



Critical Care
Services Ontario



Practice Standards for Neonatal Nursing in Ontario: Implementation Toolkit

Resource Guide

September 2023

Version Control

Practice Standards for Neonatal Nursing in Ontario Implementation Toolkit	
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Public Information

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About Critical Care Services Ontario

Established in 2005, Critical Care Services Ontario (CCSO) led the implementation of Ontario's first Critical Care Strategy and now centrally coordinates and develops integrated system solutions for critical care (Adult, Paediatric and Neonatal) and specialty programs aligned with critical care (Neurosurgery, Trauma and Burns, and the Life or Limb Policy). CCSO's work is the result of an ongoing collaboration between critical care providers, hospital administrators, partners from the Ministry of Health, Ontario Health, and other health system leaders.

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Introduction

In 2021, Critical Care Services Ontario (CCSO) along with the Practice Standards for Neonatal Nursing Task Force (a sub-committee of the System Capacity and Capabilities Working Group (SCC-WG) and reporting to the Ontario Neonatal Intensive Care Advisory Committee (ONICAC)) created the Practice Standards for Neonatal Nursing in Ontario. The standards were developed to identify optimal neonatal nursing knowledge, skills, and competencies with the intent to establish a common standard for neonatal nursing practice within the province of Ontario. These standards can be accessed on the CCSO web site at:

<https://criticalcareontario.ca/about/neonatal-intensive-care/>

The purpose of this document is to serve as a resource that can better assist Ontario neonatal critical care units with the adoption and implementation of these practice standards and is based on the Registered Nurses Association of Ontario (RNAO) Implementation Tool Kit. This tool kit can provide neonatal leadership and staff with suggested steps and strategies to consider when implementing the Practice Standards into their daily clinical practice and unit functioning.

References

1. Registered Nurses' Association of Ontario. (2012). *Toolkit: Implementation of Best Practice Guidelines (2nd ed.)*. Toronto, ON: Registered Nurses' Association of Ontario.

Implementation Steps

1. Organizational Structure

Identify and **outline** organizational leadership that is committed to achieving full implementation of all Practice Standards for Neonatal Nursing in Ontario. Some individuals include the Chief Nursing Executive (CNE), Vice President for Women's and Children's Programs, Director responsible for the Neonatal Intensive Care Unit (NICU) and other related roles with similar titles and/or tasks.

- Identify and plan for potential short-term resources to support implementation

2. Stakeholders

Recruit **key stakeholders (unit staff)** to facilitate implementation and associated practice change.

- Develop an internal "marketing" strategy to recruit members who will be actively involved in the practice change (for example Practice Change Champions)
 - The marketing strategy may include activities such as: posting flyer within the unit, email, approach individuals to invite them to get involved
- Ensure key influencers are aware and in agreement (e.g. opinion leaders, supporters, resisters)
- Consider recruiting representatives from all key neonatal nursing groups including practice councils, leaders, communities of practice, practice leaders, family members and/or family advisors
- Determine project / implementation leadership
 - Consider co-leadership e.g. clinical nurse and administrative/ operational leadership

3. Assessment

Complete an **organizational assessment/gap analysis** related to the Practice Standards for Neonatal Nursing.

- Schedule a team meeting to discuss and work through the assessment/gap analysis
- Distribute *Standards Self-Assessment Tool (example in Appendix B)* to participant members, for review prior to the meeting
 - Unit Leaders (educator, manager, advanced practice nurses (APNs)) to review to assess standards associated with organization, neonatal unit, e.g., orientation content
 - Standards Review by a stakeholder team (e.g. two 1-hour meetings)
 - Determine the current state of each standard E.g. met, partially met, not met

4. Facilitators and Barriers

For each standard and associated competencies and criteria, **assess facilitators and barriers** to successful implementation/practice change. This step will help prepare and assess high priority standards which can be found on the next step, *5. Priority Standards*.

- Identify unit/staff strengths and strategies that can be leveraged to facilitate successful implementation
- Identify barriers and strategies that can be leveraged to overcome issues/challenges
 - E.g. review past experiences with practice change that have been successful what was done in the past, how was it received, who was involved, why was it successful, etc.
- Identify motivating factors/forces
- See the *Appendix A* for a list of facilitators and barriers

5. Priority Standards

Identify high priority standards. When completing the *Standards Self-Assessment Tool*, mark each standard from highest to lowest priority:

- 1 = Top Priority. Standards that fall within this category are expected to be completed and met within 1 to 6 months.
- 2 = Medium Priority Standards that fall within this category are expected to be completed and met within 6 to 12 months.
- 3 = Low Priority. Standards that fall within this category are expected to be completed and met within 12 to 18 months.

After the *Standards Self-Assessment Tool* has been completed, review the *Not Met* and *Partially Met* tasks your organization will focus on implementing in the environment first. Take time to consider factors such as:

- Breaking down each task into easier-to-manage, bite-sized pieces to further implementation
- Identify motivating forces, issues and/or data/information that will ease the practice change process
- E.g., parent/family feedback, nursing feedback, safety reports, feedback from other sources
 - What evidence and/or rationale is there to support the practice change process?
 - What resources (e.g., financial, curriculum, local expertise) are available and accessible to support the practice change process?

6. Developing the Implementation Plan

Develop an implementation plan.

- Use analysis of facilitators and barriers, past experiences with practice change and input from stakeholders to generate a list of implementation strategies that are tailored for the organization's culture, current state, and receptivity
- It is important to recognize and acknowledge any difficulties that are associated with specific practice change
 - Develop a tailored multi-strategy approach, Strategies may include:
 - Development of interactive educational and promotional materials,
 - include reference to CCSO Practice Standards
 - use of CINHALL, MEDLINE, PUBMED, Canadian Paediatric Society, American Academy of Pediatrics, National Association of Neonatal Nurses, Canadian Nurses Association, GOOGLE Scholar may be accessed for relevant neonatal research and practice standards
 - Educational sessions, focused on how workflow may be positively or negatively impacted
 - Sharing of patient comments, feedback, input, scenarios
 - Enable opinion-leaders, stakeholders to facilitate the change
 - Ongoing monitoring and provision of support in the moment, early in the change, to support the learning curve

7. Implementing the Plan

Implement the plan.

- Remain open to adjusting implementation strategies/plan to meet needs of the practice setting
- Be aware of factors that may compete for people's attention and their ability to successfully make the practice change
- Provide accessible resources to support the change
 - e.g., pocket cards, posters, reminders embedded in electronic documentation systems

8. Evaluate and Monitor

Evaluate the change and monitor relevant outcomes.

- Identify measurable outcomes of the practice change and set monitoring points to determine the progress
 - Identify milestones and progress points
 - Identify targets to determine that the practice change has been achieved,
- Consider outcomes that impact:
 - Client/family
 - NICU clinicians/staff
 - NICU unit itself, organization, or healthcare system
- Suggested question to generate relevant outcomes: "What, if any, difference does applying the practice change make in clinical practice in relation to patient/family health and outcomes?"
- Examples of monitoring strategies may include:
 - Audit/feedback (e.g., observations, chart audits)
 - Interviews (users, recipients of care, e.g., parents)
 - Focus groups
 - Surveys

9. Sustain

Sustain the change.

- Consider the implications of the change, including:
 - Relevance of the change to current priorities, e.g., accessing Critical Care Services Ontario Critical Care Nurse Training Funds
 - Benefits (e.g. to the work flow of the unit, to overall patient care and satisfaction etc.)
 - Attitudes (supportive vs. resistance)
 - Leadership and networks that are available to support the change
 - Champions of the change (who are they, are they visible and articulating the value?)
 - Policy Integration (policy documents support the change)
 - Funding (are there costs to sustain the change, how can these be addressed, is it cost effective, impact on patient outcomes)

Appendix

Appendix A: Facilitators and Barriers

The following table is a list of examples of facilitators and barriers that your organization may face when tasked with this new project to implement the standards. It will be helpful to identify potential facilitators and barriers and plans to incorporate or exclude them in planning.

Facilitators	Barriers
Group Interaction (individual): Small group educational sessions that enhanced learning via social interaction with peers	Negative staff attitudes and beliefs (individual): Staff resistance to change may be due to organizational level issues (heavy workloads, high staff turnover and organizational change).
Positive staff attitudes and beliefs (individual): How implementation improves patient outcomes and working conditions	Limited integration of guideline recommendations into organizational structures and processes (organizational): For example, inadequate staffing for implementation activities
Leadership support (organizational): Support from nurse managers and administrators at all levels, to support the vision and to embed the guideline in policy	Organizational and system level change (organizational): For example, changes in nursing roles and models of care, structural renovations on units.
Champions (organizational) A delegated person to lead, facilitate and encourage the implementation process. This strategy is most commonly reported by administrators to be essential .	
Inter-organizational collaboration and networks (environmental): Administrators highlight the importance of networks to promote integration, coordination and continuity of patient care.'	

Appendix B:

Practice Standards Self-Assessment / Gap Analysis Tool

The template below can be used and edited by local teams to determine the current state of the Practice Standard in the unit. This tool will help sites understand where they stand within each category and act as a reference/ starting point to determining what the next steps are to achieving a fully met standard.

- 1 = top priority (1-6 months)
- 2 = medium priority (6-12 months)
- 3 = low priority (12-18 months)

	Met	Partially Met	Not Met	Priority Rank (1-low - 3-high)	Additional Comments
Category: Professional Behaviour/Ethics					
Competency: 1. The neonatal nurse practices within the scope of regulatory, professional, legal, and ethical standards.					
Criteria:					
1.1 Complies with all appropriate legislation and, in collaboration with the Ontario's Home and Community Care Support Services, strives to achieve CCSO Critical Care Strategic Goals.					
1.2. Monitors, evaluates, and reports unit-based performance data and participates in improvement activities related to the health care facility's Quality Improvement Plan					
1.3. Ensures unit staff and physicians are aware of performance data and are engaged in determining improvement activities.					
1.4. Incorporates professional, legal, and ethical neonatal standards into practice					
1.5. Practices child and family-centred care, and is focused on engaging families in the care process					
1.6. Ensures infant and family privacy and confidentiality within the limits of the environment					
1.7. Participates in fostering a culture of safety by identifying and mitigating potential risks, and proactively reporting near misses and errors, omissions, and incidents promptly as well as participating in disclosure to and support of the family and colleagues					
1.8. Follows guidelines for reporting data to appropriate agencies (e.g., Critical Care Information System, Child Protection Services)					
1.9. Identifies potential organ and tissue donors through adherence to Trillium Gift of Life Network ¹ - End of Life Care guidelines and legislation					
1.10. Responds promptly to environmental, physical, and psychosocial stress factors that impact inter-professional team members in the critical care setting					
1.11. Participates in neonatal research and incorporates research findings into practice where applicable					

	Met	Partially Met	Not Met	Priority Rank (1-low - 3-high)	Additional Comments
Competency: 1 CONTINUED. The neonatal nurse practices within the scope of regulatory, professional, legal, and ethical standards.					
1.12. Recognizes the delineation between the practice of neonatal nursing and the practice of neonatal medicine					
1.13. Develops and maintains professional relationships, focusing on working with others in a positive, collaborative, and respectful manner					
1.14. Develops and maintains professional relationships by conducting themselves in a way that promotes respect for team members and contributes to positive team functioning					
	Met	Partially Met	Not Met	Priority Rank (1-low - 3-high)	Additional Comments
Category: Continuing Competence and Research					
Competency: 2. Personnel assigned roles and responsibilities within the neonatal unit (related to the structure of the neonatal unit) are qualified and current in practice.					
Criteria:					
2.1 Ensures there are hiring practice policies and procedures to ensure qualified individuals are recruited and hired.					
2.2 Ensures all employees receive an orientation to the assigned clinical area which reflects facility-wide requirements as well as unit-specific needs.					
2.3 Provides the structure and materials to ensure that research is feasible and ethical.					
2.4 Ensures nurses with appropriate preparation, education, or experience in neonatal nursing are responsible for direct patient and family centred care.					
2.5 Ensures that patient assignments are based on skills, knowledge, and ability of the neonatal nurse and the patient's needs and acuity					
2.6 Ensures that all neonatal nursing personnel receive a performance appraisal at regular intervals, as per the health care facility policies, which is based on the written job description, discussed with the staff members involved, and includes a process for the development of mutually agreed upon goals and objectives					
2.7 Remains current with evidence-informed practice changes on the unit and identifies and reports to supervisor if further skill development is required.					
2.8 Attends education, training, and workshops to maintain clinical competency.					
2.9 Promotes research, evidence-informed practice, and dissemination of best practices.					
2.10 Provides leadership to other members of the neonatal care team by acting as a resource person, preceptor, and mentor.					

	Met	Partially Met	Not Met	Priority Rank (1-low - 3-high)	Additional Comments
Category: Continuing Competence and Research					
Competency: 3. A mechanism for communication and establishment of policy/procedures, such as a Neonatal Care Committee, is established and endorsed by the health care facility in collaboration with the neonatal care team (related to the structure of the neonatal unit).					
Criteria:					
3.1 Ensures there is broad representation from all levels of neonatal nursing, medicine, and allied health care professionals involved in patient care and family advisory					
3.2 Ensures Administration works in collaboration with those represented in 3.1 in an advisory or decision-making capacity with responsibilities for, but not limited to: <ul style="list-style-type: none"> Unit philosophy, goals, and objectives Structural planning Strategic planning Policies and procedures Program development and evaluation Establishment of a mechanism for resolving issues related to interdepartmental and inter-professional matters, and resource allocation Unit quality improvement activities, ensuring alignment with Quality Improvement Plan and Accreditation Canada Standards Ensuring accountability for improvement on all indicators, including publicly reported outcomes Mechanisms and methods to analyze, plan, and act on statistical data, related utilization, and outcome measures Other activities as deemed appropriate in the organizational setting 					
3.3 Reviews and endorses written information regarding the neonatal unit including, but not limited to: unit philosophy, strategy, goals, and objectives <ul style="list-style-type: none"> Organizational chart Dependent nursing responsibilities Medical responsibilities Roles and responsibilities of other health professionals within the unit 					
3.4 Reviews and endorses written policies and procedures specific to the neonatal unit including, but not limited to: <ul style="list-style-type: none"> Admission, transfer, and discharge criteria Surge Capacity Management Plan Fire, disaster and evacuation Medication administration and other treatments Delegation of medical function(s) and shared competencies Protocols for management of specific neonatal conditions 					

	Met	Partially Met	Not Met	Priority Rank (1-low - 3-high)	Additional Comments
Category: Continuing Competence and Research					
Competency: 4. There is shared accountability of the neonatal nurse along with the unit and organization to seek out and obtain the education to maintain, enhance and improve his/her practice.					
Criteria:					
4.1 Will regularly provide opportunities for nursing education and practice of rarely used neonatal care skills on an annual basis.					
4.2 Will provide educational opportunities for any new skill for nurses in the neonatal unit.					
4.3 Will seek opportunities to continually learn innovations in neonatal care to enhance knowledge, skills, and competencies.					
	Met	Partially Met	Not Met	Priority Rank (1-low - 3-high)	Additional Comments
Category: Client and Nurse Safety/Risk Prevention					
Competency: 5. The health care facility provides a quality and safe work environment.					
Criteria:					
5.1 Have defined, transparent processes for timely reporting and responding to concerns from all employees and families, including unusual occurrences, errors, and near misses.					
5.2 Engages families in decision-making that can influence or impact patient care such as Patient Advisory Councils, family representation on committees.					
5.3 Implements and adheres to Required Organization Practices and Accreditation Canada Standards and the Occupational Health and Safety Act (2017).					
5.4 Establishes corporate safety management and reporting system which enables reporting of safety events and monitoring of trends, and comprehensively address nurse safety and wellbeing.					
5.5 Contributes to the development of a culture of safety within the neonatal environment by ensuring safety concerns are brought forward to a supervisor promptly.					
5.6 Utilizes the unit or organization-based safety reporting system to report any identified potential or actual safety concerns and/or events.					
5.7 Ensures personal safety by utilizing appropriate personal protective equipment as per hospital/unit policy and protocols.					
5.8 Follows and complies with hand-hygiene expectations as per infection prevention and control practices.					
5.9 Ensures that environmental hazards are minimized, e.g., risk of trips/falls associated with equipment, or cords.					

	Met	Partially Met	Not Met	Priority Rank (1-low - 3-high)	Additional Comments
Category: Client and Nurse Safety/Risk Prevention					
Competency: 6. The neonatal nurse, in partnership with parents, collaborates with other members of the interprofessional health care team to formulate the plan of care.					
Criteria:					
6.1 Formulates the plan of care in alignment with a culture of quality, safety, and risk prevention					
6.2 Practices within an inter-professional team and actively engages in implementation of evidence-informed best practice concerning clinical care and patient safety for patients, family, and members of the health care team when developing the plan of care.					
6.3 Monitors and evaluates results of the clinical plan of care, then, according to evidence and in discussion with the team, including the family, makes revisions to the plan accordingly.					
	Met	Partially Met	Not Met	Priority Rank (1-low - 3-high)	Additional Comments
Category: Client and Nurse Safety/Risk Prevention					
Competency: 7. The health care facility provides opportunities for the neonatal nurse to maintain the knowledge and skills necessary to deliver safe and optimal care within the context of the organization's conceptual model of nursing practice.					
Criteria:					
7.1 Develops criteria for hiring nurses based on the knowledge and skill requirements of the job					
7.2 Provides an orientation program which: <ul style="list-style-type: none"> Is based on a learning needs assessment and is competency-based Includes specific unit philosophy, goals, policies and procedures, strategy, as well as an organizational chart for the unit Includes physical layout and instructions on the use of unit equipment Includes a clinical and theoretical component, the content and length of which is based on the level, the type of unit, and the learning needs identified by learners. 					
7.3 Provides continuing education and communication related but not limited to the following: <ul style="list-style-type: none"> New or revised policies and procedures The use of new or updated equipment Advanced skills or skills used infrequently (e.g., set up of central lines, chest drains, blood sampling from arterial lines, or other skills as needed/identified by the health care facility) Roles and responsibilities of the neonatal nurse, including the role of charge nurse, preceptor, or mentor as well as other members of the inter-professional team Role of the neonatal nurse on the health care team 					

	Met	Partially Met	Not Met	Priority Rank (1-low - 3-high)	Additional Comments
Competency: 7 CONTINUED. The health care facility provides opportunities for the neonatal nurse to maintain the knowledge and skills necessary to deliver safe and optimal care within the context of the organization's conceptual model of nursing practice.					
<ul style="list-style-type: none"> Theory and concepts pertinent to the neonatal patient population Critical incident stress management for all staff members The use and fitting of personal protective equipment for all staff involved in patient care 					
7.4 Evaluates the knowledge and competencies of the neonatal nurse on an ongoing basis.					
7.5 Ensures the availability of current resources relevant to the neonatal population.					
7.6 Attends educational opportunities to enhance clinical skills and theoretical knowledge.					
7.7 Ensures competence in all skills performed. Self-identifies issues with competency and informs supervisor if an update is required.					
7.8 Maintains current knowledge about unit policy or procedural changes.					
	Met	Partially Met	Not Met	Priority Rank (1-low - 3-high)	Additional Comments
Category: Therapeutic and Professional Relationships/Caring					
Competency: 8. The family is the primary unit for care.					
Criteria:					
8.1 All information about the functioning of the unit for families refers to families as families and not as "visitors", and facilitates processes that welcome the family to be present 24 hours per day					
8.2 Families have unrestricted access to the unit, to be with their infants					
8.3 It strives to provide dedicated space that is exclusive for family use					
8.4 It supports families as decision-makers including striving to have them engaged in bedside rounds					
8.5 It has policies/procedures/protocols /practices that outline that families are integral members of the care team					
8.6 It provides a physical environment that promotes family engagement/partnership in all aspects of care					
8.7 There is a process in place for review of family feedback and process improvement					
8.8 Facilitates parental involvement in care at all times					
8.9 Identifies barriers to family participation and strives to reduce or eliminate them					
8.10 Coordinates and collaborates with family so they may provide care, e.g., accommodates infant cues and family <i>schedules</i>					

	Met	Partially Met	Not Met	Priority Rank (1-low - 3-high)	Additional Comments
Competency: 8. The family is the primary unit for care. CONTINUED					
8.11 Encourages and facilitates family involvement in decision-making as part of the care team					
8.12 Supports parents/family to be actively involved in care based on infant's clinical condition and behavioural cues					
8.13 Individualizes care and is respectful of family goals/wishes and preferences					
8.14 Is respectful of and strives to accommodate family needs, privacy, cultural needs, preferences, and mutually agreeable approaches					
8.15 Consistently uses language that acknowledges the parent's essential role as parents, maintaining a professional therapeutic relationship and rapport when discussing the infant.					
8.16 Fosters an environment that promotes family integrated care that reflects family preferences					
	Met	Partially Met	Not Met	Priority Rank (1-low - 3-high)	Additional Comments
Category: Therapeutic and Professional Relationships/Caring					
Competency: 9.0 In collaboration with members of the inter-professional health care team and based upon knowledge of nursing, biological, physical, psycho-social, and behavioural sciences, and in partnership with the infant's family, respecting their cultural values and beliefs, data are continuously analyzed by the neonatal nurse to: identify family values, beliefs, priorities, preferences, and the neonate's problems; formulate a care plan, and provide interventions which are evidence-informed, culturally appropriate and grounded in trauma-informed principles.					
Criteria:					
9.1 Addresses significant findings with other members of the inter-professional team, and families.					
9.2 Leads the development of an individualized and holistic plan of care in collaboration with the family, and other health care team members					
9.3 Assesses and leverages parent/family strengths to optimize the plan of care to support optimal infant outcomes, considering their unique needs and integrating relevant social determinants of health					
9.4 Assesses and recognizes the potential impact of previous trauma on families on their coping and integrates strategies to ensure the plan of care promotes mental health and does not compound previous trauma					
9.5 Considers the unique cultural heritage of the family, including those of indigenous origin, and partners with the family to integrate their values, beliefs, and preferences into the care plan					

	Met	Partially Met	Not Met	Priority Rank (1-low - 3-high)	Additional Comments
Category: Therapeutic and Professional Relationships/Caring					
Competency: 10. The neonatal nurse promotes optimal health and establishes and evaluates associated infant outcomes consistent with the organizational conceptual model for neonatal nursing and consistent with independent and interdependent nursing functions.					
Criteria:					
10.1 Optimizes communication with the family by: <ul style="list-style-type: none"> Assessing current communication status by using all techniques available and involving the family in interpreting the infant's behavioural cues (e.g., eye contact, touch, measures that comfort the infant) Ensuring that family members have the knowledge to recognize and interpret their infant's cues and modify their responses accordingly, e.g., eye contact, touch, providing comfort Encouraging and sharing with the family, and other members of the inter-professional health care team strategies, how to interact with the infant, e.g., use of developmental care interventions Continuously evaluating the effectiveness of the interactions 					
10.2 Intervenes to facilitate optimal family processes by: <ul style="list-style-type: none"> Offering opportunities and information to facilitate parental-infant bonding and attachment with their infant Using language that is consistent with the parent(s) and family(s) level of understanding, culture, and circumstances of the family Providing an opportunity for the family to verbalize feelings and concerns, using other supports when needed Demonstrating concern and acceptance through compassionate and empathetic verbal and nonverbal communication Providing honest and realistic information to the parent(s) Providing ongoing support Providing frequent and regular exchange of information related to the infant's condition and plan of care and ensure they understand the information 					

	Met	Partially Met	Not Met	Priority Rank (1-low - 3-high)	Additional Comments
Category: Therapeutic and Professional Relationships/Caring					
Competency: 11. The neonatal nurse continuously assesses, monitors, and evaluates data regarding the infant's behavioural cues in addition to the family's emotional and psycho-social responses to changes in clinical condition and NICU hospitalization.					
Criteria:					
11.1 Reports, discusses and addresses significant differences between actual and expected outcomes with the appropriate inter-professional team members and transfer the accountability for the plan of care at the infant's transition points, such as: <ul style="list-style-type: none"> • Admission to the unit • Beginning of each shift • Change of patient assignment • Change in infant's clinical status • When providing handover of care upon transfer to another unit 					
11.2 Assesses, interprets, and evaluates data continually, based on a comprehensive assessment of physiological, laboratory, and diagnostic data, as well as interactions with the family as needed and using technological supports, both invasive and non-invasive					
11.3 Collects laboratory specimens as per hospital policy as indicated (e.g., aspirate via an endotracheal tube, blood via capillary, venous, arterial sample, invasive lines)					
11.4 Continuously monitors pathophysiological, psycho-social, ethnocultural, developmental, and spiritual needs of the infant and family in the context of the infant's evolving condition.					
11.5 Obtains a comprehensive health history using all available and appropriate sources					
11.6 Assesses data regarding infection and transmission risks to patients, family, and staff and takes all necessary infection control measures to proactively mitigate risk, including ensuring adherence to routine practices.					
	Met	Partially Met	Not Met	Priority Rank (1-low - 3-high)	Additional Comments
Category: Therapeutic and Professional Relationships/Caring					
Competency: 12. The neonatal nurse provides a therapeutic environment that facilitates family cohesion, attachment and bonding through the integration of evidence-informed practices, promoting optimal developmental outcomes while supporting physiologic stability. The goal of care is to optimize infant's growth and neurodevelopmental potential by supporting ongoing development to maximize outcomes.					
Criteria:					
12.1 Provides devices to support developmentally appropriate positioning and care					
12.2 Has process/procedures in place to support nurses to escalate care concerns					

	Met	Partially Met	Not Met	Priority Rank (1-low - 3-high)	Additional Comments
Competency: 12 CONTINUED. The neonatal nurse provides a therapeutic environment that facilitates family cohesion, attachment and bonding through the integration of evidence-informed practices, promoting optimal developmental outcomes while supporting physiologic stability. The goal of care is to optimize infant's growth and neurodevelopmental potential by supporting ongoing development to maximize outcomes.					
12.3 Implements processes based on the collection and review of morbidity, mortality, and outcome data and identifies potential implications for the infant.					
12.4 Strives to ensure the physical environment is modified to minimize infant and family distress (e.g., noise & light, etc.)					
12.5 Utilizes knowledge of how the environment and care impact neurodevelopmental development of the infant, including developmentally appropriate positioning					
12.6 Uses techniques that minimize behavioural disruption and/or dysregulation in the infant					
12.7 Recognizes the importance of holistic care, supporting and facilitating the family's adaptive and coping skills, and advocating for required resources.					
12.8 Integrates age-appropriate care during activities such as feeding and handling, ensuring appropriate responses to the infant's "time out" cues, educating the family about developmentally significant responses, e.g., distress behaviours					
12.9 Works with the family to modify interventions based on their infant's responses					
12.10 Provides and supports time for protected sleep					
12.11 Routinely assesses and manages pain and stress, implementing appropriate evidence-informed, pharmacologic, and non-pharmacologic interventions and evaluating their effectiveness.					
12.12 Partners with the family to integrate age-appropriate activities of daily living into an individualized plan of care					
12.13 Cultivates a healing and supportive environment that enhances the family's capacity to care and advocate for their infant.					
	Met	Partially Met	Not Met	Priority Rank (1-low - 3-high)	Additional Comments
Category: Clinical Skills, Knowledge, Integration and Critical Thinking					
Competency: 13. The neonatal nurse utilizes knowledge of developmentally supportive care, which addresses the dynamic relationship between an infant's behavioural cues and the environment, to guide the care that is provided.					
Criteria:					
13.1 Anticipates and prepares for acute or subtle changes in clinical condition					
13.2 Establishes priorities and goals for care in collaboration with the family and members of the inter-professional team					
13.3 Selects specific nursing interventions designed to achieve optimal patient outcomes					

	Met	Partially Met	Not Met	Priority Rank (1-low - 3-high)	Additional Comments
Competency: 13 CONTINUED: The neonatal nurse utilizes knowledge of developmentally supportive care, which addresses the dynamic relationship between an infant's behavioural cues and the environment, to guide the care that is provided.					
13.4 Incorporates the family's psycho-social, ethnocultural, spiritual, and developmental needs into the plan of care					
13.5 Collaborates to establish measurable, immediate, and longer-term, family-oriented goals with the family and health care team					
13.6 Collaboratively identifies realistic and measurable optimal patient outcomes to be used in the evaluation of formulated goals with the family and health care team					
13.7 Validates the plan of care with the family and other members of the health care team					
13.8 Identifies and secures required resources to implement the plan of care					
13.9 Documents and revises the plan of care as necessary as per unit policy and professional standards					
13.10 Identifies and integrates educational strategies to address family learning needs when formulating the plan of care					
13.11 Anticipates, develops plans, and secures resources to meet family support needs					
13.12 Collaborates with family and the interprofessional team to prepare for transitions in care, ultimately from hospital to home					
13.13 Integrates current knowledge and skills in planning for and supporting families of infants requiring palliative and bereavement care					
	Met	Partially Met	Not Met	Priority Rank (1-low - 3-high)	Additional Comments
Category: Clinical Skills, Knowledge, Integration and Critical Thinking					
Competency: 14 Using the knowledge of nursing, biological, physical, psycho-social, and behavioural sciences, data are continuously analyzed by the neonatal nurse to formulate nursing responses and interventions in the context of family preferences and in collaboration with the interprofessional team to formulate a comprehensive plan of care.					
Criteria:					
14.1 Analyzes unexpected infant responses and makes rapid decisions about priorities of care					
14.2 Escalates care concerns to appropriate inter-professional team members to address acute changes in the condition of the infant and the needs of the family					
14.3 Anticipates, intervenes, and delivers measures to manage multi-organ and single system organ failure, as well as provides evidence-informed care to prevent complications and promote optimal health; including but not limited to addressing: <ul style="list-style-type: none"> • Transition from an intrauterine environment to an extra-uterine environment • Promotion of optimal health, including but not limited to airway management, which may include respiratory failure secondary to the immaturity of the respiratory system, impaired gas exchange, mechanical failure, respiratory muscle fatigue, inflammation, infection inhalation injury, obstruction 					

	Met	Partially Met	Not Met	Priority Rank (1-low - 3-high)	Additional Comments
Competency: 14 CONTINUED. Using the knowledge of nursing, biological, physical, psycho-social, and behavioural sciences, data are continuously analyzed by the neonatal nurse to formulate nursing responses and interventions in the context of family preferences and in collaboration with the inter-professional team to formulate a comprehensive plan of care.					
<ul style="list-style-type: none"> • Management of shock and/or hypotension due to hypovolemia, cardiogenic shock, septic shock, arrhythmias, obstruction, or inflammation • Alteration in cardiac output due to mechanical or metabolic dysfunction • Brain injury from pregnancy and birth-associated asphyxia, intraventricular hemorrhage, head trauma, seizures, meningitis, neurogenic shock, alterations in cerebral perfusion, increased intracranial pressure, and ischemic insult • Assessing and managing infant pain • Gastrointestinal tract abnormalities due to altered embryological development, immaturity, compromised perfusion (antenatal, intrapartum, post-delivery), bleeding, infection, inflammation, obstruction, infarction • Acute renal failure resulting in a fluid, electrolyte, and/or acid-base imbalance • Vascular tissue perfusion abnormalities • Skin breakdown, including pressure injury, loss of skin integrity due to prematurity, thermal injury, trauma, surgery, infection, loose stools associated with conditions such as neonatal abstinence syndrome • Abnormalities in fluid balance • Ineffective thermoregulation, including hypothermia and hyperthermia • Alterations in musculoskeletal function (e.g., contractures, fractures) • Alterations in endocrine function (e.g., hypoglycemia, hypo/hyperthyroid, pancreas, pituitary gland malfunction) • Alterations in metabolic function (e.g., inborn errors of metabolism) • Alterations in immunologic function (e.g., sepsis) • Alterations in hematologic function (e.g., anemia, polycythemia) • Alterations in growth and development, including alterations in the nutritional state (e.g., small for gestational age) • Alterations in family coping and adaptation • End-of-Life care 					
14.4 Interprets, evaluates, and responds to pertinent diagnostic data in a timely and effective manner					

	Met	Partially Met	Not Met	Priority Rank (1-low - 3-high)	Additional Comments
Category: Clinical Skills, Knowledge, Integration and Critical Thinking					
Competency: 15. The neonatal nurse, in partnership with the family and members of the inter-professional health care team, implements the plan of care, using specialized skills and knowledge within their professional scope of practice to promote high quality, evidence-informed, and safe care in acute situations					
Criteria:					
15.1 Implements care that reflects established standards and evidence-informed practices (e.g., developmentally appropriate care, nutrition, Central Line Associated Blood Stream Infections (CLABSI) and Ventilator-Associated Pneumonia (VAP) prevention bundles)					
15.2 Ensures timely and accurate documentation in the infant's health record following hospital policies and CNO standards					
15.3 Communicates the plan of care, including all interventions, to the family and other members of the inter-professional health care team promptly					
15.4 Coordinates care for the infant and family					
15.5 Intervenes to ensure effective airway management, including any associated respiratory failure secondary to impaired gas exchange or mechanical failure (as per Neonatal Resuscitation Program Guidelines – CPS, 2020), which may include but are not limited to: <ul style="list-style-type: none"> • Airway instability or blockage • Managing invasive or non-invasive ventilation modalities, including administration and monitoring of oxygen* • Administering and monitoring of broncho-dilators* • Sizing, suctioning, tube management, tapes/securement device* • Tracheostomy, tracheobronchial care and ensuring airway patency* • Managing secretions • Monitoring the adequacy of mechanical supports* • Administering pharmacologic agents as required • Optimization of non-pharmacological strategies (e.g., positioning, non-nutritive sucking) • Performing or assisting with clinical procedures such as suctioning * • Administration of oxygen as clinically indicated and based on assessment 					
15.6 Promotes successful weaning from ventilatory supports by ensuring adequate nutrition and fluids, pain management, and developmentally supportive care*					
15.7 Intervenes to correct shock associated with hypotension, arrhythmias, and alterations in cardiac output, which may include but are not limited to*:					

	Met	Partially Met	Not Met	Priority Rank (1-low - 3-high)	Additional Comments
Competency: 15 CONTINUED. The neonatal nurse, in partnership with the family and members of the inter-professional health care team, implements the plan of care, using specialized skills and knowledge within their professional scope of practice to promote high quality, evidence-informed, and safe care in acute situations					
<ul style="list-style-type: none"> Manipulating preload/afterload (e.g., fluids management, administration of pharmacologic agents) Manipulating contractility (e.g., pharmacological agents) Monitoring invasive hemodynamic parameters Collaborating in the management of a cardiac arrest, respiratory arrest, or other unexpected events (e.g., Neonatal Resuscitation protocols) Assisting with the insertion and management of invasive hemodynamic monitoring catheters (e.g., umbilical, catheters, arterial line, central venous pressure) Initiating and managing fluid therapy Administering and monitoring vasodilators, vasopressors, and thrombolytic agents 					
<p>15.8 Implements interventions to manage acute renal failure by using pharmacological or technical methods – may include but not limited to*:</p> <ul style="list-style-type: none"> Administering and managing fluids (e.g., calculating total fluid intake/output) Administering pharmacologic agents (e.g., diuretics, vasodilators) Maintaining invasive interventions and fluid and toxin removal (e.g., -Nephrostomy tubes, continuous renal replacement therapies including peritoneal dialysis) Recognizing and minimizing the side effects of nephrotoxic pharmacologic agents (e.g., aminoglycosides, diuretics, vasopressors, radiographic dye) 					
<p>15.9 Intervenes to correct alterations in cerebral perfusion – may include but not limited to*:</p> <ul style="list-style-type: none"> Using techniques to prevent obstruction and promote venous and cerebral spinal fluid drainage (e.g., elevate the head of the bed to 30 degrees, positioning the head in a neutral position, techniques to minimize elevation of intracranial pressure) Adjusting care to alter PaCO₂ Using a bag-valve apparatus Mechanical ventilation Minimizing over-stimulation Administering pharmacologic agents (e.g., oxygen, anticonvulsants, diuretics, barbiturates, sedatives, steroids) 					

	Met	Partially Met	Not Met	Priority Rank (1-low - 3-high)	Additional Comments
Competency: 15 CONTINUED: The neonatal nurse, in partnership with the family and members of the inter-professional health care team, implements the plan of care, using specialized skills and knowledge within their professional scope of practice to promote high quality, evidence-informed, and safe care in acute situations					
<ul style="list-style-type: none"> Manipulating cerebral perfusion pressures (e.g., pharmacologic agents, fluids, PaCO2 control, external ventricular drainage) Monitoring and managing seizure activity (e.g., aEEG) Assisting with insertion/maintenance of intracranial pressure monitoring and/or ventricular drainage devices (e.g., set up, drainage, positioning) Assisting with the insertion of cerebral oxygenation monitoring devices Troubleshooting invasive intracranial monitoring/waveforms Using techniques that minimize elevations in intrathoracic pressures (e.g., gastric drainage, pharmacologic agents, minimizing airway stimulation) Administering fluid therapy (e.g., intracranial hypertension, hypervolemia, hypovolemia) Controlling metabolic rate (e.g., non-invasive warming/cooling devices or fluids, pharmacologic agents, minimizing stimulation) Preventing secondary injury (e.g., oxygen therapy, fluid management, blood pressure management, managing neuromuscular blockade, and external ventricular drainage) 					
15.10 Intervenes to correct alterations in the gastrointestinal tract – may include but not limited to*: <ul style="list-style-type: none"> Promoting early and safe enteral feeding Promoting early and safe parenteral nutrition if enteral feeding cannot be initiated or supplementing enteral feeds Intervening to address ineffective thermoregulation by promoting normothermia (e.g., cold stress) Managing gastric bleeding (e.g., pharmacologic agents, gastric tubes, lavage) Maintaining and monitoring gastric drainage 					
15.11 Monitoring for bleeding from puncture sites, administering blood products as prescribed for haematologic conditions					
15.12 Promotes optimal comfort and safety by: <ul style="list-style-type: none"> Utilization of validated assessment and interventional tools for complex conditions (e.g., neonatal abstinence scoring tool, pressure injury risk, pain assessment scoring) Organizing care (e.g., timing, clustering, cue-based care, and sequencing of activities) 					

	Met	Partially Met	Not Met	Priority Rank (1-low - 3-high)	Additional Comments
Competency: 15 CONTINUED. The neonatal nurse, in partnership with the family and members of the inter-professional health care team, implements the plan of care, using specialized skills and knowledge within their professional scope of practice to promote high quality, evidence-informed, and safe care in acute situations					
<ul style="list-style-type: none"> Selecting, organizing, and administering pharmacologic agents (e.g., analgesics, sedatives, regional blocks, epidural anesthetics/analgesia) Implementing and evaluating individualized pain management regimen (e.g., appropriate use of touch, noise control, family involvement, pharmacological and non-pharmacologic) 					
	Met	Partially Met	Not Met	Priority Rank (1-low - 3-high)	Additional Comments
Category: Clinical Skills, Knowledge, Integration and Critical Thinking					
Competency: 16. The neonatal nurse strives to ensure the use of evidence-informed care and advocates for research in areas lacking evidence to support practice.					
Criteria:					
16.1 Provides ongoing educational opportunities for nursing staff related to neonatal care					
16.2 Provides ongoing clinical updates to staff as required					
16.3 Provides access to relevant evidence for use in practice, e.g., journals, evidence-informed sessions, journal clubs, etc.					
16.4 Supports development of research ideas and exploration of current relevant research through unit-based research committees, journal clubs.					
16.5 Maintains knowledge related to new and revised policies and procedures in the neonatal unit.					
16.6 Utilizes educational resources to ensure current knowledge of neonatal research and practice.					
16.7 Participates in research studies and initiatives within the unit.					
	Met	Partially Met	Not Met	Priority Rank (1-low - 3-high)	Additional Comments
Category: Clinical Skills, Knowledge, Integration and Critical Thinking					
Competency: 17. The neonatal nurse evaluates outcomes aligned with a conceptual model for neonatal nursing care, consistent with independent and interdependent nursing functions.					
Criteria:					
17.1 Leverages family strengths to optimize expected outcomes					
17.2 Evaluates the infant/family's response to interventions					
17.3 Compares collected data with expected outcomes					
17.4 Analyzes gaps between actual and expected outcomes					
17.5 Revises the plan of care with the family and health care team members and implements alternatives					
17.6 Continuously evaluates the plan of care					
17.7 Participates and leads activities to advance quality improvement activities (e.g., system and/or local effectiveness, infant/family outcomes)					