# 3, 2, 1, LOOK OVER THERE!

## Improving distraction for out-of-hours painful procedures

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## BACKGROUND

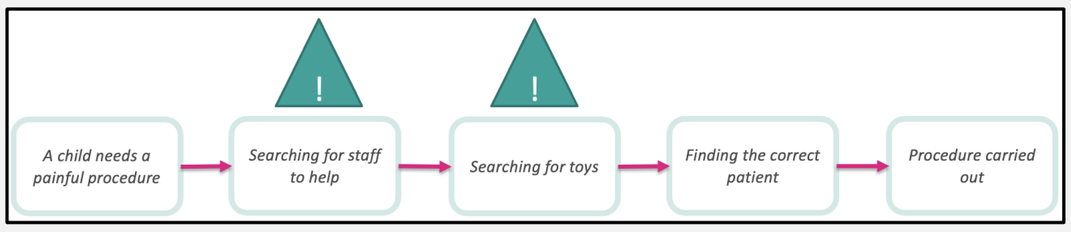
**PROBLEM:** Out-of-hours we perform **painful procedures on children**, often with **no play-therapy** based distractions.

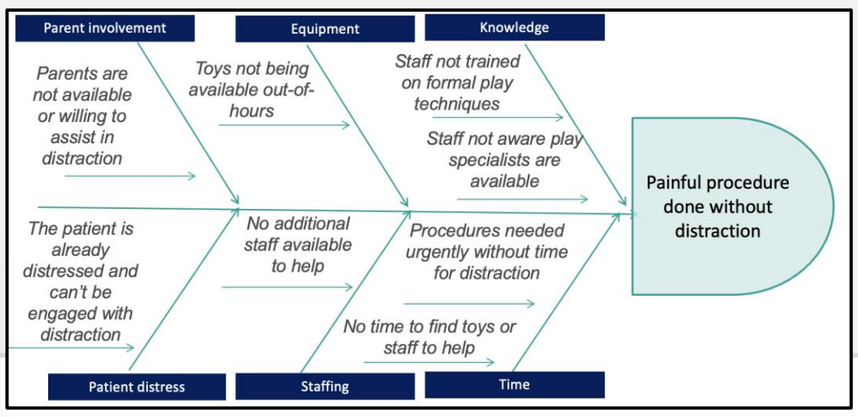
This risks creating **lasting emotional distress** for the child, their parents and some doctors too.

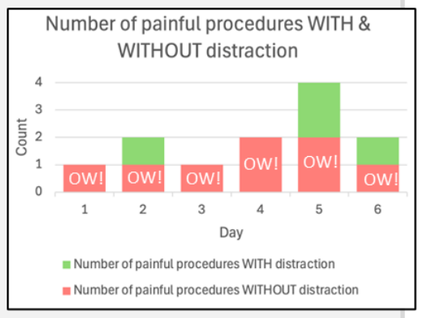
- A daily issue
- Frequently seen across multiple centres
- Potentially avoidable
- Emphasised during working hours – BLIND SPOT?!

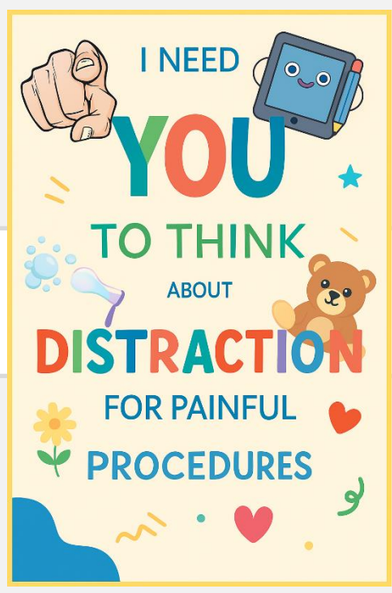


## DIAGNOSTICS




## AIM & MEASUREMENT DEFINITION

**Aim:** To remove the availability of toys as a reason for painful procedures being completed with distraction our of working hours

**Chosen measure:** Number of painful procedures completed without distraction when it was appropriate
**Inclusions:** A painful procedure completed in a child, where distraction was appropriate
**Exclusions**: Urgent or emergency procedures
**Sampling method and frequency:** Survey of the overnight ward doctor of the procedures completed out of hours. Completed every morning during a given week

**By August 1st, 2025, the availability of toys will not be a limiting factor for the use of distraction techniques whilst completing painful procedures, improving patient, parent and clinician experience**

## CHANGE IDEAS

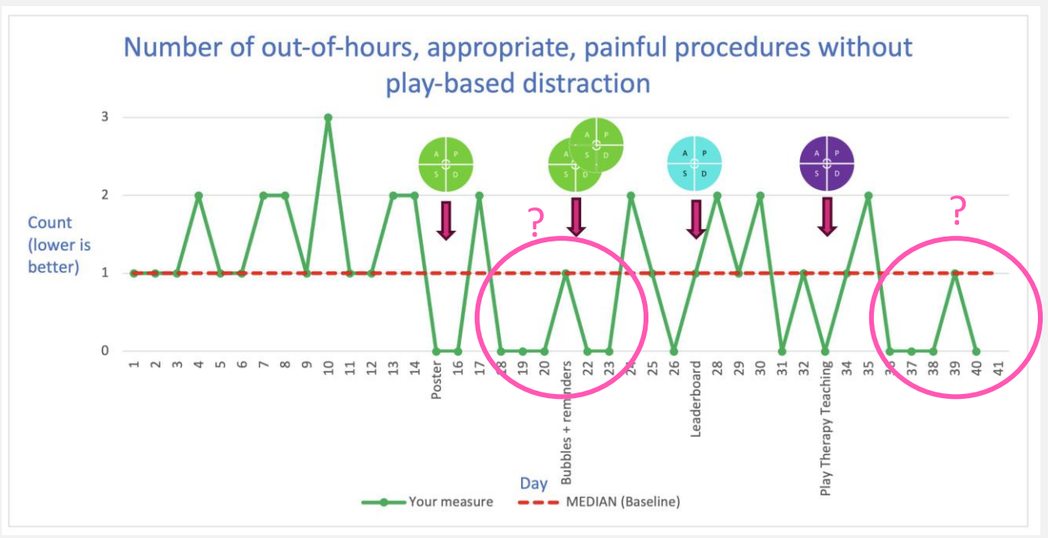
- **Hang posters in the ward encouraging parents to ask for distraction techniques during painful procedures**
- **Create a leaderboard for distraction-use**
- **Provide teaching on play therapy**
- **Give each doctor a set of bubbles they can keep in their pocket**
- Encourage the team to increase their preparation time & gather more toys
- Provide a selection of toys with the phlebotomy equipment
- Give each child a toy on admission which will be there 'support companion' and needs to be enquired about before painful procedures can start
- Move the child to a dedicated environment for procedures & distraction
- Use the parents' phone to play videos
- Signpost the team to where the toys are kept
- Ask the parent what sort of distraction their child would respond to
- Have music playing from the ward's speaker system so everyone can hear some distracting sounds

## PDSA cycles

| PDSA Test # | PLAN | Do | STUDY | ACT |
|---|---|---|---|---|
| 1.1 | Promote distraction with a poster with the phlebotomy equipment | Spot survey the morning SpR over 2 weeks. Some improvement in use of distraction | Better awareness of distraction & fewer missed opportunities. **Availability of toys still an issue** | **ADAPT** by providing distraction equipment → ACT |
| 1.2 | Provide bottles of bubbles along with the poster → PLAN | Surveyed over 1 week. No use of the bubbles, no improvement | New equipment isn't part of usual routine & is easily missed | **ADD-IN** a reminder WhatsApp → ACT |
| 1.3 | Automate WhatsApp reminders for the SpR at the start and end of their shift → PLAN | Digital survey sent over 2 weeks. 20% response rate, no improvement over poster alone | Availability of toys may not be a limiting factor. Survey information limited through low engagement | **ABANDON** the bubbles. **ADAPT** the poster to have competition → ACT |
| 2. | Create a leaderboard with points for procedures completed with distraction → PLAN | 2 weeks measured. Leaderboard poorly used and survey result similar to original baseline | Increased incentives have not improved outcomes. Limiting factors elsewhere | **ABANDON** – consider other areas of improvement → ACT |
| 3 | Educate the team on play therapy techniques and its importance, with a session from the play therapist | Session delivered after handover. Studied the shifts of the attendees over the next 2 weeks. Limited data but some days full distracted. | Possible improvement from educating the team | **EXTEND** – continued encouragement and awareness of the importance of distraction |




## RUN CHART




## CONCLUSIONS

- There is opportunity to improve our use of distraction in out-of-hours painful procedures
- Introducing change ideas resulted in some children (from none) having appropriate distraction.
- Two periods showed possible improvement but neither satisfied the run chart rules of having 6+ data points under the median; resulting in no significant periods of improvement during the PDSA cycles.
- Factors which could have influenced this include low patient & survey response counts.
- Future work should focus on other change ideas not possible in this project as there are further barriers to getting all procedures completed with distraction.

## REFLECTIONS & LEARNING

- A systematic approach to quality improvement allowed for a deeper understanding of the problem faced before seeking solutions.
- This improved the outcomes of my project through finding ideas for change not initially considered and made the project more enjoyable to complete!
- Getting team involvement is critical to getting robust and useful data. I tried use of posters and WhatsApp reminders but to sub-optimal effect. I suspect there were other priorities for the clinical team or I hadn't considered a true barrier to use of distraction.
- Embracing the principles of QIP and better understanding my teams' issues and needs would certainly help for future projects.