CANADIAN PAEDIATRIC NURSING STANDARDS

Standardizing High quality Nursing Care for Children in Canada

Updated 2022

CAPN ACIIP

The Canadian Association of Paediatric Nurses

l'Association Canadienne des Infirmières et Infirmiers Pediatriques

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Foreword

Practice standards inform scope and expectations of professional nursing. Recognizing the unique dimensions and growing complexity of health care needs of Canadian children* and their families, a group of nursing leaders and clinicians from across Canada came together in 2016 to develop a set of Canadian-specific paediatric nursing standards (Standards). The Standards serve as a framework for nursing delivery to children and their families across all sectors and provide consistency in describing expertise and scope of practice of a paediatric nurse.

The Canadian Paediatric Nursing Standards are intended to have a strong positive impact on nursing practice with children and their families across all health sectors. Nurses are a valuable resource within the Canadian health care system and are well-positioned to further influence and advance the protection and promotion of the well-being of children. From acute to community care and from indigenous to immigrant health, these standards are meant to guide and ensure consistent high quality nursing care for all Canada's children.

** The terms "children" or "child" used throughout this document are meant to be inclusive of infants, children and youth.*

Why Canadian Specific Standards?

Canada has a unique public health care system that spans a vast geography. Ensuring consistent high quality care with common standards across regions and sectors of the health system will benefit our young and vulnerable Canadian citizens. Due to differences and uniqueness of the Canadian health care system, standards and certification from other countries such as the United States may be less relevant to paediatric nursing in Canada. It is important to have Canada's own national paediatric nursing standards and certification process that are tailored to our context.

Standards serve as a framework for paediatric nursing care delivery across all sectors to support the care needs of Canadian infants, children, youth and their families. Canadian standards of paediatric nursing outline competencies that are foundational across specialties and care environments. The standards provide consistency in describing the expertise and scope of practice of a paediatric nurse and identify resources that are easily accessible by paediatric nurses in Canada.

Standards provide role clarity and career trajectory for paediatric nurses in Canada. The Standards and Canadian Nurses Association certification process strengthens the paediatric nursing profession in Canada resulting in role clarity, credibility and accountability of paediatric nurses. Meeting standards and gaining certification encourages paediatric nurses to engage in the paediatric nursing profession and fosters an increased overall job satisfaction.

Background

What is Paediatric Nursing?

Paediatric nursing is applying a strengths-based framework to the protection, promotion, and optimization of health and abilities for children from newborn to young adulthood. Utilizing a child and family-centred care approach, paediatric nurses require knowledge of psychomotor, psychosocial, and cognitive growth and development, as well as of the health problems and needs specific to people in this age group. Preventive care and anticipatory guidance are integral to the practice of paediatric nursing. Nurses with a specific knowledge base and skill set in paediatric nursing care can make a difference through leadership and advocacy in the individual care of the child and the overall state of children's health in Canada.

Guiding Principles and Assumptions

It is recognized that each province and territory have their own nursing regulatory body. The regulatory body sets practice standards and guidelines that apply broadly to all nurses outlining the expectations for nurses that contribute to public protection. They inform nurses of their accountabilities and the public of what to expect of nurses. Core standards apply to all nurses regardless of their role, job description or area of practice. The Canadian Paediatric Nursing Standards are intended to build on this foundation and to guide the practice of any nurse who has infants, children or youth as either their entire practice or part of their practice.

Health and Well-being of Canadian Children

For the paediatric nursing standards to be specific to the context of the Canadian healthcare system, the current health status of Canadian children and health trends in the care of children and their family informed the 2022 review of the original Canadian Paediatric Nursing Standards (2017).

Children and youth make up a considerable proportion of the Canadian population. Out of approximately 36 million Canadians, over 6 million are children 14 years and under (15.7%). Regions with higher than the national percentage of children in their population include Nunavut (31.1%); Northwest Territories (21.4%) and Alberta, Saskatchewan and Manitoba (18.4%, 19.0%, 18.6% respectively) (Statistics Canada, July 2016).

Children are the future of our country and according to the 2022 UNICEF report, Prospects for children in 2022: A global outlook, after almost three years of a pandemic there has been a profound impact on children's health including a record rise in child poverty, setbacks to progress on routine vaccinations and disruption to education for an entire generation that has certainly impacted children in Canada.

Environmental threats are becoming a growing concern according to the UNICEF Report 17 (May 2022) which specifically addresses the impacts of environmental stressors on the well-being of children and youth under age 18. Canada ranked 28 among 39 rich countries in overall environmental well-being of children and youth which puts Canada in the bottom third. Children in Canada are more exposed to environmental risks such as high pesticide pollution, traffic injury and death, air pollution and lead poisoning. Environmental risks to children are not experienced equally, impacting those children most marginalized by income, race and disability.

Even though Canada has a relatively high proportion of resources, we are still not reaching our most vulnerable children including First Nations, Metis, Inuit and urban indigenous children and youth; young people living in poverty; those living in rural and remote communities; newcomer children and youth; and those with mental health concerns and special needs.

Background

2SLGBTQAI+ /Transgender and Gender Fluid Youth

Approximately 4 % of teens identify as lesbian, gay, bisexual, or questioning. These youth are more likely to be victims of bullying, sexual harassment and physical abuse and face a greater risk of social isolation. They also report poorer mental health outcomes. One in 300 people in Canada aged 15 and older are transgender or non-binary. Larger numbers of children and youth are identifying outwardly as transgender or gender fluid and are being seen in a wide variety of healthcare settings where nurses practice. This population of youth are highly vulnerable and are at risk of poor health outcomes up to and including suicidality. Canada is the first country to collect and publish data on gender diversity from a national census.

Child Disability, Complex & Chronic Care

Disability rates have increased for all child age categories. When parents have a child with a disability combined with other sources of stress, it will likely add strain on the family. The severity of the child's disability has been shown to have an impact on whether a parent cited their child's health as their main source of stress in daily life. Chronic health conditions in children continue to be a growing concern affecting 15-17 % of all youth.

Childhood Obesity

According to Stats Canada (2020), the rate of obesity has tripled over the past three decades in Canada, and now about one in four Canadians is obese. Childhood obesity in Canada is of significant concern. Obesity in children can lead to chronic conditions such as type II diabetes, hypertension, poor emotional health and diminished social well-being. A startling thirty-two percent of children and youth ages 5 to 17 years were reported as overweight or obese from 2009 to 2011. Canada has been making little to no progress in reducing obesity (UNICEF, 2020).

Childhood Poverty

In Canada, 1.3 million children live in conditions of poverty which is about 1 in 5. Canada ranks poorly around relative child poverty (17/29) which means that there are a high proportion of children who are to some significant extent excluded from the advantages and opportunities which most children in our society would consider normal. Poverty as a major social determinant of health has been associated with poorer nutrition, decreased maternal health and is linked to limited educational attainment.

Indigenous Children & Youth

Indigenous children and youth in Canada have significant challenges in relation to social determinants of health. Forty percent of Indigenous children in Canada live in poverty, and 60% of Indigenous children on reserves live in poverty. Infant mortality is 7 times higher than the general population and there are lower immunization rates impacting health. Indigenous children are 50 times more likely to be hospitalized with preventable illness. Overall, youth are at higher risk for suicide, depression, substance abuse and fetal alcohol syndrome. Lack of access to health services due to geographical issues makes indigenous children and youth an even more vulnerable population.

Mental Health

Approximately 1.2 million Canadian children are affected by mental health issues with only 1 in 4 being able to access appropriate treatment. Almost all mental health problems begin in childhood before the age of 24 years. There is also a growing prevalence of autism that currently affects 1 in 66 children.

Background

Refugee Health

Canada has a long history of welcoming refugees and other humanitarian migrants into the country. The war in Ukraine has driven global counts of displaced people and refugees to an all-time high. Concurrently, refugees from Afghanistan fleeing traumatic situations face socioeconomic stressors and barriers to services after arrival are more likely to transition to poor health than other immigrants (Greenway et al, 2022)

Racialized Children and Youth

Fifty-eight percent of Canadian youth say they have seen kids insulted, bullied or excluded based on their race or ethnicity at school. Fourteen percent say they have experienced racism themselves, with children of visible minorities three times as likely to have it happen as white children. Among those who say that they have been the target of ill treatment, 43% say it is something that they carry with them after it happens. Also, there is evidence that indigenous, black and other racialized children are overrepresented in the child welfare system when compared to their proportion in the general population. Concerns were also raised both about the perceived bias of authorities or individuals that refer to Child Protection Agencies, and perceived bias in decision-making practices when child welfare workers and authorities become involved with families.

Impact of COVID Pandemic on Children and Youth

The COVID-19 pandemic has left millions of children at risk of contracting other devastating, life-threatening diseases. According to the World Health Organization, an estimated 23 million children missed out on basic childhood vaccines in 2020, leaving them vulnerable to diseases like measles, polio, diphtheria and tetanus. As per the UNICEF report card 16, the COVID-19 Pandemic is likely to worsen many of their key indicators for child wellbeing including mental health and widening the gaps between children. Only one-third (37.2%) of youth aged 12 to 17 met the Canadian physical activity recommendations during the COVID-19 pandemic compared with half (50.8%) of youth pre-pandemic (STATS CAN, 2021)

In conclusion, the early years in a child's development lay the foundation for health status as an adult. It is in our best interest to support children's health to enable the best start in life to maximize their potential. There is certainly a role for the paediatric nurse to positively impact that potential.

Standards Development

Background

The first edition of the Canadian Paediatric Nursing Standards (Standards) was developed in 2016 and published in 2017. A strengths-based lens was used to examine the role of paediatric nurses in the care of the child and family to inform the framework for the Standards. The development approach was a guided phased outcome focused reflective journey that enabled alignment of both practice competencies and evaluative practice indicators to desired outcomes that are uniquely child and family focused. An expert panel followed by a multi-stage Delphi process was undertaken for the development of the initial Standards.

Figure 1: Focuses of each phase of the reflective journey

Revision Process

Literature Review Update

A literature review and environmental scan were conducted for the revision of the Standards in order to ensure relevance, and any new concepts, trends, and/or practices were considered in the revised document.

Phased e-Delphi

The Standards document revision process included a two-round Delphi process to systematically combine expert opinion and arrive at an informed group consensus. The Standards Revision Task Force generated a broad list of Delphi participants to capture representation from all provinces and territories and across sectors. This was mostly achieved with the exception of representation from the Yukon and Northwest Territories. Limits for consensus were set by the team prior to the first phase to ensure consistency. Because the agreement was very high (over 90%) for the original Standards a limit of 85% agreement was set for changes to the 5 standard domains, 80% agreement for changes to the Always Events® and 80% agreement for changes to the competencies. The Delphi included questions about the revisions. This feedback was synthesized to inform the next round. At the end of round two there was over 99% agreement with standard domains, over 97% agreement for the Always Events®, and over 98% agreement for competencies.

Standards Development

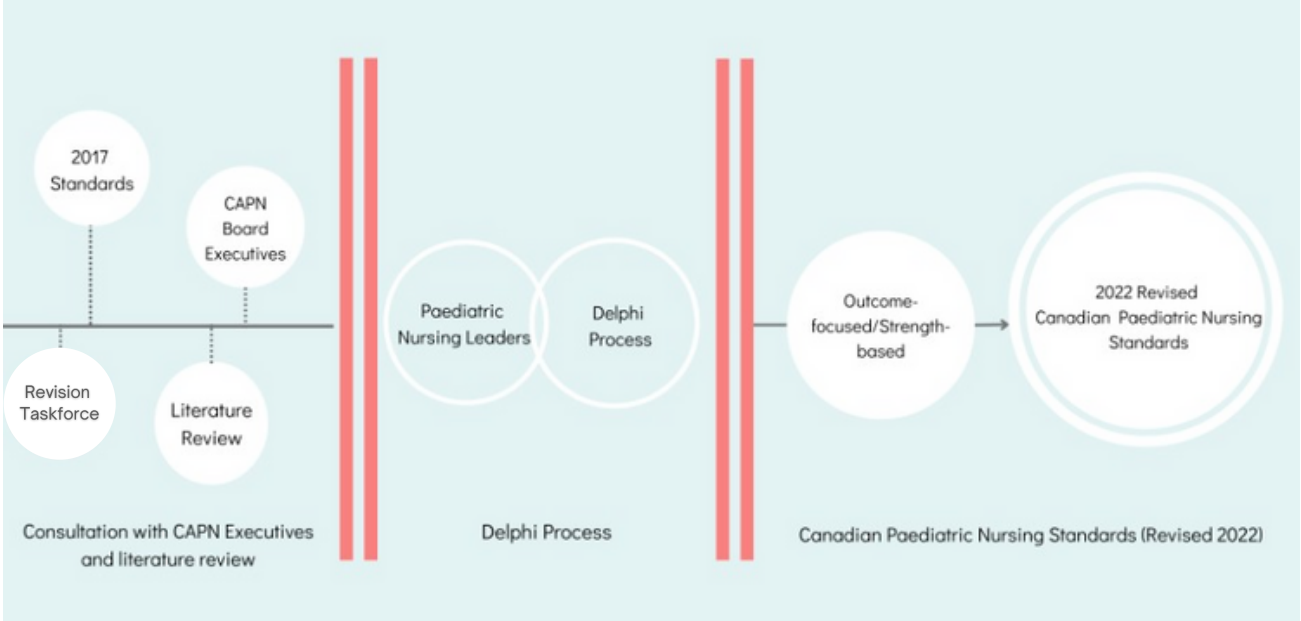

Figure 2: Overview of Standards Development Process

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Canadian Paediatric Nursing Standards

CAPN Mission

Connection, Compassion & Commitment. Leading Paediatric Nursing Excellence

A Vision for the Future

Paediatric Nurses are a powerful collective force who help ensure all children and families in Canada have equitable access to high quality pediatric nursing care regardless of their circumstances. These standards are leveraged to prepare the best paediatric nurses in the world, and they are integrated into the practice of any nurse who works with children, youth and families in all settings and through key transitions. Children, youth and families are healthier, safer and more able to reach their full potential as a result of paediatric nursing leadership in evidence based: policy development, advocacy, health promotion, early detection and family centred care.

The Paediatric Nursing standards are specific to paediatric nursing practice and are anchored by Core Standards which are universally expected of all nurses, regardless of areas of practice, specialty or population group. The Standards assume that all nurses have a foundational scope of practice and meet regulatory requirements through their provincial/territorial regulatory body.

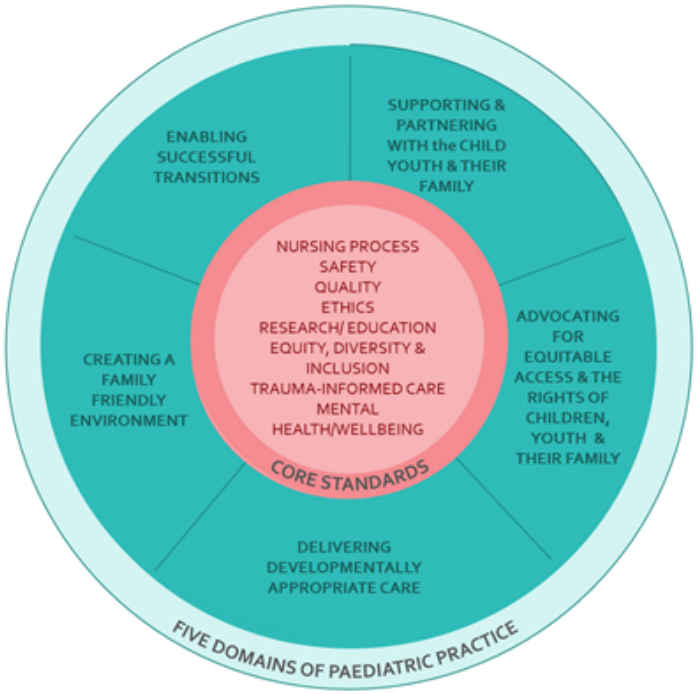

Figure 3: Canadian Paediatric Nursing Standards

The Five Domains of the Canadian Paediatric Nursing Standards

The Standards are divided into domains that identify five unique aspects of paediatric nursing practice. Under each domain is a description of a specific outcome that will positively impact the care experience of the child and their family. Each domain is supported by Always Events® which are behaviours that are so important to patients and families that health care providers must aim to perform them consistently and reliably for every patient, every time. Competencies for the Always Events® can be met in a variety of ways including, but not exclusive to, formal and informal education, clinical experience, mentorship, reflection, and self-directed learning. An example story is included after each standard that highlights its principles, to assist nurses with how to incorporate the standards into their care.

The Canadian Association of Paediatric Nurses advocates for the integration of the Canadian Paediatric Nursing Standards into the practice of all nurses working with children and their families to achieve optimal outcomes.

Standard I

STANDARD I: Supporting and Partnering with the Child, Youth, and their Family

Paediatric Nurses partner with the child, youth and their family by engaging and empowering them to achieve their optimal level of health and well-being leading to resilient families and healthy communities.

The Paediatric Nurse always:

- Establishes an equitable and inclusive therapeutic relationship with the child/youth and family
- Respects and supports the child/youth and family in goal setting, decision making and consent
- Collects and uses information from the family context to inform care
- Communicates with both child/youth and/or family as partners in care
- Advocates for optimal use of resources to support the child/youth and family
- Recognizes and fosters the (parenting)/caregiver role to support child and youth well-being
- Respects the child and youth definition of family

Areas of Competency:

- Strengths-Based Nursing Care -
- Child & family centered care
- Therapeutic communication
- Family assessment
- Child and family advocacy
- Health teaching for child /youth and family
- Evidence based knowledge in paediatric care
- Paediatric palliative care
- Knowledge of diversity/identity/implicit/system bias
- Trauma informed care
- Knowledge of applicable legislation related to consent and privacy

Amed's Story: Out of Control Asthma

Seven-year-old Ahmed came to the asthma clinic as a new patient accompanied by his father, Khalid. Ahmed had a history of many emergency room visits for asthma and most recently a PICU admission. As a paediatric nurse, I sat together with them to talk about Ahmed's admission to ICU. Ahmed's father recalled it happened so fast and how scared he was that it would happen again. I listened to Khalid's story highlighting positively that he recognized that Ahmed was having difficulties breathing and how he quickly called EMS for help. We talked about their family's struggle with two working parents, three young children and limited medication coverage. Ahmed had not been on any regular medication before the ICU visit. The family was currently in subsidized housing that had mould around the windows and previous cockroach problems. I worked to understand their challenges in order to co-create a management plan that would work for them. Ahmed's goals included not missing school or soccer practice because of asthma. Khalid's goal was to keep Ahmed healthy to avoid the emergency room visits which kept him and his wife from their work and their other children. The health teaching included what the medicines do, and how to properly administer medications, what signs to watch for and what to do when having symptoms. We wrote everything down in an action plan designed just for Ahmed. Ahmed was able to demonstrate to me how he used his spacer and puffers effectively and he decided he would keep the medicines close to his toothbrush, so he remembered to take it. We went through strategies to advocate for different housing and different options for medication coverage. In follow up, Ahmed had not had any emergency room visits for asthma and his family had managed to move to a different unit with the help of our letters, as well the family enrolled in a government benefits plan for Ahmed's on-going asthma medication needs.

Standard II

Standard II: Advocating for Equitable Access and the Rights of Children, Youth, and their Family

Paediatric nurses demonstrate and mobilize their understanding of the social determinants and other systemic factors that impact health. They comprehensively assess needs/risks for families, take action to support families to navigate the system, empower families to self-advocate and provide mentorship and coaching that will improve health outcomes for children and families.

The Paediatric Nurse always:

- Completes a comprehensive assessment (beyond physical assessment) through an advocacy lens considering social determinants of health and child and youth well-being
- Facilitates an appropriate environment to perform assessment and intervention considering privacy and confidentiality
- Builds capacity in the child/youth and their family to self-advocate
- Maintains active knowledge of current resources by engaging in paediatric communities of practice
- Supports the child/youth and family to navigate the health care system

Areas of Competency:

- Child, youth, and family capacity building
- Safety and risk assessments
- Understand the impact of social determinants of health
- Awareness of current trends, risks and issues for children, youth, and their families
- Knowledge of systems and policies that affect child/youth and family health and well-being
- Demonstrate understanding of implicit/systemic bias
- Demonstrate awareness of the United Nations' Conventions on the Rights of the Child.
- Advocacy skills

Mosesee's story: Supporting families from remote communities

Tina is a new mother of 30-day old baby boy, Mosesee. They lives in a remote community in Nunavut with her husband, mother, father, and extended family. Tina had been receiving support from her mother to learn how to care for the baby. She was nervous but eager to take on more responsibility. She had taken Mosesee out for a walk bundled in the pouch on the back of her Amauti (Parka). He was irritable and crying. Suddenly, Mosesee stopped crying and went very still. Scared, Tina pulled Mosesee out of the pouch, but he remained still. He did not appear to be breathing, and was pale with blue around his mouth. Terrified, she started giving him back blows like they had shown her at the nursing station. After less than a minute Mosesee took a gasping breath. Tina ran to the nursing station.

The nurse assessed Mosesee while another nurse called for a medivac and then sent someone to tell Tina's mom knowing there was no phone in the house. It took two hours for the medivac to arrive, Tina's mom arrived at the station just before they took off. She prayed with Tina and reassured her. Tina accompanied Mosesee on the medivac. It was two hours to Iqaluit where they switched planes and traveled another 2.5 hours to Winnipeg. From there they traveled via ambulance to the ED.

As the nurse, I could see Tina was overwhelmed as the medical team assessed Mosesee and completed investigations. Our team reassured Tina, including the unit assistant who came and brought her a warm blanket, some food, and a coffee. I called a nurse from the Inuit Centre to share information about Jordan's Principle and NIHB. She shared resources available through the Inuit Centre and because Tina came alone we arranged for an elder to visit once they were admitted to the inpatient unit. The centre nurse supported her with the process to advocate for a second escort to allow her mother to travel to be with her.

Mosesee was eventually transferred to the inpatient unit. The nurse reassured Tina that there would be a nurse at Mosesee's side at all times for the next 24 hours. She encouraged Tina to take this opportunity to go to the Inuit center to have a warm meal, shower and a good sleep. She assured her that she would call if anything changed with Mosesee's care.

Standard III

Standard III: Delivering Developmentally Appropriate Care

Paediatric Nurses perform assessments based on growth and development and deliver paediatric (Child and Youth)-specific care.

The Paediatric Nurse always:

- Demonstrates knowledge of typical development and variation from typical
- Demonstrates knowledge of safety risks and performs safety assessments appropriate for developmental stage
- Use of validated screening tools to identify high risk activities or behaviours
- Identifies and uses appropriate pronouns when addressing child, youth, and family
- Provides anticipatory guidance and coaching on typical development and safety related to the developmental stage of the child, youth, and family
- Incorporates developmentally appropriate play and/or recreational activities into care
- Performs age and developmentally appropriate bio-psychosocial assessment
- Uses developmentally appropriate strategies when preparing for and performing interventions
- Understand that development may be influenced by factors such as gender, ethnicity, spirituality, and culture
- Creates a culturally safe environment

Areas of Competency:

- Knowledge of common paediatric conditions or illnesses
- Holistic approach to paediatric specific assessment and care delivery
- Pain management
- Cultural competency
- Understanding and knowledge of child development
- Mental health literacy
- Awareness of equity, diversity and inclusion guiding principles
- Psychological safety
- Awareness of high-risk behaviours specific to developmental stage
- Trauma informed care

Anna's Story: Safe care for the whole child

Anna is a 12 y.o. girl who arrived in our Emergency Department. The RCMP was called by her school where she was in an extremely dysregulated state, cutting her arms with scissors, making violent gestures towards staff and students, stating that she wanted to die. Anna had a history of anxiety, depression, ADHD, and conduct disorder. Anna also had a history of self-harming behaviour and had expressed thoughts of suicide to her parents.

In ED, Anna remained combative making threats about harming herself and others. She was put into a seclusion room, in the middle of a very crowded department. The staff in the ED had little time to do a proper assessment due to competing demands on their time. The decision was made to admit her to the Inpatient Paediatric Unit for de-escalation, assessment, management, and discharge planning.

When she arrived on the unit, the paediatric nurse assured her she would not be placed in seclusion, and she would have a proper bed. This provided almost immediate relief to Anna, who told the nurse she was scared she would be put “back in jail”. Anna’s parents arrived, and the nurse completed a developmentally supportive physical and mental health assessment, parts of the assessment were done with Anna and her mom, and parts were done with Anna alone. The nurse made sure Anna knew her information would be confidential. Immediate safety planning was done together with Anna, her parents, and the paediatric nurse. Expectations and boundaries were set, and Anna was made aware of what would be happening while she was in the hospital, who her team would be, and what was expected of her.

Throughout Anna’s admission, there were regular team meetings with the family, Anna, the hospital team, and her community team to work towards putting supports in place to help support Anna and her family when she was discharged home. The paediatric nurse supported Anna and her parents to learn about her medication, encouraged Anna to use her voice to speak about her thoughts and feelings, worked with Anna to develop safety plans for both in and outside of the hospital, and supported Anna and her family to go on passes of increasing length as her hospital stay progressed to prepare for discharge.

Standard IV

Standard IV: Creating a Family Friendly Environment

Paediatric nurses play an essential role in creating a family friendly environment that welcomes families and facilitates their health and wellness journey. It is understood that the environment changes as the child/youth grows and is influenced by multiple factors including but not exclusive to psychological, spiritual, social and cultural.

The Paediatric Nurse always:

- Establishes an inclusive communication strategy that meets the needs of the child, youth and family
- Completes a child/youth and family assessment
- Demonstrates cultural competency and humility in all child/youth and family interactions
- Engages with child/youth and family in all care decisions and plan of care in a respectful non- judgmental, culturally safe manner
- Recognizes and fosters child/youth and family strengths and supports, despite boundaries and limitations
- Uses strategies to support and foster resiliency
- Demonstrates caring and compassion to both child/youth and family
- Fosters and promotes safe/brave space

Areas of Competency:

- Intra and interprofessional collaboration
- Cultural competence
- Child/youth and family centered care
- Resiliency theory
- Understanding of national/local accessibility legislation and standards
- Equity, diversity and inclusion
- Awareness of safe and brave spaces

Danielle's Story: A Birthday to Remember

Danielle was a young girl with significant renal failure for most of her life. She was pre-dialysis when she developed an additional complication of pancreatitis. This was severe enough that she was unable to take any enteral nutrition and for almost a year was NPO, except for sips of water, and was on TNA. Due to her illness and the distance she lived from the hospital, home TNA was not an option. She was lonely and depressed and in frequent pain. She often refused to get out of bed or engage in activities. She expressed fear that all her friends were forgetting who she was. Danielle's 13th birthday was going to be celebrated while in hospital, but she was very disappointed that she could not have her friends and a cake for this special day. Her nursing team was trying to come up with a fun activity for her to make the best of a hospital-based birthday party. We brought in party favors and asked her parents to bring in 1-2 of her best friends on the day. To avoid a "real" cake, which she would not be able to enjoy and to add humor to the event, I built a layer cake from wrapped sheets and towels, decorated it with colored ribbons and designed it so that she could "slice" it. We were not allowed real candles, so battery operated candles were substituted. Her IV pole was decorated as well, so that she could ignore or hide the infusions for a time. Danielle's party was a great hit. She laughed at the silly cake and appreciated that the nurses who do her physical care every day were willing to take the time to know what her emotional needs were and to find ways to meet those needs in a unique way. Danielle's parents were appreciative that their daughter could have some time with friends and families without the constant interruption of physical care and to be able to see her laugh for the first in a long time.

Standard V

Standard V: Enable Successful Transitions

Paediatric nurses support the child/youth and family through health care transitions to maximize their well-being. This may include, but is not limited to, hand-over between healthcare providers, admission and discharge, and facility transfer (such as transition from paediatric to adult care institutions)

The Paediatric Nurse always:

- Uses effective communication strategies at all transitions in care
- Assesses readiness and supports safe transition
- Engages in planning of health education and coaching at all transitions
- Involves the child/youth in self-care of their condition as developmentally appropriate
- Provides health education and information to optimize transition of the child/youth and family
- Anticipates and uses resources to support transitions in care
- Plays an active role in facilitating effective transition

Areas of Competencies:

- Care coordination
- Respectful and effective communication
- Advocacy
- Assessment of environmental safety
- Transition planning
- Child, youth and family centred care
- Social determinants of health
- Knowledge of care continuum
- Knowledge of resources to facilitate transitions in care
- Health coaching
- Knowledge of developmental stages
- Strengths based nursing care
- Effective handover
- Application of equity, diversity and inclusion guiding principles in transition

Jessie's Story: One step Closer to Home

Jessie was born extremely prematurely and with a rare genetic syndrome. The complications of the syndrome meant that not only would she have a shortened lifespan but was reliant on medical technology to support her. Her parents lived several hours from the tertiary hospital where Jessie was a patient, travelling back and forth as they learned to be first-time parents as well as provide all the medical procedures that Jessie would need. This was taking a toll on them financially and mentally.

A group of core nurses were identified to provide nursing care for Jessie and her parents and to facilitate discharge planning. Together we supported the parents to learn everything Jessie needed from ostomy bag changes to tracheostomy care. Day by day they became more confident in attending to her medical needs as well as moving into the role of parent. As they took on more of Jessie's care, we started talking about what care at home would be like.

The parents were very concerned about the availability of nursing support in their small town, and it became clear that Jessie's discharge to home would have to be in smaller stages. We collaborated with the small rural hospital to transition Jessie and her family, where they could work on the final step of going home.

Understanding that the community hospital did not have access to the same resources as the tertiary hospital, we had to collaborate to ensure a safe environment for everyone. We provided education sessions and workshops for their interprofessional staff to support their learning needs. Several telehealth conferences with the two medical teams and the family provided a venue for team-to-team handover and open sharing of information. Finally, an in-person site visit to review the medical equipment and technology that Jessie would need helped to alleviate any final concerns.

Discharge day finally came, and we watched Jessie and her family load into the ambulance that would take them to the community hospital. One step closer to home.

Conclusion

The Canadian National Paediatric Nursing Standards are aimed to have a strong positive impact on ensuring consistent, high quality paediatric nursing across all healthcare sectors. From acute to community care and from indigenous to immigrant health, these standards will ultimately guide and ensure consistent and high-quality nursing care for all Canada's children and youth.

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Appendix A: Glossary

Term	Definition
Advocacy	The series of actions taken and issues highlighted to change the "what is" into a "what should be". It can be under-taken on behalf of individuals, groups, or communities, for example.
Accountability	The obligation of an individual or organization to be answerable or responsible for; accepting of blame or liability for actions as a form of governance.
Always Events®	Those aspects of the patient experience that are so important to patients and families that health care providers must aim to perform them consistently and reliably for every patient, every time.
Anticipatory Guidance	This is a nursing intervention characterised by psychological preparation of a person to help relieve the fear and anxiety of an event or future concerns, expectations that are anticipated to be stressful. Also used to prepare someone for the next stage of a process. An example is the preparation of a child for surgery by explaining what will happen and what it will feel like and showing equipment or the area of the hospital where the child will be. It is also used to prepare parents for the normal growth and development of their child.
Change Agent	The person who helps or facilitates in bringing positive change in any area related to health. Nurses also play the role of change agent by bringing improvement in health aspect of people at an individual, family and community level, and in any setting; research, practice and educational. To enact the effective role of change agent the nurse focuses on three main roles; visionary, facilitator, and evaluator.
Child/children	A broad term which includes those aged newborn to 18 years of age. It is a term intended to include any child, such as neonate, infant, toddler, child, youth, adolescent, etc.
Circle of Care	Are commonly used to describe the ability of certain health information custodians to assume an individual's implied consent to collect, use or disclose personal health information for the purpose of providing health care, in circumstances defined in provincial Privacy Health Information Acts.
Coaching **(Health coaching)**	Coaching involves a relationship between an experienced individual and a learner for the purpose of supporting the learner through carefully planned advice and guidance to meet specific tasks, objectives, and goals. It is different from mentoring, which is usually more general in nature. Health coaching is a specific coaching application where the paediatric nurse partners with the child and family to enhance confidence and competence in the ability of the caregiver/parent and/or the child to self-manage health conditions or make lifestyle changes. Health coaching involves co-creating with the child and family a vision for their health, setting health goals (child's goals may be different than the family goals) and developing an action plan; asking meaningful questions, actively listening, observing, and providing feedback; helping the child and family move forward towards the achievement of the health goals.

Glossary

Community of Practice	Group of people who share a skill, concern, or a passion for something they do and who interact regularly to learn how to do it better.
Coping	Expending conscious effort to solve personal and interpersonal problems, and seeking to master, minimize or tolerate stress or conflict. The effectiveness of the coping efforts depends on the type of stress and/or conflict, the particular individual, and the circumstances.
Cultural Competence	Is a set of "congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables the system or professionals to work effectively in cross–cultural situations". Cultural Competence includes and incorporates the concepts of Cultural Safety and Cultural Humility (see next).
Cultural Humility	Humility is the quality or state of not thinking you are better or more knowledgeable than others. **Cultural humility** incorporates a consistent commitment to learning and reflection, but also an understanding of power dynamics and one's own role in society. It is based on the idea of mutually beneficial relationships rather than one person educating or aiding another in attempt to minimize the power imbalances in client-professional relationships.
Cultural Safety	Developed from the idea that to provide quality care for people from different ethnicities and cultures, nurses must provide that care within the cultural values and norms of the patient. The concept of cultural safety challenges the previously accepted standard of transcultural nursing by transferring the power to define the quality of healthcare to patients according to their ethnic, cultural and individual norms. Thus, cultural safety as a concept incorporates the idea of a changed power structure that carries with it potentially difficult social and political ramifications.
Culturally Safe Environment	Culturally safe environment is defined as an environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault challenge or denial of their identity, of who they are and what they need. The concept of cultural safety is a concept that emerged in the late 1980s as a framework for the delivery of more appropriate health services for the Maori people in New Zealand.
Empowerment	Policies and/or measures designed to increase the degree of autonomy and self-determination in lives of people or communities to enable them to represent their own interests or their own authority.
Equitable	Being free from favour or prejudice toward any side. It is more than equal in that it considers the unique needs of an individual or group when providing resources as opposed to providing the same resources for all that may not consistently meet individual needs.
Equity, Diversity, Access and Inclusion	Diversity is an embodiment of a group's composition, likely made up of many or all of the diversity types that exist. It is a composite of the various differences represented – and talking to each other –therein. This may include gender, race, ethnicity, religion, nationality, sexual orientation, place of practice, and practice type. It is the way people are different and yet the same at the individual and group levels. Equity is about creating fair access, opportunity, and advancement for all those different people. It's about creating a fair playing field. It is different from equality.

	For example, equality can indicate that everyone should have clothing, whereas Equity indicates that everyone should have clothes that fit. Access/accessibility refers to giving equitable access to everyone regardless of human ability and experience. It refers to how organizations encompass and celebrate the characteristics and talents that each individual brings to the organization. It is about representation for all. Inclusion is the extent to which people feel a sense of belonging and value within a given setting.
Family	The word "family" refers to two or more persons who are related in any way—biologically, legally, or emotion-ally. Patients and families define their families. In the patient- and family-centered approach, the degree of the family's involvement in health care is determined by the patient. The patient determines the definition of family, as well as the degree of the family's involvement in health care, provided he or she is developmentally mature and competent to do so. The term "family-centered" is in no way intended to remove control from patients who are competent to make decisions concerning their own health care. In pediatrics, particularly with infants and young children, the patient's parents or guardians define family members.
Family Assessment	A family assessment is a dynamic and ongoing process of gathering, analyzing, comparing, and synthesizing the information from various sources to come to an understanding of family strengths and needs relating to child's health, safety, permanency and wellbeing. One example of a family assessment model is the Calgary Family Assessment Model.
Family Centred Care **Also, Child and Family Centred Care**	Child- and family-centred care is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families. It redefines the relationships in health care. It recognizes the vital role that families play in ensuring the health and well-being of infants, children, adolescents, and family members of all ages. They acknowledge that emotional, social, and developmental support are integral components of health care. Child and family centered care is an approach to health care that shapes policies, programs, facility design, and staff day-to-day interactions. (Adapted from Institute for Patient and Family-Centered Care)
Handover Safety	A handover involves the transfer of professional responsibility and accountability for some or all aspects of care for a patient, or groups of patients, to another person, such as a clinician or nurse, or professional group on a temporary or permanent basis. It should include all relevant information to continue the treatment or care effectively and safely. Ideally, a standardized structured tool is used, such as SBAR, to ensure accuracy and completeness of the report.
Healing Environment	A healing environment is complex as it can vary based on culture and personal preferences. It can involve factors such as light, space, colour, size and layout of the space, social mood, behaviours, relationships, and natural elements, such as water and air. It can also be influenced by attitudes, beliefs, values and intentions.

Glossary

Interprofessional Collaboration & Education	The World Health Organization defines collaborative practice in healthcare as occurring "when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, carers and communities to deliver the highest quality of care across settings," and interprofessional education as occurring "when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes." (WHO, 2010).
Implicit Bias	Implicit Bias is a bias or prejudice that is present but not consciously held or recognized. Studies reveal that students, nurses, doctors, police officers, employment recruiters, and many others exhibit implicit biases with respect to race, ethnicity, nationality, gender, social status, and other distinctions.
Jordan's Principle	Jordan's Principle states that the rights of the child should be considered first in providing health care and social services, particularly in instances, which involve complex medical needs and diverging interests due to culture or political boundaries. It is particularly relevant for those children within Canada's aboriginal population where there can be jurisdictional disputes concerning health care which delay intervention.
Navigator	Providing advice or answering questions to assist in a journey. In health care, a navigator assists with under-standing the health care system, making, and planning decisions for services through the sector (locally, provincially, or nationally) for individuals, groups, or communities.
Paediatric Nurse	Any nurse who works with or for infants, children, and/or youth and their families as part of the nurses clinical, education, academic or research focus. Paediatric nurses assess, plan, deliver, and evaluate care in a variety of settings, such as hospitals, homes and in the community, as well as during transfers between these settings either independently with the families or in collaboration with other health care professionals.
Resilience or Resiliency (Theory)	Resilience refers to one's ability to effectively adapt to stress and adversity, such as illness, injury, family problems, financial issues, or interpersonal concerns. Theories of resiliency seek to describe how resiliency can develop or be sustained.
Rights of the Child	The Convention on the Rights of the Child was conceived and adopted 25 years ago by the United Nations. The Convention articulated, for the first time, that children also possess innate rights, equal to those of adults: rights to health, to education, to protection and to equal opportunity – without regard to gender, economic status, ethnicity, religious belief, disability, or geographical location. And, in conformance with the principles of the Charter of the United Nations and the Universal Declaration of Human Rights, the Convention unequivocally recognizes that these rights are "the foundation of freedom, justice and peace in the world." (UN, 1989). Canada was one of the 196 countries who signed agreement to the convention.
Safe/Brave Spaces	A Safe Space can be attributed to any group or gathering that enables people to speak openly and honestly about their thoughts, feelings ideas and experiences. Everyone in a safe space trusts and respects each other, accepts all perspectives even if they are different to the one, they have, and knows that no one will be judged, rejected, or shamed for anything they share.

	A Brave Space has its roots in university settings, but the ideas can be used universally. A brave space aims to create a dynamic space where everyone can actively participate. Key ideas tend to include controversy with civility, owning intentions and impacts, challenge by choice, respect, and no attacks. *Creating a Safe Space – Healthcare Worker Support Toolkit (patientsafetyinstitute.ca)* *Safe Space - Safe Space Health Team* *Create youth-friendly spaces | Walking the talk (yetoolkit.ca)*
Situational Awareness	Situational awareness is a concept that has been around for some time in aviation, military and healthcare for some time. It involves knowing what is going on in the environment and implications for the present and the future. It can be a challenge in a fast paced and complex environment and is especially relevant for situations characterized by a high level of volatility, uncertainty, complexity, and ambiguity, which is common in healthcare.
Social Determinants of Health	The factors that shape the health of Canadians. There are 14 social determinants of health defined in Canada. They include income, and income distribution, education, unemployment and job security, employment and working conditions, early childhood development, food insecurity, housing, social exclusion, social safety network, health services, aboriginal status, gender, race, disability.
Strengths-Based Nursing Care	Strengths-based nursing (SBN) is an approach to care in which eight core values guide nursing action, thereby promoting empowerment, self-efficacy, and hope. In caring for patients and families, the nurse focuses on their inner and outer strengths-that is, on what patients and families do that best helps them deal with problems and minimize deficits. SBN applies across all levels of care. From the provision of care of healthy patients to the critical care of patients who are unconscious, SBN reaffirms nursing's goals of promoting health, facilitating healing, and alleviating suffering by creating environments that work with and bolster patients' capacities for health and innate mechanisms of healing. In doing so, SBN complements medical care, provides a language that communicates nursing's contribution to patient and family health and healing, and empowers the patient and family to gain greater control over their health and healing. (Gottlieb, 2014)
System	An organized, purposeful structure that consists of interrelated and interdependent elements. These elements continually influence one another (directly or indirectly) to maintain their activity and the existence of the system, in order to achieve the goal of the system. If a part of a system is removed or changed, the system will change in some way. Families are considered systems because they are made up of interrelated elements or objectives, they exhibit coherent behaviors, they have regular interactions, and they are interdependent on one another.
Systemic Racism	Also known as institutional racism, refers to the ways that whiteness and white superiority become embedded in the policies and processes of an institution, resulting in a system that advantages white people and disadvantages BIPOC/IBPOC, notably in employment, education, justice, and social participation.
Transition	Goal of a planned healthcare transition is to maximize wellbeing for children and families and taking into consideration their unique needs. Transition can include

	between care providers or between or within organizations at any stage of the care continuum.
Trauma Informed Care	Trauma Informed Care (TIC) aims to decrease the impact of emotional and psychological trauma on all participants within a system of care. TIC consists of four essential elements: realizing the significant impact of trauma; recognizing how trauma may affect children, families, and staff; applying TIC knowledge into practice; and preventing re-traumatization. (Hornor, et.al., 2018)
Therapeutic Nurse Client Relationship	The nurse-client relationship is the foundation of nursing practice across all populations and cultures and in all practice settings. Therapeutic nursing services contribute to the client's health and well-being. The relationship is based on trust, respect, empathy and professional intimacy, and requires appropriate use of the power inherent in the care provider's role. (College of Nurses of Ontario, 2006)
United Nations' Convention on the Rights of the Child	The United Nations Convention on the Rights of the Child (commonly abbreviated as the CRC, CROC, or UNCRC) is a human rights treaty which sets out the civil, political, economic, social, health and cultural rights of children. The Convention defines a child as any human being under the age of eighteen years, unless the age of majority is attained earlier under a state's own domestic legislation.

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Appendix B: List of members of Advisory Group (2016) and Revision Task Force (2022)

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