Recognition of the Service Gap and Strengthening the Training in the Paediatric Surgical Nurse: Experience Enhancement from Overseas’ Observership

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United Christian Hospital
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Anorectal malformations: 1:4000-50000

Mechanism of defecation is damaged

Bowel / double incontinence (life long problem)

Badly affect the child’s physical and psychological development

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<th>Series</th>
<th>Significant soiling %</th>
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<td>A. Pena et al, Semin Pediatr Surg 1995</td>
<td>41</td>
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<td>Langemeijer et al, J Pediatr Surg 1991</td>
<td>56</td>
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Postoperative follow-up clinic

- The bowel continence care for postoperative children in Kowloon
- Commenced in KCC since ~ 2000 (Dr M Leung)
Background (3)
KEC Paediatric incontinence clinic
under Paediatric Surgical Service

- Bowel management program in UCH (2006)
- Paed. Surgeon & specialty nurse
- Target groups: children anorectal malformation after surgery with faecal soiling e.g. Imperforate anus, Hirschsprung’s disease, etc.
Nutritional support of children with short bowel syndrome

- Malnutrition, intestinal failure associated liver disease
- CVC care is important for their fetal parental route (catheter related sepsis and blockage)
- Gastrostomy and jejunostomy care – also a critical route for enteral feeding.
- The introduction of omegavan, the liver-protective total parental formula regime
- The improvement in enteral feeding formula with hydrolyzed milk formula, medium-chained triglyceride formula
- Concept of home enteral and parenteral nutrition program is the innovative care program in the world

(Leung et al, 2012)
Overseas Corporate Scholarship Training Program for Clinical Leaders 2013/14 in Paediatric Surgical Nursing

- Urinary and Bowel Incontinence Care for the Anorectal Malformation Children

- Nutritional Care for the Short Bowel Syndrome Children
Boston Children’s Hospital

- Harvard Medical School hospital
- No. 1 ranked children’s hospital in USA
  - Top specialties: Gastroenterology,
  - G I surgery and Urology Dept.
- 395 bed
- Age: 0 - 21
Learning Objective

1. Services provided in two centers:
   A. Center for Continence of Urine & Bowel (CUB),
   B. Center for Advanced Intestinal Rehabilitation (CAIR),

2. The Multidisciplinary Management in Urinary and Bowel Incontinence and Nutrition care

3. Management of Home Total Parenteral Nutrition

4. The Role of Paediatric Nurse Practitioner in the Centers
Specialists from Gastroenterology, GI surgery, Neurosurgery and Urology department:
  - general motility and colorectal clinics &
  - clinic in Urology Department

Children with urinary and bowel incontinence resulting from congenital anomalies:
  - Spinal Bifida
  - Myelomeningocele
  - Abnormalities of Spinal cord
  - Imperforate anus
  - Hirschsprung’s disease
  - Anorectal, spinal, neuromuscular, urological malformations.
Successful Program (1)
Bowel Management Program

*Tailor-made:
- Clinical condition, age, and maturity
*Team approach: including Clinical Psychologist
*Treatments:
- Non-medication method:
  • dietary advice, digital evacuation, toilet training, biofeedback
- Medication method:
  • Laxatives, suppositories, rectal enemas
- Surgical intervention such as MACE

Patient with long-term follow-up

Physician in CUB

Clinical psychologist
Two Successful Program (2)
Voiding Improvement Program

Homework for Biofeedback

How do you know which is the right muscle to use?
Think about having to pass gas while you are in class. So you aren’t be embarrassed in
class, you squeeze the muscles around your rectum (where you have a poop) to hold the
gas in. This is the muscle you want to exercise. Only this muscle.

Don’t do these when you exercise
Never use your stomach, legs, buttocks (cheek muscles on your bottom)
Don’t hold your breath.
Make sure you are not using your abdominal (belly) muscles. To be sure, put your
hands on your belly while you squeeze the rectal muscle. If you are feeling your belly
move, you are also using your stomach muscles. If you get back or belly discomfort
after you exercise, then you are trying to hard and using extra muscles.

How to exercise
When you do your exercises, it is important to squeeze and relax your muscles, as you
were taught in urodynamics. Both squeezing and resting your muscles will exercise
them. One work and rest cycle is considered one exercise. While you are exercising, if
you don’t feel tightening of the muscle, it means the muscle is tired. If this should
happen, you should stop and rest a few minutes and then go back to the exercises.

Where to do your exercises
You can choose the place that you exercise. It can be done anywhere and anytime.
If you are doing the exercises correctly, your legs, stomach, thighs, and buttocks will not
move, and no one will know you are doing the exercises. You can do the exercises lying
down, sitting or standing.

Important to Remember
If you are making progress with your exercises and your leaking of urine is getting less
and suddenly you find yourself having more wetting accidents, this could be a sign of a
urinary tract infection. You should let your parents know and make an appointment
with your primary care physician for a urine culture check if you suspect a urinary tract
infection.

Homework for biofeedback
Squeeze the muscle for _seconds; then relax for _seconds (this is
considered one exercise cycle). Do _number of exercises in a row.
Repeat this _times each day (breakfast, lunch, dinner, and bedtime).

Other instructions:

Your next appointment is _
Biofeedback Game
Innovative design of product enhance the empowerment of the patient

Mirror for paraplegia child

CIC catheter for female

Bedwetting alarm

Tape for anchoring catheter to thigh when doing CIC (female)

Patient with mitrofannoff done

Clinician in Urology Department
Center for Advanced Intestinal Rehabilitation (CAIR)

- Short bowel syndrome
- specialists in gastroenterology, nutrition and surgery, nurses, nurse practitioners, a dietitian, a social worker and a pharmacist
- involve nutritional management, medical services and/or surgical treatment
One-Stop Management
Multidisciplinary approach enhance effective care delivery
Shadow In-patient Nursing

(Clinical observation)

Centralization

Nurse station working office

Respect

Ward nursing staff

Advanced technology & computerize

volunteer clown

Play room with many windows
An abundance of guidelines, instruction manual & protocols are easy for all nurses to retrieve in BCH

- The patient Care Reference Tool
- The Patient Care Manual
- Guidelines for the administration of Parental Nutrition
The management of Home Parenteral Nutrition

A comprehensive family education sheet is provided to empower the family.
Daily Family-Centered Round

- Patients and their families can participate in the discussion of the patient’s care plan with the care team during the morning round.
- Invited to listen, add comments, and ask any questions.
- Even just several minutes, the harmony of the interrelationship is building up.
The role of nurse practitioner in Boston Children’s Hospital (BCH)

- Similar to a physician
- Working with physicians, medical/surgical specialists, pharmacists, physical therapists, social workers, occupational therapists, and other healthcare professionals to achieve the best outcomes for patients
- Regular case conference before seeing the patient and the family
- Managing acute and chronic medical conditions (both physical and mental)
- Thorough assessment: history taking, physical exam, and the ordering of diagnostic tests and medical treatments.

*** Qualified to diagnose medical problems, order treatments, prescribe medications, and make referrals for a wide range of acute and chronic medical conditions within their scope of practice
Training in Boston Children’s Hospital

New nurse
- Orientation program (competency based) + preceptor (12 wks)
- Work + full time educator (trained in teaching)

New graduate (BSN)
- New graduate program (12wks)
- 1 yr working in hospital
- 1 yr advanced certificate training + exam → NP
  e.g. - Associate with universities
  - on-line school
Reflection

1. Family-centered care is playing an important role on integrated care for the children. (Chorney & Kain 2010).

2. One-stop multidisciplinary management approach really benefits for the children with complex disabilities.

3. Age-appropriate therapeutic play should be designed for the children to cope with distressful situations during hospitalization (Li & Lopez, 2008).

4. Adequate clinical guidelines, protocols and instruction manuals are the important to ensure the standard and the quality of the care.

5. The innovation & technology enhancing the quality care delivery.
The insight from the overseas training - Service Gap Recognition

- Firstly, the provision of the information and education to the patient and the family is inadequate.

- Consequent:

  - They may experience intense stress and feelings of helplessness related to uncertainty about the illness and relevant treatment, lack of understanding of procedures, unfamiliar environment, and using inappropriate terms (Fielding, 1994)
The insight from the overseas training - Service Gap Recognition

- Secondly, the lack of guidelines, instruction manual or protocols for the front line nurses to follow,

- furthermore no formal training program for them,

- Lack of knowledge, skills and supervision create work pressure and low morale among many nursing staff

Consequence:

- Not only the patient safety and the quality of care delivery will be affected but also the sustainability of the service itself.
Ways to improve the service of our team!

› 1. Enhancing the empowerment of the patient and the family
   - Formulating comprehensive family education sheet

› 2. Enhancing the sustainability of the service
   - Cross cluster cooperation: (KEC, KCC)
     (1) To review exiting guidelines
     (2) To unify exiting guidelines
     (3) To organize a formal training program
Conclusion

- Although we have many impediments because lacking of resource, such as, time, human resource, finance support.

- I believe that team work and the collaboration of all stakeholders can make it possible.

- A way forward is to gather leaders and mentors in the field that form a specialty committee,

- finding ways to channel adequate resources for quality nursing training, not only funding for overseas program

- but also establishment of our own regional formal high quality training program in Paediatric surgical nursing.
Everything is for our children

上海复旦大学附属儿科医院

Boston Children's Hospital

Until every child is well
American Pediatric Surgical Nurses Association
2014 Annual Conference

Program Committee:
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Is Surgical Intervention Becoming a Pediatric Trauma Urban Legend?, Kristophahn, MSN, CRNP, Children’s Hospital Los Angeles

1230-1330
Poster Author Session

1330-1645
ROUND TABLE DISCUSSION
Reference:


Boston Children’s Hospital, 2014. Centers and services.

Retrieved from: http://www.childrenshospital.org/centers-and-services
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Thank You!