The recognition and assessment of acute pain in children¹

Implementation Guide

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¹ Article 1 of the UN convention states: For the purposes of the present convention a child means every human being below the age of 18 years unless under the law applicable to the child majority is attained earlier.
The recognition and assessment of acute pain in children

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Introduction

A recent strategy for nursing states ‘it is for every nurse, midwife and health visitor to strive for quality improvement in all aspects of practice’ (Department of Health, 1999). This implementation guide forms part of a set of booklets that provide guidance about how to develop and improve care for children who are likely to experience acute pain. The guide sets out in practical ways how to strive for quality improvement using the clinical practice guideline for the recognition and assessment of acute pain in children (Royal College of Nursing Institute [RCNI], 1999). The guideline was developed by a multi-professional group from research findings and the views of children, collected by a qualitative study (RCNI, 2000). Parents were also involved in developing the guideline.

Decisions about health care are complicated for professionals and for children and their carers. The potential benefits and hazards of different interventions have to be considered against a background of limited resources and varying needs. Given this complexity, there is increasing interest in clinical guidelines as a way of assisting decision making. Clinical guidelines are developed using systematic reviews of research findings. Systematic reviews classify research studies by design and give an indication of the reliability and validity of their findings. A clinical guideline takes those findings and turns them into an active document by making recommendations for practice. The RCN Paediatric Nurse Managers Forum are currently producing a document called Developing an effective clinical governance framework for children’s acute health care services, which is designed as a checklist to be used when considering the implementation of a clinical governance framework within children’s acute health care settings. Increasingly, patients’ views are included in guidelines, which ensure that patients’ preferences are highlighted and thus included in clinical decision making.

As well as having clinical information that identifies best practice, it is also important that the environment of care promotes improvements in the way children’s pain is recognised and assessed. To help determine what such an environment should look like, the RCN Institute guideline includes a philosophy for care of children (RCNI, 1999).

The following are six key principles that influence the quality of care provided.

- Children are listened to and believed.
- Children and families are viewed as partners in care.
- Care is individualised and holistic.
- Care is family centred.
- A collaborative, multi-professional approach is provided by knowledgeable professionals.
- Attention is paid to the organisational issues and systems that enable effective pain management to take place.

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Figure 1 - The clinical audit cycle

![Clinical Audit Cycle Diagram]

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This guide is designed to help you turn the guideline recommendations into reality. It aims to set out practical ways in which you can improve care locally by implementing the clinical guideline for the recognition and assessment of acute pain in children. The clinical audit cycle provides a useful framework for implementing guidelines and evaluating improvement. The audit cycle provides a systematic process for implementing guidelines, taking you through a range of activities to evaluate care, plan and make changes and, finally, to re-evaluate care.

The guide follows this framework, describing the activities involved as a series of six steps that lead to the implementation of a guideline. The clinical audit cycle is presented in Figure 1. Moving around the audit cycle, and thus implementing clinical guidelines, starts with involving the entire team and finding the right leadership. The steps end with a re-evaluation of care and starting the cycle again to ensure that care is continually reviewed and improved.

You may have been involved in clinical audit projects before. Much time is spent in defining standards or best practice. By using a clinical guideline as a definition of best practice and a national audit tool to monitor, a great deal of time can be saved. This enables the clinical team to focus on the most important part of the audit cycle, taking action to implement the guideline recommendations to improve the service.

Preparing clinical guidelines for use in practice is a complex undertaking. As well as taking you through the six steps to guideline implementation, the guide also describes a number of techniques that have been tried and tested to make the process easier.

The guide takes you through the steps in turn, outlining things that you can do as you plan to implement the guideline recommendations locally. The steps are illustrated with examples from practice, which you will find in the appendices. The steps are intended to provide a flexible model, recognising that organisations and teams will be starting from different places. Wherever you are starting from, we hope you find the guide useful as you seek to improve the services your team is able to offer locally.

### Step 1: Decide who will lead and co-ordinate the work

The first step in implementing a clinical guideline is to decide who will lead and co-ordinate the work. Successful behaviour change is usually achieved when people, who may not usually work in the same team, are brought together to achieve a common goal. It is helpful, therefore, to set up a multi-professional group to lead and co-ordinate the implementation of the guideline.

The group should include representatives of everyone who will be affected by the guideline. These people are often referred to as the stakeholders. Throughout this guide the group leading on the implementation of the guideline will be referred to as the implementation team.

**Identify the stakeholders**

Set up a group of stakeholder representatives to lead implementation of the guideline.

Studies show that multi-professional work groups achieve more when they have a facilitator (Harvey et Kitson, 1996). A facilitator is someone who enables the group to work together to achieve its goals by attending to the group dynamics and the needs of the participating individuals.

**Identify a facilitator**

All members of the implementation team should be clear about their contribution to the group and to the work involved in implementing the clinical guideline. If roles and responsibilities are not agreed at the outset one or two people might take on all the work thereby limiting the degree to which others can feel involved and able to participate in the change.

Sharing the work will also make the tasks quicker and less onerous. The implementation team may then carry out each step in the process of implementing the guideline themselves or may enlist the support of others, for example, to conduct the clinical audit or to review the environment.
Clarify and agree the roles and contributions of all group members

It is also important for the implementation team to agree what it wants the clinical guideline to accomplish. Members may otherwise disagree about priorities and feel confused and disillusioned if their expectations are not met.

Agree the purpose of the clinical guideline

Step 2: Determine where you are now

To effectively prepare to implement a clinical guideline you first have to know what changes are needed, whether the organisation is ready to make them and what resources you have to support them. That is, you need to evaluate current clinical practice to find out the degree to which care conforms with that recommended by the guideline. In addition, you need to review the environment to find out how ready health professionals and patients are to implement the guideline and what systems and structures are already in place, or are needed, to support any changes required.

Evaluation of clinical care

The degree to which current care conforms to the guideline recommendations and what changes are needed can be determined by measuring practice, sometimes referred to as a local audit.

Measuring current clinical practice

Measurement is undertaken using a set of criteria against which care is compared. A set of resources for audit is currently being developed. These resources will form part of the set of documents designed to help you implement and evaluate the impact of the clinical guideline for the recognition and assessment of acute pain in children. A summary of the aspects of care that you might usefully audit is provided in an outline audit plan in Appendix 2. There are three stages in measuring the quality of care:

- collecting audit data
- collating audit data
- summarising audit data.

During the audit you need to evaluate different aspects of the care you provide including the resources that are available (structure), the actions and decisions you take in practice (process) and the outcomes of care (outcomes). The audit plan presented in this guide focuses on the actions that take place in clinical practice and some of the outcomes that result from those actions. You may also want to ask questions to find out whether you have all the resources, staffing and materials that you need to achieve the clinical guideline.

The audit should focus on evaluating whether and how children’s acute pain is recognised and assessed. It is also important to find out what children and parents think about the service offered. Guidance notes on involving children, parents and other carers in the evaluation of the service are being prepared as part of the series on implementing the clinical guideline for the recognition and assessment of acute pain in children. These will be included within the set of resources for audit.

Review the environment

Reviewing the environment involves finding out more about the people who will be affected by the proposed changes. For example, is everyone receptive to the guideline and willing to use it in practice? Does anyone need extra education or training to be able to provide care as recommended? What kind of education or training would be most useful to people from differing backgrounds and where should it be provided?

Review of the environment also involves finding out what systems and structures there are in place within the organisation to support implementation of the guideline. There is a section within the audit plan to help you address these issues.

Example

At the Royal Hospital for Sick Children in Glasgow, the clinical nurse specialist audited the knowledge of nursing staff on the analgesic techniques used in the wards and units. The audit pinpointed that there was a lack of knowledge about the range of techniques that can be used. A teaching programme was then set up which concentrated on these areas. A variety of methods were used including: bedside teaching; formal and practical tutorials; lectures (within and outside the hospital); and information handouts and leaflets. These methods were chosen to capitalise on opportunities for teaching as they presented themselves and to enable more detailed background information to be given to nurses as well as more hands-on skills.

Play therapists and other staff also requested tutorials from the pain relief service, particularly about the use of non-pharmacological analgesic techniques.
Who will be influenced by the clinical guideline?

As well as the stakeholders involved in the implementation team, there may be other individuals who need to be included and accounted for in your strategy and plan. Many people within or external to the organisation may influence the implementation process including: funding organisations, health care professionals with their own ideas, community health councils (in England) and other similar representative bodies and representatives of children, their parents and other carers. For example, you might like to include someone from the charity Action for Sick Children.

Decide who should be involved in the implementation of the clinical guidelines

When should they get involved?
To what extent should they become involved?

Receptivity to the guideline

Knowing who will be affected by the clinical guideline and how they are likely to respond to its introduction should help you tailor the way in which the clinical guideline is implemented locally. Also, it may be helpful to think about how changes to clinical practice have been handled in the past. As well as helping you understand people’s expectations, finding out about previous attempts at managing change (successes and failures) will help you select the most suitable methods for implementing the clinical guideline.

Identify the systems and structures you need to support implementation of the guideline

Reviewing the environment is a complex goal. However, there are a number of tools that can be used including the SWOT analysis and the Fishbone diagram. Examples of these are included in Appendix 3.

Step 3: Prepare the people and the environment for guideline implementation

Preparing the people

There are two purposes in preparing people to implement a guideline. Firstly, to ensure that they are receptive to the clinical guideline and know how to use it and secondly, that they have the clinical skills and knowledge to carry out care as recommended in the guideline - this is absolutely crucial to your success in implementing the guideline.

Improving people’s receptivity to the clinical guideline

Some of the people who will be affected by the clinical guideline will support its implementation and others may oppose it. Lots of people will probably be indifferent. Health care professionals working in project groups, staff responsible for care training, development managers and children, parents and other carers.

Find out what people think about the clinical guideline

What do health professionals know about the guideline recommendations?
Do children, their parents and carers have the same views as professionals?
What are the implications of any differences between professionals and children, their parents and carers?
How do you think the introduction of the change will be received?

It may be helpful to talk to clinical audit staff, information specialists, medical records staff, contract managers, local health commission/authority/board, quality management staff and so on when you evaluate clinical practice and review the environment. It could also be helpful to talk to people who have experience of
and children, their parents and carers, may react differently to the proposed changes. Some people may feel that the care provided is already the best possible, others may cling to outmoded practices, despite knowing that other practices are more effective. It is important to be aware of the views of all the people who may influence the implementation of the guideline and then to make plans to either capitalise on their support or to limit the amount to which they can sabotage progress.

Block (1991) suggests that classifying people into one of four groups can be a useful way of assessing who is likely to be enthusiastic about introducing a clinical guideline and those who will be more reluctant. Block classifies people as bedfellows, allies, adversaries and opponents. The willingness of each group to change is summarised in Figure 2 below.

### Identify your supporters and the possible saboteurs

<table>
<thead>
<tr>
<th>High agreement with guidelines</th>
<th>Bedfellows</th>
<th>Allies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low agreement with guidelines</td>
<td>Adversaries</td>
<td>Opponents</td>
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<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Low trust</th>
<th>High trust</th>
</tr>
</thead>
</table>

**Allies** are people who both support your implementation agenda, and in whom you have high trust. On the positive side, you can mobilise them to support your aims, but on the negative side they will not necessarily challenge your view and help to create new perspectives. These people are similar to those described as ‘opinion leaders,’ or ‘product champions’ and they can be found at any level within the organisation. A defining characteristic is their influence and credibility rather than their status or rank.

**Opponents** are those people in whom you have great trust, but who do not necessarily share your aims. These individuals are useful because they provide a sounding board for your ideas and plans, and they can be counted on not to block your aims unfairly or without notice. However, if you do not deal with opponents openly, the trust you share may be eroded and they may become adversaries.

**Bedfellows** are those people whom you are not able to trust fully. This is probably because you do not know them very well, or because in the past your dealings with them have been at arm’s length. They do, however, share some of your aims. These individuals are useful because they can be included in the implementation of the guideline by inviting their involvement, seeking their opinions, and by developing appropriate working relationships in which they feel able to trust your aims.

**Adversaries** are those people whom you feel unable to trust and who do not share your commitment to guidelines.

**Fence-sitters** are those people who neither agree nor disagree with your aims and in whom you consequently have little trust. Block (1991) characterises these as the archetypal bureaucrat, the person who always plays safe and takes refuge in the rules. On the positive side, they generally encourage review and debate but are reluctant to commit themselves. To counter this, Block suggests asking what they need for them to offer their support.

### Plan activities to overcome negative attitudes to clinical guidelines

Here are some suggestions about how negative attitudes to clinical guidelines can be tackled:

- Explain what clinical guidelines are AND what they are not.
- Explain the implications of the guideline, how the organisation is contributing to its successful implementation, and what is expected of staff.
- Demonstrate why a clinical guideline is needed, what its benefits are and how it can improve care.
- Be honest about the advantages and disadvantages of the clinical guideline.
- Find out the myths and legends surrounding clinical guidelines and clarify the ways in which they threaten professionals and patients, then offset these with their advantages.
- Agree to review the use of the clinical guideline and its impact on care and working practices after a set period.

A key factor in improving people’s receptivity to a clinical guideline is to make sure that everyone is aware of its existence, what it involves and its benefits. It is helpful for people to be given the chance to think about and comment on plans for implementing the guideline before any changes take place in practice.

This two-way communication allows health care professionals to advise the implementation team about anything to do with the children they work with, or their environment, skills and knowledge that might influence the implementation of the guideline. It will also help share ideas about how difficulties in implementation can be overcome and to encourage one another.
To make sure that everyone is aware of the clinical guideline and what its recommendations mean for practice it is important that it is widely disseminated. A common reason why clinical guidelines are not used is that the intended audience has never heard of them (Gupta et al, 1997; Tunis et al, 1994). Dissemination and consultation will be promoted by an effective communication strategy. Appendix 4 provides you with an example of a checklist that you can use to identify everyone who should receive a copy of the clinical guideline. In addition, there may be other people who should know that the guideline is being implemented. It is useful to list the members of this second group to ensure that no one is forgotten.

**Devising a communication strategy to support implementation of the clinical guideline**

**Change or add to systems and structures to enable effective organisation-wide communication**

**Communicate plans to implement the clinical guideline to everyone affected**

A communication strategy needs to take account of the following:

**People**

- all those who are influenced by the clinical guideline
- all those who will use it in practice
- the ‘gatekeepers’ through which information is channelled. For example, to get information to staff nurses do you need to go through ward managers?

**What makes information about the guideline more accessible for different individuals or groups?**

- vary the media of presentation rather than only using paper formats. For example, use visual representation of the guideline or audit results
- use different settings, for example, presentations, meetings, educational, administrative, hand-over meetings, ward rounds, social
- use information technology
- use incentives that highlight and ‘sell’ the guideline
- use different methods for different individuals and groups
- promote the credibility and rigour of the clinical guideline.

**Evaluation**

- how will you know that everyone who needs to hear about the clinical guideline has done so?
- how can you collate and feedback ideas about implementing the guideline?

A wide range of methods have been used to disseminate information within health service settings. It may be helpful to think of the stakeholders you previously identified as different ‘audiences’ for information. Each audience may respond differently to the dissemination methods used. Therefore, your dissemination strategy may need to vary for each one. For example, making a presentation to one group and sending a newsletter to another. Strategies may also vary by whether the target audience is a group of allies, adversaries, bedfellows or opponents.

**Example**

Local guidelines were developed for analgesia in children by a team in Oxford. Following completion of the guideline, it was decided to present them at a launch evening using a group educational approach. The evening was advertised in all departments involved in the care of children.

About 25 people attended the evening event, mostly staff from the Children's Unit. The organisers report that they were disappointed that few colleagues from other departments participated, particularly medical staff. However, with some members of other departments present, the organisers felt that the event provided a good chance for multi-professional discussions. The format of the evening was designed to encourage such discussion. The evening began with a buffet dinner to ensure the event was perceived as a social occasion. The guidelines were then presented and the participants were split into small groups who worked together to solve problems presented in scenarios by using the clinical guidelines. This method encouraged staff to become familiar with actually applying the guidelines. Feedback from the evening showed that the problem-solving scenarios were a successful way of helping them to become familiar with the guidelines and how to use them.

The low turn out of medical staff at the evening meeting meant that alternative methods had to be found to ensure they knew about and received the guidelines. Heads of departments were asked to circulate the guidelines. Some carried out further presentations for particular groups of staff considered to be crucial to the success of the guidelines – for example, anaesthetists. The presentations were well received and feedback suggests that the guidelines have been warmly welcomed as an aid to the management of paediatric pain. A formal audit will provide information about the impact of the guidelines on practice.
The recognition and assessment of acute pain in children is specialised work, requiring in-depth knowledge about causes of pain, how children of different age groups and levels of development express pain and the use of pain assessment tools. For the guideline to be successfully implemented everyone in the team and, importantly, parents need to have the knowledge and skills to implement the guideline recommendations.

You may wish to liaise with a local education provider to obtain clinical training on the recognition and assessment of children’s pain for the health care professionals in your team. However, you should bear in mind that different professional groups may be more responsive to training if it is offered outside their usual place of work and if it carries some reward in the form of, for example, continuing education points.

A number of areas have educational initiatives to improve the clinical care of children likely to experience pain. Examples of local initiatives can be accessed through the contact names provided in Appendix 5. Such examples can give you good ideas about educating and supporting professionals to recognise and assess acute pain in children in line with the guideline recommendations.

Further help and advice on managing pain in children is available from the RCN Pain in Children national forum (enrolment code 1227). The forum aims to enable nurses to provide effective, efficient and holistic care to children (from birth through childhood and adolescence) who are likely to experience pain, whatever the duration, origin or setting.

If you are an RCN member and would like to join the forum, a form is available on the RCN website: www.rcn.org.uk or alternatively contact RCN Direct on 0845 772 6100. Additionally, forms are sent out to members with membership renewal packs.

Preparing children and parents (or other carers)

Children, their parents and other carers must be involved in planning how the clinical guideline will be used to make sure that their preferences and views are to be included in the decision-making process. Involving children and parents can also ensure that they understand the reasons for the care they receive and their contribution to its success. For example, children may be more willing to complete a pain scale if they understand the reasons why and if they believe that it is a way of ensuring that they receive pain relief.

How can children and parents be prepared to complete pain scales?

Do nurses have the skills and knowledge to explain pain scales and the assessment of pain to children, their parents and carers – how can they be developed?

Prepare nurses to educate children and their parents and carers about the importance of expressing pain

Prepare information leaflets about the clinical guideline for children, their parents and carers
The recognition and assessment of acute pain in children

Implementation guide

A children’s version (All About Pain RCN, 2000) of the clinical practice guideline The Recognition and Assessment of Acute Pain in Children (RCNI, 2000) is available. You may choose to adopt this publication or adapt it to suit the needs of the children that you care for.

The preparation of written materials for use by patients, especially children, is a skilled task. It can be helpful to look at information leaflets that other groups have prepared. In Appendix 6 you will find contact details and sources of guidance about developing patient information and information for children.

You might want to consider setting up some study days on how to communicate effectively with children, their parents and carers. Details about where to find communication workshops can be found in Appendix 6.

**Prepare the environment**

To implement many clinical guidelines, structures and systems have to be changed. For example, pathology test order forms, outpatient clinic appointment letters or computer systems may have to be altered. Systems may have to be created, such as the inclusion of reminders in children’s notes or teaching sessions for clinical staff. The structures and systems you already reviewed and set up to support the implementation of the clinical guideline will help identify what else is needed.

Do you need to create new systems and structures to implement the guideline?

Who do you need to involve in creating them?

Do you have the resources you need, in particular a pain assessment tool?

In addition, a number of resources may be required to enable the clinical guideline to be implemented. Such resources include:

- pain assessment tools (see Appendix 7)
- documentation for recording assessments and noting observations (see Appendix 5)
- pain history documentation (see Appendix 5).

The main resource that you will need is a pain tool, or a set of pain tools, to assess children’s pain. You will probably need a set of scales because it is likely that you will care for children of different ages, at different levels of development and possibly from different cultural backgrounds who may even speak different languages.

Choosing the right pain assessment tool for your area is important. Key characteristics to look for are:

- the reliability and validity of the tool are known to be acceptable for the group of children with whom you plan to use it. These characteristics are really important so you can be confident that the tool does the job you need
- the tool is applicable to your clinical area
- the tool is simple to use. Again, this is important if you are to encourage staff to use a pain assessment tool on a regular basis
- the tool is appealing to children. If children are not attracted to the tool it will be more difficult to persuade them to use it.

To help you review the available tools, the key characteristics of a number of pain assessment tools are summarised in Appendix 7. Many areas adapt tools to fit their own circumstances. Whilst this can be a helpful way of encouraging professionals to feel that they own a tool and that it fits with their clinical area, care must be taken not to alter the properties of a tool. Where possible it is advisable to use tools in the format in which they are published. To help you do that, a number of commonly used scales are also reproduced in Appendix 7. The reliability and validity of tools are influenced by the way they are used. It is important, therefore, that the pain assessment scales are used in the way

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**Examples**

Research demonstrates the importance of parents feeling they receive adequate information about their children’s pain management (Finley et al, 1996; Sikich et al, 1997; Watt-Watson, et al, 1990). The Royal Hospital for Sick Children in Glasgow addressed this issue by producing a series of leaflets about the different types of analgesia which children might receive. In addition, when members of the pain relief service visit the children they include parents in their discussions with the children. As a result of this activity an audit found that all 29 parents who were asked said the visits were helpful.

As shown by the following quotes, children also are keen to receive information and to be included in assessments of their pain (Doorbar & McClarey, 1999).

“I have a bad pain in my back, I should be able to say when I need something not the doctor!”

“He said it would hurt and it did, I trust him”

“The anaesthetist explained it good so it was all right!”

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recommended by their authors. Where possible, instructions for the use of scales are included with the tools reproduced. The list of references on pages 66-71 also includes examples of the use of the scales described in Appendix 7.

Step 4: Decide which implementation techniques to use to promote use of clinical guidelines in practice

This section outlines a range of techniques, which have been used to implement changes in practice in health care settings. Research findings show that it is important to use a variety of implementation methods and to integrate them with a strategy for change (NHS Centre for Reviews and Dissemination [CRD], 1999; Dunning et al., 1997; Grimshaw and Russell, 1993; Thomas et al., 1998).

Traditionally, education and training have been used to change the behaviour and practices of health care professionals, to inform and convince people about the need to change and to ensure that there is consistency in care provided. However, knowledge and information by themselves are not enough to persuade people to change their behaviour (Freemantle et al., 1997). Instead other methods and techniques also need to be used including education, social influence, facilitation, audit, sanctions, marketing and reminders.

Appendix 8 provides a brief overview of studies that examine the effectiveness of methods to disseminate and implement guidelines. You may find this information helpful in selecting the methods you will use in your implementation strategy. Various factors such as the target audience, the educational influence and practical considerations for each implementation technique are outlined in Appendix 9.

Education and training

To implement the clinical guideline it is important to provide education and training to everyone within an organisation so that they understand:

- the benefits of clinical guidelines
- how and why they are developed
- what is needed to implement guidelines, in this case the recognition and assessment of acute pain in children guideline

- the content of the guideline and how it applies
- what they are being asked to do with the guideline
- how they can use the guideline
- how they can monitor its use and ensure that the care of children improves.

Education may also be required by those staff needing to develop clinical skills relevant to the guidelines. It is more likely to be effective when it is tailored to the needs of the individuals concerned and opportunities for small group discussion are provided. Education is also more likely to be effective if it is combined with another activity, for example, audit and feedback.

Devising and agree an education programme for the health professionals you work with

What would the aims of an educational initiative be?

What type of education is likely to be most effective?

How would the education be delivered? By whom? When?

What other techniques can be used alongside the education you provide?

Education alone may be sufficient to achieve guideline implementation with those you have identified as being your keen supporters, but is unlikely to achieve guideline implementation with other groups. As we all know, people react differently to change.

An alternative strategy is to use techniques that work by using social influence (Mittman et al., 1992). Social influence techniques include clinical leadership, opinion leaders, product champions, peer support, clinical audit and feedback and rewards.

Clinical leadership

Much of the literature on guideline implementation, as well as that on quality improvement, stresses the need for gaining the support of influential and/or senior colleagues for any changes proposed. It is important to get support from senior colleagues even where the development and implementation activity is managed as a ‘bottom-up’ process. To enlist the
support of key people you need to identify the obvious leaders within your organisation, for example, locality managers, clinical directors, clinical leaders, nursing leaders, general practitioners, practice managers, chief executives. These people can then be targeted with information.

**Which senior or managerial people should agree the implementation of the guideline?**

**How can you enlist their support?**

**How can you demonstrate to others in the organisation that you have the support of the senior and managerial people for the proposed changes?**

**Opinion leaders**

Opinion leaders are influential, respected individuals who are experts in their chosen field (Lomas *et al*, 1988; Rogers, 1995). When compared to their peers, opinion leaders tend to have a higher social status, are more innovative and tend to be the centre of an interpersonal network. Opinion leaders encourage others to use new information by using it themselves, thus setting an example and creating new implicit or explicit social norms. Opinion leaders are highly visible and are accessible to others because of their extensive interpersonal networks. This enables their influence to travel beyond their immediate clinical team.

**Who else has influence over the opinions of the health professionals and children, their parents and carers, whom you work with?**

**Product champions**

Some individuals literally ‘champion’ a product and ‘sell’ it to their colleagues (Stocking, 1985). The amount of time that the product champions put into supporting an innovation is directly related to how well it is implemented.

**Identify the ‘opinion leaders’ and ‘product champions’ in your clinical team and/or organisation**

Once you have identified who the opinion leaders and product champions are in your team and organisation, think about how to enlist their help in implementing the clinical guideline. What is it about the clinical guideline that will appeal to them?

- Might it save money?
- Might it reduce the chances of litigation?
- Does it relate to targets set by commissioners or the health authority?
- Does it address a personal interest?
- Is it a guideline recommended by a royal college or other professional organisation?
- Do children like the guideline? Is it recommended by parents?

**How can support for the clinical guideline be obtained from opinion leaders and product champions?**

**What activities can they undertake for/with you to promote acceptance and use of the guideline?**

**Peer support**

People commonly learn and formulate new opinions through discussion with their peers and are influenced by opinion leaders within the organisation (Mittman *et al*, 1992). For example, nurses may want to talk to others in their group about the implications of the guideline to help them decide whether to use it. They will ask each other questions such as:

- is the guideline valid?
- does it apply to the work we do and the patients we see?
- will it improve practice or may it have a harmful effect?

These conversations often happen in social situations, for example, whilst taking the lift or in the staff canteen, and often have a great influence on people’s decision-making. It has been argued that this social influence may be the biggest factor in whether a new initiative is implemented. Providing opportunities for discussion is, therefore, likely to have a beneficial effect on the adoption of the guideline. Discussion can be incorporated into education sessions, team meetings and presentations.
Feedback and reward

Management theorists and psychologists describe how important it is for us to achieve and for others to recognise our achievements. Achievement and recognition motivate us and give us the confidence to continue to perform well and to develop further, to try new things and to perform even better. A key part of an implementation strategy is reward and celebration.

How can your achievements be recognised and rewarded?

Positive results from clinical audit demonstrate achievements. There may be opportunities to celebrate these at routine team meetings, to tell others about the achievements through the organisation’s internal communications systems, or at one-off events. Internal or external rewards or accreditation schemes can also be used.

Recognising and rewarding success not only motivates those already involved in implementing a guideline, but it also acts as a marketing device for those who remain sceptical. Benchmarking may provide a useful structure for this process (Ellis & Morris, 1997). This is described in Step 6.

As well as social influence techniques there are also a number of other practical steps that you can take to improve implementation of the clinical guideline. These include the use of recording systems and care pathways.

Recording systems

Incorporating the recommendations of a clinical guideline into the systems you use to record clinical information can be a powerful way of reminding yourselves to adhere to the guideline. Recording systems can also be helpful in promoting a systematic approach to clinical care and the recording of information. Examples of the use of patient records as a memory prompt are provided in Appendix 5.

Integrated care pathway

Integrated care pathways (ICPs) present a plan for the clinical management of patients with a particular condition that specifies the optimum course of events to happen within a set time-scale. They are developed by local multi-professional teams and may be based on, or include, recommendations from clinical guidelines. Variations from the pathway are documented and the reasons for the variations analysed. Avoidable variations from the pathway can be addressed and changes made to the pathway if necessary.

Having reviewed the range of techniques that you can use to encourage people to use the clinical guideline in practice, now you need to decide which ones will be most useful in your locality.

To help you decide which techniques to use, review the issues raised above. This information gives you insight into the people who will be implementing the guideline and the environment in which they are working. As well as helping you plan how best to prepare professionals, children and parents, and the environment for guideline implementation, the information also helps you identify which techniques will be most effective. Using the information that you have about your locality think about:

- which implementation techniques are most attractive?
- which are most feasible?
- what are the resource implications of each idea?
- are some ideas more suitable for some of the groups of people you work with than others?
- are some ideas more suitable for different stages of the work?
- how effective (based on the knowledge you have gained whilst working through this guide) do you think the different techniques will be?

You will probably want to use different techniques at different stages in the process of implementing the guideline. For example, in the early stages,
techniques that promote people’s awareness of the guideline will be most useful. Later, you will need to use techniques that encourage and maintain guideline use. Whatever techniques you decide to use, success is more likely if you ‘mix and match’ them according to the group, or groups, into which you are introducing the guidelines.

Jot down your ideas about implementation. Have you:

● identified everyone who will be affected by the guideline?
● used a range of different techniques for each group?
● chosen techniques according to how ready the group members are to implement the guideline?
● chosen techniques that suit the different backgrounds and preferred learning styles of all your target groups, for example, children, parents, nurses?
● included a technique which addresses education and information provision?
● included a technique which makes use of social influences?
● considered the different techniques you will use over time?
● considered and addressed the practical implications of the techniques you have identified?
● considered the cost implications of each technique?
● Identified which techniques are realistic and achievable?

● the appropriate course of action - having identified the priorities for action these need to be clearly documented and broken down into steps if necessary
● a named person responsible for the action - it is important that the group identifies a named individual/s to be responsible for leading or co-ordinating each of the actions specified. Most of the clinical audit group will have responsibility for some aspect of the plan depending on their particular skills and the group that they represent. Agree how that named person will be supported and by whom
● the time-scale for action - the group need to determine how long they need to implement each of the actions identified. This depends on the nature of the problem and the type of action required. Short-term actions are those which can be remedied almost immediately, in less than six weeks. Medium-term actions require a longer period of up to six months to implement, while long-term actions are those which will take more than six months to achieve
● contingency plans - what problems might you encounter? How will you deal with problems should they arise? For example, are you prepared for annual leave by staff, maternity and sick leave?

A worked example of a comprehensive action plan is shown in Appendix 10. You may of course have your own approach to project planning which you would rather use.

To ensure that your action plan will be effective check it against the following criteria:

**Is the timetable realistic?**

**Have you communicated your plans to everyone involved in implementing the guideline?**

**Have you found someone to co-ordinate the work?**

**Who will ensure the work has been done?**

**How will all those affected by the work be kept informed?**

**Who will monitor variance from the action plan?**

**Have you made contingency plans?**
Once the strategy is agreed and you have an action plan you are ready to implement the guideline.

**Step 6: Evaluate whether your recognition and assessment of acute pain in children improved**

The ongoing task is to re-audit and to see whether care has improved in comparison with your previous results. Clinical audit is a continuous process and you will need to continue to measure practice against the audit criteria at regular intervals. You may choose to monitor care more frequently to track your progress as care is improved.

As a part of your clinical audit programme you may wish to consider internal benchmarking (Ellis & Morris, 1997). Quality improvement occurs by comparison between teams, and sharing how results were achieved. Internal benchmarking may provide a useful first step to benchmarking between trusts. In this way, once health care teams have collected their data, results are shared internally, across the trust.

Trust comparisons can be particularly helpful for areas in which there is only a single ward or unit specialising in the care of children. A particular ward or unit may score highly on one criterion, for example, use of a pain assessment tool. The staff might then take on a role of sharing their practice and supporting others within the trust. Those with high scores could then share their practice with other groups across the region. A network of those within similar settings, such as clinics and community, could be formed to share best practice and support development.

It is vital that you establish a programme of regular clinical audit in order to maintain the high standards you achieve. As staff change and other issues compete for people’s attention, it is easy to lose the momentum necessary to sustain clinical excellence.

<table>
<thead>
<tr>
<th>Re-audit</th>
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<tbody>
<tr>
<td><strong>Feedback the results to health professionals, children and parents</strong></td>
</tr>
<tr>
<td><strong>Celebrate</strong></td>
</tr>
<tr>
<td><strong>Consider internal benchmarking</strong></td>
</tr>
<tr>
<td><strong>Identify further improvements to care</strong></td>
</tr>
<tr>
<td><strong>Devise a new action plan</strong></td>
</tr>
<tr>
<td><strong>Plan a programme of regular clinical audit</strong></td>
</tr>
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</table>
## Summary

### Step 1: Decide who will lead and co-ordinate the work

<table>
<thead>
<tr>
<th>Task</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify the stakeholders</td>
<td></td>
</tr>
<tr>
<td>Set up a group of stakeholder representatives to lead</td>
<td></td>
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<tr>
<td>implementation of the guideline</td>
<td></td>
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<tr>
<td>Identify a facilitator</td>
<td></td>
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<tr>
<td>Clarify and agree the roles and contributions of all group members</td>
<td></td>
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<tr>
<td>Agree the purpose of the clinical guideline</td>
<td></td>
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</tbody>
</table>

### Step 2: Determine where you are now

<table>
<thead>
<tr>
<th>Task</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>Measure current clinical practice using the audit protocol</td>
<td></td>
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<tr>
<td>Decide who should be involved in the implementation of the clinical</td>
<td></td>
</tr>
<tr>
<td>guidelines</td>
<td></td>
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<tr>
<td>When should they get involved?</td>
<td></td>
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<tr>
<td>How much should they get involved?</td>
<td></td>
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<tr>
<td>Find out what people think about the clinical guideline</td>
<td></td>
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<tr>
<td>What knowledge do health professionals have about the guideline</td>
<td></td>
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<tr>
<td>recommendations?</td>
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<tr>
<td>How do you think the introduction of the change will be received?</td>
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</tbody>
</table>

### Step 3: Prepare the people and the environment for guideline implementation

<table>
<thead>
<tr>
<th>Task</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>Identify your supporters and possible saboteurs</td>
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<tr>
<td>Plan activities to overcome negative attitudes to clinical guidelines</td>
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<tr>
<td>Devise a communication strategy to support implementation of the</td>
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<tr>
<td>clinical guideline</td>
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<tr>
<td>Change or add to systems and structures to enable effective</td>
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<tr>
<td>organisation-wide communication</td>
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<tr>
<td>Communicate plans to implement the clinical guideline to everyone</td>
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<tr>
<td>affected</td>
<td></td>
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<tr>
<td>Do the nurses and other health professionals need to know more about</td>
<td></td>
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<tr>
<td>how to carry out the clinical care described in the guideline, for</td>
<td></td>
</tr>
<tr>
<td>example, using a pain assessment tool?</td>
<td></td>
</tr>
<tr>
<td>How can you ensure they have the clinical skills and knowledge that</td>
<td></td>
</tr>
<tr>
<td>they need to implement the guideline?</td>
<td></td>
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<tr>
<td>Agree standards of education</td>
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</table>
The recognition and assessment of acute pain in children

Implementation guide

Step 4: Decide which implementation techniques to use to promote use of the clinical guideline in practice

Agree methods for supervision of practice

Provide education to ensure professionals have the skills and knowledge they need to implement the guideline

How can children and parents be prepared and encouraged to express their pain and to use pain assessment tools?

Do nurses have the skills and knowledge to explain the use of pain tools to children and parents – how can they be developed?

Prepare nurses to educate children and their parents and carers about how to use pain assessment tools and the importance of expressing pain

Prepare information leaflets about the clinical guideline for use by children and parents and carers

Do you need to create new systems and structures to implement the guideline?

Who do you need to involve in creating them?

Do you have the resources you need, for example, documentation for recording pain histories, prompts for pain assessment scores on temperature, pulse, respiration charts?

Agree standards of education for all professionals involved

What would the aims of an educational initiative be?

What type of education is likely to be most effective?

How would the education be delivered? By whom? When?

What other techniques can be used alongside the education you provide?

Which senior or managerial people should agree the implementation of the guideline?

How can you enlist their support?

How can you demonstrate to others in the organisation that you have the support of the senior and managerial people for the proposed changes?

Who else has influence over the opinions of the health professionals and children and parents and carers you work with?

Identify the ‘opinion leaders’ and ‘product champions’ in your clinical team and/or organisation

How can support for the clinical guideline be obtained from opinion leaders and product champions?

What activities can they undertake for/with you to promote acceptance and use of the guideline?

Identify activities and events that you can use to promote the guideline
The recognition and assessment of acute pain in children

Implementation guide

Step 5: Pulling it all together - devise an action plan for improvement

- Is the timetable realistic?
- Have you communicated your plans to everyone involved in implementing the guideline?
- Have you found someone to co-ordinate the work?
- Who will ensure that the work has been done?
- How will all those affected by the work be kept informed?
- Who will monitor variance from the action plan?
- Have you included contingency plans?

Step 6: Evaluating your progress

- Re-audit
- Feedback results to health professionals, children and their parents and carers
- Celebrate
- Identify next improvements
- Devise new action plan
- Consider internal benchmarking
- Establish a programme of regular clinical audit

How can you capitalise on social situations to get your messages to professionals, children and their parents and carers?

How can you make formal situations more enjoyable and memorable?

Review the results of your audit of the recognition and assessment of acute pain in children

Feedback and discuss the results with everyone involved in the audit

Identify opportunities for improvement

Prioritise the improvements

Devise an action plan - guidelines are easier to implement when people can clearly see that care does not compare well with that recommended

Take action

Re-evaluate to find out whether care has improved

How can your achievements be recognised and rewarded?

Try to devise a patient record form that can be used to remind professionals to implement the guideline recommendations

Decide which combination of implementation techniques is most suitable for implementing the clinical guideline where you work

Step 5: Pulling it all together - devise an action plan for improvement

Is the timetable realistic?

Have you communicated your plans to everyone involved in implementing the guideline?

Have you found someone to co-ordinate the work?

Who will ensure that the work has been done?

How will all those affected by the work be kept informed?

Who will monitor variance from the action plan?

Have you included contingency plans?

Step 6: Evaluating your progress

Re-audit

Feedback results to health professionals, children and their parents and carers

Celebrate

Identify next improvements

Devise new action plan

Consider internal benchmarking

Establish a programme of regular clinical audit
References


†These publications can be ordered from RCN Publishing Company Ltd, Distribution Department, PO Box 1, Portishead, Bristol BS20 9EG. Priced £5.50 RCN members; £7.50 non-members (£1.50 p&p). All about pain [packs of five] are available to members at £1.50 only; non-members £5.95, plus £1.50 p&p.