Bloods, less sweat, no tears

Reducing the levels of distress in children with additional needs coming to blood clinics

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PROBLEM

Every week patients with additional needs come to have blood tests done. Without adequate preparation, this already difficult task becomes even more distressing. When unsuccessful, this leads to a vicious cycle of reattempts.

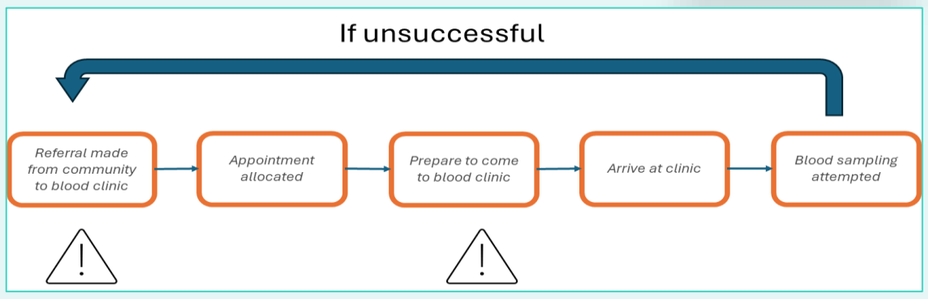
BACKGROUND

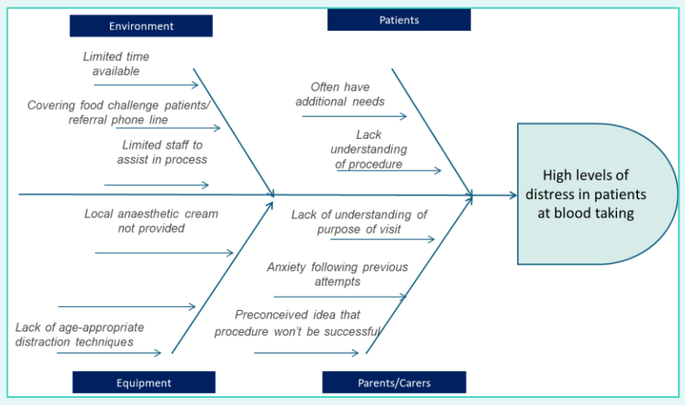
When sample taking is so difficult due to distress, it can be unsuccessful, inadequate or unsuitable to use.

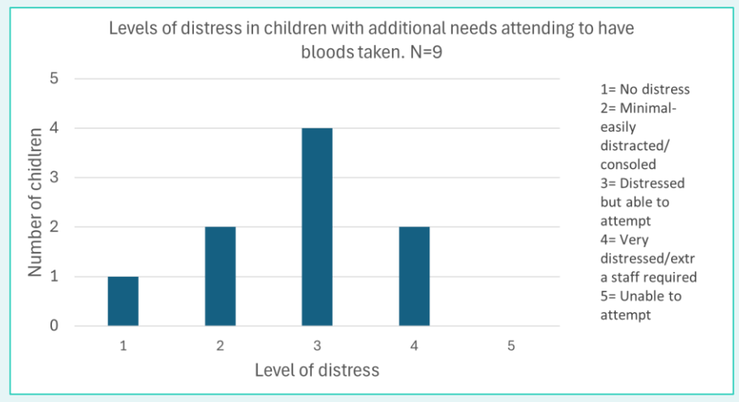
Then the child needs a repeat appointment and this negative experience then impacts on the next attendance.

Patients, parents and staff all find the experience stressful and upsetting.

DIAGNOSTICS







AIM & MEASUREMENT DEFINITION

Aim: By February 2026 the level of distress reported by patients/carers when having bloods taken will be less than 3 out of 5 in at least half of all children.

Chosen measure: The score for each child attending for bloods

Inclusion	Exclusion
>1 year old	<12 months
Documented additional needs/ under investigation	No diagnosis or not documented to be under investigation for additional needs
Attending for bloods	

CHANGE IDEAS

WEAK ACTIONS
Reminders
Warnings/labels
Rules/protocols/policies
Education/(Re)-training

Your ideas (weak actions)
- Email to community team asking them to provide local anaesthetic cream when referring a child for bloods

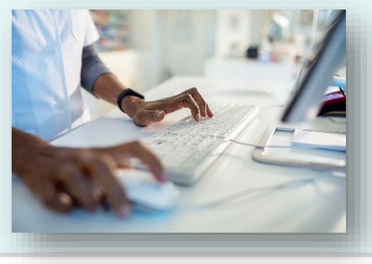
MODERATELY STRONG ACTIONS
Automation/computerisations
Simplification & Standardisation
e.g. Pre-printed forms
Checklists
Cognitive aids
Double checks

Your ideas (moderately strong actions)
- Social story provided to families when being referred for bloods
- QR code to provide written info for parents on what to expect
- Video to prepare children
- Checklist for suitability for referral to certain sites
- Smartphrase when referring for bloods to include checklist of bloods needed, requests made, suitability for certain sites and who will follow up results

STRONG ACTIONS
Culture change
Forcing functions/constraints
Equipment/environment (re)-design

Automation/computerisation

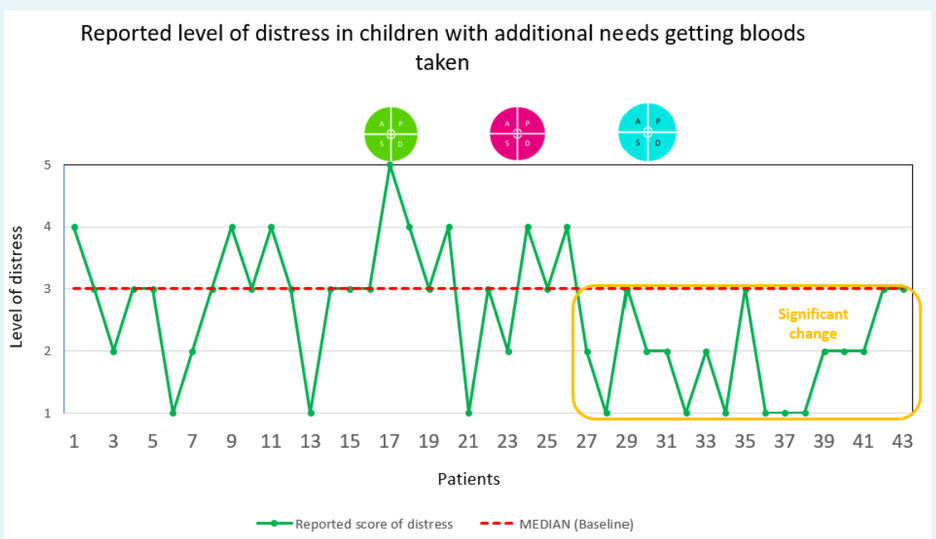
- Designating another doctor to be responsible for the food allergy patients coming for oral food challenges eg reviewed by SHO in allergy clinic
- Training nurses to carry out blood taking
- Play therapist being available



PDSA cycles

PDSA Test #	PLAN	Do	STUDY	ACT
1.1	Ask nurses if they could apply local anaesthetic cream on check in	Spoke with nurses and healthcare assistants in Antrim	At Antrim site, may be too busy to apply local anaesthetic cream on check in	Test on MUH site
1.2	Ask nurses if they could apply local anaesthetic cream on check in	Spoke with nurses on MUH site	Willing to try for next couple of weeks but uncertain if will work	Cream offered on check in for couple of weeks
1.3	Nurses to offer cream on check in	Cream offered on check in over 3 clinics	A small number of patients came with cream supplied. 3 accepted offer. 5 chose either spray or nothing due to time issues.	Explore possibility of cream supplied before coming to clinic
2.1	Email consultant lead for community paediatrics to ask about prescription of cream in clinic letter	Email sent	Positive response to include prescription in clinic letter. Highlighted potential issues with stickers vs cling film when cream applied. Requested baseline data on why patients presenting to clinic without cream	Share results of data collection tables in use at blood clinics.
2.2	Seek feedback on Smartphrase for use in clinic letters	Email suggestion for Smartphrase to use in clinic letters	No concerns raised about choice of wording.	Disseminate request and Smartphrase to community team
3.1	Talk to play therapist about resources that could be used either in blood clinic or prior to their attendance to prepare them	Spoke with play therapist based on Antrim site	Suggested charity website which has range of resources including boxes of distraction toys for range of ages	Investigate options on website
3.2	Explore recommended website	Accessed website	Options available include use of social story, boxes of distraction toys	Print off social story resource and have available to give patients on arrival to blood clinic

RUN CHART



CONCLUSIONS

My project met its aim to reduce the level of distress reported by patients/carers when having bloods taken to less than 3 out of 5 for over half (13/17). There was a statistically significant shift (13 data points below the median line) following the testing (PDSAs) and introduction of change ideas. Due to logistics trying to make even small changes took time due to staff working on different sites and communication having to be done via email.

REFLECTIONS & LEARNING

To be successful projects require the buy-in of a reasonable number of people. There was a doctor changeover as PDSAs were being implemented which meant that the doctors I had been talking to about the project and whose ideas I was able to utilise moved on before their ideas were put into practice. The incoming team had different priorities as they had not yet experienced the blood clinics. Nursing staff were helpful but they rotated quite a lot too and so consistency was an issue.

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Acknowledgements:
Nicola Davey, QIClearn

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