

UTILIZING THE SKILL SET OF CHILD LIFE SPECIALISTS TO SUPPORT CHILDREN, FAMILIES AND STAFF IN THE ADULT INTENSIVE CARE UNIT

Theresa Vickey MSN, FNP-BC, ACHPN and Eleanor Lambert MSN, FNP-C, ACHPN
Atrium Health Cabarrus – Concord, North Carolina

INTRODUCTION



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- The serious illness of an adult in the intensive care unit (ICU) impacts the entire family^{1,2} including children, and it is important for the ICU staff to recognize the needs of children as well as adult family members when providing holistic and patient/family centered care.^{3,4}
- The American Academy of Pediatrics has stressed the importance of supporting children during serious illness to promote effective coping and further recommends use of a Child Life Specialist (CLS) to deliver this support.⁵
- CLS are trained to provide children with developmentally and psychologically appropriate interventions aimed at enhancing coping and minimize distress associated with serious illness⁶
- The Palliative Care (PC) team at Atrium Health Cabarrus recognized the ICU staff often felt unprepared to speak to children about the adult's illness and possible death.
- This insight led to development of a grant funded pilot program that provided age-appropriate materials and access to a CLS dedicated to the ICU so that children of seriously ill patients and ICU nursing staff were able to be better supported.



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PURPOSE

- Implement a pilot program to evaluate the impact of having CLS support and developmentally appropriate coping materials available for families and staff of adult patients in a 35-bed adult medical/surgical ICU

METHODS

- Secured 18 hours per week of CLS dedicated to adult ICU
- Collaborated with CLS to obtain recommended supportive materials for Tool Kits (books, workbooks, memento items)
- Educated ICU nursing staff on program and identification of appropriate participants
- Utilized CLS skill set to provide family intervention to participants meeting inclusion criteria:

CLS interventions included

- Assessment of the child's coping
- Preparing and supporting children for bedside visits
- Helping families with conversations about hospitalization
- Providing normalization and play for children in waiting rooms
- Recommending ways families can stay connected

Bereavement services included

- Simple explanation of the terminal condition
- Preparation for transitioning to comfort care using developmentally appropriate terminology
- Providing therapeutic intervention to allow child opportunity to process grief
- Offering inkless handprint of the patient and heartbeat in a bottle
- Giving grief resources for the family

RESULTS

Pilot program initiated in September 2019 and concluded April 2020

Data Collection

- ICU nursing staff
 - Pre- and post- implementation survey evaluating perception of CLS availability, value of CLS role and materials, personal comfort level with interactions involving children
- Family Units
 - Basic demographic data to describe population being served
 - Survey to evaluate perception of CLS and/or materials on child coping, anxiety, sense of support, impact on communication, overall family satisfaction



Enrollment

- 288 family units screened to evaluate for inclusion/exclusion criteria and potential CLS needs
- 160 family units received CLS intervention
- 22 were provided bereavement services and/or legacy building

Surveys

- Nursing staff**
 - 11 item survey with 5-point Likert scale distributed at implementation and conclusion of pilot program
 - Surveys were similar in content to 2017 surveys and reviewed by ICU champions and the clinical nurse specialist who assisted in the pilot program
- Key findings on initial survey (n=37)**
 - 40% of respondents felt prepared to interact with children
 - 50% of respondents felt comfortable providing toolkits to families
 - >90% of respondents felt CLS presence was important and beneficial for families and children
- Findings on conclusion survey (n=8)**
 - 62% of respondents felt prepared to interact with children
 - 75% of respondents felt comfortable providing toolkits to families
 - 100% of respondents felt CLS presence was important and beneficial for families and children

It is important to note that the significance and comparability of the conclusion survey is very limited due to the low overall response rate

Family units

- 4 item survey with 5-point Likert scale, distributed after CLS intervention or reception of Tool Kit materials
- Surveys were specifically designed for this pilot program using guidelines from the Child Life Professional Association and the Society of Critical Care Medicine 2018 practice guidelines
- These surveys explored the families' perception of the benefits provided by the CLS – specifically, their assistance with child coping, communication with intensive care unit staff, family support and resources that were provided
- Responses collected over course of program (n=8)

| Survey Statement | Strongly Agree | Agree | NA | Disagree or strongly disagree |
|-------------------------------------------------|----------------|-------|-------|-------------------------------|
| Resource helped child to understand and cope | 75% | 12.5% | 12.5% | 0% |
| Interaction with CLS facilitated child's coping | 62.5% | 25% | 12.5% | 0% |
| CLS facilitated communication with staff | 75% | 12.5% | 12.5% | 0% |
| CLS allowed me to support ill family member | 87.5% | 12.5% | 0% | 0% |



CONCLUSIONS

- The feedback received from both family units and ICU nursing demonstrated having a CLS in the Atrium Health Cabarrus adult ICU was beneficial.

Obstacles

- The unexpected COVID19 pandemic with firm restrictions regarding family visitation
- Patients moved from the ICU on days not covered by the CLS
- Limited hours of coverage by CLS
- Confusion related to hours CLS availability
- Acuity level of patients limiting staff ability to identify appropriate family units on admission

Unexpectedly low response rates family unit survey

- Potential for missed or overlooked family surveys
- Family surveys often distributed at time of high stress and emotional turmoil

Low response rate for second ICU staff survey

- High nursing staff turnover with many new staff unfamiliar with program
- Increase in acuity and changes daily workflow related to COVID19 pandemic, surveys sent March 2020 as cases were beginning to surge in our area

Recommendations and Lessons Learned

This pilot program has allowed our project team to observe the positive outcomes associated with the expertise provided by a CLS when interacting with families and nursing staff in the adult ICU. Although limited data was collected due to low survey response rates, the information that was collected appears to generally support that CLS support in an adult ICU can have positive benefits.

Based on this pilot program and comments received, the recommendation has been made to key stakeholders for continuation of the program beyond the grant period to provide children of seriously ill adults the support needed to manage the emotional turmoil associated with the family member's illness, with the intent of helping to reduce the potential for long lasting psychological effects.

"Child Life Specialists have helped my patients' families to cope when their loved one is critically ill. We need to continue this service!" – ICU RN

"Before my daughter spoke with the CLS, she was angry, she was mad at the world because her Daddy was very sick and on a vent. After she spoke with [the CLS], she finally slept and still has her ups and downs but she's finally coping with it." – family member

REFERENCES

- Sutter C, Reid T. How Do We Talk to the Children? Child Life Consultation to Support the Children of Seriously Ill Adult Inpatients. *Journal of Palliative Medicine*. 2012; 15(12): 1362-1368.
- Golsater M, Henricson M, Enskar K, Knutsson S. Are children as relatives our responsibility? – How nurses perceive their role in caring for children as relatives of seriously ill patients. *European Journal of Oncology Nursing*. 2016; 25: 33-39.
- Kynoch K, Chang A, Coyer F, McArdle A. The effectiveness of interventions to meet the family needs of critically ill patients in and adult intensive care unit: a systematic review update. *JBI Database System Rev Implement Rep*. 2016; 14(3): 181-234.
- Craft MJ, Cohen MZ, Titter M, DeHamer M. Experiences in children of critically ill parents: A time of emotional disruption and need for support. *Crit Care Nurs Q*. 1993; 16(3): 64-71
- Committee on Hospital Care and Child Life Council. *American Academy of Pediatrics*. 2014; 133(5): 1471-1478.
- Position Statement on Child Life Practices for Children of Adult Patients. Association of Child Life Professionals; 2018.