EMERGENCY NURSES ASSOCIATION

# Patient- and Family-Centered Care for Children in the Emergency Department: A Self-Assessment Tool

**Background and Purpose**

At the core of the nursing professional is the ability to assess their patients, the families, and their environment. The nursing professional identifies their patients' deficiencies and strengths. The nurse knows how to formulate a plan to address these deficiencies, employs a variety of resources, as necessary, and utilizes a patient's reserves to improve their outcomes.

Nurses know the value and the importance of continually evaluating interventions and their effects on patients. They recognize when to reformulate the plan of care. They make necessary changes to it to ensure a positive patient outcome.

The Patient- and Family-Centered Care Assessment Tool is an instrument designed to assist the nursing professional with evaluating their ability and the emergency department's readiness to care for pediatric patients and their families effectively.

**How to Use This Tool**

The tool is divided into nine sections, each one family-centric, and laying the foundation to provide culturally sensitive and inclusive care to pediatric patients and their families.

- **Vision, Mission, & Philosophy of Care:** This section discusses the importance of having vision, mission, and philosophy of care statements. Also, it is recommended that these statements be reflected in the emergency department and hospital's overall mission statement. They should be printed and placed in a public area. Additionally, core concepts are listed, as well as the suggestion to enlist the contribution of families that utilize the emergency department for the care of their children.
- **Family Participation in Care:** This section discusses how families define themselves and suggests the importance of empowerment of these families, especially in the most stressful of situations. Several factors influence a family's ability to participate in their child's care, e.g., language barrier and knowledge deficits.
- **Family Support:** What departmental or hospital staff will be available for the family? This section focuses on the importance of having staff nurses, social workers, clergy, language interpreters, and child life specialists available to families. Child death is addressed, along with suggestions of offering mementos to parents, e.g., a lock of hair or footprints in plaster.
- **Information and Decision-Making:** Communication is a key concept and practice in the hospital and emergency department. This section addresses two-way communication, and its importance in informing families as well as educating them.

- **Service Coordination and Continuity:** The section discusses care of the child and their family inside the emergency department, as well as outside, e.g., ancillary departments such as radiology, rehabilitation services, respiratory care services, social work, clergy.
- **Personal Practices and Training:** This section addresses the training and education of the staff to properly care for the pediatric patient. Also, it highlights the importance of empowering staff to conduct debriefing sessions after a critical event.
- **Environment and Design:** This section addresses the physical makeup of the emergency department and the location of the ancillary departments in relation to the emergency department. It also addresses the signage, design of rooms, and the equipment used to care for the pediatric patient.
- **Evaluation/Continuous Quality Improvement:** This section acknowledges the importance of family involvement in the planning and implementation of creating a pediatric-friendly environment. It includes discussion of a variety of ways to gather information from the families, including conducting a survey and creating a family task force.
- **Community Partnership:** This section suggests that a family advisory board be created to address such topics as injury prevention and raising public awareness on a variety of topics, such as injury prevention, social media, public policy, and fundraising.

**Getting Started**

- ✓ Identify team members
  - Who are the stakeholders in the facility?
    - Emergency department personnel only or include personnel from other departments, e.g., radiology, surgery, inpatient pediatric unit?
    - Consider including a family/patient representative, if available
- ✓ Focus on one section at a time
  - Identify gaps
  - Identify resources and personnel who can help close gaps
- ✓ Prioritize items to be addressed
- ✓ Use SMART Goals
  - Specific
    - Identify specifics of a goal, using words like Which, What, Who, When, and Why
  - Measurable
    - Make your goal quantifiable; ask how much or how many?
  - Attainable
    - Describe what you are looking to accomplish

- Realistic and Relevant
  - Realistic – Can you achieve the goal you have set given the current support system you have in your department?
  - Relevant – Is your goal relevant to the questions asked or the gaps identified? Is it relevant to what you are trying to accomplish?
- Timely
  - Create a timeline, include deadlines to keep project on track

✓ Implement change by tackling the easily attainable goals first
- Acknowledge and celebrate successes along the way

✓ Identify barriers
- Develop a plan to address the more challenging gaps
- Divide work into small increments, which leads to achieving goals

✓ Reassess at an established interval, e.g., one year, to measure level of success and arrange to adjust the plan

**Assessment Tool Revised by 2019 Pediatric Committee:**

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## References


Baker, S. J. (2012). Hourly rounding in the emergency department: How to accelerate results. *Journal of Emergency Nursing, 38*(1), 69–72. https://doi.org/10.1016/j.jen.2011.09.013

Clay, A., & Parsh, B. (2016). Patient- and family-centered care: It's not just for pediatrics anymore. *AMA Journal of Ethics, 18*(1), 40–44. Retrieved from https://journalofethics.ama-assn.org/article/patient-and-family-centered-care-its-not-just-pediatrics-anymore/2016-01

Dudley, N., Ackerman, A., Brown, K. M., Snow, S. K., American Academy of Pediatrics Committee on Pediatric Emergency Medicine, American College of Emergency Physicians Pediatric Emergency Medicine Committee, Emergency Nurses Association Pediatric Committee. (2015). Technical report: Patient- and family- centered care of children in the emergency department. *Pediatrics*, *135*(1), 256–269. https://doi.org/10.1542/peds.2014-3424

Eckle, N., & MacLean, S. L. (2001). Assessment of family-centered care policies and practices for pediatric patients in nine U.S. emergency departments. *Journal of Emergency Nursing, 27*(3), 238–245. https://doi.org/10.1067/men.2001.115285

Institute for Patient- and Family-Centered Care. (2016). *Advancing the practice of patient- and family-centered care in primary care and other ambulatory settings: How to get started.* Bethesda, MD: Author. Retrieved from http://www.ipfcc.org/resources/getting_started.pdf

Mollen, C. J., Henien, M., Jacobs, L. M., & Myers, S. (2019). Parent perceptions on transfers to pediatric emergency departments and the role of telemedicine. *Pediatric Emergency Care, 35*(3), 180–184. https://doi.org/10.1097/PEC.0000000000000957

Meade, C. M., Kennedy, J., & Kaplan, J. (2010). The effects of emergency department staff rounding on patient satisfaction. *Journal of Emergency Medicine*, *38*(5), 666–674. https://doi.org/10.1016/j.jemermed.2008.03.042

Normandin, P. A., Coffey, K. A., Bonatti, S. A., & Doherty, D. P. (2018). Autism emergency care success: Plan, collaborate, and accommodate. *Journal of Emergency* Nursing, *44*(6), 662–664. https://doi.org/10.1016/j.jen.2018.07.013

Regis College. (n.d). Five principles of family-centered care in pediatric nursing. Retrieved from https://online.regiscollege.edu/blog/five-principles-family-centered-care-pediatric-nursing/

Remick, K., Gauche-Hill, M., Joseph, M. M., Brown, K., Snow, S., Wright, J. American Academy of Pediatrics Committee on Pediatric Emergency Medicine and Section on Surgery, American College of

Emergency Physicians Pediatric Emergency Medicine Committee, Emergency Nurses Association Pediatric Committee. (2018). Pediatric readiness in the emergency department. *Pediatrics*, *142*(5), https://doi.org/10.1542/peds.2018-2459

Saleeba, A. (2008). The Importance of family-centered care in pediatric nursing. *School of Nursing Scholarly Works*, 48. Retrieved from https://opencommons.uconn.edu/son_articles/48

**Selected Resources**

American Association of Pediatrics. https://www.aap.org

American College of Emergency Physicians. https://acep.org/

Association of Child Life Professionals. https://www.childlife.org/

Diversity Best Practices. *22 LGBT Organizations you need to know.* https://www.diversitybestpractices.com/news-articles/22-lgbt-organizations-you-need-know

Gay & Lesbian Alliance Against Defamation. https://www.glaad.org/resources

National LGBT Health Education Center. https://www.lgbthealtheducation.org/

This assessment tool is a revision of ENA's *Family-Centered Care in the Emergency Department: A Self-Assessment Inventory (2011)*.

Approved by the ENA Board of Directors: July, 2019

| Vision, Mission, & Philosophy of Care | Yes | No | Examples/Comments/Ideas for Change | Priority |
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| 1. Is there a vision and/or mission statement for the hospital?<br><br>Is organizational leadership committed to patient/family centered care? | | | | |
| 2. Is there a vision and/or mission statement specifically for the hospital's emergency department? | | | | |
| 3. Is there a statement of philosophy or core values that:<br>• acknowledges the pivotal roles of families in promoting the health and well-being of their children?<br>• articulates the core concepts of family–centered care?<br>- respect - information<br>- strengths - support<br>- choice - collaboration<br>- flexibility - empowerment | | | | |
| 4. Is this philosophy of care reflected in:<br>• the emergency department's operating policies and procedures?<br>• long term goals or strategic plan? | | | | |
| 5. Is the philosophy of care statement communicated to families (e.g., posted where they can read it)?<br><br>Does signage and facility design create a positive and welcoming impression for families and patients throughout the facility? | | | | |
| 6. Were families served by the emergency department involved in developing the philosophy of care statement?<br><br>Does the facility have a family advisory committee or family/professional advisory committee with at least two patient or family advisors? | | | | |

| Family Participation in Care | Yes | No | Examples/Comments/Ideas for Change | Priority |
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| 1. During the registration process, are patients, families, and/or guardians given the opportunity to define their family unit?<br>• Are patients asked what their preferred pronoun is? | | | | |
| 2. Do emergency department staff recognize that families are important sources of information about their child and their child's condition?<br>• Are families encouraged to stay with their child, if desired and appropriate?<br>• Are families encouraged to participate in the care of their child? | | | | |
| 3. Are policies/procedures flexible enough for a family to decide for themselves if and who stays with their child?<br><br>Do the current policies support family involvement in the decision-making processes regarding the child and their healthcare needs? | | | | |
| 4. During examinations, are the exam rooms arranged to encourage family members' presence and provide for a safe environment? | | | | |
| 5. Are there age-appropriate activities available to encourage children to feel secure and comfortable? | | | | |
| 6. Are families provided information/assistance on:<br>• how to facilitate their child's coping during painful or stressful procedures?<br>• the use of age appropriate distraction techniques?<br>• the use of stress or anxiety reducing techniques?<br>• how to support a child with gender identification concerns? | | | | |

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| 7. Are there appropriate resources available to assist in educating and preparing the family and child on diagnostics and procedures?<br>• primary or secondary Nurse<br>• professional interpreter as needed<br>• ED physician<br>• primary care provider for consultation<br>• clinical nurse specialist<br>• social worker<br>• child life specialist<br>• chaplain/spiritual support person | | | | |
| 8. What resources are used to assist the family during invasive procedures and/or critical care, including resuscitation?<br><br>Is a facilitator assigned to update the family as frequently as every 5 minutes?<br>• nursing staff<br>• social worker<br>• chaplain/spiritual support person | | | | |
| **Family Support** | **Yes** | **No** | **Examples/Comments/Ideas for Change** | **Priority** |
| 1. Is assistance available for a parent/caregiver who needs assistance getting a child out of their vehicle and into the ED? | | | | |
| 2. Is bedside registration available to ensure caregivers can remain with their children? | | | | |
| 3. Is staff or volunteer supervision provided for children in the waiting/lobby area?<br>• If so, who provides the supervision?<br>• Are there toys and/or other play materials available for children of all ages and abilities in the waiting/lobby area? | | | | |
| 4. Are developmentally appropriate activities provided to children prior to, during, and after procedures? | | | | |

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| 5. Do staff view interactions with families as opportunities to support families in the care and nurture of their child? | | | | |
| 6. Do staff, in the way they deliver services, effectively promote and support family/child relationships? | | | | |
| 7. Do staff interact respectfully with all families?<br>• Do staff identify unique challenges experienced by families to ensure a positive experience during their stay?<br>• Do staff view all families as having strengths and competencies? | | | | |
| 8. Are the following available to support children and families in the emergency department 24 hours/day:<br>• professional interpreters?<br>• sign language interpreters?<br>• child life specialists?<br>• social workers?<br>• chaplain/spiritual support person?<br>• mental health professionals?<br>• patient representatives/family liaisons?<br>• security personnel? | | | | |
| 9. What assistance/support is available to the family when a child is transferred to another facility? | | | | |
| 10. Are staff members available to help and support families at the following times:<br>• when they first arrive in the emergency department?<br>• as they wait for routine care and information? | | | | |
| 11. Is there a procedure for initiating family support during a crisis or life-threatening situation? | | | | |

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| 12. Are the following considered crisis events that trigger family support procedures in the emergency department:<br>• the diagnosis of a serious illness or impairment?<br>• procedural sedation?<br>• admission to the hospital?<br>• transfer to another facility?<br>• trauma team activation or trauma resuscitation?<br>• cardiac and/or respiratory arrest?<br>• critical illness?<br>• death?<br>• involvement of child protective services? | | | | |
| 13. Are families/caregivers encouraged to remain at the bedside whenever possible? | | | | |
| 14. Is someone designated to support family at the bedside? | | | | |
| 15. In trauma and other crisis or life-threatening situations, are frequent information updates (every 5 to 10 minutes) provided to the family when they are outside the room as well as when they are present with the child?<br><br>Is a specific individual designated to coordinate the exchange of information with the family?<br><br>Does this individual remain involved as a support person throughout the crisis or resuscitation? | | | | |
| 16. Is privacy provided for families coping with stressful events such as admission to a critical care unit or transfer to a pediatric center?<br><br>Is privacy provided for families coping with the death of a child? | | | | |

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| 17. Are families with a child on a DNR protocol or who have sustained a non-survivable injury/event provided support and privacy?<br><br>Are staff that are involved with the family on an ongoing basis notified that the child is in the emergency department?<br><br>Do those staff assist with the emergency department care and disposition plan? | | | | |
| 18. Does the emergency department have a bereavement team and/or protocol with information and care specific to the loss of a child?<br><br>Are mementos (i.e., lock of hair, footprints, handprints, memory box, etc.) provided/offered to the parent?<br>• Is there follow-up with the family at a specified interval of time following the child's death? | | | | |
| **Information and Decision-Making** | **Yes** | **No** | **Examples/Comments/Ideas for Change** | **Priority** |
| 1. Are families provided the information they need to make decisions about their child's treatment in a timely manner? | | | | |
| 2. Are families asked how they would like medical and other information provided to them? | | | | |
| 3. If Evidence-Based Protocols are utilized to expedite care in the ED, are families provided information during triage regarding relevant orders and protocols? | | | | |
| 4. Are parents' choices and decisions about their child's care respected and honored by staff? | | | | |
| 5. Is there a process for resolving conflicts between families and providers?<br><br>Is information about this process shared with families? | | | | |

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| 6. Is there an ethics committee available to families and staff? | | | | |
| 7. Do family members serve on the ethics committee? | | | | |
| 8. Are medical interpreter services readily available to aid communication with families as needed? (professional interpreter or phone/video interpreter service)<br><br>Are staff trained and aware of risks regarding using accompanying family members/interpreters that are not trained in medical terminology? | | | | |
| 9. Are systems in place to ensure that patients and their families have access to complete, unbiased, and useful information? | | | | |
| 10. Is there a range of informational and educational programs and materials provided/available to families? (Discharge information, available resources, ongoing support, class offerings, etc.)<br>• Are written materials in the primary language of the community served?<br>• Are they at appropriate reading levels?<br>• Do materials include examples and images that reflect the diversity of the community served by the facility?<br>• Are there a variety of methods and formats available to meet needs of all learning styles and barriers?<br>• Are peer-led educational offerings available to families? | | | | |
| 11. Discharge Planning & teaching<br>• Are families given information about follow-up care, new prescriptions, and other supplies or equipment they may need?<br>• Is this information in writing?<br>• Do standardized discharge instructions have customizable | | | | |

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| options to meet the needs of each family?<br>• Is this information in clear non-medical terms that the family can understand?<br>• Is essential information available through another medium for families who cannot read?<br>• When appropriate, are teach back or return demonstration methods utilized to assess caregivers' level of understanding for care required at home?<br>• Is someone available on-site to assist with complex discharge situations (interpreters, case management, social work, etc.)? | | | | |
| 12. Do families have easy access to their medical records? (paper or electronic, online patient portal, etc.)<br>• Access to clinical notes?<br><br>Does the emergency department support parents in reading or understanding their children's charts? | | | | |
| 13. Does the emergency department support families in obtaining information through:<br>• educational materials in the emergency department?<br>• access to translators/interpreters?<br>• access to a family resource library?<br>• the medical library?<br>• the Internet, information clearinghouses or web sites? | | | | |
| 14. Does pediatric bereavement information include:<br>• information on grief responses?<br>• hospital and community bereavement support groups?<br>• information on funeral services, planning a service and available community resources?<br>• information on organ/tissue donation, if appropriate?<br>• information on autopsy and release of the body from the hospital and/or medical | | | | |

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| examiners?<br>• names of staff who provided care in the emergency department?<br>• telephone number of a contact person at the hospital if the family has questions after discharge?<br>• information on support and developmentally appropriate teaching for siblings (Child Life Specialists, counseling, etc.) | | | | |
| **Service Coordination and Continuity** | **Yes** | **No** | **Examples/Comments/Ideas for Change** | **Priority** |
| 1. Is a staff member assigned to assure that care is coordinated during the emergency department visit? | | | | |
| 2. Is there communication with the child's primary care provider during or after an emergency department visit? | | | | |
| 3. Do ancillary services who perform procedures in the emergency department (radiology, respiratory, etc.) have pediatric appropriate guidelines and equipment? | | | | |
| 4. Is information provided and/or referrals made consistently to services families might need:<br>• social services?<br>• primary care provider?<br>• mental health services?<br>• child abuse prevention and treatment programs?<br>• substance abuse treatment?<br>• domestic violence prevention and treatment programs?<br>• parenting education?<br>• pastoral care?<br>• home health care?<br>• equipment suppliers? | | | | |
| 5. Is there a mechanism in the hospital to make referral for specialized services such as:<br>• family-to-family support networks including those relating to special needs/disabilities?<br>• rehabilitation resources?<br>• respite care providers?<br>• specialized child care?<br>• early childhood intervention | | | | |

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| services? | | | | |
| 6. Do staff assist families of children with special health care needs or disabilities to develop an emergency plan if one is not in place?<br><br>If yes, do they collaborate with the child's primary care provider or subspecialist? | | | | |
| **Personnel Practices and Training** | **Yes** | **No** | **Examples/Comments/Ideas for Change** | **Priority** |
| 1. Do staff providing care to children have the clinical skills and experience needed to provide pediatric emergency care? | | | | |
| 2. Do staff receive initial orientation and/or ongoing training on the following topics:<br>• growth and development?<br>• supporting and preparing children in developmentally appropriate ways for painful and/or stressful procedures?<br>• pediatric pain management and sedation?<br>• non-pharmacologic pain management techniques?<br>• techniques for positioning for procedures?<br>• recognition and management of pediatric emergencies? | | | | |
| 3. Does orientation and/or in-service programming include discussions about:<br>• family-centered principles?<br>• effective interpersonal communication?<br>• cultural competence and overcoming linguistic barriers?<br>• sharing medical and other information with families?<br>• opportunities for and benefits of family/professional collaboration in care and decision making? | | | | |

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| 4. Are staff trained in working with families and children with special needs/disabilities in emergency situations? | | | | |
| 5. Do staff and volunteers reflect the cultural and ethnic diversity of patients and families served by the hospital? | | | | |
| 6. Are staff encouraged to learn the languages of the primary communities served? | | | | |
| 7. Do position descriptions and performance appraisals clearly articulate the importance of working in respectful, supportive, and collaborative ways with patients and their families? | | | | |
| 8. Are families who have experienced emergency care involved in providing orientation and/or in-service programming for staff? | | | | |
| 9. Is there sufficient space for staff support, including a staff lounge accessible for frequent short breaks? | | | | |
| 10. Is there a staff support group or other regularly occurring opportunities for peer support? | | | | |
| 11. Are there opportunities for staff to debrief and share feelings and concerns after critical incidents? | | | | |
| 12. Are there staff recognition and appreciation initiatives? | | | | |
| **Environment and Design** | **Yes** | **No** | **Examples/Comments/Ideas for Change** | **Priority** |
| 1. Does signage, both outside and inside the hospital, clearly indicate the route to the emergency department? | | | | |
| 2. Is all signage understandable to families who do not read?<br><br>Those who do not read English? | | | | |

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| 3. Is parking convenient to the emergency unit and affordable for families?<br><br>Is valet service available or is there assistance offered to help parents with non-ambulatory children? | | | | |
| 4. Is the waiting area large enough, with enough comfortable seating available, for all children and adults who may be waiting, even if several adults and children accompany one child?<br><br>Does seating accommodate children and adults with special needs or assistive devices?<br><br>Does seating accommodate children who do not feel well enough to sit up? | | | | |
| 5. Is there an observation unit or holding area?<br><br>Does it provide space and support for families who choose to remain with their children?<br><br>Are the needs of accompanying children (siblings, friends) addressed? | | | | |
| 6. If pediatric emergency care is provided in the same unit with adult care, are the pediatric waiting and examination areas visually and acoustically separated from the adult area? | | | | |
| 7. Can families easily find their way from the emergency room to other areas in the hospital, such as:<br>• radiology?<br>• laboratories?<br>• pharmacy?<br>• admitting office?<br>• patient care units?<br>• cafeteria? | | | | |

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| 8. Are telephones, rest rooms with diaper changing areas, water fountains, ATM machines, vending machines, and breast-feeding rooms convenient to the emergency department?<br><br>Are services clearly marked in the primary languages of the communities served by the hospital?<br><br>Do families have access to telephones that are free of charge and located in private areas? | | | | |
| 9. Are examination, treatment, and procedure rooms designed to accommodate parents who wish to remain with their child? | | | | |
| 10. In examination, treatment, and procedure rooms, is there adequate closed storage for equipment and supplies that can potentially frighten children?<br><br>Is hazardous waste stored to prevent easy access by children? | | | | |
| **Evaluation/Continuous Quality Improvement** | **Yes** | **No** | **Examples/Comments/Ideas for Change** | **Priority** |
| 1. Are there a variety of ways for families to provide information about their perceptions of care in the emergency department, such as:<br>• rounding by emergency department leadership for real time feedback<br>• written surveys?<br>• follow-up phone calls?<br>• suggestion boxes?<br>• participation on emergency department committees or task forces?<br>• discussion groups?<br>• hospital committees and task forces? | | | | |
| 2. Are families involved in the development of the consumer satisfaction system for the emergency department? | | | | |

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| 3. Are families involved in finding solutions and responding to the concerns, ideas, and suggestions expressed by other families? | | | | |
| 4. Is there a family advisory committee or family/professional advisory committee for the emergency department? Are families on this committee representative of the diversity of families and health care conditions served by the hospital? | | | | |
| **Community Partnership** | **Yes** | **No** | **Examples/Comments/Ideas for Change** | **Priority** |
| 1. Does a family advisory board exist to counsel the hospital's administration in regard to:<br>• injury and violence prevention efforts?<br>• Public awareness and media events?<br>• fundraising activities?<br>• public policy initiatives? | | | | |