



CUSTOMIZING CARD:

Making CARD work for you

As a health-care provider, you may have questions about how to integrate the CARD system (Comfort, Ask, Relax, Distract) in your practice setting. This factsheet provides suggestions to facilitate implementation in your setting. For more information and resources visit CardSystem.ca.

EDUCATION:

Integration barrier	Clinic adaptations
<p>We are doing just fine! Why do we need CARD?</p>	<p>CARD is a new protocol for needle procedures. CARD helps health-care providers integrate all the research evidence about how to reduce fear, pain, and other stress-related responses (e.g., dizziness) in a systematic way.</p> <p>CARD also invites patients to choose their preferred coping strategies. Patient participation aligns with models of health-care delivery that stress 'person-centred' and 'equitable care.'</p> <p>CARD is proven to work to make needle procedures a more positive experience for everyone!</p>
<p>Will CARD add time to the procedure?</p>	<p>With CARD, procedures do not take more time. This is because patients and providers are more prepared, and the clinic is set up to optimize conditions for positive experiences for everyone.</p> <p>Without CARD, procedures can become more complicated, lead to negative memories and make future procedures more challenging.</p>
<p>Our space/processes are unique. Can CARD even be integrated?</p>	<p>CARD can be integrated into any setting within minutes and ensures equitable and high-quality health care services.</p>
<p>Do we have to educate patients before procedure day? We don't do that now.</p>	<p>Patients can be educated about CARD at appointment check-in. The CARD checklist reviews what the clinic offers as part of its services and allows patients to select preferred coping choices on the spot.</p> <p>Staff can introduce the CARD checklist by saying: "We use CARD in our clinic to make needle procedures a better experience. Choose what you want to do from the different letter categories."</p>
<p>How do we educate patients about CARD before procedure day?</p>	<p>Information about CARD can be provided digitally (online via website, booking appointments) or with clinic posters or pamphlets. Tell patients to choose what they want to do from the CARD checklist so they are prepared ahead of time and can bring their preferred coping choices (e.g., comfort item). School-age children can play the CARD web game.</p> <p>Patients can also be educated on procedure day.</p>



Don't topical anesthetics make appointments harder?

Topical anesthetics are proven to reduce the pain from needle procedures, including venipuncture/venous cannulation and injections.

Topical anesthetics are particularly helpful for those who are fearful of needles and will facilitate a more positive experience for everyone involved. They will also make procedures easier in the future.

Options for using topical anesthetics can be included in the CARD checklist. Ensure there is time to accommodate the administration of topical anesthetics. There is a required waiting time that varies from 20 to 60 minutes depending on the commercial preparation used. Provide activities while waiting (e.g., distraction items) as individuals who select topical anesthetics tend to be more fearful and fear can escalate over time. Alternatively, allow patients to leave and return when the application time has elapsed.

How do we get people to know where to apply topical anesthetics?

Consider offering topical anesthetics in your practice as part of your regular process. Use multi-dose tubes to minimize cost (actual dose needed per application is 1 to 2 g). If patients (or caregivers) are able to apply them ahead of time, provide guidance on application site(s).

ENVIRONMENT:

Integration barrier

Clinic adaptations

How does CARD work if our clinic's waiting and aftercare areas are the same?

No matter the physical layout, there is still an opportunity to integrate CARD. Ensure all spaces are visually appealing and clearly identified.

Arrange furniture to make patients feel comfortable. Use posters and distraction items to inform, educate and distract. If possible, create a hub for CARD distraction materials that are accessible using carts that can be wheeled around.



How can we provide seating for everyone when we have limited space?

Ensure that adequate time is given for each appointment to minimize the number of people that are waiting. This prevents people from standing and crowding, which increases stress for everyone, including staff.

How do we provide a private space when we don't have a separate room?

Create a privacy barrier (e.g., tabletop poster boards, room dividers, screen, curtains) and play calming music or a sound machine (white noise). This minimizes visual and auditory fear cues and respects the patient's privacy.

How can we accommodate lying down to manage dizziness/fainting without a bed?

Use movable, foldable mats that can be placed in different locations to facilitate lying down (e.g., on a table or the floor).

How can we reduce stress from having to take clothes off (e.g., coats and sweaters)?

Encourage individuals to remove coats and sweaters before entering the procedure room. Provide a space for them to be hung up if possible.

Educate patients about CARD ahead of time so they wear clothing to their appointment that makes it easier to access limbs for injection (e.g., short-sleeved shirt, loose-fitting sweater).

How do we prevent our patients from hearing others when they are upset or crying?	There are many CARD interventions that can reduce fear cues and fear contagion (spreading of fear to others). Reduce visual and auditory cues of fear (e.g., hide needles, ensure doors to procedure rooms are closed). Provide distraction items for patients to focus their attention. These can include noise-cancelling headphones.
How do we hide fear-inducing and threatening visuals (e.g., needles, signs)?	Arrange furniture so that patients face distraction materials rather than equipment and staff. Conceal needles from sight, disguise sharps container and equipment with patient-friendly visuals, change the language on signs to non-threatening words (e.g., “aftercare” instead of “recovery area”).
What do we do if we don’t have space on the wall for posters?	Use pamphlets, floor signs and decals.

ENGAGEMENT:

Integration barrier

Clinic adaptations

Why do I need to ask patients about their fear when I can read their body language?

Just like screening for allergies and underlying conditions, assessing patients’ level of fear is part of good practice. Not all people will show or voluntarily disclose their fears and being afraid increases the risk of stress-related responses, including fear, pain, dizziness and fainting. These adverse reactions can be avoided by screening for fear and addressing it head-on.



Why do I need to involve the patient when I know all the evidence and can just direct them on how to manage their fear/pain?

CARD invites patients and staff to collaborate which is part of delivering care using a person-centred approach. Staff set up clinics and carry out procedures using the best evidence. Patients participate and choose their preferred coping strategies from a CARD checklist. Importantly, an individual’s coping preferences are not uniform and what might make one person calm can escalate fear in another. To make care equitable, all patients are provided with their own CARD checklist and make their own choices about their coping. With CARD, everyone plays their own hand!

(Note that the CARD checklist is intended to be given to patients to complete; this includes children. This ensures that: 1) no options are inadvertently missed, 2) patients have autonomy in choices, and 3) patients build coping skills by learning about all options).

Do we need to pay for distraction items?

Educate patients about CARD ahead of time and invite them to bring their own distraction items from home.

Some one-time costs are involved with CARD implementation (e.g., education and distraction posters). There will be some inexpensive ongoing costs of providing distraction items (e.g., mazes, pipe cleaners). Distraction items that can be reused can be sanitized between uses (e.g., fidget spinners).

Where do we need to provide distractions?

Provide distraction items in all clinic areas (waiting and procedure spaces).

But what if we can’t do everything that CARD suggests?

Review CARD educational resources for intervention options with your staff and decide what is feasible for you to implement in your practice setting. Obtain feedback from patients and staff during implementation to ensure that expected outcomes are being achieved. Be prepared to alter approaches. Alter interventions to improve outcomes.

<p>What if family/caregivers are not supportive of the patients' coping choices?</p>	<p>Empower staff to take ownership for inviting patient participation and advocating for them. Provide education to family/caregivers about supporting patients in their coping choices and recognizing coping strategies. Staff can explain how some small interventions make a big difference in the experiences of patients and that service delivery is targeted toward the patient and supporting them in having a positive experience. Children in particular, may not show how afraid they are or advocate for coping strategies.</p>
<p>What if parents/caregivers want all family members together for the procedure?</p>	<p>Options for the presence of support persons can be included in the CARD checklist. Ensure that any limits on the number of people that can be present is explained.</p> <p>Younger children are typically accompanied by a parent. Note, however, that the presence of child siblings may escalate fear.</p>

EVALUATION:

Integration barrier

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Why do we have to ask patients for feedback when they don't complain? This takes a long time.

CARD was developed with input of patients and staff. Feedback is important to track adverse reactions and to inform future practice.

Getting feedback is easy, no extra time is needed because feedback can be obtained during the aftercare period. Feedback can be written (preferred) or oral (and documented). If oral, be sure to be specific as vague questions like 'How did that go?' do not elicit meaningful responses and/or reveal deficiencies. Use specific questions like 'How much did that hurt?'



Why do we need to obtain feedback from staff?

CARD was developed with input of staff and patients. Feedback is important to ensure intended effects are being realized. Promote a culture of continuous quality improvement which recognizes that staff experiences are important and values their input. Incorporate feedback from patients so that their perspectives are captured. Use the information to inform future practices and changes to policies and procedures.

N.B. Try these adaptations for your clinic. Consider involving others in co-creating adaptations that may be required as you proceed with CARD integration in your practice setting and evaluate their impact to ensure they do not interfere with the effectiveness of the program.

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