



RCHI news



An initiative of The Royal Children's Hospital, Melbourne, Australia

Photograph courtesy Bryan Watt



RCHI branches out

Since the last edition of this newsletter, RCHI has sustained its focus on Vietnam where two important new projects have begun. But because of our established relationships and the reputation of The Royal Children's Hospital, RCHI was able to respond rapidly and participate in Australia's response to the Asian tsunami. With funding from a new donor – World Vision Australia, and in collaboration with an Australian NGO – the Australian International Health Institute, we now have a major project in Indonesia. In addition, RCHI provided training programs in several new Asian locations: Sri Lanka, Chennai, Cambodia and Laos. At home, a new Indigenous Child Health initiative is getting underway, with strong encouragement from RCH CEO Dr Tony Cull.

To expand the hospital's capacity to engage with other countries in telemedicine activities, RCHI is energetically exploring the possibilities of some very new high speed broadband research and education internet systems.

RCHI's small core staff (2.6 EFT) often finds itself stretched to the limit. There is plenty of work available and few NGOs that have expertise in paediatrics and child health. RCHI needs to find ways of building its capacity. A review process, assisted by external consultants, is underway and change is in the air. Suggestions from the many friends of RCHI would be warmly welcomed.

Photograph courtesy Bryan Watt

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Photograph courtesy Bryan Watt

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What is RCHI?

In 1998, The Royal Children's Hospital, Melbourne established a new department, RCH International (RCHI, pronounced 'Archie') to harness and coordinate the energies of staff wanting to make a greater contribution to child health among disadvantaged populations, particularly those in the developing countries in the Asia-Pacific region. RCHI has several roles:

- We seek to build relationships with paediatric departments in other countries. It is a point of contact for outside organisations and can create links both to hospital departments and to other organisations with common interests.
- We are able to develop and manage projects. Provided funding is available, RCHI can quickly mobilise resources available at RCH and can set up multidisciplinary teams.
- RCHI gives hospital staff opportunities to participate in international health projects. Most do so as volunteers, although their salaries are back-filled by RCHI when they are working overseas.

RCHI has a paid staff of four (Director, Professor Garry Warne; Business Development Manager, Helen Crawford; Program Manager International, Mai Eames; and Program Coordinator, Helen Milton). Although RCHI is a hospital department with no separate legal identity, it functions like a non-government organisation – its aims are charitable, it is not for profit, and for both infrastructure and project costs, it is entirely funded from philanthropic sources.

Faces of RCHI



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RCHI's achievements in 2005

Photograph courtesy Bryan Watt



Education and training

- Over 60 Vietnamese Advanced Paediatric Life Support (APLS) instructors completed their training and more than 250 doctors and nurses completed basic APLS training. The Vietnamese MOH agreed to provide a budget for APLS in 2006 and to send a recommendation for AusAid to consider funding the ongoing Australian involvement.
- RCHI established the first Paediatric Nurse Training Curriculum to be taught by Vietnamese instructors in the Vietnamese language. A Hanoi university is interested in continuing the course as part of its curriculum.
- We delivered a comprehensive Infection Control training program to doctors and nurses at NHP in Hanoi, some of whom received further training to become 'link' staff.

- We delivered high quality paediatric nurse training programs at Lucknow, India and Welkom, Republic of South Africa.
- We sponsored training at RCH Melbourne for doctors and nurses from Hanoi, Ho Chi Minh City, Danang and South Africa.
- We expanded research capacity at NHP in Hanoi, through workshops, mentoring of young researchers and by improving computer facilities and high speed internet connections in the hospital library.

Projects

- We provided the Health Services Plan and Functional Design Brief for the reconstruction and redevelopment of the National Hospital of Pediatrics in Hanoi. Phase 1 of construction was approved by both the Ministry of Health and the donor, Atlantic Philanthropies, and will commence in the current year. We also collaborated with NHP in the preparation of a five-year master plan for staff training.
- Following the Asian tsunami of 26 December 2004, we established a major three-year project of tsunami reconstruction and development in Aceh Barat & Nanggroe Aceh Darussalam Province, Indonesia. This project, which is funded by World Vision Australia, is being carried out in collaboration with the Australian International Health Institute and the Department of Paediatrics, University of Melbourne, and the Faculties of Medicine and Psychology at the University of Gadjah Mada in Yogyakarta.

- On behalf of Atlantic Philanthropies, we set up the Hue Cardiovascular Training Project, which will provide training for 111 doctors, nurses, technicians and administrative staff for the new Cardiovascular Centre at Hue Central Hospital. This five-year project provides specialised training at hospitals in Australia (RCH Melbourne and Royal North Shore Hospital, Sydney), France (CHUR, Rennes), and Vietnam (Heart Institute, Ho Chi Minh City and CVC, Hue Central Hospital).
- With the help of CLAN (CAH Living as Neighbours), we achieved a significant breakthrough in the availability of essential drugs, laboratory investigations and educational resources for children with congenital adrenal hyperplasia in Vietnam.

New international relationships

- RCHI established links with government officials, non-government organisations and health workers in Laos and Cambodia. To expand our capacity to assist paediatricians in Laos, we invited our Vietnamese colleagues from Hanoi to join us and subsequently the Vietnamese Ministry of Health has contributed some much needed funding for the program. An APLS course was run successfully in Cambodia.
- Following the devastating tsunami of 26 December 2004, an RCHI delegation, supplemented by staff of the University of Melbourne Faculty of Medicine and World Vision Australia, travelled to Sri Lanka for consultations about reconstruction and development projects in the Southern Province, focusing on mental health. Fund raising activities organised by RCH staff members Margaret Zacharin and Ruki Guneratne supported new housing and equipment for fishing communities on the north-east coast.

Securing the future of RCHI

- Atlantic Philanthropies provided new infrastructure funding for RCHI for the period 2007–9.
- Three new donors approached RCHI with offers of support for projects

Latest developments

- The first trainees in the Hue Cardiovascular Training Project will join the Heart Institute in Ho Chi Minh City in July. Meanwhile, three classes for English language training and one for French language training have been established at Hue Central Hospital. Candidates will be received in Australia and France when they have reached the levels of proficiency in language required by the host country. RCHI staff members Helen Crawford, Mai Eames and Helen Milton, under the leadership of Professor Dan Penny, have been busy setting up the project management structures.
- A number of workshops about the master plan for staff training have been held at the National Hospital of Pediatrics in Hanoi. The staff training master plan is being built around the concept of 'new ways of working for a new hospital'. The first report to the donor, Atlantic Philanthropies is due at the end of June. David Wilmoth Associates have been engaged as consultants, bringing expertise in tertiary education and planning.
- RCHI has begun planning for an indigenous child health initiative. A working party, led by Professor Graeme Barnes and funded by a generous donation from the Debbie Stach Memorial Foundation, has appointed Dr Renata Kukruzovic to work part time over the next few months and has asked her to consult widely with indigenous

leaders, community organisations and medical practitioners about the contribution that RCH can make.

- RCHI has been very active in exploring the potential of telemedicine for its education and training projects in Asia. The European Commission has established TEIN2, a new high speed, broadband Asia-Pacific research and education internet, which in turn connects to AARNet, the Australian Academic and Research Internet. Because of the long term links between RCHI and NHP in Hanoi, RCHI was invited by both AARNet and CSIRO to help with a demonstration of telemedicine for the official launch of VINAREN, the Vietnamese network, held at Ha Long Bay on 8 June. This important gathering was attended by two Vice-Ministers and by Ministerial advisers from most countries of Europe and Asia. Speaking from RCH, Melbourne surgeon Chris Kimber conferred with Vietnamese surgeon Professor Nguyen Thanh Liem at NHP in Hanoi, about a patient operated on by Mr Kimber a few weeks earlier. Together, and watched on a big screen by the audience in Ha Long Bay, they could examine the patient, even though they were separated by thousands of kilometres. A series of international video-conferences and demonstrations of telemedicine are planned for RCH later this year. Further discussions are being held with a group based at the University of Sydney about another web-based teaching package that can be used internationally for postgraduate education.
- RCHI's sustainability will depend upon its ability to engage staff who possess the range of skills needed to meet the challenges posed by increasingly complex projects. It seems most likely that these objectives will be reached

through a strategic alliance with another international health organisation and negotiations for this are underway.

- In January 2006, RCHI invited AIHI (Australian International Health Institute) to manage the tsunami reconstruction and development in Aceh Barat and Nanggroe Aceh Darussalam Province, Indonesia. This collaboration has been successful. The project has four components: the provision of community-based mental health services; the provision of medical staff and improvement of information services at Cut Nhat Dien Hospital in Meulaboh, and a training program in IMCI (Integrated Management of Childhood Illness). The project is being implemented by staff of the Gadjah Mada University (UGM) in Yogyakarta, with technical advice from Melbourne through Ruth Wraith (Mental Health) and Associate Professor Trevor Duke (medical services and IMCI). In April, Professor Hardyanto, Dean of the UGM Faculty of Medicine and Dr Yati Soenarto (Head, UGM Dept. of Paediatrics) and her husband, former Dean, Professor Soenarto, visited RCH and the University of Melbourne.
- RCHI is supporting the WHO-sponsored Health Education for Parents Program in Indonesia. This is the initiative of RCH Alumnus, Dr Purnamawati Pujiarto ('Wati') and is intended to empower the parents of children as advocates for their children's health. The program teaches them about nutrition, hygiene, common childhood illnesses and the rational use of drugs. Dr Wati, who is the author of two books and a regular contributor to the media in Indonesia, will visit RCH for three weeks as guest of RCHI in August (14/8 – 3/9).



Photograph courtesy Bryan Watt

Collaboration with Lao paediatricians

By Dr Leila Srour, Health Frontiers

their mothers: poverty, poor nutrition and lack of education. When Health Frontiers, a small NGO, began working in Laos in 1989, there were only seven paediatricians in a country with three million children. It was founded by Dr Karen Olness and her daughter, Dr Kristine Torjeson, both international paediatricians, who have worked with their Lao colleagues for many years. Today Health Frontiers supports the training of Lao paediatricians with the goal of reducing infant and child morbidity and mortality by having a well-trained paediatrician in each of the eighteen provinces by 2010.

Bryan Watt, my husband, first visited Laos in 1998, on a documentary photography mission. His images of malnourished children moved us from our comfortable California home and my paediatric practice of twenty years. We have been volunteering with Health Frontiers for three years. For the first two years, I was the HF field representative and paediatric residency coordinator.

We worked together with the Lao paediatric teachers to develop educational activities that include bedside teaching, case conferences, journal clubs, topic reviews, English language instruction, computer and internet training, grand rounds and competency evaluations. Provincial and social paediatric rotations emphasize public health and prevention strategies. Four graduates now work as chief residents and paediatric residency coordinators. Currently, there are 27 graduates of the three year paediatric residency program with six additional paediatricians to graduate each year.

The paediatric residency program is the beginning of learning for the Lao doctors. They enter this post-graduate training program sometimes many years after their graduation from medical school. The Lao paediatric teachers held the First Lao Paediatric Symposium in February 2005. It was attended by all the paediatricians

in the country and some from Thailand. The post-conference evaluation revealed a need for Continuing Medical Education (CME). The Lao paediatricians formed a CME committee and began planning activities including the First Paediatric CME conference to be held in 2006. A joint conference with Thai paediatric colleagues is scheduled for October. Lao paediatricians have been invited by Professor Liem, colleague of RCHI, to join the Paediatric Conference in Hanoi in November. I am privileged to be the Health Frontiers Paediatric CME coordinator.

The majority of paediatric diseases in Laos are poverty-related and preventable, hence no longer seen by paediatricians outside of the developing world. When I first arrived in Laos, I was overwhelmed by diseases that I had never seen before. Children often present with advanced disease and frequently with multiple diseases and a very confusing picture. Nutritional deficiencies are a common underlying factor, contributing to morbidity and mortality. Many Lao children are underweight for age and stunted. Infantile beriberi, Vitamin A deficiency, iodine deficiency, iron deficiency contribute to the disease burden. Children die from diarrhoea and acute respiratory infections, due to their underlying compromised nutritional status. Preventable infections include diphtheria, tetanus, measles, hepatitis, acute flaccid paralysis, rubella, rheumatic heart disease, malaria, dengue, leptospirosis, dysentery, typhoid, typhus, chronic osteomyelitis, endocarditis and sadly often undiagnosed infections. There are no paediatric sub-specialists in the country of Laos, so consultations with experts are only possible with international support.

On behalf of the Lao paediatricians and Health Frontiers, I would like to thank everyone at RCHI for your support where the needs are great and resources are so limited.

Dr Mike Toole, Head of Centre for International Health, Burnet Institute, gave a presentation to the Lao paediatricians in 2003. He conversed in the Lao language about the results of a health survey conducted in Huaphan Province. Sadly, the intervention phase of this project never received funding. Subsequently, Dr Toole and his colleague Dr Niramoh returned and presented a series of topics including the prevention of maternal-to-child HIV transmission.

Dr Toole evaluated the successful Primary Health Care project in remote Sayanboury Province, supported by Save the Children Australia with funding by AUSAID. He referred Ms Jenny Gough, Senior Lecturer in Medical Education, Department of Paediatrics, University of Melbourne, to me in 2004. She offered to support the education of Lao paediatricians. Over the next year, she provided support in the form of financial donations and boxes of clothing for children in remote provinces. The words in her emails provided me with encouragement and gave me support

Jenny Gough established the connection with Dr Garry Warne, Dr Glenn Bowes and Dr Simon Young. In July 2005, they travelled here to Laos with their Vietnamese colleague, Professor Liem, the director of National Children's Hospital in Hanoi, Vietnam.

Laos is a landlocked country, so the tsunami funds never reached the daily disasters that wash over children and

Quality and safety and evidence-based medicine workshops at NHP, Hanoi

By Karen Dunn and Renata Kukuruzovic

It was our first visit to Hanoi and a real delight to be invited to run three afternoon workshops/lectures (1–3 November 2004) in the areas of quality and safety, and evidence-based medicine to doctors at National Hospital of Paediatrics (NHP) Hanoi.

We decided to adopt a teaching format similar to what we might present to doctors at The Royal Children's Hospital (RCH), Melbourne. We weren't sure how these lectures and workshops would be received, however we were reassured by Dr Vo Thi Kim Hue (Lily) during our frequent emails prior to leaving that we were not way off the mark. (Director, Education, Research and Training at NHP and translators of our talks).



Photograph courtesy Bryan Watt

Quality and safety

By Karen Dunn

Quality and Safety is a core value in the clinical care provided at RCH. The Clinical Support Service (CSS) has supported this agenda by its role in promoting Clinical Governance, analysing clinical incidents, developing strategies for systems-wide improvement, running education sessions and training of nursing staff and paediatric trainees in these 'behind the scenes' activities of the hospital. The workings of the CSS were of great interest to Dr Vu Quy Hop during his visit to Melbourne. He is providing a similar function at NHP and was very keen for me to share with his colleagues what we have been doing.

The main objective of my component of the workshop was to introduce the concepts of quality and safety in healthcare.

We were warmly welcomed by Professor Nguyen Thanh Liem (Director of NHP) on day one of the course. He highlighted the importance of Quality and Safety and evidence-based medicine in the provision of clinical care, thus reinforcing support for these principles from the highest levels of the organisation.

From previous work we (CSS) realised that the best way to convey the concepts of Quality and Safety is by using clinical scenarios. This approach has been used by us in many different forums and is used by most experts in the field including the airline industry.

I covered some of the background of the rise of Quality and Safety as an issue in healthcare in Australia. The clinicians were quite interested in the debate around whether the Australian healthcare system was worse than the USA system following the differences in adverse events reported in the two major epidemiologic studies.

Clinical scenarios were presented as examples of how things can go wrong. After each scenario two models for conceptualising the influences on clinical care were discussed. The first model was the 'onion skin' which described hospital systems including the physical structure of the hospital and equipment, organisational and professional culture, communication and the role of the family. The second model was James Reason's 'Swiss cheese' where the layers of cheese represent the defence mechanisms that could protect a child from being harmed from an error and the holes in the cheese were the vulnerable points through which an error can be propagated. There were murmurings of 'that could never happen here' and 'why didn't people just ...' I would be interested to see whether their opinion changes over subsequent months.

[continued next page]

I spent some time with Dr Vu Quy Hop (Deputy Head of Planning Department and Medical Services at NHP) and was introduced to his staff. He is responsible for many administrative areas of the hospital to name a few – overseeing the department of medical records, collecting data on admissions and discharges, monitoring and investigating clinical incidents, and preparing reports for the Ministry of Health. In addition Dr Hop has clinical duties. Dr Hop has visions of expanding his 'Clinical Support Service' and was enthusiastic for us to continue sharing our experiences in the future.

Evidence-based medicine

By Renata Kukuruzovic

At RCH Evidence Based Medicine or Evidence Based Clinical Practice (EBCP) frameworks have been approached largely through individuals and via department head initiatives. Web-based clinical practice guidelines, clinical meetings, audits, journal clubs, clinical teaching, self-directed learning, clinical pathways are just some ways in which translating the latest research evidence to clinical practice is being achieved at RCH. In addition, RCH is fortunate to have excellent computer and library access to evidence based websites and journals (e.g. Cochrane library, Clinical Evidence, full text journals, etc.) and teaching support by library staff in how to search the literature most effectively

Courses and workshops teaching various skills to assist in EBCP are taught in short courses (by Clinical Epidemiology and Biostatistics Unit (CEBU) and journals clubs). The main skills taught in such courses are the four steps of EBCP: formulating a clinical question, searching the literature, critical appraisal skills and knowing how to apply the evidence (implementing) to your patient. Due to the rapidly changing nature of therapeutic evidence such skills may be highly helpful

to assist clinicians in finding the most up-to-date evidence efficiently.

The focus of the teaching at NHP was to get across the above concepts using a mixture of lectures and workshops based on the CEBU and journal club courses (with minor modifications e.g. searches were limited to Cochrane and Pub Med at NHP). After being taught about formulating clinical questions and literature searching, the doctors at NHP were taken through a lecture on critical appraisal. After the lecture the participants broke into two smaller groups and each group was asked to appraise one of two journal articles presenting opposing results on the use of steroids in meningitis. Following this each group discussed the applicability of the results to their patient population and how they might make a final decision on this therapy. This process highlighted finding, appraising and implementing the latest evidence. It was our observation that they very quickly learnt the concepts and were able to grasp simple statistics (such as relative risk) very well. They also seemed to find this enjoyable and most interesting.

The main feedback after the session was that NHP doctors had limited access to full text journals and no current access to the Cochrane library (which is freely available in Vietnam). Doctors mostly used abstracts of journals (on Pub Med) and textbooks for information on therapy. After the teaching sessions, Professor Garry Warne announced that he would ensure RCHI would support the NHP library by providing a fast internet cable, and by providing extra computers. Library staff at NHP will register the computer addresses at NHP so that Cochrane library will be freely available.

The University of Melbourne and RCHI will continue to assist NHP achieve an EBCP infrastructure through various strategies. Dr Vo Thi Kim Hue (Lily) and Professor Nguyen Gia Khanh (from the

Department of Paediatrics at Hanoi Medical College) were keen to identify senior clinicians who would be able to provide EBCP teaching to junior doctors through courses and a journal club. Other areas of interest established identified by NHP were to establish links with the University of Melbourne Department of Paediatrics regarding research methods and infrastructure and upskilling of senior staff at NHP in new teaching methods (e.g. small group teaching and problem-based learning).

Final impressions and thanks

Our visit to Hanoi was very enjoyable and stimulating. We were pleased that the workshops were so well received and that NHP expressed a keen interest in developing Quality and Safety and Evidence Based Medicine agendas. Furthermore we had the opportunity to form some wonderful friendships. We thank Dr Hue (Lily) for her hard work in organising the workshops and translating for us, Dr Hop for his hospitality and the lovely goodbye drinks at his house; Dr Vu Chi Dung and his family for inviting us to lunch at their country home and to all the other people at NHP who made us feel very welcome. Finally a special thanks to Dr Garry Warne and Helen Crawford for their assistance prior to and during the visit.

Stop, listen and think!

By Claire Henderson, Endocrine Nurse Practitioner, Goulburn Valley Base Hospital, Shepparton

Professor Garry Warne posed a question at the end of an article about Vietnam, in the CAH support group newsletter, "What can you do to help?" Two weeks after reading the article I was in the National Hospital for Paediatrics (NHP), in Hanoi, Vietnam, after firmly placing my roots down with CLAN - CAH: Living As Neighbours.

I have Congenital Adrenal Hyperplasia (CAH) myself and was invited by Dr Kate Hansen (founder of CLAN), to speak about living with CAH, at the support club meeting in Hanoi. Of course I jumped at the opportunity. I'd previously been to Vietnam and had memories of very loving and welcoming people, who despite facing a number of hardships over the years have remained strong and welcoming. My visit this time changed none of my views, possibly even strengthened them. However, this time I saw another side of Vietnam.



Photograph courtesy Bryan Watt

For people in Australia, growing up with CAH is certainly no walk in the park. However, for families in Vietnam and many other developing countries, living with CAH is like being hit with a bombshell. In Australia, thankfully we pay very little for medications, surgery is free, with excellent outcomes and if we run out of medication it's because we have forgotten to go to the chemist. In Vietnam this is far from reality. Surgery is only paid for under the age of six and often results in severe complications that require further surgery. Medications, until recently, were hard to get and frequently obtained off the black market. Through CLAN, the supply of hydrocortisone and fludrocortisone has been obtained through generous sponsors for the next two to three years for all the children, who attend NHP.

Though let us stop and think for a moment. All our focus is towards how different our lives are and ways to improve the physical wellbeing of the people in developing countries. This is without a doubt, essential. However, during my time in Hanoi, I was able to have a talk with a number of families living with CAH. I certainly got the impression they were relieved to see I didn't look different, just because I have CAH. One mother of a little girl, who was due to have surgery, had three simple questions, for me: 'Are you well? Does your husband love you? Does your husband know about your CAH?'

These were three simple, yet incredibly powerful questions for someone who is aware of how CAH can affect the individual and their families. No matter what country we come from, many of our questions are the same. Regardless of how pleased our Endocrinologist may be with our X-rays and pathology results and the skill of our surgeon, people with CAH can still have similar questions, concerns and fears for the future, whatever country they are from.

Unfortunately for the people of Vietnam, there are few opportunities to voice their feelings, concerns and fears for the future. The support club in Hanoi is a valuable asset, to allow time for families to express their concerns in a safe environment. Other countries are less fortunate and are yet to have a support group. However, CLAN hopes to assist in the development of a support group in the Philippines, in the future. We also hope to extend the support available for the people of Vietnam, to provide more structured educational resources within NHP. So let us not forget how much of a bond we really have with one another and let us 'live as neighbours'.

Further reports and information about CLAN can be obtained at www.cahclan.org



Donations in support of the work of RCHI are always very welcome. RCHI depends entirely on the generosity of external sponsors to be able to continue its work.

If you wish to make a donation, please contact Helen Crawford on (03) 9345 5918
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All donations to RCHI are tax deductible

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