MSSU PRESENTS

Learning Health Systems in Action

WEBINAR RECAP

# Transforming National Guidance in Pediatric Pain into Local Impact

**Focus:** Policy to Practice

**Speakers:** Dr. Katie Birnie — Clinical Psychologist; Associate Professor, University of Calgary; Associate Scientific Director, Solutions for Kids in Pain (SKIP)

Patti Douglas — Clinical Implementation Specialist in Pediatric Pain Management, IWK Health / Maritime Child Health / SKIP

*Watch the full webinar*

## THE PROBLEM

- Children's pain is common with lifelong physical, mental and social impacts, disproportionately affecting marginalized populations.
- Although Canada is a global leader in pediatric pain research, evidence is slow to reach practice, resulting in inconsistent care and care that does not reflect best practice.
- Differences in infrastructure, staffing, and resources impact inequities in assessment, management, and access.

## THE LHS APPROACH

- SKIP partnered with IWK Health and Maritime Child Health to implement Canada's first national health standard for Pediatric Pain Management (CAN/HSO 13200:2023).
- A clinical implementation specialist leads phased implementation including gap analyses, site visits, interest-holder engagement, and continuous quality improvement.
- The approach emphasizes collaboration with patients, families, health professionals and leaders.

## WHAT CHANGED

- Established Canada's first Clinical Implementation Specialist role to bridge research into practice.
- Launched implementation across six pilot sites with tailored action plans and partnerships.
- Built local engagement through pain champions, community partnerships.

## EVIDENCE IN ACTION

- Developed the standard through rigorous evidence review, expert consultation, public review, and patient/family engagement in partnership with the Health Standards Organization (HSO)
- Collected mixed-methods data through gap analyses, interviews, focus groups, surveys, policy reviews, environmental scans and site visits.
- Analyzed findings to identify barriers, facilitators, and priorities, informing tailored resources and implementation plans.

## KEY LESSONS

1. Pair evidence-based standards with dedicated implementation leadership and structured support.
2. Tailor implementation to local contexts using collaborative gap analyses, site visits and strengths-based engagement.
3. Use continuous data collection, health professional/patient and caregiver feedback, and cross-organizational partnerships for system-wide improvement.

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