Update on the Health Care Quality and Outcome Guidelines for Nursing of Children, Adolescents and Families of the American Academy of Nursing Child, Adolescent and Families Expert Panel

Cecily L. Betz, PhD, RN, FAAN
Professor of Clinical Pediatrics
Keck School of Medicine, Department of Pediatrics
Director of Nursing Training
Director of Research
USC University Center for Excellence in Developmental Disabilities
Editor-in-Chief, Journal of Pediatric Nursing

Conflict of Interest Disclosure

• Cecily L. Betz, PhD, RN, FAAN
• Has no conflict of interest to report

Objectives

• Understand the background efforts and process undertaken over the past decade with the development of the Guidelines
• Demonstrate awareness of the Guidelines, values and assumptions.
• Demonstrate an awareness of the practice, education, and research implications of the Guidelines.
Purpose of Guidelines

• The 2014 Guidelines Revision Task Force conducted an extensive process of revision of the original Health Care Quality and Outcomes Guidelines for Nursing of Children and Families

• Guidelines are to be used by pediatric and child health nurses in healthcare and community based settings

• Framework for nurse-directed services/interventions undergraduate and graduate pediatric/child health nursing curriculum development

Background of Guidelines Development

• Leaders of the Child and Family Expert Panel (now known as Child, Adolescent and Family Expert Panel), American Academy of Nursing

• Operationalize the commonalities of pediatric and child health nursing specialty

• Develop core framework of pediatric and child health care for:

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<thead>
<tr>
<th>Practice</th>
<th>Education</th>
<th>Research</th>
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<td>Policymaking</td>
<td>Advocacy</td>
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Supporting Organizations (11)

• American Association of Mental Retardation (now American Association on Intellectual and Developmental Disabilities)
• Association of Women's Health, Obstetric and Neonatal Nurses (now AWHONN)
• International Association of Newborn Nurses (now)
• National Association of Neonatal Nurses (NANN)
• National Association of Pediatric Nurse Associates and Practitioners (NAPAP)
• National Association of School Nurses (NASN)
• Northeast Pediatric Cardiology Nurse Association (NPCNA)
• Pediatric Endocrinology Nursing Society (PENS)
• Society of Pediatric Nurses (SPN)

(Craft-Rosenberg, Krajeck, & Shin, 2002; Barts, Cowell, Lobo, & Craft-Rosenberg, 2004)
Publications


Editorials Published

- Journal of Pediatric Health Care
- Journal of Pediatric Nursing
- Journal of Specialists in Pediatric Nursing.

Changes in Revision

- Inclusive language
- Editing to improve meaning
- Reflect changes in health care for children, adolescents and families, and

Acknowledgement of the as described in the Institute of Medicine report on *The Future of Nursing: Leading Change, Advancing Health* (Institute of Medicine, 2010)
Supporting Organizations

- American Association on Intellectual and Developmental Disabilities (AAIDD)
- American Nurses Association
- Association of Pediatric Hematology/Oncology Nurses (APHON)
- Association of Community Health Nurse Educators (ACHNE)
- Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN)
- Children’s Hospice International (CHI)
- International Family Nursing Association

Supporting Organizations

- National Association of Hispanic Nurses
- National Association of Neonatal Nurses (NANN)
- National Association of Pediatric Nurse Practitioners (NAPNAP)
- National Association of School Nurses (NASN)
- Pediatric Endocrinology Nursing Society (PENS)
- Public Health Nursing Section, American Public Health Association
- Society of Pediatric Nurses (SPN)
- The Association of Public Health Nurses
- The National Black Nurses Association

2014 Health Care Quality and Outcome Guidelines

1. Children and youths have an identified health home (medical home).
2. Children, youths, and families receive care that supports growth and development.
3. Children, youths, families, and health care providers are partners in decisions, planning, and delivery of care, including appropriate community services.
4. Cultural values, beliefs and preferences are integral to family centered care.
5. Family concerns are recognized as a priority and family strengths are respected and supported in the care of children and youths.
6. Children, youths, and families have high quality, affordable, and accessible health care.
2014 Health Care Quality and Outcome Guidelines (Betz et al., 2015)

7. The child’s, youth’s and family’s needs are identified, prioritized and services are offered.
8. Children, youths, and families receive care that optimizes wellness, promotes and maintains physical and mental health and prevents disease and injury.
9. Pregnant adolescents and women, children, youths, and families have access to genetic and genomic testing and genomic appropriate counseling.
10. Children and youths receive care that is delivered in a physically and emotionally safe environment.
11. Children’s, youths’ and families’ privacy and rights are protected.
12. Children and youths with acute, critical or chronic needs and their families receive the full range of services.
13. Children and youths with disabilities and/or special health care needs and their families receive the full range of services.
14. Children, youths, and families receive appropriate palliative and/or hospice care.
15. Children, youths, and families receive appropriate prevention and community referral services.
16. Children’s, youths’ and families’ health risk behaviors and problems are identified and addressed.
17. Children, youths, and families are fully informed of the process, outcomes, and alternatives to care, including quality of life.

Assumptions

1. Children, youths, and families will receive equitable, non-judgmental care regardless of race, religion, socioeconomic status, gender, sexual orientation or gender identity.
2. All children, youths, and families should have the assurance their health care providers are competent, address communication barriers, and provide culturally sensitive care.
3. Conflicts among children, youths, other family members, and/or health care providers over appropriate or desired services should be negotiated with respect for the dignity and rights of children, youths, and family members to support their self-determination.
Assumptions

4. All children, youths, and families should have access to affordable, high quality, and comprehensive health care.
5. The health of children, youths, and families includes their physical, psychosocial, cultural, and spiritual aspects of living.
6. The home and community environments where they live, work, learn and play will have significant impact on children, youths, and families.
7. Optimal health care is a continuous health team effort.
8. Health care is affected by socio-economic and cultural partnerships.

Values

1. Family health directly impacts the health of the children, youth and families.
2. Holistic health care is integrated into the range of services offered.
3. Care is provided from preconception to a peaceful death.
4. The healthcare provider is responsible for quality care. Quality care is based on scientific evidence, best practices, provider expertise, and patient and family preferences; is ethical, safe, and clinical efficacious and cost effective. Quality care is health care that meets family needs and incorporates their priorities and preferences.