Special Interest Group on Pain in Childhood
INTERNATIONAL ASSOCIATION FOR THE STUDY OF PAIN

childkind

THE CHILDKIND INITIATIVE:
A program to reduce pain in child health facilities worldwide

Endorsed by:

International Association for the Study of Pain

World Federation of Societies of Anaesthesiologists

National Association of Pediatric Nurse Practitioners (USA)

Canadian Pain Society

International Pharmaceutical Federation

ABSTRACT

This program, which is modeled on the highly successful Baby Friendly program for promotion of breast-feeding, will offer an internationally sanctioned accreditation to hospitals if they develop a standardized approach to pain management which encompasses the new research and philosophy on pediatric pain. Uniform, systemic application of new approaches to pain in children should significantly reduce the suffering that children experience in healthcare facilities.

INTRODUCTION

There has been a revolution in the attitudes toward and management of children's pain over the past 20 years. In the 1980s, no matter where children received their care, it was not uncommon for them to receive essentially no analgesia following surgery and for them to undergo medical procedures without adequate sedation, for newborns to have surgery without anesthesia, and for children's chronic pain to be essentially dismissed. For children and their families, visits to healthcare facilities were often bathed in anticipatory anxiety and fearfulness, often diminishing the value of the encounter and making children reluctant to return. The reasons for this were complex and not due to malice but were based largely on our ignorance of how children experience pain, how it could be measured, and how it could best be treated. We were also unaware that inadequately treated pain in children not only caused unnecessary suffering but could delay recovery and in fact could change the way the child's nervous system would perceive pain in the future. Vulnerable populations, like infants, the malnourished, or the poor, were particularly susceptible to the ill effects of persistent pain. Fortunately, there has been an outpouring of new research that has dramatically altered our ability to reduce the burden of pain that children experience in medical settings. Although some of the new research is highly technical, much of the new information suggests that relatively simple interventions – parental presence and parental advocacy, ongoing pain assessment, the use of specific uniform protocols, distraction, ongoing education in pain for the staff, quality improvement to monitor success – if used routinely, can have a dramatic impact on the experience of the child and the family.

Unfortunately, much of this new knowledge has not been brought to the bedside of children in pediatric institutions. In one recent Dutch study, 300 parents were asked about their priorities during their children's hospital stay. The second most important priority (after getting the diagnosis correct) was "taking care of pain". It was in this area however that there was the greatest disparity between priority and ultimate satisfaction. This gap between knowledge and application exists in both developing and industrialized countries.

There are many reasons why this new information has not made its way into the care of children in hospitals. Some of the reasons stem from individual differences in knowledge among practitioners and others from differences in philosophy among different medical disciplines. There may be institutional and logistical barriers as well. Regardless of the reasons, however, it is clear that there are differences among institutions in their commitment to and sophistication with pain relief as well as a lack of uniformity within institutions. The uniform application of available knowledge and technology regarding

pain management for all children who interact with the healthcare system would significantly reduce the burden of illness and medical treatment for many children and their families.

A few pediatric institutions have attempted to cultivate a system-wide commitment to pain reduction but often barriers related to resource allocation, territoriality, personality, and logistics have interfered with the uniform implementation of such an approach. It seems, however, that many of these barriers could be overcome if there was enough motivation for an institution to do so and if there was a mechanism through which international expertise could be shared and adapted.

CONCEPT

The ChildKind initiative is an attempt to address many of the barriers that prevent the available knowledge in pediatric pain from being applied to the every child. The initiative is modeled on the Baby Friendly Hospital Program, a highly successful joint WHO and UNICEF effort to encourage breast feeding in hospitals. In this model, if institutions meet a list of specific criteria, they are awarded a Baby Friendly Hospital designation. This designation brings many potential benefits to institutions: it is viewed as prestigious and receipt of an international award is an achievement to celebrate within the institution; it can be used for public relations and marketing external to the institution; the process for obtaining this award can be seen as a quality improvement effort by the institution; and, finally, it may enhance institutional revenue by attracting additional patients to the institution. Currently over 15000 institutions in 134 countries have been awarded Baby Friendly status.

The ChildKind initiative will encompass a similar model applied to pediatric pain prevention and relief. The program will be administered under the auspices of the International Association for the Study of Pain and the Special Interest Group on Pain in Childhood, and will be endorsed by major international health organizations through a collaborative relationship. To begin the process of developing this certification, funding from the Mayday Fund, the Rockefeller Foundation, and the Institute of International Education supported the organizational meeting of ChildKind, which brought 20 experts in pediatric pain representing 14 countries as well as the World Health Organization to the Conference Center of the Rockefeller Foundation in Bellagio, Italy, on November 4-8, 2008. The goal of the meeting was to establish the basic principles regarding pain management in children that the group felt were essential for any health care facility. Those principles will ultimately yield the criteria for ChildKind certification.

The following statement and general principles were unanimously agreed upon in Bellagio, Italy on November 7, 2008, and endorsed by the Council of the International Association for the Study of Pain (IASP) on December 6, 2008. The initiative is also endorsed by the World Federation of Societies of Anaesthesiologists.

The Bellagio Declaration:

Pain is a universal experience among children in healthcare facilities. There is now overwhelming evidence that pain has both short term and long term negative consequences for the physical and emotional health of the child. The uniform application of available knowledge will significantly reduce the burden of pain and its consequences on children and their families.

We believe that all health care facilities should commit to the developmentally-appropriate prevention, assessment, and management of pain in children and adolescents aged 0 to 18 years.

The following principles and defining criteria are deemed essential if an institution is to appropriately address children's pain:

1. **There is a facility-wide, evidence-informed, written policy on pain assessment, prevention, and management.**
   - The policy will be visible and accessible to all health care staff, patients, and families, in all areas of the institution which provide care for children
   - It will be recognized in the policy that parents and caregivers are integral to the care of the child, and their presence and involvement in pain management is encouraged.

2. **There are comprehensive and on-going education and awareness programs for all staff, students/trainees, patients, and caregivers.**
   - Clinical staff receive appropriate training in pain assessment, prevention, and management.
   - Non-clinical staff are made aware of the institutional policy.
   - Patients and families receive developmentally, linguistically, and culturally appropriate information concerning pain and pain management.

3. **All children have pain assessed using an evidence-informed, developmentally-appropriate process, and recorded in the patient record.**
   - Assessment results inform treatment and management strategies.
   - There is timely reassessment after intervention.

4. **There are specific, evidence-informed protocols for pain prevention and management, including pharmacological, psychological, and physical methods.**
   - Protocols will be developed for all conditions and situations which are associated with pain.
   - Analgesic drugs will be consistently available (24 hours/day, 7 days/week) and must include, at a minimum, those included in the WHO Essential Drugs List.

5. **There is a regular institutional self-monitoring program of the above criteria.**
   - There is regular review of protocols, policies, and patient outcomes, with feedback to staff, within the framework of a continuous quality improvement culture.

NEXT STEPS

The Bellagio Declaration will serve as the cornerstone of ChildKind certification. From it, specific criteria for institutional self-assessment will be created and the necessary standards for the accreditation will be developed.

At the conclusion of the Bellagio meeting, responsibilities for developing various aspects of the certification were assigned to members of the group along with a specific timeline for completion. It is our expectation that by March 1, 2009, detailed evidence-based criteria for certification will be established and these will be formally presented at the International Symposium on Pediatric Pain in Acapulco in June 2009. Simultaneous with the development of those criteria, we will recruit additional partners to this project. Additional endorsers of ChildKind besides the International Association for the Study of Pain are critical to increase the enthusiasm within institutions for acquiring the certification. Not only will the administration and staff of the institution be more excited about this credential if other international agencies are involved, but ministries of health and the general population will ascribe more value to it if it has multiple endorsers.

The exact process by which certification is granted is not yet determined, as it will depend on the specific partners who are eventually involved in granting certification and will be developed over time. The specific constellation of the group assessing the institution may vary from country to country, but regardless, it will include representatives from the country or region who will be supported if necessary by expertise from an international group.

The level of funding necessary to develop and maintain ChildKind will depend ultimately on its configuration and the potential for in-kind support from its co-endorsers. There is presently adequate support to carry us through the initial launch of ChildKind in June. We fully recognize the difficulty of acquiring funding in these challenging times. We have, however, targeted a number of philanthropic organizations whose missions are compatible with that of ChildKind and will be aggressively pursuing the necessary funding to allow this important project to develop and thrive.

SUMMARY

The ChildKind initiative is based on the highly successful Baby Friendly program. ChildKind status will be awarded to hospitals that operationalize a number of basic principles that are known to reduce the pain that children experience in healthcare settings. These principles and the criteria necessary to assess them were set forth at a meeting of international experts in pediatric pain in Bellagio, Italy, organized by the

Special Interest Group on Pain in Childhood of the International Association for the Study of Pain, hosted by the Rockefeller Foundation, and supported by the Mayday Fund and the Institute of International Education. These criteria are now being refined by the group to be incorporated into a self-assessment instrument for hospitals, as well as serving as the basis for ultimate credentialing as a ChildKind Hospital. It is our hope that this initiative will be subsequently endorsed by a number of international agencies, which will give additional cachet to this credential. The ChildKind project will be formally launched at the Acapulco meeting of the International Symposium on Pediatric Pain in 2009 and piloted by a number of hospitals around the world shortly thereafter.

Respectfully submitted,

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for the Special Interest Group on Pain in Childhood

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Bellagio, Italy, November 2008

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