Health care professionals’ experiences of receiving phone calls from parents, after discharge of their infant from a specialist children’s cardiac centre

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Background: Paediatric cardiac services should provide a fetal cardiology nurse specialist (FCNS) or children’s cardiac specialist nurse (CCNS) telephone advice service to patients with a confirmed cardiac abnormality and their families/carers, health care professionals, non-healthcare and voluntary sectors (p.149). Each Specialist Children’s Surgical Centre must provide appropriately trained and experienced medical and nursing staff to manage a 24/7 emergency telephone advice service regarding urgent concerns about deteriorating health (L1, p. 180). However, little evidence exists exploring the impact of this for Healthcare professionals (HCP) or HCPs experiences of taking telephone calls. A recent service evaluation reported 206 parental telephone calls to cardiac services within a 6 week period, taking up 21 hours of HCP time. The main reasons for calls were medication/prescription issues (n=67), health concerns potentially related to heart condition (n=47), Admission or appointment enquiries (n=40).

Aim: To explore staff experiences and perceptions of telephone communication with parents

Method: As part of a Service evaluation all cardiac unit HCPs (nurses, doctors, family support workers) and Medical Secretaries, taking telephone calls from parents, were invited to participate in an online survey between July and September 2019. A mixed methods approach to question design was used, including demographic, nominal and Likert questions and open ended questions to allow participants to describe their experiences of taking calls. Ethical approval was obtained from University of Worcester. Descriptive statistical analysis of quantitative and content analysis of qualitative data was undertaken.

Results: This poster presents the results from 35 HCPs including: ward nurses (n=25), clinical nurse specialists (n=4), support workers (n=2), advanced nurse practitioner (n=1), nurse manager (n=1). Of these, 67.6% (n=23) had worked in the speciality for over 10 years. Just over a third were band 5 (n=12, 35.3%), 13 were band 6 (38.2%), 4 were band 7 (11.8%) and 1 band 8 (2.9%).

Graph 1 Where are calls taken

Graph 2 Most common reasons for calls

Table 1 Staff descriptions relating to their level of confidence

Table 2 Staff perceptions taking calls (5 themes)

Conclusions:
• Taking telephone calls can be High risk.
• Staff are in a vulnerable position, they cannot see the child and rely on parents explanations.
• Advice given is pivotal to the child’s safety.
• A formal process for documenting management advice must be used (Impact on safety and cost).
• Taking calls can be time consuming, impacting on the care of children on the ward.

Re-introducing the Congenital Heart Assessment Tool (CHAT) could assist:
• Preparation of parents for discharge, ensuring consistency.
• Parents to identify signs of deterioration and when to call for help; and to articulate concerns in a standardised way.
• Staff to discuss concerns with parents, enabling a consistent approach to documentation of advice given.

Medicines Management learning resource is needed for parents.

References