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Background

It is widely recognised that people with intellectual disabilities and/or autism have more health needs that often remain unmet compared with the general population. Mencap (2007), stated that there were significant system failures across healthcare settings and reported that people with learning disabilities were treated less favourably than other people, resulting in inappropriate care and premature deaths. Children with a learning disability have reduced ability to understand new and complex information (DOH 2001). They may have limited language skills, meaning their distress may manifest as challenging behaviour. Health care services have a legal duty to provide appropriate level of support and reasonable adjustments for these children (MENCAP 2004). Alongside this, it is widely recognised by healthcare professionals that fear of clinical procedures that involve sharps such as needles hinders the success rate of the procedures being completed. Weaver et al (2007) state that therapeutic play strategies can mitigate against such stressful interventions.

The Approach

Before the undertaking of the quality improvement project, children with additional needs who attended the outpatients department for a blood test would attend the mainstream phlebotomy service. The phlebotomy department is a walk in service that provides 15 minute appointments for children from birth to the age of 16. As the learning disability nurse within the hospital, my role is to implement reasonable adjustments for children with additional needs. Within the mainstream phlebotomy department, reasonable adjustments would include longer appointments of 30 minutes, a quiet waiting area along with support and distraction from a learning disability nurse. Phlebotomy staff and the learning disability nurse felt that for some of the most complex children and young people, these adjustments were not enough. This was leading to unsuccessful phlebotomy attempts meaning that the children and young people were having to have repeated attendances to the department which lead to an increase in distress and anxiety. In some cases, the phlebotomy department were unable to obtain a blood sample at all.

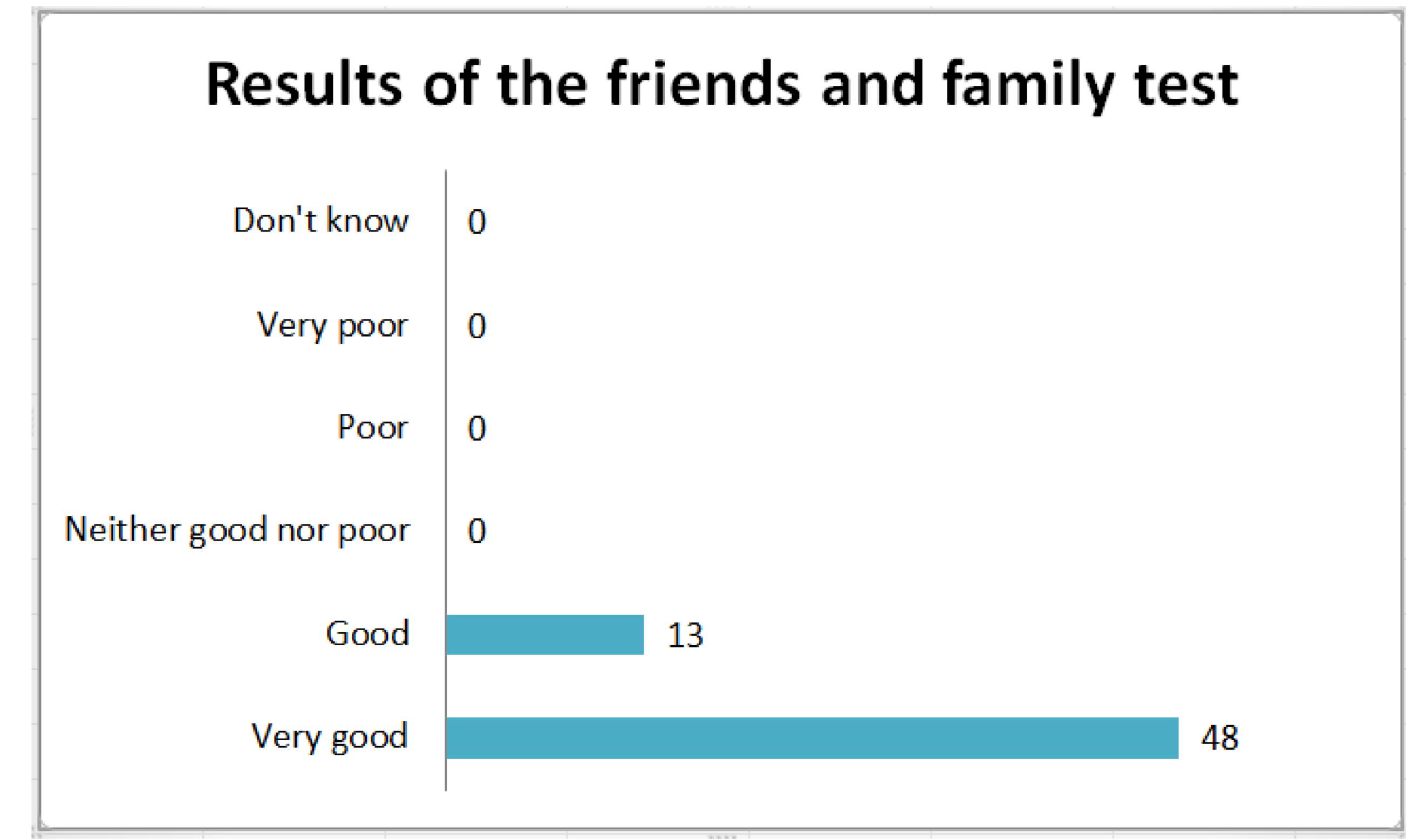
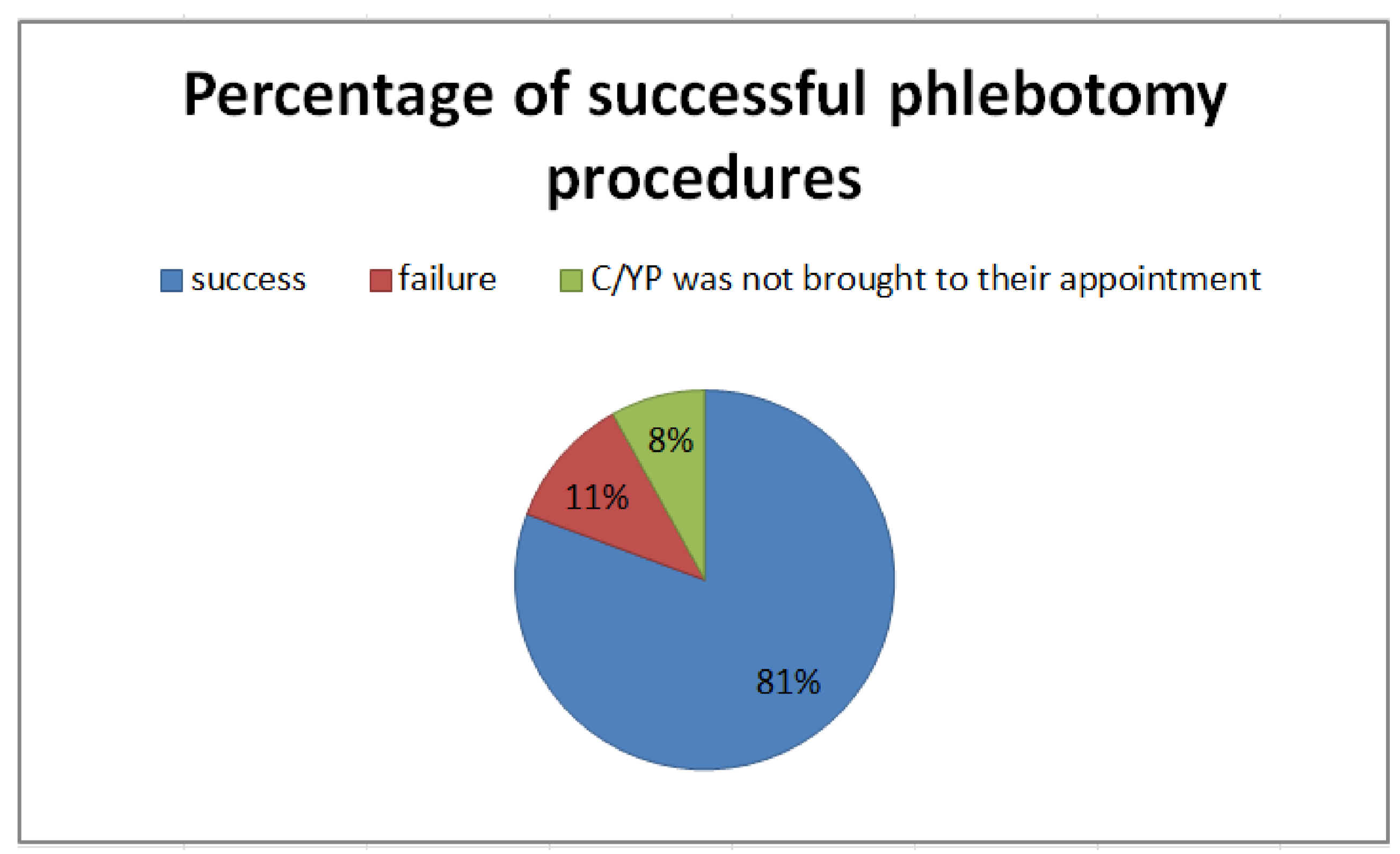
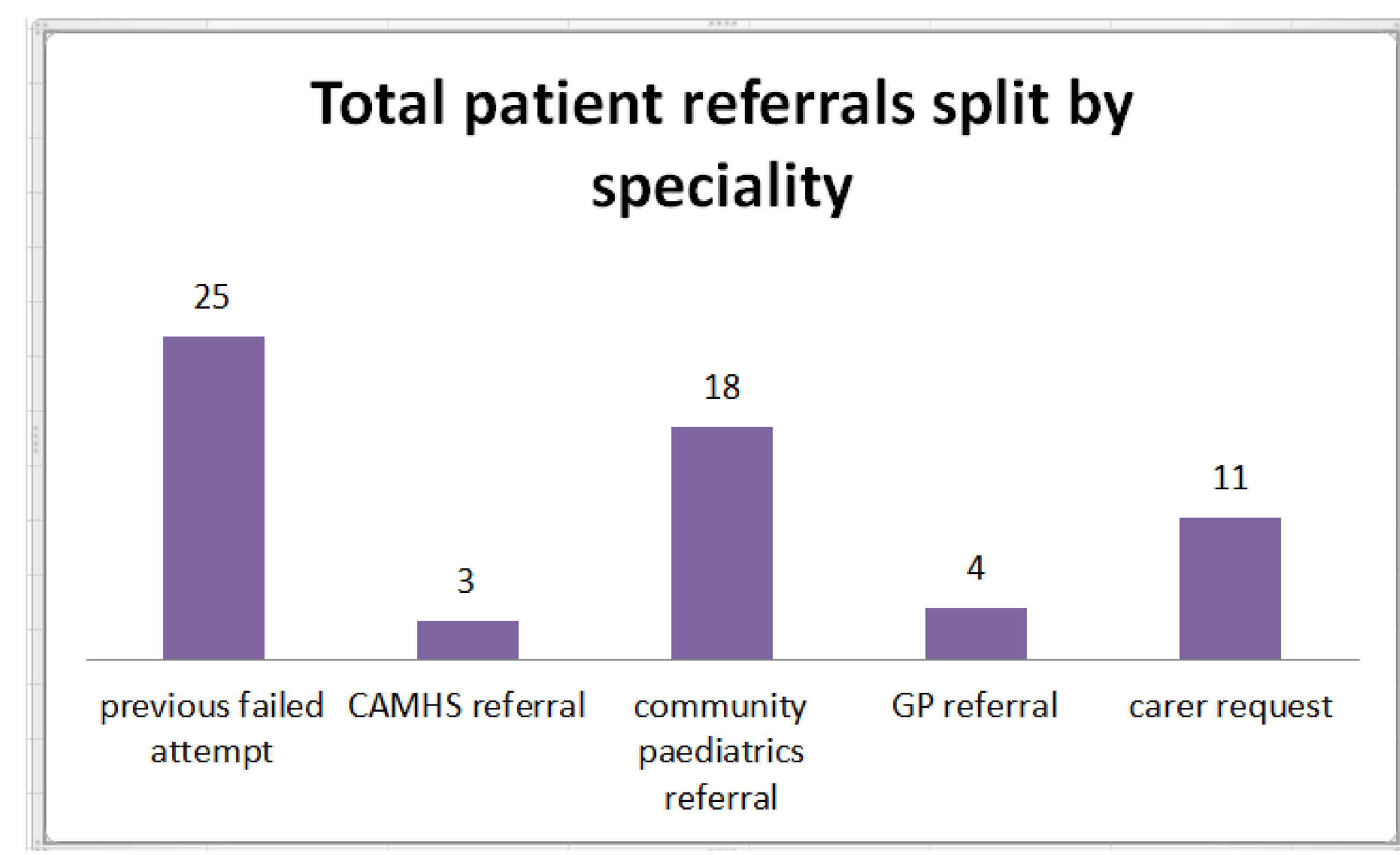
Consultations took place between the acute liaison learning disability team along with phlebotomy staff and the outpatients department senior leadership team. The Bee Kind Phlebotomy Clinic was created as a result of these consultations. 3 Phlebotomists volunteered to be involved in the clinic. The name of 'Bee Kind Phlebotomy Clinic' was chosen by staff as an extension to our Bee Kind Service that we offer to children and young people with additional needs at Alder Hey Children's Hospital. The Bee Kind Service was put together by children/ young people, their families and professionals in order to make the patient's visits to hospital a positive and person centred experience.

The Bee Kind Phlebotomy clinic consists of 3 members of staff including a phlebotomist, a learning disability nurse and a play specialist. The clinic takes place biweekly in a quieter clinical area and consists of 8 half an hour appointments. Parents/carers of the children and young people or the children and young people (where appropriate) will be contacted prior to their appointment. During this phone consultation the child's needs will be discussed along with any interests they may have. This information is then collated and shared with the team prior to the clinic so the appointments can be as person centred as possible. Desensitisation techniques, play and distraction and alternative forms of communication are used throughout the clinic.

Two pilot clinics were undertaken prior to the permanent implementation of these specialist phlebotomy clinics. Parent/carer and young people feedback was sought both during and post appointments. Communication and feedback also took place between medical professionals, in particular, community paediatrician's to fathom referral processes. Liaison also took place with the booking and scheduling team in order to create a clinic template and book specific clinic rooms that would be suitable for both the children and young people but also the clinical team.

We continue to seek feedback both from children/ young people and their families as well as healthcare professionals on their experiences of the clinic in whatever means they experience it. In Alder Hey Children's NHS Foundation Trust's most recent CQC report, the bee kind phlebotomy clinic was cited as an example of good practice.

The facts



Some of the fun we've had along the way...



Key Findings & Clinical Implications

- There are specific practices that improve the success rate of phlebotomy procedures in children and young people with additional needs.
- Parental anxiety is reduced when contact is made to discuss a plan for their child's blood test prior to the appointment.
- Children and young people can have a positive experience during their phlebotomy appointment, reducing future anxiety around clinical interventions.
- Health services could better support children and young people with additional needs and their families by providing reasonable adjustments for clinical procedures.

