

Expert Recommendations Using Electronic Medical Records to Care for Hospitalised Children in Pain



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14 Paediatric Pain Experts

10 Hospitals, 5 Countries

Audio Visual Interviews

Qualitative Content Analysis

5 Broad Categories

Introduction

Best practice guidelines for children's pain management exists, yet **hospitalised children suffer** from **undertreated pain**. Electronic medical records (EMRs) have potential to **improve pain care**. No studies have examined how EMRs have influenced pain care or how we can **capitalise** on EMR functions to drive best practices.

Aim

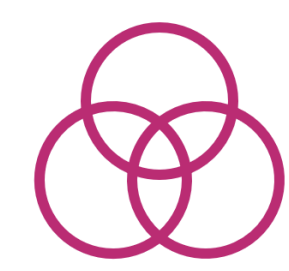
To explore the experiences of **international paediatric clinical pain experts** about EMR capabilities used and required to support **optimal pain care**.

Methods

14 online interviews were conducted with **5 medical & 9 nursing** participants from 10 hospitals in: USA (n=5), Canada (n=4), Australia (n=2) & Qatar (n=1). Qualitative content analysis was used. Information power was assessed to guide sample size.



Results: 5 Categories



Capturing the pain story

EMR workflows must support **efficient practice** & child & family **engagement**. EMRs need capabilities that guide broad, detailed, **biopsychosocial assessments** & **pharmacological, physical & psychological interventions**

Patient & family engagement in shared decision marking

The **future of pain care** should focus on hospitalised **children & families** having access to an electronic system, such as an **inpatient portal** to enter and view pain related information. However, **potential issues** associated with shared access to EMR data, including information sensitivity & increased workloads **needs consideration**.



Working with user friendly systems

EMRs have **changed pain care** practices. There is an **ongoing** work of **interdisciplinary teams** to build their EMR with functionality that supports optimal pain care. Decision support tools are important for **high risk practice**, but excessive alerts **overwhelm, saturate & burden** clinicians & are **counterproductive**

"I think there is so much going on, especially in EPIC and in the paediatric intensive care unit, and obviously, ward nurses are busy too. I mean, you have the child in front of you, don't you, so that is your prompt, hopefully." (Participant 13, nurse)

Augmenting user knowledge & awareness about pain

EMRs present **opportunities to increase** clinician, child & family knowledge & awareness about pain care. EMR pain data spotlights **knowledge deficits** & **informs education priorities**.

Leveraging pain data for evidence generation & quality improvement

EMR pain data is a **rich data source** to examine & improve pain practice. Yet extracting EMR data is **resource & time intensive** & often not possible

Key Points

EMRs must facilitate **standardised biopsychosocial** pain assessments & **multimodal** treatments

Decision support tools must **safeguard** high risk practices without **overwhelming** clinicians.

Beside **interactive technology** may optimise child & family engagement, promote shared decision making & **enhance pain care**

EMRs in children's pain care is an **evolving practice**

We must leverage the potential of EMRs to highlight **pain as a priority**

Conclusion

Core functionality should include tools that facilitate **efficient** workflows, **comprehensive pain care** & patient & family **shared decision making**. Our findings can be used to inform hospital EMR designs for paediatric pain care & future work on **bedside interactive technology**

References



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