

ENHANCING PROCEDURAL EXPERIENCES FOR CHILDREN, PARENTS AND STAFF AT SCH

Megan James CNC Pain Management, Paridhi Garg UNSW Med IV, Michelle Perrin Play Therapy Manager, David Champion FFPMANZCA, Matthew Crawford FFPMANZCA

Department of Anaesthesia and Pain Medicine, Sydney Children's Hospital & University of New South Wales

Email: megan.james@sesiahs.health.nsw.gov.au



Background

- In this study a "procedure" is defined as: "any clinical intervention that may be potentially painful, or cause distress or anxiety". This includes medical imaging, physiotherapy, invasive and diagnostic procedures. (RCH Melbourne Procedural Pain Management Clinical Guidelines, 2008).
- Although procedures are the main-stay of paediatric clinical care in hospitals, procedural pain and distress remains under-treated in hospitalised children (Dowden, McCarthy and Chalkiadis, 2008).
- This can have detrimental effects on the child such as increased anxiety and pain perception in subsequent procedures; damaged relationships with health-care providers and diminished compliance with medical advice (WHO, 1998).
- Attitudes, values and beliefs of society, family members and health care professionals, along with current practices within hospitals create barriers to optimum procedural pain and distress management (RACP, 2005).

Learning Objectives

AIM

To evaluate the current quality of pain and distress management for children having procedures at Sydney Children's Hospital.

RESEARCH OBJECTIVES

- To identify current practices, knowledge and perspectives of staff members that perform or assist with procedures on children.
- To identify barriers to evidence-based best practice in pain and distress management.
- To develop recommendations to enhance the procedural experiences for children, parents and staff.
- To develop quality improvement projects for ongoing evaluation.

Materials & Methods

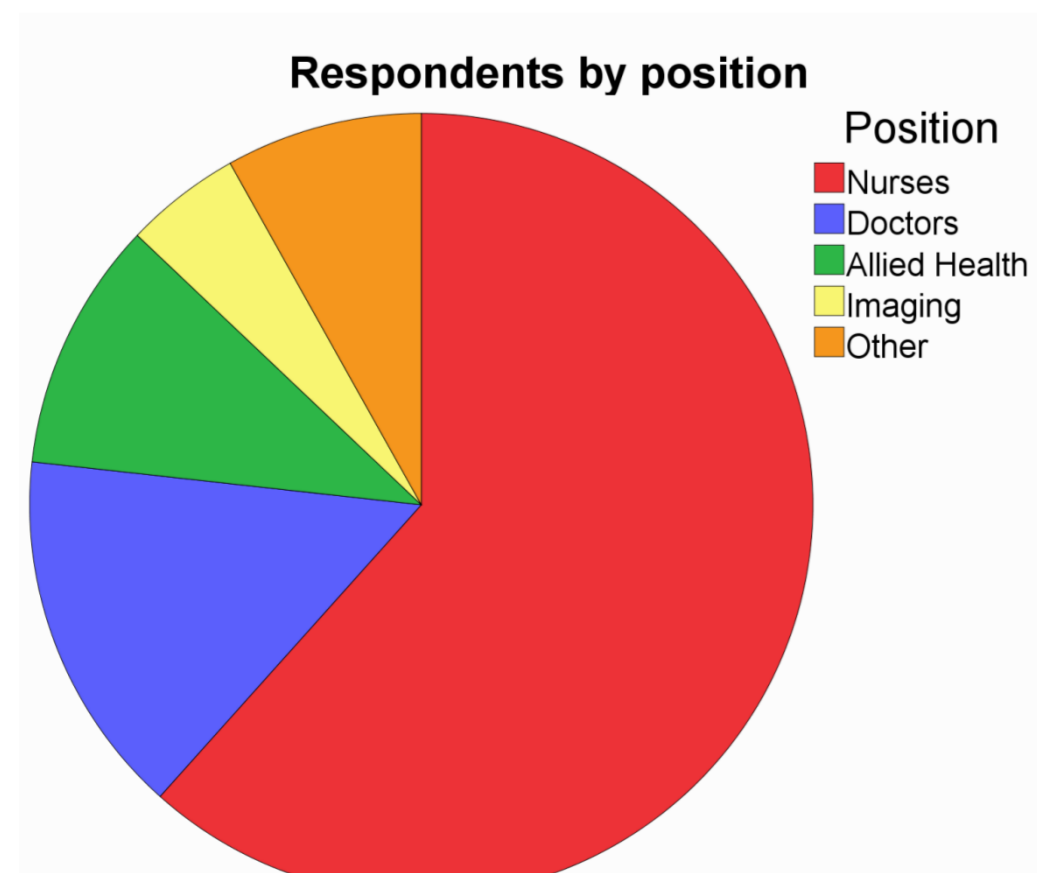
All staff at SCH who are directly involved with children having procedures were invited to participate in:

- A short online/hard-copy survey – developed using Survey Monkey™
 - One of three 1-hour focus groups based on the "Claims Concerns Issues" process (Guba & Lincoln, 1989)
- Data were collected over a four-week period.
 - Qualitative data were analysed using Pope's 5-stage thematic analysis (Pope, 2000).
 - Quantitative data were analysed using PASW Statistics version 18.

Results

SURVEYS

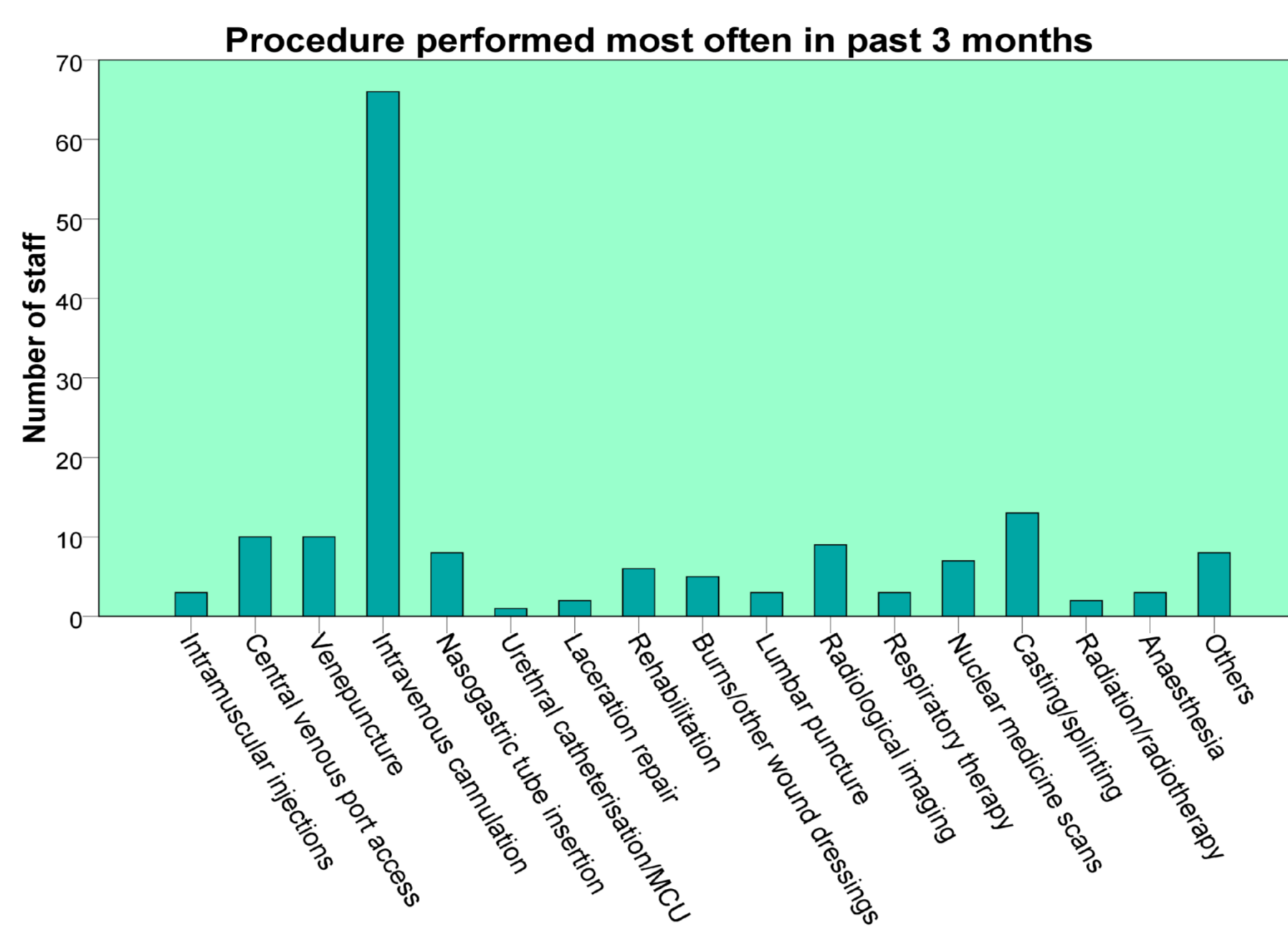
Demographics



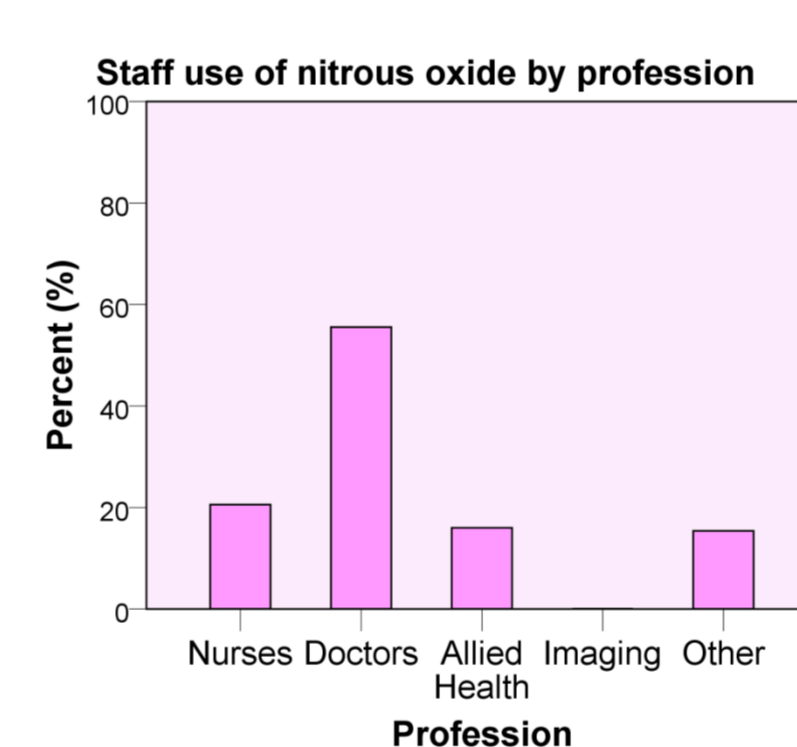
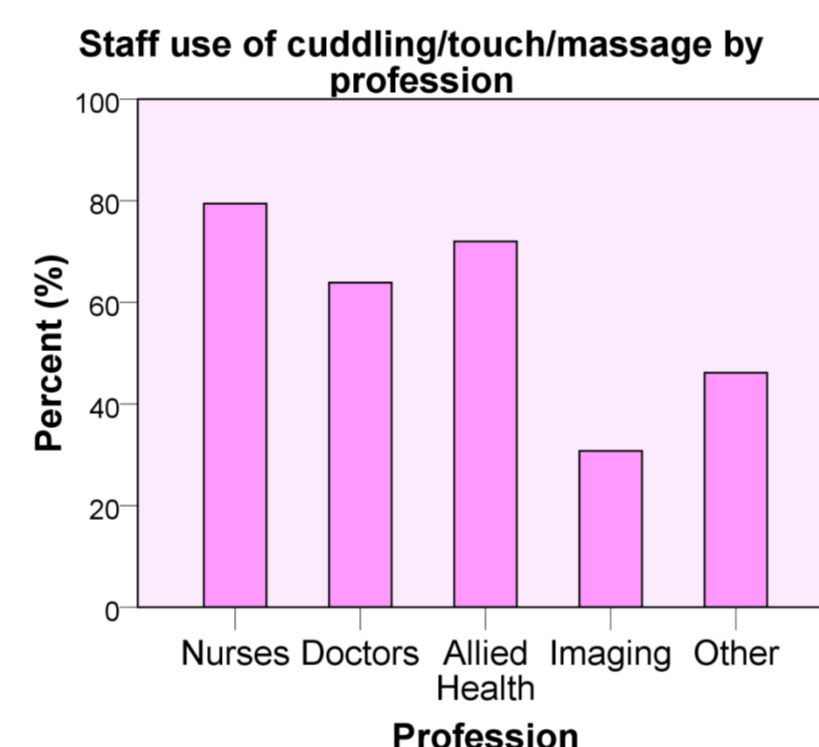
- 271 surveys included in data analysis
- Average age = 35.31
- Average years working with children = 13.86
- 88.6% female and 11.1% male

Results

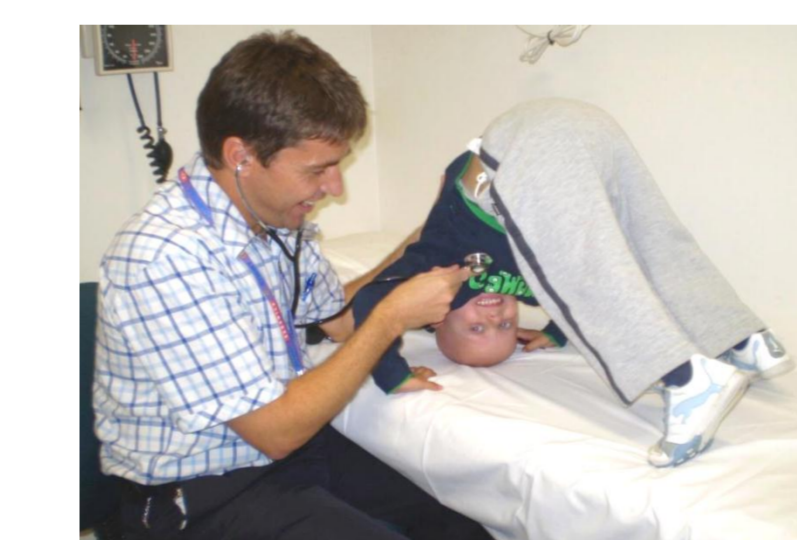
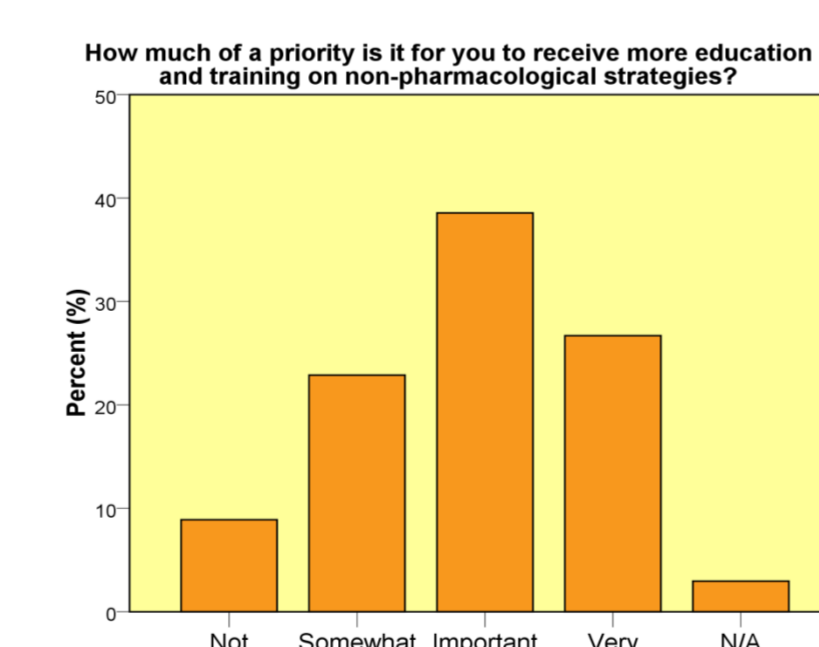
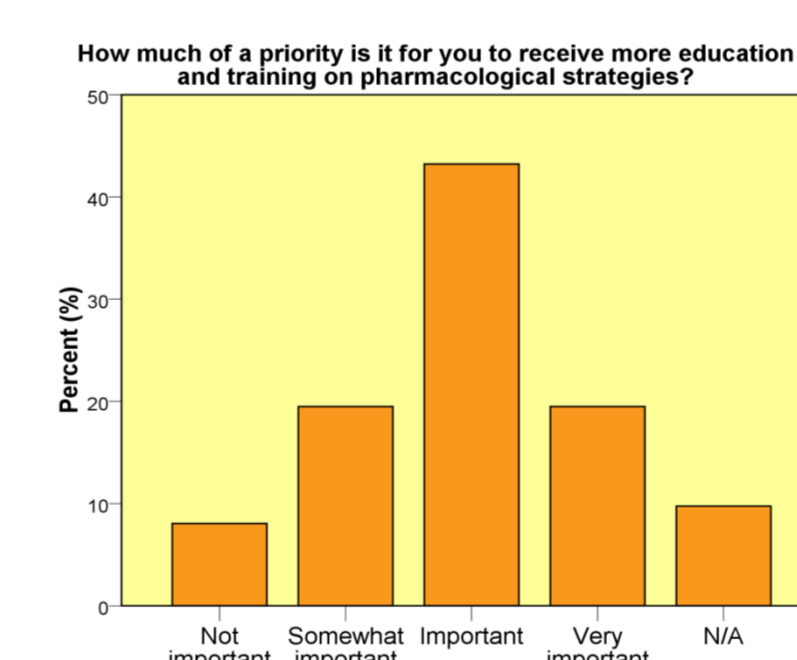
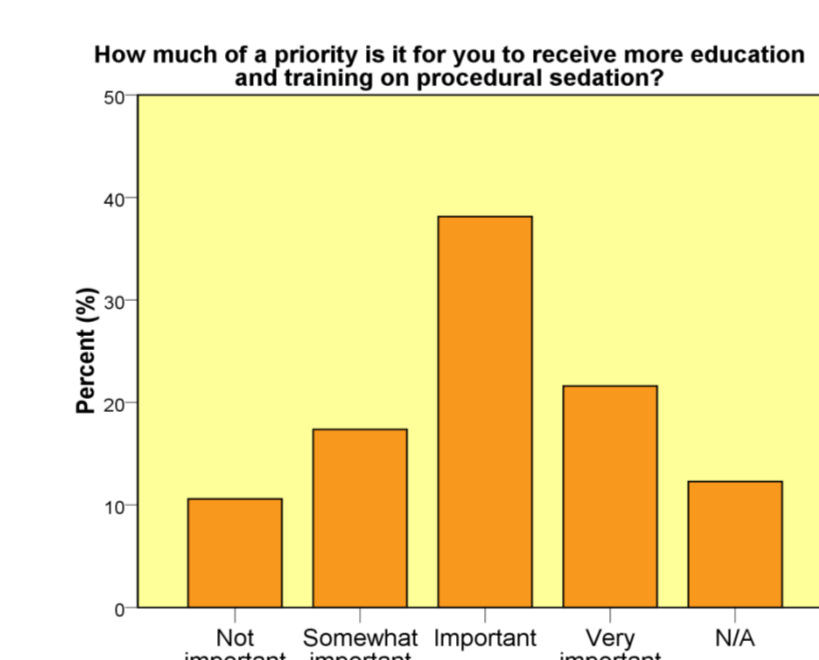
Types of procedures



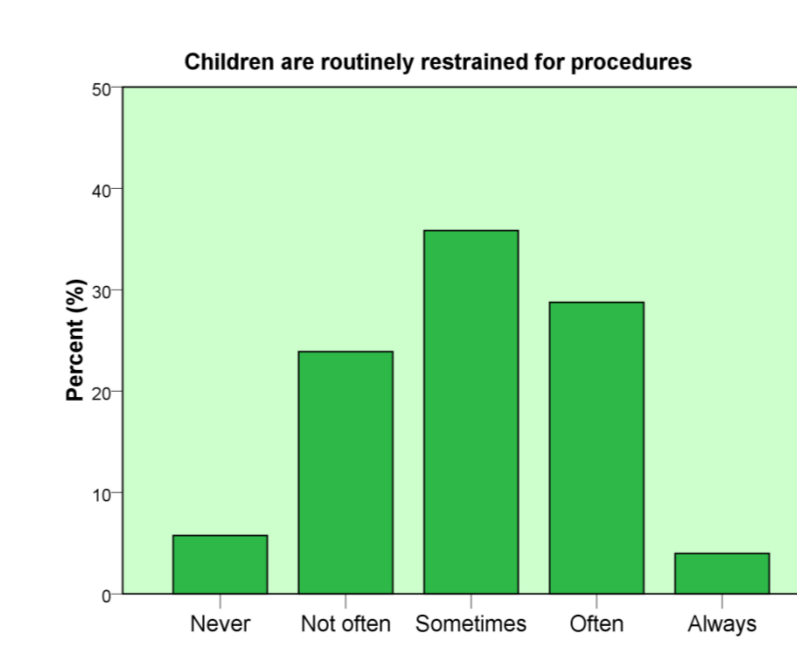
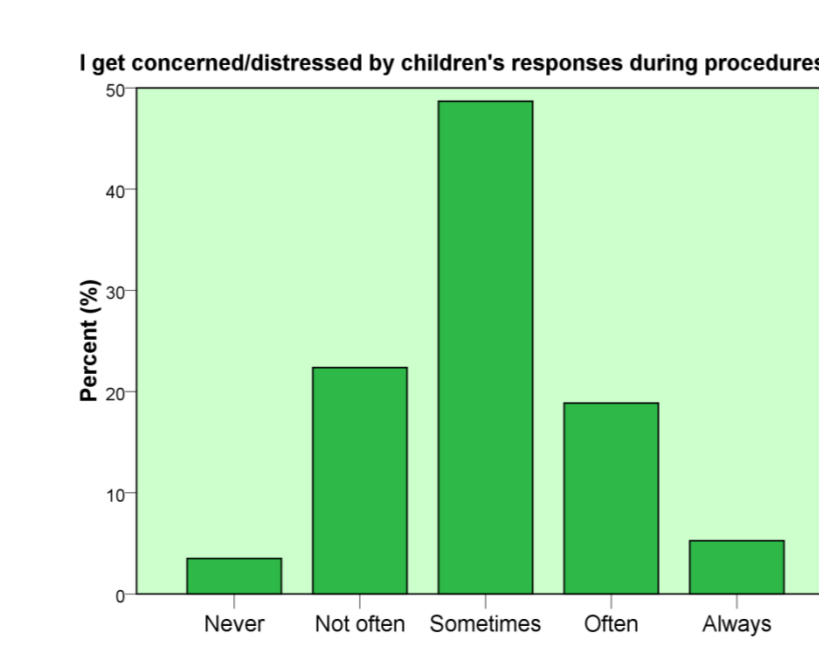
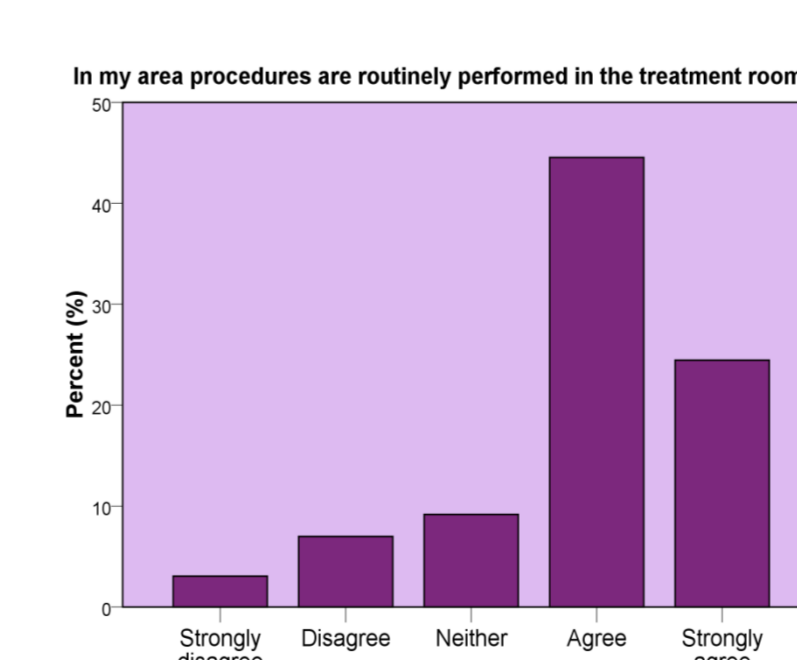
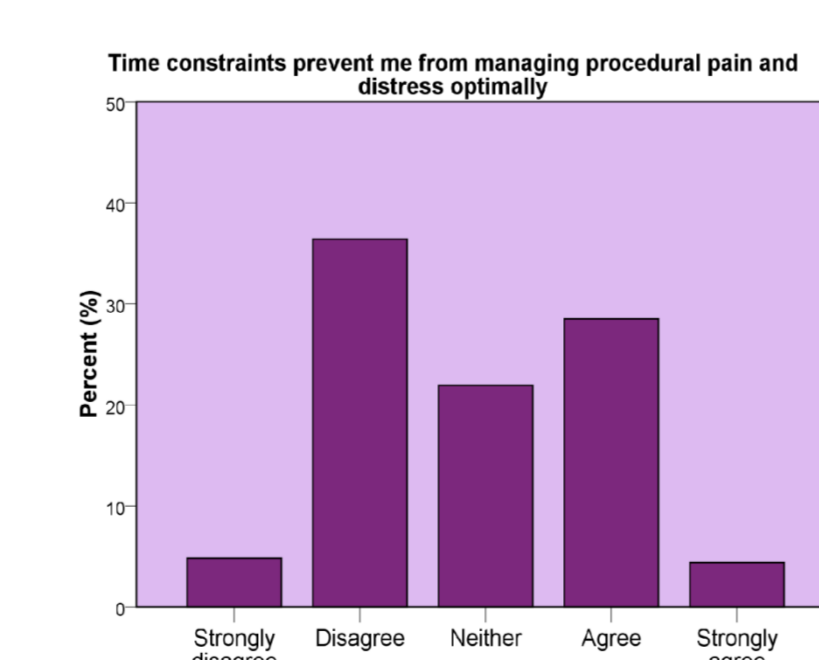
Strategies Used to Manage Distress



Education and Training



Current Practice

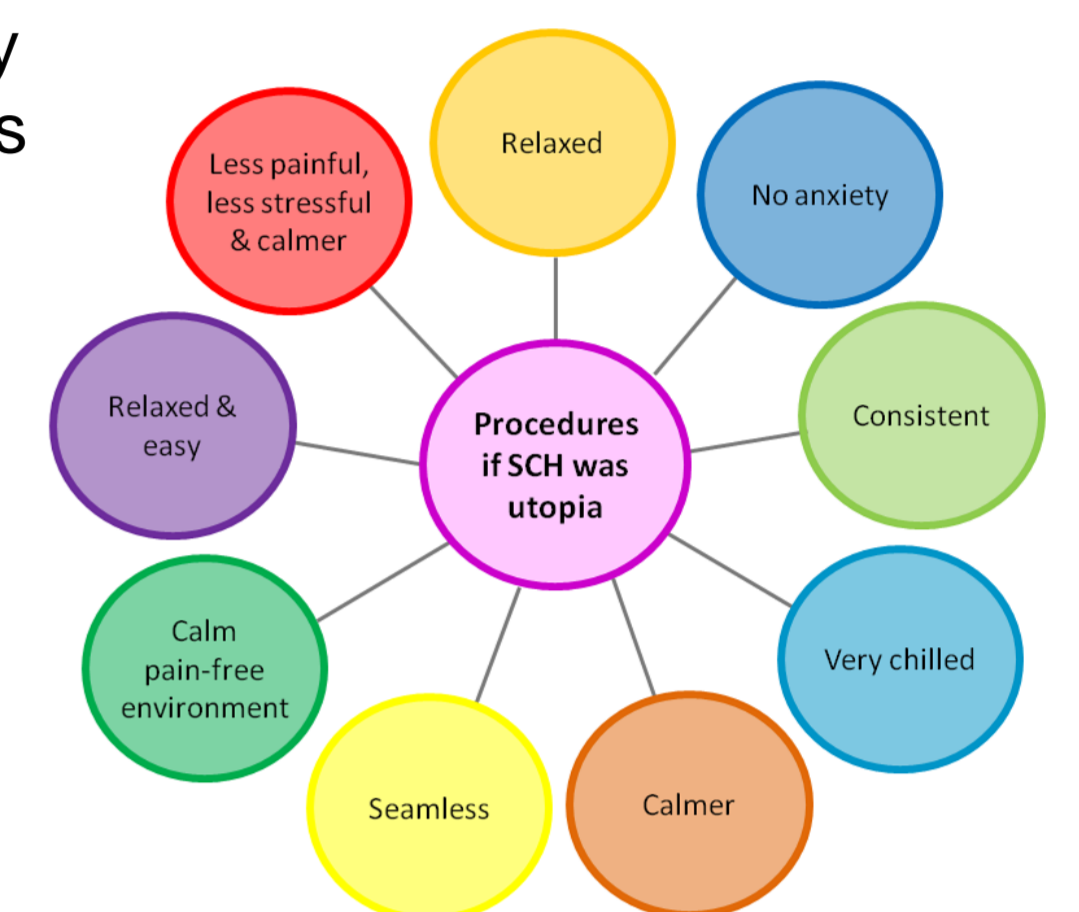


Results

FOCUS GROUPS

Major themes identified as areas for improvement:

- Access to play therapy & distraction resources
- Education in non-pharmacological approaches
- Nitrous oxide availability, education and training
- Time constraints
- Preparation for child, family and staff
- Variability in methods between wards



Recommendations

- Hospital-wide procedural pain and distress management workshops to empower staff in advocating for patients and families during procedures.
- Further engagement of staff in empowering parents and children during procedures through preparation and education.
- Age-appropriate distraction resources made available to all staff.
- Increase availability and use of nitrous oxide for procedural pain and distress management throughout the hospital.
- Engage staff in a cultural shift where preparation, planning and a family-centred approach are the "norm."

Future Directions

This study has given staff from all areas opportunities to reflect on practice, attitudes and beliefs, raised awareness of barriers to quality care and engaged staff in improving procedural pain and distress management.

Future Projects

- Perspectives of children and parents around procedural experiences will be captured through a child/parent survey to deepen our understanding of service needs and areas of improvement.
- Details of staff practices will be gathered through the use of observational audits of procedures occurring throughout the hospital.
- Strategies will be developed and implemented to meet identified needs.
- Ongoing evaluation service performance is necessary to ensure quality improvement.

References

- Dowden, S., McCarthy, M. & Chalkiadis, G. 2008. Achieving organizational change in paediatric pain management. *Pain Research Management*, 13(4), 321-326
- Guba, E.G., & Lincoln, Y.S. 1989. *Fourth Generation Evaluation*. Newbury Park: Sage
- Guideline Statement: *Management of Procedure-related Pain in Children and Adolescents*. 2005. The Royal Australasian College of Physicians, Sydney
- Pope, C. 2000. "Qualitative research in healthcare: Analysing qualitative data." *British Medical Journal*, 320(7227), 114-116
- World Health Organization (WHO). 1998. *Cancer pain relief and palliative care in children*. Geneva
- Royal Children's Hospital Melbourne Procedural Pain Management Clinical Guidelines, 2008

Acknowledgements

- Jackie Crisp RN PhD Professor of Child and Adolescent Nursing, Practice Development Unit SCH
- Wen Qiu PhD, Pain Research Unit, SCH
- Lisa Takacs, RN, Dr Jane Munro & Jamie Betts, RN Royal Children's Hospital Melbourne, 2007
- Staff at Sydney Children's Hospital for their participation and support