Background

- Studies have shown that healthcare visits can be incredibly distressing for children (Gomes & da Nóbrega, 2015; Kazak et al., 2001; Melnyk et al., 2004).
- Given the negative and long-term psychosocial outcomes associated with negative healthcare visits, it is imperative children’s risk for experiencing elevated distress is identified while in the healthcare setting to provide targeted support to promote healthy physical, emotional, and psychological wellbeing.
- Although informal methods for screening and assessing for psychosocial risk are often utilized, there has been limited work focused on employing standardized screening tools within clinical practice.
- The Pediatric Emotional Safety Screener (PESS) was developed by a Staffing Analytics Task Force for the Association of Child Life Professionals in order to meet this need.
- The questions used in the PESS were adaptive from the Psychosocial Risk Assessment in Pediatrics (PRAP) (Staab et al., 2014).
- Data was collected as part of a program evaluation for the Child Life Department.
- IRB Approval was obtained to analyze the data retrospectively.

Methods

Participants:
- 1,643 patients participated in the PESS study and were included in an analysis.
- Pediatric patients ages two to 25 years old seen in Critical Care, Acute Inpatient, Radiology, Pre-Surgery, Emergency Department, and Ambulatory Clinics at a CHCO whose parents/caregiver filled out a PESS were included in the study.
- Parents or primary caregiver for the patient filled out the PESS.

Design:
- Staff in each of the following service areas: Critical Care, Acute Inpatient, Radiology, Pre-Surgery, Emergency Department, and Ambulatory Clinics were trained to complete the PESS with caregivers.
- CCLS in each of the six service areas completed a Child Life Validation of Need for each patient they saw during the study. For the Child Life Validation of Need the child life specialists indicated whether in their judgement the patient would be a low or high priority for child life services and recorded the PRAP score for the patient.
- Each of the 6 service areas completed a minimum of 100 PESS with matching Child Life Validation of Need.

Outcomes Measures:
- Psychosocial Risk Assessment In Pediatrics (PRAP)
- Pediatric Emotional Safety Screener (PESS)
- Child Life Validation of Need

Implications

- The PESS study offers preliminary support for the reliability and validity of PESS as a tool for identifying the patients who need child life services to mitigate the emotional harm patients experience during their healthcare visit. While the findings suggest the PESS is a promising tool for determining the need for child life services further use of the tool in practice and continued evaluation of the validity and reliability of the tool is warranted.
- The percentage of patients who screened positive on the PESS can be used as a metric in a staffing formula to establish the number of child life specialist FTEs required to adequately address the emotional needs of patients within the hospital setting. The PESS can also be used to identify patients needing referral to child life services so child life resources can be allocated to provide support to patients with the greatest needs.

Conclusions

The PESS predicts patients who score higher on the PRAP and aligns well with CCLS clinical judgement of which patient are a high priority for support from a CCLS. Pre-identification of patients at-risk of emotional distress and poor behavioral compliance during health-care encounters would allow targeted interventions to reduce distress, which could inform staffing, enhance staff productivity and increase the quality-of-care patient and families received.