The Role of the Child Life Specialist

Jacqueline Wameling, CCLS IV
Golisano Children’s Hospital
Rochester, NY
The presenter and Golisano Children’s Hospital have no commercial disclosure.
What is a Child Life Specialist?

“Infants, children, youth, and families benefit from help coping with the stress and uncertainty of illness, injury and treatment. Certified Child Life Specialists provide evidence-based, developmentally appropriate interventions including therapeutic play, preparation and education that reduce fear, anxiety, and pain for infants, children, and youth. Certified Child Life Specialists are educated and trained in the developmental impact of illness and injury. Their role helps improve patient and family care, satisfaction and overall experience.” -ACLP
Aspects of Child Life

- Play
- Preparation
- Procedural Support
- Assessment
Aspects of Child Life Cont.

**Play**

- Play is the foundation of what we do as child life specialists because it is both familiar and reassuring for children. It helps make the medical experience less intimidating and more comfortable.

- Engaging in developmentally appropriate play, creative or expressive arts, and reading activities, all help moderate children’s anxiety and decrease the possibility that health care encounters will disrupt their normal development.
Aspects of Child Life

Preparation

- More likely to complete the scan/procedure without sedation
- More likely to be cooperative
- More trusting of health care team
- Less anxiety when they know what expect
Aspects of Child Life Cont.

**Procedural Support**

- Relaxation/distraction techniques
- Coping plan
- Positions of comfort
- **ONE VOICE**

*Decrease pain and anxiety*
Simon Says!

KEEP CALM AND DO WHAT SIMON SAYS
Assessment

- Build rapport
- Assess motor skills
- Assess development

Activity

Bedside Assessment

- Previous hospital experience
- Parental coping
- Assess anxiety
  - Avoidant vs. interactive
  - Staff/parent/patient perspective
Getting Child Life in Imaging

A little history...

A huge THANK YOU to those responsible:


When to Call the Imaging Sciences Child Life Specialist

- High anxiety in a child, teenager or family member
- Invasive procedure
  *Please let move as room as possible! Answering and preparing a child and family beforehand is the best way to help make a more successful intervention
- Patient/Family could use help with coping skills
- Procedures not being used with sedation
- First time having imaging and/or procedure
- Child with developmental concerns

I am looking forward to working with all of you! Imaging Sciences is an area that I knew I wanted to be a part of, ever since our research study, and I am excited to start the Child Life program here. Thank you to everyone for your support to help make this possible!

*I will begin to make pre-procedure phone calls and try to help families understand what they should find somebody to stay with siblings. Unfortunately, I am unable to assist with supervising siblings or patients, as well as children of adult patients.

My name is Jacqueline (Jackie) Wandeling
I will be here M-F 7:30am-4:00pm
You can reach me by text paging or #1027
Jacqueline.wandeling@urmc.rochester.edu
It was very helpful having the child care specialist with my daughter. The iPad and toys distracted her from the procedure, and it was most successful!

Jackie was great! Not sure my 3 year old would have cooperated without her!

She was less stressed because of the child life specialist. Every child should have a CLS with them during any time in the hospital that may cause anxiety.

Child life is GREAT for peds patients - and takes stress off of parents too : )
Reducing Sedation and Anesthesia

- Major child life goal
- Safety concerns
- Build up/becoming a recognized practice

Here are some ways we’ve reduced sedation...
### Names of Ordering Physicians

<table>
<thead>
<tr>
<th>Year</th>
<th>Exam Type</th>
<th>2013</th>
<th>2014</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CT with ANS</td>
<td>2</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>VCUG with sedation</td>
<td>4</td>
<td>12</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>VCUG total (with and without)</td>
<td><strong>Total</strong></td>
<td>252</td>
<td>252</td>
</tr>
</tbody>
</table>

| Names of Ordering Physicians | 58 | 43 | 101 |
For questions about your child’s test please call (585) 275-5434.

Support for children with special needs is available through the Wegmans Child Life Program at (585) 275-9878.

- **Having a PET/MRI Scan**
  PET/MRI combines two imaging processes. This.

- **Having a CT Scan**
  Computed Tomography scans combine X-rays and.

- **Having an X-Ray**
  X-rays are invisible electromagnetic energy beams.
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiologist may administer or withhold IV contrast at their discretion</td>
<td>Yes</td>
</tr>
<tr>
<td>Imaging Site Preference</td>
<td>SMH Img</td>
</tr>
<tr>
<td>Prior Authorization Needed?</td>
<td>No</td>
</tr>
<tr>
<td>Additional instructions</td>
<td>movie googles please! thanks.</td>
</tr>
<tr>
<td>Are services from Anesthesia</td>
<td>No</td>
</tr>
<tr>
<td>Department required for this exam</td>
<td></td>
</tr>
<tr>
<td>Copy results to (maximum of 4)</td>
<td></td>
</tr>
</tbody>
</table>

Note: Results only sent to providers found in dictionary

Symptoms: ERECORD: NEOPLASM - CNS PRIMARY; 12 YO boy who had a brain stem glioma about 10 years ago. He got radiation and chemo and is doing well. C71.7-Malignant neoplasm of brain stem. He needed anesthesia last time. Maybe not this time? I'm not sure. I checked the anesthesia box. Contrast discretion? No Anesthesia? Yes NO ANESTHESIA NEEDED PER MELISSA X 52981 WILL OBTAIN AUTH. CHILD LIFE REQUESTED OUTP.
Anesthesia Trial MRI

- Noticing trend
- New research
- Multidisciplinary approach
- How can we track our success?

Identifying anesthesia patients for non-anesthesia

Jackie and Hannah look 3 weeks out for potential candidates
- They phone the ordering physician for permission
- They speak to MRI for a date and time
- They phone the parent to assess and give date and time

Once the patient has their "non-anesthesia" date and time please email the group of the changes.

Ginny Giambrone, Jackie Wameling.

Info needed is as follows:

1. Name
2. MRN
3. Type of exam
4. Scanner PET or 1.5?
5. Date and time of anesthesia scan
6. Date and time of trial scan

Do not remove the patient from the anesthesia schedule keep them on it until we have a confirmed completed exam from start to finish.

Once the scan is confirmed completed email Jasmin. We can remove them from the anesthesia schedule.

Schedule the patient as MRI, Saved to hold their time slot. (DO NOT use BUGSBUNNY) Under comments place the patients Name, MRN and type of exam.

Should the patient not complete the "non-anesthesia" scan but you have images that Justin deems "usable".
- Send those images and no charge the exam
- Heavily note in e-view what happened and when they will be returning
- Confirm the patient is on the anesthesia schedule

Jackie is tracking our progress.
Using an Interprofessional Approach to Reduce Anesthesia Use in Pediatric MRI

Hannah Pascucci RN, BSN, ATCN and Jacqueline Wameling CCLS IV

**PROJECT BACKGROUND**

- Evidence showed that approximately half of all pediatric anesthesia is used for radiologic procedures.
- Repeated exposure to anesthetics at a young age is associated with increased behavioral and developmental problems.
- MRIs are ordered to obtain diagnostic images on children without exposing them to radiation, and to better visualize soft tissue structures, and require children to hold still for an extended period of time.

**OUTCOMES**

- With the increase of use of the Pediatric Imaging suite since opening, there has been a cultural shift towards less sedation.
- In the second winter the unit has been open there has been an 11% increase in MRIs with anesthesia, and a 28% increase in MRIs without anesthesia.

**Anesthesia Use in Pediatric MRI**

<table>
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<tr>
<th>Year</th>
<th>Anesthesia Use</th>
<th># Patients</th>
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</thead>
<tbody>
<tr>
<td>10/15-2/16</td>
<td>NonAnesthesia</td>
<td>475</td>
</tr>
<tr>
<td></td>
<td>Anesthesia</td>
<td>102</td>
</tr>
<tr>
<td>10/16-2/17</td>
<td>NonAnesthesia</td>
<td>608</td>
</tr>
<tr>
<td></td>
<td>Anesthesia</td>
<td>340</td>
</tr>
</tbody>
</table>

**METHODS**

- Audio-visual aides, a pediatric friendly environment, and Child Life staff were already in place in the hospital, but had not been used in a coordinated effort to reduce pediatric anesthesia use.
- The initial sample population included children 8 years and older ordered for head MRI with anesthesia.
- Interprofessional team developed plan to educate providers, identify & support patients using distraction techniques.

**PROFESSIONAL PRACTICE MODEL**

This project aligns with the Exemplary Professional Practice component of the Professional Practice model. It encompasses safety for pediatric patients through interdisciplinary collaboration and is an overall improvement to the care delivery system in the Pediatric Imaging Suite.

**ACKNOWLEDGEMENTS**

Thanks to the other members of the interprofessional team: Jasmin Brown, Justin Brucker MD, Ginny Giambrone RN, Shaun Hayes RT, Ryan Lewis RT and Nicole Wamser RT.
Collaboration

- Communication
- Patient care plan
- Learning from each other
- Administrative involvement
Collaboration: Case Study

MRE on 2 year old in-patient
THANK YOU!!