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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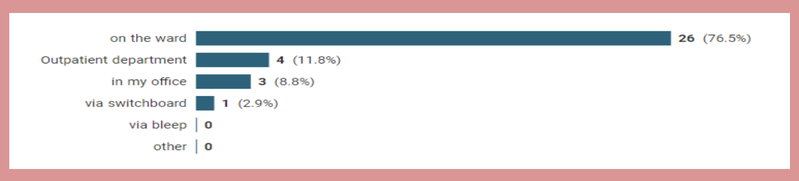
Background: Paediatric cardiac services should provide a fetal cardiology nurse specialist (FCNS) or children's cardiac specialist nurse (CCNS) telephone advice service to patients with a confirmed cardiac abnormality and their families/carers, health care professionals, non-healthcare and voluntary sectors[1] (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[1] (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[2] 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

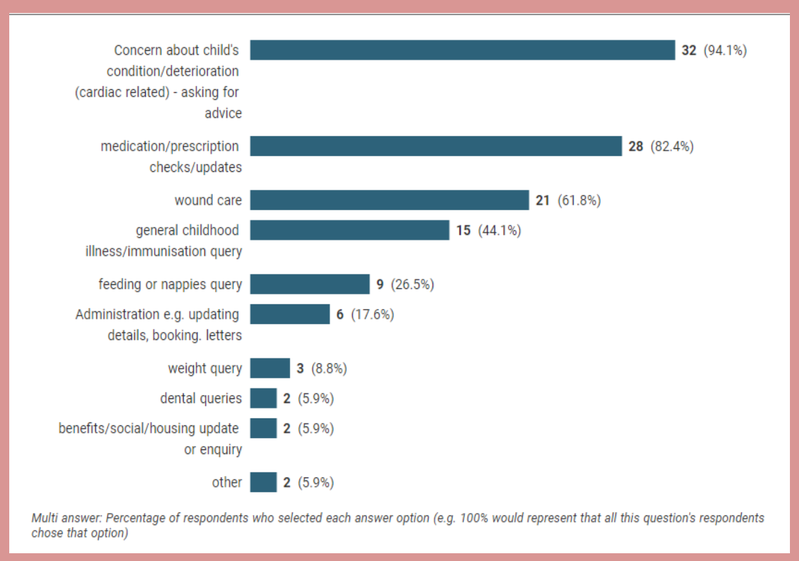
Method: As part of a Service evaluation[2] all cardiac unit HCPs (nurses, doctors, family support workers) and Medical Secretaries, taking telephone calls from parents, were invited to participate in an online survey between July and September 2019. A mixed methods approach to question design was used, 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 calls are taken



Graph 2 Most common reasons for calls



How many calls do you take per day?

- 0-5 calls per day n= 29 (87.9%)
- 5-10 calls per day n=3 (9.1%)

What action do you take if unsure what to do?

- Explain to parent that I am unsure but will find someone who knows the answer n=20 (58.8%).
- Take the parents details and offer to call them back n=9 (26.5%)
- Redirect the call and ask another colleague to take over n=4 (11.8%)

How confident do you feel taking calls?

- High confidence n=16 (48.5%)
- Moderate confidence n=16 (48.5%)
- Slight confidence n=1 (3%)
- No confidence n=0

Table 1 Staff descriptions relating to their level of confidence

- [Years of] Experience (n=11)
- Expertise and knowledge (n=7)
- Access other resources (n=6)
- Challenge of remote assessment (n=4)
- Capable and competent (n=2)

Table 2 Staff perceptions taking calls (5 themes)

Safety
- Unable to assess the infant/child visually over the phone
- Medication urgently required – parent has run out/out of hours

Challenges (workload)
- Arranging prescription or medication enquiries (out of hours)
- Accessing patient information
- Additional to normal patient workload/time

Challenges (communication)
- Language barriers
- Angry parent
- Parent dislikes advice

Educational requirements of staff
- Responsibility
- Training requirements

Educational requirements of parents (discharge preparation and expectations)
- Inappropriate calls for non-cardiac issues
- Medication issues

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

Recommendations:

Re-introducing the Congenital Heart Assessment Tool (CHAT)[3,4] 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

A Medicines Management learning resource is needed for parents

References

1. NHS England (2016) CHD Standards and Specifications. London. NHS England
2. Hollingdale J, Menzies J, Raja N, Kidd J, Dyer K, Gaskin K (2019) Evaluation Of Parental Phone Calls to Cardiac Services, Poster Presentation, 33rd Paediatric Intensive Care Society Annual Scientific Meeting, QEII Centre, London. 20-22nd November 2019
3. Gaskin KL, Wray J, Barron DJ (2018) Acceptability of a parental early warning tool for parents of infants with complex congenital heart disease: a qualitative feasibility study *Archives of Disease in Childhood, 103 (9):880-886* ISSN 0003-9888 Online: 1468-2044 Published online 22nd March 2018 http://eprints.worc.ac.uk/6526/
4. Gaskin KL, Barron DJ, Daniels A (2016) Parents' preparedness for their infant's discharge following first-stage cardiac surgery: development of a parental early warning tool, *Cardiology in the Young*, online first June 2016 doi: 10.1017/S1047951116001062, published online first 19/7/16, https://eprints.worc.ac.uk/id/eprint/4725

Useful resource: http://www.ccn-a.co.uk/congenital-heart-assessment-tool-chat-e-learning-resource/chat-tool