in the following statistics:

- 87.5% of respondents agree that that children under the age of 14 should be allowed to visit if CLS and the bedside nurse agree that it's appropriate.
- 87.5% feel that an evaluation from CLS should be mandatory PRIOR to the minor's visitation.
- 70.8% agree that an assessment tool would be beneficial.
- 37.5% do not clearly understand the role of CLS and would benefit from further education
- 62.5% feel that the unit is unsafe fro children and 83.3% are in favor of a separate waiting room for families with children.

Do you think children under the age of 14 should ever be allowed to visit the adult trauma unit?



Should the minor be allowed to visit the patient ONLY during end of life circumstances?



CONCLUSIONS – What's Next?

The data from the REDCap survey suggests that the trauma Unit would utilize and benefit from the expansion of the Child Life Intervention program. Based on the data above the Trauma Unit has implemented the following interventions:

- Designated waiting room on 10S for families with children.
- Held toy-drive to collect toys and raise awareness of waiting room.
- Founded of Child Life Committee to collect further input from staff.
- Designated Child-Life "Champions" to educate staff and to help develop a Trauma Unit Protocol.
- Plan to create an activity box with guidance from CLS with toys and activities that will help assess, educate, and facilitate the child's visitation.

REFERENCES

- ¹Paul A. Harris, Robert Taylor, Robert Thielke, Jonathon Payne, Nathaniel Gonzalez, Jose G. Conde, Research electronic data capture (REDCap) - A metadata-driven methodology and workflow process for providing translational research informatics support, J Biomed Inform. 2009 Apr;42(2):377-81.