

Submissions to the Editor: PO Box 7163, Hawthorn North, VIC 3122

The Lived Experience – caring for children with vaccine-preventable diseases

Much discussion circulates in the media and from the anti-vaccination groups on the need to vaccinate children for vaccine preventable diseases such as Measles, Mumps, Rubella, Diphtheria, Tetanus, Pertussis, *haemophilus influenzae* type b infections and Varicella. This can influence parents' decisions to vaccinate according to the recommended schedule, partially vaccinate their children or not at all.

The paediatric nurse has always been well informed that vaccination is the key to prevent the morbidity and mortality associated with these preventable childhood diseases. However many of today's nurses may not have had opportunities to care for patients affected by these diseases.

Other (older!) RCH nurses still remember those patients they cared for with these serious and sometimes fatal diseases. After nursing these patients, some nurses have commented that they have great

difficulty in understanding why vaccinations are refused.

Since the first children's hospital opened nearly 150 years ago, patients have presented with infectious diseases. Improvements in identification, isolation, supportive nursing care, immunisation and medical treatments as well as public health improvements has seen the gradual decline in many these illness.

In the 1890s Diphtheria, Tuberculosis of the hip and Typhoid were common. Polio epidemics occurred during the inter war years, when in 1938, 2096 cases were confirmed in Victoria with 477 treated at the Children's Hospital. There were no specific therapies for the children only rest and immobilisation of the paralysed muscles, followed by a re-education of the muscles through physiotherapy. The Frankston Orthopaedic Section opened in 1930 (closed in 1969) for these patients to convalesce.



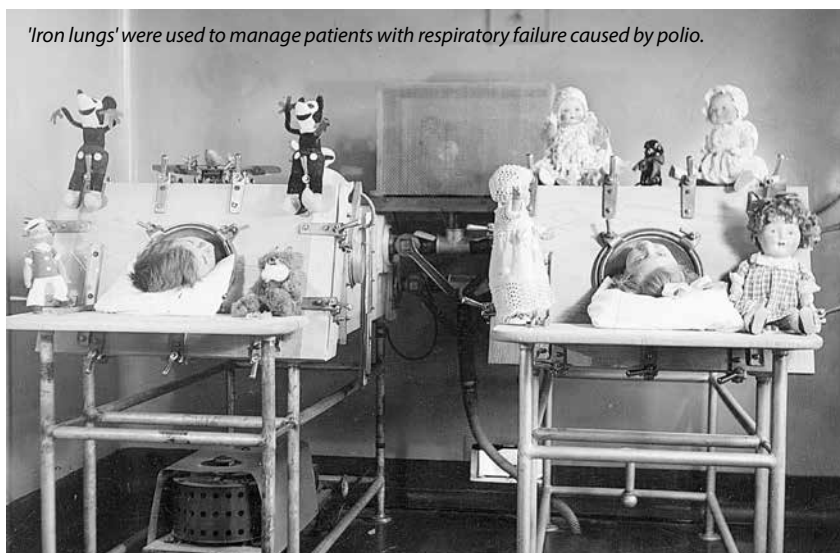
Above: Nurse Barbara Catto Smith (graduated 1948) outside Ward 1 at Frankston Orthopaedic Section with polio patient in splints to correct deformities. Photo courtesy of LOFT collection.

The Queens Memorial Infectious Diseases Hospital opened in 1904 and admitted many children with Scarlet Fever and Diphtheria as well as accommodating epidemics caused by Influenza, Typhoid and Polio. Renamed 'Fairfield Infectious Diseases Hospital' in 1948, it continued to have a paediatric ward until its closure in 1996.

Many of our nurses have stories to tell of the patients they cared for, some with preventable infections and some who died.

In her book *Hospital Children* published in 1891, Sister Grace Jennings Carmichael described looking after 'my little measles'. Requested to leave her duties looking after typhoid patients, Grace was directed to work as a 'special' looking after a case of measles in the 'Pavillion' at the Carlton Children's Hospital. The Pavillion was used at this time as an isolation area.

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'Iron lungs' were used to manage patients with respiratory failure caused by polio.

'Specials' stayed with the child for the duration of their admission (or until death) and had no contact with hospital staff other than communication at a 'respectable distance' across the courtyard. Just as 'my little measles' was nearly ready for discharge she received a 19 month old baby with Diphtheria to care for in the second division of the Pavillion. The baby's mother had lost two other children within a few hours of each other the day before. Grace stayed with this baby in strict quarantine. As this baby fortunately recovered, another 9 year old child with Diphtheria was brought in, but died that night.

Diphtheria, a bacterial infection usually affecting the mucous membrane in the throat, causes an inflammatory exudate to form a membrane in the upper respiratory tract which causes severe respiratory obstruction which can lead to death. Epidemics were common before 1924 when a vaccine was introduced.

Deaths and notifications reduced dramatically from diphtheria fell from about 4,000 during 1926–1935, to only 44 between 1956 and 1965 following the introduction of the diphtheria toxoid vaccination. Although rarely seen now there was one imported case in Australia in 2011 which led to two additional cases, with one death in an unvaccinated adult individual.

Measles which is a highly infectious disease with complication such as pneumonia and acute encephalitis which occurs in 1 in 1,000 cases and has a mortality rate 10-15%. Sue King (Jan 1980 PTS) recalled looking after a child who had suffered a major complication from measles,

Subacute Sclerosing Panencephalitis (SSPE occurs about 7 years after infection in approx. 0.5 to 1 per 100,000 Measles cases). As a young nurse you were often allocated a patient who required 'full nursing care' to reinforce the skills you had been taught in PTS. One patient I cared for was a 15 year old boy who had measles before the vaccine was introduced (for children aged 12–23 months in 1975). SSPE was a deteriorating condition with no cure. It was heart breaking to know that this previously healthy teenage boy would never recover and would take several years to die. The RCH kindly employed his father in the Environmental Services Department so he could be close to his son and be part of his daily care. He remained at RCH for many years after his son died.

The measles vaccine (now combined with Mumps and Rubella – MMR given at 12 months of age) has drastically reduced the incidence of disease for which there is only supportive treatment. Most cases now occur in unvaccinated children and adults who didn't receive two doses of MMR. There were 18 cases in Victoria in 2017.

Haemophilus influenzae type b was a common cause of bacterial meningitis and epiglottitis.

Bernice Court (née Swan – January 1970 PTS) remembers working in ICU during the late 70s when this bacteria was call 'H-Flu'. (also the cause of the secondary bacterial pneumonia commonly responsible for the deaths in the Spanish Flu post-World War 1 pandemic). *Children with epiglottitis would arrive, hanging over their parent's shoulder, glassy eyed, flushed, mouth open, dribbling continuously. When everything was set up they would be*

quickly anaesthetised and intubated as they risked obstructing when they were laid down. After 24 hours of IV antibiotics the child would be alert and active, then the wait was on for an air leak around the ETT. When that happened the child would be extubated, observed for a few hours then discharged home.

Some children arrived having obstructed in another hospital, where they had been laid down to be examined or a doctor had put a spatula in their mouth to examine their tonsils. Many didn't survive this episode and others had their quality of life reduced.

The introduction of the 'Hib' vaccine in 1993 saw a dramatic reduction in cases admitted to RCH. Vaccination now commences at 2 months of age.

The table below highlights the number of children admitted with what are now some of the vaccine preventable diseases. Fortunately it is now rare for a nurse to see and care for these patients.

During the Spanish Influenza pandemic of 1918/20 the hospital admitted over 600 patients of whom 28 died. At RCH in 2017, 394 children who presented to emergency or admitted were confirmed to have either Flu A or Flu B, twenty one of those children required an intensive care admission. In 2015 there were two deaths in previously healthy children and fortunately there were no deaths in 2016 and 2017. Australia-wide surveillance for influenza in 2017 found that of the paediatric cases (aged less than 16 years) who were admitted with confirmed influenza to sentinel hospitals, 12% have been children aged less than 6 months and another 20% have been children between

TABLE 1 – INCIDENCE OF MENINGOCOCCAL, HAEMOPHILUS INFLUENZAE AND PNEUMOCOCCAL DISEASES 1949 – 1953 AT RCH

Year	Meningococcal	Haem Influenzae	Pneumococcal
1949	45 (23 under 1yr)	31 (13 under 1yr)	16 (10 under 1yr)
1950	53 (24 under 1yr)	32 (15 under 1yr)	7 (4 under 1yr)
1951	58 (27 under 1yr)	34 (13 under 1yr)	16 (7 under 1yr)
1952	68 (30 under 1yr)	26 (13 under 1yr)	9 (9 under 1yr)
1953	35 (18 under 1yr)	7 (14 under 1yr)	3 (5 under 1yr)

Note the high incidence in the under one year children.

Vaccination now commences at 2 months of age for *Haemophilus Influenzae* and Pneumococcal and 12 months for Meningococcal.

Data courtesy of the Microbiology Department of the RCH.

6 months and 2 years. In 2018 a government funded quadrivalent influenza vaccine will be available for children between 6 months and 5 years.

A hundred to two hundred of every 1,000 babies born in Victoria died before the age of 12 months in the 1900s. Outbreaks of 'summer diarrhoea' in particular was a major cause of mortality in babies under 12 months in the early 1900s. The death rate from gastroenteritis in young children had fallen by the 1940 to 1.64/1,000 live births, reflecting the improvements in maternal education, home hygiene, refrigeration and home ice-boxes, improved sewerage systems and advances in treatment.

Many of us working in the late 60s and early 70s will remember working in 9 East – 'respiratory and gastro' ward. Section 1 was for croup, section 2 bronchiolitis and section 3 and 4 were the 'gastro' patients. Sister Betty Clarke (previously PTS tutor) had the theory that if a nurse used the 'barrier nursing' technique correctly they would never get gastro but it didn't work, especially for the nurses from other hospitals. The common cause of 'gastro' was identified as a virus – Rotavirus by RCH Dr Ruth Bishop. Most nurses would claim they could identify 'rota' by the smell!

Di Paul (née Enever, graduated 1972) remembers a rare case of tetanus. In her first year working in her second ward 8 East, (General Medicine) a boy about 8 years old who was a Turkish immigrant was being nursed in a single room. Di recalls the seeing the boy with severe stiffness with abnormal moments and muscle spasms. Tetanus vaccination was progressively introduced into the childhood vaccination schedule after World War 2. There were no cases of tetanus in Victoria in 2017.

Many of our readers will have stories to tell and hopefully will share their experiences on caring for these patients with vaccine preventable diseases. Acknowledging the past experiences and the development of new vaccines can assist today's nurse in supporting and promoting families to protect their children through immunization.

Bibliography

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Caring for our Children. The History of Nursing at the Royal Children's Hospital, Melbourne. Margaret McInnes. 2006

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Fundraising

The committee will again this year continue to raise funds for the Elizabeth Fearon Scholarship, as membership subscription and the annual lunch are neither intended to or are able to raise these funds.

We will repeat last year's successful sausage sizzle at Bunnings Hawthorn later this year. Volunteers and customers are always welcome as are any other fundraising suggestions.

Below: Fundraising 1945 style. Photo courtesy of LOFT photo collection.



Elizabeth Fearon Scholarship

The 2017 applicants were judged by a selection committee: Sheri Waldron, Director Clinical Operations Access and Wards, Professor Fiona Newall, Director Nursing Research (RCH) and Amanda O'Brien and Di Paul, (LOFT committee).

The scholarship was awarded to **Tara Doyle**, a Neonatal Emergency Transport Nurse & Clinical Coordinator – Paediatric, Infant, Perinatal Emergency Retrieval (PIPER) and an Associate Nurse Unit Manager in the neonatal unit-Butterfly.

Explaining her project, Tara said, "extrauterine growth restriction is associated with an increased risk of poor neurodevelopmental outcome, and while the causes of growth failure are multi-factorial, inadequate nutrition

is largely responsible. The Elizabeth Fearon Scholarship will support my desire to integrate nursing research into clinical practice by completing growth monitoring audits, producing a detailed database on a vulnerable population, and providing the RCH with a Neonatal Nutrition and Feeding Clinical Practice Guideline. This project aims to optimise extrauterine growth in order to minimise the short and long-term effects of growth failure".

Photo: Tara Doyle the 2018 recipient of the Elizabeth Fearon Scholarship. Awarded at Nursing Forum on 12th December 2017.



Dame Elisabeth Murdoch Scholarship

The Dame Elisabeth Murdoch Nursing Development Scholarship recipient for 2018 is Tania Ramos, Clinical Nurse Specialist in Recovery.

Tania will visit overseas centres to explore collaborative research opportunities and benchmark RCH quality of recovery indicators. This will allow her to explore areas for improvement within the RCH Recovery Unit and develop a novel paediatric quality of recovery tool.

Judith Glazner

Judith Glazner recognised for her contribution to the Cystic Fibrosis community

The Governor General, Sir Peter Cosgrove, presented Judith with the 2017 Cystic Fibrosis Australia Patron's CF Centre Star Award during a ceremony at Admiralty House in Sydney.

Judith has been the CF Clinical Nurse Consultant for the last 25 years.

"When I first started in this role, the outcomes for children with CF were often poor and now we see so many of these patients enjoying not only longer life expectancy, but also a better quality of life."

Judith said approaches to care have evolved over the last twenty years and drugs are now being developed that treat the disease, rather than just the symptoms or problems it can cause.

"It's very exciting to see the advances that are being made.

RCH anniversary celebrations

RCH has started to make plans to celebrate the 150th anniversary of the hospital.

A project director, Jennifer Barry has been employed to coordinate the events. New to the hospital, Jennifer said, *the key 'take-away' from chatting with people has been this: no matter what role or connection someone has with the RCH, they wear their love for the organisation on their sleeve. Whether someone is a current or former staff member, a current or former patient or family, a donor or fundraiser, the force propelling them onward is their passion for this public institution. Everyone I've met has been willing to sit down and share their stories and experiences of the RCH with me. Some of the stories told go back decades, chronicling medical innovations and personal professional milestones that are clearly carried with pride. Others share stories of small, private moments with patients or parents that deeply affected them.*

There will be many opportunity for LOFT members and RCH nurses to contribute to and participate in the events in 2020 — watch this space! The centenary of LOFT as a nurses association is in 2021 and will cross over with some events.



Many of our members and colleagues may remember attending the Centenary Paediatric Nursing Conference, 13th to 17th April in 1970 at RCH, part of the 1970 hospital centenary events. Four days of lectures were delivered predominantly by medical and some allied health staff. Apart from chairing some of the sessions, Helen Telfer, (graduated in 1952) "ward administrator" spoke on the 'Child in Hospital' and Valerie Duke (graduated in 1949) gave the closing session. Also noted in the program was that you could go the welcoming cocktail party for \$1.50 and the closing dinner for \$4.00.

One day was allocated for RCH student nurses only and this was when many RCH nurses presented on a variety of topics. Di Paul (née Enever, graduated 1972) *Meningomyelocele*; Kathy Gyngell (graduated 1972) *Cleft lip and Palate*; Joan Raven (née Biss graduated 1970) *Oesophageal Atresia*; Ruth Stapleton (graduated 1970) *My Patient – the Child*, and Carol Arnott (graduated 1971) spoke on *Small Bowel Obstructions*.

Below: Student nurses day, 15th April 1970. Photo courtesy of LOFT photo collection.



Graduates of January 1980 PTS Let us know what you are doing!

We would love to share your photos and your stories in the next newsletter.



Photo courtesy of Sue King.

President's Message 2018

Dear Members,

We, (The Committee), approach the RCH LOFT Annual Luncheon and AGM to be held on Saturday 19th May 2018 with surprise that another year has already flown and that our luncheon is imminent. However, it is always so enjoyable that we also excitedly anticipate another successful, happy and social event when we see the day 'come together'.

I thank the reliable hard working committee members for their commitment to LOFT, attending our meetings and for their preparations behind the scenes for the luncheon. Again, our speaker this year is one of our 'own'; which is wonderful. I am proud of the professional achievements of former RCH trainees and nurses; so many have gone on to do great things both academically and clinically. Their professional expertise has enabled them to influence many lives for the better by being a catalyst for change at a political, individual, clinical and academic level. Their knowledge and commitment has contributed to community health, health literacy, education and acute clinical practice.

Our speaker, Dr Helen Keleher (née Ruwoldt July 1968 PTS), is one such person. Helen sees the 'big picture' in public health, having worked in major health and education facilities, she now has her own consultancy. She will speak on her experiences in nursing and life which led her to develop her interest in population health. She is very interesting and informative, her presentation is not merely statistics and graphs!

We will also hear from, our 2016-2017 EFS recipient, Melissa Maxey who will report on her completed research. Tara Doyle, our 2017-2018 EFS awardee, will present her proposal and her progress so far.

The committee is gradually making changes to increase the efficiency and frequency of communication with members. Additionally, we want to increase membership numbers and participation in 2018 and beyond. The committee has been attempting to implement strategies to improve our communication with members. Our committee is certainly benefiting from the more up to date expertise in IT and social media that our newer younger members bring. We are moving towards more reliance on electronic mail and social media to improve our communication with you and to allow more involvement of members. We want to change over to all email where possible. Many will be receiving the LOFT pre AGM information via your email and those with out by mail. Some hard copy newsletters will be available at the luncheon meeting. Please make sure that you let us know your email address and look for our new LOFT Facebook page.

I, together with the committee, look forward to welcoming you, and as many friends as you can rope in, on our special day. The business of the AGM will be brief as the result of your feedback. Reports will be on your table and NOT read out.

If you have any transport, access or other special needs, please contact our Secretary or myself and we will endeavour to assist.

Warm regards,

Di Paul
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Di Paul

LOFT Committee Members 2017/18

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Notices

97th RCH LOFT Annual General Meeting and Luncheon

This year we are encouraging members and non-financial members who commenced their training in 1948, 1958, 1968, 1978 and nurses in the Graduate Programs 1988, 1998 and 2008 to organise a reunion of their groups at the lunch.

If you do not wish to attend the AGM, you may arrive from 11.30am for the lunch.

This year we have some stunning raffle prizes for two people to dine at Balgownie Estate Vineyard Resort & Spa, The Langham, Melbourne, The Rialto or the Hotel Windsor – lunches or breakfasts.

Date

Saturday, 19th May 2018

Venue

Royal Automobile Club of Victoria.
Level 2, 501 Bourke Street, Melbourne

Program

10.15am – 11.00am Registration
 Arrival Morning tea
 11.00 – 11.30am Annual General Meeting
 12.30pm Luncheon
 1.30pm Guest speaker, Dr Helen Keleher
 (née Ruwoldt – July 1968)
 3.00pm Finish

Cost: \$75 for members
 \$80 for non-members (drinks included)

Bookings close: 10th May 2018

Remember when

Could this be supper in the kitchen on night duty? Late 60s or early 70s? Is this hospital night sister reading her notes?

Below: Photo courtesy RCH Archives



Remember the uniforms?

Robyn Have (née Unmack, graduation 1969) has shared her PTS photo (note the hospital badge on the collar and no stripes on the hat) and her graduation photos. After completing her training and working for a while at RCH, Robyn did midwifery at the Queen Victoria Hospital and Infant Welfare at Queen Elizabeth. She worked for many years in a surgical hospital in Melbourne and in the last 5 years in Stawell. Robyn remains in contact with Vicky Bromley (née Charles).

Above/right: Robyn as 1st year nurse and at graduation. Photos courtesy of Robyn.



Nursing Research and Clinical Innovations Symposium 2017

Held annually in September this is a wonderful celebration of nursing contribution to great care across the campus with 19 presentations and one David Danks Leaders in Science lecture delivered.

In addition to the presentations, 35 posters lined the hallway showcasing the projects undertaken by nursing staff and students.

Vale

Danielle Peucker

Danielle died on Monday 27th November 2017 after a courageous and lengthy battle with cancer.

We share in the sadness of her death with her partner Steve, son Angus, her broader family and friends.

Danielle worked for 21 years at RCH in roles spanning direct nursing care, nursing management and most recently work within the EMR team.

In her role as Nurse Unit Manager of 7 West and then the Koala ward, Danielle had the privilege of personally welcoming Her Majesty, Queen Elizabeth II to RCH during her official opening visit.

Danielle's clarity of thought, determination, empathy and attention to detail were apparent in every role she held.

Her character and integrity are evidenced by the many RCH staff who were not only her colleagues, but her friends. She will be sadly missed.

Geraldine McDonnell

Geraldine McDonnell was a member of the RCH nursing staff from the 1970s and Nurse Unit Manager of the neonatal unit, from the early 1980s to 2000s.



She was recognised as a progressive and dynamic nurse leader who implemented many changes within the unit.

One of her key achievements was leading the transition of the neonatal unit from 10 West to the new neonatal unit on the 2nd floor in the 1st Parkville RCH. This move heralded the beginning of caring for ventilated babies in the NICU and required months of planning and upskilling of nurses to care for these ventilated babies.

Other achievements included responsibility for setting up the first care manager role to facilitate timely discharge planning for the babies and she also supported the piloting of one of the first RCH Nurse Practitioner roles in NICU.

Geraldine was awarded the Chairman's medal in 2001 to acknowledge her contribution to nursing. She will be remembered for her fabulous sense of humour, and for being an outstanding role model, mentor and friend.

Una Allen

15th August 1918 – 1st October 2017

Una completed her training at the Children's hospital in July 1940 and her midwifery training at the Women's Hospital in January 1942. Midwifery experience was gained at St Andrew's Presbyterian Hospital. Una undertook her Infant welfare training at the Victorian Baby Health Centre's Association, training School, in Carlton in 1943. She then worked in many city and centre infant welfare centres and babies homes. Including 18 months on the Victorian travelling caravan. After returning from working at the Royal Free Hospital, London in the early 1950's Una worked at the Maternal and Child Welfare Branch of the Victorian Health Department of Health until her retirement in 1973.

Kate Harden

Kate (Kathleen) died on the 24.9.2017 aged 93 years. She completed her nursing training at RCH in 1950 and worked in many roles both the Carlton and Parkville sites, including as a charge nurse in babies ward and a specialist respiratory nurse. Working in the babies ward 14 in 1954, Kate was present when the first exchange blood transfusion was performed by Dr Elizabeth Turner. On a tour of the newest RCH a few years ago, Kate delighted us with her stories, especially the escapades during the move from Carlton to Parkville.

Janette Pollock (graduated 1949) was a close friend and colleague.

Long Service Recognition: 35 and 40 years

Staff were acknowledged at the 2017 RCH Annual Celebration and Awards evening for 35, 40 and 45 years of dedicated service to the RCH.

35 years of service

- **Judith Glazner** – Cystic Fibrosis coordinator
- **Judith Smith** – Senior Administration officer, Legal Counsel
- **Lai Yee** – Recovery
- **Lyn Marshall** – Cardiology
- **Sandra Perkins** – After Hours Coordinator
- **Shelley Hollingsworth** – Operating Suite

40 years of service

- **Marg Costa** – Operating Suite
- **Pam Crouch** – Operating Suite

Chairman's Medal 2017: Rosemary Aisbett



Photos John Stanway, Rosemary Aisbett and Chairman Rob Knowles at the 2017 Annual Celebration and Awards.

Rosemary Aisbett has worked at The Royal Children's Hospital for more than 16 years and is described by her colleagues as an exceptional leader, who demonstrates deep respect for all patients, families and staff. She spent most of her early career in the operating theatre, before taking on the role of Director of Clinical Operations for the Division of Surgery at the RCH in 2010. Rosemary oversaw the introduction of new models of care, including the transition to a 24/7

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model of care in theatre, was instrumental in the transition to our new hospital and in the merge of Possum and Day of Surgery. In May 2017 she was appointed Executive Director Nursing and Allied Health and Chief Nursing Officer. In this role, Rosemary has overseen the completion of the *Hello My Name is...* project, helping patients better understand who is caring for them and led the RCH in increasing the awareness of Family Violence. Rosemary exemplifies all that is good in leadership at RCH, living our values every day and is a most deserving recipient of the 2017 Chairman's Medal.

Mary Patten Award 2017: Sharon Kinney

The Mary Patten Award is given to a member of the RCH nursing team for their outstanding knowledge, skills and leadership. **Sharon Kinney PhD, MN, PICU Nursing Cert, Cardiothoracic Cert, Nurse Consultant, Research**, is the recipient for 2017.



Sharon is a nurse consultant in the Nursing Research Department at RCH and holds a senior lecturing/research fellow position in the Departments of Nursing and Paediatrics at The University of Melbourne. She worked for many years in paediatric critical care and has research interests in preventing cardiac arrests and implementing systems to improve the detection and management of clinical deterioration.

Sharon has surpassed the criteria of the award in her outstanding leadership and commitment to patient care, improving patient outcomes and using research to improve clinical care.

Executive staff changes at RCH

Ms Bernadette Twomey, Executive Director Nursing and Allied Health

In October 2017 Bernadette Twomey left RCH to join the Austin Health as Chief Nursing Officer. Her enthusiasm, friendship and dedication will be missed many at RCH.

Professor Fiona Newall (Director of Nursing Research, Professorial Fellow, the University of Melbourne) wrote:

We'd like to acknowledge the contribution Bernadette has made to the profession of nursing in the 8 years she has been at RCH. Her work has made nursing far more visible and has significantly raised the profile of the contribution of nursing practice to clinical care at RCH. There have been many examples of how Bernadette has made this contribution:

- *Nursing professional development has greater organisational visibility and is celebrated through the rigour Bernadette has brought to acknowledging nurses attaining Clinical Nurse Specialist status. This process clearly identifies the expectations of nurses working at this level and importantly acknowledges and celebrates the achievement of nurses appointed to these positions.*
- *Her work leading change in the space of advanced practice nursing has seen greater clarity brought to what advanced practice nurses can do and how important it is to bring consistency to what can be expected of advanced practice nurses working at different levels. The majority of our medical colleagues now have greater appreciation of the contribution nursing oversight of advanced nursing practice contributes to improving role clarity and to achieving key performance indicators. Nurses working in this space have improved connection to the broader nursing workforce across RCH and greater access to professional development opportunities.*
- *Her work with nurses in the management stream has contributed to significant initiatives to build and develop nurses working across the continuum of management within RCH and importantly orientates and supports nurses embarking upon new roles within the management domain.*

Nursing at RCH, and indeed the broader RCH community of staff, patients and families, are all the better for the legacy Bernadette leaves of a more professionally engaged nursing workforce.

John Stanway – Chief Executive Officer

Following the appointment of Christine Kilpatrick as the CEO of Melbourne Health in April 2017, the RCH Board of Directors has appointed John Stanway as the hospital's CEO from October 2017.

In announcing John's appointment, Chairman Rob Knowles AO said, "The RCH is in its strongest position ever, is leading the way in paediatric care, education and digital innovation and this is largely due to John's record of delivery during his 12 years at the hospital in senior leadership roles, including more than 10 years as the Chief Operating Officer and the past six months as CEO.

"John is widely respected across the hospital, by our Campus partners and by our peers and has shown over and over that his ability to work collaboratively with clinicians can deliver great outcomes."

RCH news

To catch up on the news and events that happen at the RCH you can log on the RCH website at www.rch.org.au

You can also view the 2016-17 annual *Quality of Care Report* which highlights improvements in patient care. www.rch.org.au/uploadedFiles/Main/Content/quality_report_rch/RCH-Quality-Account-2016-17.pdf