SAFE STAFFING FOR PEDIATRIC PATIENTS

INTRODUCTION/PROBLEM STATEMENT

The Society of Pediatric Nurses (SPN) remains committed to advocating for high quality, culturally sensitive, and comprehensive care of children and families. The healthcare needs of pediatric patients present unique challenges due to different developmental stages, limited communication skills, and differences in epidemiology and approaches to treatment as compared to adults. This position statement is intended to serve as the framework to assist organizations providing care to children in the implementation of evidence-based and outcomes driven staffing plans to promote high quality care. It is imperative that schools of nursing, healthcare institutions and pediatric nurses utilize this document as a resource to ensure that appropriate education, training, resources and effective staffing plans are implemented to ensure the provision of safe, quality, customer focused care to pediatric patients and their families.

DEFINITION(S)

N/A

RATIONALE AND SUPPORTING INFORMATION

Following a Congressional request in 1993 for the Institute of Medicine (IOM) to study the adequacy of nurse staffing in hospitals and nursing homes, a 1996 IOM report recognized the importance of determining the appropriate nurse to patient ratios and distribution of skills to ensure patients receive quality care. A September 1999 IOM report first called the public’s attention to the problem of increased patient morbidity and mortality related to errors occurring within healthcare delivery systems. Since that time, there has been a growing emphasis on patient safety, process improvement and the potential effects of adequate staffing.

Registered Nurses are the primary caregivers within the healthcare setting and are the essential link in assisting patients and families with navigating and humanizing a highly technical and impersonal healthcare system. An organization’s commitment to high quality pediatric care is dependent upon appropriate staffing levels with adequately prepared nurses (American Nurses Association [ANA], 2015a, 2015b; 2015c; Needleman et al., 2011) and the implementation of collaborative, evidence-based, family centered care (American Academy of Pediatrics [AAP], 1994; Bowden & Greenberg, 2014; Mott, 2014).

Staffing levels should reflect differences in patient populations relative to age (AAP, 1994), severity of illness and complexity of care (Douglas, 2010; Hertel, 2012; The Joint Commission, 2012) as well as the skills, education and experience of the nurses. Finding the optimal nurse to patient ratio has been a national challenge (ANA, 2015b). The complexity of staffing is that changes occur minute by minute, hour by hour, and shift to shift (Douglas, 2010). There is inconsistency in the way acuity is measured (Aiken et al., 2010) as well as varying operational definitions of nursing staffing patterns (Kane, Shamliyan, Mueller, Duval & Wilt, 2007). It is
extremely difficult to measure how workload and patient flow impacts patient acuity. Demands on nursing staff increase as the numbers of admissions, transfers to and from the department, discharges, and patients returning from surgery increase, resulting in care being provided for many more patients than what may be reflected in the RN hours per patient day or nurse to patient ratio (Douglas, 2010; Hertel, 2012; Kane et al., 2007; Needleman et al., 2011). Lower nurse to patient ratios are associated with:

- Significantly lower mortality and reduction in adverse events, hospital readmissions and length of stay (ANA, 2015c):
  - A significant association between nurse to patient ratio and lower incidence of urinary tract infection, and surgical site infection (Cimiotti, Aiken, Sloane, & Wu, 2012).
  - A lower rate of central line associated bloodstream infection (ANA, 2015c; Trinkoff et al., 2011).
  - A significant decrease in readmission of children following hospitalization for common medical and surgical conditions. Each additional patient per nurse increased the odds of readmission for medical patients by 11% and surgical patients by 48% (Tubbs-Cooley, Cimiotti, Silber, Sloane & Aiken, 2013).
  - Needleman, et al., (2011) estimated the risk of death increases by 2% for each shift that is staffed below target and 4% for each high-turnover shift to which a patient is exposed.
  - Reduction in medication errors (ANA, 2015c).
- Improved nurse satisfaction:
  - Improved job satisfaction (ANA, 2015b) and retention (Aiken et al., 2012; ANA, 2015b).
  - Reduction in nurse burnout (Cimiotti et al., 2012).
  - Reduction in nurse fatigue (ANA, 2015c).
- Improved patient satisfaction (ANA, 2015c; Cho, Mark, Knafl, Chang & Yoon, 2017) and health-related quality of life (ANA, 2015c).

**POSITION and/or RECOMMENDATIONS**

SPN believes that all children and their families should receive safe, high quality, culturally sensitive, family-centered care in an environment that supports the development of the child and promotes excellence in nursing care. As an advocate for patients, families, and the pediatric nursing profession, SPN recommends the following:

1. Staffing is a complex issue composed of multiple variables. No single published ratio for nursing staffing is automatically applicable in all settings where children receive care. Published recommendations for staffing ratios must be carefully evaluated for the particular pediatric setting since these ratios may inadvertently minimize the complexity and multitude of issues that must be considered in the care of pediatric patients and their families (ANA, 2015c; American Organization of Nurse Executives 2003; Hertel, 2012; Needleman et al., 2011).
2. The professional Registered Nurse must be considered an essential member of the team providing care for children and their families (IOM, 2010); staffing plans must reflect this vital role (ANA, 2015a, 2015b).
3. Healthcare institutions should develop valid and reliable staffing plans (ANA, 2015a, 2015b, 2015c) and patient assignments should promote developmentally appropriate, evidence-based, quality care for children and families. Nursing leadership, registered nurses and other designated nursing staff should be involved in the development of...
staffing plans and proper preparation of staff for the patient populations cared for within their facility (ANA, 2015a, 2015b; The Joint Commission, 2015).

a. All settings should have measurable nurse sensitive outcomes to objectively assess the effectiveness of staffing (ANA, 2015c; Lewis-Voepel, Pechlaranidis, Burke & Talsma, 2012).

4. While specific details of these staffing plans will vary with individual patient needs and facility resources, SPN believes the following factors should be considered in all staffing situations:

a. Flexible staffing models to account for the changing number of patients and acuity of the patient population (ANA, 2015c).

b. Assessment of patient/family needs including developmental, physiological, psychosocial, and learning needs (ANA, 2015d; SPN, 2017).

c. Availability of specialized pediatric equipment, supplies and support services such as respiratory care, child life, social services, and spiritual care to provide the necessary care (AAP, 1994, 1998, 2004, 2006, 2012; Wallace, 2013).

d. Level of education, competency, and the extent of experience and specialized pediatric training of available staff (ANA, 2015c).

e. Family involvement and/or the family’s special needs related to meeting the healthcare needs of the child (AAP, 2006; Bowden & Greenberg, 2014; Lewandowski & Tessler, 2003).

f. Comparable pediatric staffing benchmark data and/or staffing guidelines from other pediatric focused professional organizations should be integrated into developing staffing plans if at all possible (AAP, 1998, 2004, 2006, 2012; ANA, 2015d; Children’s Hospital Association, 2015; National Association of Neonatal Nurses, 2014).

5. Nurses caring for pediatric patients must have appropriate education and experience to demonstrate competency in the care of this highly specialized patient population. The core concepts as cited in the following resources should be included in education and training:

a. Pediatric Nursing: Scope and Standards of Pediatric Nursing Practice (ANA, 2015d).


c. Core Curriculum for the Nursing Care of Children and Their Families (Broome & Rollins, 1999)

d. Standards and Guidelines for Pre-Licensure and Early Professional Education for the Nursing Care of Children and Their Families (Woodring, 1998).

6. Organizations and nursing staff providing care for pediatric patients should commit to ongoing maintenance of nursing staff’s clinical competency through continuing education that ensures a current knowledge base of issues and trends in pediatric care delivery.

7. Organizations should work to establish practice environments characterized by open communication, teamwork, and effective collaborative problem solving to address nurse staffing issues and ensure safe, effective care for children and families.

8. Nurses are encouraged to assume professional accountability for their own practice. Nurses have accountability for the following:

a. Being an advocate for the role of the registered nurse.

b. Being knowledgeable of state practice acts.

c. Being knowledgeable of the mechanisms available to address potential staffing issues.
REFERENCES


Douglas, K. (2010). Ratios - if it were only that easy. Nursing Economics, 28(2), 119-125.


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