



JOURNEY

Annual Quality of Care Report

ROYAL CHILDREN'S HOSPITAL

2003



ROYAL
CHILDREN'S
HOSPITAL





WE LISTEN
WE CARE
WE CHANGE
AND WE GROW

The Royal Children's Hospital in Melbourne is at the forefront of paediatric medicine, research and education and provides tertiary referral services for sick infants, children and adolescents.

As the major paediatric hospital in Victoria, Royal Children's Hospital also provides clinical, academic and advocacy services for children and young people. It is internationally recognised as a leading centre for research and education.

This is our journey.

Message from the Royal Children's Hospital

The Royal Children's Hospital (RCH) was established in 1870 as the Melbourne Free Hospital for Sick Children, caring for the children of poor families in Melbourne. Today RCH is the major paediatric hospital in Victoria, and provides a full range of clinical services, tertiary care and health promotion and prevention programs for children and adolescents.

Each year RCH treats 25,000 in-patients and 280,000 children attend the hospital's outpatient departments. The hospital has been located on its present site at Parkville in Melbourne, Australia since 1963.

The Executive and Board of our organisation, Women's & Children's Health, are committed to providing the best possible health care to the women and children of Victoria.

As you read this Quality Report we hope it will become evident that patient safety and family focused care are real priorities of Royal Children's Hospital.

Our hospital strives to ensure our patients and their families are at the centre of our care. We welcome consumer and community participation and feedback, and we have created a culture which supports and encourages staff to openly identify errors so that we can improve our processes and systems.

We encourage you to read this report and respond to our request for feedback.



Dr Tony Cull
Executive Director
Royal Children's Hospital



Associate Professor Christine Kilpatrick
Chair, Quality and Safety sub-committee
Women's & Children's Health Board

Introduction



Welcome to the 2003 Royal Children's Hospital (RCH) Annual Quality Report. We have designed this report around a series of questions and we hope that this makes it easy to read. Although we have not reported on all quality activities in the hospital, we have highlighted a selection of what we are proudest of, together with what we are doing to improve our services. This year, we have also given more detail in two areas – how we focus on families and their needs and our commitment to improving infection control in the hospital.

Members of the RCH Community Advisory Committee, including the Association for Children with a Disability and the Chronic Illness Alliance, together with individual consumers and staff from a range of community health centres have contributed to the layout and content of the report. We encourage your comments and feedback so that we can continue to improve how we report in the future. You will find details of how you can contact us at the end of the report.

Quality means different things to different people. Our intention is to provide children and their families with the world's best clinical treatment, together with timely and well managed care. A key part of quality improvement is seeking the consumer's view on how we do things, and then using that feedback to improve our service. Many of the activities you will read about in this report have occurred as a result of this feedback.

Focusing on families

RCH has a strong commitment to family centred care and the involvement of parents and carers wherever possible. Consumers have told us what is helpful when their child is in hospital and this information has resulted in the following services.

FAMILY RESOURCE CENTRE

The Family Resource Centre was opened in June 2003 by the Minister for Health, The Honourable Bronwyn Pike. It provides a quiet, friendly, relaxing area where families can cook simple meals, catch up on email or other work via computer or simply sit quietly. The Personal Care Suite, which is part of the Family Resource Centre, provides showers, change rooms and height adjustable beds for older children and adolescents with a chronic illness or special needs. Volunteers support families in the Family Resource Centre and their contribution is very much appreciated by the hospital.



Members of the Association for Children with a Disability are pictured in the Family Resource Centre's business centre. The association is one of the consumer groups that provided input into the plan and design of the centre.

SUPPORTING THE EXTENDED FAMILY

To help support the rest of the family, a creche provides free child care between 9am and 3pm on week days for the pre-school sisters and brothers of inpatients. Enjoyable time can also be spent in the Starlight Express Room, a safe and friendly space full of magic and fun, with entertainment and activities for all.

Our volunteer service has introduced a 'stand in' grandparent program to support families who need respite or are unable to visit their child. Ward grandparents provide the child with company, comfort and reassurance and allow parents to feel confident that someone special who really knows and cares about their child is with them when they cannot be there.

HOSPITAL TV

The hospital produces Australia's only TV shows designed to relieve the stress and anxiety of being in hospital. The weekly programs 'Going Nuts with Macadamia' and 'Hospital Lingo' both aim to familiarise children with common medical words and procedures in a fun, entertaining way. Prizes can be won when playing Hospital Lingo in much the same way as a bingo game. Volunteers take the playing cards to the children, encourage them to participate and then deliver the prizes. When making an appearance on Going Nuts with Macadamia, each patient receives a copy of the video to show their family and friends.

CLOWN DOCTORS

The clown doctors roam around the hospital, visiting wards, outpatients and pathology up to three days a week. They play, tell jokes, and generally have fun with children, parents and staff. Some of their procedures include laughectomies and red nose transplants.



Jessica Herman was born with her left leg shorter than her right. Thanks to the orthopaedic surgeons and limb deficiency clinic at RCH Jessica's leg has grown six centimetres. Mr Leo Donnan cut Jessica's femur and fixed a frame around her leg, with screws and wires attached to her bones. Her parents turned the screws a little each day, stretching the leg. The bones in Jessica's leg grew and closed the gap. Now that the frame has been removed Jessica is having physiotherapy to ensure her balance and gait are just right.

JESSICA

INFORMATION FOR FAMILIES

There is strong research evidence to show that information improves health outcomes and we understand that getting the right amount of information is important for families or carers in managing their child's health.

We have a Consumer Health Information (CHI) Committee to help departments make sure that the information they write is what families need and can easily understand.

Parents are asked to 'road test' new handouts as part of this process. The web site for RCH CHI will be launched in 2003, providing open access to CHI on a range of topics and links to related sites.

We provide information in different ways so that families can choose what suits them best.

For example in Neurology, information is available in these ways:

- A nurse coordinator and specialist in epilepsy talks with all newly diagnosed children and their families about different kinds of medication, seizure and safety precautions.
- Patient Education Sheets and brochures containing written information.
- Information is available on the website.
- Families are referred to the Epilepsy Foundation.



In Haematology/Oncology, staff have designed a series of information seminars for families. In addition to this, all families of children under the care of the unit receive an individualised handbook, outlining treatment, facilities and resources.

We are currently working on an information video, which will be shown on our hospital TV channel, to inform families and carers about the hospital and services we provide.

CARE BY PARENTS

We are committed to including parents/carers in their child's care whenever possible.

The Department of Anaesthesia post-surgical Care-By-Parent Unit started in 2002. Following a period of close staff observation and education of parents just after an operation, children and their families move to a motel-style room within the hospital, so that parents can care for their children themselves with staff support. The results of this study will be available in July 2004. Interim results show that 93% of families who have experienced the Care-By-Parent Unit would use this service again.

We would like to extend this kind of care in the future, so our evaluation includes how it is working in terms of the children's health outcomes, how families feel about it and how much it costs.





Chris Hirth is standing tall following a surprising surgical procedure performed by orthopaedic surgeon Mr Ian Torode. A year ago Chris was diagnosed with bone cancer and faced the prospect of having his leg amputated. But Mr Torode removed the diseased middle part of Chris's leg and retained the healthy lower leg and foot. He then performed what's called a Van Ness rotation plasty – he turned the healthy section backwards and reattached it to Chris's upper leg. This means Chris's backwards facing foot now acts like his knee, enabling him to wear a prosthetic leg and get back on the basketball court.

CHRIS



Focusing on safety

How safe is the care our patients receive?

We believe that everyone at RCH is accountable for providing safe care and all employees contribute to this in different ways.

A range of committees are responsible for quality and safety at RCH. Clinicians are present on each of these committees to ensure there is input from the ward staff. Consumers are present at these meetings or have input via the Consumer Liaison Officer.

The Quality committees include:

- *Women's & Children's Health Board Quality and Safety sub-committee* gives overall direction for quality improvement activities by monitoring the quality of care and areas of risk, and ensuring systems are in place to improve.
- *RCH Quality and Safety Committee* oversees the quality of clinical services and safety of care at RCH.
- *Patient Safety Committee* is responsible for improving safety by looking at areas where things have, or have nearly, gone wrong.
- *Medication Safety Committee* is responsible for improving safety in the area of drug management.

WHEN THINGS GO WRONG

Clinical Risk Management is the formal name for the program to reduce and eliminate errors within RCH.

It is important that we do everything we can to minimise errors in treatment. However, when they do occur, we need to learn from them, understand why they occurred and work on ways of preventing them in the future.

Staff are trained, and encouraged, to report all mistakes and have been doing this more in the last year (see Figure 1). We are pleased that staff feel comfortable to report mistakes and near misses:

- Staff are more likely to report mistakes because they know something positive will be done with the information and that improvements will be made.
- Most mistakes are reported by staff at the time they happen, rather than being found by checking files after the event.
- The number of 'near miss' incidents reported is increasing, which means that a mistake was noticed before it reached the patient (for example when the wrong dose of a medicine is prescribed, but the mistake is noticed and corrected before the medicine is given to the child).
- Staff are praised for reporting near misses and, when potentially serious mistakes are avoided, staff receive a Patient Safety Certificate. In 2002-03, 30 staff received Patient Safety Certificates.

In addition, children's records are automatically reviewed if:

- a child has been admitted to the Intensive Care Unit unexpectedly
- a child has died
- a clinical staff member is concerned about a patient's treatment
- a parent is concerned about a child's treatment.

There is likely to be a higher chance of something having gone wrong in this group of patients so each record is carefully studied to see if any mistakes occurred.

In response to the information collected from reviews, we have made the following changes:

- **Consent** – we have a new consent form, which was checked with parents and the Community Advisory Committee who say it is now easier to understand.
- **Sedation** – we are reviewing the way we use sedation and pain relief to make sure it is as safe as possible.
- **Training** – we have increased the number of doctors and nurses with specific training in ‘Advanced Paediatric Life Support’ (50 have completed the course in 2002-03) and we have a monthly workshop for nurses on the care needs of severely ill children (‘The Sick Child Workshop’).
- **Identifying abnormal test results** – we now highlight abnormal pathology test results in colour on our computer system, so that they cannot be overlooked.

KEY SAFETY ISSUES

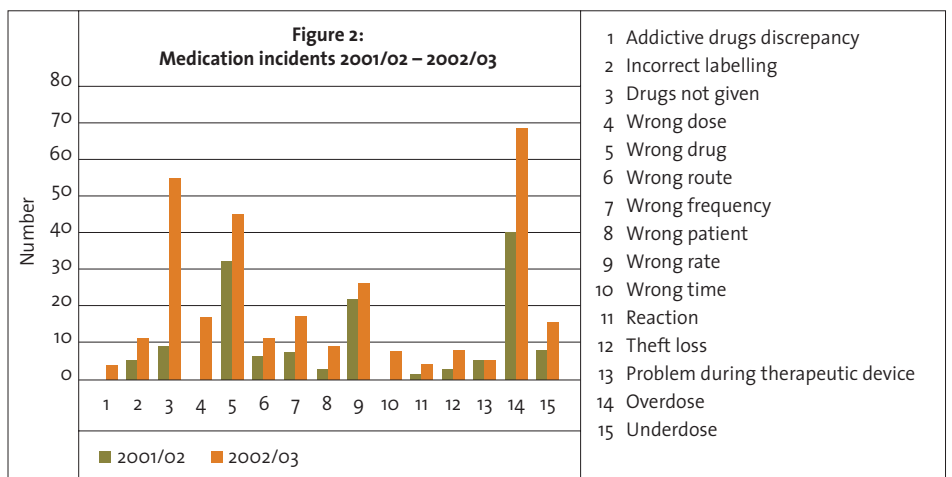
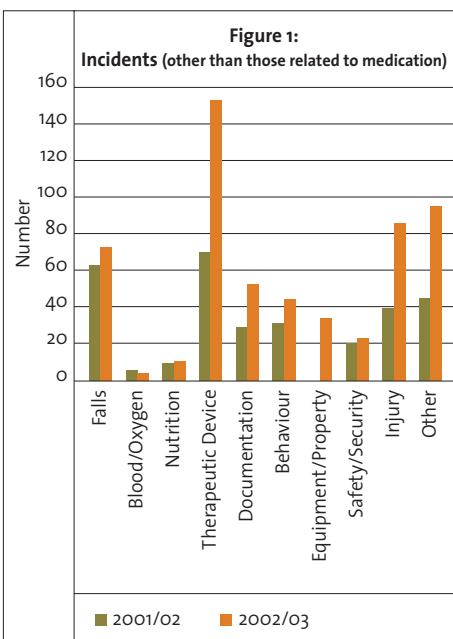
Three safety issues have been identified by the Victorian Government as being particularly concerning for all hospitals. These are medication errors, falls and pressure wounds. Falls and pressure wounds are much less common in children than in adults, however we still have specific strategies to record how they occur, the frequency of occurrence and how they can be prevented.

MEDICATION ERRORS

Thirty two thousand children are admitted to RCH each year and an average of 3 to 4 medications are prescribed for each child. That makes nearly 100,000 medication episodes yearly. All prescriptions are monitored to make sure that they are right for the child. An incident report is made when a mistake occurs, or nearly occurs, and trends in these reports are acted upon (see Figure 2).

We have made the following changes to address issues identified through incident reports:

- Introduction of Intravenous (IV) Fluid Management Guidelines.
- Design of a new IV Order and Fluid Balance Chart.
- Design and implementation of an IV Fluid Competency package for nurses and other education strategies for junior doctors.
- Implementation of alert stickers on all IV fluid bags.
- Improvements in the drug preparation rooms to improve their safety (e.g. separating drugs, the names of which sound similar, within each cupboard).
- Introduction of an intensive short term and ongoing long term education program to improve medication safety (the Better Prescribing and Administration Project).
- Contribution to the design of software programmable intravenous pumps.
- Trial of an automated medication dispensing station, which electronically records all drugs given.



*Increased numbers relate to greater reporting in total

FALLS MONITORING AND PREVENTION

Families and staff have a responsibility to prevent children having falls while in hospital. Almost half of the falls that occurred at RCH in the last year were falls from a cot or bed.

What we have done to help prevent falls:

- Eye catching signs (which use pictures instead of words) have been put on all cots demonstrating how to use the cot sides.
- Parent information reminds them of the need to always have cot sides up.
- Staff are constantly reminded of the need to have cot sides up.

Children with brain injuries are more at risk of falls and they are often nursed on a mattress on the floor. However this risks injuring nurses when they need to move children, so we have decided to test two types of equipment to improve this – a special bed, which can be lowered to floor level and an ultrasound movement sensor.

PRESSURE WOUND MONITORING AND PREVENTION

A small number (21) of pressure wounds have been reported in the last year. These were most common in children in the Intensive Care Unit (ICU) (nine cases) and the Operating Suite (ten cases). This is because these children are often very unwell and lie in one position for a long time. ICU staff are about to introduce a Pressure Area Assessment tool to carefully monitor for pressure areas and to prevent pressure wounds from developing. The cardiac surgery team has also started using gel pads to prevent pressure areas developing during long surgical operations. Both these improvements have only recently been introduced, so results are not known at this stage.

COMPLEMENTARY AND ALTERNATIVE MEDICINES

About half of the children who come to RCH have used complementary or alternative medicines (CAMs) in the past.* Parents, doctors and nurses all need to understand that CAMs are like other active medicines and that they may interact with 'orthodox' western medicines. The RCH Drug Information Centre provides information from all over the world to make sure that there are no known risks of combining a CAM with the medicines given in hospital.

GUIDELINES FOR BEST CARE

One of the most important ways to be sure we are providing the best care for patients is to keep up to date with the latest research, some of which is undertaken at RCH. We have created a range of Clinical Practice Guidelines, Clinical Pathways and Standard Treatment Orders which provide information for doctors and nurses on the best possible care for sick children.

The 170 RCH Clinical Practice Guidelines (CPGs) are used within RCH, as well as elsewhere in Australia and overseas. About 1000 people visit this website every day. In addition, the RCH CPGs can also be found on a highly respected UK children's health web site where recently there were 300 visits to the RCH guidelines in one month.

Clinical Pathways are plans of care involving all staff. They have been used for eight years at RCH to guide the care of patients with more predictable conditions such as asthma, appendicitis and gastroenteritis. There are currently Clinical Pathways in use for 80 conditions at RCH and another 20 are in development. RCH is known for its expertise in the use of Clinical Pathways and staff have talked about this work at a number of international conferences in the last year.

Standard Treatment Orders (STOs) are a new tool developed by a junior doctor in the hospital with the help of the Clinical Support Service. This tool provides doctors with a guide to the risks of a particular condition and the treatment that is needed to prevent these risks. The STOs are the basis of each child's care. STOs have been developed for Diabetic Ketoacidosis, Liver Disease and Post Operative Neonatal Apnoea.

INFECTION CONTROL

In order to minimise the risk of cross infection between staff and patients, we:

- provide vaccinations to our staff for illnesses such as tetanus, diphtheria, measles, mumps, rubella, polio, hepatitis B and varicella. In 2003, we have vaccinated over 1500 staff for influenza
- provide information on neonatal and intensive care bloodstream infections to the Victorian Nosocomial Infection Surveillance System, which will in turn report back to us how we compare with other hospitals and how we can improve
- have strict guidelines on infection control, which have been developed by our staff according to national and international standards
- train all our staff to make sure that their infection control knowledge is up to date
- 'track' all sterilised equipment to and from patients and make sure that equipment cannot be used in operations unless it has a sterilisation sticker
- make sure that our guidelines are being followed by undertaking regular 'risk assessment audits' of the numbers of hospital acquired infections.

* Lim A, Cranswick N, Skull S, South M, Complementary and Alternative medicine use by children. The Australian Health and Medical Research Congress Proceedings 2002.



COURTNEY

Courtney Beale had heart surgery when she was just 10 days old. She was born with a heart defect called tricuspid atresia which means there was no connection between the right atrium and right ventricle of her heart. Courtney is now five years old and recently had further corrective surgery. Despite the hospital's strict infection controls, Courtney developed an infection and had to return to surgery to have the wound checked. "Courtney has had the best of care in the hospital," said Courtney's mother Kylee.



Tyson Hubbard is only three but he's already had nine stays in hospital. Tyson was diagnosed with cystic fibrosis when he was six weeks old, and the regular visits to hospital were for 'tune-ups' where antibiotics were administered through a central venous line. Tyson is now able to take antibiotics orally so he only needs to come to RCH for his regular outpatient visits.

TYSON

CENTRAL LINE INFECTIONS

The Department of Human Services funded a Quality Improvement Project at RCH which aimed to collect data on patients in whom a central venous access device (CVAD) had been inserted. These devices are used to deliver drugs, fluids and blood products when it is impossible or unsafe to use a simple intravenous catheter but can lead to infections. An integral part of the project was to develop a computerised information system that would allow staff caring for a patient with a CVAD to enter data via a web-based interface, as well as central analysis of data by the project staff. This innovative system, 'CVAD Online', was implemented hospital wide in late 2002 and we are pleased to report that our infection rates are less than in other hospitals overseas.

MEASURING OUR PERFORMANCE IN INFECTION CONTROL

While our Infection Control Department measures our internal performance, external organisations review how we comply with state and national infection control standards.

The Department of Human Services conducted a survey of public hospitals to evaluate the effectiveness of infection control in 2001-2002.

Overall we are pleased to report that we rated either 'excellent' or 'moderate evidence of achievement' in these areas. Any area rated 'little' or 'some evidence of achievement' were either of a minor nature or have been addressed.

The Australian Council of Health Care Standards conducted an organisation-wide review at RCH in September 2002. Infection Control was commended for its promotion of personal hygiene, especially the hand washing program, the staff health coordinator program and staff immunisation campaign.

HAND HYGIENE PROJECT – BEST PRACTICE FUNDED

The best way to lower the risk of infections is by good hand washing.

In 2002, Infection Control was given funding by the Department of Human Services to review and improve hand hygiene practices. In April this year, we began a campaign called 'Wash-Up', which gives information about the importance of hand washing and how to do it properly, and provides new skin disinfectant gels to wards taking part in the project. We have since assessed how well staff and parents wash their hands and will re-assess this again to see if we can maintain improvements. We will be able to report the results of this project in 2004.



WORKING WITH THE ENGINEERING DEPARTMENT

Routine maintenance of the hospital is an important infection control measure. The Engineering Department inspects cooling towers and warm water systems for legionella, regularly cleans the air conditioning and air filtration system, and maintains sterilisation units.

RESPONDING TO NEW AND EMERGING INFECTIONS

Infection Control must be able to respond to outbreaks, epidemics and the changing drug resistance of some germs.

Like other hospitals, an RCH team responded immediately to the worldwide alert to Severe Acute Respiratory Syndrome (SARS) in the following ways:

- Suspected patients were isolated to prevent infection to others while being medically assessed.
- Staff were given training on how to manage SARS and how to prevent it spreading.
- A web page has kept staff up to date. It includes travel advice to staff visiting risk areas, and to staff and patients from those areas coming to the hospital.
- The use of special face masks, gloves and gowns were introduced to protect staff and other patients from infection.
- An ongoing database records any suspected cases and the outcome of the illness.

The Microbiology Laboratory communicates with the Infection Control team daily to make sure any unusual infections are managed appropriately. Some germs, such as 'Golden Staph', can become resistant to drugs. This is not a major problem at RCH.

How are we improving the care we give to children and their families?

We are constantly looking for ways to improve our services by:

- Changing how we do things
- Buying new equipment
- Research
- Consulting with children and parents about what works well – or does not work (see section ‘How do we listen to our consumers?’).

CHANGING HOW WE DO THINGS

Here are some examples of how changes in the way we do things affect patient care.

CARING FOR CHILDREN WITH COMPLEX NEEDS

Many of the children who come to RCH have very complex health problems and a number of teams can be involved in their care. For example, very sick babies may have a neonatologist, a surgeon, a respiratory physician, nurses, a physiotherapist, a social worker, a dietician and others working to help them get better. With so many people involved it is important that they all communicate well with the family as well as with each other. A Care Manager helps to make this happen, by talking regularly with the family and health team and by developing a care plan which helps organise the child’s care both in hospital and at home.

For example, in conjunction with Physiotherapy, Occupational Therapy, Neurosurgery and Orthopaedics, the Department of Child Development and Rehabilitation has developed a Care Plan for children undergoing Selective Dorsal Rhizotomy, a specialised spinal surgery.

HELPING PARENTS MANAGE THEIR CHILD’S ECZEMA

A workshop for parents of children with eczema aimed to increase parents’ skills and confidence in managing the condition, decrease severity of eczema, increase satisfaction with the service and increase the child’s and family’s quality of life. Following the workshop (which 93% of parents thought was excellent), a large majority of parents thought that their child’s eczema was far less severe and that their child had far less itch.

GETTING TEST RESULTS SOONER

We have changed where we collect sweat test specimens. This work is now being undertaken by Pathology Collectors rather than Laboratory Staff so that collection can be offered at more convenient times for families in a more comfortable area.

MOVING INTO THE 21ST CENTURY

RCH is the first Australian hospital to introduce an online patient record for children with diabetes. This enables children and their parents to be more in control of their diabetes and to manage how this information is collected and used.



Twelve year old Stephanie Bumpstead was diagnosed with Type 1 diabetes when she was eight years of age. With the introduction of BetterDiabetes.com, Australia’s first on-line personal patient record, Stephanie will now be able to access her own health record via the internet 24 hours a day from anywhere in the world. The on-line health record will create an up-to-date lifelong health record and will include current issues, test results, glucose readings and insulin dosage, providing Stephanie with responsibility for her own records and management of her diabetes. BetterDiabetes was designed and purpose-built as a joint undertaking between the Departments of Endocrinology and Diabetes, and Information Services at the Royal Children’s Hospital.

STEPHANIE

KRISTIN



Children with leukaemia and other cancers at RCH are being soothed during medical procedures by a CD of cello lullabies. Dr Catherine Crock recognised the need to calm children in operating theatres before and during regular oncology and haematology procedures, such as lumbar punctures. Five year old Kristin Cartledge is one patient who is benefiting from this simple but innovative idea.



Courtney Quine is now happy and healthy, at home with her family. Courtney was born with the liver disease, biliary atresia, and needed a liver transplant. To keep her alive until a suitable liver was available, radiologist Dr Stephen Fasulakis redesigned a procedure previously used in adults, known as a TIPS procedure, where the blood was redirected through the liver. Courtney spent many weeks in intensive care and endured life-threatening bleeds.

COURTNEY

NEW EQUIPMENT

New equipment in radiology benefits children and their families:

- There is a vast improvement in image quality.
- It is a faster, more efficient service.
- Images can be seen on computer screens in the wards as soon as X-rays are taken.
- There are new beds more suited to children with disabilities.
- A new fluoroscopy room has been ordered allowing us to perform studies which cannot be readily performed on the existing unit.

The Equipment Distribution Centre has put new safety mechanisms on all equipment trolleys and has also purchased some new trolleys, which are easier and safer to use.

All new equipment is screened to make sure that it is safe and that it complies with infection control standards.

RESEARCH

OCCUPATIONAL THERAPY

- Children and adolescents with chronic pain have difficulties in carrying out many daily tasks. We use cognitive behavioural therapy to help these young people understand and manage their pain, and the Canadian Occupational Performance Measure (COPM) to measure their goals and improvements. The results showed significant improvements in both the young people's ability to carry out daily tasks and their satisfaction.
- Each year we receive many referrals for children who are having difficulty learning to write. This can affect their motivation for schoolwork and ability to express what they have learned. We are currently researching whether these children are best helped by one to one support from an occupational therapist or by working in a small group together.

IMPROVING SYMPTOMS FOR CHILDREN WITH DISABILITY

The Child Development and Rehabilitation Unit has undertaken several projects aiming to improve the quality of life for children with disabilities:

- The use of Botulinum toxin A therapy was found to reduce spasticity in children with cerebral palsy.
- A trial of an orthodontic device showed improvement in eating skills and saliva control in young people with developmental disabilities.
- The use of intrathecal baclofen has been found to improve spasticity management.

CONTINENCE

The Gastroenterology Department is taking part in a national continence management project, 'faecal incontinence after Hirschsprung and anorectal malformation', which will assess quality of life and different kinds of treatment.

FAMILIES' EXPERIENCE OF INTENSIVE CARE

We are looking at the long term impact for children and their parents who have spent time in the Intensive Care Unit. Follow up will assess how children are progressing both physically and emotionally and we will report the results in next year's Quality Report.

OUTREACH TO ABORIGINAL FAMILIES

The Aboriginal Family Support Unit, in conjunction with the Koori Research Unit at the University of Melbourne, is evaluating a program which supports Aboriginal families in accessing outpatient treatment for their children.

How accessible are our services?

The Royal Children's Hospital has several buildings and many staff. We want to make it as easy as possible for families to enter the hospital and to find their way around. The main areas where this information is available are the Information desk and the Child Health Information Centre (both near the front entrance on Flemington Road) and the Family Resource Centre (behind the Pharmacy on the first floor of the front entry building).

We have also colour coded lifts and areas, and on appointment cards, we note which colour lifts families should take to get to particular areas.

We are continually working to improve access to the hospital, to reduce waiting times in all areas and to make parents and children more comfortable while they wait. Here are some of the things we have done in the last year.

PARKING

Parking has long been a problem for RCH families/carers due to limited space. We have responded to this issue by creating stack parking for both visitors and staff (where people leave their keys in the car and the cars are 'stack parked' rather than using individual parking bays). This has been a great success and has meant that the queues to enter the car park have disappeared and that there is always space available.

Disability parking has been increased within the car park and, as a result of lobbying by the Association for Children with a Disability and the hospital, the Melbourne City Council has agreed to provide more disability car parking in front of the hospital. Families can also telephone the parking supervisors to arrange access for specially fitted high vehicles.

OUTPATIENTS

Over the year 2002/2003 approximately 280,000 patients attended outpatient clinics. A number of strategies have been put in place to improve service delivery to our patients and families. These include:

- Establishing a screening clinic for children with ear, nose and throat problems to ensure that patients are seen by a senior paediatric consultant soon after the referral is made. These patients often do not require surgery and are managed, treated and referred back into their local community consequently reducing waiting times for appointments to the ENT Department.

- Establishing evening clinics by General Paediatrics to cater for the working parent. The success of these clinics has provided us with better information about family preference for appointment times and the cost effectiveness of out of hours services.
- Introducing reminder phone calls into services where our failure to attend rate is high. An intervention study looking at the effectiveness of reminder phone calls on our attendance rate is currently in progress.

ADMISSIONS

The admissions waiting room is now more interesting and comfortable for families, with a new activity area, which includes posters and books/videos.

We have introduced separate admission cubicles in the Admissions and Day Surgery departments to provide privacy for families when their children are being admitted to the hospital.

WAITING TIMES

For people on hospital waiting lists for longer than the ideal time, RCH scored zero for urgent cases waiting over 30 days, and for semi-urgent cases waiting over 90 days. This equated to 100% of patients admitted within acceptable times for category 1 (most serious) and category 2 (less serious) patients, and that on average patients in category 2 waited 26.8 days for their operation (acceptable time frame is 90 days) – see Table 1 and 2.

Table 1 shows that RCH achieved 100% for Emergency Department presentations of all category 1 patients (life threatening and treated immediately), and those patients in category 1 (urgent need) for elective surgery, and that we were above the accepted level for patients admitted within 12 hours.

Table 1: Waiting times for Emergency and Category 1 Elective Surgery

		J	A	S	O	N	D	J	F	M	A	M	J
% ED patients admitted within 12 hours	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
	Actual	98%	97%	95%	99%	100%	99%	100%	99%	99%	100%	100%	98%
% ED Triage Category 1 patients seen immediately	Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Actual	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% Elective Category 1 admitted within 30 days	Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Actual	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Table 2: Waiting times for Category 2 Elective Surgery

		J	A	S	O	N	D	J	F	M	A	M	J
Average wait time (days) of Category 2 elective waiting list patients		26.8	27.4	26.9	23.2	26.3	24.5	29.6	22.2	23.9	32.0	29.7	29.2
% Elective Category 2 patients overdue on waiting list		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

We have continued to reduce the number of Hospital Initiated Postponements (HIPS) – i.e. the number of times operations are cancelled by the hospital, and were over the DHS accepted threshold of 6% in only three of the last 12 months.

In addition, many areas have reduced waiting times for their service. For example:

- The Accelerated Care through Emergency Project has led to significantly decreased waiting times in the Emergency Department for children with complex and chronic conditions.
- The Department of Child Development and Rehabilitation has surveyed parents about their experiences of waiting and has introduced guidelines on how soon letters are to be written to GPs after a child's appointment.

EXTENDED HOURS

Wherever possible, we are working to make our services more available through extended hours. For example:

- The Bacteriology Laboratory is now staffed from 8am to midnight, 7 days a week. This change has led to quicker processing of specimens, which means that decisions about treatment can be made sooner.
- The Medical Imaging Department now provides services through extended hours in the Emergency Department (ED) Radiology Suite. This has benefited ED patients, as well as inpatients, in that they are now able to access services in the ED 24 hours a day.
- The Safety Shop is now open until 6pm on Thursdays so that parents are able to visit after work.

How do we listen to our consumers?

The Community Advisory Committee (CAC), which is chaired by a Women's & Children's Health Board Member, currently has representatives from:

- Association of Children with a Disability
- Chronic Illness Alliance
- Islamic Council of Victoria
- Koori community
- Individual parents with long-term experiences of the hospital
- RCH staff (medical, nursing, allied health and executive).

The WCH Board has recently decided that the CAC will be a sub-committee of the Board to make sure that community participation occurs at all levels of the hospital.

The Accelerated Care through Emergency (ACE) Project, which was set up by the CAC in 2001, uses a community-centred approach to reduce Emergency Department (ED) presentations and hospital admissions for children with complex and chronic conditions (this group of children is growing relative to the overall population). A particular focus is to target families of different cultures and languages, as well as families with low socio-economic backgrounds. The ACE Project is being funded by the Department of Human Services until 2005.

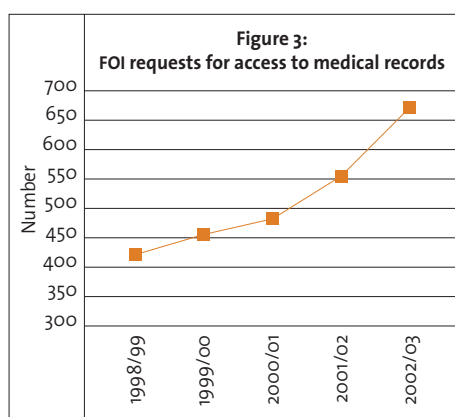
PUBLIC SEMINAR ON COMMUNITY PARTICIPATION

The Chronic Illness Alliance, in conjunction with the CAC and the Community Division, recently organised a public seminar on the benefits of community participation in health.

CONSUMER FEEDBACK AND PATIENTS' RIGHTS

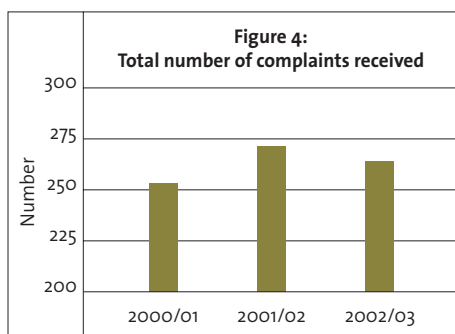
RCH has a statement about Patient Rights in the Hospital Charter titled 'Royal Children's Hospital consumer rights for children, young people and their families' (Sept 2000). We welcome consumers' comments and suggestions, as this helps us to improve our service.

It is the right of all patients to receive information on their care and to have access to their medical records. The graph below shows the increasing number of people who make a request to view and receive information on their medical records.



CONSUMER FEEDBACK RECEIVED

The amount and kind of feedback from consumers has not changed a great deal over the past few years. Families are provided with the contact number of the Consumer Liaison Officer by staff within the hospital. Most feedback is received by a visit or phone call, with a smaller number of written comments. The chart below shows the total number of complaints lodged per year for the last three years. It must be remembered that in 2002 alone there were well over 300,000 contacts with families as inpatients, outpatients and in Emergency Department visits. Despite us encouraging consumer input, less than 1% of our consumers lodge a complaint.



WHAT DO FAMILIES AND CARERS COMPLAIN OF?

There are three areas, which have been the main focus of consumer feedback over the past three years (see figure 5):

Communication

Families' main concerns have been that inadequate information is being provided and that staff can appear rude and discourteous.

Access

Issues relating to no service or inadequate service may occur when families have difficulty obtaining particular information/services or have long waits to access services, such as specialist clinics. Some services are not provided by the hospital, such as a telephone advice service.

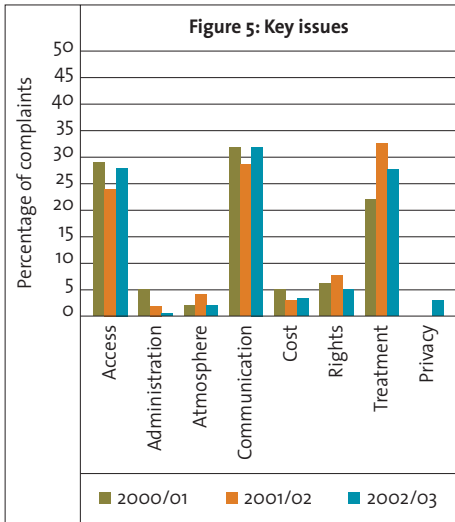
Treatment

Issues regarding treatment occur mostly when families' expectations about treatment are not being met, resulting in an unexpected outcome and/or a belief that an inadequate diagnosis has been made. An example of this is cancellation of surgery, due to an over-run in theatre time, which sometimes happens. In the majority of feedback about treatment, lack of communication is the major factor.

The information gathered from all complaints, especially in relation to the top three issues, is used as a part of all quality improvement projects within the hospital. Examples can be found throughout this report – e.g. the ACE project, car parking, and consumer health information.

OUTCOME OF COMPLAINTS RECEIVED

More than 80% of people who make a complaint say that they are satisfied with the outcome. Even when this does not happen, our willingness to discuss issues of concern and see the person's point of view can be positive for the person's relationship with the hospital.



FEEDBACK IN DIFFERENT AREAS

Many departments in the hospital regularly ask families for feedback on their services. For example:

- The Psychology Department is asking parents to complete behavioural questionnaires outlining their child's difficulties. The aim is to identify whether our services are more beneficial to some mental health diagnoses than others. We will report on the outcomes in the 2004 Quality Report.
- The Cardiology Department regularly consults consumers about issues such as access, waiting times, communication and facilities. As a result, we have organised better synchronisation of tests (e.g. blood tests and X-rays) to reduce waiting times and have improved our letters on appointments so that families are clear about their appointment times and the need to bring referral letters.
- Child Development and Rehabilitation staff survey parents on a range of issues. Changes made as a result of the feedback include more timely reports which are easier to understand and each family having its own contact person in the department.



Five year old Caeleigh Smales, a patient of the Royal Children's Hospital, with her myoelectric arm and some of her old prosthetic arms she has had since she was a baby.



How do we train our staff?

CLINICAL EDUCATION

There are a number of ways RCH clinical staff develop their skills and knowledge in order to improve the care and treatment they provide:

- General education – lectures, workshops and seminars.
- Education packages and learning tools.
- Targeted education for particular areas.

GENERAL EDUCATION

RCH holds education sessions, such as the weekly Grand Rounds and monthly Clinical Practice Reviews, which are well attended by all clinical groups (medical, nursing and allied health). These have a very practical focus and provide the opportunity for open discussion about clinical issues.

Departments also conduct their own clinical education forums for all disciplines. These include case discussions and reviews of recent research. For example:

- The Cardiology Department has introduced a formal education and training program in echocardiography and arrhythmia for Fellows in Cardiology.
- The Interpreter Service provides education on the cross-cultural needs of families, together with training on how to work effectively with interpreters.
- The Haematology/Oncology nursing team has put in place a comprehensive orientation and support program for new staff and is involved in the development of a nursing graduate diploma in nursing children with cancer.

EDUCATION PACKAGES AND LEARNING TOOLS

All registered nurses at RCH are required to attend drug awareness, cardiac pulmonary resuscitation assessment and emergency procedures training at least yearly. Other packages are optional and are aimed at specialised topics such as acute respiratory illness, liver disease and chemotherapy.

TARGETED EDUCATION

In response to information arising from the investigation of incidents and adverse events, we have targeted education on topics such as medication prescribing and administration, and management of the seriously ill child.

Funding has been received from the Australian Council for Safety and Quality in Health Care for a six month project – ‘The Better Prescribing and Administration Project’. This is an intensive education strategy for nurses and doctors to improve the safety of medication prescribing and administration. The project will be completed in October and the results included in the 2004 Annual Quality Report.

RCH has funded a project to make sure that greater numbers of junior medical staff complete the Paediatric Life Support training and Advanced Paediatric Life Support training. Fifty junior doctors have completed this course in the last year. A ‘Sick Child Workshop’ is regularly provided for nursing staff to improve their skills in assessing and managing seriously ill children. 104 nurses have completed this workshop in the last nine months including all new graduate nurses.

OTHER EDUCATION

Clinical education received a boost this year with the appointment of the RCH Director of Post Graduate Education and Training. The Director now chairs the newly formed Medical Education Committee which will determine and support the education needs of all levels of medical staff from junior doctors to consultants. Later in 2003, a group will also begin to focus on improving the existing multidisciplinary education program.

Clinical Nurse Facilitators have advanced experience in the paediatric specialty where they work and provide formal and informal education and support to clinical nurses of all levels.

CLINICAL IMPROVEMENT METHODS

To help clinical staff understand quality improvement processes, medical, nursing and allied health staff have the opportunity to spend a period of time in the Clinical Support Service – a department which focuses on clinical improvement and patient safety. Each person spends 10 to 12 weeks in the department, undertaking projects aimed at improving patient care. Projects completed by doctors in 2002-03 include an audit of prescribing, research into a medical error monitoring tool, introduction of standard treatment orders, complementary and alternative medicine staff survey, audit of medical staffing during weekends, review of pathology labelling practices and a number of clinical practice guidelines. Projects completed by nurses and allied health staff includes clinical practice guidelines, clinical pathways, standard treatment orders and education packages.

CREDENTIALLING/APPRAISALS

‘Credentialling’ refers to how we ensure our staff are properly qualified and trained to perform the job required of them. Clinical staff are required to present evidence of their qualifications to their relevant registration boards in order to be registered to practice. Nursing staff are required to show that their registration is current every year. Other staff do this as part of their performance appraisal.

Registrars are taught and encouraged to provide regular feedback to their residents. This means that junior doctors are aware of any gaps in their skills without delay and can make improvements. We are currently developing a performance management system to ensure we undertake a more comprehensive process in 2003/04.



Not even forty bouts of surgery can wipe the smile from Jackson Haberfield's face. Jackson's mother was in a car accident while seven months pregnant with Jackson and it's thought his head may have hit the steering wheel. Doctors diagnosed hydrocephalus when he was just weeks old and inserted a shunt to drain the fluid from his head. The forty operations have been to clear blockages in the shunt. Jackson, eight, has survived against the odds. "He's a remarkable little boy", said neurosurgeon Dr Wirginia Maixner.

JACKSON

How culturally appropriate is our service?

We value the diverse ethnic communities who come to the hospital. We have a large interpreting and translation service and consult with these communities in a range of ways, including research.

CULTURAL CELEBRATION

The Aboriginal Family Support Unit and the Physiotherapy Department organise the hospital's Journey of Healing ceremony each year, at which the Aboriginal flag is raised.

INTERPRETER SERVICES

This service is available 24 hours a day, 7 days a week. It covers 16 languages in-house and 103 languages on call. Many RCH pamphlets are available in up to 15 languages.



TRAINING

Interpreter Services and the Aboriginal Family Support Unit provide regular cross-cultural training to staff, as well as advice on socio-cultural issues.

Earlier this year, a doctor from the Aboriginal Doctors' Association presented a Grand Round on the health of Aboriginal children.

CULTURAL CONSULTATION

Regular consultation with an established Peer Educator group of representatives from 12 ethnic communities is undertaken by the Community Division. The issue of mental health in ethnic communities is currently being discussed by the group, with a view to seeking funding for promotion of mental health in a range of communities.

CULTURALLY ORIENTED RESEARCH

The Centre for Community Child Health continues to undertake a number of projects with diverse communities. For example, the Social and Cultural Influences on Healthy Eating and Physical Activity project has consulted grandparents, parents and children in the Greek, Turkish, Chinese and Indian communities on beliefs about healthy eating and physical activity. One of the key findings of this project is that ethnic communities need to be consulted in research on public health issues.



A world first procedure performed by plastic surgeon Mr Chris Coombs will help four year old Tim do just about anything his friends can do. Tim was born with an extra half a finger on one hand but only three fingers on the other. Mr Coombs removed the extra half finger and attached it to the other short finger. By using the extra finger as a 'spare part' Mr Coombs has given Tim increased dexterity.



How do we reach out into the community?

We reach out into the community in many ways:

- Some of our services are provided in the community
- Our staff work with a wide range of non-hospital community organisations
- We train community-based professionals
- We undertake joint research projects with other organisations.

HOME AND COMMUNITY CARE

Home and Community Care provides a range of in-home support and treatment services for children with long term chronic conditions and short term acute conditions. The number of children cared for in this way increases every year and the children's care needs are reviewed every three months. We are currently involved in:

- Expanding the Schoolcare Program to non-Government schools – consultation with schools on the care needs of students with complex conditions.
- A project with Haematology/Oncology which is evaluating the home care of children with Febrile Neutropenia.

VICTORIAN PAEDIATRIC PALLIATIVE CARE PROGRAM

We continue to work on better links between community-based palliative care programs and hospitals. In the past year, we have:

- Developed and implemented a subject 'Paediatric Palliative Care' which has been recognised for accreditation by the University of Melbourne.

- Started a research project 'Towards an Evidence Based Model of Paediatric Palliative Care', which we will report on in next year's Quality Report.
- Developed an oncology resource manual, in conjunction with the Department of Clinical Haematology and Oncology, to support community based palliative care services.
- Developed a palliative care web site.

EPILEPSY EDUCATION IN THE COMMUNITY

Our epilepsy nurse coordinator provides training and consultation for community-based professionals e.g. nurses. We also give talks to other community organisations through the year and have regular contact with the Epilepsy Foundation.

TRAINING TEACHERS AND CHILD CARE STAFF

Uncle Bobs Child Development Centre has run a project this year training kindergarten teachers, assistants and childcare staff in communication aids for children with additional needs. The councils of Wyndham, Maribyrnong and Hobsons Bay have been targeted, with over 90% of kindergartens allowing their staff to be trained. We have had very positive feedback about these workshops.

DIRECTORY OF SPEECH PATHOLOGISTS

We often refer children to community services for ongoing care. However, this has not always been easy, due to lack of availability of speech pathologists, and the fact that there has been no directory of services. We have therefore created a user-friendly directory of paediatric speech pathologists, which is available in hard copy and is to be included on our website.

PROMOTING HEALTH IN THE COMMUNITY

The Centre for Community Child Health (CCCH) has been set up to improve the health, wellbeing and quality of life of children and their families. An example of the range of research projects undertaken by CCCH is the Live, Eat and Play project, which aims to reduce the number of over-weight primary school aged children. We have designed a family information kit and a guide to healthy lifestyle change for GPs to give to families. We will report on the results of this study in the 2004 Quality Report.

The Victorian Training Program in Community Child Health trains eight advanced paediatric trainees per year from the RCH, Monash Medical Centre, Barwon Health and Goulburn Health in a one year program designed to teach the skills and knowledge required to practice paediatrics well in the community (i.e. outside of hospitals). The program is helping to improve the level of paediatric skill available in the community and has recently been positively evaluated by the Royal Australasian College of Physicians. This training has the potential to be a national and international specialist community training model.

COMMUNITY ASTHMA PROJECT

The Community Division and the Emergency Department are working with Dianella and Doutta Galla Community Health Centres to offer community-based services to children with asthma in the northern and western regions of Melbourne. The project is working with GPs, schools and child care services to provide culturally and linguistically appropriate asthma education and support.



Thanks to the Royal Children's Hospital's home care program, four year-old twins, Kyle and Cameron Bajada are able to attend kinder just like any other pre-schoolers. The boys suffer with a rare condition called tufting enteropathy, which means their gut is not able to absorb fats and nutrients from food. The twins each wear a backpack to kinder containing a pump and a formula that has the nutrients they need. This is fed to them through a tube in the nose. Narelle Crouch from the home care program is on hand to help the boys with feeds at kinder and at home.

KYLE & CAMERON

Please tell us what you think

Acknowledgements

The RCH Quality of Care Report 2002/03 was made possible by the invaluable contribution and support of many staff members and consumers of the RCH, including:

Cas O'Neill, Project Coordinator

Quality of Care Report Reference Group

Consumer Advisory Committee on Children's Health

Executive Director, RCH

RCH Quality and Safety Committee

Quality and Safety sub-committee,
Women's & Children's Health Board

WCH Educational Resource Centre

Dr Annie Moulden, Director of Clinical Support Service

We would also like to thank the patients and staff who agreed to be photographed for this report.

RCH Quality of Care Report

Please tick applicable category

- Consumer
- Department of Human Services, Victoria
- Women's & Children's Health Clinician
- Clinician from other organisation
- Other

Your opinion is important to us. Please tell us what you think of this year's report so we can make improvements in the future.

How would you rate this report overall?

Poor			Good				Excellent		
1	2	3	4	5	6	7	8	9	10

How could the report be more meaningful to you?

Once completed, please return this form to:

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Design Educational Resource Centre, Women's & Children's Health 032017

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