

Children's Hospital of Pittsburgh of UPMC Nursing Standards of Care

Children's Hospital of Pittsburgh of UPMC explicates the ethical conduct and practices of our nurses using our **P.R.I.D.E.** values. The nurses of Children's Hospital of Pittsburgh provide patient and family centered care and therefore put **Patients and Families First**. The core of patient and family centered care is to guarantee opportunity for information sharing, collaboration, quality care, patient safety, and empathy for the fundamental human needs during hospitalization.

It is our **Responsibility** to value corporate and individual integrity, do the right thing and ensure fiscal accountability. All nurses at Children's Hospital are held to standards that are in accordance with the American Nurse Association (ANA) Code of Ethics. The ANA code of Ethics provides a professional guide to nurses of all disciplines and degrees nationally. The Code of Ethics encompasses values that all nurses should practice with good intent, confidentiality, and to continue to seek new knowledge to improve oneself and one's practice (ANA Code of Ethic, 2008, p.xi).

The nursing division, as front line caregivers must practice using **Innovation** and innovative ideas. The nurses of Children's Hospital are adaptable to change and develop policies and plan of patient care based on evidence based best practice.

Dignity and Respect is the guiding vitality of our organization. All employees of Children's Hospital of Pittsburgh are expected to conduct their interactions with others with dignity and respect. The UPMC Center for Inclusion values courteous and kind manners, a culture that embraces differences, compassion, empathy, collaborative culture, and accepting the ideas and opinions of others (web reference <http://www.upmc.com/about/community-commitment/inclusion/Pages/default.aspx>).

Nursing is recognized as one of the most respected professions. The nurse's of Children's Hospital of Pittsburgh are held to a standard of **Excellence**. The nurses strive to exceed personal bests and expectations while furthering diversity. Above all, the Children's Hospital of Pittsburgh nurse practices with benevolence and an ethically sound standard of practice.

Standard I – Safety

**The patient can expect an environment that is safe, clean, and quiet to provide optimal healing.
The patient's privacy will be respected.**

1. Orient the patient and family to their surroundings through a 2-way exchange of information.
2. Each patient will have an identification name band.
3. Provide appropriate equipment and supplies and ensure patients have the means to call for assistance when needed.
4. The patient will be protected from infection and cross contamination according to Infection Control and Hand Hygiene policies.
5. As the patient's condition or nursing interventions warrant, the bed will be kept in the lowest position with the wheels locked and the side rails in the upright position.
6. Children under three years of age will be placed in a crib or high-top crib. Children three years and older may be admitted to a regular size hospital bed.
7. Safe Sleep Guidelines will be followed for all infants less than one year of age.
8. Patients identified as suicide risk will be assigned a Patient Care Sitter.

9. Each patient will be evaluated for fall risk.
10. Allergies will be assessed and documented in the electronic medical record.
11. If restraints are necessary for the patient's safety, they will be applied according to hospital policy.
12. Medications will be administered using the 5 Rights of Medication Administration and two patient identifiers (name and birth date).
13. Safety measures will be followed by all personnel during transport.
 - a. Patients under the age of 18 years, with permission to leave the unit for non-medical reasons, must be accompanied by a guardian/volunteer/staff member.
 - b. Patients must sign out with time and destination when leaving the unit
14. Patients and families will be educated on Condition Help as a means of activating a rapid response team to address medical concerns.
15. All Point of Care testing procedures and quality control measures will be conducted according to hospital policy.
16. All visitors will be screened through the Visitor Management System and will conduct themselves according to the Visitor Code of Conduct.

Standard II – Nursing Care

The patient will receive nursing care based on the principles of patient and family centered care and utilizing an assessment of the patient's and family's needs by the registered nurse.

1. Patients will be admitted to patient care areas according to their physical and psychosocial needs, unit admission criteria, and bed availability.
2. The patient and family will be oriented to the unit and members of the health care team upon arrival.
 - a. The nursing staff will question the accompanying adult regarding legal guardianship of the patient, who provides care at home, and any cultural and spiritual needs.
 - b. Each patient will have a nursing assessment to identify specific care needs at the time of admission to the unit, outpatient area, prior to and following any invasive procedure, upon transfer, immediately prior to discharge, and as the patient's condition warrants.
 - c. The frequency of the patient reassessment will be based on unit routines, documented patient acuity, diagnosis, and care setting.
 - d. Height (in centimeters) will be obtained on all patients upon admission and as ordered by a physician.
 - e. Weight (in kilograms) will be obtained on all patients upon admission, at time of transfer from another unit (unless patient condition warrants otherwise), and according to policy and unit routines with a minimum of weekly.
 - f. All infants are measured supine, on a flat surface, using an infantometer and two caregiver technique.
 - g. Occipital Frontal Circumference (OFC) will be measured on all patients less than 36 months of age upon admission, at time of transfer from another unit, and as ordered by a physician.
3. Treatments, medications, and IV's ordered by the physician will be instituted according to nursing policies and procedures.
4. Vital signs will be completed as per unit routine, physician order, or as patient condition warrants with a minimum of every 8 hours.

5. The patient will have their needs for personal hygiene met appropriate to their condition.
 - a. Patients will be bathed/showered according to unit specific guidelines and at a minimum of every other day.
 - b. Patients will be reminded/assisted with oral care at a minimum of twice a day.
 - c. Patients scheduled for surgery will be bathed within 12 hours prior to surgery.
6. Activities of daily living will include promotion of normal growth and development, socialization and play.
7. Identified patient needs and subsequent nursing interventions will be evaluated and documented in the Patient Plan of Care, based on the principles of patient and family centered care.
 - a. Patients will receive communication from nursing staff based upon their level of development
 - i. Speak with children at eye level
 - ii. Speak directly to the child or adolescent
 - iii. Be honest
 - iv. Give child/adolescent choices when appropriate
 - b. The child and family will participate in the development of a personal plan of care that includes descriptions of their normal routines and their preferences and concerns including any ethnic or cultural needs.
 - c. Nursing will involve Child Life, Music Therapy, Social Services, and other support staff as needed.

Standard III – Plan of Care

The patient and their family will have the opportunity to play a role in developing and implementing a patient specific plan of care.

1. On admission a plan of care will be developed using the admission history information. The family should be involved in providing patient history. The nurse will use the information to construct and apply an appropriate plan of care to ensure patient safety and reach discharge goals.
2. Other disciplines will collaborate in forming patient goals as needed.
3. On a shift to shift/daily basis, the plan of care will be updated to reflect changes and patient progress.
4. The plan of care will work towards a common goal of a safe/comfortable discharge. The plan of care will be resolved at time of discharge or appropriate education will be provided to family/caregivers to continue safe care at home and to optimize patient's health.

Standard IV – Education

The patients and families will be provided the necessary education to enhance their knowledge, skills, and afford them with the empowerment to maintain wellness goals in their home.

1. The admitting RN will provide education to the patient and family as to their unit surroundings, confidentiality code, "Moose on the Loose" menu and ordering process, telephone numbers and television/on demand services.

2. Parents and families will be educated on age appropriate safety concerns including but not limited to safe sleep environment, fall and injury prevention, medication safety, and diagnosis specific education.
3. Medication reconciliation will be completed for each patient. The process for medication reconciliation will include:
 - a. Medications reviewed with patient and family on admission
 - b. New medication verified and ordered during hospitalization.
 - c. New medication education provided to patients and families regarding dosing, frequency, reason for medication and potential side effects.
 - d. On discharge, medication education should occur with each responsible family member to ensure safe administration in the home.
 - e. The patient should not be discharged without complete medication reconciliation.
 - f. Logicare and Lodgnet will be used to provide standardized education information.
4. Patient and family teaching will be conducted at a developmentally appropriate level and environment conducive to learning. Patients and families should provide a verbal understanding of the teaching and when appropriate provide a return demonstration.
5. Written discharge instructions should be produced through Logicare and read to families by the discharging nurse. Parents and guardians are asked to sign to validate that they received discharge education and understood the teaching.
6. Nurses will document teaching using the Daily Assessment of Learning and Discharge form.

Standard V – Patient and Family Centered Communication

The patient and their family will have the information they need to participate and collaborate with the healthcare team in a way that is meaningful for them.

1. Admission education provided by the admitting RN to inform the patient and family of hospital policies and services outlined in the “Handbook for Families” and the unit specific Logicare.
2. Use of the bedside White Board to introduce and track caregivers and medical/ancillary team members.
3. Use of the bedside White Board to document medical milestones, progress, questions and discharge criteria.
4. Participation in Nursing Bedside Shift Report
5. Participation in Family Centered Rounds
6. Access to appropriate resources will be offered to facilitate communication. These resources include language translation either in person or Cyacom blue phones, deaf talk, Braille items, picture boards and written information based on patient and family needs.

Standard VI – Handoff

Nursing handoff occurs anytime a patient is transferred from one licensed care provider to another.

1. Children's Hospital of Pittsburgh maintains three *Musts* to ensure a safe and accurate handoff:
 - a. Must be a verbal conversation
 - b. Must be universal – Every professional at Children's Hospital performs CHP Cares handoff
 - c. Must not be substituted.
2. CHP Cares Standardized Handoff will provide information regarding

C – Who is the Child?

H – History of Child, patient

P – Plan

Cares – What do I (the handoff giver) care that you need to know, and what do you (the handoff receiver) care that you need to know.

3. Nursing bedside shift report will occur in the patient's room at the bedside.

Standard VII – Satisfaction

The patient, parent, or guardian will receive the opportunity to provide feedback on their perceptions of the care provided during their patient care experience.

1. All staff will introduce themselves to the patient/family, identifying their role and purpose.
2. The nursing staff will encourage input from the patient/family regarding their care and home routines.
3. The nurse will serve as the patient's advocate or contact the patient representative as needed.
4. Nursing leadership will be available to the patient and family to enhance patient satisfaction.
5. There will be an attempt to contact the patient and/or family after discharge for a routine follow up phone call or questionnaire.

Standard VIII – Comfort/Pain Management

The patient's pain will be assessed by obtaining a pain history upon admission, addressing pain throughout the patient's stay, and integrating pain management as part of the discharge planning process.

1. All patients will be provided with an environment conducive to rest/recovery.
 - a. Provisions will be made for the comfort of the parent/guardian by providing sleeping accommodations to encourage patient and family support.
2. The patient's comfort level will be assessed and interventions/pain management will be provided to meet patient's needs. Pain assessment will be individualized to the patient; developmentally appropriate pain assessment scales will be used.
 - a. CRIES, FLACC, Wong-Baker FACES Pain Rating Scale, and numeric visual analog (1-10) scale are tools used for pain assessment in children.

- b. In addition to self-report or in the absence of self-report of pain, other pain assessment criteria will include:
 - i. Physiologic parameters
 - ii. Parental report/opinions
 - iii. Behavioral manifestations
 - iv. Cultural beliefs
 - v. Environmental factors
 - vi. Past experiences (pain history)
- c. Healthcare professionals will work with families in a collaborative manner in the continual assessment of comfort measures/pain management of children.
- d. Age-appropriate non-pharmacologic adjunctive therapies will be encouraged as appropriate, including distraction, music, art, deep breathing, warm/cold packs, etc.
- e. Pain is considered the fifth vital sign and will be assessed as frequently as ordered vital signs or a minimum of every 8 hours.
- f. An active pain issue will be reassessed within one hour following an intervention.

Standard IX – Patient Rights/Informed Care

The patient/family will be provided the information necessary to participate in decisions about their nursing care.

1. Full information will be disclosed in a way that is easy to understand to the patient and family, concerning diagnosis, treatment, and prognosis including alternative treatments and possible complications.
2. Development and implementation of the inpatient or outpatient plan of care/treatment and discharge will be shared with the patient and family.
3. The patient will be provided necessary medical care completed in a timely manner and with effective pain management techniques to cause as little discomfort as possible.
4. The name and professional status of those physicians, nurses, and staff members taking care of the patient, and the primary physician responsible for the patient's care will be shared with the patient and family.
5. Consent for procedure and patient/family understanding will be verified prior to any procedure. If the patient and family require further explanation then appropriate resources will be utilized.
6. As an adult patient, or emancipated minor, convey in advance (advance directive) their wishes regarding extraordinary treatment, or the person they would like to make decisions for them should they become unable to speak for themselves.
7. The patient and family will be informed of their right to refuse drugs or procedures, and the consequences of refusal.
8. The patient and family will be informed of their right to request and obtain an ethics consultation whenever there is a perceived ethical question, issue, problem, or conflict related to patient care.

Standard X – Confidentiality

The patient can expect that confidentiality of information regarding their care will be maintained.

1. Respect for privacy will be maintained to the fullest extent possible consistent with the care provided.
2. Only authorized personnel caring for the patient will have access to the medical record.
3. Compliance by hospital staff with all state and federal laws and regulations concerning the use and disclosure of protected health information and access to disclosures of health information made by the hospital.
4. Consent will be obtained to take or use any photographs, video, or any other type of image that could identify the patient for non-treatment purposes including the right to rescind consent and request cessation of the production of recordings, films, or other images before use.

Standard XI – Cultural/Spiritual Values

The patient will receive considerate and respectful care that is consistent with their cultural and spiritual values.

1. Patient's cultural and spiritual beliefs will be considered when planning and implementing care.
2. Patient and family interactions will be conducted in a caring, courteous, professional, and empathetic manner.
3. Pastoral Care and other resources will be offered to maximize patient/family support as needs are identified.