

Building Bridges Across Child Life Programs: A Concurrent Care Model

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In 2015, a part time Certified Child Life Specialist (CCLS) position was created within Memorial Hermann Pediatric Hospice Program. This program receives referrals from The Children's Cancer Hospital and other local children's hospitals with established child life departments. CCLSs from each care paradigm provide distinct values to the continuity of care of the families served. CCLSs within the primary medical team provide hospital based psychosocial care while the CCLS within the hospice team provides the continuation of interventions in the home environment. Professional collaboration between the child life programs was recognized as an immediate need in order to address the highly complex needs of the dying patient and the family.

Objectives

- Define palliative care, concurrent care and hospice
- Discuss the benefits of working in the concurrent care model
- Examine the benefits and challenges of professional collaboration
- Describe the need for self-reflection within child life practice

Definitions

Palliative Care –

- Initiated at any point in the illness trajectory
- Focuses on symptom management with goal of quality of life
- Works alongside primary team
- Helps clarify patient and family's treatment goals and options
- Typically provided inpatient but growing number of outpatient programs
- Intends to neither hasten nor postpone death

Hospice Care –

- Transition from disease directed therapy to focus on comfort
- Focuses on symptom management and quality of life
- Initiated if patient is expected to live less than 6 months
- Typically provided within the home
- Emotional, physical, and spiritual care

Concurrent Care –

- Patient Protection Affordable Care Act of 2010
- Continued treatment by primary team with supportive hospice services
- Under the age of 21

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Benefits

- Provides improved communication to patient and family
- Maintains hope
- Prolongs survival
- Improves quality of life
 - Fewer inpatient hospital stays
 - Patient more included in everyday activities
 - Improved symptom control
- Reduces futile treatments
- Lowers anxiety and depression for patient and family
- Allows more control-Ease of transition
- Benefit of two team's perspectives
- Develops relationships between hospitals and community based teams

Challenges

- Misconceptions of palliative/hospice care by families and medical staff
- Family's worries of disconnection of primary team or connecting with new healthcare team
- Primary team's reluctance in "giving up" patient
- Primary team's focus on treatment with own goals and attachments
- Differences of goals of care
- Lack of staffing

Process

- 1) Referral is made to the hospice program
- 2) Hospice CCLS reviews referral information and reaches out to primary team CCLS for relevant background information
- 3) Based on information gathered, hospice CCLS contacts family for further assessment
- 4) Hospice CCLS provides interventions that complement the care provided by the primary team CCLS
- 5) Both CCLSs maintain open communication regarding patient needs

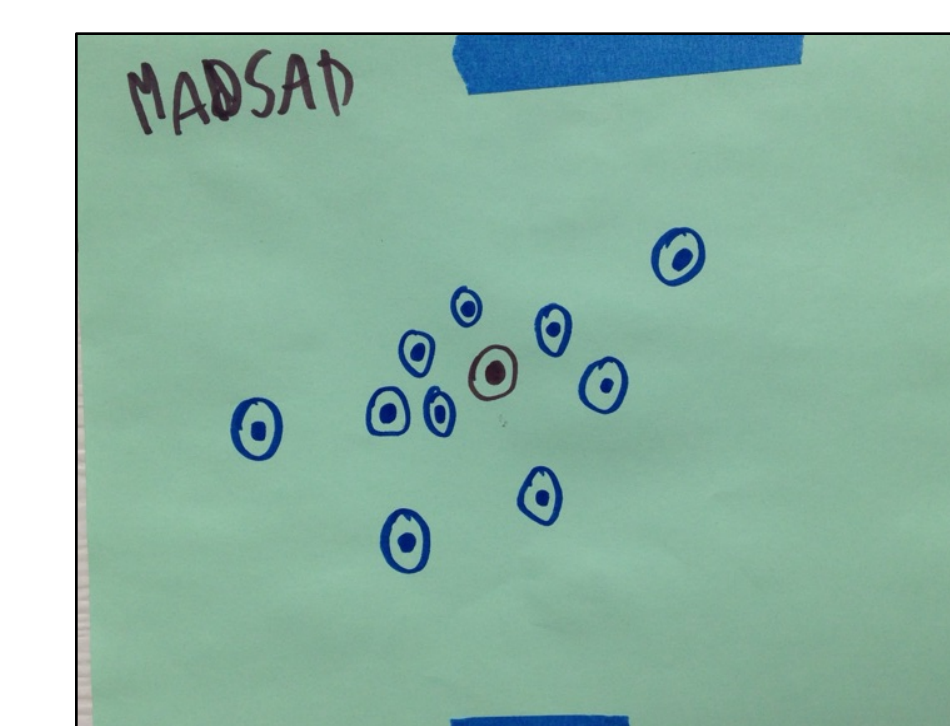
Case Scenario #1

9 year old female diagnosed with leukemia.
Treated at primary hospital for 2.3 years



Case Scenario #2

12 year old male sibling
Ewings Sarcoma patient treated for over 5 years with multiple relapses



Self-Awareness

Self-awareness is an individual's tendency to pay attention to his or her own emotions, attitudes, and behavior in response to specific situations.

- Examine boundaries both professional and personal
- Maintaining transparency – reach out and seek advice
- Develop personal coping strategies
- Be aware of personal vulnerability

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