Ronald McDonald House Charities Evaluation Findings

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I evaluated the Ronald McDonald House Charity. The Ronald McDonald House is a nonprofit charity that provides lodging for families of seriously ill children in order to keep families close to the children facing the medical challenges. The Ronald McDonald House Charity (RMHC) is located at 404 Colley Avenue in Norfolk, Virginia. It is directly across the street from The Children’s Hospital of The King’s Daughters and Norfolk Sentara Hospital. The two hospitals are within walking distance to the RMHC. The services are offered to families through the department of social services for families that meet the qualifications. The mission statement of the RMHC is to keep the families close to their seriously ill children while they are in treatment which helps to aid in the healing process of the child and to provide some financial relief and emotional relief to the families using the charity house. The focus of my survey was to see if the goal stated by the Ronald McDonald House Charity, to see an improvement in the recovery of the child due to the presence of family, was true.

**Results**

The results of my findings were very positive. My surveys and interview all concluded that both the families and the staff believe that the presence of the family during treatment of critically ill children significantly increases the child’s ability to recover. This is not a new notion and is called family centered treatment. I interviewed the House Manager, Vickie Kennedy, who stated that 99% of the families that stay at the Ronald McDonald House are able to take their children home with them. That is an amazing percent. She has repeatedly noticed that the parents are able to ease the stress on their child by being there with them during the treatment and recovery process. As she stated, “Who would you want to be there with you if you were a child? Your parents of course!” Ms. Kennedy gave me a wonderful example of a family that stayed at the Ronald McDonald House in July of 2019 whose son was diagnosed with a ruptured AVM ventricle which caused him to have a temporoparietal hemorrhage. He had to have a craniectomy where part of his skull was removed to reduce the swelling in his brain. The child desperately wanted his younger brother and sister to be there with him while he underwent these scary procedures. This was able to happen because the family stayed at the Ronald McDonald House and the brother and sister were able to spend as much time with their older brother in the hospital as they wanted. Ms. Kennedy reflected that the boy’s mother strongly believes her child recovered quicker than expected solely due to the fact his siblings were with him every step of the way. The occupancy rate of the Ronald McDonald House is usually at 75% which is high by most standards. In 2019 the RMHC housed 981 families. When I distributed the surveys only seven families were staying at the RMHC at that time. This is not the usual rate of occupancy and may be due to external circumstances involved while the survey was taking place. Of the seven families that received the survey only two completed the questions and returned them. Again, this may be due to the external circumstance of the pandemic occurring during the evaluation. During the evaluation a pandemic was declared due to the COVID-19 virus and many of the families staying at the Ronald McDonald House have immunocompromised children in the hospital. There was a lockdown at the Ronald McDonald Charity House and most of the evaluation was done without any contact or observation. The interview was via email and the surveys were dropped off and picked up. The families were only given one week to complete the survey. This may not have been enough time for them to complete the surveys. The surveys collected both showed the same results which were positive. Both families stated that they absolutely feel that staying at the Ronald McDonald House Charity has enabled them to be close to their critically ill children. They also stated that being able to be there with their children they have noticed improvement in their child’s wellness and healing. They both stated that they experienced decreased anxiety and stress levels because of the services provided by the Ronald McDonald House Charities. This is mainly due to the fact that the RMHC is directly across the street from the hospital and the parents all felt comforted by being so close to their children during treatment.

**Conclusions**

I conclude with the limited data collected from my evaluation on the Ronald McDonald House Charity that the program does what it sets out to do in its stated mission statement and goals. The Ronald McDonald Charity House absolutely helps families stay close to their critically ill children while they are in treatment. The Ronald McDonald Charity House also helps the child in treatment recover quicker by helping the families stay near their children during medical treatment. The Ronald McDonald Charity House also seems to decrease the anxiety and stress on the families by the services that they provide to the families staying there. I do not believe that my findings will impact the program. The Ronald McDonald House Charity has been evaluated in the past with a more extensive evaluation and all of the results were extremely positive. My findings will come as no surprise to the staff who get to witness the impact they have on the families that they serve. None of the data reflected any negative conclusions that may be drawn or any suggestions for improvement for the program.

**Recommendations**

The only recommendations I have are for the evaluation itself. Due to lack of data gathered the survey would not be found statistically significant. If the circumstances were different I would have liked to conduct a face to face interview and as much observation as would have been allowed. I would have liked to give the families more time to complete the surveys. I believe that if I had given the families more time to complete the surveys and if I would have spent some time at the Ronald McDonald Charity House the families would have felt more comfortable and less stressed to complete the surveys and turn them in. This may have helped increase the amount of data collected.

**Goals and Objectives**

I am unable to come up with any goals or objectives that may help improve this program. The Ronald McDonald Charity House has done what it has set out to do. My only hope is that the charity house may be utilized by anyone who meets the criteria to stay there and that they experience what other families have experienced by staying there. My evaluation was to see if the Ronald McDonald Charity House did what it set out to do in its stated mission statement and goals. From the data I gathered this seems to be true. If I had to come up with a goal for this program it would be to keep record of the results experienced by the families who have stayed at the charity to help support family centered treatment especially for children. There has been some data gathered supporting family centered treatment and the Ronald McDonald Charity House is the perfect place to collect data concerning the theory.

**Research Articles and Implications**

The main research article I used was an actual evaluation that had been done on the Ronald McDonald House Charity. This paper focused on the results of family-centered care in clinical settings and the psychosocial outcomes with this style of care. The authors focused on the Ronald McDonald House Charity specifically for this document. They highlighted on several positive outcome of having parents or other family members staying within close- proximity to the hospitalized child. Some of the main areas discussed were the parents ability to play a more active role in their child’s healthcare which also leads to more positive attitudes with the experience of the child’s care, the reduction of parental stress and anxiety and even a reduction of post-partum depression, and the positive benefits for the children being treated. (Lance, Hohman, and Hutchings, 2012, pg.1). The children had a reported reduction in stress, fear, and anxiety and improved sleeping patterns. There was also a reported shortened length of stay for infants who were able to have the parental bonding due to access of the parent to NICU. The paper showed many benefits of implementing family-centered care into the current hospital infrastructure. The paper also highlighted on the economic stressors of having a critically ill child and the impact that may have on a family. The financial stressors intensify with the length of the child’s illness. If the parent is unable to afford lodging near the hospital, they are sometimes forced to sleeping in the child’s hospital room. This proves for interrupted sleep for both the child and the parent. The summary of the paper showed a lot of support suggesting the benefits of family-centered care for child illness. It was stated that more empirical data be gathered specifically on the Ronald McDonald House Charities connected with family-centered care. The correlation was strong between the two findings. This article seemed to find similar results that I found in my evaluation on the Ronald McDonald Charity House. The article had a larger focus on the benefits of family centered treatment than my evaluation allowed me to do.

References

Lantz, P., Hohman, K., & Hutchings, V. (2012). Family-centered care and children with serious

health care needs: A review of the conceptual and empirical literature for Ronald McDonald

House Charities. George Washington University Department of Health Policy and School of

Public Health and Health Services. 1-3, 29. Doi: Ocbab6c66c7ee6ae152e1178e449024ec2.pdf