Background/Objectives:
Alternate locations for children near end-of-life (EOL) are lacking in the U.S. with deaths largely occurring within intensive care units. The Reflection Room (RR) was implemented as an innovative space for providing this care in a more home-like environment within a hospital.

The purpose of the study was to perform an analysis of use, and provider perception, of the RR. The overall goal was to demonstrate whether this new model of care can be a serious consideration for other hospitals.

We hypothesized that staff would report an overall positive experience in providing imminent EOL and post-mortem (PM) care in the RR, and recommend use to peers.

Methods/Study Design:
This explorative study summarized Reflection Room use data and evaluated staff experiences using an anonymous, voluntary qualitative and quantitative survey. Survey questions were created using components of the 4 phase Model of Reflection for Children’s Palliative Care. Survey questions were created with the assistance of Children’s CTSI survey experts. All faculty and staff at Children’s were eligible for participation in the survey whether or not they had used the RR for EOL or PM care.

Results:
The following graphs demonstrate the increase in use of the Reflection Room and Palliative Care Referrals as well as the referring specialties.

Results continued:
The following graphs show the years of pediatric experience for all respondents followed by experience with patient deaths. The table are the answers to the survey.

Conclusions:
201 hospital staff responded primarily representing physicians, and nurses with less than 10% for any other discipline. The majority had worked in pediatrics over 5 years and had cared for a child at end-of-life multiple times.

• 90% reported that the RR was a valuable resource to families.
• 92% reported that families appreciated it as important to EOL management for their children because it enhanced family centered care.
• 93% of respondents would encourage their peers to use the RR.
• 71% reported improved privacy for the family.

Barriers to using the Reflection Room:
• Distance from the unit of transfer (28%)
• Concerns with staffing ratios i.e. ongoing management of a two patient assignment or other clinical responsibilities on the unit of transfer (27%)
• Difficulty with the transport of medications (10%)

Additional Findings:
Positive correlation between length of employment at our hospital and:
• consideration of the RR as a valuable resource (rho 0.162, p = 0.028)
• important to families (rho 0.128, p = 0.083)
• likelihood of suggesting use to peers (rho 0.136, p = 0.066)

There was a more robust correlation for those individuals that had actually experienced EOL care for their patients in the Reflection Room (rho 0.443, p < 0.001).

Summary:
Despite some logistical barriers to managing patients outside the hospital unit of origin, this study demonstrated an overwhelmingly positive experience in providing EOL and/or PM care to children in the Reflection Room. Staff overwhelmingly would recommend this to peers. With time, more and more patients are being transitioned to our RR for EOL or PM care compared to dying in the intensive care units. This model of care could be a serious consideration for hospitals in the U.S.