



RE: *The Effectiveness of the Modality of Play for Hospitalized Children:
Clinical Child Life Services Play Interventions*

Request for Proposals (RFP)

OVERVIEW

- **Study Title:** *The Effectiveness of the Modality of Play for Hospitalized Children*
- **Maximum Award:** \$40,000.00
- **Proposal Submission Deadline:** Sunday, December 1, 2013, 11:59 pm

The Child Life Council (CLC) is the premier North American association serving more than 5,100 child life professionals who work primarily in children's hospitals and general hospitals with substantial pediatric wings to help children and their families cope with the stress of illness and hospitalization. Child life professionals provide critically needed psychosocial services to meet the needs of pediatric patients through therapeutic and medical play, procedural preparation, distraction, and creative expression as a part of comprehensive quality patient-centered care teams.

Child life services are recognized within the broader context of pediatric health care for their relevance and contribution to quality care. According to the 2006 American Academy of Pediatrics Policy Statement:

Child life services should be considered an essential component of quality pediatric healthcare... The provision of such services is a quality benchmark of an integrated child health delivery system and an indicator of excellence in pediatric care... There is some evidence that child life services may help to contain costs by reducing hospital length of stay and decreasing the need for analgesics. Observation and consumer satisfaction feedback further confirm the positive effects of child life programs on children, families, and staff.

'Life Specialists Help Young Patients Cope with Illness'- 2012 Washington Post /Kaiser Health News article – an excerpt from JADE'S STORY

Jade Tukan is an inquisitive 2-year-old with bright eyes and a confident smile, but her life was terribly disrupted when she was given a diagnosis of a deadly cancer, acute myeloid leukemia, in January. As her family focused on her medical care, it was sometimes hard to remember that Jade still wanted to play, even while hooked up to a chemotherapy drip. That's where Liz Anderson came in. Anderson is one of 16 child life specialists at Children's National Medical Center. "The purpose of my job is to make the hospital as least traumatic and stressful as possible," she explains. Anderson, 24, does not provide direct medical care. Instead, she helps Jade remain a kid despite all of the extraordinary things happening to her, often by guiding her in play, which is "the basis of how a child learns and grows," Anderson says. Jade's mother, Taneika Tukan, said she couldn't imagine how the family would have gotten through Jade's treatment without the hospital's child life specialists. "When we first got the diagnosis, everything stood still," Tukan says. Doctors gave the little girl just a 50 percent chance of survival. "We were really trying to cherish every moment we had with Jade, but there was a lot of sadness we were experiencing." Anderson visited with the family almost daily, bringing toys and books when Jade was in isolation, explaining the medical care to Jade in child-friendly language and even helping her older brother express his feelings about Jade's illness. "Whenever Jade was going through a particular funk or was a little drained from a treatment, we could ask the nurse to call Liz, and she would show up with something that would cheer her up," Taneika Tukan recalls.

CLC is announcing a request for proposals from research entities to conduct a research study with costs not exceeding \$40,000 entitled: *The Effectiveness of the Modality of Play for Hospitalized Children: Clinical Child Life Services Play Interventions*. This evidence-based study is anticipated to be focused on clinical child life services play interventions that positively impact pediatric patient care. Prospective and retrospective studies will be accepted for consideration. The goal of this study is to provide critically necessary data related to both the effectiveness of the modality of play and the cost effectiveness of child life services because of their use of play techniques.

Background

Founded in 1982, the CLC has made significant strides towards professionalizing the field of child life services. Originally known as the “play ladies,” today’s Certified Child Life Specialists (CCLS) are comprehensively trained through relevant collegiate fields of study, clinical internships, and completion of an extensive certification exam administered by the CLC.

In 1990, The Phoenix Research Project (Gaynard et al.,) laid the substantive justification for the establishment of the child life profession. In 2006, the American Academy of Pediatrics recognized child life specialists as being critical to the care of hospitalized children and that they should be considered an essential component of quality of pediatric health care. In 2012, the CLC commissioned a survey of salary and compensation structures of child life specialists, providing an important benchmark for the profession.

In 2011, the CLC created its 2012-2014 strategic plan, which identified a core focus of promoting the credibility of the profession by ensuring and promoting research that advances the theory and practice of child life services, and which substantiates the profession’s therapeutic and economic value. In 2012, the CLC awarded its first \$50,000 research grant for submissions under the title: *The Effectiveness of the Modality of Play on Recovery for Hospitalized Children* to Children’s National Medical Center in Washington, DC for their proposal entitled: *The Economic Value of a Child Life Program for non-sedated MRI Imaging*. Study results are anticipated to be available this year.

Special considerations for this research project are the following factors. First, child life services are non-reimbursable in the U.S. health care system. Second, relevant data needed to establish the correlation between child life services and cost effectiveness varies between institutions and potentially presents a challenge for researchers to properly design a study which addresses validity and relevance concerns related to economic value.

Purpose and Intent of RFP

The CLC is releasing this request for proposals (RFP) to solicit proposals from certified child life specialists, individual consultants, academic and research institutions, research firms and others in order to select one research study that will measure the effectiveness of the modality of play interventions for hospitalized children.

The proposed evidence-based study is anticipated to provide research data regarding pediatric patient care as a result of receiving clinical child life services play interventions. All play modalities may be submitted for consideration. Preference will be given to studies that link interventions to economic value associated with the care provided. The goal of this study is to provide critically necessary data related to both the effectiveness of the modality of play and the cost effectiveness of child life services because of their use of play techniques.

As a part of its *Advancing the Field of Play for Hospitalized Children Initiative* and through this RFP specifically, the CLC is taking necessary steps to begin validating the modality of play within child life services. Top consideration will be given to studies that are most likely to be published in a peer-reviewed journal and have administrative cost policy implications and relevance.

Priority will be given to research proposals that meet as many of the following criteria as possible:

- Completes the study by July 15, 2014 and can submit a final report no later than September 15, 2014
- Has a focused and well-articulated specific research question(s) to be analyzed
- Includes an economic cost analysis evaluation component regarding therapeutic modalities that clearly measure economic value (e.g. cost effectiveness, cost utility, cost comparison, cost-benefit analysis). Specifically, preferences are for analyzing variables that may reduce costs, or, increase revenues, patient satisfaction, or quality of care
- Utilizes data from a reputable children's hospital(s) (e.g. *US News and World Report's* annual listing, etc.)
- Has a CCLS and a health economist as a member of the research project team
- Identifies trends in effective modalities of therapeutic play
- Provides a literature review in support of the research project
- Provides preliminary identification of specific data sets (and/or data collection criteria) for each hospital (or data source)
- Identifies data sources the respondent has access to for this particular proposed study (via patient charts, interdepartmental statistics which can be directly linked to child life services, and corresponding medical records). Hospitals utilizing advanced charting systems are considered highly favorable.
- Provides minimal verification that the types of data for this proposed study exist (preference for checklist-style chart notes and medical records).
- If multi-site, provides minimal verification of similar data collection techniques, types of data for cross-institutional analysis and mutual letters of project collaboration
- Proposes a large data analysis project with multiple markers for each variable and which types of corresponding demographic data is likely to be used
- Has the ability to meet or expedite Institutional Review Board (IRB) and/or other institutional approval processes to obtain access to hospital data in order to conduct this study during the proposed time frame
- Considers outcome variables which could include: hospital length of stay, stays in post-operative units, level of anxiety, absenteeism, use of medications, differences in compliance rates, child patient satisfaction, and parent/ family satisfaction
- Identifies therapeutic play treatment modality, treatment provider (CCLS versus non CCLS), treatment setting, treatment duration, treatment format (e.g. play room/group vs. individual), hospitalization issue/treatment, type, number, and source of outcome measures, gender, age, ethnicity of child participants, hierarchy of evidence, study design, and source of child participants (e.g. children's hospital, pediatric wing, clinic, etc.)
- Describes how the proposed study will incorporate an awareness of knowledge of the child life profession and practices.

Delivery Schedule/Deadlines

The following are the proposed benchmark dates for this research study project. This project is grant funded and necessitates timely completion of the research project and its corresponding reporting requirements.

October 15, 2013	Announce RFP and Submission Process Opens
November 5, 2013	Conference Call for Questions – 3:00 p.m.
December 1, 2013	Deadline for Proposal Submission
December 2, 2013	Selection Process Period
December 15, 2013	Final Selection Announced
December 23, 2013	Final Contract Signed
January 1, 2014	Research Period Begins
March 31, 2014	Brief Interim Report
July 15, 2013	Research Period Ends
September 15, 2014	Final Report Due

Proposal Submission

CLC will schedule a conference call on Tuesday, November 5, 2013 at 3:00 p.m. to answer questions about the RFP and the initiative. Please send an email indicating your initial interest in submitting a proposal, tentative title (non-binding), and your contact information to research@childlife.org to receive additional information about this conference call. You do not have to participate in the conference call in order to submit a proposal.

In order to be considered, a proposal must be no longer than 10 pages exclusive of resumes, literature review, and other attachments and be delivered electronically via email to research@childlife.org no later than 11:59 p.m. EST, Sunday, December 1, 2013.

Proposal Format

Section 1: Title Page

- All submissions should have a title page with the following information: date, primary Principal Investigator (PI), PI contact information, institutional affiliation, project title, primary research question(s), time frame, and budget amount.

Section 2: Cover Letter

- All respondents should submit a summary cover letter that highlights the key points of the proposal.

Section 3: Introduction, Study Objective and Key Study Question(s)

- *Introduction-* respondents should provide sufficient background information regarding the child life profession and information gathered from their literature review to establish their understanding of the child life profession.
- *Study Objective-* respondents should provide a concise study objective statement which identifies what they are trying to accomplish as a result of this study.
- *Study Question(s)-* respondents should provide a clear and concise scientific question(s) that will be the focus of this study.

For example (*this list is offered only as potential sample questions and should not restrict investigators in the creation of additionally relevant inquiries for consideration*):

- What is the correlation between patients who engage in medical play with a child life specialist and length of stay after surgery?
- How does iPad utilization impact recovery rates of pediatric patients after surgeries that require prolonged immobilization for proper healing?
- How do documented play activities with a child life specialist impact anxiety in pre-procedure pediatric patients?
- How does medical play and procedural preparation from a child life specialist impact MRI throughput rate of children?

Section 4: Proposed Methodology and Approach

- *Study Design*- Respondents will provide a clear study design that includes methodologies, techniques, procedures and processes proposed for this study.
- *Data*- Respondents will provide a preliminary list of data sets to be studied and the sources where they will gather their data from for this study.
- *Measures*- Respondents will identify which markers, variables, and outcomes they propose will be analyzed as a result of this study.
- *Site Variations*- Respondents will identify the sites (hospital, clinics, one site, multi-site, regional, or national) where patient data will originate from for this study.
- *Costs and benefits*- Respondents will identify which cost and benefits they will examine comparatively and the possible policy implications the data examined would most likely affect.
- *Statistical Analysis*- Respondents will identify which scientific analysis methodologies will be used to examine the data to be used in the study.

Section 5: Timeline & Deliverables

- *Timeline*- respondents will provide a detailed outline of the anticipated tasks and time frames for the study. Respondents do not have to utilize the allotted period for this study, if the design of the study is effective and can be conducted within a shorter period of time.
- *Deliverables*- respondents must identify the end products that will be provided as a result of this project. A brief interim progress report (2 – 5 page maximum) is due mid-project on July 31, 2013 and a final report is due absolutely no later than January 15, 2014.

Section 6: Budget and Organizational Support

- Budget details: Must include distinction between direct costs, administrative and overhead costs
- A list identifying the names, position, approximate proportion of time (% FTE) and hourly rate of employees assigned

Section 7: References & Literature Review

- *References*- Respondents are required to submit a list of previously completed studies where they served as the principle investigator (PI). Please include a resume for each proposed team member.
- *Literature Review*- respondents are required to provide a literature review of the initial resources they reviewed in preparation of this proposal and their study design.

Section 8: Appendix

- Any relevant attachments the PI feels are necessary for proper consideration of this proposal.

Ethical Practices in Pediatric Research

The CLC agrees with other pediatric health care entities in that pediatric health research is a moral duty because it is the foundation for evidence-based care by all health care practitioners. Furthermore, specific United States and American Academy of Pediatrics (Committee on Bioethics) policies and regulations govern the conduct of human research. This is anticipated to be a retrospective research project and therefore would not require pediatric patient involvement. However, CLC will require all proposed clinical human research to be reviewed and approved by your governing institution's Internal Review Board (IRB), which includes an ethics review of the proposed research before research is conducted. Research in children poses important challenges with regard to informed consent and assent, parental permissions, vulnerability and potential conflicts of interest (COI). Pediatric health researchers should advocate for research participation by children, while being attentive to mitigating risks. Therefore, CLC requires all proposals that include pediatric patient involvement be in line with the most updated policy statement from the American Academy of Pediatrics Committee on Bioethics regarding the type of research proposed and approved by your IRB.

Proposal Evaluation Criteria

To meet the goals of this study, individuals, academic or research institutions should have the potential to meet or exceed the following requirements:

- Completeness of submission materials
- Scientific and technical merit of the proposed project
- Relevance of the proposal to CLC regarding play and economic value objectives
- Number of priority criteria included in the study with an emphasis on impact of results, anticipated validity and likelihood to be published.
- List of other studies conducted by investigator(s) (with similar or relevant studies given priority listing/highlighted). Each study should have the following information: all team members listed with affiliations, study title, cost of study, funding source and duration of study
- Estimates within the budget (with detailed budget cost and corresponding narrative)
- Detailed proposed time frame for completing the study which depicts completion dates, tasks to be completed, and persons responsible and/or involved

Questions and Answers

CLC will accept questions related to this RFP electronically at research@childlife.org. Cover letters should be addressed to:

Dennis Reynolds
Executive Director
Child Life Council
11821 Parklawn Drive, Suite #310
Rockville, MD 20852

RE: *Research Proposal: Clinical Child Life Services Play Interventions*

Additional information can also be found at the CLC website at www.childlife.org.