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The Society of Pediatric Nurses Safe Staffing for Pediatric Patients Literature Review^{1,2,3}

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The Society of Pediatric Nurses (SPN) has been instrumental in advocating for high quality, culturally sensitive, and comprehensive care for children and families. The health care 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.

Nurse staffing is a focus of major concern because of the impact of staffing patterns on patient safety and quality of care. The advent of managed care, shortened hospital stays, and public reporting of quality measures demands that health care organizations objectively define and assess the quality of care delivered to children and families. Registered nurses are the primary caregivers within the health care setting and are the essential link in assisting patients and families with navigating and humanizing a highly technical and impersonal health care system. An organization's commitment to high quality pediatric care is dependent upon appropriate staffing levels with adequately prepared nurses and the implementation of collaborative, evidence-based practice (Schwalenstocker, Bisarya, Lau, & Adebimpe, 2007).

In 2007, members of the Public Policy Committee developed the Safe Staffing Position Statement. This document outlined recommendations for safe and effective nursing care for children and their families. The position statement was recently updated and is intended to serve as the framework to assist organizations providing care to children

in the implementation of evidenced based staffing plans to promote high-quality care. It is imperative that schools of nursing, health care institutions and pediatric nurses utilize this document as a resource to ensure that appropriate education, training, resources and effective staffing plans are provided to ensure the provision of safe, quality, customer focused care to pediatric patients and their families.

Problem Statement

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-patient ratios and distribution of skills to ensure that 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 health care delivery systems (Institute of Medicine, 1999). Since that time there has been a growing emphasis on patient safety, process improvement and the potential effects of adequate staffing.

Rationale and Supporting Information

Research has continued to show the association between nursing staffing and improved patient outcomes (Aiken et al., 2002; Aiken et al., 2010; American Organization of Nurse Executives, 2003; Kane et al., 2007; Needleman et al., 2006; Stanton, 2004). In 2007 the Child Health Corporation of America in association with the National Association of Children's Hospitals and Related Institutions (NACHRI) and Medical Management Planning/BENCHMARKING Effort for Networking Children's Hospitals found that increased nurse staffing was associated with improved patient/family experience with care and a reduced

¹ Safe Staffing Position Statement initially developed: September 7, 2007, by the Public Policy Committee.

² Revised by Kathleen Van Allen, MSN, RN, CPN, February 2011, co-chair, Public Policy Committee.

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incidence of adverse outcomes. NACHRI also reported that The Joint Commission found that staffing levels had been a critical factor in 20% of sentinel events occurring over a 10 year period from 1995 to 2005 (Schwalenstocker, Bisarya, Lau, & Adebimpe, 2007). Stratton (2008) found a reduction in the rate of pediatric central line blood stream infections with an increase in nursing staffing hours. Research conducted by Mark, Harless and Berman (2007) showed a statistically significant reduction in post-operative cardiopulmonary complications, pneumonia and infections in the pediatric population with increased RN staffing. In addition, nurse staffing levels have also been found to be a critical determinant of nurse job satisfaction (American Organization of Nurse Executives, 2003).

During the 108th Session of Congress (2003–2004), The Registered Nurse Safe Staffing Act was first introduced. The intent of the act is to hold hospitals accountable for the implementation of valid and reliable nurse staffing plans, taking into consideration each hospital unit's unique needs and strengths. The Registered Nurse Safe Staffing Act was reintroduced in the 110th Congress (2007–2008) and further refined and reintroduced on June 15, 2010, under S.3491/H.R.5527 during the 111th Congress (American Nurses Association, 2010).

The Society of Pediatric Nurses (SPN) believes that the following additional factors are of critical importance regarding safe staffing for pediatric patients:

- There are unique challenges with caring for children. These challenges include the following:
 - Infants and young children are dependent upon adult caregivers and require closer supervision.
 - Many children have not yet acquired the communication skills to warn clinicians about a potential mistake or verbalize possible adverse effects about their care.
 - Medication administration is much more complex since weight based dosing is required for most medications (Kaushal et al., 2001).
- The acuity and intensity of nursing resources required to care for children have been growing steadily (Monsen & Finley, 2007; NACHRI, 2003).
- Of the 14.1 million children in the United States living in poverty, 1 in 10 lack health care coverage (Children's Defense Fund, 2010). Childhood poverty contributes to deficits in primary and preventative health care and results in increased health care issues and higher acuity for these children (Children's Defense Fund, 2002).
- Pediatric nurses practice in many settings including hospitals, schools, homes, clinics, long term care facilities, and public health centers. The multitude of settings and the wide range of resources available in each setting greatly affect the type and number of nursing staff required to care for any given patient population. The level of experience of nursing staff, unit layout, and level of ancillary support must be considered when establishing

the staffing needs and assignment plan for any given unit (American Nurses Association, 2007; Institute of Medicine, 2010).

Society of Pediatric Nurses Position/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 endorses the following recommendations:

1. Staffing is a complex issue composed of multiple variables (American Organization of Nurse Executives, 2003). 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.
2. The professional registered nurse must be considered an essential member of the team providing care for children and their families; staffing plans must reflect this vital role (American Nurses Credentialing Center, 2003).
3. Health care institutions should develop valid and reliable staffing plans (American Nurses Association, 2010) and patient assignments should promote developmentally appropriate, high 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 the facility (Joint Commission, 2010).
4. While the 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. Number and acuity of the patient population.
 - b. Assessment of patient needs including special developmental, physiological, psychosocial, and learning needs of children and their families.
 - c. Availability of specialized pediatric equipment and supplies to provide the necessary care and the availability of other support services such as respiratory care, child life, social services, and spiritual care (American Academy of Pediatrics, 2006, 2004a, 2004b, 1998).
 - d. Level of education, competency, and the extent of experience and specialized pediatric training of available staff.
 - e. Family involvement and/or the family's special needs related to meeting the health care needs of the child

- (American Academy of Pediatrics, 2006; 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 (American Academy of Pediatrics 2006, 2004a, 2004b, 1998; American Nurses Association, 2008; NACHRI, 2003; National Association of Neonatal Nurses, 2008).
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 sources should be included in education and training:
 - *Pediatric Nursing: Scope and Standards of Pediatric Nursing Practice* (American Nurses Association, 2008)
 - *Position Statement on Family Centered Care Content in the Nursing Education Curriculum* (Society of Pediatric Nurses, 2008)
 - *Position Statement on Child Health Content in the Undergraduate Curriculum* (Society of Pediatric Nurses, 2007)
 - *Core Curriculum for the Nursing Care of Children and Their Families* (Broome & Rollins, 1999)
 - *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:
 - Being an advocate for the role of the registered professional nurse
 - Being knowledgeable of state practice acts
 - Being knowledgeable of the mechanisms available to address potential staffing issues.

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