

An innovative approach to optimising pain care for children presenting to the ED

The Kids Pain Collaborative

On behalf of the KPC:

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Clint Douglas – Professor of Nursing





Post-it notes at the ready!

***We invite you to share your reflections
for discussion at the end of this
presentation.....***



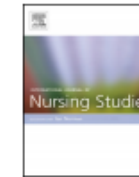
Queensland Children's Hospital Emergency Department (Brisbane)

Tertiary teaching hospital

>73,000 children presenting each year

> 200 nursing, medical, admin, allied health staff





Improving paediatric pain management in the emergency department: An integrative literature review



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ABSTRACT

Background: Children presenting to the emergency department continue to experience suboptimal pain management. While evidence-based pain management interventions are available to clinicians, effective and sustainable practice change is yet to be achieved. This practice gap requires a collaborative approach to knowledge translation targeting systems of care.

Objectives: The purpose of this review was to explore systems level change in the emergency department for improved paediatric pain management.

Design: Integrative review.

Data sources: CINAHL, Embase, PubMed/Medline, Dynamed, Cochrane, Scopus, Prospero and Joanna Briggs Institute were systematically searched, and clinical guidelines and reference lists scanned.

Review methods: Studies were screened and selected according to the inclusion criteria, and independently appraised for risk of bias. Integrative review methodology informed data extraction and synthesis, focused on organisational context and engagement, facilitation and implementation of practice change, key components of the pain management interventions, and evaluation.

Results: Twenty studies met the inclusion criteria: 18 uncontrolled pretest-posttest and two pseudo-randomised design. Study populations ranged from children with a specific presentation, to all presenting children. All studies adopted a multifaceted approach to organisational change, bundling various interventions including pain assessment tools and management protocols, clinician education, nurse-initiated analgesia, feedback and family engagement. Four studies used local systems analysis to inform interventions and two studies applied an implementation framework. Time to analgesia was the most commonly improved primary outcome. Parent and child sensitive outcomes were assessed in five studies. Interventions that hold the most promise for optimised pain management if embedded in the workplace include nurse-initiated analgesia and family involvement at each stage of pain management in the emergency department.

Conclusion: The way forward is to respectfully engage all stakeholders—children, parents and clinicians—to collaboratively develop evidence-based, sustainable solutions aligned with the emergency department context. Guided by an implementation framework, future research designed to creatively translate evidence into practice and facilitate change at a systems level is a priority. Key to this solution is the integration of family involvement in pain management, considering child and family sensitive outcome measures. Effectiveness of new interventions should be evaluated in the short and long term to embed sustainable practice change. Frontline nurses are well placed to lead this transformation in paediatric pain management in the emergency department.

Theoretical framework
i-PARIHS
(Harvey & Kitson, 2015)

Clinician-led bottom up
approach

Everyone has a voice:
clinicians and families

Authentic stakeholder
collaboration and
engagement

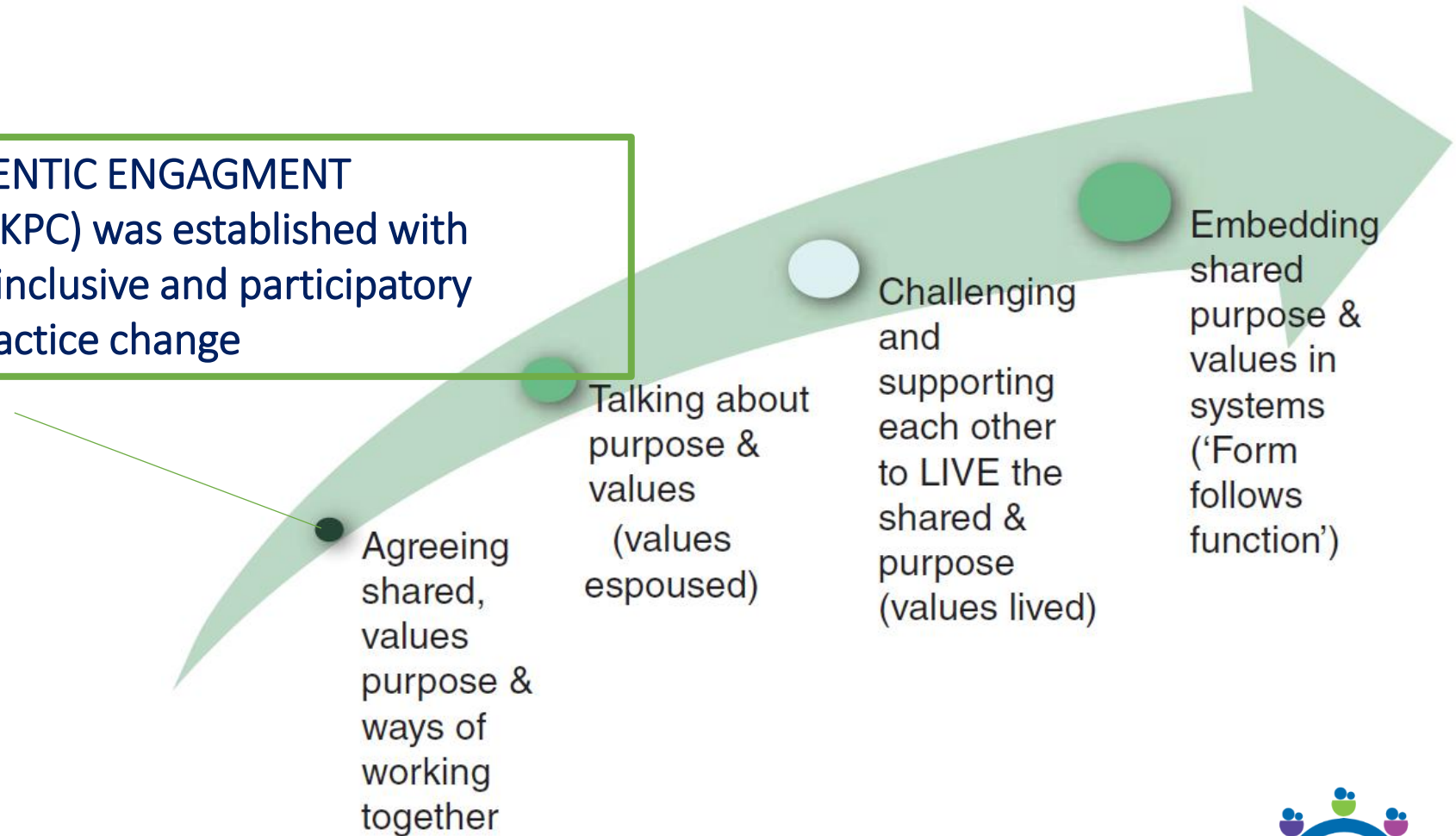


Culture change in frontline teams...



COALITION for CHANGE – AUTHENTIC ENGAGEMENT

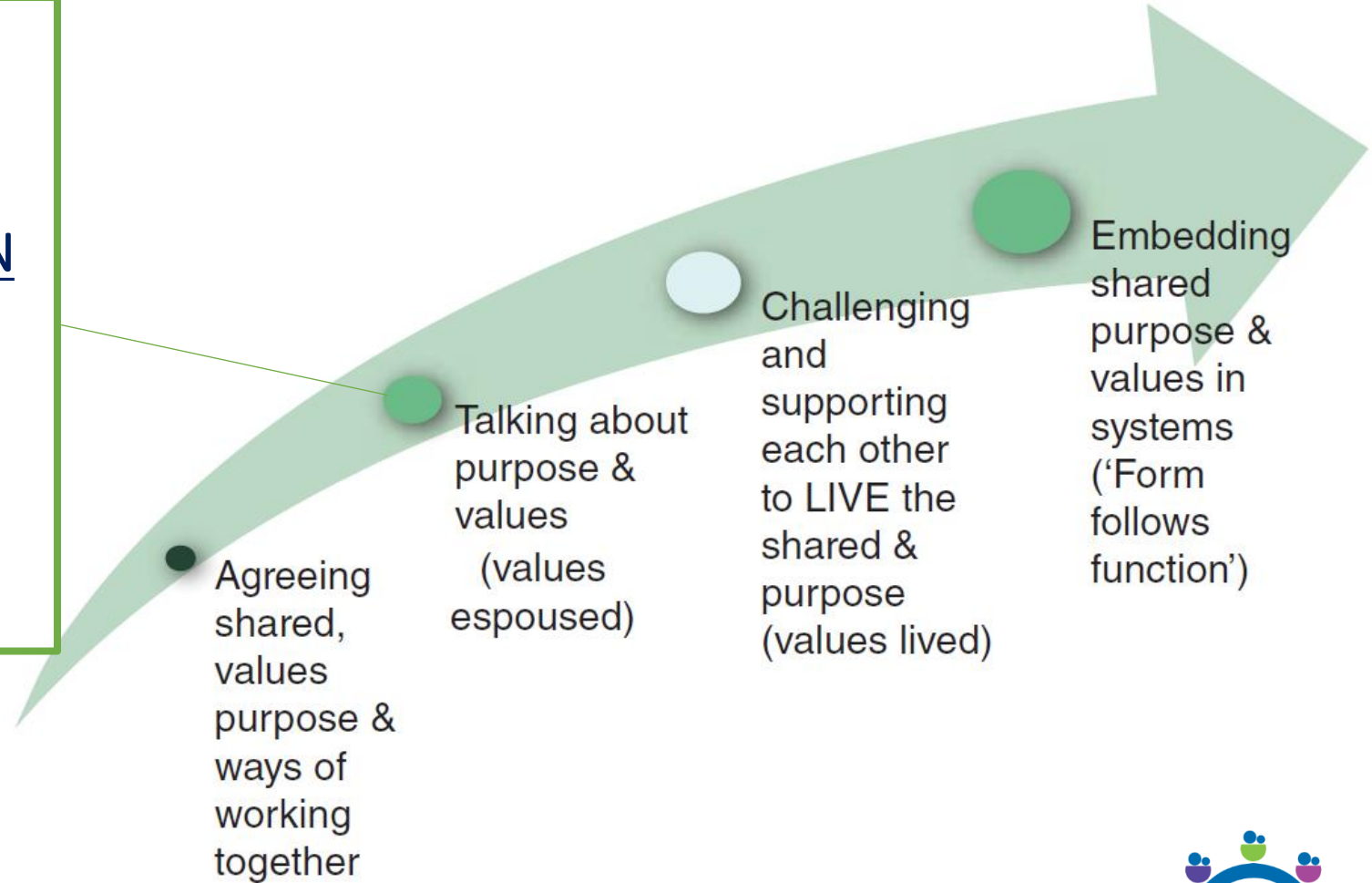
The KIDS PAIN COLLABORATIVE (KPC) was established with commitment to a collaborative, inclusive and participatory approach to enable pain care practice change



Culture change in frontline teams...



- KPC meetings
- Contextual appraisal
- Creating a shared vision
- Internal and external FACILITATION
- Funded positions KPC Facilitators enabling change at the frontline where it matters
- Pain Champions





RESEARCH

Open Access



Building effective engagement for implementation with i-PARIHS: a collaborative enquiry into paediatric pain care in the emergency department

Suzanne Williams^{1,2*}, Samantha Keogh^{1,3}, David Herd⁴, Sharonn Riggall⁴, Roselyn Glass⁴ and Clint Douglas^{1,5}

Abstract

Background: Pain is a central and distressing experience for children in the emergency department (ED). Despite the harmful effects of pain, ED care often falls short of providing timely and effective pain relief. Knowledge translation research targeting systems of care holds potential to transform paediatric pain care. This article reports on the first stages of an implementation project aimed at embedding effective and sustainable practice change in an Australian children's hospital ED.

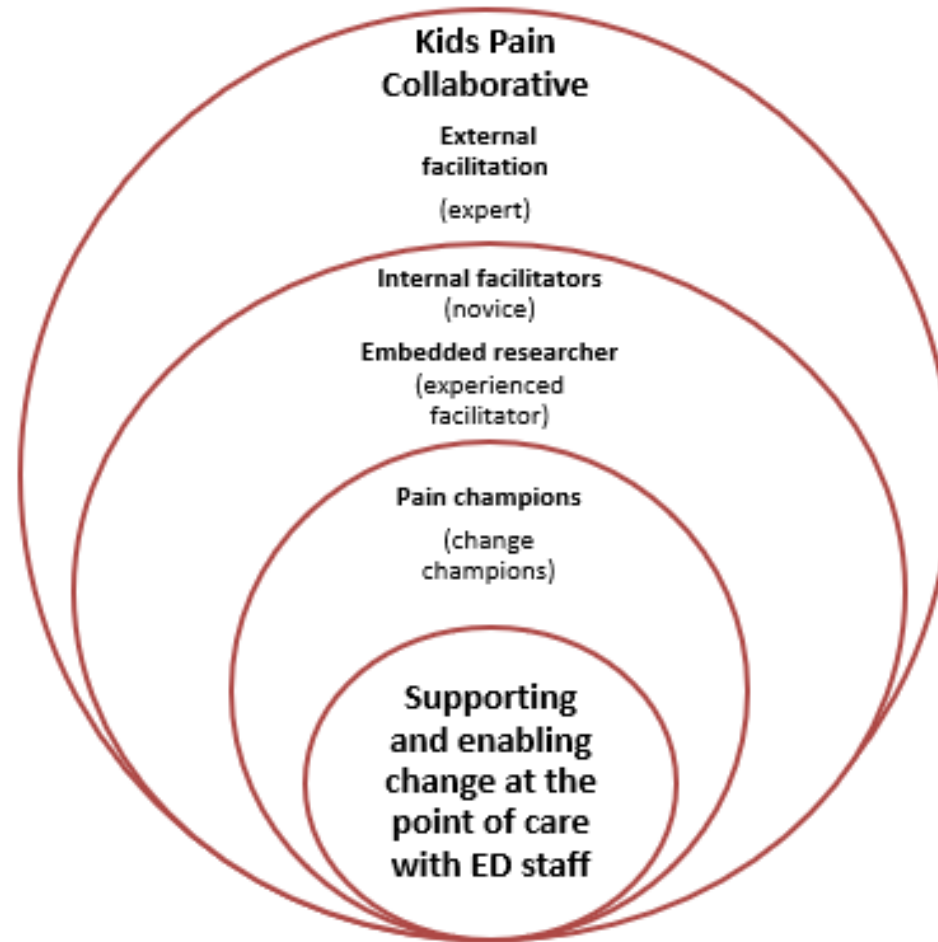
Methods: The Integrated Promoting Action on Research Implementation in Health Services (i-PARIHS) framework underpinned a cooperative process of engagement to establish a practitioner-led, interprofessional research collaborative. The Kids Pain Collaborative (KPC) aimed to co-design innovation in paediatric ED pain care, facilitating an extensive reconnaissance of research evidence, clinician and family experiences, and local evaluation data. This critical appraisal of the context and culture of pain management generated foci for innovation and facilitation of implementation action cycles.

Results: Engaging in a complex process of facilitated critical reflection, the KPC unpacked deeply embedded assumptions and organisational practices for pain care that worked against what they wanted to achieve as a team. A culture of rules-based pain management and command and control leadership produced self-defeating practices and ultimately breakdowns in pain care. By raising a critical awareness of context, and building consensus on the evidence for change, the KPC has established a whole of ED shared vision for prioritising pain care.

Conclusions: In-depth key stakeholder collaboration and appraisal of context is the first step in innovation of practice change. The KPC provided a space for collaborative enquiry where ED clinicians and researchers could develop context-specific innovation and implementation strategy. We provide an example of the prospective application of i-PARIHS in transforming ED pain care, using a collaborative and participatory approach that has successfully enabled high levels of departmental engagement, motivation and ownership of KPC implementation as the facilitation journey unfolds.



KPC model of skilled facilitation



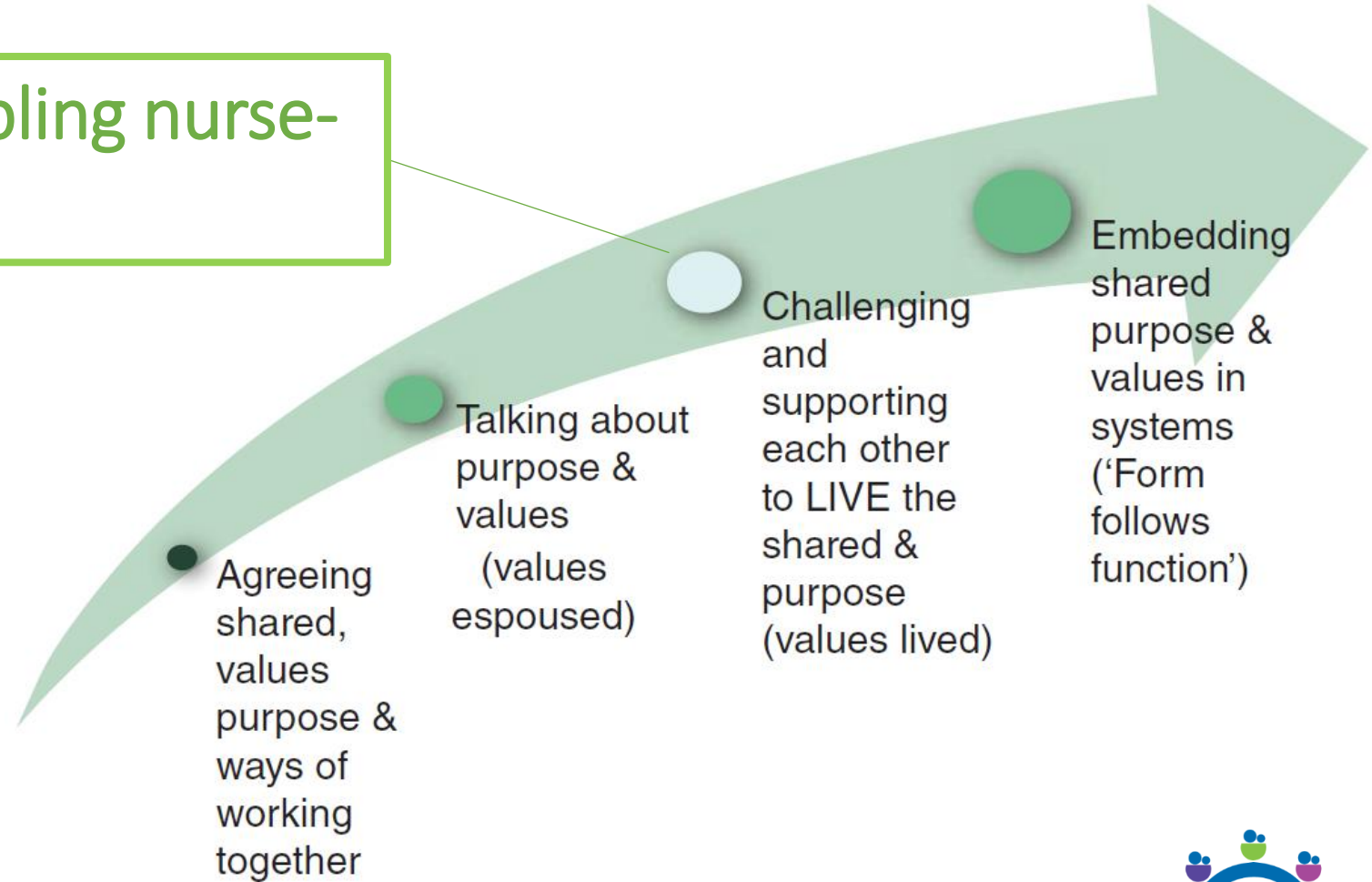
Creating a shared vision



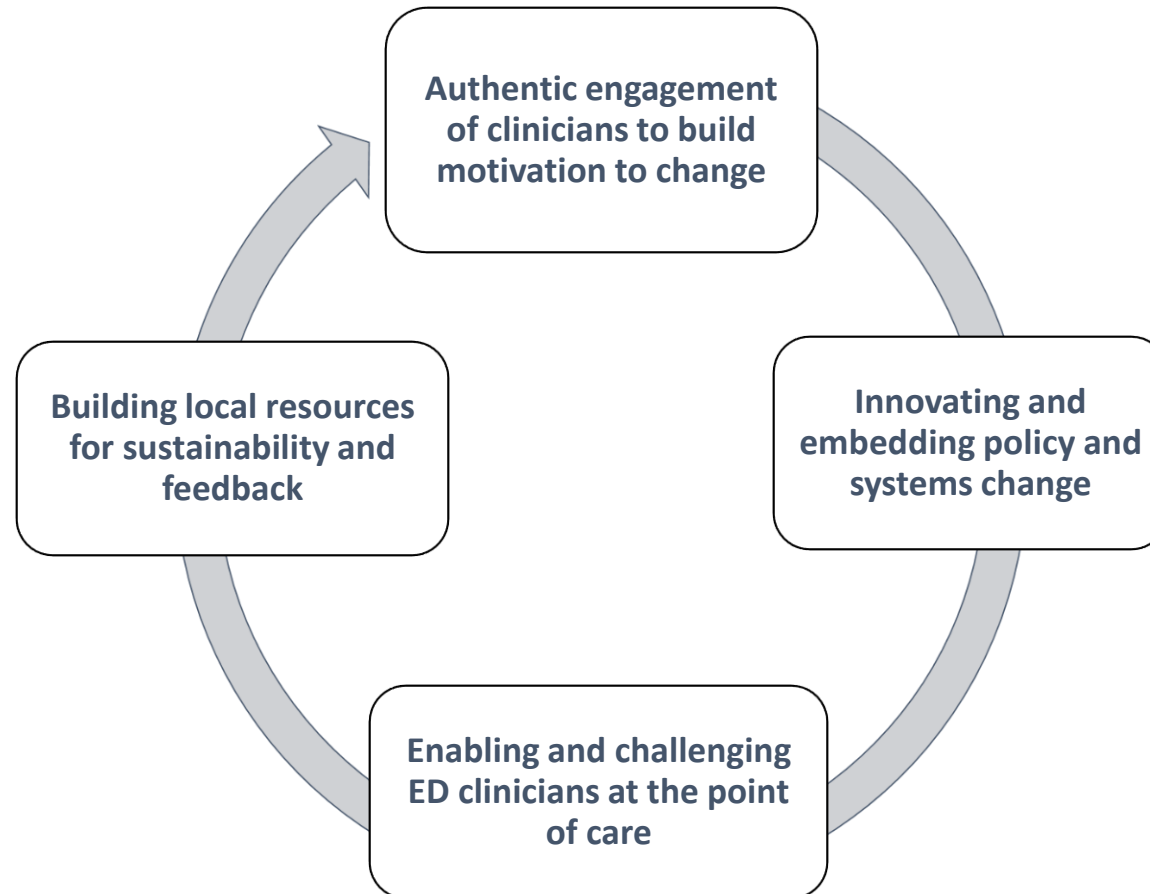
Culture change in frontline teams...



First action cycle ... KPC enabling nurse-initiated analgesia



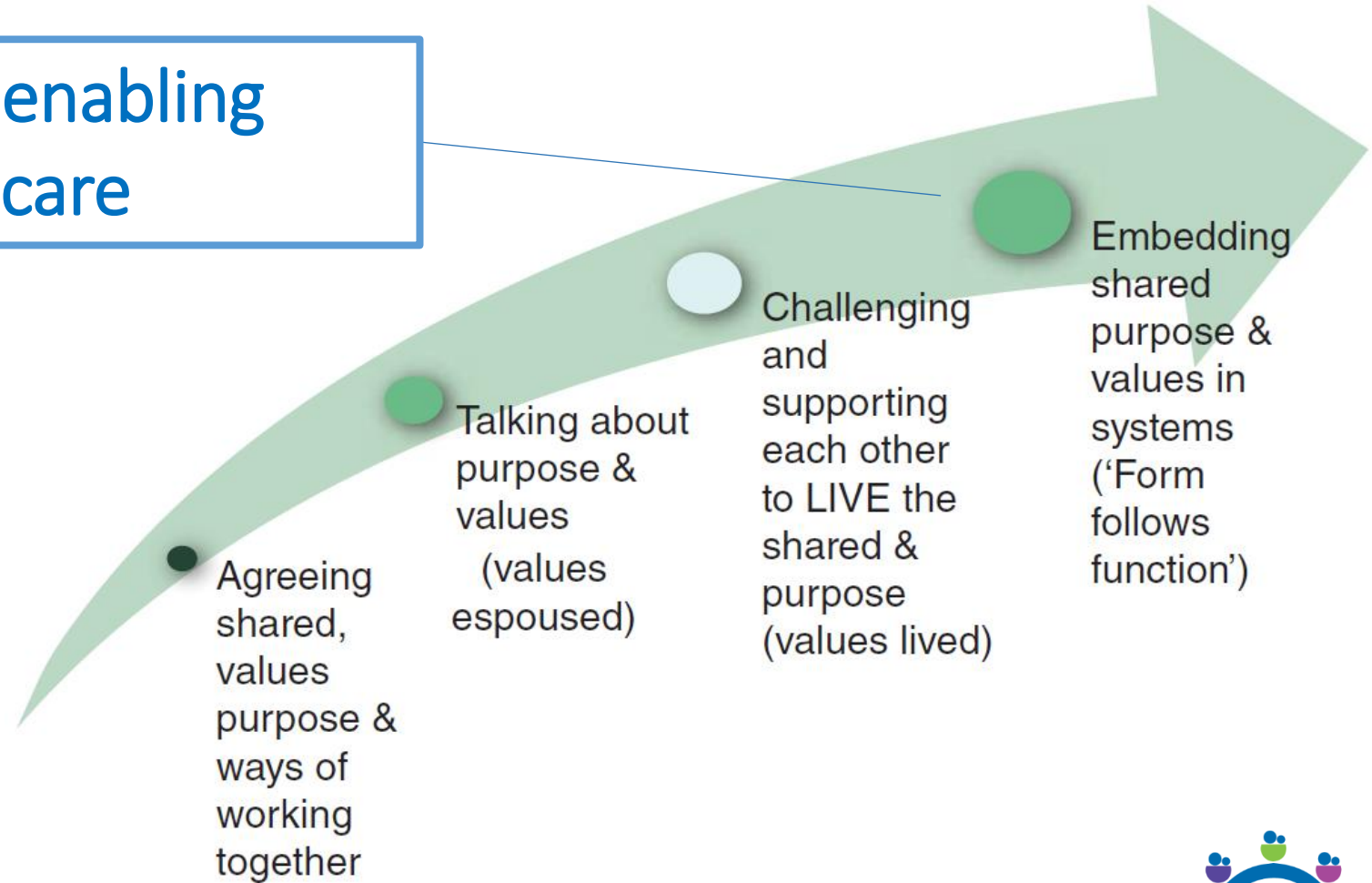
Enabling nurse-initiated analgesia (NIA)



Culture change in frontline teams...

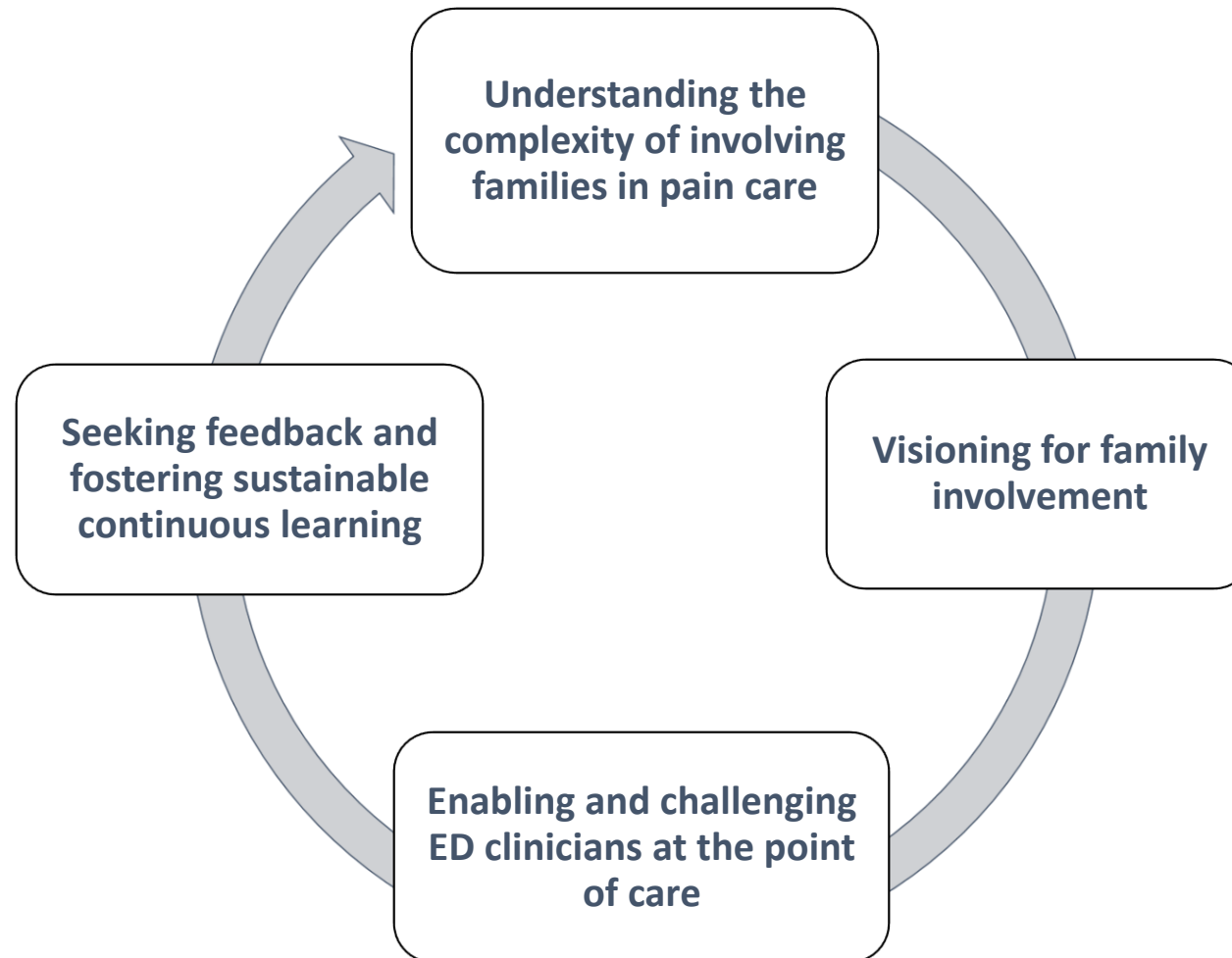


Second action cycle ... KPC enabling family involvement in pain care





Involving families in pain care



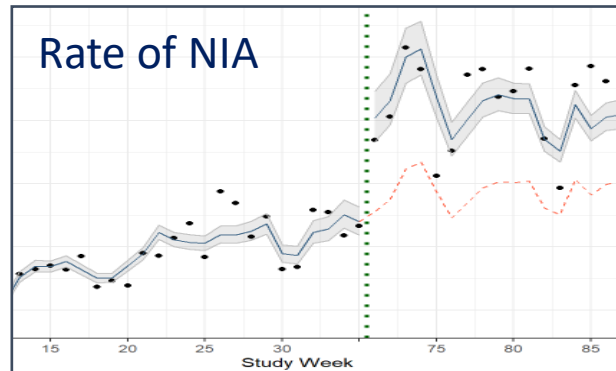
Evaluation of Successful Implementation

Family emotional
touchpoint
interviews

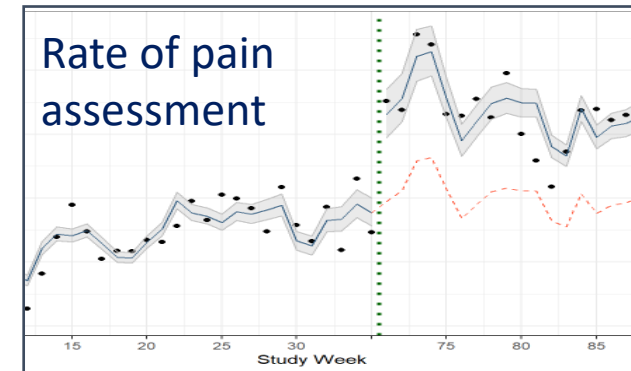
(Dewar et al., 2009)

KPC iterative
contextual
appraisal

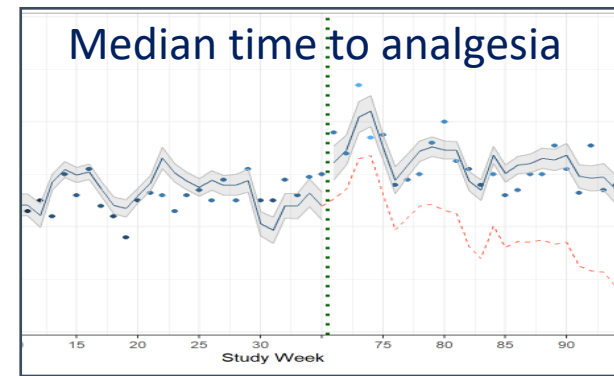
Clinician focus
groups



Facilitator
observations/field
notes



Feedback from
medical/nursing
leaders





What worked, for whom and why....



What worked, for whom and why....



(Manley et al., 2020)



What worked, for whom and why....





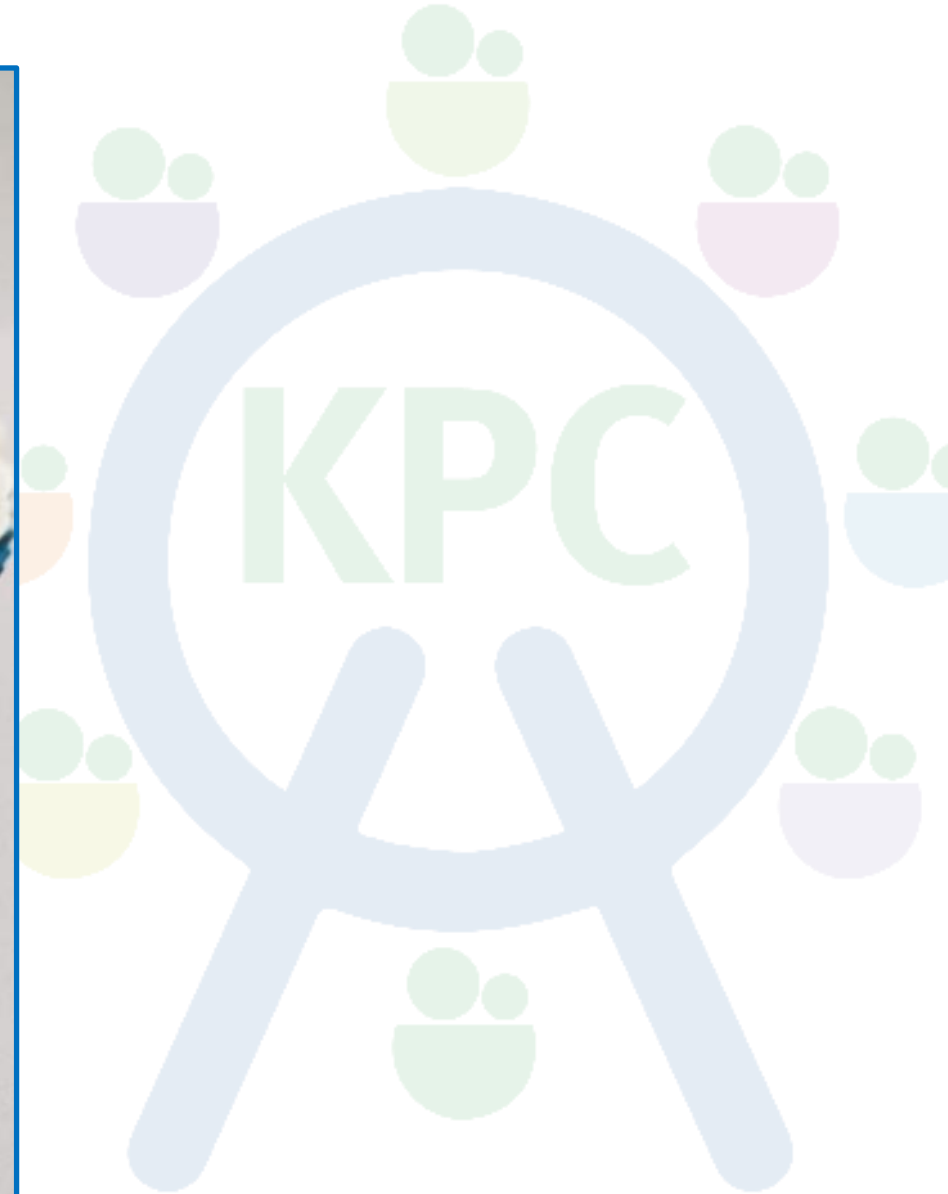
Moving pain care forward:

- Involving families in pain care*
- Supporting staffing, skill mix and resources to optimise timely analgesia*





Q & A



References



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