

# The Comfort Promise

Eliminating (or easing) pain and anxiety caused by needle procedure for children in pediatric healthcare settings

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The logo for UCSF Benioff Children's Hospitals, featuring a row of five colorful stick figures (orange, red, purple, blue, green) holding hands above the text "UCSF Benioff Children's Hospitals" in a bold sans-serif font, with "Stad Center for Pediatric Pain, Palliative & Integrative Medicine" in a smaller sans-serif font below it.

# The Comfort Promise

## Module I: Getting Started

January 2025

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# Comfort Promise

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- Thanks to Children's Minnesota, where the "Children's Comfort Promise" was first rolled out in 2013
- Permission for all pictures with patients and staff (Benioff Children's Hospitals and Children's Minnesota) have been obtained
- Other pictures were either created by ChatGPT or downloaded from the free-for-use site [pixabay.com](https://pixabay.com)
- "Children's Comfort Promise" is trademarked by Children's MN <https://www.trademarkia.com/children-s-comfort-promise-86846458>



# I. Implementing Change



# Change is Hard

## **Be prepared**

- Review and understand current evidence for reducing pain with needles
- Review and understand change management strategies
- Explore and employ existing resources within your organization for quality improvement and implementation science



# Understand the Evidence

## **Review and understand current evidence**

- Module 2 references key articles
- Be able to justify each of the 6 strategies
- Be able to summarize and adjust messaging for different audiences:
  - Clinicians
  - Business partners (marketing, finance, etc.)
  - Patients and families





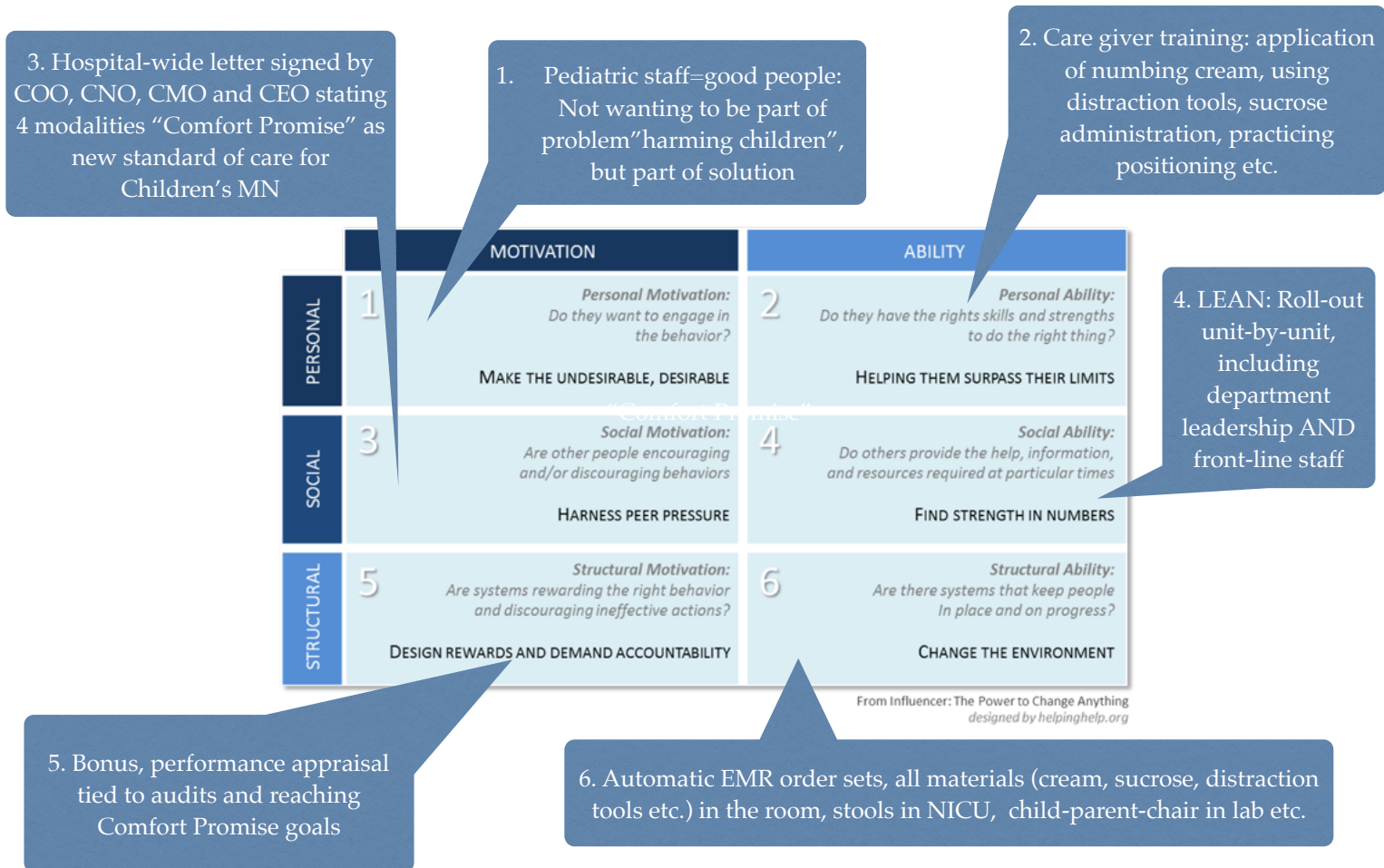
# Understand Change Management

## Select, review, and understand change management strategies

- Examples:
  - Jon Kotter's 8 steps
  - Influencer model from Vital Smarts
  - Change readiness tools
  - Something else.....
- Select and employ **strategies that will resonate with your organization's culture**



# Example: Influencer Model from Vital Smarts





## Eight-stage process of creating major change

### (1) Create Sense of Urgency: Making clinicians and leadership aware of the need and urgency for change

- Requires open, honest and convincing dialogue
- Examine market, competitive realities in pediatric healthcare;
- Address unmet needs in pain & suffering: identify & discuss crises, potential crises, or major opportunities

### (2) Create Guiding Coalition

- Putting together group with enough power to lead change
- Getting group to work together like a team

### (3) Developing Vision & Strategy

- Leadership: Create clear vision to help direct the change effort
- Management: Develop strategies for achieving this vision

### (4) Communicating the Change Vision

- Create support and acceptance among the employees
- Can only be achieved by talking about the vision with the employees at every chance you get & by taking their opinions, concerns and anxieties seriously
- The new vision must be fully adopted across the entire organization
- Guiding coalition = role model of behavior expected of employees

### (5) Remove obstacles

- Empowering broad-based action: Changing systems or structures that undermine change vision
- By entering dialogue with all employees, it will become clear who are resisting the change
- Encourage risk taking and non-traditional ideas, activities, and actions

### (6) Create short-term wins

- Nothing motivates more than success.: Create short-term goals so that the employees have a clear idea of what is going on
- Planning for visible improvements in performance, or “wins”
- Acknowledge & reward employees who are closely involved in the change process: Making clear across the board that the children’s hospital changing course

### (7) Consolidate improvements & produce more change

- Many clinical change projects fail because victory is declared too early
- Using increased credibility to change systems/structures/policies further that are barriers to change (e.g. decreasing pain and suffering)
- Reinvigorate process with new projects, themes, and change agents. Hire/promote/develop people who can implement change vision

### (8) Anchor the changes in the culture

- Create better performance through child/family centered behavior, more and better leadership, and more effective management
- Articulate connection between new behaviors and Children’s Hospitals’ success
- Develop means to ensure leadership development and succession

Example:  
Jon Kotter’s  
Eight-stage  
process of  
creating  
major change

Source: Adapted from: Kotter JP. *Leading Change*. Cambridge, MA: Harvard Business Review Press; 2012.

# Understand Change Management

## **Know your resources**

- Explore existing resources, departments and staff within your organization
- Set up meetings and secure engagement with:
  - Quality improvement group
  - Safety (patient and employee)
  - Patient experience/satisfaction
  - Strategic development
  - Nursing education

- Pharmacy
- Child Life
- Youth advisory council, patient advocates
- Patients with lived experience



## 2. Strategic Alignment



# Strategic Alignment

## **Know your resources**

- Investigate your organizational structure
- Create and align project goals with your institution's:
  - Strategic plan
  - Safety goals
  - Key outcomes for Quality/Performance Improvement
  - Patient experience
  - Mission, vision and values



# Your Institution's Strategic Plan

- Understand motivators
- Make a case for your initiative in all areas
- Align with values and vision
- Develop an elevator speech (1-2 minutes)
- Share your passion
- Create a sense of urgency
- Keep it patient focused
  - “*What is best for the child?*” versus “*What is most convenient for the staff?*”




# Leadership Support

- Investigate organizational reporting structure (who's in charge of what)
- Create opportunities-BE BOLD
- Set up informational meetings
- Aim high, look for who controls decision-making (and resources) for affected departments





# Example: Letter signed by CEO, CMO, CNO and COO



## Memo

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**Date:** August 20, 2015

**To:** All Children's Professional Staff, Directors and Managers

**From:** Robert Bonar, Jr. (CEO), David Oxman (President and COO), Phil Kibort, MD (CMO) and Roxanne Fernandez (CNO)

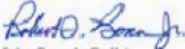
**Subject:** Children's Comfort Promise: The new standard of care at Children's for needle procedures


Additional information, including videos for staff and families as well as references, can be found on [Khan: http://khan.childrens.org/department-and-commitment-to-no-needles-pain](http://khan.childrens.org/department-and-commitment-to-no-needles-pain). For further information, the core team for the Children's Comfort Promise can be reached at 612-413-7675 or via email:

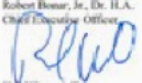
Donna Eull, RN, MA, [Donna.Eull@childrens.org](mailto:Donna.Eull@childrens.org)  
 Chaitman Weidner, BS, [Chaitman.Weidner@childrens.org](mailto:Chaitman.Weidner@childrens.org)  
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For questions or concerns, please contact us.

Thank you.

  
 Robert Bonar, Jr., Dr. H.A.  
 Chief Executive Officer

  
 David Oxman  
 President and Chief Operating Officer

  
 Phil Kibort, MD  
 Chief Medical Officer and VP Medical Affairs

  
 Roxanne Fernandez  
 Chief Nursing Officer

As part of the Children's Comfort Promise (We will do everything possible to prevent and treat pain), and as regional and national leaders in pediatric care, Children's has made the commitment to consistently employ four evidence-based strategies to make needles less painful. This is the new standard of care at Children's for routine needle procedures (including: immunizations, injections, IV access and lab draws).

- (1) **Numb the skin:** We are working to ensure that 4% Lidocaine cream is available in all care settings, and have taken the first step by having Medical Assistance agree to reimburse it as an essential over-the-counter pain medication. To achieve the standard of 95% use, every area needs a process for planned as well as unplanned needs, including parents forgetting to apply. Steps will continue to be available in critical care areas when time restrictions exist based on patients' needs.
- (2) **Supernest (or breast feeding)** for infants 0-12 months of age.
- (3) **Positioning:** This includes encouraging involvement from parents and upright positioning to ensure children feel safe, and have the best experience possible. As part of the Comfort Promise, we have committed as an organization that we will not physically hold children down for routine needle procedures. This will necessitate having a Plan B, or identified deferral process for children who, possibly due to past experience, may need more support than the four standard strategies provide. This may look different in each care community, and assistance will be provided to determine what will work best for your patients.
- (4) **Distraction:** Age-appropriate distraction will always be offered.

We believe that we will create the best experience for our patients by consistently using these strategies and partnering with children and their parents to provide comfort and support during the process. If the Children's Comfort Promise has not been introduced in your area yet, stay tuned. The goal is to have it rolled out to all departments and care communities by the end of 2015. We will market this heavily in early 2016, meaning that parents and patients will expect this to happen consistently when they receive care at Children's.

No children's hospital in North America has a similar effort in place. We believe that the Children's Comfort Promise will set us apart from other pediatric providers and make us the provider of choice for patients and their families.

### 3. Create a Shared Vision



# Form a Team

- **Multidisciplinary, including**

- Nursing
- Child life
- Physician
- Nurse Practitioner
- Patients/Families
- Pharmacy
- Information Technology (IT)
- Laboratory staff (phlebotomists)
- Leadership

Have executive  
leadership sponsor/  
support\*



Ensure front-  
line staff is  
included

# Create a “Charter”

## Serves as a road map

- Objectives / Problem statement
- Scope
- Metrics
- Baseline measures
- Team members
- Leadership sponsors

Assessment Date: Meeting Date/Times:		Sponsor: name Process Owner: name Coach: name	
Problem Statement:			
Scope: <u>Starting Point:</u> <u>Ending Point:</u>  <u>Sub processes included:</u>  <u>Out of Scope:</u>		Targets:	
Baseline Data:		Team (Name & Job Role):	MGT (Name & Job Role):
Resource Reps:		Stakeholders:	



# Charter

## Problem statement

- Identifies the issue
- Answers why it is an issue
- Indicates size of the issue (gap)
- Whom does it affect ?



# Charter

- **Scope**

- Defines the boundaries
- Calls out things that might be in question
- Specifically calls out what will not be addressed

The charter provides a rationale and roadmap for the team's work that can be used to clarify thinking about what needs to be done and why. The charter helps keep the focus on a specific opportunity or problem and identifies the improvement team members.

- **Baseline data**

- Establishes current state
- Quantifies issues that may be important to the team
- Used to measure improvement
- Provides reality check and motivation

*(hint: we are usually not doing as well as we think)*



# Charter

## Target measures

- Aim high....but be realistic
- Use SMART goals
  - *Specific*
  - *Measurable*
  - *Achievable*
  - *Relevant*
  - *Time based*
- All target goals must have baseline data



# Charter

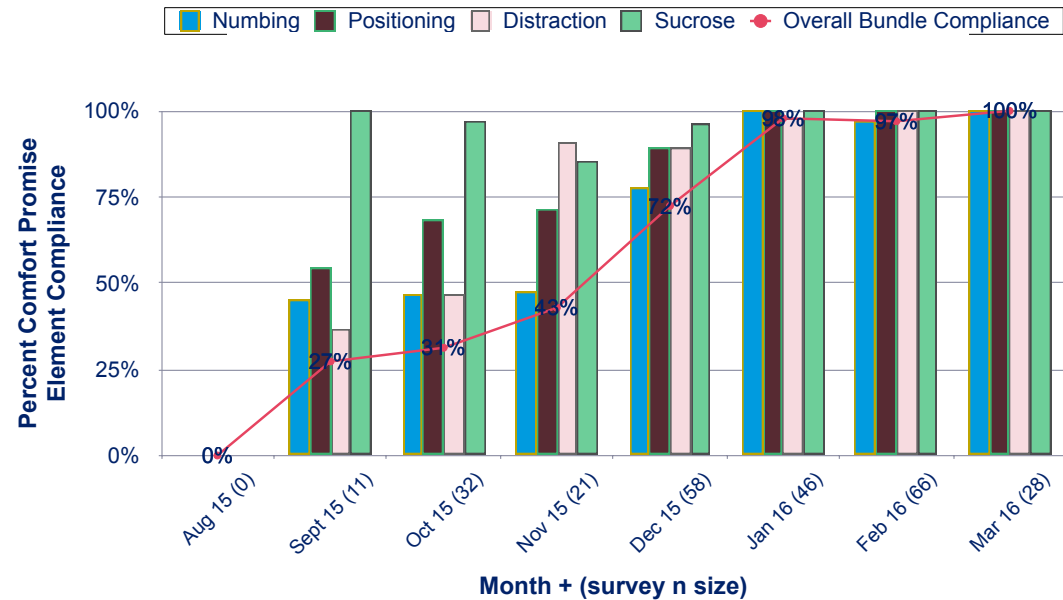
**2 types of Measures; be sure to include both:**

- **Process**

- Helps chart day to day progress
- Necessary to refine process
- Provides feedback to staff

- **Outcome**

- Signals an impact on patient care
- Ultimate goal



# Charter

## Create a timeline

- Track progress
- Give focus, clear goals
- Hold people accountable to deadlines
- Create a sense of urgency
- Provide incremental accomplishments and successes to celebrate



# Summary

- Change is hard
- Be prepared
- Collaborate
- Secure support from leadership and front line staff
- Create a shared vision
- Map your course
- Get started!



# Homework - Next Steps

- Assemble and know the evidence (hint: Module 2 will help)
- Find your resources:
  - Locate your institution's strategic plan
  - Locate organizational chart
  - Identify mission, vision, values of the organization
  - Identify quality improvement staff
- Align your goals with organization's vision
- Engage leadership and front line staff
- Create a team
- Create a charter



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