

Franck LS, Mehra R, Johnson BH, Abraham M, Rubin N, Hoffmann TJ. Hospital Leader Views on the Family-Centeredness of Pediatric Care: A Global Survey. Med Care. 2025 Aug 12. doi: 10.1097/MLR.0000000000002203.

Supplemental Digital Content 2

Family-Centered Care Hospital Policies and Practices Scale – Hospitals Caring for Pediatric Patients

This 44-item survey assesses the perceptions of hospital leaders, healthcare professionals, and family support service providers of the family-centeredness of policies and practices. The total and subscale scores can be used to help determine initial priorities and action steps for family-centered care awareness, education, and improvement. It can also be used to track progress over time.

Instructions: Please rate each item according to how it best represents the policies and practices at your children's hospital, pediatric service or in your neonatal or pediatric unit or department.

Family-Centered Care (FCC) Items	Ratings					
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Unsure
FCC Culture and Policies (6 items)						
1. Family-centered care is integrated as a core value and priority	☐	☐	☐	☐	☐	☐
2. Our mission, vision, values, and/or philosophy of care statements convey a commitment to family-centered care	☐	☐	☐	☐	☐	☐
3. Written policies refer to families as essential members of the health care team and not as "visitors"	☐	☐	☐	☐	☐	☐
4. We welcome families 24 hours a day, 7 days a week	☐	☐	☐	☐	☐	☐
5. Written policies and staff practices make a distinction between families and visitors (i.e., friends, relatives who may wish to visit)	☐	☐	☐	☐	☐	☐
6. We have protocols for supporting safe sibling presence	☐	☐	☐	☐	☐	☐
Family Participation in Care and Decision-Making – Part 1 (10 items)						
7. We encourage families to identify how they want to be involved in: Direct care	☐	☐	☐	☐	☐	☐
8. We encourage families to identify how they want to be involved in: Care planning and decision-making	☐	☐	☐	☐	☐	☐

Family-Centered Care (FCC) Items	Ratings					
9. Care planning and decision-making incorporates the cultural and spiritual beliefs and practices of families	☐	☐	☐	☐	☐	☐
10. Physician and nurse practices support family participation in: Direct patient care	☐	☐	☐	☐	☐	☐
11. Physician and nurse practices support family participation in: Care planning	☐	☐	☐	☐	☐	☐
12. Physician and nurse practices build on the confidence and competence of families to support family participation in: Decision-making	☐	☐	☐	☐	☐	☐
13. Physician and nurse practices support family participation in: Daily medical rounds	☐	☐	☐	☐	☐	☐
14. Physician and nurse practices support family participation in: Planning transitions and discharge	☐	☐	☐	☐	☐	☐
15. Physician and nurse practices support family participation in: Planning end-of-life care	☐	☐	☐	☐	☐	☐
16. Physician and nurse practices encourage and support children and adolescents in planning their care, as developmentally appropriate	☐	☐	☐	☐	☐	☐
Family Participation in Care and Decision-Making – Part 2 (2 items)	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Unsure
17. Physician and nurse practices support family participation in: Nurse change of shift	☐	☐	☐	☐	☐	☐
18. Physician and nurse practices support families to be present during codes or other emergency situations	☐	☐	☐	☐	☐	☐
Information Sharing (5 items)	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Unsure
19. Families are welcomed as essential members of the health care team in pre-admission materials, family welcome packs and handbooks	☐	☐	☐	☐	☐	☐
20. Families are welcomed as essential members of the health care team on our hospital website	☐	☐	☐	☐	☐	☐
21. We welcome and support families through signage that is prominent and worded positively	☐	☐	☐	☐	☐	☐
22. We provide informational materials that are understandable and appropriate for families we serve (e.g., languages, reading levels, formats)	☐	☐	☐	☐	☐	☐

Family-Centered Care (FCC) Items	Ratings					
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23. We provide interpreters when needed	☐	☐	☐	☐	☐	☐
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Family-Centered Care (FCC) Items	Ratings					
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Support for Families (5 items)

24. We ensure that staff ask families about basic needs that may affect their health (e.g., housing, food insecurity)	☐	☐	☐	☐	☐	☐
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25. We ensure that staff connect families to appropriate community resources, as needed (e.g., social services, parent support associations)	☐	☐	☐	☐	☐	☐
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26. Adequate and comfortable space and furniture (chair and/or bed) provided at the patient's bedside	☐	☐	☐	☐	☐	☐
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27. We provide peer support programs for families	☐	☐	☐	☐	☐	☐
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28. We offer financial support to families for parking, meals, overnight accommodation and childcare, as needed	☐	☐	☐	☐	☐	☐
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Staff Education and Performance (6 items)

29. We describe the necessity of partnering with families as members of the health care team in: Orientation for physicians	☐	☐	☐	☐	☐	☐
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30. We describe the necessity of partnering with families as members of the health care team in: Orientation for nurses and other clinical staff	☐	☐	☐	☐	☐	☐
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31. We describe the necessity of partnering with families as members of the health care team in: Inservice and continuing education for physicians	☐	☐	☐	☐	☐	☐
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32. We describe the necessity of partnering with families as members of the health care team in: Inservice and continuing education for nurses and other clinical staff	☐	☐	☐	☐	☐	☐
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33. We clearly describe the necessity of partnering with families as members of the health care team in position descriptions	☐	☐	☐	☐	☐	☐
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34. We clearly describe the necessity of partnering with families as members of the health care team in performance appraisals	☐	☐	☐	☐	☐	☐
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Family-Centered Care (FCC) Items	Ratings					
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Unsure
Cultural Sensitivity Education (3 items)						
35. We provide orientation and education programs to prepare physicians for culturally sensitive practice	☐	☐	☐	☐	☐	☐
36. We provide orientation and education programs to prepare nurses and other clinical staff for culturally sensitive practice	☐	☐	☐	☐	☐	☐
37. We provide orientation and education programs to prepare hospital leaders for culturally sensitive practice	☐	☐	☐	☐	☐	☐
Family Participation in Healthcare Improvement (7 items)						
38. We collect information about the family experience of care through surveys or post-discharge phone calls	☐	☐	☐	☐	☐	☐
39. We collaborate with families to improve the experience of care, quality, equity, and/or safety through a family advisory council or family participation on hospital committees	☐	☐	☐	☐	☐	☐
40. Family advisors reflect the race, ethnicity, linguistic, gender, sexual orientation, and socio-economic diversity of communities served by the hospital	☐	☐	☐	☐	☐	☐
41. We communicate the efforts and impact of family advisors to hospital leaders	☐	☐	☐	☐	☐	☐
42. Our hospital leaders, through their words and actions, hold all staff accountable for family-centered care	☐	☐	☐	☐	☐	☐
43. Our hospital leaders provide rewards and recognition for family-centered practice by hospital staff	☐	☐	☐	☐	☐	☐
44. Our hospital leaders invest time and financial and personnel resources in family-centered care initiatives	☐	☐	☐	☐	☐	☐
Total score (sum scores 1=strongly disagree to 5=strongly agree; point range: 41-205); 8 sub-scales						

Partnership with Family Support Organization Items	Ratings					
45. Does your hospital have a partnership with any community-based organization that provides family housing and support services (e.g., Ronald McDonald House, etc.)?	☐ Yes	☐ No	☐ Unsure			
If no, skip to next section. If yes, please complete the following items:						
46. Having a partnership with an organization that provides family housing and support services helps our children's hospital or my neonatal or pediatric unit/department in the following ways...	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Unsure
46.1. Enhances our ability to provide family-centered care	☐	☐	☐	☐	☐	☐
46.2. Reduces costs to families	☐	☐	☐	☐	☐	☐
46.3. Increases parent/caregiver understanding of child's care plan	☐	☐	☐	☐	☐	☐
46.4. Reduces the length of time a child stays in the hospital	☐	☐	☐	☐	☐	☐
46.5. Improves parent/caregiver satisfaction with hospital care	☐	☐	☐	☐	☐	☐
46.6. Reduces the burden on our hospital in assisting families with lodging	☐	☐	☐	☐	☐	☐
46.7. Reduces the burden on our hospital in assisting families with food	☐	☐	☐	☐	☐	☐
46.8. Reduces the burden on our social work department in connecting families to community resources	☐	☐	☐	☐	☐	☐
46.9. Enhances the quality of care our hospital provides	☐	☐	☐	☐	☐	☐
46.10. Reduces costs to our hospital	☐	☐	☐	☐	☐	☐
46.11. Increases the number of patients the hospital serves	☐	☐	☐	☐	☐	☐
46.12. Enhances our hospital's reputation	☐	☐	☐	☐	☐	☐

Hospital and Leader Demographics Items	Ratings
47. How many <u>neonatal/pediatric</u> inpatient beds does your hospital have? (check one)	☐ Less than 100 beds ☐ 100 beds or more
48. How is medical care paid for at your hospital? (check one)	☐ Most care is paid for by public funds ☐ Most care is paid for by health insurance or by the family ☐ A mix of public funds, health insurance and family
49. Is your hospital affiliated with a medical school and/or university?	☐ Yes ☐ No
50. Is your hospital a referral center for pediatric specialty care for your region or country?	☐ Yes ☐ No
51. Does your hospital have an active family advisory council that meets at least 6 times a year?	☐ Yes ☐ No
52. In what role do you spend most of your time? (check the <u>one</u> that best fits)	☐ Hospital leader (non-clinical) ☐ Hospital medical leader ☐ Hospital nursing leader ☐ Hospital family services leader ☐ Unit/department leader (non-clinical) ☐ Unit/department medical leader ☐ Unit/department nursing leader ☐ Physician, patient care ☐ Nurse, patient care ☐ Therapist, social worker ☐ Other clinical role ☐ Other non-clinical role
53. How long have you been working in your profession?	☐ Less than 5 years ☐ 5-9 years ☐ 10-14 years ☐ 15-20 years ☐ More than 20 years

Please add below any comments about family-centered care at your hospital or neonatal or pediatric unit/department:
