Future-proofing self-management support for children growing up with long term conditions: Development and evaluation of digital resources

Veronica Swallow, Professor of Child & Family Healthcare, School of Healthcare, University of Leeds, UK <u>v.m.swallow@leeds.ac.uk</u>, Twitter: @SwallowVeronica

10th April 2018

Cork University Hospital Child & Family Nursing 10th Anniversary Conference 'How we have Grown and Caring for the Future'



Greetings from Leeds



Presentation outline

• The growing challenges of complex selfmanagement responsibilities

- Caring for the future through digital selfmanagement resources:
 - In research
 - In practice















Feeding syringe Water

Water flows in NO tube









Simon Stones- Patient advocate & PhD student, University of Leeds



The challenges for HCPs....

- More and more complex clinical care is delivered in the home/school/workplace
- Increasingly diverse populations
- Literacy, numeracy and language
- Teaching families to competently self-manage conditions

The evidence....

Systematic reviews ²⁻⁷

- Some aspects of self management span multiple conditions
- CYP & parents learn in different ways, have differing information and support needs, and cope differently to self-management
- A lack of rigorously developed and evaluated self management support interventions

 What happens early in life affects health and wellbeing in later life...we are not doing as well as we should to achieve good health and wellbeing outcomes for our children¹

 Resources need to be evidence-based and continually updated

 Children and young people ought to be involved from the outset

Maternal Child & Family Research Group

Children, Young People & Families (CHYPs) Research Strand



CYP & families: research partners

http://www.invo.org.uk/thisismystory/

INVOLVE defines

'involvement' as research being carried out 'with' or 'by' members of the public rather than 'to', 'about' or 'for' them. This might include involving people in setting research priorities, design, carrying out the research, analysis, reporting and dissemination, rather than participating in research http://www.invo.org.uk/wpcontent/uploads/2016/01/involvin gcyp-top-tips-January2016.pdf

Consultation is the process by which children and young people are asked their opinions – on a specific issue or broader agenda (eg as research participants)

- PLAnT study

OPIS study

CAPP study

Parent Learning Needs and Preferences Assessment Tool (PLAnT) study

Background

Professionals spend time promoting parents' learning and monitoring clinical care-giving

Little evidence to inform parentteaching interventions

Our recently completed Teaching Parents Study

Phase 1: mixed– method systematic review	 identify parents' learning needs and preferences inform healthcare professional support to parents
Phase 2: development & refinement	 interviews with parents & professionals to develop PLAnT participants commented on PLAnT via interviews or survey
Phase 3: pre-pilot evaluation	 administration of PLAnT individual qualitative interviews

The **PLAnT**

People differ in how much information and support they want around their child's kidney condition and care and how they like to receive the information. Your answers to these questions will help the staff in the children's kidney team to understand your needs. Your needs may change over time so you can update your answers later if you want to.

Name of child:

Name of parent/carer completing the form: Relationship to the child:

Date:

5. Which sentence best describes how much information you want about your child's kidney condition and care? Tick the one you agree with:

a.	I want the simplest information you can give me.	
b.	I want more than the simplest information. But keep it in everyday terms.	
c.	I want more than the simplest information. I also want help to understand things in depth.	
d.	I want as much in-depth and detailed information as you can give to me.	

6. Compared to what you want, the information you get right now is: (circle one)

Too little

Just right

Too much

KKR PLAnT study: Dr Veronica Swallow and Ruth Nightingale. PLAnT v2 @

Findings (1):



23 studies

11 British kidney units

23 parents/carers

22 health care professionals

Findings (2):

Because a parent is as individual as a child's medical condition, so everything is individual, and if you don't know how a parent wants you to tell them things, and how they want to know things, you don't know that you're giving them the right amount of information

Findings (3):

As professionals get to know parents better they develop an understanding However, sometimes professionals can misjudge parents' needs Parents views: - valued being asked

-professionals know already Professionals views:

asking parents
 directly

- putting it into practice

Summary

Professionals may be guided in their assessment of parents' learning needs and preferences

This could optimise delivery of home-based care

We now seeking funding to test PLAnT for reliability, validity and cost-effectiveness

The Online Parent Information & Support study

Background

- Lack of evidence-based, user-led web resources to help with home-based care
 - combine information with at least one additional service e.g. decision support, behaviour change support or peer support
 - have a positive effect on knowledge, social support, clinical outcomes and self efficacy⁸



Reference: Swallow V, Knafl K, Santacroce S, Hall A, Smith T, Campbell M, Webb NJA: The Online Parent Information and Support project, meeting parents' information and support needs for home-based management of childhood chronic kidney disease: research protocol. Journal of Advanced Nursing 2012, 68(9):2095-2102.

Research design

- Phase 1: interviews/focus groups (Total 70 patients, parents and professionals)
- Phase 2: developed/tested resources, defined A & O for feasibility RCT (15 parents, 8 patients 6 professionals)
- Phase 3: Pilot RCT of usual support vs usual supplemented by OPIS (55 parents randomised)
 - Primary outcome measure Family Management Measure (FaMM)
 - 2nd outcome measures: Dads Active Disease Support Scale (DADS), Family Empowerment Scale (FES)

Reference: Knafl K, Deatrick JA, Gallo A, Dixon J, Grey M, Knafl G, et al. Assessment of the psychometric properties of the Family Management Measure. J Pediatr Psychol 2011 Jun;36(5):494-505 [doi: 10.1093/jpepsy/jsp034]

OPIS Features and Benefits

FEATURES

- Video of ' how to do' clinical procedures
- Case studies
- Renal recipes
- Child friendly puzzles
- Links to other websites
- Family-to-family area
- Glossary of Terms & FAQs

BENEFITS

- Can be accessed anywhere.
- Videos can be watched and replayed
- Up-to-date, trustworthy, reliable
- Colourful and interactive to aid learning
- Helps staff by answering regularly asked questions

Finished Website

Videos – to guide care givers; showing how to administer injections and haemodialysis.



OPIS – Care Giving Information



Copyright 2012 by DotNetNuke Corporation Disclaimer Terms of Use Standards Privacy
This website is produced as part of an independent research project (reference no PB-PG-0110-21305) funded by the National
Institute for Health Research under its Research for Patient Benefit Programme
Content Last Updated: 19th November 2012. Page Last Updated: 19th November 2012

DISCLAIMER: The content provided by Kidney Patient Guide is for information purposes only and is no way intended to be a substitute for medical examination. If you have any question about your condition or treatment please consult your renal unit or doctor

OPIS – Puzzle Zone



OPIS – Family to Family



Submit Clear

CONSORT Diagram



Phase 3- RCT Results (1)

- Twenty parents accessed OPIS with a mean of 23.3 (SD 20.8, range 2 to 64) visits per user.
- Suitability Assessment of Materials (SAM)
- User Interface Satisfaction (USE)



RCT Results (2)

FaMM:

View of Condition Impact Scale approached sig *p* = 0.096 Management Ability improved after OPIS trial

DADS: Mean 'Helpfulness' was higher in OPIS group (80.8 v 69.1), (p = 0.055) with a moderate-to-large effect size (Cohen's d = 0.71).

RCT results (3)

- Adjusted mean FaMM Condition Management Ability Scale, intervention group 44.5 versus control group 41.9, difference 2.6, 95% Cl -1.6 to 6.7.
- Between group differences in FaMM Family Life Difficulty Scale (39.9 vs 36.3, difference 3.7, 95% CI -4.9 to 12.2) agree with qualitative observation that OPIS helped parents achieve understanding

RCT Results (4)

- Qualitative suggestions include:
 - refinement of OPIS components
 - enabling personalisation of OPIS functionalities
 - proactive endorsements of OPIS by professionals.



Recommendations

Parents, children & professionals:

- Create bespoke versions for CYP and parents
- Adapt and extend it to:
 - A digital-app for smart-phones
 - Stages 1-5 CKD UK-wide
 - Other conditions that also need complex home-based condition-management ⁹⁻¹²

Conclusions

• OPIS feasible to implement into standard practice

 Our design and methodology being used as a platform to adapt OPIS

• Proposal developed to co-produce a selfmanagement app for CYP and parents

Smartphone apps¹³



- widely used by healthy children & those with long-term conditions
- now poised to become major source of health-guidance
- app-development processes seldom systematic [1]
- effective/cost-effective novel, digital apps are critical and timely
Care-management APPlication (CAPP) study

Qualitative studies to determine app content



Overview of study findings



Theme 1-Gaps in current provision

Most of the sites regarding stuff like diet are like forums, so anyone can post, so there's not really that much reliability...the Kidney Foundation or something, that's pretty reliable obviously 'cause it's a government website, so I use that mostly (Young person aged 17)

Theme 1-Gaps in current provision (2)

the written information's a bit dull, ...not hugely fit for purpose, it's not interactive,. You look at kids now and the way they learn is through iPads and apps, and it's all of this isn't it? And I think we're [professionals] quite behind on that, but it's just trying to find the time to develop that. (Professional)

Theme 2: Difficulties experienced by children

I only have one friend, but she always asks how I am and everything, and I tell her, because she understands what I've been through. But, the only thing is, I only tell her, but I think she keeps telling everyone, when I say at the end of our conversation, 'please don't tell anyone else, because they tell everyone else as well'. (Young person B, aged 11)

Theme 2: Difficulties experienced by children (2)

don't really like looking at the websites...because it reminds me of how much I'm different from all the rest of my friends. (Child aged 8)

he'll have his transplant and then he'll move on and have a relatively normal life. And that's what I want for him.. So I want him to feel like he understands his condition .. but I don't want it to define him. I want it to just be something that's part of him. (Parent A, 13 year old child)

Theme 3: Suggestions for an app

I think an app would probably be better, rather than going on a website to do it, because apps are more convenient. You don't have to type anything up and you can just click on it (Young person aged 16)

The knowledge about the transplant process, and pictures, and she can look at it for herself, instead of me telling her, or somebody else telling her. (Parent B, 13 year old child)

Theme 3: Suggestions for an app (2)

Some sort of planner on it, when their appointments are, little alerts for medication, that might help, especially as they're beginning to transition, giving them a bit more independence (Professional)

If I was in a shop and I could, like, scan something, and if it told me what it had in it,....and, it could rule out if it has phosphate, and it could tell you what's in it, and if it's a bad thing, that you're not allowed, it could be in red, so you know that it's bad (Young person aged 13)

Conclusion/Future work

• Co-producing and evaluating child and parent friendly condition-management apps

• Involving families in the process

• Future app to be informed by these findings

Trish Smith - Renal Nurse Specialist, Royal Manchester Children's Hospital







Digibete

https://www.digibete.org/

International Family Nursing Association

- <u>https://internationalfamilynursing.org/</u>
- Currently 397 members, representing 33 countries
- All welcome to join
- Fab resources available on line
- Next IFNA Conference Aug 2018, Washington DC
- UK & Ireland Family Nursing Chapter

Conclusion/Future work

Working with families and staff to design digital self-management interventions is:

- Very worthwhile
- A privilege
- Likely to contribute to improved outcomes for patients and families

Future apps to be informed by these findings



Acknowledgements

- Children, parents and health-professionals who participated
- All members of the research teams
- These funders who have contributed to our programme of work:
 - National Institute of Health Research
 - Kids Kidney Research
 - British Renal Society
 - British Kidney Patients Association



References

- 1. CMO. Annual report of the Chief Medical Officer-Our children deserve better: Prevention pays London: Department of Health, 2012.
- 2. Nightingale R, Friedl S, Swallow V. Parents' learning needs and preferences when sharing management of their child's long-term/chronic condition: A systematic review. Patient Education and Counseling. 2015;98(11):1329-38. PMID: 26054454.
- 3. DiMatteo, M.R. The role of effective communication with children and their families in fostering adherence to pediatric regimens. *Patient Education and Counseling*. 2004, **55**(3), pp.339-344.
- 4. Eccleston, C., et.al. Psychological interventions for parents of children with chronic illness. *The Cochrane Library.* 2015.
- 5. Coffey, J. Parenting a Child with Chronic Illness: A Metasynthesis. *Pediatric Nursing*. 2006, **32**(1), p.51.
- 6. Santer, M., et.al. Treatment non-adherence in pediatric long-term medical conditions: systematic review and synthesis of qualitative studies of caregivers' views. *BMC Pediatrics*. 2014, **14**(63).
- 7. Swallow, V., Macfadyen, A., Santacroce, S.J. and Lambert, H. Fathers' contributions to the management of their child's long-term medical condition: A narrative review of the literature. *Health Expectations*. 2012, **15**(2), pp.157-175.
- 8. Murray E, Burns J, See T, Lai R, Nazareth I: Computer-based programmes ('Interactive Health Communication Applications') for people with chronic disease. Cochrane Database of Systematic Reviews 2009.
- 9. Swallow, V. M., Hall, A. G., Carolan, I., Santacroce, S., Webb, N. J., Smith, T., Hanif, N. (2014). Designing a web-application to support home-based care of childhood CKD stages 3-5: Qualitative study of family and professional preferences. *BMC Nephrology*, *15*(1). doi:<u>10.1186/1471-2369-15-34</u>
- 10. Swallow V, I Carolan; T Smith; Nick Webb; K Knafl; S Santacroce; M Campbell; M Harper-Jones; N Hanif; A Hall. A novel Interactive Health Communication Application (IHCA) for parents of children with long-term conditions: Development, implementation and feasibility assessment Informatics for Health & Social Care (2014) Early View online
- 11. Swallow, V. M., Knafl, K., Santacroce, S., Campbell, M., Hall, A. G., Smith, T. Carolan, I. (2014). An interactive health communication application for supporting parents managing childhood long-term conditions: outcomes of a randomized controlled feasibility trial. *JMIR Research Protocols*, *3*(4). doi:<u>10.2196/resprot.3716</u>
- 12. Carolan I, Smith T, Hall A, Swallow V: (2014) Emerging communities of child-healthcare practice in the management of long-term conditions such as chronic kidney disease: qualitative study of parents' accounts. *BMC Health Services Research* 14(1):292. DOI: http://dx.doi.org/10.1186/1472-6963-14-292
- 13. Majeed-Ariss, Swallow, V.et. al. (2015). Apps and adolescents: A systematic review of adolescents' use of mobile phone and tablet apps that support personal management of their chronic or long-term physical conditions. *Journal of Medical Internet Research*, 17(12). doi:10.2196/jmir.5043
- 14. Nightingale, R., Hall, A., Gelder, C., Friedl, S., Brennan, E., & Swallow, V. (2017). Desirable Components for a Customized, Home-Based, Digital Care-Management App for Children and Young People With Long-Term, Chronic Conditions: A Qualitative Exploration. *Journal of Medical Internet Research*, 19(7). doi:10.2196/jmir.7760
- 15. Waite-Jones, J. M., Majeed-Ariss, R., Smith, J., Stones, S. R., Van Rooyen, V., & Swallow, V. (2018). Young People's, Parents', and Professionals' Views on Required Components of Mobile Apps to Support Self-Management of Juvenile Arthritis: Qualitative Study. *JMIR mHealth and uHealth*, 6(1). doi:10.2196/mhealth.9179