

Excerpt: Family-Centered Care in the Emergency Department: A Self-Assessment Inventory

Key Questions	Yes	No	Examples/Comments/Ideas for Change	Priority
Family participation in care 1. Do emergency department (ED) staff recognize that families are important sources of information about their child and their child's condition?				
2. Are policies/procedures flexible enough for a family to decide for themselves who stays with their child: — during examinations? — invasive procedures? — critical care including resuscitation?				
3. Are families encouraged to and supported in staying with their child, if this is their choice?				
4. Are families encouraged to provide support and to assist with care for their child in the emergency department?				
5. Are families provided information/assistance on how to facilitate their child's coping during painful or stressful procedures: a. Age-appropriate distraction techniques? b. Use of stress- or anxiety-reducing techniques?				

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Family Support 1. Do ED staff, in the way they deliver services, effectively promote and support family/child relationships?				
2. Is staff or volunteer supervision provided for children in the waiting/lobby area? a. If so, who provides the supervision? b. Are there toys and/or other play materials available for children of all ages and abilities in the waiting/lobby area?				
3. Are developmentally appropriate activities provided to children prior to, during, and after procedures?				
4. Do staff view interactions with families as opportunities to support families in the care and nurture of their child?				
5. Do staff interact respectfully with all families? Do staff view all families as having strengths and competencies?				
6. Are the following available to support children and families in the emergency department 24 hours a day: a. Translators/interpreters? b. Sign language interpreters? c. Child life specialists? d. Social workers? e. Chaplains? f. Mental health professionals? g. Patient representatives/family liaisons? h. Security personnel?				
7. What assistance and support are available to the family when a child is transferred to another facility? Is at least one family member permitted to accompany the child in the transport vehicle: — ground ambulance? — helicopter? — fixed wing?				
8. Are staff members available to help and support families at the following times: a. When they first arrive in the emergency department? b. As they wait for routine care and information?				
9. Is there a procedure for initiating family support during a crisis or life-threatening situation? (Continued on next page)				

Key Questions	Yes	No	Examples/Comments/Ideas for Change	Priority
Family Support (cont'd) 10. Are staff outside of the ED utilized to provide family support? a. If yes, is this support available 24 hours/day?				
11. Are the following considered crisis events that trigger family support procedures in the ED: a. the diagnosis of a serious illness or impairment? b. admission to the hospital? c. transfer to another facility? d. trauma team activation or trauma resuscitation? e. cardiac and/or respiratory arrest? f. critical illness? g. death?				
12. In trauma and other crisis or life-threatening situations, are frequent information updates (every 5-10 minutes) provided to the family when they are outside the room as well as when they are present with the child? a. Is a specific individual designated to coordinate the exchange of information with the family? b. Does this individual remain involved as a support person throughout the crisis or resuscitation?				
13. Is privacy provided for families coping with stressful events such as admission to a critical care unit or transfer to a pediatric center?				
14. Are families with a child on a Do-Not-Resuscitate protocol provided support and privacy? a. Are staff who are involved with the family on an ongoing basis notified that the child is in the ED? b. Do those staff assist with the ED care and disposition plan?				
15. Is privacy provided for families coping with the death of a child?				
16. Does the ED have a bereavement team and/or protocol with information and care specific to the loss of a child? a. Are mementos (i.e., lock of hair, footprints, handprints, memory box, etc.) provided/offered to the parent?				
17. Is there follow-up with the family at a specified interval of time following the child's death?				

Source: From Johnson BH, Thomas J, Williams K (1997). Updated by Liao E, Beery J (2001). *Working with Families to Enhance Emergency Medical Services for Children*. Washington, DC: Emergency Medical Services for Children (EMSC) National Resource Center.