A ‘Pawsitive’ Addition to the ER Patient Experience: Pilot Evaluation of the St. John Ambulance Therapy Dog Program in a Canadian Hospital

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Introduction

Background:

Animal-assisted interventions (AAI) have been applied in numerous clinical settings to help reduce patient pain, stress, and anxiety, among other indicators of human wellbeing (1-3). Such adverse physical and mental states are commonly experienced in hospital emergency departments, and thus therapy dogs are postulated to potentially decrease these as well as improve the overall emergency department patient experience (4).

Study Objective:

Empirical research supporting the impact of therapy dogs in the emergency department is lacking. This qualitative study sets out to address this gap in understanding through a pilot evaluation of the St. John Ambulance Therapy Dog program in the emergency department of the Royal University Hospital in Saskatoon, Saskatchewan.

Methods

Recruitment

Consent

Pre-Visit Questionnaire

Post-Visit Questionnaire

Observer

Therapy Dog Visit

Preliminary Results

Before the intervention the most commonly reported emotions were: pain, frustration, weakness, anxiety, sadness, upset, shakiness, tiredness

After the intervention the most commonly reported emotions were: happiness, pain, contentedness, relaxation, uplifted, good, and calm

Reasons for not wanting to see Murphy included a dislike for dogs as well as already having pets at home

Observers noted a number of patient changes during the therapy dog visit:
• Change in tone of voice
• Opening up of body language
• Smiles
• Benefits to both patient and family members
• Sharing of stories about current and past pets and their love for animals
• Shift in focus from illness to Murphy
• Emotional release and sharing of personal struggles

Implementation Process

1. Contact St. John Ambulance or like organization to find a therapy dog team appropriate for your clinical setting
2. Obtain departmental approval
3. Work with infection control to develop a protocol that is in-line with current infection control policies
4. Identify important people within the clinical setting who need to be aware that the therapy dog team will be visiting. ED example: Charge Nurse
5. Determine the protocol that will take place during the therapy dog team’s visit and pilot the program in the clinical setting
6. Develop research parameters and tools to evaluate the AAI
7. Obtain Ethics
   • Human Research Ethics Board approval.
   • Animal Research Ethics Board approval to ensure that the welfare of the dog is also taken into account.

Limitations

Small sample size: Data collection is currently underway
Lack of a control group: Only those who see the therapy dog are given the opportunity to fill out the questionnaire.
Reliance on verbal communication: Beyond the pictographic scale, many of our questions require verbal responses. This became a challenge when patients had limited ability to communicate verbally. This was improved by having the observers recording changes in the patient’s body language and emotions to describe changes as a result of the therapy dog visit.

Conclusion

Our feedback to date has been overwhelmingly positive, both as a quantitative measure of participant feelings before and after visiting with the therapy dog and based on the comments and observed changes during the intervention. Further data collection will improve our sample size and give a better indication of the significance of the impact.

Future Steps

• Physical and mental impacts of Animal Assisted Interventions in the Emergency Department using physiological parameters
• Impact of AAI on health region and hospital-specific goals, such as patient flow through the emergency room
• Examine the training needs of therapy dog handlers regarding the ability to handle the emotional response of participants

References

6. Courtesy of Jane Smith