Introducing the CARDTM system: Playing your best hand to improve vaccine delivery at school



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Knowledge to Action

Select, tailor, implement interventions

Assess barriers to knowledge use

Adapt knowledge to local context

Monitor knowledge Use

Knowledge creation

Knowledge Inquiry

Knowledge **Synthesis**

Allowing Anomorphisms of the second s Knowledge ools, products

CPG

Evaluate outcomes



Sustain knowledge use

Identify problem

Identify, review, select knowledge

Graham et al. Journal of Continuing Education in the Health Professions. Copyright 2006 3

HELPinKids&Adults:

Help ELiminate Pain in Kids & Adults



Canadian Nursing Coalition









LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA



cfpna | acimf

CANADIAN PHARMACISTS ASSOCIATION

ASSOCIATION DES Pharmaciens Du Canada





Anxiety



Canadian

Paediatric

Society

Canadian Family Practice Nurses Association
Association canadienne des infirmières en médecine familiale









Outline of Presentation

- Rationale for addressing the vaccination experience at school
- Integration of evidence-based interventions into a vaccination delivery framework (the CARD™ system)
- 3. Review of components of CARD™
- 4. Factors influencing implementation success

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What do vaccinations look like?



What do vaccinations look like?





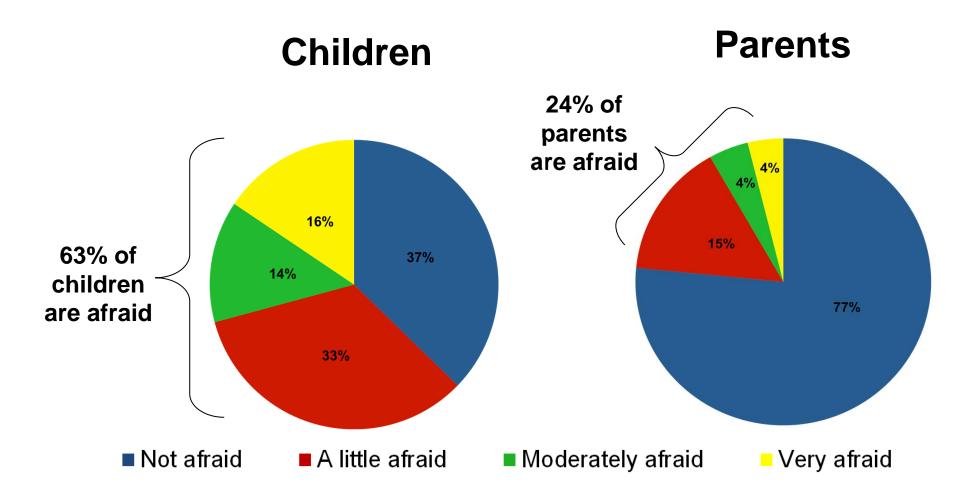


Knowledge Creation

Primary research in students and school-based vaccination context

Prevalence of fear, sub-optimal practices, negative impact on vaccination

Prevalence of Needle Fears

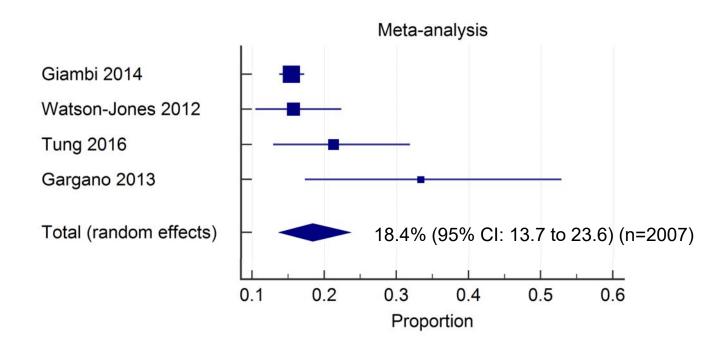


Current Practices

- 17% of kids are given some kind of preparation about vaccination
- 50% of kids do not know strategies to cope with pain/fear
- 20% of schools have distraction items available for use

Bucci et al. Paediatr Child Health 2017;22:41-2.

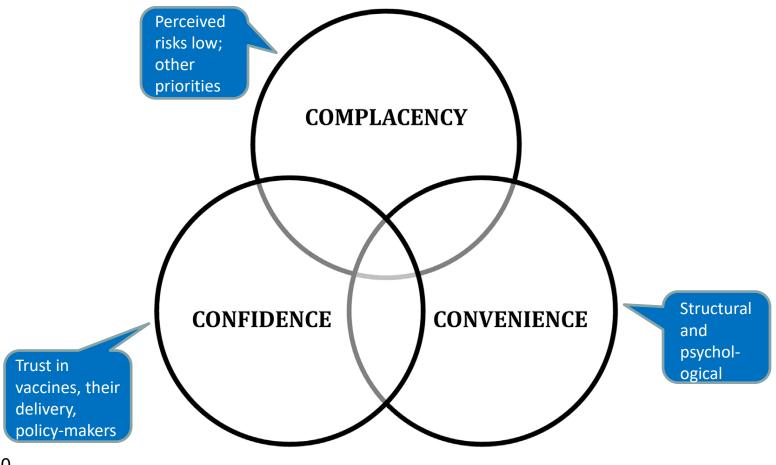
Pain/Fear as a Barrier to Vaccination for Adolescents



2020 **Qu; TOPHC 2019** 13

WHO named Vaccine Hesitancy (VH) 1 of the 10 top threats to global health

WHO 3C Model of VH



Knowledge Creation

Clinical Practice Guideline (CPG)

Pain, fear, fainting mitigation during vaccination

Reducing pain during vaccine injections: clinical practice guideline

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CMAJ Podcasts: author interview at soundcloud.com/cmajpodcasts/150391-guide

Pain from vaccine injections is common, and concerns about pain contribute to vaccine hesitancy across the lifespan.^{1,2} Noncompliance with vaccination compromises the individual and community benefits of immunization by contributing to outbreaks of vaccine-preventable diseases. Individuals may also engage in broader noncompliant behaviours if they acquire a fear of needles as a result of negative vaccination experiences.³ There are many evidence-based treatments to mitigate pain at the

Methods

Team composition

The HELPinKids&Adults team included 25 individuals from across Canada with expertise in pain, fear, medicine, nursing, pharmacy, psychology, vaccinology, infectious diseases, epidemiology, guideline development, knowledge translation (KT), library sciences, public health, family advisory/advocacy and health policy. Eighteen members of the HELPinKids&Adults

Competing interests: See end of article.

This article has been peer reviewed.

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CMAJ 2015. DOI:10.1503 /cmaj.150391

Evidence-based Interventions

The 5 P's of Pain Management

- 1. Procedural (Procedure Techniques)

 2. Physical (Body Position & Activity)

 3. Pharmacological (Pain Medicine)

 4. Psychological (Thoughts & Behaviors)

Outline of Presentation

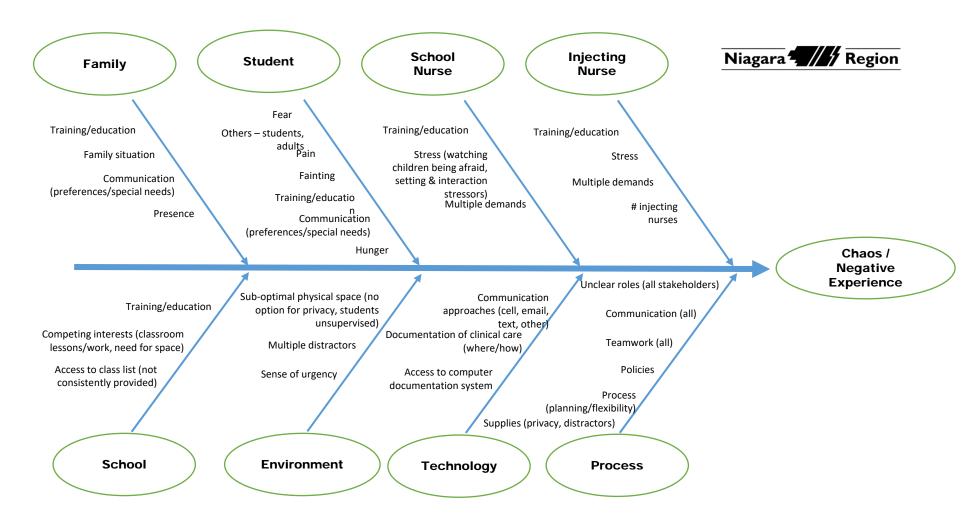
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Action Cycle (CARD™ development)

Identify problem

Review processes and practices

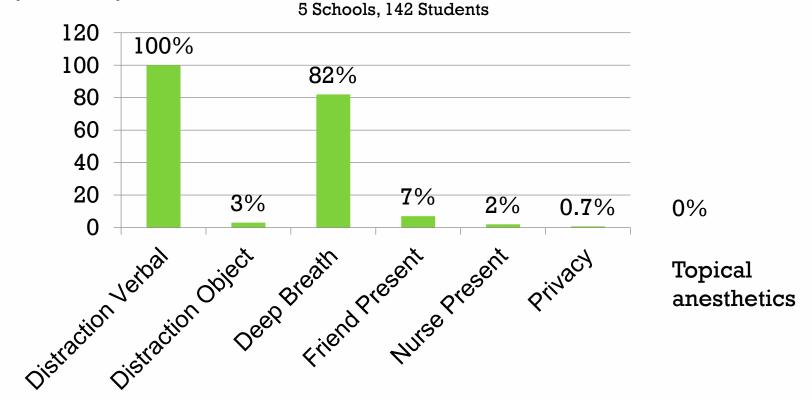
Niagara Region Public Health School Vaccinations



Taddio et al. Paediatr Child Health 2019; Apr (Suppl).

Pain Interventions Used

(Round 3)



Action Cycle

Adapt knowledge to local context

Select and tailor interventions

Implement, monitor knowledge use and outcomes

The CARD™ System (C-Comfort, A-Ask, R-Relax, D-Distract)



Framework that promotes patient-centred care and coping

- Clinic planning activities
- Clinic day activities

C-A-R-D is also an acronym for coping



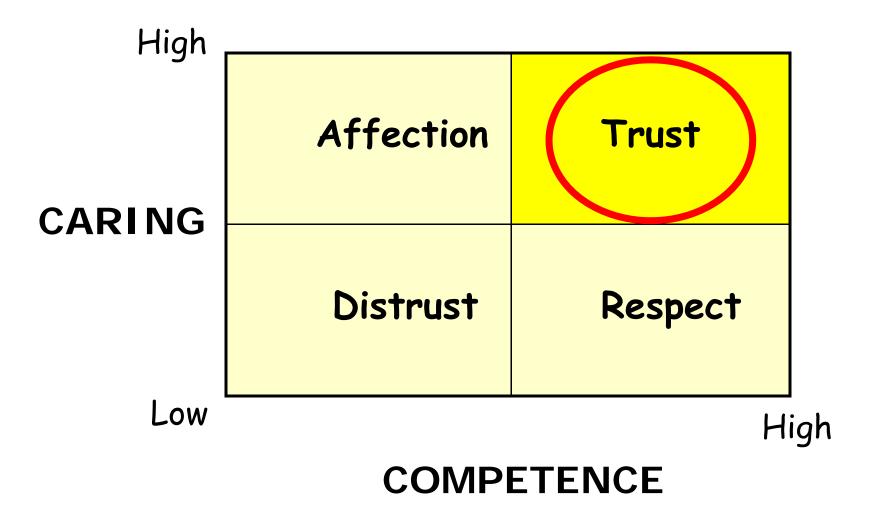
Playing your cards



Models of care delivery

- Person-centred care (Sharma 2015)
- Family-centred care (Power 2008)
- UNICEF Ladder of Participation (Hart 1992)
- Patient-oriented research (CIHR)
- Involve child and family in their care; address their needs and preferences

Trust = Competence + Caring



Paling J. BMJ 2003; 327:745

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Organizational leadership involvement

- Review and preliminary adaptation of CARD™ tools and processes for local implementation
- Staff training and support, including:
 - Rationale and scientific evidence
 - Alignment with organizational values/mission (equity, quality care, client-centred)
 - Point of care tools and resources
 (e.g., pamphlets, videos, template scripts, template process checklists)
 - Integration with policies and work processes
- Ongoing tailoring and support of implementation

Sample tools created

3 Videos:

- Students vaccination information <u>https://youtu.be/eFjcHVTMT8c</u>
- Students coping strategies training https://youtu.be/ukyAr5gcG40
- Adults CARD training https://youtu.be/FXj6ELi4BVg

3 Pamphlets:

- Students, Parents, School staff

Sample tools created (cont'd)

Process Checklist

SAMPLE TEMPLATE CHECKLIST FOR PUBLIC HEALTH FOR INTERVENTION

Pi	chool: rincipal: ontact Person:	Phone:		
-	Procedures	R	d #1	Rd#
in	linic planning: ontacted principal via e-mail, phone call or fa formation for immunization clinic (late August Date confirmed for clinics: Date and time for immunization teaching (if not	t)		
	teacher):, I scheduled with:,			
	Allowing 1 period or 2 periods? Time of am recess:			
	Time of lunch: Room of clinic: Space/Room to accommodate privacy (this incl lay down if necessary, room for 3-4 individuals walls/windows):	udes a space for the student to		
	Principal agreed to have equipment available for mats, gym balls).			
	· · · · · · · · · · · · · · · · · · ·			
	Reviewed educational materials with principal (e.g., videos, slides, pamphlets)?			
	Distributed educational material to Principal for staff to review material (videos, other) – e.g., st Date/time:			

Sample tools created (cont'd)

20 key elements of CARD™

Principal planning meeting (repeated, as relevant)				
Teacher/staff education				
Parent education				
Student education – video 1 (information about				
immunization)				
Student education – video 2 (information about CARD TM)				
Student education − CARD TM pamphlet (students self-select				
coping strategies for upcoming immunization)				
Student education – follow-up classroom visit and Q&A				
Reminders of vaccination day – parents				
Reminders of vaccination day – students				
Reminders of vaccination day – school staff				
Preferred clinic space secured (e.g., library) for clinic				
Private room secured for clinic for students that choose				
privacy as a coping strategy				
Separate waiting area outside the clinic with chairs				
Public health staff introductions to classes prior to clinic				
Triage students for clinic (according to fear and choices, and				
minimize the number of students waiting)				
Minimize visual cues in clinic (includes separation of tables,				
obscuring equipment from view)				
Student symptom assessment (i.e., assessing baseline fear)				
Student-led coping (i.e., CARD TM)				
Distraction kit present in clinic (items: fidget spinner,				
squishy ball, mental puzzle)				

2020

Post-clinic debrief

CARD™ Framework - Key Phases and Activities

Phase of vaccination process	Activity		
Preparation/planning			
	Ensure adequate clinic space		
	Educate clients and immunizers		
	about CARD		
	Clients plan CARD coping		
	interventions		
	Send reminder		
Vaccination day			
	Minimize visual cues that elicit fear		
	Introduce immunizers and review		
	CARD preferences		
	Identify and triage clients with fear		
	and special requests		
	Use CARD during vaccination		

Taddio & MacDonald. J Travel Med 2019;26(6).

Clinic planning activities

1. Ensure adequate clinic space such as school library



Clinic planning activities

- Secure adequate clinic space such as school library
- 2. Confirm space ahead of time



Clinic planning activities

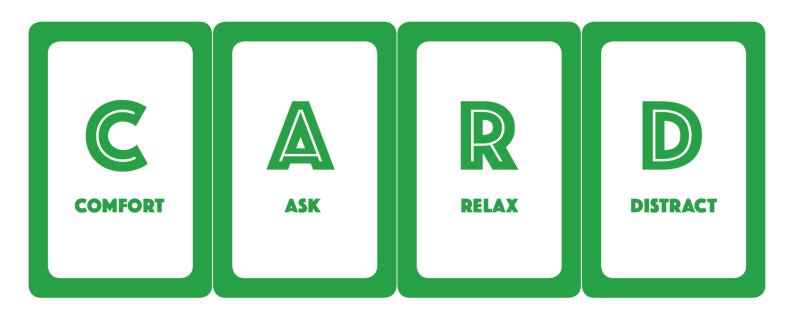
- Secure adequate clinic space such as school library
- 2. Confirm space ahead of time
- 3. Educate students and school staff about CARD™

SCHOOL VACCINE VIDEO

Clinic planning activities

- Secure adequate clinic space such as school library
- 2. Confirm space ahead of time
- 3. Educate students and school staff about CARD™
- 4. Have students fill out CARD™ pamphlet

Students





These four strategies will help you with your vaccination. Use the suggestions on the back to fill in the cards. Cut them out and carry them with you so you can remind yourself wherever you are.















SickKids



HOW TO DISTRACT YOURSELF

Talk to someone.

Play video games.

Read books.

Play music.

Rub your arm.

Sing.

Allow yourself to daydream.

HOW TO RELAX

Do belly breathing (pretend to blow out a candle).

Do some self-talk (tell yourself you can handle this).

Have a friend with you.

Have a family member or trusted adult with you.

Have privacy.

QUESTIONS TO ASK

What will happen on my turn?
What vaccine am I getting?

Can I ...

- get the vaccine in a private room?
- use numbing creams or patches?
- · bring my friend?
- · bring a family member?
- · bring a trusted adult?
- · look at the needle?

HOW TO GET COMFORTABLE

Wear short sleeves, or something that lets you show your upper arm easily for the needle.

Eat a snack.

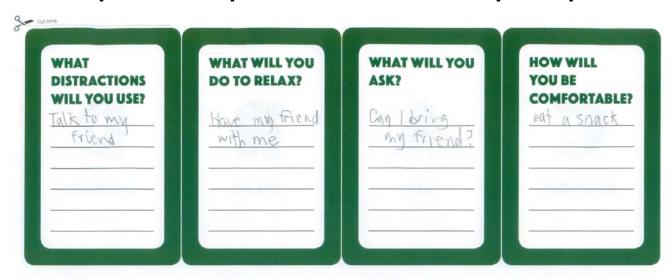
Bring a favourite item.

Sit up in a chair.

Make your arm loose or jiggly (like cooked spaghetti).

Tense your stomach and leg muscles if you get dizzy.

Sample completed CARD™ pamphlet



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Rub your arm.

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1. Minimize visual cues that elicit fear



Table Poster and Distraction kit



- 1. Minimize visual cues that elicit fear
- 2. Visit classroom before clinic starts

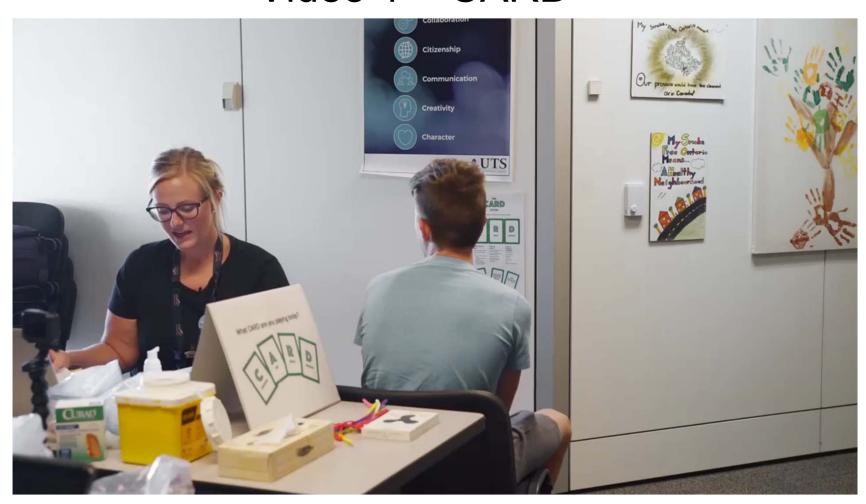


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- 3. Identify and triage students with fear and special requests

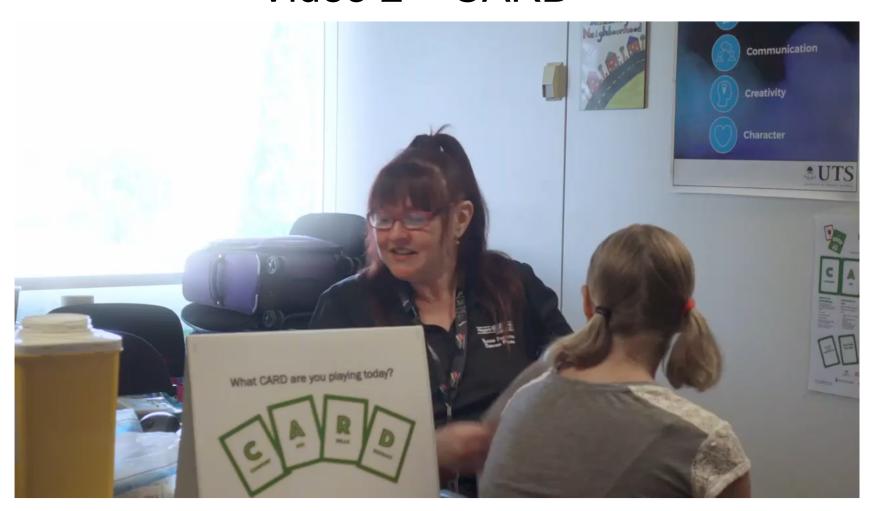


- 1. Minimize visual cues that elicit fear
- 2. Visit classroom before clinic starts
- 3. Identify and triage students with fear and special requests
- 4. Use CARD™ (assess level of fear and honor coping preferences)

Video 1 − CARD™



Video 2 − CARD™



Implementation Project

Design: Controlled clinical trial

Setting: Niagara Region Public Health

Intervention: CARD™ in 5 schools and standard care in 5 schools for Round 1 & 2 vaccine clinics in grade 7 students (2017-18)

Outcomes: Student symptoms (fear, pain, dizziness), attitudes and satisfaction

Freedman et al. Paediatr Child Health 2019; April (Suppl).

Effect of CARD™ on Symptoms

CARD™ vs. Standard Care

Round 1:

↓ Fear: 19% vs. 31%

J Dizziness: 3% vs. 10%

= Pain: 11% vs. 9%

Round 2:

P<0.05 for fear ↓ Fear: 15% vs. 30% and dizziness

J Dizziness: 1% vs. 5%

= Pain: 10% *vs.* 10%

Freedman et al. Paediatr Child Health 2019; Apr (Suppl).

Focus Group Feedback

All key stakeholder groups

- students, school staff, nurses, parents
 - ↑ Attitudes about CARD™
 - ↑ Satisfaction with school vaccinations

Stakeholder feedback about CARD™

Together Everyone Achieves More "Its just building on the skills we already have"

"Everything was just a little more strategic"

"Students were prepared, confident, empowered"

"We were able to make it an enjoyable experience"

"The fear question showed that you cared, right to the very end and you got feedback after the experience."

"I love my job and this made it better"

"It made a big difference. I don't know why you would go back."

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Key factors for successful implementation

- Culture of organization quality improvement
- Formally appointed implementation leaders
- Ongoing communication and collaboration
- Involvement of staff to provide feedback for refinement of implementation
- Partnerships with external organizations and individuals – school staff and kids
- Acceptability, appropriateness, adaptability, compatibility, and feasibility of intervention
- Documentation of effectiveness and satisfaction

Key challenges to address during implementation

- Role of leadership and on-site implementation lead/champion to support staff and problem-solve
- Availability of resources for staff (time, 'how to' operationalize components of CARD™, competency building)
- Staff buy-in, stage of change
- Start small, refinement and scale up
- Relationship building with external stakeholders, including school staff; nurse comfort and practice

Adaptations of CARD™...

- Different regions (e.g., implementation context)
- Different populations (e.g., adults)
- Different clinical settings (e.g., dentistry)
- Different indications (e.g., anxiety)

What CARD™ are you playing today?







