

**PEDIATRIC PALLIATIVE CARE
INSTITUTIONAL SELF-ASSESSMENT TOOL (ISAT)**

for

**Enhancing Family-Centered Care for Children Living
With Life-Threatening Conditions**

UNIT FORM

June 5, 2002

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for the project

Enhancing Family-Centered Care for Children Living with Life-Threatening Conditions

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INSTITUTIONAL SELF-ASSESSMENT TOOL (ISAT) – UNIT FORM

Introduction and Instructions

Introduction

The Institutional Self-Assessment Tool (ISAT) was developed as a tool to assist hospitals in conducting a self-assessment related to programs and structures supportive of family-centered palliative care for children with life-threatening diseases.

The tool is divided into two components:

- 1) a **Hospital/Administrative Form** designed to be filled out by someone in an administrative position in the hospital who will be able to answer general questions pertinent to hospital-wide issues, and
- 2) a **Unit Level Form** designed to be filled out by a representative of a local unit (i.e., NICU, PICU, Oncology, HemOnc) who will be able to answer questions pertinent to the unit.

These two instruments are designed to complement each other, and to reduce respondent burden by dividing it between two or more areas of the hospital. The process of collecting and analyzing the results of these questionnaires will be a rewarding experience for those interested in assessing the extent to which there are existing structures, programs, policies and activities specifically targeted to family-centered pediatric palliative care at your institution. In addition, it will provide a fertile basis for discussion and planning of new initiatives or further steps the hospital or particular units may want to undertake in the future.

Instructions for the Site Coordinator

Please identify someone to coordinate the completion of the forms from each of the following areas. This person need not know the answers to all of the questions, but will be responsible for finding out the answers, perhaps by seeking out the knowledge of others in the institution, or by looking through printed materials. The areas we would like you to survey with each of the forms are listed below.

Hospital/Administrative Form. Select one person from the administration of the hospital who will be responsible for collecting the information necessary to complete the questions on this form.

Unit Level Forms. Select one person from each of the following units who will be responsible for collecting the information necessary to complete the questions on this form. Suggested units to survey include NICU, PICU, Pediatric Oncology, Pediatric Cardiology, Pediatric Hematology/Oncology.

Please be sure that each unit completes its own form without collaborating with other units.

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Glossary

Family-centered care:

Family-centered care refers to . . . care that recognizes the central role of the family, however defined by its members, in the health of children. It is based on a partnership of health care professionals, other professionals, the child, and the family. Its goal is to support, respect, encourage, and enhance the strengths and participation of children and families in the child's health care and provide for optimal care of the child." (from: Core Curriculum of Nursing Care of Children and Their Families, 1999)

Interdisciplinary care:

Care provided by health professionals of differing disciplines who regularly meet in person to share perspectives of the patient and together fashion an integrated care plan for each patient. The interdisciplinary care team works collaboratively, is based on norms of respect for contributors from each discipline, and aims to cooperatively promote the patient's interests and quality of care.

Palliative care:

An "active, total approach to care, embracing physical, emotional, social, and spiritual elements. It focuses on enhancement of the quality of life (QOL) for the child and support for the family, and includes the management of distressing symptoms, provision of respite, and care through death and bereavement"¹. "The goal of palliative care is the best quality of life for patients and their families. Many aspects of palliative care are applicable early in the course of disease treatment"².

- 1: Association for Children with Life-threatening or Terminal Conditions and their Families. Royal College of Paediatrics and Child Health. A guide to the development of children's palliative care services. (London: Association for Children with Life-threatening or Terminal Conditions and their Families). 1997. As cited in: Children's International Project on Palliative Care Services (ChIPPS), Compendium of Pediatric Palliative Care. Alexandria, VA: National Hospice and Palliative Care Organization. 2000, p.3.
- 2: World Health Organization. Cancer pain relief and palliative care in children. Geneva, Switzerland, 1998.5. As cited in: Children's International Project on Palliative Care Services (ChIPPS), Compendium of Pediatric Palliative Care. Alexandria, VA: National Hospice and Palliative Care Organization. 2000, p.3.

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Organizational / Structural

Question	Response
1. For the purpose of this questionnaire, which unit are you representing?	<input type="checkbox"/> NICU <input type="checkbox"/> PICU <input type="checkbox"/> Pediatric Cardiology <input type="checkbox"/> Pediatric Oncology <input type="checkbox"/> Pediatric Trauma <input type="checkbox"/> Pediatric Hematology/Oncology <input type="checkbox"/> Other (specify):
2. What is your position and role in the unit?	Please Describe:
3. Number of beds on this unit:	_____
4. How many children were admitted to this unit in the last year? <i>Exclude admissions for less than 24 hours.</i>	_____ Admissions per year
5. How many children died in this unit in the last year?	_____ Children
6. Does this unit provide ECMO?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

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<p>7. Please provide a count for the following professionals devoted <u>solely</u> to care of children in this unit.</p>	<table border="1"> <thead> <tr> <th></th> <th align="center">Number of FTEs</th> <th align="center">Percent of people in each category who are Full Time</th> </tr> </thead> <tbody> <tr> <td>Medical Doctors.....</td> <td align="center">_____</td> <td align="center">_____</td> </tr> <tr> <td>Registered Nurses.....</td> <td align="center">_____</td> <td align="center">_____</td> </tr> <tr> <td>Advance Practice Nurses.....</td> <td align="center">_____</td> <td align="center">_____</td> </tr> <tr> <td>Nurse Practitioners.....</td> <td align="center">_____</td> <td align="center">_____</td> </tr> <tr> <td>Licensed Vocational Nurses.....</td> <td align="center">_____</td> <td align="center">_____</td> </tr> <tr> <td>Child Life Specialists.....</td> <td align="center">_____</td> <td align="center">_____</td> </tr> <tr> <td>Social Workers.....</td> <td align="center">_____</td> <td align="center">_____</td> </tr> <tr> <td>Chaplains.....</td> <td align="center">_____</td> <td align="center">_____</td> </tr> <tr> <td>Psychologists.....</td> <td align="center">_____</td> <td align="center">_____</td> </tr> <tr> <td>Physical Therapists.....</td> <td align="center">_____</td> <td align="center">_____</td> </tr> <tr> <td>Occupational Therapists.....</td> <td align="center">_____</td> <td align="center">_____</td> </tr> <tr> <td>Art/Music/Creative Therapists.....</td> <td align="center">_____</td> <td align="center">_____</td> </tr> <tr> <td>Hospital-based K-12 Teachers.....</td> <td align="center">_____</td> <td align="center">_____</td> </tr> <tr> <td>Grief Counselors.....</td> <td align="center">_____</td> <td align="center">_____</td> </tr> <tr> <td>Bereavement Specialists.....</td> <td align="center">_____</td> <td align="center">_____</td> </tr> <tr> <td>Others (please specify).....</td> <td align="center">_____</td> <td align="center">_____</td> </tr> </tbody> </table>		Number of FTEs	Percent of people in each category who are Full Time	Medical Doctors.....	_____	_____	Registered Nurses.....	_____	_____	Advance Practice Nurses.....	_____	_____	Nurse Practitioners.....	_____	_____	Licensed Vocational Nurses.....	_____	_____	Child Life Specialists.....	_____	_____	Social Workers.....	_____	_____	Chaplains.....	_____	_____	Psychologists.....	_____	_____	Physical Therapists.....	_____	_____	Occupational Therapists.....	_____	_____	Art/Music/Creative Therapists.....	_____	_____	Hospital-based K-12 Teachers.....	_____	_____	Grief Counselors.....	_____	_____	Bereavement Specialists.....	_____	_____	Others (please specify).....	_____	_____
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Bereavement Specialists.....	_____	_____																																																		
Others (please specify).....	_____	_____																																																		
<p>8. Does the unit have dedicated pediatric hospice/palliative care beds?</p>	<p>___ Yes..... If Yes, how many? _____</p> <p>___ No</p>																																																			
<p>9. Does the unit have pediatric hospice/palliative care <u>flexible</u> beds?</p>	<p>___ Yes..... If Yes, how many? _____</p> <p>___ No</p>																																																			

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Mission Statements & Policies Supporting Palliative Care

Question	Response
<p>10. Is there a <u>procedure to identify</u> children with life-threatening conditions who might benefit from palliative care interventions, so that a palliative care conference can be arranged?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>If Yes, is the procedure initiated by: (check all that apply)</p> <p><u>Providers/Family</u> <input type="checkbox"/> MD recommendation only <input type="checkbox"/> Any member of the health care team <input type="checkbox"/> Any member of the family</p> <p><u>Severity of Symptoms</u> <input type="checkbox"/> Severity of illness score <input type="checkbox"/> Disability score (if so, which one(s))</p> <p><input type="checkbox"/> Relapse/exacerbation of illness <input type="checkbox"/> Advance directive status <input type="checkbox"/> Length of current hospitalization <input type="checkbox"/> Frequency of admission in the last year</p> <p><input type="checkbox"/> Diagnosis at the time a potentially life-threatening condition is identified <input type="checkbox"/> Other (please specify)</p>
<p>11. Is there an ongoing review to determine the degree to which the procedure in the previous question results in the effective and timely identification of all children with life-threatening conditions who might benefit from palliative care interventions?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>If Yes, please specify what this is:</p>
<p>12. Do institutional policies / procedures and cultural values enable the simultaneous provision of palliative care and efforts to prolong life?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>
<p>13. Is palliative care identified as a priority during employee orientation?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>

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<p>14. Is family-centered care identified as a priority during employee orientation?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>
<p>15. Is there a mechanism to communicate to families institutional readiness to facilitate palliative care (e.g., institutional philosophy, goals, staffing capacity, special programs, and consultation services relevant to palliative care)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>If Yes, how is this communicated? (check all that apply)</p> <p><input type="checkbox"/> Written admission packet information <input type="checkbox"/> Standardized oral orientation information <input type="checkbox"/> Educational/informational posters placed prominently <input type="checkbox"/> Other (please specify)</p>

Organizational Structures Supporting Palliative Care

Question	Response
<p>16. Is there a hospice that provides pediatric care in your local community?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>If Yes, does your hospital have a relationship with them to provide services to your patients?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>If Yes, is the relationship:</p> <p><input type="checkbox"/> Formal (there is a written contract) <input type="checkbox"/> Informal <input type="checkbox"/> Don't know</p>

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<p>17. Is there a parent advisory council, or similar formal structure for parent input into the operations of the unit?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>If Yes, which of the following categories of parents are purposefully recruited to participate? (check all that apply)</p> <p><input type="checkbox"/> Bereaved parents <input type="checkbox"/> Parents of NICU survivors <input type="checkbox"/> Parents of PICU survivors <input type="checkbox"/> Parents of healthy children <input type="checkbox"/> Parents of chronically ill children <input type="checkbox"/> Not recruited by category of parent <input type="checkbox"/> Other parent category: (please specify)</p>
<p>18. Is there a pediatric <u>palliative care</u> team available to patients in this unit?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>If Yes, the palliative care team members include: (check all that apply)</p> <p><input type="checkbox"/> Physician <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Social Worker <input type="checkbox"/> Pharmacist <input type="checkbox"/> Child Life Specialist <input type="checkbox"/> Psychologist <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Hospital-based K-12 Teacher <input type="checkbox"/> Chaplain <input type="checkbox"/> Art/Music/Creative Therapist <input type="checkbox"/> Other (please specify)</p> <p>Does the palliative care team meet as a whole to discuss patients they are managing?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>

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<p>19. Is there a pediatric <u>pain management</u> team available to patients in this unit?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>If Yes, the pain management team members include: (check all that apply)</p> <p><input type="checkbox"/> Physician <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Social Worker <input type="checkbox"/> Pharmacist <input type="checkbox"/> Child Life Specialist <input type="checkbox"/> Psychologist <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Hospital-based K-12 Teacher <input type="checkbox"/> Chaplain <input type="checkbox"/> Art/Music/Creative Therapist <input type="checkbox"/> Other (please specify)</p> <p>Does the pain management team meet as a whole to discuss patients they are managing?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>
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<p>20. Is there an Office of Ethics, Ethics Consultant, and/or Ethics Committee available to patients / families and providers on this unit?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>If Yes, members of the ethics committee include the following: (check all that apply)</p> <p><u>Hospital Personnel</u></p> <p><input type="checkbox"/> Physician <input type="checkbox"/> Biomedical Ethicist <input type="checkbox"/> Chaplain <input type="checkbox"/> Social Worker <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Psychologist <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Hospital-based K-12 Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> Risk management specialist <input type="checkbox"/> Salaried patient advocate <input type="checkbox"/> Legal department member <input type="checkbox"/> Member of the Board of Trustees <input type="checkbox"/> Other hospital personnel (please specify)</p> <p><u>Community Members</u></p> <p><input type="checkbox"/> Parents of former patients <input type="checkbox"/> Clergy members <input type="checkbox"/> Lawyers <input type="checkbox"/> Local educators <input type="checkbox"/> Other (please specify)</p> <p>If No, what mechanism(s) exist at this institution for resolution of conflicts about issues of clinical care? (Please describe.)</p>
<p>21. Ethics committee or ethics consultation can be initiated by: (check all that apply)</p>	<p><input type="checkbox"/> Attending Physician <input type="checkbox"/> Any member of the health care team <input type="checkbox"/> Any family member <input type="checkbox"/> Don't know <input type="checkbox"/> Other (please specify):</p>

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<p>22. Who must consent to an ethics consultation? (check all that apply)</p>	<p><input type="checkbox"/> Attending Physician <input type="checkbox"/> Parent or family <input type="checkbox"/> Other Health Care Provider <input type="checkbox"/> No one <input type="checkbox"/> Don't Know <input type="checkbox"/> Other (please specify)</p>
<p>23. Is there a designated health care professional in the unit responsible for coordinating overall care of each child living with a life-threatening condition, regardless of care setting?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>If Yes, which health care professional is most likely to assume this role?</p> <p><input type="checkbox"/> Attending Physician <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Advance Practice Nurse <input type="checkbox"/> Nurse Case Manager <input type="checkbox"/> Social Worker <input type="checkbox"/> Fellow <input type="checkbox"/> Resident <input type="checkbox"/> Don't know <input type="checkbox"/> Other (please specify)</p>
<p>24. For children who are readmitted frequently, is there a professional member of the child's care team who is designated to communicate with community physicians and programs involved with the child outside the institution?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>If Yes, this person is a:</p> <p><input type="checkbox"/> Attending Physician <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Advance Practice Nurse <input type="checkbox"/> Nurse Case Manager <input type="checkbox"/> Social Worker <input type="checkbox"/> Don't know <input type="checkbox"/> Other (please specify)</p>

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<p>25. Is there a policy that chronically ill children are assigned a consistent caregiver or care team at each hospital admission?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>If Yes, which personnel are consistent across admissions? (check all that apply) <input type="checkbox"/> Attending Physician <input type="checkbox"/> Primary Care Physician <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Advance Practice Nurse <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Social Worker <input type="checkbox"/> Psychologist <input type="checkbox"/> Don't know <input type="checkbox"/> Other (please specify)</p>
<p>26. Are interdisciplinary meetings (among unit-based personnel and relevant consultants when appropriate) held on a regular basis to discuss goals of care and progress for each child with a life-threatening condition?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>If Yes, these meetings generally include: (check all that apply) <input type="checkbox"/> Attending Physician <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Social Worker <input type="checkbox"/> Chaplain <input type="checkbox"/> Nursing Aide <input type="checkbox"/> Psychologist <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Hospital-based K-12 Teacher <input type="checkbox"/> Pharmacist <input type="checkbox"/> Child Life Therapist <input type="checkbox"/> Art/Music/Creative Therapist <input type="checkbox"/> Grief Counselor <input type="checkbox"/> Parents <input type="checkbox"/> Child (patient) <input type="checkbox"/> Other (please specify)</p> <p>The typical frequency of such meetings when the child is an inpatient is: (check all that apply) <input type="checkbox"/> On admission <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> At discharge <input type="checkbox"/> Other (please specify)</p>

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<p>27. Do mortality and morbidity conferences include an evaluation of the palliative care delivered to the child and family?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know </p> <p>If Yes, are the palliative care issues addressed for: (check one)</p> <p> <input type="checkbox"/> Every death <input type="checkbox"/> Most deaths <input type="checkbox"/> Some deaths <input type="checkbox"/> None <input type="checkbox"/> Don't know </p> <p>If Yes, which parameters are evaluated? (check all that apply)</p> <p> <input type="checkbox"/> Location of death is consistent with stated wishes <input type="checkbox"/> Persons present at death consistent with stated wishes <input type="checkbox"/> Advance directives were followed, if they existed <input type="checkbox"/> Unwanted procedures were not carried out <input type="checkbox"/> Pain was under good control <input type="checkbox"/> Other symptoms were under good control <input type="checkbox"/> Family psychological and emotional status <input type="checkbox"/> Child psychological and emotional status <input type="checkbox"/> Financial issues had been addressed <input type="checkbox"/> Siblings' needs were addressed <input type="checkbox"/> Spiritual issues were addressed <input type="checkbox"/> Bereavement care plan was in place <input type="checkbox"/> Other (please specify) </p>
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Facilities/Space Supporting Palliative Care

On your unit, which of the following facilities are available to families of children with life-threatening conditions? (check all that apply)

Facility	Availability
<p>28. Suites where the child and family can be together</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know </p>
<p>29. Sleeping accommodations for parents/family in the child's room</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know </p>
<p>30. Sleeping accommodations for parents/family elsewhere in the unit or hospital</p>	<p> <input type="checkbox"/> Yes, in unit <input type="checkbox"/> Yes, in hospital, outside of unit <input type="checkbox"/> No <input type="checkbox"/> Don't Know </p>

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31. Bathrooms with showers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
32. Lockers for personal belongings	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
33. Family lounge	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
34. Private room for consultation with health care professionals	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
35. Private room to accommodate the child and family when a child is dying	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
36. Supervised play area for siblings, appropriate for a range of ages	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know

Staff/Personnel Supporting Palliative Care

Question	Response
37. Are non-clinical staff / personnel (info desk, housekeeping, valets, food service workers) who interact with children with life-threatening conditions and their families oriented about the importance of family-centered, pediatric palliative care when they begin their positions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If Yes , is this orientation periodically updated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
38. Are skills needed to provide effective palliative care included in health care provider job descriptions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

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<p>39. When health care providers are evaluated, which of the following areas of knowledge and/or competency are explicitly considered? (check all that apply)</p>	<p><input type="checkbox"/> Family-centered approach <input type="checkbox"/> Ethical issues in pediatrics <input type="checkbox"/> Legal issues related to pediatric end-of-life care <input type="checkbox"/> Cultural competency for ethnic and religious groups commonly encountered in local community <input type="checkbox"/> Communication skills, including active listening, breaking bad news, discussing death and dying <input type="checkbox"/> Pain assessment <input type="checkbox"/> Non-pain symptom assessment <input type="checkbox"/> Pain management <input type="checkbox"/> Non-pain symptom management <input type="checkbox"/> Bereavement care <input type="checkbox"/> Child development stages and issues <input type="checkbox"/> Psychological management <input type="checkbox"/> Other (please specify)</p>
<p>40. Do health professionals in this unit, who care for children with life-threatening conditions, receive periodic education/training related to family-centered, pediatric palliative care, including the following? (check all that apply)</p>	<p><input type="checkbox"/> Family-centered approach <input type="checkbox"/> Ethical issues in pediatrics <input type="checkbox"/> Legal issues related to pediatric end-of-life care <input type="checkbox"/> Cultural competency for ethnic and religious groups commonly encountered in local community <input type="checkbox"/> Communication skills, including active listening, breaking bad news, discussing death and dying <input type="checkbox"/> Pain assessment <input type="checkbox"/> Non-pain symptom assessment <input type="checkbox"/> Pain management <input type="checkbox"/> Non-pain symptom management <input type="checkbox"/> Bereavement care <input type="checkbox"/> Child development stages and issues <input type="checkbox"/> Psychological management <input type="checkbox"/> Other (please specify)</p>

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Needs of the Child in Palliative Care

Assessment and Identification

Question	Response
<p>41. Since a child's needs vary over time and even within a single hospitalization, is there a procedure or mechanism in place to assure periodic routine assessment of the child's needs in the following areas:</p>	<p>Physical Needs (symptom relief, need for physical therapy): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>If Yes,</p> <p>a. Do you use developmentally appropriate tools to facilitate the assessment? <input type="checkbox"/> Yes, always <input type="checkbox"/> Sometimes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>b. Is there a process by which these assessments are used to modify the plan of care? <input type="checkbox"/> Yes, always <input type="checkbox"/> Sometimes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>Social Needs (perception of relations with others): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>If Yes,</p> <p>a. Do you use developmentally appropriate tools to facilitate the assessment? <input type="checkbox"/> Yes, always <input type="checkbox"/> Sometimes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>b. Is there a process by which these assessments are used to modify the plan of care? <input type="checkbox"/> Yes, always <input type="checkbox"/> Sometimes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p align="center">- continued -</p>

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	<p>Emotional Needs (mood and self-concept): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>If Yes,</p> <p>a. Do you use developmentally appropriate tools to facilitate the assessment? <input type="checkbox"/> Yes, always <input type="checkbox"/> Sometimes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>b. Is there a process by which these assessments are used to modify the plan of care? <input type="checkbox"/> Yes, always <input type="checkbox"/> Sometimes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>Spiritual Needs (issues of meaning and value, belief systems): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>If Yes,</p> <p>a. Do you use developmentally appropriate tools to facilitate the assessment? <input type="checkbox"/> Yes, always <input type="checkbox"/> Sometimes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>b. Is there a process by which these assessments are used to modify the plan of care? <input type="checkbox"/> Yes, always <input type="checkbox"/> Sometimes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p>
<p>42. Is someone assigned to routinely assess pain in the patients on your unit?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>If Yes, whose responsibility is it? <input type="checkbox"/> Attending Physician <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Advance Practice Nurse <input type="checkbox"/> Don't Know <input type="checkbox"/> Other (please specify)</p>

INSTITUTIONAL SELF-ASSESSMENT TOOL (ISAT) – UNIT FORM

<p>43. When doing pain assessments, do the staff use a developmentally appropriate tool, e.g., VAS?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No <input type="checkbox"/> Don't Know </p>
<p>44. Is someone on your unit responsible for routinely documenting the child's pain in the medical record?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No <input type="checkbox"/> Don't Know </p> <p>If Yes, whose responsibility is it?</p> <p> <input type="checkbox"/> Attending Physician <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Advance Practice Nurse <input type="checkbox"/> Don't Know <input type="checkbox"/> Other (please specify) </p>
<p>45. When pain is documented, is someone responsible for follow-up and verification that the treatment was provided and was effective?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No <input type="checkbox"/> Don't Know </p> <p>If Yes, whose responsibility is it?</p> <p> <input type="checkbox"/> Attending Physician <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Advance Practice Nurse <input type="checkbox"/> Don't Know <input type="checkbox"/> Other (please specify) </p>

INSTITUTIONAL SELF-ASSESSMENT TOOL (ISAT) – UNIT FORM

	46. Do you have a developmentally appropriate range of tools to assess the severity of these symptoms?	47. Is there a person whose responsibility it is to assess the severity of these symptoms?	48. Is there a monitoring process in place to assure the effective resolution of these symptoms?
Pain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Nausea / Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Diarrhea / Constipation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Fatigue	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Distressing Levels of Somnolence	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Depression	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Anxiety	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Pruritis	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Alterations of Skin Integrity	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Delirium	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Alterations in Sleep Patterns	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Alterations in Appetite	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Seizure Activity	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know

INSTITUTIONAL SELF-ASSESSMENT TOOL (ISAT) – UNIT FORM

Communication and Decision-making

Question	Response
49. Is the child with a life-threatening condition given developmentally appropriate information about his/her illness (consistent with family desires/concerns)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
50. Does your unit have written policies on involving children and adolescents in their own health care decision making?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
51. Does your unit offer in-service education on the best ways to discuss the possibility of death with children?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know

INSTITUTIONAL SELF-ASSESSMENT TOOL (ISAT) – UNIT FORM

Care Plan

Question	Response
<p>52. Has your unit taken any concrete steps (e.g. in-service education, written policies, designated someone) to help children who are nearing death, and who are able to engage in interactive activities, to do the following: (check all that apply)</p>	<p>Create and/or finish projects <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>Finish schooling <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>Create legacies (videotapes, letters, etc) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>Make a wish or create other final event with family and friends <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>Plan the funeral <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>Say goodbye <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>Other (please specify):</p>

INSTITUTIONAL SELF-ASSESSMENT TOOL (ISAT) – UNIT FORM

Needs of the Family in Palliative Care

Assessment and Identification

Question	Response
<p>53. Is there a standardized mechanism within the unit to assess and implement the preferences of families of children with life-threatening conditions regarding: (check all that apply)</p>	<p><input type="checkbox"/> Whom (family members, friends, others) they wish to have access to their child, even when the parents are not present</p> <p><input type="checkbox"/> When they wish to be with their child</p> <p><input type="checkbox"/> How they wish to be involved in their child's care</p> <p><input type="checkbox"/> In what ways it is most effective and convenient for them to share information and raise questions/concerns with health care professionals</p> <p><input type="checkbox"/> Practical and/or psychosocial issues for which family members need support</p>
<p>54. Which of the following professionals are routinely involved with <u>the family</u> (parents, siblings, grandparents) of a child with a life-threatening condition: (check all that apply)</p>	<p><input type="checkbox"/> Physician</p> <p><input type="checkbox"/> Registered Nurse</p> <p><input type="checkbox"/> Chaplain</p> <p><input type="checkbox"/> Social worker or mental health professional</p> <p><input type="checkbox"/> Child Life Specialist</p> <p><input type="checkbox"/> Patient representative/advocate</p> <p><input type="checkbox"/> Other support personnel (please specify)</p>
<p>55. What triggers prompt referral of the family to pertinent team members? (check all that apply)</p>	<p><input type="checkbox"/> Family request</p> <p><input type="checkbox"/> Initial diagnosis of the child's life-threatening condition</p> <p><input type="checkbox"/> ICU admission</p> <p><input type="checkbox"/> The child's need for surgical intervention</p> <p><input type="checkbox"/> Recognition of imminent death by the health care team</p> <p><input type="checkbox"/> Other (please specify)</p>

INSTITUTIONAL SELF-ASSESSMENT TOOL (ISAT) – UNIT FORM

Communication and Decision-Making

Question	Response
<p>56. Does a single member of the health care team take responsibility for coordinating communication with a particular family when the child has a life-threatening condition?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If Yes, who is the team member? <input type="checkbox"/> Physician <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Social Worker <input type="checkbox"/> Pharmacist <input type="checkbox"/> Child Life Specialist <input type="checkbox"/> Psychologist <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Hospital-based K-12 Teacher <input type="checkbox"/> Chaplain <input type="checkbox"/> Art/Music/Creative Therapist <input type="checkbox"/> Other (please specify) </p>
<p>57. Are formal meetings between family members and one or more members of the health care team held to discuss goals of care and progress to date?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If Yes, <u>when</u> are these meetings typically held: (check all that apply) <input type="checkbox"/> On admission <input type="checkbox"/> Daily or more often <input type="checkbox"/> Every other day <input type="checkbox"/> Weekly <input type="checkbox"/> At discharge <input type="checkbox"/> When the child's condition worsens <input type="checkbox"/> When imminent death is recognized <input type="checkbox"/> Other (please specify) </p> <p align="right">- continued -</p>

INSTITUTIONAL SELF-ASSESSMENT TOOL (ISAT) – UNIT FORM

	<p>If Yes, which team member(s) typically holds the meeting with the family? Place an asterisk next to team members who are always present.</p> <p> <input type="checkbox"/> Physician <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Social Worker <input type="checkbox"/> Pharmacist <input type="checkbox"/> Child Life Specialist <input type="checkbox"/> Psychologist <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Hospital-based K-12 Teacher <input type="checkbox"/> Chaplain <input type="checkbox"/> Art/Music/Creative Therapist <input type="checkbox"/> Other (please specify) </p>
<p>58. Is there a policy or standard stating that families should receive updates about their child's condition and treatment?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know </p> <p>If Yes, does the policy or standard specify that the frequency of updates is at least:</p> <p> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> With significant changes in status <input type="checkbox"/> Don't know <input type="checkbox"/> Other (please specify) </p> <p>If Yes, is the communication accomplished by:</p> <p> <input type="checkbox"/> Bedside rounds <input type="checkbox"/> Face-to-face meetings <input type="checkbox"/> Bedside journal <input type="checkbox"/> Telephone call <input type="checkbox"/> Secure email <input type="checkbox"/> Don't know <input type="checkbox"/> Other (please specify) </p>

INSTITUTIONAL SELF-ASSESSMENT TOOL (ISAT) – UNIT FORM

<p>59. At the time of transfer or discharge, is there a procedure, standard of practice or other mechanism to ensure that families of children with a life-threatening condition receive an updated, comprehensive, portable medical record?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know </p> <p>If Yes, please specify:</p>
<p>60. Are parents and children routinely provided with printed materials regarding the child's condition that are written at an appropriate educational and language level?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know </p>
<p>61. Are professional translators available for families who need them in order to communicate fully with health care professionals?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know </p> <p>For which languages are translators routinely available at this institution? (That is, within 30 minutes of being called.)</p>
<p>62. Are post-death or post-autopsy meetings routinely scheduled with families 6 – 8 weeks after death?</p>	<p> <input type="checkbox"/> Yes, post-death <input type="checkbox"/> Yes, post-autopsy <input type="checkbox"/> No <input type="checkbox"/> Don't Know </p> <p>If Yes, who typically has the responsibility to schedule these meetings?</p> <p> <input type="checkbox"/> Physician <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Social Worker <input type="checkbox"/> Pharmacist <input type="checkbox"/> Child Life Specialist <input type="checkbox"/> Psychologist <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Hospital-based K-12 Teacher <input type="checkbox"/> Chaplain <input type="checkbox"/> Art/Music/Creative Therapist <input type="checkbox"/> Other (please specify) </p> <p align="right">- continued -</p>

INSTITUTIONAL SELF-ASSESSMENT TOOL (ISAT) – UNIT FORM

	<p>If Yes, are other members of the team invited to attend the meetings to check on the well-being of parents and offer support? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>Are other formalized mechanisms in place for the parents to return to the hospital to meet with staff who cared for their child? <input type="checkbox"/> Yes..... If Yes, please describe: <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>
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Support and Resources

Question	Response
<p>63. Are any of the following offered <i>within the unit</i> to support the practical and emotional needs of families of children with life-threatening conditions?</p>	<p><u>Practical Needs</u> <input type="checkbox"/> Vouchers for food, parking, and transportation <input type="checkbox"/> Listings of hotels, restaurants near the institution <input type="checkbox"/> Housing for families of children with prolonged hospital stays <input type="checkbox"/> Access to long-distance and local telephone service, without charge <input type="checkbox"/> Assistance with insurance, Medicaid, and other financial issues <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't know</p> <p><u>Social/Emotional Needs</u> <input type="checkbox"/> Play areas for healthy siblings <input type="checkbox"/> Supervised <input type="checkbox"/> Unsupervised <input type="checkbox"/> Child Life services for healthy siblings <input type="checkbox"/> Psychological consulting for siblings <input type="checkbox"/> Support groups for parents and siblings <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't know</p>
<p>64. Is there a mechanism to help families find these resources for support in the community? (check all that apply)</p>	<p><input type="checkbox"/> Financial assistance <input type="checkbox"/> Transportation <input type="checkbox"/> Affordable and convenient childcare for healthy siblings so that parents may remain with their critically ill child <input type="checkbox"/> Parent/family support programs and networks <input type="checkbox"/> Mental health professionals specializing in coping with the critical illness and death of a child <input type="checkbox"/> Respite programs appropriate for children <input type="checkbox"/> Other (please specify)</p>

INSTITUTIONAL SELF-ASSESSMENT TOOL (ISAT) – UNIT FORM

Bereavement

Question	Response
65. Does the hospital or unit have a formalized bereavement program?	<input type="checkbox"/> Yes, hospital <input type="checkbox"/> Yes, unit <input type="checkbox"/> No <input type="checkbox"/> Don't Know
66. Does the hospital or unit provide a memorial service provided for bereaved families?	<input type="checkbox"/> Yes, hospital <input type="checkbox"/> Yes, unit <input type="checkbox"/> No <input type="checkbox"/> Don't know If Yes , is this service: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Don't know <input type="checkbox"/> Other (please specify)
67. Does the hospital or unit routinely provide small group services of remembrance with direct caregivers and family members provided?	<input type="checkbox"/> Yes, hospital <input type="checkbox"/> Yes, unit <input type="checkbox"/> No <input type="checkbox"/> Don't Know
68. For which of the following does the hospital or unit provide bereavement support groups? (check all that apply)	<input type="checkbox"/> Parents <input type="checkbox"/> Siblings <input type="checkbox"/> Pre-school <input type="checkbox"/> School age <input type="checkbox"/> Teens <input type="checkbox"/> Grandparents <input type="checkbox"/> Other Relatives <input type="checkbox"/> Friends/classmates <input type="checkbox"/> Other (please specify) <input type="checkbox"/> None
69. Does the hospital or unit provide school-based bereavement intervention for classmates?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

INSTITUTIONAL SELF-ASSESSMENT TOOL (ISAT) – UNIT FORM

<p>70. Which of the following referral services for bereavement care does the hospital or unit provide? (check all that apply)</p>	<p> <input type="checkbox"/> Online support group listings <input type="checkbox"/> Community-based support groups <input type="checkbox"/> Community-based counselors <input type="checkbox"/> Regional or national support group referrals <input type="checkbox"/> Mental health referrals <input type="checkbox"/> Other (please specify) <input type="checkbox"/> None </p>
<p>71. Does the hospital or unit send bereavement cards to families as part of a standardized practice?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know </p> <p>If Yes, is this activity:</p> <p> <input type="checkbox"/> Hospital-based <input type="checkbox"/> Unit-based <input type="checkbox"/> Diagnosis-group based <input type="checkbox"/> Other (please specify) </p> <p>If bereavement cards are sent, when are they sent? (check all that apply)</p> <p> <input type="checkbox"/> At/soon after death <input type="checkbox"/> One month after death <input type="checkbox"/> At birthday <input type="checkbox"/> At winter holidays <input type="checkbox"/> At anniversary of death <input type="checkbox"/> 1st anniversary <input type="checkbox"/> 2nd anniversary <input type="checkbox"/> 3rd anniversary or later <input type="checkbox"/> Other (please specify) </p> <p>If Yes, are the bereavement cards:</p> <p> <input type="checkbox"/> Signed by individual provider(s) <input type="checkbox"/> "Generic" signature <input type="checkbox"/> Other (please describe) </p>
<p>72. Is there a paid person on the unit or hospital staff that is in charge of coordinating bereavement activities?</p>	<p> <input type="checkbox"/> Yes, hospital <input type="checkbox"/> Yes, unit <input type="checkbox"/> No <input type="checkbox"/> Don't know </p> <p align="right">- continued -</p>

INSTITUTIONAL SELF-ASSESSMENT TOOL (ISAT) – UNIT FORM

	<p>If Yes, who is in charge of coordinating bereavement activities?</p> <p><input type="checkbox"/> Physician</p> <p><input type="checkbox"/> Registered Nurse</p> <p><input type="checkbox"/> Social worker</p> <p><input type="checkbox"/> Chaplain</p> <p><input type="checkbox"/> Grief Counselor</p> <p><input type="checkbox"/> Other (please specify)</p>
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Care of the Professional Caregivers

Question	Response
<p>73. Which of the following is the unit doing on a routine basis to ensure the well-being of personnel who care for children living with life-threatening conditions and their families? (check all that apply)</p>	<p><input type="checkbox"/> Providing paid time and relief of clinical duties to attend patients' funerals/visitations/memorials</p> <p><input type="checkbox"/> Providing an atmosphere of respect for all disciplines (Please describe how is this accomplished.)</p> <p><input type="checkbox"/> Providing mentors</p> <p><input type="checkbox"/> Sending condolence cards to personnel who were extensively involved with a patient who has died</p> <p><input type="checkbox"/> Providing flexibility in scheduling to accommodate personnel grieving after the loss of a patient</p> <p><input type="checkbox"/> Providing effective education on palliative care topics</p> <p><input type="checkbox"/> Individual counseling</p> <p><input type="checkbox"/> Employee assistance office</p> <p><input type="checkbox"/> Group counseling/support meetings</p> <p><input type="checkbox"/> Encouraging open communication/exchange of views among all disciplines involved in the child's care.</p> <p><input type="checkbox"/> Providing self-care opportunities on the unit such as</p> <p style="padding-left: 40px;"><input type="checkbox"/> Massage</p> <p style="padding-left: 40px;"><input type="checkbox"/> Music</p> <p style="padding-left: 40px;"><input type="checkbox"/> Quiet Space</p> <p style="padding-left: 40px;"><input type="checkbox"/> Staff Lounge</p> <p style="padding-left: 40px;"><input type="checkbox"/> Other (please specify)</p> <p align="right">- continued -</p>

INSTITUTIONAL SELF-ASSESSMENT TOOL (ISAT) – UNIT FORM

	<p><input type="checkbox"/> Opportunities to discuss troubling cases, for example:</p> <ul style="list-style-type: none"><input type="checkbox"/> Debriefing while child is living<input type="checkbox"/> Debriefing after death<input type="checkbox"/> Ethics rounds<input type="checkbox"/> Policies on professional relationships and boundaries<input type="checkbox"/> Palliative Care rounds<input type="checkbox"/> Patient Care consensus conference<input type="checkbox"/> Other (please specify) <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Other (please specify)</p>
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Thank you for your effort in answering these questions.

Finally, do you have any further comments about the care you provide and its impact on children, families or care providers?