

# Understanding the impact of Ronald McDonald House: Length of stay and familycentered supportive services across patient, family and demographic factors



Emily M. Pang, MS<sup>1,2</sup>, Tianyao Lu, MS<sup>3,4</sup>, Nicole Williams, MSW<sup>2</sup>, Bri Seoane, MPA<sup>2</sup>, Susan Hintz, MD, MS<sup>3,4</sup>

<sup>1</sup> Stanford University School of Medicine, <sup>2</sup> Ronald McDonald House Charities Bay Area, Palo Alto, CA, <sup>3</sup> Division of Neonatology, Department of Pediatrics, Stanford University School of Medicine and Lucile Packard Children's Hospital, <sup>4</sup> California Perinatal Quality Care Collaborative, Stanford, CA

#### **OUR COMMUNITY PARTNER**

- Ronald McDonald House Charities (RMHC) Bay Area's 123-bedroom Stanford House (RMHS) provides housing and support services for families with critically ill children receiving care at Lucile Packard Children's Hospital Stanford
  - https://rmhcbayarea.org/
- This project was the first partnership between the Valley Fellowship Program and RMHC Bay Area!

#### **MOTIVATION**

- Our project was motivated by several key questions:
  - How does length of stay at RMHC, and consequently length of medical services needed, impact a critically ill child and their family's needs, and what can RMHC do to better meet these differing needs?
  - How might the needs and utilization of RMHC services differ for families when their children are receiving care over varying lengths of time?

#### PROJECT DESCRIPTION

This mixed-methods study 1) evaluated the range of stays at RMHS; 2) analyzed patient and family factors associated with LOS; and 3) interviewed families on the impact of Ronald McDonald House services on their medical, financial, and psychosocial needs

### **OUTCOMES**

#### **METHODS**

- Community partner immersion, stakeholder interviews, and project needfinding in the first two quarters of fellowship
- Submitted project materials for IRB review and created data use agreement for dataset transfer
- Qualitative: Semi-structured interviews with 7 RMHS families with varying LOS and thematic analysis of family needs and program impact
- Quantitative: Mapped LOS distributions and assessed association with patient- and familyfactors using univariate mixed effect logistic regression models

Table 1: Distribution of stays at Ronald McDonald House Stanford (RMHS) stratified by length of stay quartiles across age of patients at visit and families' distance from home

Length of Stay Quartiles (by nights)								
		<b>Q2</b> : 2 – 3	<b>Q3</b> : 4–11	<b>Q4</b> : ≥ 12				
	<b>Q1:</b> ≤ 1 night	nights	nights	nights	p-value			
Age of patient at visit								
≤ 1 year old	155 (16.03%)	156 (16.13%)	242 (25.03%)	414 (42.81%)	<.0001			
1-5 years old	266 (33.54%)	190 (23.96%)	162 (20.43%)	175 (22.07%)				
6 – 10 years old	269 (39.21%)	175 (25.51%)	135 (19.68%)	107 (15.60%)				
≥ 11 years old	555 (33.56%)	422 (25.51%)	403 (24.37%)	274 (16.57%)				
Distance between								
families' home & RMHS								
Within 50 mile radius	32 (12.96%)	43 (17.41%)	70 (28.34%)	102 (41.3%)	<.001			
Within 50 - 100 mile								
radius	303 (27.75%)	269 (24.63%)	234 (21.43%)	286 (26.19%)				
> 100 miles radius	902 (33.17%)	618 (22.73%)	622 (22.88%)	577 (21.22%)				

## **RESULTS**

- Between 1/1/2018-12/31/2019, RMHS housed 2,092 families and 2,128 patients across 4,145 distinct stays
- Families for the youngest patients and families farthest from home were significantly associated with longer LOS (Table 1)
- Most clinical departments provided care that require shorter stays (<4 nights) except pregnancy & newborn care (Table 2)
- Family interviews identified several themes on the stressors of chronic medical care, value of community among families facing pediatric illness, and the role of RMHS in improving outcomes and access to care (Table 3)

Table 2: Distribution of stays at Ronald McDonald House Stanford (RMHS) stratified by lengths of stay for common primary referring medical departments

	Total Length of Stay (by nights)						
Primary referring medical department	<4 nights	4– 14 nights	15 – 30 nights	31–60 nights	≥ 61 nights		
Pregnancy &							
Newborn Care	56 (19.58%)	72 (25.17%)	60 (20.98%)	55 (19.23%)	43 (15.03%)		
			125				
Cardiology	383 (44.07%)	251 (28.88%)	(14.38%)	64 (7.36%)	46 (5.29%)		
Hematology &							
Oncology	360 (58.16%)	137 (22.13%)	49 (7.92%)	43 (6.95%)	30 (4.85%)		
Surgery	86 (45.03%)	79 (41.36%)	21 (10.99%)	3 (1.57%)	2 (1.05%)		
Transplant <sup>a</sup>	277 (61.28%)	89 (19.69%)	29 (6.42%)	27 (5.97%)	30 (6.64%)		

Table 3: Major themes from qualitative interviews on the impact of Ronald McDonald House Stanford (RMHS) on the family and patient experience

medical care and relief of housing security "Ronald McDonald has been a very, very important part of our experience. Without them, our family wouldn't be able to be

Theme 1: The emotional, familial, and financial stressors of chronic

together...What's beautiful about the House and the organization is that it keeps families together. "

"For me, it goes beyond a bed. There's a peace of mind in that too, when have to pack our bags and come to the hospital, to take that worry off the plate. I know that we have a place to land at the end of the day."

"It's a relief that we don't have to pay for a regular hotel. That's money that we can put towards other things for her."

"Being sick is incredibly complicated and difficult. For me at times, it has been backbreaking and crushing - soul-crushing. It's brutal. So what kind of successes are other people having? How are their kids? What's happening to their kids? Our infrastructure is highly flawed."

You just kind of feel helpless, you can't really do anything about your child's diagnosis. They have counseling and that really helped me a lot."

"It's an isolating thing to go through... Meeting other families opened up a different world for me, to realize that you're not alone, that there are all these families out there. We know how it feels, we know the frustration and the hardship and the blessings. It's a huge part of care."

Theme 2: The value of community among families dealing with pediatric illness

"For your child, they get to know other kids who go through similar things. It might not be the same thing, but they're struggling, they're away from home, they're having surgeries, they're hurting. This extra bonding and friendship that was happening at the House – they're like nothing else you experience."

"Even if we go to the hospital for a visit, she always asks if Ronald McDonald House is open so she can go play with her friends."

"I always like to say that my daughter's physicians, nurses, technicians, hospitals they saved my daughter's life more than once. But it is the therapists, the physical therapists, the psychologists, the child life specialists, and the other patients and their families who have saved my daughter's quality of life."

"I'd talk to other parents and hear their child's story and share mine. It's nice to know that these families have been through the same hardships as us. That's really Theme 3: The important role of family-centered programs in improving outcomes and access to care

"For us, it was a miracle. I don't think we would have been able to access the amazing specialty care that we received at Stanford if it weren't for Ronald McDonald."

"I think it's had a great impact on my daughter's healthcare, because we have this security. Our peace of mind makes her relaxed. She recognizes right away when we're stressed or angry even if we don't tell her. I think her knowing we're relaxed helps her in her [healing] process as well."

Ronald McDonald was a life saver, and I think if we had not gotten in, we may not have been able to go."

Staying at the House kept us sane. Without the Ronald McDonald services, it would have affected my mental health, and our family dynamics. We wouldn't have been as supported, so I don't know how strong I could have been for my daughter. Keeping us sane was very helpful for her health."

"Being able to keep her around her family – her brothers and sisters – was important. She was 2 months old and barely got a feel of what home is before having to stay at the hospital

I think having family was really important for her."

Our research highlights the substantive need for housing and supportive services filled by Ronald McDonald House during pediatric hospital stays

**PROJECT IMPACT** 

Our findings reaffirm the profound impact of social services on patients and families and the crucial role of community partners in medical care

#### **FUTURE DIRECTIONS**

- This work will inform RMHC Bay Area in anticipating LOS for families requesting and planning to stay
- Our project serves as the first steps into analysis of RMHC Bay Area's data collection, which will support ongoing quality improvement projects, fundraising efforts, and expansion of services at RMHS
- Our team intends to translate this study's methods and framework to support ongoing impact assessments in the global network of nearly 400 RMHC chapters

### **LESSONS LEARNED**

- Working on research that reaches outside of your medical school is a wonderful learning experience, as the reality of medical care similarly extends beyond healthcare institutions
- Before launching into a communityengaged research project, dedicate time and energy to learning about the community and/or organization's history, workflows/practices, various stakeholders, and existing resources