

RCH cares

Quality of Care Report 2009–10

For patients, families, carers,
staff and community



Keziah, eighteen-months-old, visits the RCH as an outpatient for a blood disorder called Neutropenia. Pictured with her older sister Aisha (front cover) and one of her doctors, Dr John Roy (this page).

our vision, our values

At the RCH, we are committed to providing care for children and supporting their families to the highest possible standard.

Our vision is to be a great children's hospital

Our values

- Unity
- Passion
- Integrity
- Excellence
- Respect

Who's reading?

Families, patients, visitors and staff have been picking up copies of last year's Quality of Care Report at the Family Resource Centre, on wards, in outpatient areas and Emergency. The report was also mailed to every healthcare service in Victoria, including child health support groups. It was also available online. This year we are using the same distribution process but we are also sending the report to GPs and community paediatricians.

A dedicated team of staff has put this year's Quality of Care Report together. Keen to seek feedback from readers of the 2008–09 Quality of Care Report, we consulted the RCH Board, Quality Committee, Family Advisory Council, Cultural Diversity Committee, patients, families and visitors to the Family Resource Centre, and our staff.

We also considered comments from the Department of Health about previous reports.

Feedback on last year's report

Liked:

- The information on different areas of the hospital is most welcome.
- Stats don't interest me at all, 'dry bones' as far as I'm concerned. Only personal stories attract me, anything else I skip over.
- I liked the cultural diversity report. Stories and images focusing on people are powerful and quite nice.
- I like the way 'Who's Who' is presented – a picture and information about a person. Easy to read graphs. Good pictures and appropriate amount of information.
- I'm interested in people working behind the scenes at RCH.
- Safety In Numbers pages were really interesting. Features on youth outreach and night shifts were also both really good articles and very interesting.

Didn't like:

- Some pages are a little disjointed. Not clear if the publication is a magazine or a report.
- Some of the information was not easy to understand about accreditation, credentialing and policies. Not sure if you were writing it for the public or bureaucrats.

*Feedback is important to help us develop **RCH Cares** and where possible, we make changes to reflect these comments.*

welcome

Welcome to our Quality of Care Report 2009–10, **RCH Cares**.

This year we celebrate not only the 140th anniversary of providing outstanding care to children and their families, but also the planned move to our wonderful new Royal Children's Hospital (RCH) in late 2011.

This is without doubt the most exciting time in our history. When the new RCH opens in 2011 right next to our current site in Parkville it will provide outstanding facilities to match the level of care we provide.

In consultation with our staff and families, we have designed a hospital that is patient and family friendly and also reflects international evidence of an integrated approach to quality and safety across the campus.

At RCH we believe that quality is no one person's responsibility – it is everyone's responsibility. This is evidenced by the stories and initiatives featured in this year's report and in particular the significant changes made to our quality structure and the extension of quality Key Performance Indicators to include non-clinical areas.

The RCH is committed to providing care for children and supporting their families to the highest possible standard. This is at the heart of our continuing vision as a GREAT children's hospital, leading the way, and our values of Unity, Passion, Integrity, Excellence and Respect.

I hope you enjoy *RCH Cares* and I invite you to share your opinion with us on the feedback form provided at the end of this report.

Professor Christine Kilpatrick Chief Executive Officer

Our campus partners:



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your say

Who better to help us improve the safety and quality of care we provide than the people who pass through our doors on any given day – patients, families, carers and visitors.

At the RCH we encourage patients and families to discuss any concerns they have about the hospital or the care they are receiving with a staff member. We also have a consumer liaison officer, Chris Fitzpatrick, who is a dedicated point of contact to help parents and families with their concerns.

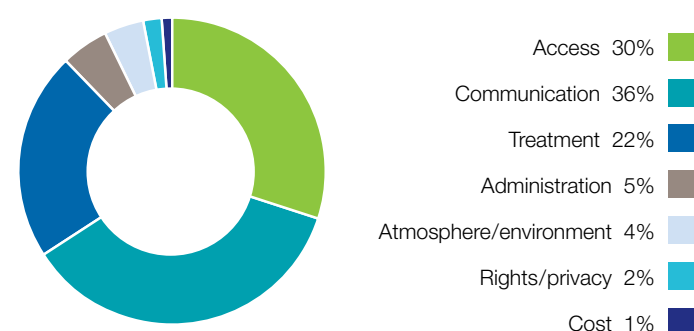
Chris receives feedback from patients and families – these can be complaints, compliments or messages of thanks. These are shared with staff, managers and the RCH Executive. Any actions needed to address concerns are taken.

There are many ways patients, families and visitors can provide feedback: email, fax, letter, telephone, dropping into the consumer liaison office, or feedback forms available at the hospital or on the RCH website.

While much of the feedback Chris receives is positive, there were also 369 reported complaints in 2009–10 (down from 401 in 2008–09, and 520 in 2007–08). Main areas of concern included patient communication, access and treatment.

Every complaint is followed up. Some have led to improvements in our processes and changes at the hospital, including standardising information and educating staff in customer service.

Complaints feedback issues



Outpatients received the highest number of complaints. Most were about delays in treatment, and communication issues. You can read about improvements in outpatient wait times on page 26.

Consumer feedback

Consumer feedback is vital to improving our quality of care. Adult healthcare services in Victoria use the Victorian Patient Satisfaction Monitor (VPSM) to get feedback from patients. Until this year there was no such tool for use in children's services.

To meet this need the RCH, together with the Department of Health, developed and trialed a modified version of a VPSM for paediatrics at the RCH. Focus groups and interviews with families and staff were used to develop a questionnaire which was sent to caregivers and patients in April 2010. Nine hundred people received the survey and thirty-three per cent were returned.

The feedback we received had positive comments, but there were also criticisms about the lack of storage facilities or lockers for safe keeping of personal items, lack of privacy for teenage children, and long waiting times:

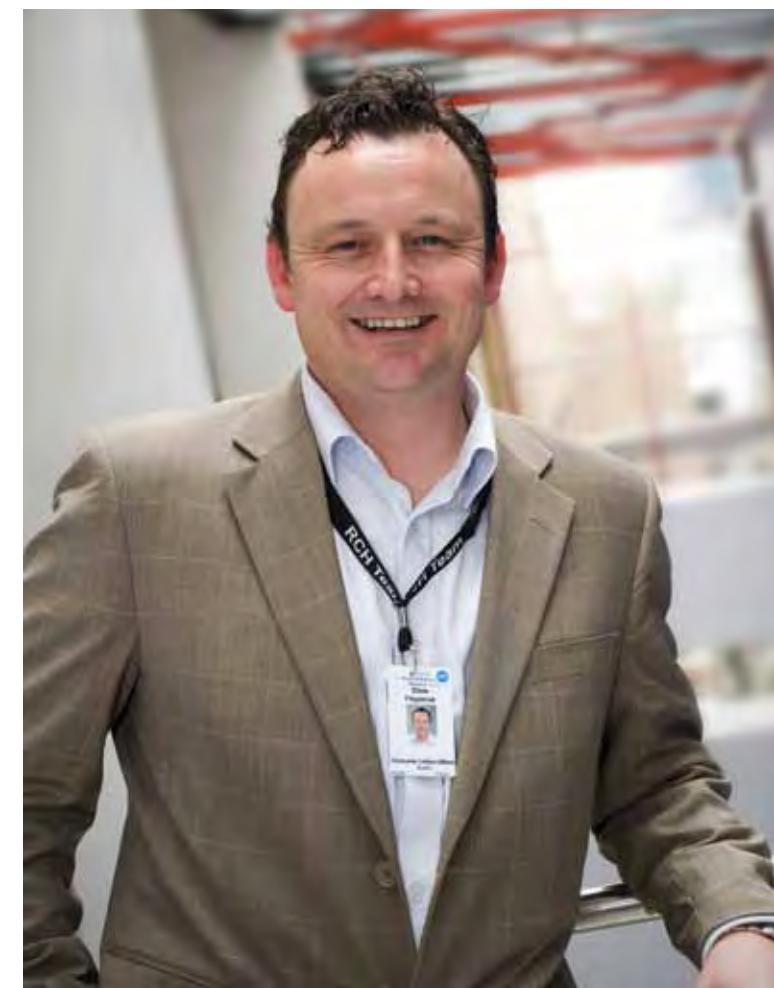
- *We waited 9 hours in the waiting room, my son was so hungry as he couldn't eat before surgery.*
- *There should not be food/drink vending machines in waiting areas where children are expected to be fasting. I found it unbelievable.*
- *Waiting room was full. No where to sit. Had to stand in corridor.*

All the information and feedback gathered has been reviewed by senior hospital staff and the RCH Executive.

Patients told us many of the questions asked in the survey were not important to them and there was a problem with the timing of the survey, the lag between discharge and the follow-up was too long.

Overall, the findings from this pilot indicated the modified VPSM was not a valid measure of satisfaction for a paediatric population.

The RCH will now conduct a review of best practice satisfaction measures used in paediatric hospitals around the world, and it will consider developing a new tool. A pilot project is currently being trialed on one ward with a small number of key questions about patient and family experiences at the RCH. The information will be collected electronically. If this trial proves successful, we hope to use this method across the hospital in the future.



Consumer liaison officer, Chris Fitzpatrick

To all of you wonderful, special people who are nurses on 7 West. Do you remember...

When Harper's mum was crying and you held her hand?

When you re-dressed Harper's chest wound?

When you shared the joy with us when we were first able to put Harper in clothes after any one of his operations?

When you sat with Harper and held oxygen to his face?

When you encouraged mum and dad to go and get a good night's rest?

When you sat with Harper's dad and calmed him down when he wasn't feeling great?

When you really didn't feel like coming to work, but you came and you made a difference to our day?

When you made us smile?

When you shared a piece of your life with us?

When you gave us a private suite on Christmas night and tried really, really, really hard to keep us there as long as possible?

When you gave us your Freddo frog because you thought we needed it more than you?

When you first saw Harper smile?

We remember, and thank every one of you wonderful people for helping to give little Harper the life that he now has.

Dear Chris,

We have been waiting six months for my son's ear nose and throat surgery. My wife and I followed all the instructions including fasting, took leave from our jobs and came in to the hospital as instructed.

After spending the morning preparing for theatre, we were told that my son would not be taken for the operation. We are very upset because our 9-year-old son was fasting for almost 16 hours and was very tearful with hunger for no reason.

Chris: *On some days we see a higher than usual number of very sick children through Emergency. This puts an increased demand on our beds. The bed management team explore all alternatives and do whatever they can to ensure operations go ahead. This can take some time to arrange. On rare occasions operations have to be cancelled to ensure all patients are safe.*

We understand the distress caused to families when a child's planned admission is postponed and make every attempt to avoid these situations.

I just wanted to pass on our thanks for the care and attention that was given to our son on Monday morning in Emergency. He had croup and was escorted by ambulance to the Children's for treatment. Our son and daughter have both visited your emergency department this year with respiratory concerns. Each time we have been in we have been so grateful for the prompt attention, compassion, professionalism and care that has been displayed toward our children and to us as parents. What strikes me the most is the proactive healthcare response that is delivered by your team. They are very supportive of parents and give good suggestions about preventative health, it is really nice to see this approach in action.

Please pass on our thanks to the appropriate team and their immediate management.

Dear Chris,

I called the Outpatients Allergy/Immunology department this morning and was left waiting for 48 minutes before my call was taken.

I find this to be an unnecessary amount of time and would not expect that from even a bank.

I was calling from my mobile phone and was committed after a while thinking that my call would be answered soon enough.

Chris: *As the Outpatient clerks receive over 200 calls per day, placing our consumers on hold is an unfortunate necessity at times. To assist the clerks with the management of the high volume of calls, RCH introduced a new phone system in February this year which is designed to direct the caller to the most relevant clerk in Outpatients. This new phone system has seen a reduction in the call waiting time for our consumers.*

Chris: *This was also the year of the life changing surgical procedure for conjoined twins Trishna and Krishna. We were inundated with hundreds of compliments and gifts from all around Australia and the world, with people wanting to express their gratitude to the RCH for the successful separation.*

who's who in quality

Governance and accountability are essential to a robust approach to quality across the RCH.

Dr Lakshmi Sumithran
Chair of Board Quality Committee

Liz Murdoch
Director, Quality

Dr Peter McDougall
Executive Director of Medical Services

Sarah Carter
Quality Support Officer

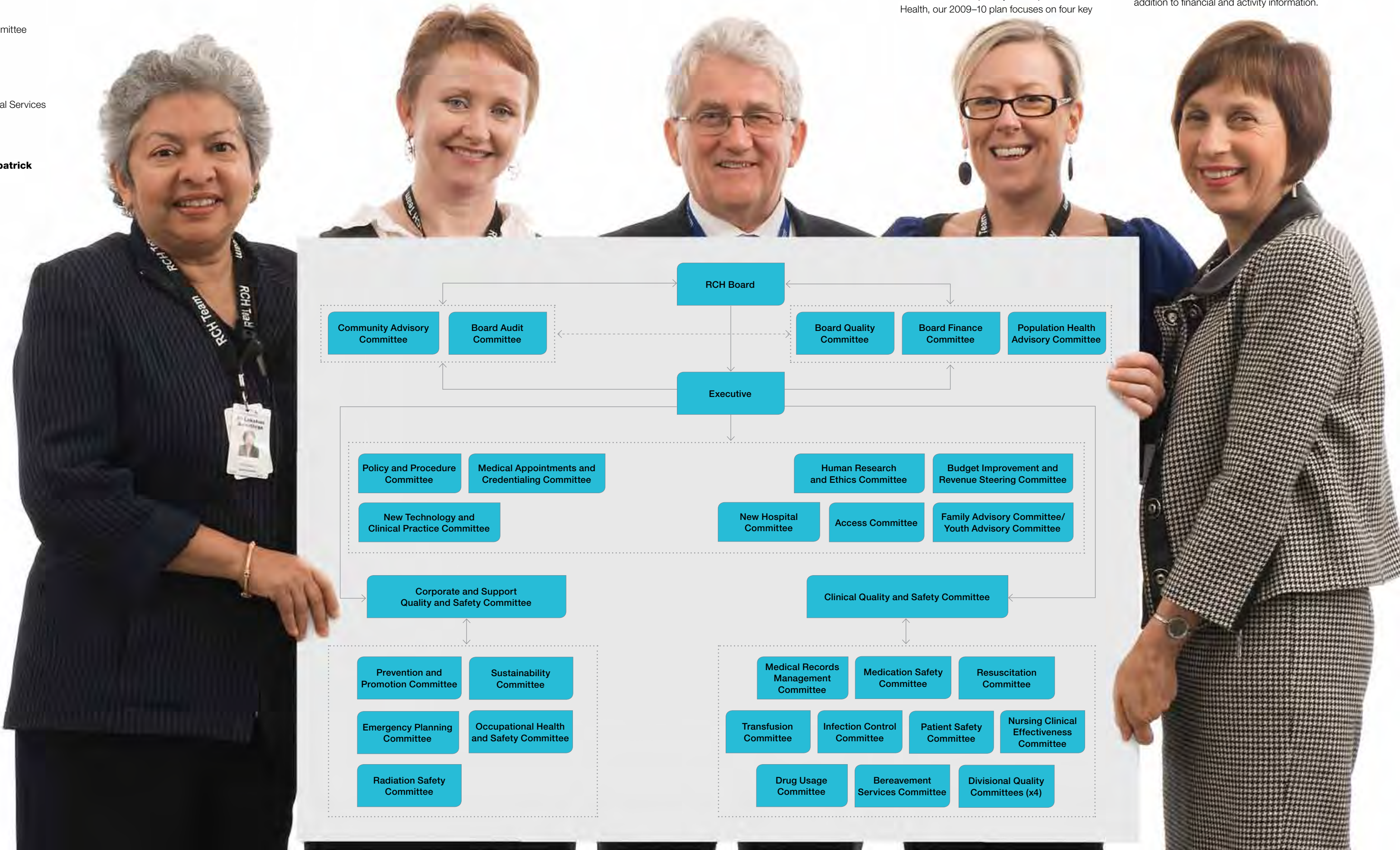
Professor Christine Kilpatrick
Chief Executive Officer

In 2009, we introduced a decentralised model of quality management with divisional quality managers to further improve accountability for quality across the organisation. This model is led by the Executive Director of Medical Services, Director of Quality, divisional quality managers and divisional quality committees, with oversight from the RCH Board, Quality Committee.

Together they lead implementation and monitoring and evaluation of the RCH Quality Plan against an agreed set of Key Performance Indicators which are updated annually.

Our annual Quality Plan provides a robust approach to quality and safety across the hospital. In line with the new Clinical Governance Framework developed by the Department of Health, our 2009–10 plan focuses on four key

areas of quality: Consumer Participation, Clinical Effectiveness, Effective Workforce and Risk Management. These four key areas drive our approach and the development of evidence-based strategies and initiatives to enhance the delivery of clinical care to our patients. Our performance reporting framework now includes quality Key Performance Indicators across these areas in addition to financial and activity information.



quality of care for 140 years

In 1870 Melbourne was riding the crest of the gold rush, the population was expanding, and horse drawn carriages carried people up and down Swanston Street.

Over in Exhibition Street two doctors, Dr John Singleton and Dr William Smith, began history: they founded The Royal Children's Hospital. The hospital's beginnings were humble – a small house with just six rooms.

Since then, the RCH has grown to become one of the world's leading paediatric hospitals. This year we celebrate our 140 year anniversary of providing wonderful care to children and their families.

The hospital moved from Exhibition Street, to Spring Street (1873), to larger premises in Carlton (1875), and finally to the healing surrounds of Royal Park in Flemington Road (1963). With each move came an expansion in our services.

It wasn't until the 1940s and 1950s that the hospital underwent revolutionary change. Led by two of the most important names in our hospital's history – Lady Ella Latham (President 1933–54) and Vernon Collins (Medical Director 1948–59) – the hospital was transformed from an old-fashioned charity hospital into a modern teaching hospital, leading the way in paediatric care.

The next 50 years were fundamental with the expansion of not only clinical facilities, but also teaching and research. We teamed up with our campus partners the Murdoch Childrens Research Institute and the University of Melbourne, Department of Paediatrics. Our expertise and leadership in paediatrics grew, particularly in the treatment of childhood cancer, the surgery of congenital abnormalities, gastroenterology, cardiac surgery and epilepsy surgery.

Of course throughout our history quality and safety of care have been imperative, but it wasn't until the mid-1990s that there was a global response to the issue of patient safety. Research and events both here and internationally showed high levels of accidental harm to patients that could have been avoided.

In response governments and hospitals joined together to introduce quality and safety policies and procedures, and subsequent measurement of results in areas of common concern.

According to Dr Peter McDougall, Executive Director of Medical Services, government commitment was imperative to providing leadership in quality and safety, as was the hospital's commitment to change.

"The two worked hand in hand. We appointed Dr Annie Moulden to lead a very active quality and safety campaign across RCH which was all about the reduction of harm among patients. She and others, including government, had seen the evidence and understood that something had to be done to reduce harm," Dr McDougall said.

"Ultimately we felt we had a 'moral imperative' to make a change.

"At the same time there was huge publicity in the media about how going to hospital was not as safe as thought. We had to also do something to reassure ourselves and our patients that this was not the case," Dr McDougall said.

It was recognised very strongly there was a need for cultural change and the only way the hospital could make that quantum leap was to ensure quality was a truly multidisciplinary effort.

The Victorian government provided money to develop pilot projects for the introduction of clinical risk management in hospitals to reduce harm.

Dr Moulden in her role started looking at the harm caused at the hospital, she reviewed it and worked on strategies to reduce and prevent harm. Staff and the Patient Safety Committee were asked for their input. Certain areas were identified as needing attention including central line infections, practising good hand hygiene, and ensuring clinical handover at the end of each shift.



Children's Hospital, Stephen Street, 1870-73.
Sketch by Harold Freedman

"We shifted from a reactive investigative approach to harm, to going the next step and being proactive," Dr Moulden said.

"Part of this was to review issues from a system's perspective, rather than focusing on the perceived mistake of an individual. It was about learning from mistakes and putting in place procedures to try to ensure the mistake didn't happen again," she said.

An important element of that proactive approach was the setting up in 2002 of the 24-hour Medical Emergency Team (MET) – the first of its kind in a paediatric hospital in Australia and the world. The MET system empowers staff to call for urgent medical help for a patient who is deteriorating according to pre-determined criteria. A study published in 2009 showed a significant drop at the RCH in total hospital deaths and unexpected and preventable deaths.

In 2005 the RCH introduced the Open Disclosure standard, a standard mandated by the Department of Health, where RCH staff inform parents if harm has been inadvertently caused to a child through an unforeseen adverse event. The RCH adopted a standardised procedure for the delivery of this information to families, with differing levels of response required depending on the nature and severity of the adverse event, and the needs of the families.

In less than 15 years, patient safety has evolved to become a whole of hospital responsibility for the RCH, fundamentally changing paediatric care and approach to clinical safety. The Quality Unit supports clinical divisions to deliver consistent, high quality safe care to our patients. Education, training and importantly reporting and evaluating our quality and safety performance are all critical elements.

As we prepare for the move to our new hospital, the RCH continues its focus on quality and safety and the next important step in our history.

Patient and family-centred care

Patient and family-centred care at The Royal Children's Hospital has come a long way in 140 years. Just one example of this has been the change in the hospital's visiting hours and the understanding that families play an important role in the recovery of a patient.

It would be unthinkable now, but during the early 1940s the hospital imposed the most stringent ever restrictions on visiting hours: patients were only allowed visitors if they had been in the hospital for at least four weeks! Only then were parents and guardians allowed to visit on the first and third Sundays of the month between 2pm and 3pm. Parents or guardians of critically ill children could visit as often as the doctor allowed.

The restricted visiting hours were based on two beliefs: visitors upset children with their presence, thereby delaying their recovery; and visitors brought infectious diseases to the hospital.

The Queen Victoria Hospital was the first major hospital in Melbourne to liberalise visiting hours in the late 1940s. The experiment was a success and was watched with keen interest at the Children's Hospital, particularly by Dr Vernon Collins – well known as the pioneer of patient and family-centred care.

From the time he became Medical Director, Dr Collins set about introducing a more patient and family-centred approach to care. In 1951, he liberalised visiting hours. In the first instance visiting was allowed on the day after admission and every Wednesday and Sunday. Because it didn't lead to the disruption feared, Dr Collins was able to introduce daily visiting in 1953.

At that stage visiting was still just that. It took many more years to develop the modern concept we have now that parents share in the care of their child while in hospital and play a vital role in their child's recovery. This attitudinal shift has helped to make hospital experiences less traumatic for both children and families. In our new hospital, rooms have been designed to include a fold-out bed so parents can stay with their child.

We've come a long way in 140 years.



Above: Summer ward, 1894

Right: Moving Day, Parkville, 1963

Below left: Professor Ruth Bishop, Dr Rudge Townley and Professor Geoff Davidson after their discovery that rotavirus is the cause of gastroenteritis, 1973

Below right: Dame Patricia Mackinnon, DBE CBE with a patient, 1966



*Celebrating
140 Years
1870-2010*



Operation in progress, 1920

Caitlin's journey



Every Tuesday morning at 8am Caitlin visits the RCH for physiotherapy and occupational therapy, where her day begins with running, jumping and squats. It's part of her continuing care program to recover from last year's unexpected turn of events.

It was an ordinary November day in 2009 and six-year-old Caitlin had just come home from school. She was doing her usual after-school things at home, lying on the loungeroom floor drawing and doing a puzzle, when she suddenly let out a scream and went running into the kitchen.

Caitlin's mother, Julie, said her daughter was holding on to her head crying "Mummy I have a headache and it's so bad".

Almost immediately Caitlin began falling in and out of consciousness. Julie rushed to call an ambulance and when it arrived, asked Caitlin to put her arms around her neck, to carry her onto the ambulance gurney. Julie remembers Caitlin being able to lift her right arm around her neck, but not her left. Julie was yet unaware her daughter was paralysed on the left side of her body.

Caitlin was whisked away to Box Hill Hospital where doctors thought she either had a seizure or a bad migraine, but called the RCH for further guidance and instructions. They were advised to bring Caitlin to the RCH immediately. Tests and an examination confirmed she had suffered a stroke.

"I wanted to hear (from the doctor) our child was perfectly alright, but he couldn't tell us that because we didn't know the extent of the damage," Julie said.

Caitlin spent two weeks on a hospital ward, waiting for the swelling in her brain to begin subsiding. The stroke had left her unable to walk, eat or move the muscles on the left side of her body, her breathing was impaired and her speech was slurred. Once she started recovering and progressing, she was moved to the hospital's Care By Parent Unit, staying on site for another four weeks with her mum and dad, but spending five hours a day having intense therapy: speech therapy, music therapy, occupational therapy and physiotherapy.

"She worked really hard to be able to get out of the wheelchair, to write again, to talk," Julie said.

After a month in the hospital, Caitlin made enough progress to go home. By the time she arrived back home, occupational therapists from the hospital had organised the installation of hand rails in the house to help Caitlin stay independently mobile. Occupational therapists and physiotherapists visited her school, to pass on information to Caitlin's teachers about how best to help her to continue to improve.

Caitlin has made huge strides in her recovery, but much of that has been due to her ongoing care. Every Tuesday she visits the RCH for two hours of physiotherapy and occupational therapy. It means an early start for Julie and Caitlin who are on the road by 7am heading for their first appointment at 8am.

"We go there religiously each week and do what we need to do because there's improvement. She thoroughly enjoys the therapy," Julie said.

The sessions begin with plenty of jumping, running and squats. All are aimed at targeting and strengthening specific muscles.

Julie says it's been hard work for her daughter.

"She's been quite a trooper and a credit to herself to get back to her normal existence," Julie said.

Caitlin wears an ankle foot orthotic which is helping to strengthen her muscles to ensure she walks properly – from heel to toe.

She's had to learn how to write again, and has switched sides. Before the stroke, Caitlin was left handed. But after the stroke it became too hard to write with her left hand, and Caitlin is now learning how to write with her right hand.

Caitlin's also had to learn how to chew again and how to use her neck muscles properly. People who have suffered a stroke sometimes have difficulty with eating and drinking.

Occupational therapy sessions using play activities such as Play Dough have encouraged her to make shapes and unleash the imagination but with one very specific purpose: to learn how to open and close her hand, and strengthen her muscles.

"It's been a very intense and steep learning curve but she does extremely well and does it without complaint," Julie said.

"We owe a lot to The Royal Children's Hospital. Caitlin looks forward to the Tuesday sessions. The hospital has been very accommodating in allowing us to start early which minimises the impact on school," Julie said.

The hospital continues to monitor Caitlin's progress and shape her therapy according to her needs.

Childhood stroke

Childhood stroke is among the top 10 causes of death in childhood. It affects around three in 100,000 children per year, with approximately one third of all cases occurring in children aged under one.

In newborns, the cause of stroke is usually unknown. Risk factors include pregnancy complications, difficulties at birth, blood clotting disorders and heart problems.

The causes and outcomes of childhood stroke are also poorly understood.

To improve understanding, the RCH has joined the International Paediatric Stroke Study Group (IPSSG) and is one of its largest contributors.

The IPSSG is a prospective web-based stroke registry. Established in 2002, the registry is aimed at providing important information about the incidence, treatment and outcomes of childhood stroke.

Emerging data from the IPSSG suggests that half of all cases are due to blood vessel problems in the brain and one quarter are due to clots travelling from the heart. For the remaining one quarter of children, no cause can be found.



cultural diversity

At the RCH, our patients and families come from a diverse range of nationalities and cultures. In the past year we have seen more than 13,000 patients with a language other than English and delivered close to 22,500 occasions of interpreter services.

It is an important part of our role as the only specialist children's hospital in the state to provide appropriate services to these hard to reach culturally diverse groups both at the hospital and in the community. The RCH peer educators work with the Arabic, Spanish, Italian, Mandarin, Cantonese, Vietnamese, Somali, Macedonian, Bosnian, Serbian and Croatian speaking communities to deliver important messages about health prevention and promotion. It's a model developed by the RCH Safety Centre and used in partnership with many other groups that have important messages for these groups.

Lina Hassan is a bi-lingual peer educator at the RCH who spreads health and safety messages to Melbourne's Arabic speaking community.

The road to her unexpected job began 26 years ago in Lebanon when bombs were destroying her country, and she was an aspiring actress.

When the apartment building Lina and her family lived in was all but destroyed the family fled to Kuwait. From there Lina migrated to San Francisco with her husband.

It was during a holiday to Melbourne to visit an uncle, that Lina fell in love with Melbourne. Lina moved to Melbourne in 1987, and went to TAFE to learn English and do several administrative/office skills courses.

During a visit to the Thornbury Neighbourhood House several years later, she noticed an advertisement for a bi-lingual peer educator at the RCH Safety Centre. The job needed someone who could provide quality health information to the Arabic speaking community. Lina applied for the position and credits the job with changing her life.

"I did my first presentation to 35 Iraqi women where I talked about child seat restraints. But they also started asking me about immunisation, and how they could make appointments to see doctors. There was a real need," Lina said.

From that day on, Lina has worked hard to help inform hundreds of Arabic-speaking women about safety. Using the resources of the RCH Safety Centre, she talks to people about poison prevention, how to prevent and treat burns, what to do in case of a fire, she teaches them about road and pedestrian safety, the importance of child car-seat restraints, and water safety. "It's very important for new arrivals to learn about swimming and the dangers of drowning," Lina said. Her work and that of other peer educators is an effective way to prevent injuries and promote health and wellbeing.

Sometimes her role as a peer educator means she spreads the health and safety messages via Arabic radio programs where her knowledge is so welcome she has become a regular on some radio stations – SBS, Middle East Radio, and the ZZZ Syrian, Lebanese and Egyptian programs.

"I feel what I am doing is making a difference. People are telling me they are benefitting, especially with finding out information about poisons or burns. One lady told me she didn't know about some of the things until I told her. I am teaching them and I feel passionate about it.

"I get a great sense of satisfaction and because I have had the same experience as them with things like war and losing family, they can relate to me," Lina said.

Lina Hassan has been working as a peer educator at the RCH since December 1994. She is also a bi-lingual worker with Consumer Affairs Victoria, and is a welfare worker specialising in helping newly arrived refugees.

Cultural diversity report card

This year the Cultural Diversity Committee is preparing to develop the new Cultural Responsiveness Plan for the organisation, in accordance with the new framework developed by the Department of Health. Committee members attended development workshops with the Department of Health and provided input to the new framework. In 2009–10, some of our key achievements in our Cultural Diversity Plan include:

Understanding clients and their needs

The RCH Mental Health Program developed a dedicated working group to improve the planning services for culturally and linguistically diverse (CALD) communities. This has included RCH Integrated Mental Health Program staff and agencies and individuals who work with CALD communities. We completed the Victorian Transcultural Psychiatry Unit (VTPU) Partnership Tool which measured how well the service is promoting and integrating cultural diversity, and we developed a CALD Action Plan in consultation with the VTPU and the CALD working group.

Partnerships with multicultural and ethno-specific agencies

RCH has close relationships with community groups such as the Victorian Multicultural Commission, Victorian Local Government Multicultural Issues Network, Municipal Association and the Department of Immigration and Citizenship. We continue our work with our peer educators to reach CALD communities in initiatives with Vic Roads and the Go for Your Life program.

A culturally competent workforce

This year RCH surveyed staff on their training needs in the area of Cultural Competency and in early 2010 ran a pilot training program for staff with the Centre for Culture, Ethnicity & Health (CEH). As part of our planning for 2011, we are customising a program for staff that will include face to face and online training, as well as resources for staff.

Using language to best effect

The Pharmacy/Immigrant Health Clinic has developed visual aids to help provide clear information about medicine to patients from a CALD background who have limited English.

The Education Institute has developed information on services and staying connected to school, which has been translated into six key languages.

The RCH Partnerships for Children/HARP (Hospital Admission Risk Program) has improved access to interpreter services for patients taking part in the 12-month community eczema program. The program is designed for patients from a CALD background who cannot easily access the mainstream RCH program.

Encouraging participating in decision making

A key challenge for RCH is involving consumers in care. This year we adopted the Australian Charter of Healthcare Rights and actively promote its availability in 40 different languages via the internet and interpreter services.

The Cultural Diversity Committee also made a presentation to the Family Advisory Council and the Community Advisory Council.

Promote the benefits of a multicultural Victoria

RCH celebrated Cultural Diversity Week with displays and activities across the hospital. We also commemorated NAIDOC week and participated in the annual Sorry Day commemorative flag raising. Plans are already in place for 2011, with an education program for staff and a new RCH orientation program for peer educators to help educate and inform communities about the new hospital.

accessing information

Developed by the RCH, viewed by the world

Access to information is vital to managing paediatric conditions. It's also an integral part of high quality care. That's why we've produced easy to read clinical guidelines to ensure consistency of approach for common conditions. These guidelines developed by the RCH are used by clinicians in Australia and around the world.

The guidelines help staff access information quickly and easily and ultimately help improve the patient experience. We get approximately 75,000 visitors a month who view 450,000 guidelines a month.

Our guidelines are available on the internet, iPhone or PDA which means they can be used by health professionals anywhere, anytime.

Did you know?

The RCH website is an important resource for families and clinicians. In fact, we have won the Hitwise Number 1 award for the most used hospital website in Australia every year since the award's inception five years ago.



"A child came into Emergency in diabetic coma and extremely unwell. I haven't managed diabetic ketoacidosis for years but your guideline was a great help. Thanks." **Locum doctor from rural Victoria**

"Fantastic site!!! Clinical Guidelines are incredibly useful – thanks for making them available." **Lead Nurse in Paediatric Accident and Emergency, London**

"Fantastic resource, thanks. It's great to have access to your guidelines, drug doses etc in multiple practice locations." **GP in remote Northern Territory**




Emergency Department fact sheets

Having information on hand for families is an important role of the RCH as the leading paediatric hospital in the country. Since 2008, the RCH has worked with the Department of Health to produce 50 fact sheets for use in Emergency Departments (EDs) across Victoria. The RCH reviews the fact sheets with EDs to ensure all content is best practice and evidence-based. Each fact sheet is reviewed by at least two expert clinicians.

To date, 24 fact sheets have been completed, the remaining 26 have been written and are currently under peer review. The project will be completed by the end of 2011.

The fact sheets are available printed or online at www.health.vic.gov.au/edfactsheets



RCH cares about the numbers



Sam whose life was saved with an artificial heart known as the Berlin heart

12 Hand hygiene

Hand hygiene plays a critical role in preventing infection

13 Immunisation

Vaccinating staff can reduce transmission of infections

14 Coming clean on cleaning

Statistics show that our cleaning team do an outstanding job at keeping our hospital clean

15 Healthcare rights

RCH has adopted the Australian Charter of Healthcare Rights

Infection control is critical within the hospital setting

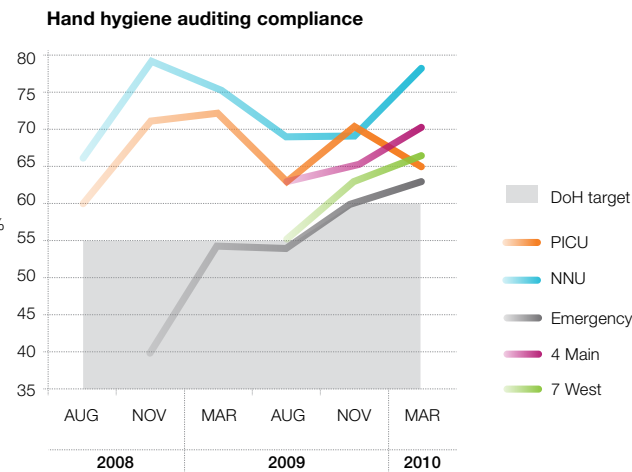
Children in particular are at greater risk of acquiring and spreading infections than adults. This is because of close contact with carers and other children who may have an infection, their immune system is not as strong, or their immunisation is incomplete. These infections can be costly, unpleasant and harmful. That's why we have numerous programs in place to prevent infection.

Hand hygiene

Hand hygiene in the healthcare setting plays a critical role in preventing infection. Many germs are spread from person to person just by touching. Proper hand hygiene can save lives.

The Infection Control team conducts audits to determine how often our staff wash their hands. This measures our practice according to the standards outlined by Hand Hygiene Australia and the World Health Organization (WHO).

Audits are conducted three times per year in various departments to ensure a good standard across the hospital. The table below shows our performance for the last three years. Since November 2009 we have exceeded the Department of Health target for hand hygiene rates in all audited areas.



Communications promoting hand hygiene

Hand hygiene is an easy and important way to prevent the risk of infection in the hospital. We promote hand hygiene via staff training and hospital-wide communications campaigns designed to get everyone keeping their hands clean.

In 2009 we began an organisation-wide awareness campaign to inform patients, parents, visitors and staff about the role of proper hand hygiene in reducing the spread of germs. Three different types of hand hygiene posters, each with a different message, were placed in the hospital especially targeting major traffic areas including lift areas, stairwells, waiting rooms, toilets and the front entrance.

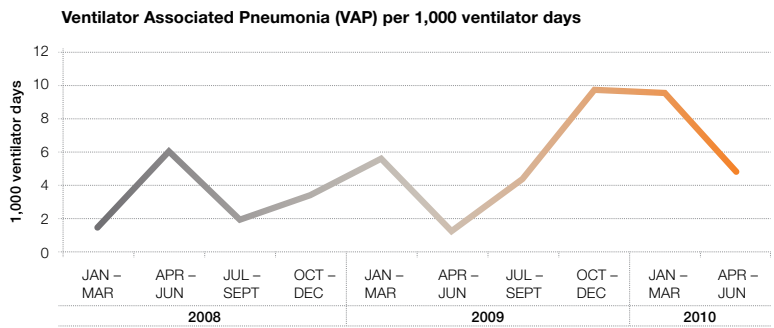
Viral infections/winter strategy

RCH Infection Control monitors how many patients have viral infections, to help staff on the wards determine where best to place each patient to minimise the spread of infections. Any viral infection caught in hospital is reported to the staff caring for the patient.

During winter, more patients and visitors who come to the hospital have runny noses, colds and the flu. In these colder months we have a winter strategy in place to manage the higher number of presentation and admissions.

Hospital acquired pneumonia

Patients who require breathing support in the Intensive Care Unit are at risk of developing infections such as Ventilator Associated Pneumonia (VAP). The team in the Intensive Care Unit is committed to reducing these infections. This year we focused on preventative measures: hand hygiene, head of bed angle, suction equipment, mouthcare, and care of the ventilator circuit. All of these areas of practice have improved, but the number of infections has fluctuated this year. We are reviewing every case involving an infection to isolate the cause. The information gathered is being used to develop more targeted inventions to reduce future infections.



Immunisation

Vaccinating staff can reduce transmission of infections.

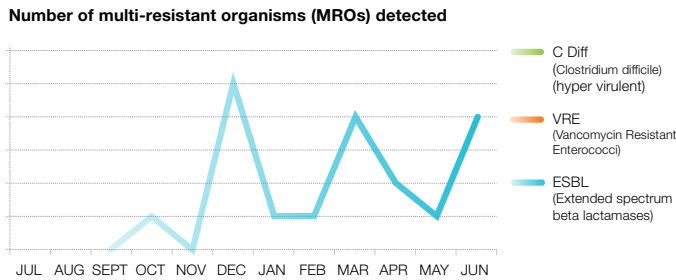
In a hospital it's important to ensure we take precautions to help keep staff healthy and reduce the likelihood of infection. Clinical staff vaccination histories are checked when new staff start working at the hospital, and vaccinations are offered as required. Each year the seasonal influenza vaccine is made available and about 60% of staff are vaccinated. This is more than the state average. In addition more than 48% of staff received the H1N1 vaccine in November 2009.

For several years staff have been vaccinated against whooping cough, an infection which is highly contagious, is spread by coughing and sneezing, and has recently become much more prevalent among adults. Babies who are not immunised are placed in a life threatening situation if they catch whooping cough from an adult.

Multi-resistant organisms

Sometimes bacteria can become resistant to antibiotics, making them more difficult to treat. Patients can be admitted to the hospital with resistant organisms, or they can develop multi-resistant organisms if being treated with antibiotics, or the resistant organisms can be transmitted during the patient's hospitalisation.

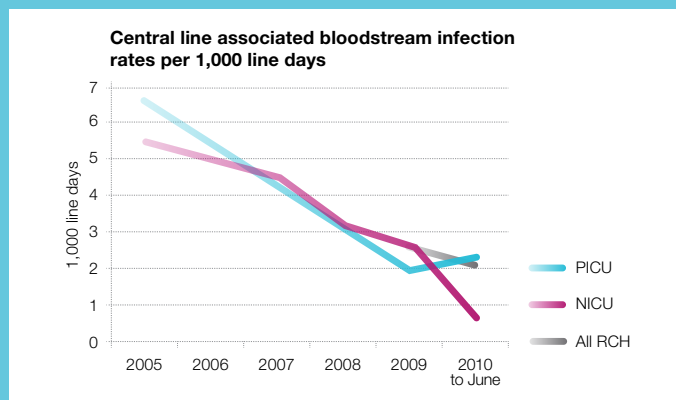
Correct antibiotic treatment and adherence to good hand hygiene practices help to minimise the development and spread of these organisms. RCH Infection Control monitors these organisms and advises staff and parents on any precautions needed. Patients with a multi-resistant organism infection will be separated from other patients where possible. During the reporting period, there were no instances of Clostridium difficile (C diff) and Vancomycin Resistant Enterococci (VRE) detected at the RCH.



Blood stream infections

A central venous access device (CVAD) is a tube (catheter) that is inserted into one of the veins near the heart. It's used for patients who need direct administration of medicine into their blood. This tube can be a pathway for organisms to get into the bloodstream, a complication the RCH is making good progress in preventing.

Over the last year, we have trained nursing and junior medical staff in the best ways to insert and manage CVADs to prevent infection. This has also included providing staff with the best antiseptics and equipment available. The rate of infections has been measured across the hospital, and since last year, the infection rate has dropped.



Coming clean on cleaning

Yet again, results show that our cleaning team here at the RCH does an outstanding job at keeping our hospital clean for patients, families and staff.

This year our cleaning team has surpassed cleaning targets with consistent monthly scores above the standards set by the Department of Health. The department sets a benchmark for cleanliness of 85%, and this year the RCH has exceeded this with a score of 94.9%.

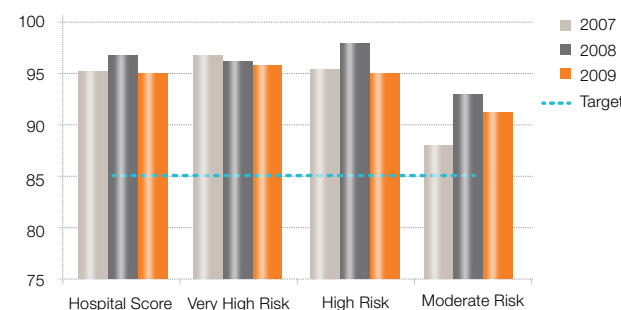
Regular external and internal audits ensure cleanliness standards, guidelines and regulations are adhered to.

We also conduct our own monthly internal audits. Our results for meeting cleanliness targets are consistently above 90 per cent.

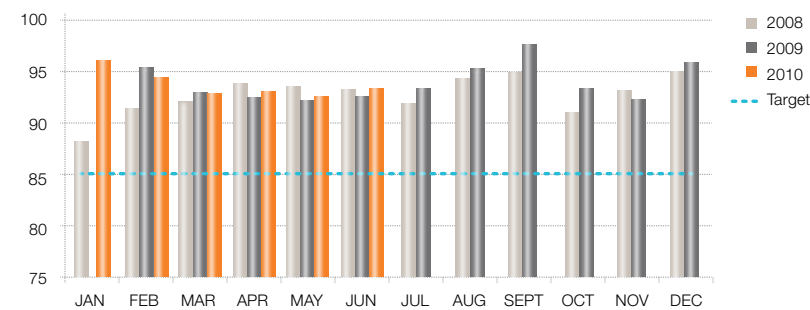


Environmental services attendant, Edwin Spiteri

External cleaning audit results



Internal cleaning audit results



Healthcare rights

We know children receive the best care when the hospital and families work together. That includes informing patients and their families of their rights.

To help ensure all families and young people know about their healthcare rights, the RCH has adopted the Australian Charter of Healthcare Rights. The charter is promoted in the hospital through posters and brochures for distribution to all patients and parents. It can also be accessed on our website, and is available in 40 different languages.

A version of the brochure has also been developed specifically for staff to help them understand the charter and patients' rights and responsibilities.

In 2008, the Australian Health Ministers endorsed the Australian Charter of Healthcare Rights and recommended its use nation-wide. The charter is designed to provide a simple reference to patient rights and how hospitals can support these.

Australian Charter of Healthcare Rights

The Australian Charter of Healthcare Rights describes the rights of patients and their families using the Australian healthcare system. These rights are essential to ensure that, wherever and whenever care is provided, it is of high quality and is safe.

The charter recognises that people receiving care and people providing care all have important parts to play in achieving healthcare rights. The charter allows patients, families and healthcare providers, to understand the rights of people receiving healthcare. This helps everyone to work together towards a safe and high quality healthcare system. A genuine partnership between all concerned is important so that everyone achieves the best possible outcomes.

Guiding Principles

These three principles describe how this charter applies in the Australian healthcare system.

- 1 Everyone has the right to be able to access healthcare and this right is essential for the charter to be meaningful.
- 2 The Australian Government commits to international agreements about human rights which recognise everyone's right to have the highest possible standard of physical and mental health.
- 3 Australia is a society made up of people with different cultures and ways of life, and the charter acknowledges and respects these differences.



Working together to provide care

Our aim is to make RCH a safe, professional and friendly environment, so we expect that you will respect the rights of all those around you – patients, families and staff. Violent, threatening and abusive behavior is not acceptable.

For more information on the charter speak to a staff member or contact RCH consumer liaison officer on 8345 5676 or visit www.safetyandquality.gov.au

What can I expect from The Royal Children's Hospital?	
Your/your child's rights	What this means
Access	
A right to healthcare.	Access to services to address your/your child's healthcare needs.
Safety	
A right to receive safe and high quality care.	Safe and high quality health services, provided with professional care, skill and competence.
Respect	
A right to be shown respect, dignity and consideration.	Care that is respectful of your culture, beliefs, values and personal characteristics.
Communication	
A right to be informed about services, treatment, options and costs in a clear and open way.	Open, timely and appropriate communication about healthcare in a way you can understand.
Participation	
A right to be included in decisions and choices about your/your child's care.	You may join in making decisions and choices about your/your child's care and about health service planning.
Privacy	
A right to privacy and confidentiality of your/your child's personal information.	Personal privacy is maintained and proper handling of your/your child's personal health and other information is assured.
Comment	
A right to comment on your/your child's care and to have your concerns addressed.	You can comment on or complain about your/your child's care and have concerns dealt with properly and promptly.

AUSTRALIANCOMMISSION SAFETY & QUALITY HEALTHCARE

The Royal Children's Hospital Melbourne

Credentialing

The RCH has a process to check and evaluate the credentials – the qualifications, training, experience and professional registration – of all healthcare professionals. We also regularly review the process itself to ensure we are appropriately credentialing staff, as part of our commitment to good governance.

This year we have reviewed the process for checking the credentials of our Allied Health staff including educational play therapists, social workers, physiotherapists, occupational therapists, and hospital scientists.

The RCH clinical credentialing guideline has recently been updated and the responsibility for checking credentials is assigned to the team leaders of each group. Standards have been set for all disciplines. Team leaders are responsible for ensuring credentialing standards are met during recruitment and employment.

This process is being audited by the hospital to ensure the high standards are maintained.



Pressure areas

Pressure areas (bed sores) occur when skin is damaged by pressure or friction. Relatively few patients experience pressure areas at the RCH. The location of pressure areas is different in children and adults. Adults commonly experience these on heels, elbows and the hip/ buttocks area while children experience pressure on the back of the head, ears and spine. Patients who are most at risk are neonates, whose skin may not be fully formed, and patients who are immobile for long periods of time.

The most common type of pressure areas occur underneath the plastic tubing of an intravenous drip or from a breathing tube pressing on a baby's nose. Nurses are trained to check these areas to ensure the skin isn't breaking down and to prevent excess pressure.

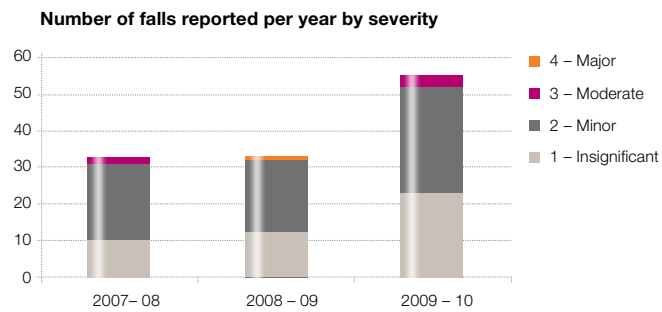
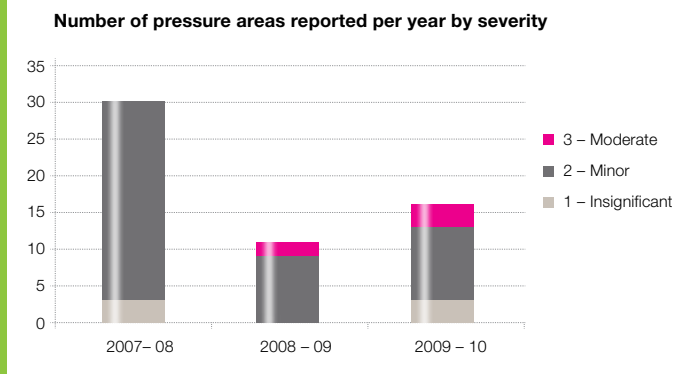
Nurses regularly assess whether a patient is at risk of a pressure area. Patients who are at risk are cared for using special equipment such as inflatable mattresses and are regularly re-positioned.

Patients in the neonatal and intensive care units are managed with gel mats and air mattresses that shift the points of pressure.

Patients undergoing an operation are assessed by an anaesthetist for risk of developing pressure sores/areas before any surgical procedure begins.

All RCH operating theatres have gel mattresses and use a range of specialist products such as gel mats, foam pads, and legging holders. This year we improved the storage of these products to ensure they remain in good condition prior to use.

Medical Imaging has employed an occupational therapist to ensure children are cared for during procedures, using seating or bedding that will reduce the risk of pressure areas.



Falls

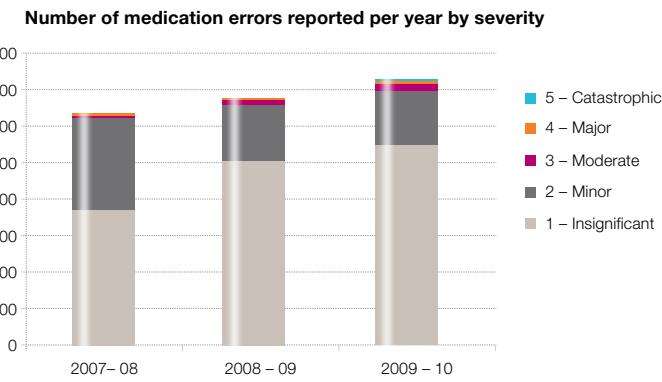
Slips and falls can be a normal part of growing up, for example when a child is learning to walk. Many falls are not serious and may simply result in a bump or bruise. But in hospital, falls can be very dangerous. Children at the RCH may be particularly vulnerable because of their illness and because they are in an unfamiliar environment.

Common types of falls include falling from a cot when the child is unattended or falling in the bathroom. To manage this, patients are assessed for their risk of falls using a risk assessment tool on admission, and then daily or when their mobility changes. Additional assessments occur when the patient is transferred from one ward/ department to another.

The recent increases in falls reported has resulted in us undertaking a major review to understand the contributing factors to this increase, and to implement interventions that will identify children at risk of falls and prevent falls.

Parents are educated about the ways they can keep their child safe while in hospital. The cots and beds used at the RCH have been designed with sides that can be raised and locked in place to prevent falls occurring.

The Safety Centre has information available about preventing falls outside hospital.



Medication safety

One of the easiest areas to make an error is in medication. While the RCH reported a number of medication errors, most of those were picked up by staff before the mistake reached the patient.

Each mistake is reviewed by our Medication Safety Committee which also ensures changes are implemented to prevent future errors. Changes put in place so far include:

- Two types of dangerous concentrated medicine, potassium and glucose, have been stored separately from other medicines to prevent them being picked up by mistake.
- We have improved the medication chart for patients in the Day Medical Unit by separating the allergy information and prescription boxes. Before the change, it was possible for someone in a hurry to mistake the two.
- Recovery has improved its discharge criteria to ensure medication infusions are set up safely before a patient returns to the ward.

This year the RCH conducted a survey to compare medication safety with 215 hospitals across Australia, using the Medication Safety Self Assessment developed by the NSW Therapeutic Advisory Group. We scored above average on seven of the ten key areas. We have made plans to improve our practices in the remaining three.

WHO Essential Medicines

A collaborative project between the RCH and MIMS Australia was successful in winning the World Health Organization (WHO) tender to produce an *Essential Medicines Guide for Children*. The project involved senior medical and pharmacy staff, including four RCH pharmacists. This new guide is to complement the *WHO Essential Medicines Guide* which is generally used for adults.

The project was completed in May 2010 and the guide will be distributed globally. It contains more than 300 drug entries, is available on the internet, and is intended for poorer countries with

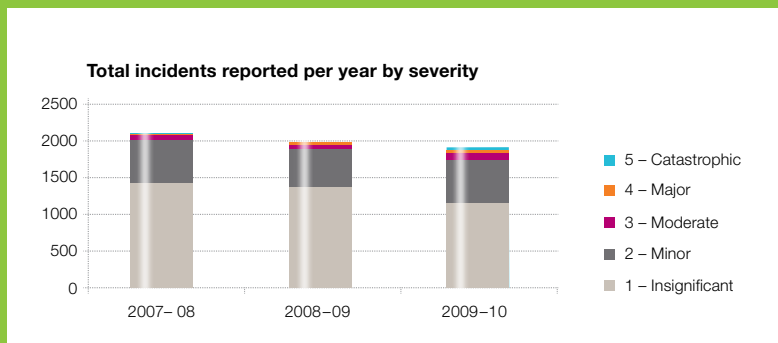
limited money and access to medicine. The RCH group is now working on an add-on smaller project for WHO – for essential pain relief for children.



Patient safety

At the RCH, our aim is always to detect problems and errors before they reach the patient. While most of our errors are minor, unfortunately, we don't always detect errors before they can be stopped.

For many years we have been monitoring errors or incidents. Staff classify the errors according to the impact on the patient. The chart below shows how many patient incidents occurred this year (2009–10) compared to previous years.

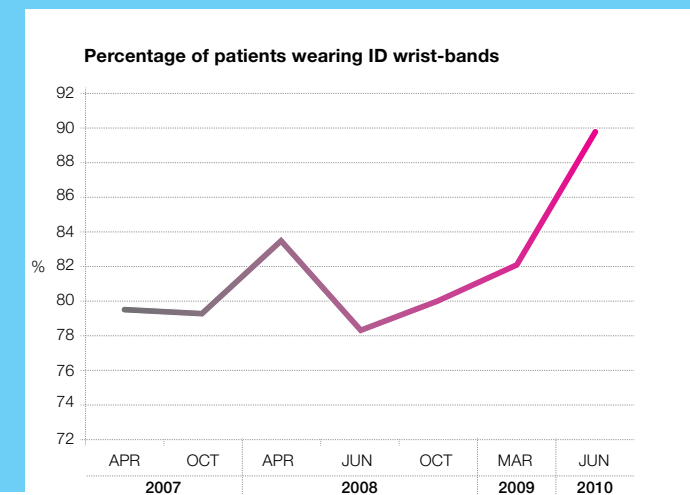


When things go wrong, we try to find out what happened and look for ways to reduce the risk of errors happening again. We are currently working on harm and error prevention in a number of areas.

Patient identification

The main way we ensure patients receive the correct care, is through identity wrist-bands. Without a strict patient identification process, errors can occur with operations and procedures, medication, blood transfusions and medical imaging.

Identity wrist-bands are checked by staff before assessments and treatments. Nurse unit managers periodically check patients on their ward to ensure patients are wearing an identity wrist-band. This year we achieved 90% compliance with the wearing of identity wrist-bands.



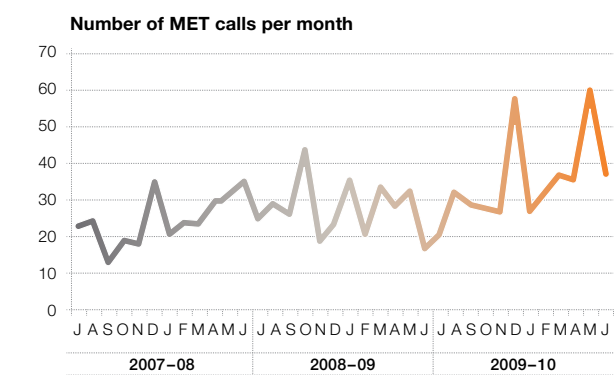
Medical Emergency Team

The Medical Emergency Team's (MET) role is to reduce the number of preventable deaths. MET provides immediate assessment and treatment of a child requiring emergency care. A quick response coupled with effective treatment can minimise conditions such as cardiac arrest, and may also minimise the level of intervention required.

Since introducing MET, the RCH death and cardiac arrest rate has decreased significantly.

The number of MET calls has increased from 334 in 2008–09 to 440 in 2009–10.

The MET coordinator reviews all MET events, and identifies areas for improvement. Findings from the reviews have led to improvements in our clinical practice across the hospital, for example the introduction of new fluid balance charts, and the design of new patient observation charts.

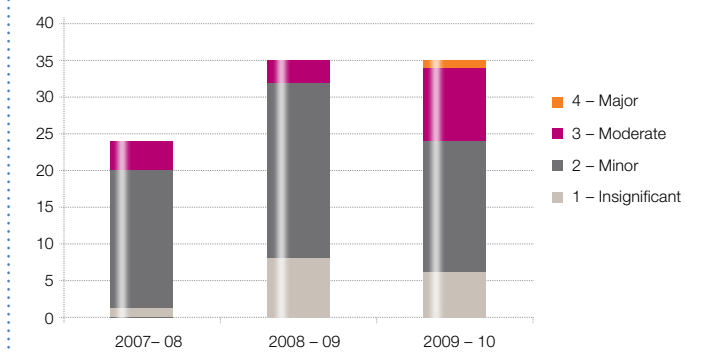


Intravenous fluid extravasation

Children's skin can be damaged by intravenous fluid flowing under the skin instead of a vein. To prevent this, nurses check the drip and the pressure in the line regularly.

To minimise and prevent the potential for this type of skin damage, the RCH conducted an extensive review and nurses on the medical ward trialled a new bandage for the IV site which made it easier to check the site without disturbing the patient. These bandages were very successful and will be implemented across the hospital.

Number of IV extravasations reported per year by severity



Justin, in hospital for liver treatment, with his mum Afshan, sister Alicia and nurse Karrina Rundall

the new royal

The cranes have come down and work on the new Royal Children's Hospital is now entering its final stretch. What was once just a plan on paper, has now emerged as a Melbourne landmark and clearly one of the world's great children's hospitals.

The new Royal Children's Hospital (RCH) is set to open at the end of 2011. When the ribbon has been cut, and the first patients begin moving in, the hospital will offer world-class facilities to care for children now and into the future.

Delivered as a \$1billion Public Private Partnership (PPP) by the Department of Health, the hospital will set a new benchmark in care: 85 per cent of the rooms at the new RCH will be single occupancy rooms, there will be more operating theatres and outpatient facilities, improved services for patients, families and staff; and increased car parking and child care facilities.

Building a hospital like this is no small feat. Hundreds of staff, families and even patients have been involved in the design of the new RCH from planning to choosing the furniture, fittings and equipment. And they will continue to be involved through the commissioning, transition and relocation phases.

Quality and safety feature in every aspect of the new hospital's design. Corridors are wider, there's

a super-sized lift to transfer complex bed-based patients, and there will be improved visibility in inpatient, critical care and recovery areas.

A Safe Design Advisory Committee was set up to advise on aspects of safety and design, working with architects and the new RCH project team. The committee members have expertise in clinical quality and safety, occupational health and safety, infection control, anaesthetics, pharmacy, medicine, allied health and nursing.

User groups involving almost 400 staff provided knowledge and experience to help design and develop particular areas of the hospital.

Mock-up rooms have been built on the current hospital site. Mock-up rooms are full-scale models of inpatient unit areas in the new hospital. Mock-ups of an inpatient bedroom, a staff base, a treatment room, a neonatal unit room, a paediatric intensive care unit room and an outpatient consulting room have all given staff a preview of the new hospital and enabled early planning of models of care.

More than 650 staff attended mock-up room staff open days held in 2010. Many staff now use the mock-up rooms to test equipment, patient flow and other concepts that we need to get right and cannot do from specification sheets.

Members of the Family Advisory Council, Community Advisory Committee and Youth Advisory Council have visited the construction site and mock-up rooms and have been consulted on the New RCH Retail Food Policy and interior design.

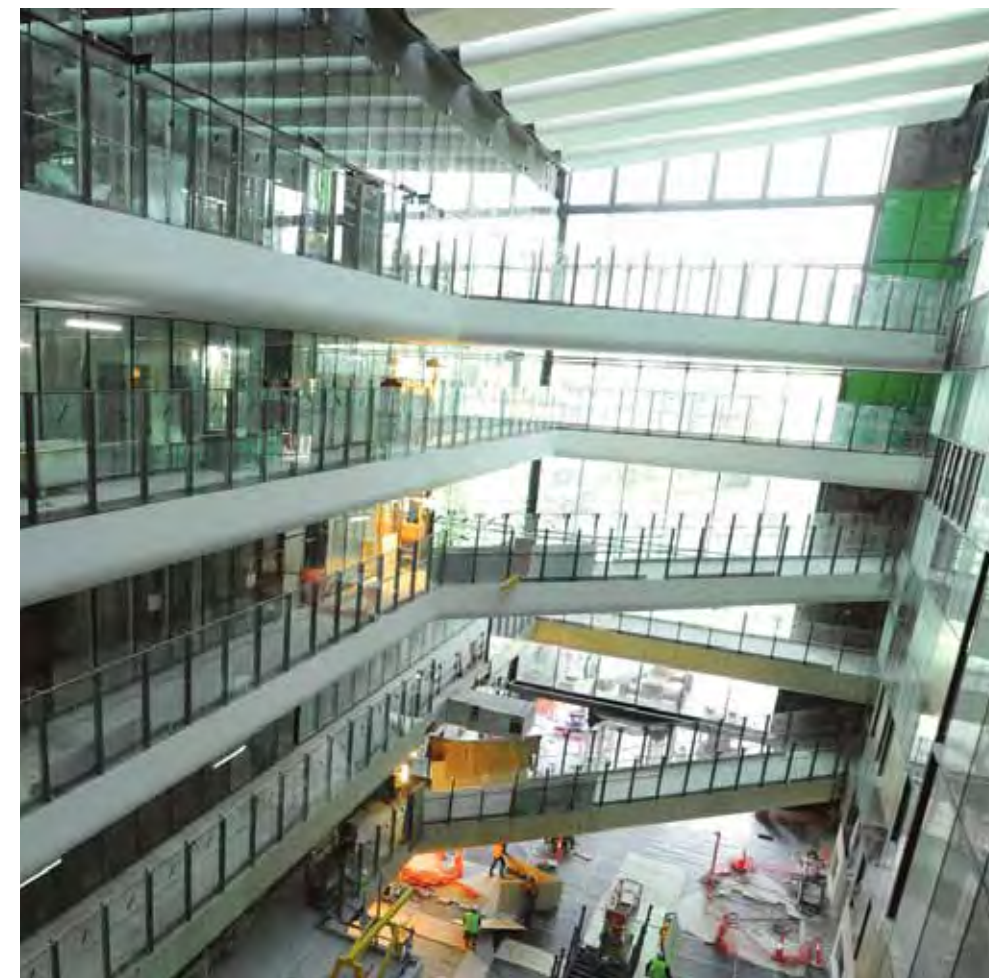
Functional room inspections are underway as part of the Bovis Lend Lease Quality Assurance program. This involves staff, an independent reviewer and project partners viewing the rooms to ensure they are built to specifications set out in the design process.

In the months leading up to the move, the focus will be on finalising our Move Plan and building our move teams to help us transition as seamlessly as possible to our wonderful new hospital.

Aerial view of the new RCH, October 2010



children's hospital



Above, clockwise from left (September 2010): Main Street; a patient room; a staff base in the new RCH

Transformation and Redesign

There's no doubt the new RCH will be a great place for patients, families and staff. But of course, great hospitals are more than just buildings. We need to transform the way we provide care in line with contemporary evidence-based practice and higher community expectations.

To achieve this, the RCH has developed a Transformation and Redesign Plan. This plan aims to ensure a robust approach to change and to build an understanding of the need for change.

Included in the plan are 32 work strands which are improvement activities across the services, systems and processes. The work strands are designed to support staff in designing and implementing practical change across the organisation.

The Transformation and Redesign team works with and supports RCH staff and departments, to review and deliver improvements.

Patient-focused bookings is just one example how these improvements will help transform the way we provide care to children and their families. Read about patient-focused bookings on page 26 of this report.

Change on such a scale is not easy, but is necessary if we are to continue to be at the forefront of paediatric care in Australia and internationally. It is also necessary to ensure our hospital continues to be a great place to work. Change and improvement are key components of a robust quality system.



improving access to health services

In March 2010, as part of the RCH's commitment to continuous improvement, a new outpatient booking system was trialed with great success.

After much feedback from parents about the difficulties in accessing appointments, and from staff about the high number of patients who failed to attend appointments, we have been trialing changes to our outpatient bookings system for new non-urgent appointments.

As part of the trial, we went from fixed bookings – where patients and families were told by us when to come in for an appointment, to patient-focused bookings – giving parents greater choice in choosing appointment times that suit them.

The trial was such a success that the program is now being rolled out in clinics throughout the hospital. Already the Orthopaedic Assessment Clinic, General Medicine, Surgical ENT, and Dermatology are using the new booking system. It's hoped the new patient-focused booking system will be in place in all outpatient clinics by the time we move into the new hospital.

Under the new booking system, new non-urgent outpatients are sent a letter asking them to phone RCH Outpatients to arrange an appointment. When they do phone, they are given a choice of dates and times that are most convenient to them.

Nellie Clear is the Outpatient department manager. She said the improvements have led to one significant change – the number of appointment no-shows has dropped significantly. There has been a 44 per cent drop in the Orthopaedic Assessment Clinic, and a 33 per cent drop in appointment no-shows in the General Medicine Clinic. These results have helped to drastically reduce the waiting list, meaning more patients are getting quicker access to hospital services, ensuring continuity of care.

"Parents are happy to make the appointment times and are surprised how easy it is. There is a lot more ownership of appointments by families. It's increased the value of appointments," she said.

"Staff are really happy with it too and they're suggesting ways to make it even simpler," she said.

If parents of patients fail to phone back within two weeks of receiving the original letter, staff check the patients' contact details and send another reminder letter requesting they call the hospital for an appointment. If there is still no answer, a letter is sent to the patient's GP/referrer explaining the hospital has been unsuccessful in making an appointment. If an appointment is still required, the RCH asks the GP/referrer to contact the family to follow up.

Patients who did not receive the letters because they have changed address, are still able to make an appointment if they call the hospital after being referred back to their GP.

Outpatient clerk, Manoja Fonseka



Outpatient department manager, Nellie Clear



a path to understanding

The RCH works hard to support our indigenous families. Here we hear first-hand from a family who has used our services.

I would like to tell you about my experiences with the hospital, in particular Wadja Aboriginal Family Place and the important role it plays in assisting Indigenous families.

Over the years, the RCH has taken on a number of projects to assist Indigenous families. The Wadja Aboriginal Family health workers within the hospital, the Kevin Coombs Hostel (yes, named after my father) and most recently the Wadja Aboriginal Family Place. But it wasn't always this way.

In 1992, when I first attended the hospital, it was all very daunting. My son was sick and there were no Aboriginal liaison officers present at the time. The people tending to my son were not talking to me, but at me, and assuming that I understood exactly what they were saying. I did not know what was wrong with my son and nobody stopped to explain it to me.

After several admissions my father suggested I seek out the new Aboriginal liaison officer at the hospital. Her name was Robyn.

I am so thankful for seeking Robyn out, as this was a particularly difficult period in my life. My son was sick all the time. In fact, in two to three months my child had seen 14 different doctors!

One of the doctors suggested the reason my son was so sick was because of me and my lifestyle. This doctor did not know me, my lifestyle or my family history. I then realised that maybe my son and I were the first Koori family he had worked with. From that moment on I decided I would make sure I would talk to him about working with a Koori family. It took some time, but it did happen. Now he understands me and I understand him.

As I was leaving I saw Robyn. I was so happy that she allowed me to vent and she told me she would be happy to attend outpatient appointments with me whenever I needed her. I cannot tell you how her just being there made me feel.

In early 1994, my son needed surgery. I remember his doctor talking in medical language and I felt clueless. That's when I decided to ask the doctor: "Can you please explain medical things to me in a language I understand?" The doctor looked at me strangely but knew I was serious. More importantly, he did what I asked.

Upon reflection, I think this was the turning point for me. My child has had one doctor that we have been under for over 15 years. We have a very good understanding and, most importantly, I trust him completely. This could not have happened without the support I received from Robyn.

I've worked with all of the RCH Wadja Aboriginal Family Place health workers. I am proud to call them friends. They have a very good reputation with the Victorian and wider Koori community and I know that they are always there should I, or any other Indigenous family, need them.

Recently, my family returned to the hospital. My daughter and I had been to our local doctor and were being transferred to the RCH. My GP rang Wadja Aboriginal Family Place and I cannot tell you the relief I had when I noticed one of the Wadja health workers waiting for us in Emergency. The health worker sat with me, talked to me, gave me support and a laugh. She continued to make sure we were okay during our three weeks in hospital.

It has been an interesting journey for my family. I truly believe the hospital needs to be congratulated in the forward thinking of having Wadja Aboriginal Family Place and its health workers who ensure Indigenous families have somewhere to go for assistance, a good cry, a vent or a laugh. All of which I have done over the years.

I still believe there are things that need to be improved. I think some people believe all Indigenous people and communities are the same. This is not the case. Each community has different issues. We come in different shades and shapes.

With some cultural training and the Wadja unit's assistance, these things can be improved.

During my time at the RCH I have seen the positive changes that have occurred and the opportunity for more changes to come. I believe the Wadja unit is only the beginning in ensuring the following Indigenous generations can have the access and support they require.

Thanks to Wadja Aboriginal Family Place and its staff, I now have the confidence to ask questions and give my opinion. They are fantastic people who have seen my children grow into the young adults they are today.

The Wadja Aboriginal Family Place provides welcoming and accessible services to Aboriginal and Torres Strait Islander children and their families by offering emotional, cultural and social support.

Wadja staff ensure children and their families have access to and information about mainstream healthcare. They clearly and respectfully explain medical procedures and routines so that patients and their families understand what is happening, and they listen to and advocate on behalf of Aboriginal and Torres Strait Islander children and their families.

Wadja staff also increase cultural awareness among general hospital staff to ensure culturally sensitive services are provided.

Wadja Aboriginal Family Place is a friendly place where all Aboriginal and Torres Strait Islander People are welcome.



Janine Coombs with her children Jordan and Kyeema in front of the Kevin Coombs hostel

Y@K

It's not just adults who help influence decisions. Here at the RCH, young people are stepping up and offering their opinions and ideas, and making changes.

Jordan and Shannon outside the new hospital

Five years ago Jordan came to the RCH as a patient and decided to stay on as an employee.

Jordan is studying social work at Monash University, but one day a week she has a job as a youth peer worker with Youth at the Kids (Y@K), and is one of three mentors to the 11 Y@K members. Each member is aged between 12 and 20 and is, or was, a patient at the RCH, or a sibling of an RCH patient.

Y@K was set up in 2008 specifically to engage young people at the hospital, and give them a voice on RCH issues of interest. It's the frontline for finding out what young people think about the hospital and where they think changes and improvements can be made to help all current and future patients.

“I wanted my voice heard and I want to get Y@K more known in the hospital”

Y@K members have already been consulted on the design of the new hospital, the type of food young people would like to have in the new hospital, the drafting of youth-friendly principles and the hospital's Adolescent Model of Care. Members are also working hard to develop their own website as a resource for other young patients and their families. Y@K works with the RCH Executive, patients and other advisory councils to advise on issues that affect their experience of RCH programs, services and facilities.

One Y@K member is 16-year-old Shannon. He's been with the group since its inception and joined because he wanted adults in the hospital to take note of what young people were thinking.

“I wanted my voice heard and I want to get Y@K more known in the hospital”, he said.

As part of the hospital's commitment to Y@K, staff members have to provide the group with feedback on how Y@K's suggestions are impacting on hospital decisions.

Jordan says it's really important for young people to know they are being listened to.

At 22, Jordan is only marginally older than some Y@K members, but as their mentor and peer worker, she teaches them leadership skills, how to chair a meeting, how committees work, the importance of respect, public speaking, how to communicate effectively, and how to be heard. In the process, they develop greater self confidence, teamwork skills, and have the satisfaction of knowing they have helped the RCH become more child and adolescent friendly.

This year, five Y@K members took part in a humorous role play during a Grand Round – a weekly educational meeting held at the RCH involving the

book bunker in the new hospital, thanks to the support of Scholastic.

“It might seem like a small thing but to a patient in hospital, this is a big thing – having a book to help keep them entertained and continue learning,” Jordan said.

Shannon agreed. “Spending lots of time in hospital is just a bit daunting so it will be good to have reading as one of the things you can do,” he said.

Other issues that have been brought up during the meetings include hospital food (which generally gets the thumbs down), recreation and youth spaces, and staff.

“I'd also like to have a list of everything you can do in the new hospital, right next to your bed,” he said.

Y@K members are not shy in speaking their minds.

“They're interested in the new hospital. They also love the staff and that's why we've got the cool-o-meter”, Jordan said.

Y@K is developing a website which will provide information on all things Y@K. Once the Y@K page is up and running on the RCH website, the cool-o-meter will be launched. It will be a fun test for staff to see how cool they are towards kids, and it's a project Y@K members are excited about.

The RCH is keen to ensure Y@K continues to involve more young people, and more departments become aware of how they can tap into young people's thoughts and ideas.

Any young person who is involved with the RCH and would like to have a say, is welcome to join Y@K.



health promotion

Providing healthcare is not just about treating people when they are ill. At the RCH we place a premium on health promotion, taking steps to help prevent injuries and illnesses in the first place. Whether it is tackling whooping cough, encouraging healthy eating, or being safe around dogs, we are here to help.

Immunisation Service

The RCH is the only hospital in Australia with a dedicated immunisation service. It plays a key role in the hospital's commitment to disease prevention and health promotion, and has set a national benchmark for the way immunisations can be provided in hospitals.

The centre provides three core services: a weekly immunisation outpatient clinic, a telephone advice line, and a drop-in centre.

Centre staff see up to 90 families a day, providing more than 12,000 vaccines each year to children, their siblings, parents and grandparents. Some people drop in to get an overdue vaccine, or to ask questions about immunisation. Each time a patient or parent walks through the door, they are greeted with a friendly smile.

Children can fear injections and the service has an active plan to disassociate injections with pain. An injection is called a 'prickle', and parents are encouraged to tell their child they have "done so well" with the prickle.

The Immunisation Centre has a commitment to transparency. Staff talk about possible side effects of immunisation. While very few people have side effects, the centre believes it is important information for families to be informed. The service is also working towards zero errors. If an error is made, staff explain what has happened, and how it will be fixed. If there are language difficulties, interpreters are used.

The Immunisation Centre's telephone advice line is used by parents and medical professionals. It receives and answers more than 6,000 immunisation calls a year. GPs and paediatric doctors from other hospitals, as well as pharmacists and health centre nurses ring for advice. Importantly, the telephone advice service offers timely support when an immunisation error has occurred in the community, and guidance is needed.

As part of the centre's preventative health approach the Immunisation Centre engages with community groups to share its knowledge. Centre staff teach pain minimisation techniques, they talk about distraction techniques that work, and they've made a teaching DVD showing the techniques used at the drop-in centre.

The immunisation team also provides updates for GPs, maternal and child health nurses, medical students and other hospitals on developments, trends or problems in immunisation. Immunisation staff from around the country come to the RCH Immunisation Service to learn.

The Immunisation Service wants to broaden its reach and hopes to encourage more indigenous families to use their services.

Sisters Imogen and Sari had injections at the RCH Immunisation Centre



Filling the Gaps

Health prevention and promotion programs require commitment from individuals and organisations dedicated to delivering sustainable results. Such is the collaboration between RCH Nutrition and Food Services and the state funded program 'Filling the Gaps' designed to actively promote healthy eating and physical activity.

Twelve years ago, RCH Nutrition and Food Services became involved in the Filling the Gaps program. At the time, obesity was not on the radar and barely rated a mention in the media or wider community. But with more children presenting with weight issues at the RCH, action was needed to deal with the trend and RCH Nutrition and Food Services staff were keen to be involved. They saw Filling the Gaps as an integral part to delivering messages about healthy eating and being active. It was a great way to work towards prevention of disease and promotion of better health.

Together with the Murdoch Childrens Research Institute and the Australian Catholic University, who helped make up the Filling the Gaps team, the three collaborators developed information, resources, tip sheets and expertise about nutrition and physical activity for kids aged 0–12, with special attention paid to 0–2 year-olds and vulnerable and hard to reach communities.

Under the program, maternal and child health nurses, school nurses and other healthcare professionals can attend seminars, forums and information sessions to learn about how to measure children's weight, and how to approach families when raising the issue of weight. They also spread the message that good eating and being active are important for a range of reasons, not just to help children grow to be a healthy weight.

Kay Gibbons is the manager of Nutrition and Food Services at the RCH. She says the rise in obesity has seen the Filling the Gaps program change from focusing solely on nutrition, to nutrition and physical activity.

"We now put a lot of emphasis on the role of play. It's needed to help children grow socially and developmentally, as well as physically. We have just made a DVD on the importance of active play in young children," she said.

"Our information is evidence-based and focus group tested. We go to great lengths to make sure families understand our message very clearly," she said.

Much of the information used in the Filling the Gaps program is translated into other languages, and RCH peer educators are used to help spread the better eating and active play message to people from different cultural backgrounds.

Information for families is available on the Kids – Go For Your Life website. RCH Nutrition and Food Services staff also write articles on physical activity and nutrition on the state government's Better Health Channel website.



Dogs ‘n’ Kids

Safety is an integral part of health prevention and promotion and the RCH Safety Centre actively promotes safety initiatives throughout the community. The centre looks at common issues where education and resources can build awareness to prevent injuries – such as preventing dog bites.

Each year, more than 1,600 people in Victoria are bitten by dogs, and present to hospital emergency departments for treatment. Recent research found children aged two are at highest risk of dog bites.

In 1997, the Safety Centre saw a need for more information about dogs and kids, and joined forces with the Injury Prevention Working Party and the Petcare Information Advisory Service to produce the first ever *Dogs ‘n’ Kids* brochures and booklets. Since then, the RCH has produced thousands of booklets, and hundreds of thousands of brochures, providing them free of charge across Australia to health professionals and parents.

The brochures and booklets specifically address things like responsible pet ownership, how to choose a suitable dog, how to avoid or minimise dog bite injuries, what to do if your child wants to pat a dog, how to read a dog’s body language, and what health issues to look out for in dogs.

In December 2009, the third edition of the *Dogs ‘n’ Kids* information was launched with the help of swimming great Matt Welsh, his wife Lauren Newton and their son Sam, pictured.

Dogs ‘n’ Kids has also been printed in Turkish, Arabic, Italian, Mandarin and Vietnamese to reach a wider audience. It is used by local governments to encourage the safe enjoyment of dogs, and has been presented at national and international conferences.

For more information, visit the RCH Safety Centre website.



Victorian Infant Hearing Screening Program

Hearing impairment affects people of all ages, including newborns. For these very young patients, early diagnosis of hearing problems is critical to their long-term language, learning and communication development.

That is why universal screening of all newborns is so important and why the RCH managed Victorian Infant Hearing Screening Program (VIHSP) has continued to grow since newborn hearing screening started operating in 2005.

Screening is used to detect babies at highest risk of hearing loss with approximately 4,000 newborn hearing screens done each month. It’s a quick and simple test to check the infant’s hearing and is conducted at the bedside, with results available straight away.

Without a screening program, babies often aren’t identified or diagnosed until at least one year of age, and often as late as two or three years, after which time language delays become clear. These babies are at higher risk of having poorer long-term outcomes in language and learning. Around 70 babies are born each year in Victoria with a permanent hearing impairment of moderate or greater degree.

Since 2005 VIHSP has screened more than 144,000 babies for congenital hearing impairment and with funding by the Victorian government, this year has seen the roll out of VIHSP to regional hospitals across the state. As of 30th June 2010 newborn hearing screening is offered to all babies born in regional maternity hospitals and a total of 78% of all Victorian births.

Hearing screener Dilukshi Attanayake with Peri



tell us what you think

Where did you get this report?

(Please tick)

- ☐ In the mail
- ☐ At the hospital
- ☐ Online
- ☐ Other (*please specify*)

What did you like most about this report?

[illegible]

What did you like least about this report?

[illegible]

Do you think the report is:

(Please tick)

- ☐ Too short
 - ☐ Too long
 - ☐ About right

Do you think the report is:

(Please tick)

- ☐ Easy to understand
- ☐ Difficult to understand
- ☐ About right

Indicate what information you would like to see in future:

(Please tick)

- ☐ Stories about patients and families
- ☐ Stories about staff
- ☐ Stories about hospital innovations
- ☐ Hospital data
- ☐ Information about how we keep you safe in hospital
- ☐ Information about management of feedback and complaints
- ☐ Tips on quality and safety
- ☐ Other (*please specify*)

Thanks for your feedback

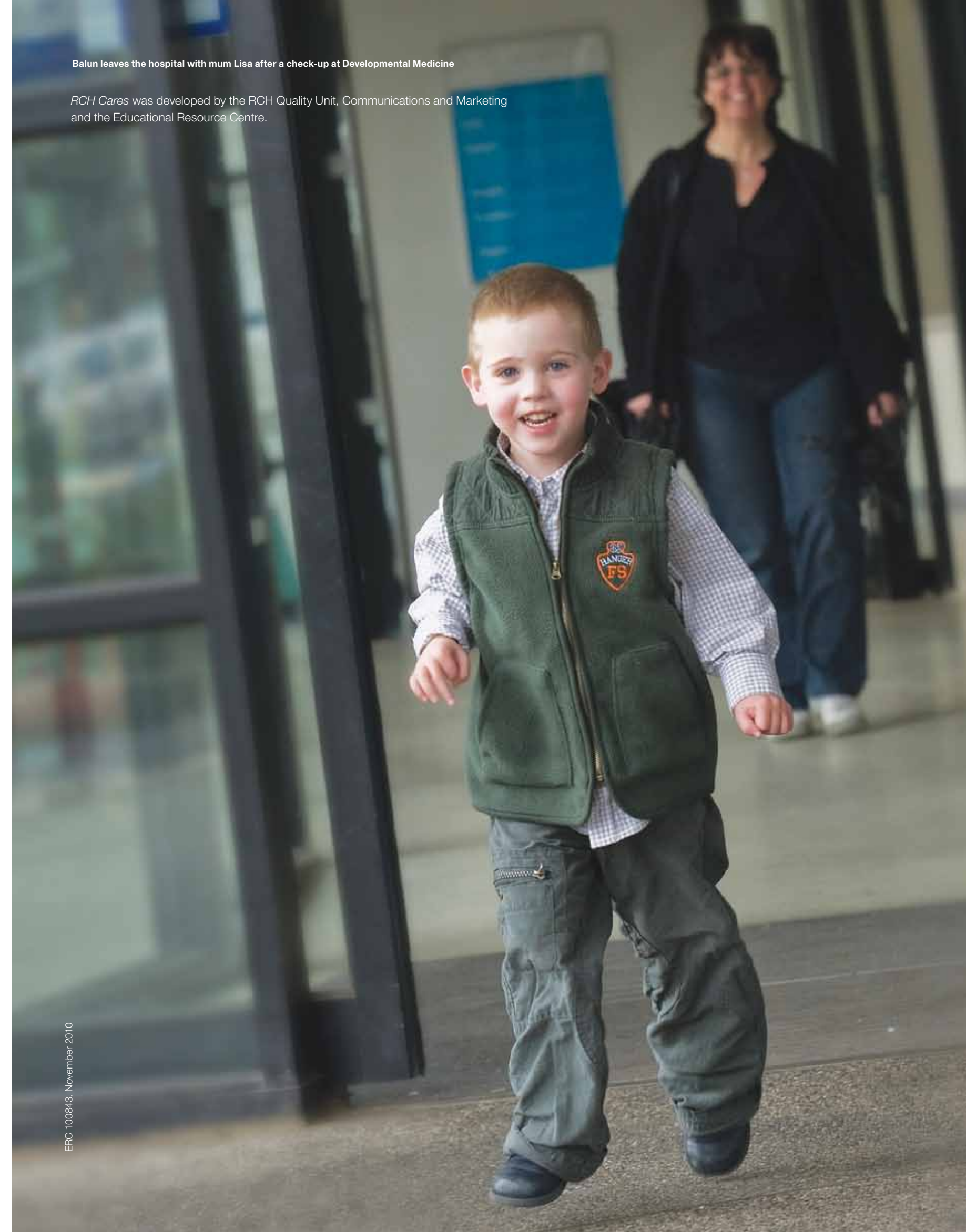
Your feedback helps in the development of future Quality of Care reports.

Please send completed form to:

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Quality Unit
The Royal Children's Hospital
Flemington Road, Parkville Victoria 3052

Fax: (03) 9345 5050

Or email your thoughts to: clo@rch.org.au



Balun leaves the hospital with mum Lisa after a check-up at Developmental Medicine

RCH Cares was developed by the RCH Quality Unit, Communications and Marketing and the Educational Resource Centre.



The environmentally accredited paper used for this publication is made up of 55% recycled fibre.

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