

The Comfort Promise

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

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Module 3: Mind the Gap

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I. Completing a Gap Assessment



Overview

- Collect Baseline data
- Observation
 - *Tactics*
 - *Goals*
- Note barriers
- Assimilate information
- Plan and prioritize



Observation

- This is a key step to engaging front line staff
- They know current state best
- Watch and listen



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Observation

Tactics

- Elevator speech (less than a minute, staff are busy)
- Dedicate time to observe all shifts
- Watch and Listen (talk less)
 - Suspend judgment
 - Take it all in
 - “*Help me understand...*”
 - “*Say more about that ...*”
 - “*Interesting...*”
- Record and organize findings (away from the unit)



Observation

Goals

- Build relationships/trust
- Create positive buzz
- Understand work flow, culture
- Identify barriers and competing interests
- Identify current state
 - Resources
 - Knowledge
 - ATTITUDES



2. Common Barriers





**“I never knew it
(shots) could be
this easy, why
didn’t someone
offer this before?”**

Quote from parent Angela

Common Barriers

- Attitudes (Obstacles? Barriers? Myths?)
- Knowledge
- Skills
- Time
- Resources/Space

- Some are real issues ... some are myths or urban legend
- The job is to bust the myths, and help finding solutions for the rest
- Decide what are attitudes versus knowledge gaps, as you will need to address them differently



Main Barriers: Attitudes / False Beliefs

- “Fast is best, kids don’t remember the pain”
- “Needles are just not that painful”
- “We are creating a generation of wimps”
- **“Pain builds character”**
- “Finger sticks are less painful”
- “It takes too long, I don’t have time.”
- “It’s not safe, you have to lay them down”
- “I don’t have enough hands”
- “Parents don’t know how to do it, and can’t be taught”
- **“Parents want us to hold them down”**
- “You will make parents the ‘bad guy’ if you have them help”



Barriers: #1 Numbing

- “No time”
- “Need orders”
- “It causes vasoconstriction or blanching”
- “Creates anticipatory anxiety”
- “Decreased success rate for IVs (or for labs)”
- “Unsafe (kids will eat)”
- “Doesn’t work”
- “How and where to apply”
- “What to cover it with”



Barriers: #2 Sucrose or Breast Feeding

Breast feeding

- Ergonomics
- Privacy - Don't want to “be up in mom's business”



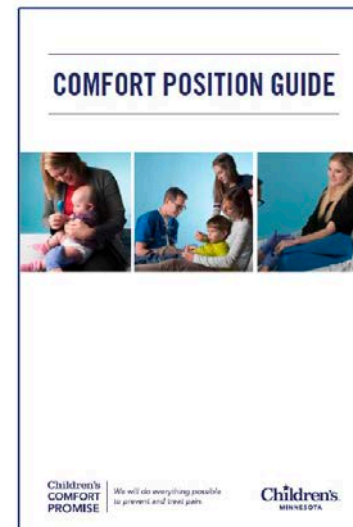
Sucrose

- Can't use if NPO or baby has NEC (Hint: Myths)
- Need an order
- Not available
- Don't know how and when to give
- Don't understand how it works



Barriers: #3 Comfort Positioning

- “Parents can’t/don’t know how to” hold
- “We will make parents the ‘bad guy’ ”
- “We need patients to lay down”
- “It is not safe”
- “We don’t have a good surface”
- “Staff don’t know how to position”
- "No time”



Barriers: #4 Distraction

- “You can’t distract babies”
- “Teens don’t need this”
- “No time”
- “No resources”
- “It doesn’t work”



Putting it Together

- Assimilate
 - Observations
 - Unit work flow
 - System work needed
- Analyze results
 - Separate “myth” from “fact”
 - Prioritize
 - Make a parking lot
- Draft a plan
- Remember, perfection is the enemy of progress
- Focus on incremental improvement, this is not one and done



Putting it Together

Example of a plan:

- Numbing

- Who applies
- How to pay for ?
- How to cover?
- Need orders

- Sucrose

- Get in bedside carts

- Distraction

- Need supplies
- Who cleans?
- Who restocks ?

- Positioning

- Training
- Visuals for staff and parents

***Reminder** Prioritize, don't fall down a rabbit hole. Focus on what you can fix.*



Summary

- Observations are essential starting point
- Keys to successful observation
 - *Build trust*
 - *Ask questions*
 - *Suspend judgement*
 - *Watch and Listen.... really listen*
- Identify and track barriers
- Identify need for time studies
- Collect potential solutions
- Assimilate, plan and prioritize



UCSF Benioff Children's Hospitals

The Comfort Promise

We promise to do everything possible to prevent and treat needle pain. For every child. Every time.

No one wants to see their child in pain. That's why – whether your child needs a vaccine, a blood draw or an IV catheter placement – our experienced and compassionate staff partner with you and your child to use simple pain-reduction tools and techniques that work for your family.

Our Comfort Tool Kit
The tools we use – and how we use them – vary by developmental age and what's best for your child. You'll find more details about each one on our website.

 Numbing cream Makes needle procedures less painful	 Comfort positions Helps children feel calm and secure
 Distractions Puts the focus on an entertaining activity	 Choices Provides the patient with some sense of control
 Breastfeeding or sugar water Soothes and reduces babies' pain	 Memory-shaping Frames the experience in a positive way

To learn more, visit ucsfbenioffchildrens.org/comfort-promise



Please fill out and detach the coping card on the right and bring it with you to your appointments.

I also want you to know _____

Date _____
Date of birth _____

MY COPING PLAN

Name/Pronouns _____

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Homework - Next Steps

Prior to assembling work group:

- Perform observations (watch, listen, poke around...no pun intended...)
- Engage formal and informal leaders and build trust
- List barriers (myth-based and reality)
- Collect ideas for addressing both types of barriers (gaps)



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