



Quality Account 2017-18

Delivering Great Care

# 2017-18 Snapshot



**50,314**

Children admitted



**86,140**

Emergency presentations



**338,142**

Ambulatory appointments



**17,984**

Surgeries

## CEO WELCOME



**I'm delighted to present this year's Quality Account for The Royal Children's Hospital (RCH) and share with you our performance over the past year as we've worked to deliver great care to our patients and their families.**

Many of the initiatives included in this year's report are the result of feedback we have received from consumers and the community. It reflects the importance we place on learning from our patients and their families to continuously improve the care we provide.

This approach saw us making significant changes to our Emergency Department and our Specialist Clinics, leading to a rapid improvement in the access to, and timeliness of, services in these areas.

This year also marks the culmination of the five-year Strategic Plan released in 2013, not long after we'd moved into the 'new' RCH building. Since then we've become a more digital hospital better able to connect with our patients, their families, and the wider hospital community than ever before.

We are already looking beyond the confines of our hospital to focus on ways we could help educate and inform parents and carers everywhere to better care for their children, through expanding our Kids Health Info fact sheets and continuing to deliver our unique RCH National Child Health Poll.

Over the past year we have helped other health professionals around Australia with many new initiatives designed to build their capability to provide paediatric care, including expanding our Telehealth Clinics and launching our hugely popular Emergency Nurse Practitioner App.

At the same time, we've also delivered significant improvements in access and treatment times across our Emergency Department as a result of our new RAPID assessment program being introduced in March 2018. During its first three months of operation, 81 per cent of patients were seen on time, up from 64 per cent for the same period in 2017.

We are also partnering with The Royal Melbourne Hospital, Peter MacCallum Cancer Centre and The Royal Women's Hospital to create a precinct-wide Electronic Medical Record that will connect our health services for the benefit of shared patients.

The RCH Gender Service leads the world in caring for transgender children and adolescents, launching the Australian Standards of Care and Treatment Guidelines for trans and gender diverse children and adolescents, recognised as the most clinically relevant treatment resource of its type.

We'll also celebrate a wonderful milestone when we mark the 30th anniversary of the first paediatric heart transplant at the RCH and the 175 transplants performed over this time.

It's been a momentous year in many respects, with more successes than we can include in this report. I am enormously proud of our people and all they have achieved over this time. I thank them for their contributions and know they will continue to work hard to deliver great care for the children of Victoria, and beyond, in the years ahead.

I would also like to acknowledge the support of our campus partners and the generosity of the RCH Foundation that has made many of these achievements possible.

My thanks also go to the RCH Board who have continued to listen to our patients, families and consumer groups, while focussing on quality improvement and the delivery of great care.

On behalf of the RCH I also extend my thanks to our patients, their families and the wider hospital community for their feedback and support as we strive to be a great children's hospital - leading the way in paediatric healthcare everywhere.

**John Stanway**  
Chief Executive Officer  
The Royal Children's Hospital Melbourne

## Our Vision

The Royal Children's Hospital, a GREAT children's hospital, leading the way.

## Our Values

### UNITY

We work as a team and in partnership with our communities

### RESPECT

We respect the rights of all and treat people the way we would like them to treat us

### INTEGRITY

We believe that how we work is as important as the work we do

### EXCELLENCE

We are committed to achieving our goals and improving outcomes

## Our strategic focus

### TO DELIVER GREAT CARE



#### EXCELLENT CLINICAL OUTCOMES

Our outcomes compare with national and international leaders in paediatric healthcare.

#### POSITIVE EXPERIENCE

Our team works together to provide a positive experience for all.

#### TIMELY ACCESS

Our patients will receive timely access to clinical services.

#### ZERO HARM

Our hospital will be safe; delivering evidence-based and safe care to our patients.

#### SUSTAINABLE HEALTHCARE

We are committed to delivering a sustainable healthcare system that ensures we provide Great Care now and into the future.



RCH patient Anya and her grandmother visit Main Street

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# Tell us what you think

Last year's Quality Account was available for patients, families, visitors and staff on our website and promoted through social media. We shared the report with child health stakeholders and encouraged our patients and their families to read about their hospital. We're keen to hear what you think about this year's report so we can keep improving our Quality Account.



Visit our website:  
[rch.org.au/complaints-and-compliments](http://rch.org.au/complaints-and-compliments)



Reach out via our Facebook page:  
[facebook.com/rchmelbourne](https://facebook.com/rchmelbourne)



Send us an email:  
[clo@rch.org.au](mailto:clo@rch.org.au)



Call us:  
**03 9345 5676**

## **DELIVERING GREAT CARE - EVERYWHERE**

We are committed to creating excellence in paediatric care in our hospital, across the state and around the world through collaboration and learning, providing clinical expertise to our patients, informing our community, and building capability right across the healthcare sector.

# Engaging consumers, empowering parents, enabling health providers

The RCH is an increasingly digital and data-driven hospital committed to listening to our community, empowering parents, and building the capacity of health professionals to care for sick children wherever they are.



The RCH continues to build its capacity to listen to, engage with and learn from its patients, their families and our community

**105,720+**

Facebook followers

**7,250+**

Twitter followers

**10,840+**

LinkedIn followers

**3,000+**

pieces of feedback for The RCH Ideas Tree in one month

**98%**

of respondents to the VHES (Q4 2017-18) recorded a positive experience

**89%**

of My RCH Portal User Survey respondents said they were 'satisfied' or 'very satisfied'

The RCH gives parents and caregivers the information they need to address child health issues and provides a platform for them to tell us what they think

**5m+**

views of our Kids Health Info fact sheets in 2017-18, covering 200+ health topics, with 38,000+ registered app users

**10,000+**

downloads of the My RCH App

**8,000+**

subscribers for the My RCH Portal

**24,000**

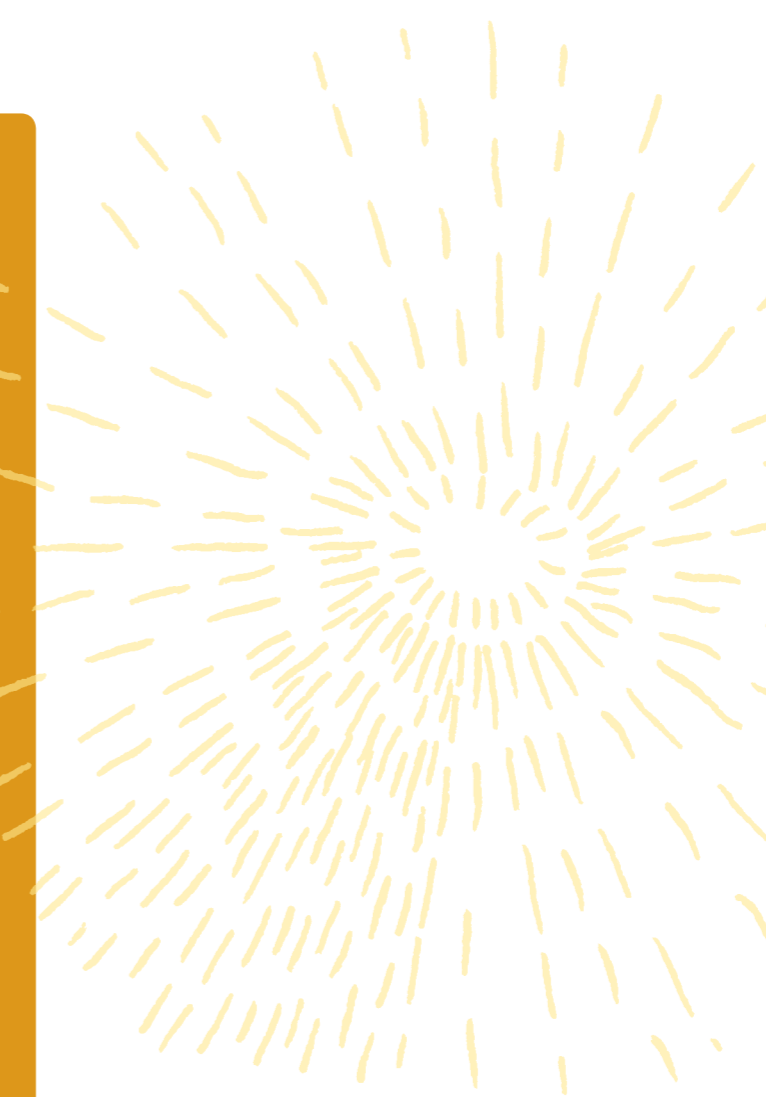
households surveyed for the RCH National Child Health Polls

**48,700+**

views of the RCH ED Tracker since its launch

**142,000**

views of the Dr Margie 2018 flu video



The RCH is committed to building the capability of health professionals everywhere, enabling them to provide the best paediatric healthcare to children regardless of where they live

**5m+**

views of the Clinical Practice Guidelines

**1.4m**

new users for Clinical Practice Guidelines

**8,100+**

downloads of our Emergency Nursing Practitioner App to date

**2,236**

telehealth consultations, saving 1,292,240 km of travel

**240+**

registered providers around Victoria use RCH Link to access the RCH EMR for shared care patients

**160+**

locations live-streamed the RCH Trauma Grand Rounds in August

# Engaging consumers

**The RCH is committed to ensuring that patients, their families, and members of the community can provide us with feedback on their experience of the hospital. The insights and advice we receive helps us improve the quality of our care and increases our accountability as a public health service.**

We foster a culture of participation across our internal and external communities and maintain a number of channels through which consumers and the community can provide feedback and complaints. This includes encouraging families to raise any concerns directly with ward staff or contacting our designated Consumer Liaison Officer by phone, email and online.

We also have a significant social media presence that enables consumers and the community to leave feedback on our Facebook, Twitter, Instagram or LinkedIn pages, which are monitored and responded to daily.

The hospital is committed to ensuring that our community understands the value of their feedback and we actively encourage consumers to contact us by promoting these channels in our wards and on our digital lift screens, website and the My RCH app.

The hospital employs a robust process for reviewing and responding to complaints. In 2017, this enabled us to identify several areas for improvement and we have worked to address these over the past year.

We continue to ensure we are providing patients with sufficient information upon discharge and send a Discharge Summary outlining any follow-up care or further investigations required directly to the child's GP or paediatrician. We also provide After Visit Summaries to patients and their families with information about their hospital stay, medications,

tests and upcoming appointments. We aim to send Discharge Summaries within 48hrs of discharge and regularly monitor our performance in this regard.

We've improved access to our Emergency Department with reduced wait times and the introduction of our online ED Tracker to help parents understand anticipated wait times and make an informed decision about whether to bring their child to the RCH ED or an alternate health provider.

Consumers also told us they wanted better access to appointments in our Specialist Clinics and we are piloting an expansion of the functionality of our My RCH Portal to include more scheduling options, giving consumers more control and flexibility.

## The RCH Ideas Tree

**As part of the consultation process for developing the RCH's new Strategic Plan, we wanted to hear from our community.**

In August 2018, we launched the RCH Ideas Tree and asked the wider RCH community to tell us how we could become one of the world's greatest children's hospitals in 2030.

More than 3,000 pieces of feedback were added to the Ideas Tree located in our Main Street foyer in just one month. This feedback was analysed, and a number of key themes emerged, including how we could improve the hospital's food, car parking, facilities, games and entertainment. We also received many ideas related to staffing, funding and clinical priorities, new retail outlets and how we could better support siblings and parents.

In September, the hospital commenced its next round of consultation, asking for the community's thoughts on how we can build a better digital hospital.

The feedback we receive from this initiative and other consultation programs will play an important role in shaping the future of the hospital and our ability to provide great care for sick children everywhere.



RCH Volunteer, Lisa helps sort through suggestions from our community

# 3,000+

pieces of feedback were added to the RCH Ideas Tree in just one month



## DELIVERING GREAT CARE EVERYWHERE

### Victorian Health Experience Survey

**Overall, 98 per cent of patients had a positive experience based on the feedback received from inpatients and their families who were surveyed, exceeding the health service target of 95 per cent.**

Satisfaction with our discharge care dipped in the third quarter, but then rose to 81 per cent in the fourth quarter, exceeding the health service target of 75 per cent.

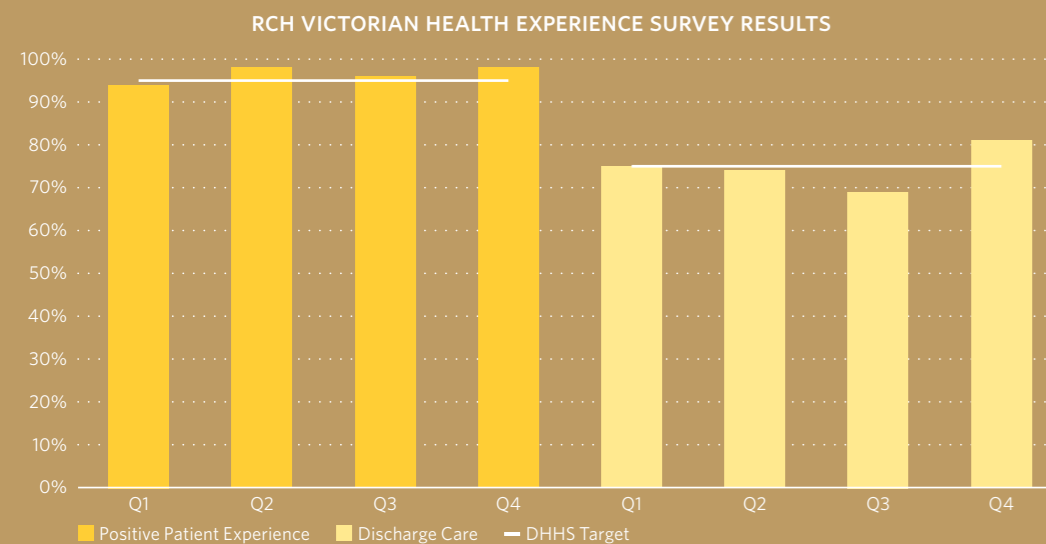
#### HOW THE VHES INFORMS OUR PATIENT CARE

The RCH regularly reviews the feedback received from the VHES and uses it to inform our decision making. As a result of feedback from last year's survey we implemented a number of improvements to our service delivery.

Waiting times in our Emergency Department were identified as a key issue and we introduced the Rapid Assessment, Planning, Investigation and Discharge (RAPID) team in March 2018. This has seen a significant and immediate reduction in wait times and access to care.

We also recognised that discharge experience for many patients and families needed to be improved and expanded our criteria-led discharge process for eligible patients with the introduction of the 'Ready to Go' trial designed to improve the ease and timeliness of discharge.

Scheduling in our specialist clinic appointments needed to be improved and we have implemented 17 new workflows to streamline the experience for consumers, together with a 'contact centre welcome to the RCH pilot project' that will further enhance the experience.



The RCH has a number of consumer advisory committees that patients and families can join, including:

#### FAMILY ADVISORY COUNCIL

The RCH Family Advisory Council (FAC) is comprised of parents and carers of young people, as well as staff representatives. Members of the FAC come from many different backgrounds and reside in both metropolitan and rural areas of Victoria. The FAC works to promote closer relationships between patients, families and staff, and seeks to actively engage family perspectives in the design of our services.

#### YOUTH ADVISORY COUNCIL

The Youth Advisory Council (YAK) is a group of young people who come together to share ideas and advice about how to make the RCH a better place for all children, young people, families, and staff. YAK members are passionate young people, aged between 12 and 20 years old, who use their own experiences of the hospital to help improve the experience for others.

#### CHILDREN'S CANCER CENTRE PARENTS ADVISORY GROUP

The Children's Cancer Centre Parent Advisory Group (PAG) is made up of parents or carers of babies, children or adolescents who are, or have been, treated for cancer or a haematological disease. The PAG team also includes Children's Cancer Centre staff members who, together with parents and caregivers, work to continually improve the care provided to our children.

#### CYSTIC FIBROSIS FAMILY ADVISORY COUNCIL

The Cystic Fibrosis Family Advisory Council (CF FAC) works to continuously improve the services provided to children living with Cystic Fibrosis at the RCH. Members are the parents and carers of RCH CF patients, as well as staff representatives from our CF Care Team.

#### MENTAL HEALTH CONSUMER REFERENCE GROUP

The Mental Health Consumer Reference Group is made up of parents and carers whose children used the service in the past. Group members draw on their personal experience to give advice on the RCH's mental health service and comment on new initiatives.

### Consumer involvement

Consumers can become involved at any time by:

- providing ongoing feedback about whether the service is meeting your needs, through consumer feedback systems
- being involved in the development and review of patient brochures and information handouts
- becoming part of hospital committees, including clinical care, risk management, and quality improvement
- telling us your stories and experiences to contribute to our understanding of the care we provide.

RCH patient Rafferty and his mum Jane

RCH Nurse, Emmelina



## Connected healthcare

Since its launch in 2016, the RCH Electronic Medical Record (EMR) has been pivotal in delivering evidence-based and safe care to all our patients through improved quality and safety in medication management, monitoring patients, and early response to adverse events.

In December 2017, the hospital established the RCH Bridge, our new digital command centre, to help us realise the potential of our EMR. By providing real-time data, the EMR has driven many improvements across patient care, safety and productivity, including:

- helping clinical staff assess the rates of low-value healthcare practices and inform interventions with a view to reducing inappropriate ordering
- reducing the waitlists in our Specialist Clinics by removing duplicate referrals
- improvements to patient records, with patient problem lists being updated in 91 per cent of cases by October 2017, up from 47 per cent prior to July of that year.
- delivering a 15 per cent increase in immunisation rates for overdue inpatients.

## My RCH Portal user survey

Consumer feedback helped us review and enhance the functionality of the portal to better support patient-centred care. In mid 2018, we surveyed more than 250 My RCH Portal users to help us better understand how satisfied users are with the portal and how it could be improved.

The feedback was extremely positive, with 78 per cent of respondents reporting My RCH Portal is 'extremely easy' or 'very easy' to use and 89 per cent saying they were 'very satisfied' or 'satisfied' with My RCH Portal.

The most utilised features of the portal were the visit summaries and doctor's notes (87%), followed by viewing test and imaging results (73%). The majority of respondents said they would be 'extremely likely' or 'very likely' to use new features such as the direct scheduling of appointments (88%).

Many users indicated they would like more information such as waitlists for appointments and faster release of some test results, and an improvement plan to deliver further enhancements is currently being developed.

## My RCH Portal

In 2016, we launched the My RCH Portal, a unique patient interface for the hospital's EMR that gives young people and their parents or legal guardians access to many aspects of their EMR. Over the past year, subscriptions to the My RCH Portal grew by around 20 per cent and now exceed 8,000 users.

In 2018, we continued to increase the portal's functionality, with direct appointment scheduling on the portal now expanded to include an additional two specialties and four clinics. This means more patients will be able to schedule their own appointments online.

**8,000+**

My RCH Portal users.  
Up 20% from the previous year



**89%**

of respondents say they are 'very satisfied' or 'satisfied' with My RCH Portal

**78%**

of respondents say that My RCH Portal is 'extremely easy' or 'very easy' to use



## RCH Link

The EMR has also enabled us to create RCH Link, a portal enabling approved healthcare providers to remotely access secured information from their patients' RCH EMR.

There are currently 242 GPs, paediatricians and nurses registered to use the service across 29 sites, which include GP clinics, regional oncology services, private paediatric groups, public hospitals and community health centres.

Around 70 unique patient records are being accessed via RCH Link per month across many Melbourne suburbs, regional Victoria and in Tasmania.



**242**

Shared care providers across 29 sites registered to use RCH Link



# Empowering parents

As a health leader, the RCH recognises it has a role to play in caring for children outside the four walls of the hospital and we are committed to helping parents, wherever they might live, access the information and resources they need to care for the health of their children.

## Helping parents in the hospital

Whether it's a family's first time at the RCH or their fiftieth, admitting a child to hospital can be overwhelming. Our new HOST (Hospital Orientation Support Team) Volunteer Role was launched in May 2018 to help reduce this burden.

The HOST volunteers reach out to newly admitted patients and families within 48 hours of their admission to provide them with information about the resources and support they can access during their stay.

Families are often very stressed at this time and our HOSTs make sure they know about the amenities available on their ward and across the hospital that help to create a more positive hospital experience.

The HOSTs also demonstrate the My RCH App and encourage families to download it to access further information.

## My RCH App

The My RCH App was launched in 2016 to give patients and their families an interactive guide to the hospital.

With more than **10,000 downloads**, the App has helped thousands of families to navigate the wider RCH community, with ward specific guides, maps of the hospital and general information about the surrounding area.

"Concise and easy to read at 3am when concerned!!!"

"The video showing a young girl having an MRI, attached to the MRI fact sheet was really great for my daughter who has ASD. It was great to be able to show her a visual of exactly what the MRI machine is like and the surroundings etc. Thanks for an excellent and easy to read/understand resource."

"The fact sheets are great. I access prior to any doctor appointment or when the kids are sick."



## Kids Health Info

We believe providing parents and carers with education and information about the major health issues affecting children and young people is an important part of the great care we deliver.

One of the main ways we do this is through the delivery of our Kids Health Info fact sheets that help parents understand their child's medical condition and how to treat it, as well as suggesting questions they might like to ask their healthcare professional.

There are more than 200 fact sheets available and parents or young people can access them online or by downloading our Kids Health Info app on their phone.

The fact sheets were viewed more than 5,000,000 times in 2017-18 by users in Australia and other countries around the world, including the USA, UK, India, and Canada.

One of our volunteers, Kathie, keeps things organised on Sugar Glider.

## The RCH Volunteers

The RCH has almost 900 volunteers, with around 650 recruited and managed by the hospital while the remaining 250 or so come to us via external groups who provide on-site support across the hospital.

Our volunteers assist in many ways, from helping families find their way around the hospital, to visiting bed-bound patients, assisting staff with administrative tasks and providing respite for parents. They play a vital role in the day-to-day functioning of the hospital by helping support children, either admitted or visiting the RCH, and their families.



900

volunteers support our patients and their families

## The RCH National Child Health Poll

The RCH National Child Health Poll is a quarterly, national weighted survey of Australian households shedding new light on the big issues in contemporary child and adolescent health – as told by Australian parents.

We are the only children’s hospital in Australia to conduct this type of research and it’s helping uncover the beliefs and practices of parents, and their knowledge gaps. In doing so, we’re aiding health promotion and prevention by giving hospitals, health providers and policymakers practical information they can use for their own effective health campaigns.

In 2017–18, the RCH released polls on Mental Health, Oral Health, Kids and Food, Flu Vaccine, and Childhood Bullying. We also developed toolkits to support parents, carers and primary healthcare providers.

Twelve polls have been delivered to date, with about 24,000 households surveyed and data collected on more than 37,000 children. More than 4,500 media reports have been published, and our social media videos have a cumulative reach of more than 630,000. Up to seven million Australians engage with the Poll each quarter through a strategic media delivery program.

More than 300 community organisations and individuals have subscribed to receive Poll updates and many regularly publish our reports and educational materials in their periodic communications.



RCH National Child Health Poll Director,  
Dr Anthea Rhodes



7m

Australians engage with the RCH National Child Health Poll each quarter



24,000+

households surveyed with data collected on 37,000+ children

**VICTORIAN PUBLIC HEALTHCARE AWARDS 2018**  
The RCH National Child Health Poll was the joint winner of the Minister for Health’s Award for improving children’s health.

### TRACKING CHANGES IN ATTITUDE AND AWARENESS

The Poll is helping inform the national discourse and raise awareness of the child health issues by providing a family-centred evidence base for policy formulation and decision making.

Direct parent feedback on social media also shows that we are helping to lift the awareness and understanding of Australian parents in relation to critical child health issues.

In May 2018, data from the RCH National Child Health Poll found parents were more knowledgeable about the flu and its vaccine than they were when polled the previous year, with twice as many parents of children under five years of age intending to vaccinate their child in 2018.

The survey also found that the number of parents who believed the flu vaccine was safe had almost quadrupled compared to the same survey in 2017 (61 per cent vs 16 per cent).

In the 2018 poll, three in four parents (73 per cent) understood that healthy kids can get seriously unwell from the flu, compared with one in three (32 per cent) in 2017. And this year, eight in ten parents recognised the flu was a serious disease compared with one in three last year.



# Educating health professionals

We are focused on helping to build the capacity of professionals in our community and around the world. We do this through a number of programs that have built capability in the wider community and provided health care professionals with resources that have increased their ability to care for children and deliver the best health outcomes.



# 8,100+

downloads of the Emergency Nurse Practitioner app since launch

## Emergency Nurse Practitioner App

Earlier this year, the RCH launched the **Emergency Nurse Practitioner app, which provides a guide to managing children in emergency departments.**

With funding from our CasKids Auxilliary, 14 of our nurse practitioners worked with the RCH Creative Studio to create an interactive guide that provides assessment tips and general information for health workers who are not experienced with paediatric patients.

Health workers can easily look up conditions such as burns, eczema care, and cranial nerve assessment, as well as find resuscitation tools and quick links to external information pages.

The app was initially aimed at regional and rural nurse practitioners and junior medical staff, but it has been downloaded more than 8,100 times by users around the world, including the UK, Ireland, NZ and India.

The app will continue to be updated and is available for both iPhone and Android users.

RCH Nurse Practitioner, Trish



# 5m+

views of the RCH Clinical Practice Guidelines (CPG) with

# 1.4m

new users registered

## The RCH Victorian Trauma Grand Round

The Victorian Trauma Grand Round is a collaborative initiative between the major trauma services: **The Royal Children's Hospital, The Royal Melbourne Hospital and The Alfred Hospital, Ambulance Victoria, Adult Retrieval Victoria and PIPER (Paediatric Infant Perinatal Emergency Retrieval).**

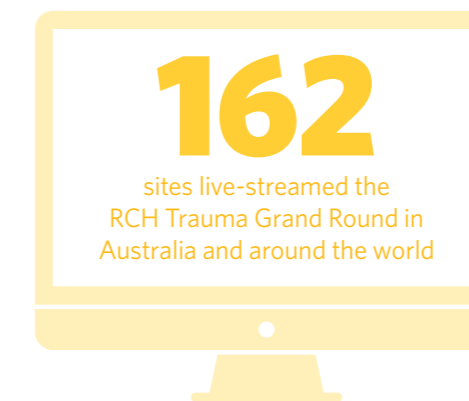
The collaboration provides a forum for healthcare professionals involved in acute trauma care in Victoria to explore and debate all aspects of trauma management.

Earlier this year, the RCH Trauma Service hosted a masterclass on children's burns, titled the 'The A-Z of Children's Burns', which focused on everything from prevention, to pre-hospital, to long-term rehabilitation and more.

Around 400 health professionals from across Victoria attended the event at the RCH, from medical, nursing, paramedical and allied health care professions involved in trauma care.

The event was also live-streamed to 162 sites locally and around the world. Sites in Victoria included Monash Health, Bendigo, Swan Hill, Stawell and Albury Wodonga. Professionals from NSW, Queensland, South Australia and Tasmania also tuned into the live stream.

Some were joining the event to support their local educational programs, including 30 health professionals attending a trauma education course in Saudi Arabia. Other international sites included New Zealand, Ireland, the UK, Netherlands, Pakistan, the USA and Chile.



# 162

sites live-streamed the RCH Trauma Grand Round in Australia and around the world



## Paediatric Clinical Practice Guidelines

The RCH Paediatric Clinical Practice Guidelines (CPG), available to medical practitioners worldwide via the Internet and a mobile app, were refreshed this year. In 2017-18, the RCH CPGs received over 5 million views and generated 1.4 million new users.

Through collaboration with the Victorian Paediatric Clinical Network the RCH has also adapted a number of its more commonly accessed clinical practice guidelines to make them suitable for use outside of major tertiary health care settings.

## Leading the world in transgender health

In 2017, the RCH Gender Service (RCHGS) launched the **Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents (SOCTG).**

The SOCTG guidelines were published in the Medical Journal of Australia and have been accepted and endorsed by the Australian and NZ Professional Association for Transgender Health. As a result, trans children and adolescents are more likely to receive sympathetic and standardised medical care.

## **POSITIVE EXPERIENCE**

We are committed to ensuring our team works together to provide a positive experience for all.

# Diversity and inclusion

The RCH is committed to ensuring all patients and their families have access to accredited interpreters and culturally inclusive care, as specified in The Department of Health and Human Services' cultural diversity plan 'Delivering for diversity'.

The RCH Cultural Responsiveness Plan was updated in October 2017 and is regularly reviewed to reflect ongoing efforts to advance awareness and understanding across a number of key focus areas, including people with disability, the LGBTQI+ community, Aboriginal and Torres Strait Islander people, and religious or cultural diversity.



**340**

Interpreters

## Language services

The RCH Interpreter and non-English speaking background (NESB) Services Department provides patients and families with in-house and on-call interpreting services.

In-house interpreters offer face-to-face services in Arabic, Assyrian, Chaldean, Lebanese, Vietnamese, Teo-Chew Cantonese, Mandarin, Somali, Tigrinya, Arabic, Italian and Turkish languages from Monday to Friday.

In addition, there are **340 interpreters**, offering services in **more than 130 languages, on call 24/7**. Auslan and Sign Language Interpreters are also available for hearing impaired patients and families. Interpreters can be booked through our EMR, by telephone or online.

**130**

languages serviced

## Supporting people with disability

**In 2017-18 a significant body of work was undertaken to develop an RCH Disability Action Plan that will inform how we support patients and staff with a disability when it is launched later this year. We established a Disability Working Group to ensure a comprehensive consultation process has been undertaken and that we are effectively collaborating with our campus partners to continuously improve the quality and safety of care we deliver.**

We have also reviewed and improved the effectiveness of our existing communications and feedback framework to ensure our people understand their rights and responsibilities when caring for patients with a disability, and that our patients and their families can fully participate in the care we provide.

As well as receiving great care, we also believe it is important that our patients have role models with disability and we are committed to fostering an environment that supports the recruitment and retention of staff with disability.

Throughout 2018, we participated in the Victorian Employer Enablement Project, a Victorian Government initiative that supports people with disability to work in chosen organisations.

We are also working with Holmesglen TAFE and disability employment service, Epic Assist, to help students with disability undertake integrated practical placements as part of their Certificate I in Work Education. This is the first project of its kind in Australia and 10 students have undertaken three nine-week placements across the hospital this year.

The RCH has always believed caring for people with a disability requires a holistic approach and our patients are supported by more than 500 Allied Health professionals working across audiology, educational play therapy, Gatehouse Centre, nutrition, music therapy, occupational therapy, prosthetics and orthotics, physiotherapy, social work and speech pathology.



**500+**

Allied Health professionals working across 11 departments

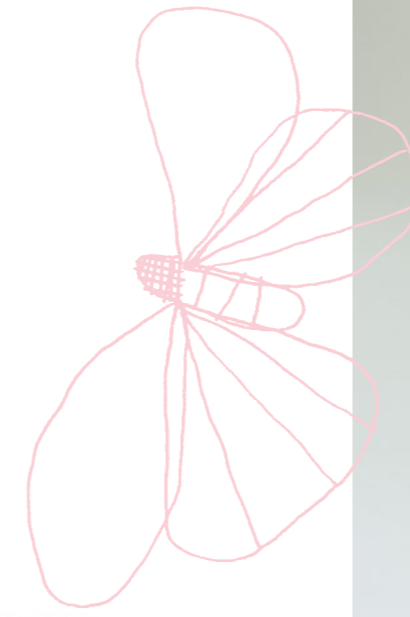


# Responding to family violence

Family violence is a serious health issue for children, and the RCH believes that identifying and supporting patients and families who may be affected by family violence can improve the care we deliver.

The Family Violence Steering Committee oversees a range of projects designed to improve our awareness, understanding and response to this important issue, including:

- training more than 1,300 staff in 'Identifying and responding to patients and families affected by family violence'. While the majority of those trained were clinical staff, we also focused on educating members of our Workplace Health and Safety team, the Executive, and Training Committee
- introducing new guidelines for the EMR relating to documentation, use of alerts, information sharing and proxy access which have been designed to ensure safety and discretion for patients and families
- forming a partnership with the specialist family violence service at Women's Health West to provide an on-site service for women (and their children) affected by family violence
- developing new Family Violence Clinical Practice Guidelines in collaboration with Safer Care Victoria and the Victorian Paediatric Clinical Network
- collaborating with the hospital's Workplace Health and Safety team to ensure any staff affected by family violence are well supported
- launching family violence procedures across the hospital in relation to both patient care and support for staff.



# The RCH Compact

The RCH understands that we can better care for children and families when we also care for each other.

With that in mind, we engaged more than 2,500 staff in developing a series of core pledges setting out the way in which our people will behave and work together to deliver great care and, following a year-long consultation process, the RCH Compact was launched in January 2018.

Staff from every team and at every level across the hospital were encouraged to contribute to the drafting of these 10 pledges. The RCH Compact is now a central pillar of the RCH's culture, reflecting our commitment to delivering great care for Victoria's children while also promoting respect amongst our people, patients and their families.

Over the coming year, we will continue to work on strengthening our culture by working to embed these pledges in all that we do as individuals, as teams and as an organisation.

**2,500+**  
staff were engaged in developing the core pledges for the RCH Compact



**The RCH Compact**  
Better together

- I value the many different roles it takes to deliver great care.
- We do better work caring for children and families when we also care for each other.
- I speak up when things aren't right.
- I am inclusive and I value diversity.
- I actively listen, because I want to understand others and make better decisions.
- When it comes to teamwork, I don't hold back - I'm all in.
- I am curious and seek out ways to constantly learn and improve.
- I celebrate the good stuff, the small stuff, the big stuff - it all matters.
- I take responsibility for my behaviour and its impact on others.
- I bring a positive attitude to work - I share, I laugh, I enjoy others' company.

Email: [compact@rch.org.au](mailto:compact@rch.org.au) [rch.org.au/compact](http://rch.org.au/compact)

# Through their eyes

**Research shows that hospitalisation can have a detrimental impact on the development of young children and our Allied Health team have been working to mitigate this risk by helping clinicians better understand child development and the child they are treating.**

Using an innovative education program, RCH clinicians in Allied Health have been working to understand the needs of children under the age of six and incorporate a treatment approach that matches their developmental level rather than their age.

Understanding the child's perspective and armed with knowledge about typical child development, clinicians are able to provide care that is appropriate, targeted and delivered in a way to minimise anxiety and distress. Clinicians are also better able to advise parents about any developmental concerns and ensure the child is linked to the best services for them at the earliest possible time.

Our specialist working groups have produced seven education packages to guide clinicians in selecting appropriate toys and activities, and better engaging with children and families.

This program, comprising e-learning, face-to-face sessions and roleplay, has improved clinicians' ability to identify developmental concerns and raise them with families. Clinicians also demonstrated increased confidence and competence in approaching and interacting with children at their developmental level.

Sixty Allied Health clinicians took part in the project and overall showed strong improvements in their developmental knowledge, knowledge of red flags for developmental concerns and in their confidence raising concerns with families.

This new understanding will lead to earlier identification of concerns and improved long-term outcomes for children with developmental delays. It will also enable clinicians to interact better with patients and their families, improving the experience and quality of care we can offer these children.



RCH patient Charley with RCH Play Therapist Anne-Maree



# Compassionate care for our sickest children

**Conversations about dying are now occurring earlier in the treatment of terminally ill children and the RCH has a number of policies in place, including 'The Death of a Child' and 'Withholding and Withdrawing Life-sustaining Treatment - Decision Making', to support the delivery of safe and high-quality end-of-life care for our patients and their families.**

This year we launched 'Thinking Ahead', a project led by the RCH and funded by the Victorian Department of Health and Human Services to develop a framework for advance care planning in paediatrics. Available on-line and as a mobile phone application, Thinking Ahead guides paediatricians in how to support families through the decision-making process and provides suggestions to assist them in framing discussions around end-of-life care.

In the past year, the RCH established an End-of-Life Care Committee to review and improve care and two PhD consultants in advance care planning were appointed. The RCH is also engaged in a number of ongoing partnerships and collaborations that continue to enhance our ability to deliver compassionate end-of-life care for our patients.

The Victorian Paediatric Palliative Care Program is a collaboration between the RCH, Very Special Kids and Monash Health. Staffed by a multidisciplinary team of medical, nursing and allied health specialists this service supports end-of-life care by assisting with symptom management, advance care planning, practical and social support, links to community services and bereavement care.

A medical consultant is available 24/7 to provide advice about any aspect of palliative care, including Symptom Management Plans, which are created for all children with active symptoms. These plans are available in the EMR and help guide ward staff in the provision of high quality symptom management.

The RCH is also a member of the Palliative Care Clinical Network, a Safer Care Victoria initiative to build the capacity of health professionals, health organisations and consumers to care for people with a life-limiting illness.

The Quality of Care Collaborative - Paediatric Palliative Care (QUOCCA) is a national project to improve education and training around end-of-life care. This Commonwealth-funded project provides funding for a nurse educator dedicated to building the knowledge and skills of health professionals in children's palliative care at the RCH and beyond.



## 24/7

advice and support for any aspect of palliative care



RCH Clinical Nurse Consultant, Sonya

# Supporting trans and gender diverse children

The RCH Gender Service (RCHGS) provides the best medical and mental health care to trans and gender diverse children in Australia and is leading the world in initiatives to support great care for trans and gender diverse children and adolescents and their families. Over the past year, the RCHGS has developed the world's most clinically relevant guidelines for doctors, been pivotal in landmark legal reform for transgender adolescents' rights, and commenced a world-first mental health study.

## World leading standards

In 2017, the RCH Gender Service (RCHGS) launched the Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents (SOCTG).

The SOCTG is now the accepted clinical response to trans and gender diverse children and adolescents for doctors in Australia and around the world.

## Advocacy

In the long-running *Re Kelvin* case, the Family Court removed the need for court intervention in hormone treatment for transgender adolescents, eliminating the legal barriers that had been in place since 2004.

Through our advocacy, the RCH was instrumental in helping overcome resistance in the wider community as well as the medical and legal professions. As a result, our patients will no longer suffer the distress, depression and anxiety associated with going to court before they could receive treatment.

## Trans20 Study

After two years of planning, in 2017 we started Trans20, a cohort study to improve the health and wellbeing of transgender young people. It is the first longitudinal clinical study of transgender young people in Australia and one of the largest internationally.

The first year of Trans20 saw more than 300 transgender children and adolescents, and their parents, complete the initial questionnaires. This data will be followed over time to monitor mental health and wellbeing outcomes of these children as they move through treatment.

We believe this information will improve mental health outcomes for transgender children and adolescents everywhere by helping clinicians understand how to reduce self-harm and suicide in the trans population and improve their quality of life.

**VICTORIAN PUBLIC HEALTHCARE AWARDS 2018**

The RCH Gender Service was the joint winner of the *Minister for Mental Health's Award for excellence in supporting the mental health and wellbeing of Victorians.*



## The Single-Session Nurse-Led Assessment Clinic

The RCHGS is currently the largest multidisciplinary service in Australia for transgender and gender diverse (TGD) children and adolescents.

The service aims to improve the physical and mental health and well-being outcomes for any child or adolescent up to 17 years, who resides in Victoria, whose gender identity differs to their birth-assigned sex or who have concerns regarding their gender identity.

The single-session nurse-led assessment clinic (SSNac) was introduced in 2016 as the entry point to the RCHGS model of care.

The SSNac comprises of a 90-min, face-to-face, single-session consultation during which the Clinical Nurse Consultant (CNC) meets with the young person and their primary caregiver. The CNC assesses the patient and provides information and recommendations in relation to their development and hopes for medical transition.

A fortnightly rapid review clinic has also been established for patients who meet urgent triage criteria and this system enables those patients who will benefit most from puberty-blocking treatment to be fast-tracked into the multidisciplinary assessment pathway.

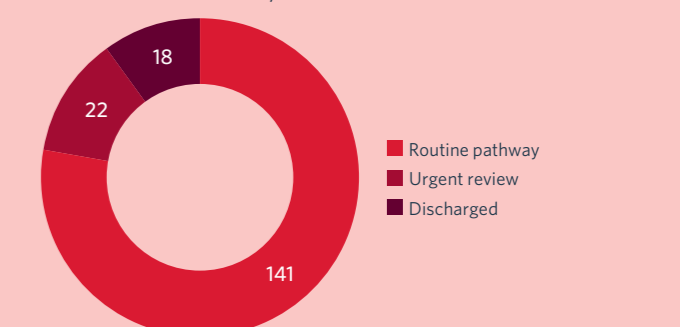
Introduction of the SSNac and recruitment of a CNC has created six additional appointments each week and has resulted in significantly shorter wait times at the RCHGS, with a drop from 14 months to four months since the project was started.



The roles of the clinician involved in the care of the transgender diverse behaviour may include:

1. Supportive exploration of the child's gender identity over time.
2. Assessment of family support, dynamics and functioning. Provision of parent support and family work over time may be necessary to enable a safe and supportive home environment for the child. For children in out of home care, provision of support for carers and advocacy to ensure gender diverse environments may be required.
3. Assessment of developmental, cognitive, and emotional functioning.

SSNAC CONSULTATION TRIAGE OUTCOMES JULY 2017 - JULY 2018







## **TIMELY ACCESS**

We are committed to ensuring our patients receive timely access to clinical services and care.



RCH patient Nechema

# Improving access to emergency care

The RCH Emergency Department (ED) saw more than 86,140 children in 2017-18, often experiencing more than 300 presentations on any given day. In responding to these increasing demands in patient volume and complexity, the RCH has worked to deliver programs that would ease pressure on our ED teams while increasing patient access and creating better flow throughout the rest of the hospital.

In March 2018, with funding from the RCH Foundation, we introduced the **Rapid Assessment, Planning, Investigations and Discharge (RAPID)** service. The team initiates early care, redirects families to more appropriate care (including GP follow up) and rapidly streams patients to our Short Stay Unit (SSU) or other inpatient beds where appropriate. This service improves ED flow and function, provides best care approach to quickly divert the least serious cases away from the ED and reduces the number of patients who leave before being seen. In its first three months, 81 per cent of patients were seen on time, up from 64 per cent during the same time in 2017. The number of patients seen in the four-hour target was up 10 per cent on the same time last year.

Our **ED Fast Track Facility** is now fully operational with an extra 10 treatment spaces for children with low complexity illness and injury. This has enabled rapid assessment and treatment, resulting in improved access to emergency care for all patients. More than 18,000 children were seen in our Fast Track Facility in 2017-18, equating to 21 per cent of ED presentation.



**18,000+**

The number of children seen in our Fast Track Facility in 2017-18



## Partnering with The Northern Hospital

In June 2018, we launched an alliance with The Northern Hospital (TNH) in Epping enabling patients not requiring tertiary care to transfer to TNH, where they'll be cared for by clinicians closer to home. This enables the RCH to focus on caring for the sickest and most critically ill patients.

Priority will be given to families from the north-west region but any clinically appropriate RCH patient may be offered a transfer to TNH for ongoing care, in any of the following cases:

- emergency presentations to the RCH requiring an inpatient bed
- intensive care patients transitioning to the ward
- inpatients no longer requiring specialist, tertiary care
- Specialist Clinics referrals for General Medicine and Allergy & Immunology

Transferring less acute patients to TNH will ensure they are seen sooner in the case of emergency or Specialist Clinic appointments, and will create capacity at the RCH for more serious cases.



## TIMELY ACCESS

These measures have enabled our ED to see more patients, while also improving our key performance indicators, including (as at June 2018):

# 74.5%

of patients were seen on time, up from 56.1 per cent in June 2017

# 86.2%

of Category 2 patients were seen on time, up from 69.8 per cent in June 2017

# 85.9%

of Category 3 patients were seen on time, up from 62.5 per cent in June 2017

# 71.4%

of patients seen within our four hour target, up from 63.8 per cent in June 2017

# 5.7%

of patients left before being seen, down from 12.7 per cent in 2017

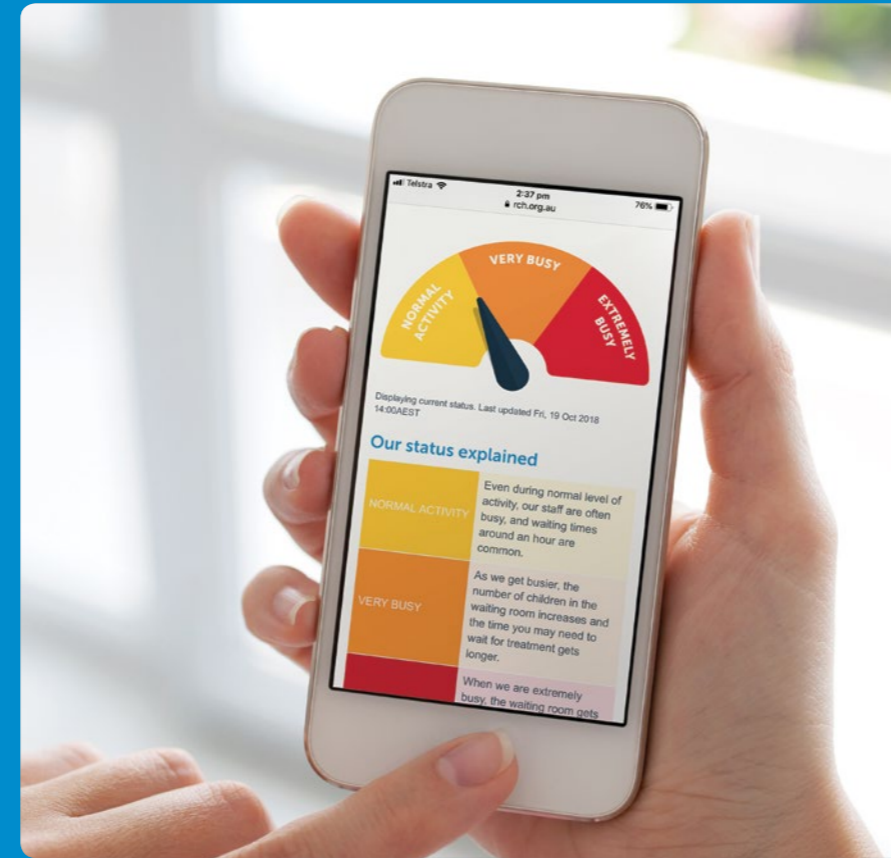
## ED Activity Tracker launched with real-time status of the Emergency Department

In June 2018, we launched a new on-line **ED Activity Tracker** to provide an up-to-date picture of likely wait times in our ED. The tracker is available on the RCH website and it uses real-time data from the RCH EMR to provide ED activity ratings from normal to extremely busy, 24-hours a day.

Data shows more than 60 per cent of parents with children experiencing less severe symptoms or minor illnesses will bypass their local hospital to attend the RCH Emergency Department, which can lead to long delays for patients suffering less serious illness or injury.

By helping parents make informed decisions about whether to present to the RCH ED, their local ED, or a GP, we are working towards reducing pressure on our services and better managing public expectations.

The tracker can be accessed at [www.rch.org.au/emerg\\_rch/status](http://www.rch.org.au/emerg_rch/status)



RCH patient Lennox with his dad Adam





**595**

Ophthalmology patients on our waitlist down from 3,445 in June 2017

RCH patient Esther

# Helping patients see specialists sooner

**In 2015, there were close to 3,500 new patients waiting for an appointment in the Ophthalmology Department.**

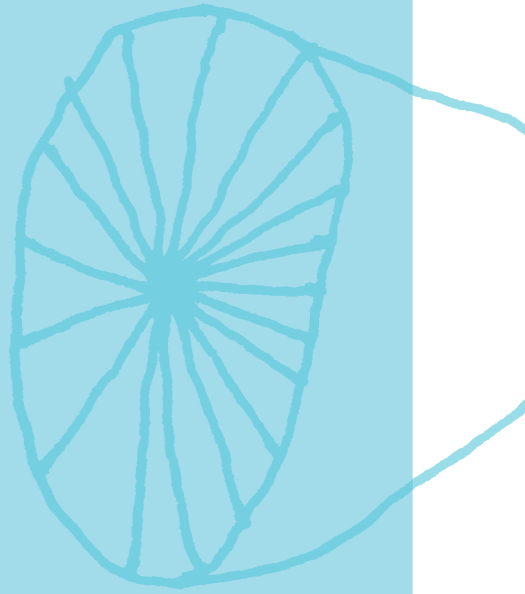
In response, the ophthalmology team created a referral triage orthoptic role to manage new referrals while also working to clear the existing waitlist. This new role was able to provide a clinical pathway for the children by improving the communication between the RCH Ophthalmology Department, the patients and their families, the referrers and local eye care providers.

By identifying almost 40 alternate eye care providers in the community and establishing relationships with them over time, the team was able to remove patients from the waitlist more quickly by redirecting them to external providers where clinically appropriate.

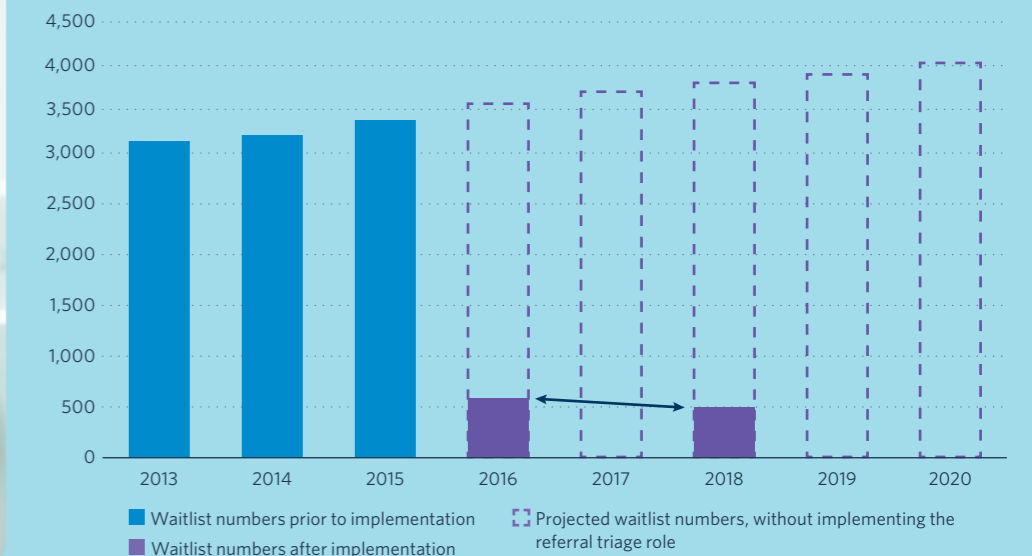
The Ophthalmology Referral Guidelines were updated to reflect this new approach and referring doctors, as well as parents, were educated on the best management plan and pathway for the child under the new system.

In addition to the important benefit of improving patient access to an eye examination, this approach removed many unnecessary or inappropriate appointments in the ophthalmology clinic and eased stress levels for patients, families and clinic staff.

Within the first year of operation, the new referral management system had reduced the waitlist from 3,447 to 595 and, in 2018, the waitlist continued this downward trajectory with only 507 patients listed.



WAITLIST NUMBERS FOR SEMI-URGENT AND ROUTINE REFERRALS



## **EXCELLENT CLINICAL OUTCOMES**

We are committed to delivering outcomes that are comparable to national and international leaders in paediatric healthcare.

# 30 years of heart transplants



RCH patient Savannah

The RCH continues to be one of the world's leading paediatric transplant centres. We are also the largest paediatric cardiac centre in Australia and home to the National Paediatric Heart Transplant Centre.

Since our first heart transplant on October 5, 1988, the RCH has embraced new technologies and procedures that have made heart transplants possible for more patients and delivered better outcomes.

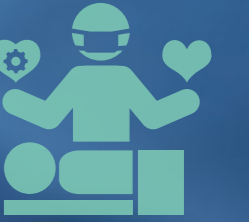
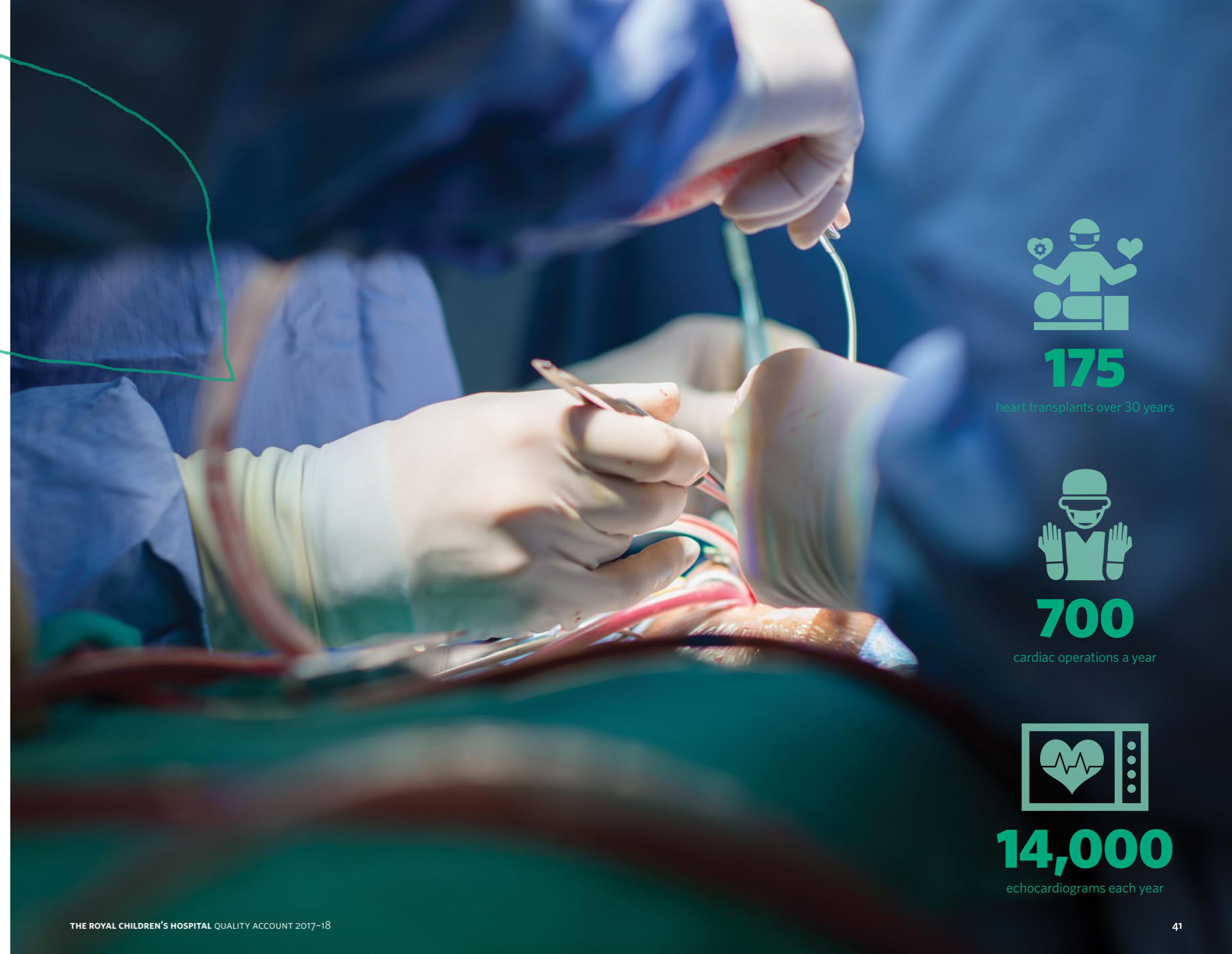
Over the past 30 years, the RCH has completed 175 paediatric heart transplants and we continue to offer great care to children and their families across the country. In 2017-18, the RCH performed 15 heart transplants, nine of which involved a VAD (Ventricular Assist Device).

The hospital is also a Nationally Funded Centre for paediatric liver transplantation (in collaboration with Austin Health) and paediatric lung transplant (in collaboration with Alfred Health).

In 2017-18, we performed eight paediatric liver transplants and five paediatric lung transplants.

We also performed 12 kidney transplants in 2017-18, and one multi-organ transplant where both a liver and a kidney transplant occurred.

Six years ago, with our partners at Austin Health, the RCH National Intestinal Transplant Service performed the first paediatric intestinal transplant and we are seeking to become a Nationally Funded Centre for paediatric intestinal transplantation.



175

heart transplants over 30 years



700

cardiac operations a year



14,000

echocardiograms each year

## EXCELLENT CLINICAL OUTCOMES

# Delivering care remotely

A child's health is improved by being discharged from hospital as soon as clinically appropriate and the RCH telehealth clinics enable more patients to receive care in their homes and local communities.

With more than 200 RCH clinicians delivering care via telehealth video calls, we continued to reduce the demand on tertiary services by increasing the capacity in local communities and reducing unnecessary travel for families in rural or regional areas.

The RCH telehealth service treats patients across Victoria, NSW, Tasmania, South Australia, Queensland and Western Australia, ranging in age from two months to 18 years.

## Helping kids go home sooner

Recognising the benefits of enabling children to return home sooner, the RCH reduced the average length of stay by more than ten per cent in 2017-18, while continuing to ensure that patients received the most effective and efficient care.

We also expanded the RCH Hospital-in-the-Home (HITH) program from 36 beds to 51 beds and opened a Mother/Baby Unit to provide HITH for children weaning from nasogastric tube dependence or babies with sleeping and settling issues.

In August 2017 we launched the RCH Complex Care Hub (CCH), a model of care unique to paediatric healthcare in Australia. The CCH supports children with chronic and complex medical needs by streamlining the delivery of services through a single point of contact for patients and families. About 287 patients now benefit from this service and it has been expanded to include a Complex Asthma Program.

The new RCH Link provider portal now enables approved healthcare providers to remotely access secure information from their patients' RCH EMR. There are currently 242 health professionals collaborating to pilot the web-based portal and deliver a better patient experience.

RCH Occupational Therapist, Ioanna performing a hand therapy Telehealth consultation



**20,405**

hours saved



**2,236**

the number of completed Telehealth appointments

## Telehealth - Oncology services

Thirty percent of children diagnosed with cancer in Victoria live outside Melbourne. The Paediatric Integrated Cancer Service (PICS) facilitates a regional outreach shared care model between The Royal Children's Hospital (RCH) and Monash Children's Hospital cancer services, and nine regional health services across Victoria.

An RCH telehealth initiative was introduced in the cancer service in 2014 to build on the current model of dedicated outreach clinics, however, numbers were small. Recognising the potential to deliver remote care for more regional families, the RCH has worked to build awareness, capacity and interest in telehealth encounters for regional cancer patients.

A dedicated regional outreach nursing role was established, and the number of telehealth appointments have increased, helping more families access cancer services closer to home and reducing the burden of travel for regional patients.

Fifteen dedicated telehealth clinics per year were created to conduct planned telehealth appointments and also build capacity for unplanned telehealth consultations.

Due to the complexity of care, nearly all telehealth encounters within the cancer service were conducted with either the local general practitioner or paediatrician present with the patient.

As well as benefiting patients, the service has also expanded the scope of practice for local health service providers by delivering increased collaboration and rapport with specialist services at the RCH.

Telehealth consultations included 90 clinical surveillance reviews, and the management of care and clinical assessment required for the delivery of more than 112 low-complexity chemotherapy sessions.

Work has also commenced to utilise telehealth for survivorship consultations and transition of patients to regionally-based adult health service providers.



**112**

low-complexity chemotherapy treatments



**204**

oncology appointments



**91,800**

kilometres saved

# Aboriginal healthcare

The RCH is strongly committed to improving Aboriginal health and supports the objectives and priorities of Koolin Balit, the Victorian Government's strategic direction for Aboriginal health in 2012-22.

In late 2017, a number of Wadja staff attended the launch of the Victorian Government Aboriginal Health Plan *Korin Korin Balit Djak* 2017-22 and Mental Health Plan *Balit Murrup* 2017-22. Both of these documents will inform our future approach to Aboriginal health and have already been incorporated into work with indigenous patients.

## Improving care for aboriginal patients

The RCH has continued to work hard to support the objectives set out by the Victorian Aboriginal Community Controlled Health Organisation, the peak body for the health and wellbeing of Aboriginal people living in Victoria, in Improving Care for Aboriginal Patients (ICAP). This year, key achievements across the four key areas identified include:

### ENGAGEMENT AND PARTNERSHIPS

In 2018 we have focussed on strengthening the relationships between the Aboriginal community and RCH. A number of strategies have been identified and are now being developed including the establishment of a number of Aboriginal Advisory Groups, including Aboriginal Elders, professionals, community members and families, to provide advice and support to management and departmental areas.

We are also exploring the potential for an MOU between the RCH and specific Aboriginal organisations in Melbourne with a view to creating enhanced communication pathways between Aboriginal community organisations and the RCH Executive.

The RCH Aboriginal Advisory Committee continued to meet monthly with representatives invited from a number of agencies including the local Aboriginal Community Controlled Health Organisation and the Victorian Aboriginal Health Service.

### WADJA HEALTH SERVICE

The Wadja Health Clinic is a weekly general clinic for Aboriginal and Torres Strait Islander children which provides medical, social, cultural and emotional assessment.

The focus of the clinic is on the management of Aboriginal patients with complex health and social issues by a team. A paediatrician will see the child and family together with an Aboriginal Case Manager with the aim of enabling a family to feel supported and culturally empowered.

There was a strong focus on reviewing the governance structure for Wadja with clear strategies identified that would improve Wadja's effectiveness across the hospital and these findings will be implemented over the coming year.

### ORGANISATIONAL DEVELOPMENT

The RCH marked a number of events this year including Sorry Day and NAIDOC Week with cultural activities for patients' and staff. In 2018, a Plaque of Acknowledgement to the Traditional Owners, the Wurundjeri People, was mounted at the main entrance to the RCH.

### WORKFORCE DEVELOPMENT

The RCH continues to demonstrate its commitment to increasing the representation of Aboriginal and Torres Strait Islanders in its workforce by recruiting an Aboriginal Health Worker to co-ordinate Wadja Health Clinic referrals, appointments and support patients and their families. In 2017, one of our Wadja Aboriginal Case Managers completed a Bachelor of Social Work Degree and two Aboriginal trainees in the RCH Early Learning Centre completed their Certificate III in Childcare.

The RCH is partnering with Deakin University's Institute of Koori Education to enable Aboriginal and Torres Strait Islander students to undertake clinical nursing placements on Sugar Glider and Banksia wards.

Three Wadja staff participated in the Koori Social and Emotional Wellbeing Service Review conducted by the RCH Mental Health Service during 2017-18. This project resulted in the development of a new model of care, and led to the recruitment of a Koori Community Development Worker and a Koori Social and Emotional Wellbeing Officer position.

Last year, the hospital established an annual Indigenous Junior Resident Medical Officer (JRMO) position and we appointed our second Indigenous JRMO in 2018.

In addition, there were ten half-day training sessions on Aboriginal Cultural Competency training delivered to 240 employees across 40 areas of the hospital and around 560 staff have now been trained since the first session in 2016.





# Transitioning to adult care

**Transition from paediatric to adult health services is an ever-increasing challenge for all health services. If managed poorly, patients may experience poorer health outcomes including avoidable admissions, costly medical interventions, and ongoing anxiety and distress for patients and their families.**

The RCH Transition Support Service supports over 1,000 increasingly complex patients and their families annually across all areas of the RCH each year. The service addresses the medical, educational, developmental and psycho-social needs of patients and their families as they transition to adult health services.

## FEARLESS, TEARLESS TRANSITION

The transition of young people with an intellectual disability (ID) and/or Autism Spectrum Disorder (ASD) with mental health issues can be particularly complex and difficult to manage.

In a 2016 RCH survey of parents whose children had transferred in previous years from the RCH to adult and community care, more than three quarters said their child's transition was not handled well.

In response, the Transition Support Service in collaboration with five of the RCH medical departments who care for these patients, launched 'Fearless, Tearless Transition' in March 2018. This new model of care, funded by the RCH Foundation, better supports these young people and their families to address the challenges of transitioning to adult care.

The lack of a clear care pathway for these young people has traditionally raised many challenges for patients, their families and healthcare providers. In particular, the biggest problem for families was the apparent lack of connection to their local GPs.

Recognising this, the Transition Team now works with more than 50 medical practices across Victoria to help families identify and build trusted relationships with their GPs before their child leaves the RCH.

Through a family-centred 'shared care' approach that is initiated at age 15 and formally linked into Transition Support Service clinics at the RCH, young people and their families are engaged in a process of alternating appointments with their paediatrician, sub-specialists, GP, mental health and other behavioural support providers.

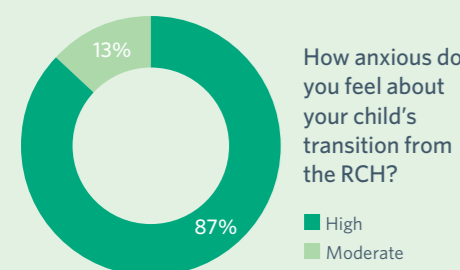
This process is supported with the use of a hard-copy family-held booklet that enables shared and active communication among all providers.

The team also assists GPs to build their capacity to care for patients with ID and/or ASD with mental health concerns through a number of channels, including the publication of a Health Pathway for GPs containing management guidelines for this patient group, and the availability of a GP Toolkit.

Transitioning these young people into adult care requires a long-term, coordinated approach where consistent assessments starting from 12 to 14 years of age are conducted and repeated at age 15 and 18. This enables the team to better understand their mental health burden and determine appropriate community supports required.

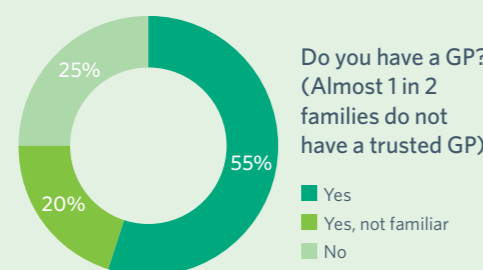
With this supportive care framework in place, it is hoped that these young people and their families will experience a positive transition to adult care.

### TRANSITION SUPPORT SERVICES PARENT SURVEY (2016)



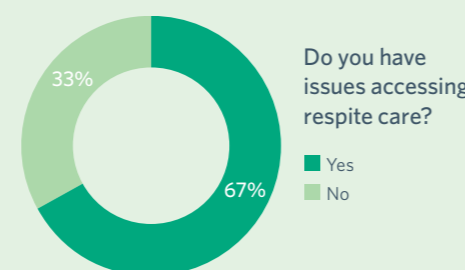
How anxious do you feel about your child's transition from the RCH?

- High
- Moderate



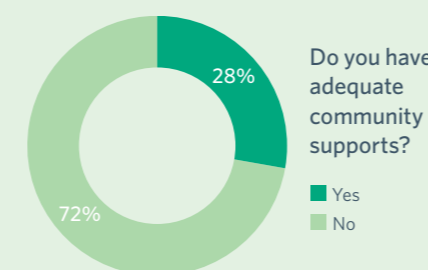
Do you have a GP? (Almost 1 in 2 families do not have a trusted GP)

- Yes
- Yes, not familiar
- No



Do you have issues accessing respite care?

- Yes
- No



Do you have adequate community supports?

- Yes
- No

# Animal-assisted therapy

**Gatehouse is a department of the RCH that provides assessment, treatment and advocacy services for children and young people affected by sexual abuse. Each month the clinic sees more than 500 patients and receives over 120 new referrals.**

To help children and their families cope with the trauma of sexual assault, Gatehouse has introduced the use of animal assisted therapy (AAT), an emerging approach using pets to achieve specific therapeutic goals. Children will often confide in an animal and research has shown that even watching animals can increase oxytocin levels and reduce feelings of anxiety.

## THERAPIST MICHELLE ATLAS EXPLAINS HOW HER THERAPY DOG RUBY HAS HELPED GATEHOUSE CLIENTS:

"There have been many sessions where Ruby has helped children understand boundaries and safety. This is so important with children who have been sexually abused, as sometimes they don't know what touching is okay and not okay.

I will talk with children about greeting Ruby and where it is okay and not okay to touch her body. This has allowed safe opportunities for children to learn about boundaries around touching private parts and discuss their own experiences of boundary violation, as well as the feelings associated with it.

In another session, Ruby and I worked with a 10-year old boy who was being cared for by a grandparent due to abuse experienced from his parents. He had found it very hard not to see his mother anymore, though she had hurt him, and he was struggling with loving her and missing her.

Before Ruby joined his sessions he wasn't able to talk about it but as he began to draw at the table, he turned to Ruby and asked, 'Ruby do you miss your mum and dad?'. While he wasn't able to tell me about his sadness, he was able to identify with Ruby and felt safe using her to project his feelings of sadness and loss.

Ruby is also very good at providing immediate feedback when she doesn't like something, which is useful when children have experienced trauma and find it difficult to trust others. Often this results in poor social skills and struggles with building friendships.

In one session, a seven-year old girl came up close to Ruby. She was enjoying patting Ruby but wasn't sure how to continue playing with her. When she put her finger near Ruby's face and Ruby immediately moved her head away, I took the opportunity to point out how something had happened previously that Ruby didn't like.

It became clear that the girl wanted to be friends with Ruby but didn't know how. As she continued to observe Ruby's responses over time, the girl began to read social cues and find appropriate ways of connecting with others."



## **ZERO HARM**

We are committed to delivering evidence-based and safe care to our patients.

# Keeping our people safe

In 2017-18 the RCH Workplace Health and Safety program was reviewed, refreshed and implemented throughout the hospital to ensure we are supporting the delivery of great care and consistently working to create a Zero Harm environment.

The Safe and Positive Workplace Behaviours procedure, toolkit and e-learning module were developed in extensive consultation with the RCH workforce. The toolkit supports staff and managers in understanding what behaviours can potentially create an unsafe environment and work proactively with each other to resolve any concerns.

The Early Intervention Program continues to be highly effective in quickly identifying when injuries occur, enabling the RCH to effectively support the health and wellbeing of these staff. In 2017-18, there were 57 employees assisted under our program which was a slight decline from 2016-17 when there were 62 cases.

The prevention and management of occupational violence and aggression (OVA) remains a focus for the RCH and the hospital launched The RCH's Framework for the Prevention and Management of OVA in October 2017.

In September 2017, the Workplace Health and Safety Consultative Committee identified the need for additional support to staff following critical incidents and a pilot program is underway before the program is rolled-out across the organisation.

In recognition of the increased need for an organisational-wide approach to mental health, the RCH developed a Mental Health Strategy 2018-21, to ensure that any staff experiencing mental health issues are treated with respect and dignity. In May 2018 we also launched a Mental Health Toolkit to support affected staff.

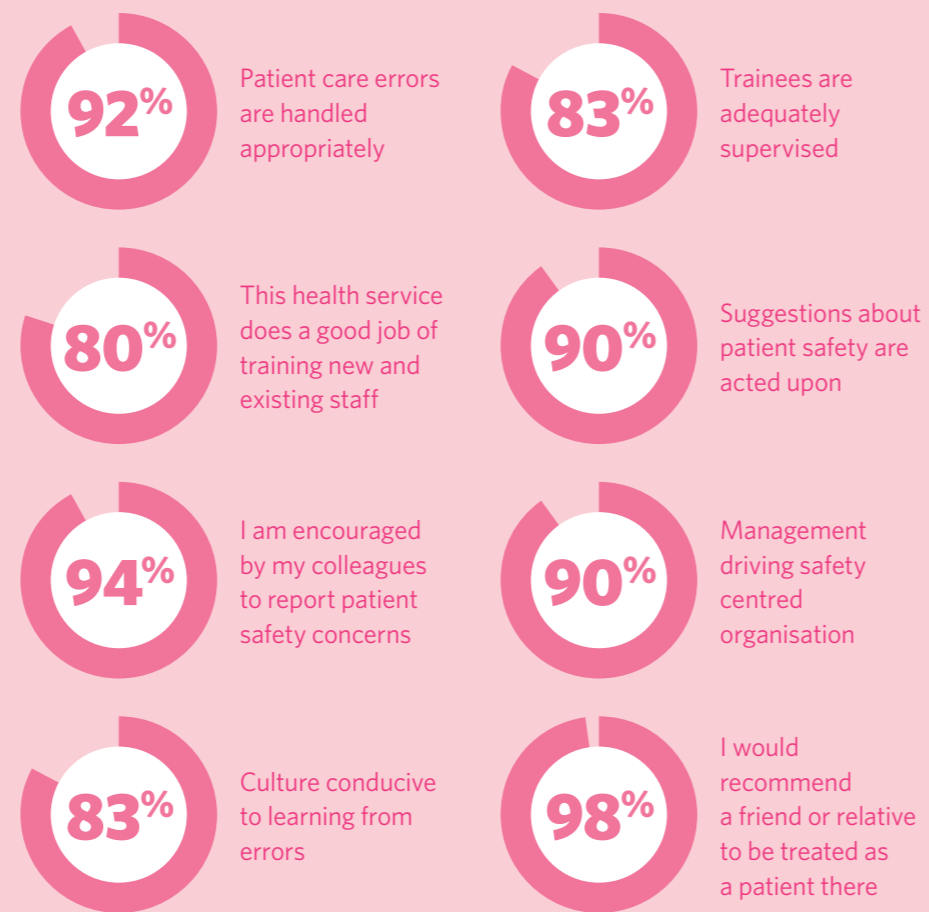
In addition, we continued to partner with BUPA in offering free skin checks to over 200 staff and 11 per cent of participants were referred for further investigation.

## People Matter Survey

Each year, our people are invited to participate in the People Matter Survey conducted by the Victorian Public Sector Commission. The survey measures different employee perspectives on topics such as culture, job satisfaction and workplace wellbeing.

The survey gives our people the opportunity to provide valuable feedback that helps us improve our performance in a number of areas, including patient safety.

The 2018 survey results were presented at our August CEO Forum where staff provided feedback that will be used to inform our decision making going forward. Feedback from last year's survey has already informed a number of new initiatives to improve staff and patient safety, including reducing access to the hospital after hours.



RCH nurses, Melissa and Nick



The RCH also works continuously to review and improve the care we provide to ensure we are providing the safest possible environment for our patients. For instance, when an adverse clinical event occurs, the RCH staff inform the patient's family and an incident report is completed in the Victorian Hospital Incident Management System (VHIMS).<sup>1</sup> These incidents are reviewed each month, with any improvement recommendations presented to the Patient Safety Committee for further action.

This year, we have sought to further improve the way we educate and engage staff about obligations to report patient safety concerns. As a result, we have introduced a patient safety newsletter and safety incidents are now reviewed at subsequent nursing meetings.

The RCH Trauma Simulation program also provides training to help staff better recognise a deteriorating patient and deliver immediate management of the situation, including how to work as a team and making the clinical decisions necessary in transitioning from basic to advanced paediatric life support.

1. In the 2017-18, we had a total of 92 serious adverse events, of which two were sentinel events.

## Preventing MET<sup>2</sup> significant events<sup>3</sup>

As well as providing an integrated patient medical record, the RCH EMR has given us the ability to quickly analyse data to deliver improved patient safety. It now enables us to generate a weekly MET report, detailing all METs in the hospital – a significant improvement on the old system, where it could take up to six weeks for these events to be reported.

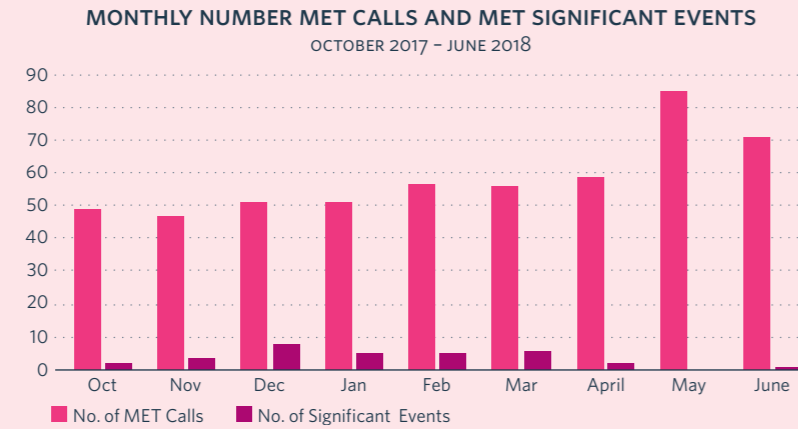
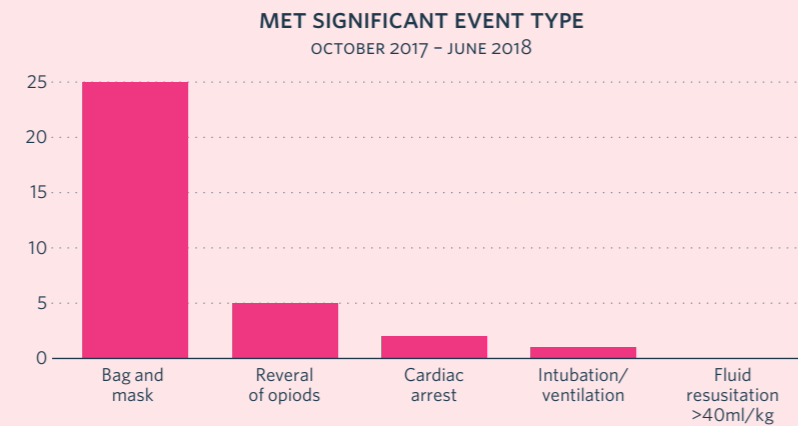
This real-time data is helping us identify and review MET significant events soon after they occur. As a result, the bedcard team caring for the patient are now able to be contacted within days of the MET significant event occurring and they complete a standardised review template that details the patient's condition and care leading up to the event.

This timely review process delivers invaluable information from clinical staff, in particular in relation to potential warning signs prior to the MET call, and helps us better understand if the event was predictable or preventable.

All MET significant events are reported to our Resuscitation Committee who track themes that emerge from the contributing factors identified by the bed card team. This has enabled us to identify any work necessary to support our ongoing commitment to improving patient safety.

2. MET is a team of specialised doctors and nurses who respond immediately to a call for urgent medical help.

3. A MET significant event is defined as a MET call that results in one or more of the following: fluid resuscitation >40mls/kg; cardiac arrest; Intubation/ventilation; reversal of opioid and bag and mask ventilation.



RCH patient Harteg

## Improving safety for newborns

The introduction of the Victorian Children's Tool for Observation and Response (ViCTOR) charts have enabled the RCH to more effectively monitor any deterioration in a patient's condition through the EMR.

The ViCTOR charts provide a colour-coded trigger warning that quickly indicates a deteriorating patient. When a patient's charted observations on the EMR enter the Orange Zone, staff are alerted to increase the frequency of observations and conduct either a nursing review or a non-urgent medical review. If the patient's observations enter the charted Red Zone, then a Rapid Review or a MET call is made.

This approach has led to earlier recognition and response to patient deterioration, clearer communication between clinicians, wards and hospitals, and improvement in patient care.

In May 2017, the ViCTOR Statewide Birth Suite/Postnatal (BS/PN) charts, designed specifically for newborns, were launched. These new charts recognised that the lack of a standardised and user-friendly approach to recording observations in new babies increased the risk that warning signs could be missed.

A simple newborn risk assessment screen was added, which prompted midwives to consider potential deterioration risks when they are recording the first set of observations.

By providing a simple tool to screen newborns and standardise the recording of clinical observations and escalation of care in birth suites and postnatal units across Victoria, the BS/PN charts make it easier for staff to visualise and interpret observation data.

Since the release of the charts, there have been two reported cases of improved recognition and response from the use of the BS/PN charts.

### Airway drills

Every morning, the doctors and nurses in the RCH Resuscitation Team use a mannequin to simulate a real emergency situation and train team members on effective airway management.

The airway drills have been run on a daily basis since October 2016 and have helped staff increase competency and confidence by giving them experience in situational control, equipment, troubleshooting, anatomy and procedures required in managing airways.



The RCH Resuscitation team runs through airway drills in the ED

## Reducing restrictive interventions

The Banksia Ward is a 16-bed inpatient unit where young people aged 12 to 18 years are assessed and treated for a range of mental health and psychological disorders.

The ward provides the least restrictive environment possible while remaining compatible with the needs and safety of young people and staff. A restrictive intervention, including seclusion or physical restraint, may be necessary to prevent serious and imminent harm to the person or another person. However, it should only be used after all reasonable and less restrictive options have been considered.

In recent years, despite high patient acuity and demand, Banksia has significantly reduced the use of seclusion and restrictive intervention by adopting a multi-disciplinary approach to assessing and treating young people admitted to the ward and promoting community management wherever possible.

Between 2014 and 2017, the RCH saw the number of secluded patients reduce by close to 80 per cent. We have sustained this lower seclusion rate with 7.39 incidents per 1,000 bed days reported in 2018, up only slightly from 5.65 incidents per 1,000 bed days in the previous year. The rate of restrictive intervention rose from 16.38 incidents per 1,000 bed days in 2017 to 21.07 incidents per 1,000 bed days in 2018.

The RCH has continued to focus on reducing the incidence of seclusion and restrictive intervention, with a number of new approaches being undertaken in 2018.

Earlier this year, we introduced a randomised trial of a nurse-led intervention on Banksia that teaches young people about the ward and gives them problem solving strategies to help improve their capacity for self-regulation and motivation to engage in outpatient treatment.

The internationally renowned Safewards project was also introduced to Banksia and will be rolled out across the hospital over the coming year. Safewards aims to improve patient and staff safety by identifying opportunities to prevent distress and agitation in patients to reduce the incidence of restrictive intervention or lessen its impact.

The RCH also appointed a Mental Health Compliance Officer earlier this year. This role will monitor compliance with the Mental Health Act right across the hospital, including our approach to restrictive interventions.

We continue to conduct routine reviews of critical incidents resulting in the use of restrictive interventions and consider what alternative approaches could have been used. Patients are also benefitting from the removal of blind spots and improved lighting on Banksia, and the more structured program we introduced last year has delivered greater stability and helped reduce the incidence of behaviour escalation in some young people.

## Accreditation

The RCH is always working to improve our standards and ensure that we can continue to deliver the safest, highest quality care for our patients well into the future. One of the ways we do this, is through our accreditation programs which are reviewed by a range of external accrediting agencies.

The National Safety and Quality Health Service Standards were assessed as part of the periodic review in 2017. The RCH received one recommendation that action be taken to demonstrate improvement in compliance with the aseptic technique protocol. As a result, the RCH developed a new scaffolded training program which includes an e-learning package, skills training and assessment to enable better monitoring of staff competency.

### ACCREDITATION UNDERTAKEN IN FY2017-18

Accreditation program	Accrediting agency	Outcome
DHHS Standards (Stomal Therapy and Gatehouse)	ACHS	Achieved
Office of the Gene Technology Regulator (OGTR) Accreditation	OGTR	Achieved
Children's Cancer Centre – Haemopoietic Stem Cell Transplant Program Apheresis	National Association of Testing Authorities	Achieved
Haemopoietic Stem Cell Program	Foundation for the Accreditation of Cellular Therapy	Achieved
Centre for International Blood and Marrow Transplant Research (CIBMTR)	Foundation for the Accreditation of Cellular Therapy	Achieved
Medical Laboratory Accreditation – NATA	National Association of Testing Authorities	Achieved
Pharmacy	Victorian Pharmacy Authority	Achieved
Food Services	Melbourne City Council	Achieved

# Infection prevention and control

Many of our sickest paediatric patients require a Central Venous Access Device (CVAD) to infuse fluid and medications into large blood vessels. In 2017-18, 28 per cent of RCH inpatients had a CVAD, an increase of 17 per cent over the past five years.

Central venous lines can become infected or blocked if they are not managed carefully. As a result, the RCH appointed an expert Vascular Access Clinical Nurse Consultant (CNC) in November 2017 to assist staff to care for these devices, reduce complications and review new products as they become available.

The RCH supports the use of CVADs by experts and a CVAD Committee reviews the insertion, care and procedures to support the use of central lines. An investigation of each central line associated bloodstream infection (CLABSI) and *Staphylococcus aureus bacteraemia* (SAB) is completed by the care team and reviewed by the CVAD Committee.

For the reporting year, the RCH has achieved its lowest ever CLABSI rate across the hospital, with a decrease from 1.2 to 1.0 infections per 1,000 line days. This means there were nine fewer infections in individual patients for the year. The RCH Paediatric Intensive Care Unit (Rosella), our highest risk area, saw a rate of 1.6 CLABSIs per 1,000 line days. Although this exceeded the health service target of zero, Rosella have also markedly decreased their rate from 2.2 per 1,000 line days in the previous year. There were 2.8 incidents of SAB per 10,000 Occupied Bed Days (OBD), which exceeded the health service target of less than 1 per 10,000 OBD and is a current area of focus.

In 2018-19, the RCH clinical teams will be focusing on a number of interventions to prevent infections across the hospital, including introducing changes to the delivery of antibiotics, reviewing skin preparation choices to ensure consistency and quality, and reviewing pre surgery screening and treatment of patients.

A 'Back to Basics' communications program promoting the many aspects of patient safety which will prevent patient complications including infection was launched via a Shortcut video on the RCH Intranet. The Infection Prevention and Control team has also provided formal education programs to more than 1,400 staff.

## IMMUNISATION

Annual influenza immunisation of healthcare workers is the most effective method of preventing influenza infection and minimising exposure to vulnerable patients.

In the reporting year<sup>4</sup>, 89.3 per cent of RCH staff were vaccinated, exceeding the Victorian health services target of 75 per cent. This result was the highest vaccination rate in Victoria for a comparable hospital. The vaccine is also offered to volunteers, health care students, campus partners and retail partners.

4. Reporting year for flu immunisation data is 2017-18



89.3%

of RCH staff, volunteers, students, campus partners and retail partners were vaccinated



1,400+

RCH staff trained in a formal education program on 'Back to Basics'



1.2  
DOWN TO  
1.0

our lowest CLABSI rate (per 1,000 line days) across the hospital on record

## **SUSTAINABLE HEALTHCARE**

We are committed to delivering a sustainable healthcare system that ensures we provide great care now and into the future.

# Building a sustainable hospital

The Victorian health system is responsible for a quarter of the government's reported carbon emissions from stationary energy and the RCH, as a public health service, recognises its responsibility to build a more environmentally sustainable hospital.

Strong support within the hospital community for the Victorian government's commitment to achieving a net zero target by 2050 has seen the RCH make strides in reducing its environmental footprint over recent years.

The RCH monitors energy consumption and waste generation through the RCH Sustainability Committee which, over the past year, has grown in membership to include campus partners and Public Private Partnership stakeholder representation, as well as hospital staff.

In 2017, the RCH implemented a Sustainability Action Plan, resulting in a significant drop in utilities consumption, with gas down 4 per cent, water down 12 per cent, total waste volume down 7 per cent and clinical waste down 32 per cent.

The introduction of comingled recycle bins in wards in 2018 has seen an average monthly increase of 55 per cent in recyclable materials and a reduction in landfill waste and charges.

This year, the Sustainability Committee, together with our Utilities Management Committee, have overseen a number of initiatives that have further reduced our environmental footprint.



7%

of total waste down since the Sustainability Action Plan was implemented in 2017



55%

the average monthly increase in recyclable materials

## Utilities consumption

Electricity generation represents the largest share of emissions in the Australian national greenhouse gas inventory. The RCH has implemented several electricity reduction initiatives to reduce the hospital's reliance on the electrical grid and has achieved a reduction in electricity consumption close to 6 per cent. This has contributed to a total carbon dioxide emission reduction of 1,065 tonnes against the previous calendar year.

This year we introduced LED lighting to the public area foyers and within the hospital's examination areas. In addition, we introduced LED lighting with individual motion detection to our stairwells. We also changed our approach to the management and operation of the hospital's on-site electrical generation infrastructure which reduced our reliance on the electricity grid.

An increased focus on heating and ventilation of non-clinical spaces led to the implementation of a 'floating setpoint' control and the building management system was reprogrammed to allow for a dynamic temperature control in selected spaces. This reduced the load on our chilled water plant and lowered our electricity consumption.

In addition, an investigation into clean sources of water for reuse has yielded a measurable reduction in the hospital's potable water requirements.

## Helping staff reduce their footprint

The hospital is also helping our people reduce their carbon footprint. In 2017, we established a User's Group that manages our on-site amenities, including showers, bike storage and more than 250 lockers for staff who choose to walk, run or cycle to work.







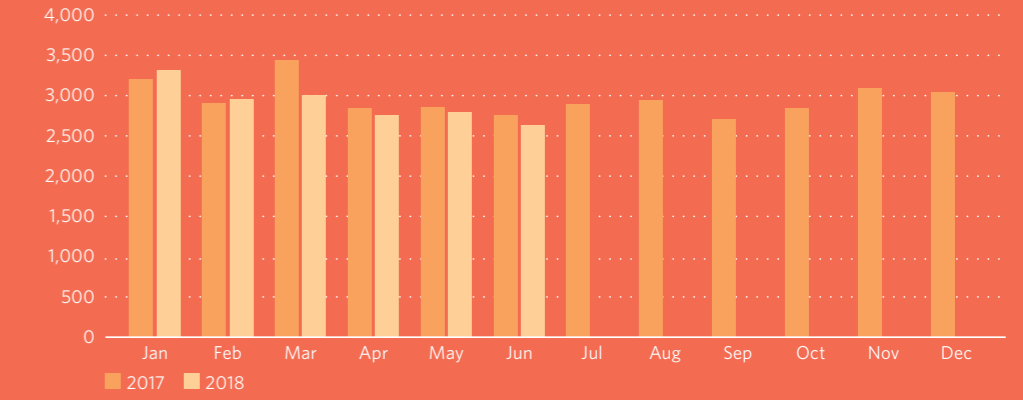
## Waste reduction

Recycling activities divert waste from landfill and contribute to the productive capacity of the economy, creating jobs as well as ongoing investment. A waste recycling program was implemented in key clinical areas with products such as sterile wrap and PVC now included in recycling streams.

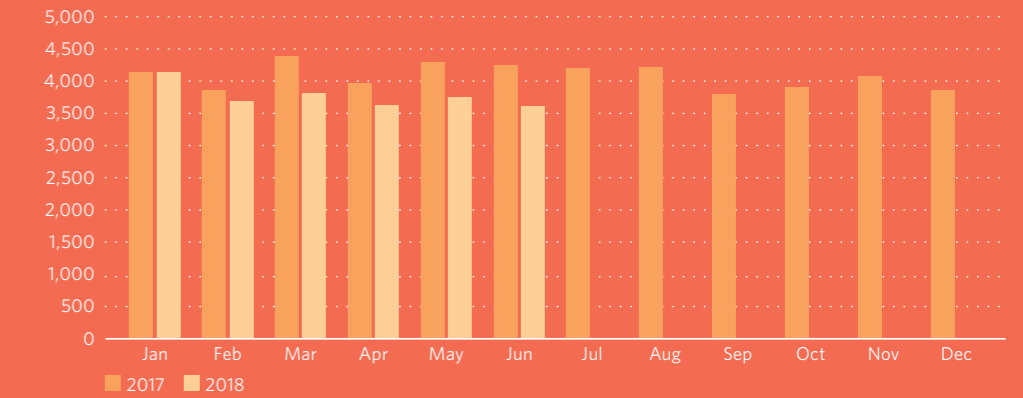
Through improved waste strategies, we have achieved a reduction in general waste of 47 tonnes against the previous calendar year, with 3.6 tonnes of sterile wrap products diverted for recycling.

We are continuing to improve our waste reduction strategies with work underway to recycle single-use metals in clinical areas and plans to work with Second Bite to better manage our food waste.

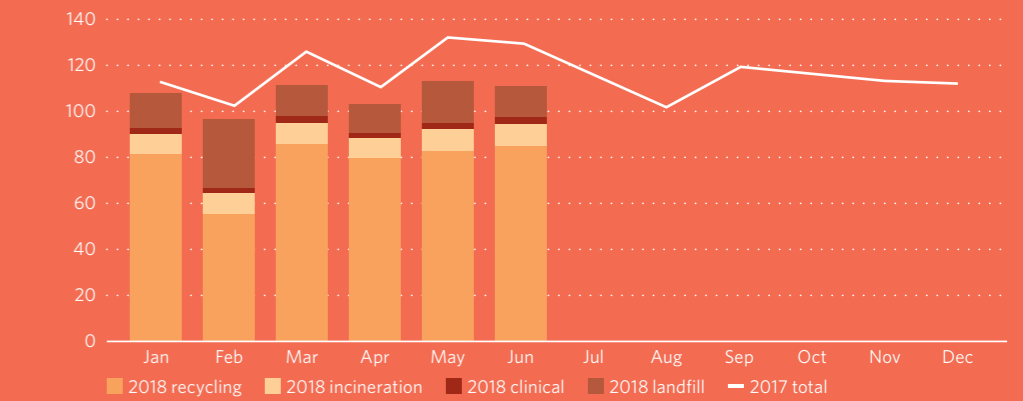
TOTAL ELECTRICAL CONSUMPTION (MWH)



TOTAL CO<sub>2</sub> EMISSIONS (TONNES)



WASTE GENERATION (TONNES)





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