Quality of Care Report 2010–11

For patients, families, carers, staff and community

The **Royal Children's Hospital** Melbourne

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 hospital wards, in outpatient areas and Emergency.

The report was also mailed to every healthcare service in Victoria, including child health support groups, GPs and community paediatricians. An online version on the RCH website has been visited 3,980 times. This year we are using the same distribution process.

A dedicated team of staff has put this year's Quality of Care Report together. Keen to seek feedback from readers of the 2009–10 Quality of Care Report, we consulted the RCH Board, Community Advisory Committee, Family Advisory Council, Youth Advisory Council, Cultural Diversity Committee, patients, families, visitors and staff. We also invited feedback via an online survey. We considered comments from the Department of Health (DoH) about previous reports and consulted the revised guidelines from DoH.

Feedback on last year's report

Liked

- Patient, family and staff stories
- Loved the historical snapshot
- Attractive, current and easy to read
- Reading about consumers' positive and meaningful experiences
- Statistics
- Loved the story about how young people are influencing decisions and making change
- Great design

Disliked

- The reporting about negative feedback and errors; I understand the desire for balance, but generally with these types of reports people will accept the positive nature of the content
- The hand hygiene information, while important, is so prominent around the hospital, it took up valuable space in the report. I'd have preferred to see other information regarding real-life stories, stats and people

Our vision

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

Our values

Unity, Respect, Integrity, Excellence

Welcome

Welcome to The Royal Children's Hospital Quality of Care Report 2010–11.

In our 140 year history, 2011 will surely be remembered as one of the most memorable years as we prepare to move to our wonderful new home.

Our new state-of-the-art hospital features the very best in world class design, setting a new benchmark for paediatric hospitals around the world.

Our new hospital is without question a landmark in planning, thinking and design. Nothing has been left to chance and the children of Victoria and around Australia, and indeed the world, will benefit from these first-class facilities.

Committed to our vision, we continually change and improve to meet the needs of our patients and staff, the expectations of our community and, of course, to maximise the potential of our new hospital.

Our new hospital features the latest technology and new and improved models of care in support of our commitment to rigorous quality and safety policies and procedures.

"This year will surely be remembered as one of our most memorable, as we prepare to move to the wonderful new Royal Children's Hospital."

In the past year, we have reviewed and improved our clinical governance framework to help all staff deliver quality care. We have also improved quality and safety protocols and processes. This includes the introduction of the new Victorian Health Incident Management System (VHIMS), a revised patient identification process, and the standardisation of all intravenous dressings and bandages.

Consumer and community engagement is critical to our success. Three distinct groups of the RCH, in particular, provide invaluable consultation to the RCH Board, Executive and staff—our Community Advisory Committee, Family Advisory Council and Youth Advisory Council.

Our commitment to improving care for Aboriginal and Torres Strait Islander patients and families is illustrated in a feature focusing on our Wadja Model of Care, which provides a friendly space, a dedicated health clinic and easy access to services.

Cultural diversity is a touchstone at the RCH and our Cultural Responsiveness Plan 2010–13, and its achievements, are detailed in this report.

Everyone at 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, Respect, Integrity and Excellence.

I hope you enjoy our Quality of Care Report 2010–11 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

Strategic plan

VISION	The Royal Children's Hospital, a GREAT children's hospital, leading the way					
MISSION	The Royal Children's Hospital improves the health and wellbeing of children and adolescents through leadership in healthcare, research and education					
STRATEGIC GOALS	Deliver excellence in healthcare	Realise the potential of the new RCH	Support and strengthen the RCH team	Enhance community and stakeholder support	Maximise campus-led research	Provide excellent education, development and training
OBJECTIVES	Pursue perfection in healthcare quality and safety Provide leadership in paediatric healthcare innovation Create better experiences for patients and their families	Deliver sustainable improvements to hospital systems Relocate safely and efficiently to the new RCH Harness the opportunities created by our new environment	Attract and retain talented and skilled team members Promote the safety and wellbeing of our team members Celebrate achievement	Ensure financial sustainability Enhance relationships with our metro and rural service partners to improve paediatric healthcare in Victoria Optimise our community support	Grow our research effort Improve patient outcomes by translating research into clinical practice Enhance the campus reputation for delivering internationally recognised research	Create a world-class precinct that facilitates learning Educate the paediatric healthcare professionals of the future Develop our leaders
VALUES	Unity, Respect, Integrity, Excellence					

Staff, families, visitors and stakeholders all worked together to develop the RCH Strategic Plan 2010–13.

Developed in the spirit of our values of unity, respect, integrity and excellence, it celebrates past achievements while looking forward to one of the most exciting times in our 140 year history. It also reaffirms our commitment to our continuing vision as a great children's hospital, leading the way.

The strategic plan informs business and departmental planning processes over the next three years, with many of the initiatives well underway.

It will be reviewed on an annual basis and if necessary we will add new actions to better meet the opportunities or challenges before us.

Staff, families, visitors and stakeholders all worked together to develop the RCH Strategic Plan 2010–13.

Accreditation

The Royal Children's Hospital (RCH) takes part in the Australian Council on Healthcare Standards (ACHS) accreditation program, known as the Evaluation and Quality Improvement Program 'EQuIP'.

In 2010–11 we participated in one of the most important stages in the four-year cycle of accreditation, the Organisation Wide Survey. This four day surveying process was the culmination of months of preparation, which resulted in a glowing report for our hospital.

Surveyors applauded the transformation and redesign work, access improvements in surgery and outpatients, our commitment to quality improvement, consumer engagement, HR initiatives, the work of engineering and security and our approach to research across the RCH campus.

It was commented that the RCH is effectively and successfully managing and operating through a significant time in its history.

One of the purposes of accreditation is to identify where we can improve. As a result, the RCH is working on a range of improvements including:

- processes to ensure the timely completion of discharge summaries
- increasing training of staff regarding use of the pressure ulcer risk assessment tool
- identifying opportunities to benchmark the number of falls in our hospital with other paediatric organisations

FRONT COVER
RCH patient Anthea

Contents

Your say

We strive to ensure a great experience for every patient, every family, every time.

Alice with sons Luis (standing) and Sam, who receives care through RCH@Home (see page 38)
OPPOSITE RCH consumer liaison officer Diane Watkins

The Royal Children's Hospital recognises the value of feedback, both positive and negative, and all comments are seen as an opportunity for improvement.

We encourage all patients and families to discuss any concerns they may have about the care they received, the level of customer service and the facilities and staff.

Our consumer liaison officer Diane Watkins is a dedicated point of contact to help parents, families and visitors deal with their concerns.

Feedback can be via email, fax, letter, telephone, or using feedback forms available at the hospital or on the RCH website.

All comment is entered into a database that collects details about any incidents, compliments or complaints.

It is then distributed to the relevant department or division which must review and respond within 30 days.

All complaints are resolved as a joint problem solving exercise involving the family and staff from the relevant hospital department or areas. Family and staff are kept fully informed throughout each phase of the resolution process.

All feedback is reported to the Clinical Quality and Safety Committee and the Board Quality Committee.

Much of the feedback we receive is positive, and complaints have been steadily declining. In 2010–11 there were 275 reported complaints—down from 369 in 2009–10, 401 in 2008–09 and 520 in 2007–08. The main areas of concern included patient access and communication.

With 41 per cent of complaints relating to communication issues, managers are working closely with their staff to improve skills in effectively engaging with patients and families. Every complaint is followed up. Some have led to improvements in our processes and changes at the hospital.

Complaints

Dear Diane,

We were provided with a prescription when our child was discharged from hospital. But when we presented it to our local pharmacy it could not be filled as the medication was not available at a retail pharmacy. We had to return to the hospital the next day to get the medication.

Diane: We understand the frustration that a situation like this can cause.

We identified that there was a lack of information for staff about medications not available at retail pharmacies. We organised for the hospital pharmacy to provide a list to each ward of the drugs (mainly analgesics) that are not available at retail pharmacies. Education was also provided to staff, including medical staff, about where to find this information when prescribing medications for the hospital's after hours pharmacy, and hospital pharmacy staff circulated this list and information to all clinical areas.

This improvement project was completed in eight weeks.

Dear Diane,

A scan was organised for our son. The appointment letter that arrived was a one page generic letter with very basic instructions on what preparations were required for a general anaesthetic. We would have expected more information such as:

- **Length of scan**
- **Fasting time**
- **The actual appropriate time that the scan will take place (not the appointment time, as these were two different things)**
- **Tips on how to prepare a toddler for the scan**
- **And lastly, tips on how to help a toddler fast for that length of time**

Diane: The RCH strives to ensure that children and their families receive quality care at all times, so it is of concern to us when our care or services result in undue distress.

Any complaint is addressed in a serious manner and involves discussions with all relevant staff and management.

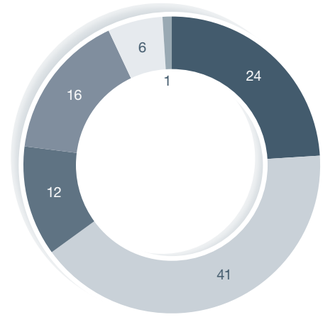
The constructive feedback you gave highlighted the need for additional information to aid patients and parents through the demanding pre-procedure period. Based on your feedback, a review of the appointment letter template currently used for CT appointments requiring a general anaesthetic as an outpatient has been completed and changes have been put in place.

There is also additional information, in the form of internet links on our hospital website. These links inform patients and parents about what to expect and what services are available.

On behalf of the RCH I thank you for ensuring that I was informed of your concerns. Feedback from families is very important in assisting us to provide the best care and service for children and their families. If you would like to discuss your concerns further please do not hesitate to contact me.

"Your hospital is world class and a fantastic asset for Melbourne."

COMPLAINTS, FEEDBACK, ISSUES



Compliments

"I attended the Emergency Department yesterday with my son Dan. I would just like to say a big thank you to all your staff who were so professional and helpful.

From the moment we arrived, and the triage nurse apologised that we would have to wait 20 minutes, we knew we were in the right place.

The doctors and nurses were very calming and went to great lengths to provide distraction during the difficult procedures.

Even the volunteers who took the time to get us a cup of coffee and bottles for the kids were brilliant.

All tests and scans were done so quickly and the information was passed on to us very clearly and promptly.

The fact you have the foresight to use a play therapist is just fantastic.

I must admit your hospital is world class and is a fantastic asset for Melbourne, and you should be very proud. If you could pass on this email to your team I would appreciate it."

"To all the wonderful staff in 4 Main. A big thank you for taking care of my daughter and I when we had our two week stay recently. Your friendliness and helpfulness made what could have been a very unpleasant time into a more tolerable one."

Quality in practice

Divisional quality committees strengthen our safety and quality structures and ensure all staff are involved in improving the care of our patients and hospital processes.

These committees, such as the Division of Surgery Quality Committee, support hospital departments within its division to implement safety and quality initiatives, with a formal evaluation process.

The Division of Surgery Quality Committee meets monthly, with representation from surgeons, anaesthetists, nursing and allied health staff.

The committee has worked closely with staff to:

- improve safety checks in the operating theatres
- review other safety and quality measures that are important within surgery
- survey families about their level of understanding about their child's surgery

RCH surgeon Michael Nightingale, anaesthetist Nick Martin and nurse unit manager Annelise Larsson

Many people, one focus

Quality of care and patient safety are everyone's responsibility at The Royal Children's Hospital.

The Department of Health's clinical governance framework describes the systems and processes health services have in place so they can monitor the quality of care they provide, and work to continuously improve that quality of care.

In 2011 we reviewed The Royal Children's Hospital (RCH) clinical governance framework to keep improving our quality and safety systems and processes, and help all staff to deliver quality care. Under our Quality Plan we have worked to define responsibilities associated with various staff roles.

Within our clinical governance structure, divisional quality committees form the link between clinical governance committees and all staff at a local level.

Quality managers work with divisions to assist with the implementation of quality and safety processes and systems.

We know that senior leadership in safety and quality is critical. This is reflected through the membership of our many clinical governance committees, including the Patient Safety Committee.

This group reviews recommendations that are made following investigation of adverse events and monitors implementation and effectiveness in improving patient safety.

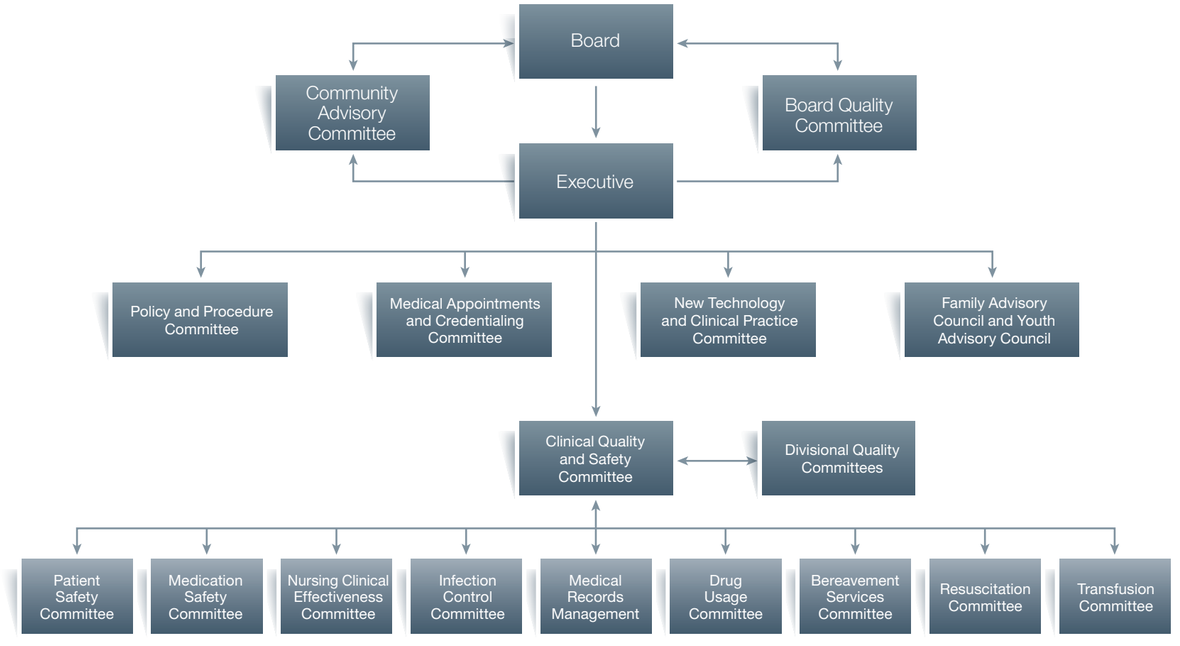
The Patient Safety Committee reports to the Clinical Quality and Safety Committee, chaired by the RCH Chief Executive Officer Professor Christine Kilpatrick.

Divisional quality committees link clinical governance with staff at a local level.

The Clinical Quality and Safety Committee monitors and responds to all aspects of clinical quality and safety across the RCH.

All clinical divisions are represented on this committee and the minutes are provided to the RCH Board of Directors Quality Committee.

The RCH clinical governance framework is available to all staff on the intranet, along with terms of reference for committees and procedures about systems such as complaints management and incident reporting. Quality and safety issues are raised in many forums across the organisation, including the monthly CEO staff forum which all staff are encouraged to attend.



Y@K member Tailah Griffin, FAC chair Shane Thomas and CAC member Andrea Murphy

Our partners in care

At The Royal Children's Hospital, consumers are represented by three complementary groups—our Community Advisory Committee, Family Advisory Council and Youth Advisory Council.

In close partnership with the The Royal Children's Hospital (RCH) Board, Executive and other staff, they have a say about clinical aspects of care, the physical environment and the overarching programs and strategies that improve the hospital for patients, families and staff—key to helping the RCH realise its vision as a great children's hospital, leading the way.

Family Advisory Council (FAC) chair Shane Thomas, a parent who first experienced the RCH 16 years ago, has spent the past four years advocating for family-centred care and creating opportunities for the voices of parents and carers to be heard.

Youth Advisory Council (Y@K) member Tailah Griffin brings a different, but equally important, perspective—that of a sibling who's grown up spending months at the hospital with her sister, and hospital patient, Jordyn.

Growing up, Community Advisory Committee (CAC) member Andrea Murphy spent long periods of time as an RCH patient, being treated for Hodgkin's lymphoma. Years later, she brings expertise from many years of involvement with Very Special Kids, supporting families of children with life-threatening illnesses, in both clinical and management roles. Andrea has been a member of the CAC since 2004.

Their roles

The FAC's objective is to promote, support and improve patient and family-centred care.

"The key is collaboration. We're committed to working with the hospital to achieve truly patient and family-centred care," Shane said.

The Y@K's philosophy is simple.

"We come together to share ideas and advice about how to make the hospital a better place for all children and young people," Tailah said.

"We want to allow all young people to have their say!" she added.

Andrea explains that the CAC's role is to provide advice to the RCH Board and Executive in relation to consumer, carer and community perspectives.

"We also provide advice on strategies around community engagement," she said.

The RCH Consumer Participation Plan outlines a formal strategy for consumer engagement activities and provides an annual update directly to the Department of Health.

"Our work is centred around the community participation plan, with the theme for every CAC meeting determined by the priorities set in the plan," Andrea said.

The year in review

Shane, Tailah and Andrea explain that each group had key priorities for 2010–11 to ensure all stakeholders are well represented.

"Over the past 12 months, the FAC aimed to increase its membership and increase parent membership on various hospital committees," Shane said.

The FAC believes that a great deal can be achieved when families are represented on various hospital committees.

"We provide a valuable perspective. One of the most important ways families can contribute to making the RCH the best it can be is by sharing real-life experiences when decisions are being made about hospital policies, procedures and services," Shane said.

Shane has been on the Clinical Quality and Safety Committee for two years, along with FAC member and former chair Susan Biggar.

"As parents, we're part of the team directly looking after our children's health, so it makes sense that we're part of the committees that oversee how healthcare is delivered in the hospital," Shane said.

A highlight for the year was the reinstatement of a part-time Centrelink staff member to support families in the hospital, a move significantly influenced by the voice of consumers.

The Y@K's focus has been to broaden the ways children and young people can have a say. One of these was the inaugural RCH Youth Forum in August 2011.

"Much of our year was taken up planning for the forum, which aimed to bring together patients, siblings, friends and other young people linked to the hospital and ask them what's important, their thoughts on youth health and improving the hospital experience," Tailah said.

In 2010, the RCH took part in a national audit and development of child and youth rights in a hospital setting, coordinated by Children's Hospitals Australasia. This was followed by a presentation by the Y@K at the Children's Hospitals and Women's Hospitals Australasia annual conference in Melbourne, in November 2010.

Three members presented their own experience of being involved in the Y@K, as well as how their rights as young people of the RCH are upheld.

"We focused on right 2.2 because that's what Y@K is all about—having a say, having a voice and feeling confident to use it," Tailah said.

Tailah says that Y@K has continued to get the word out.

"This year we've produced an information booklet inviting young people to join and our website is now up and running. It's aimed at other patients to attract more membership, but also at staff so they can tell everyone who we are!" Tailah said.

Attendance at various conferences has allowed the FAC and the CAC to share the RCH experience with others, as well as learn from, and build networks with, consumer representatives from hospitals across Australia.

In the past 12 months the CAC has met with, and provided feedback to, our Young People's Health Service, Interpreter Services, Nursing Workforce Development, Wadja Aboriginal Family Place, the New RCH Project team, Integrated Mental Health and Ethics.

"It's critical to have systems in place, to make sure you can monitor and, importantly, evaluate and improve what you do. The CAC helps the hospital achieve this," Andrea said.

The new Royal Children's Hospital

All groups have had input into the new RCH. In the last 12 months, the FAC has worked closely with staff to improve systems to carry across into the new hospital.

"We've been involved in planning the systems that are going to be taken over to the new hospital. For example, I was on the inpatient model of care steering committee and the surgical journey working group—a definite highlight for me," Shane said.

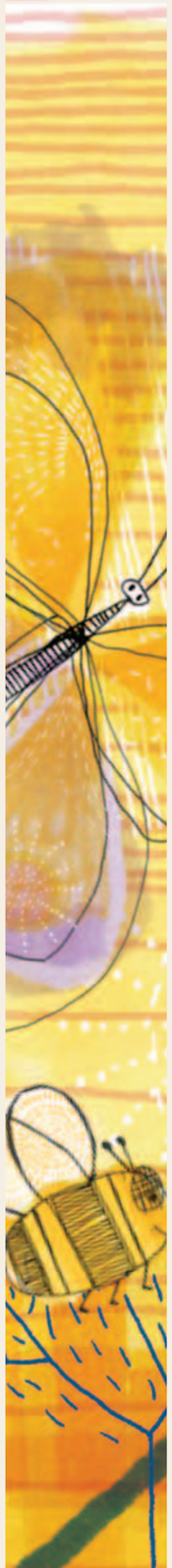
The Y@K has brought an adolescent perspective, along with extensive consultation involving children of all ages from across Victoria.

"We've been involved in things like the interior design, a health food policy and we were the deciding vote for the artwork for the new hospital's wayfinding strategy," Tailah said.

The CAC was consulted in the planning, design and development stage.

"The committee has continued to receive presentations and progress reports at meetings and opportunities to provide feedback," Andrea said.

They're all excited about the new RCH.



"I like the way the new hospital is structured. It's inviting for patients and families, and looks like a great place to work," Shane said.

Andrea agrees.

"The design feels as though it's inviting the whole community in," she said.

"I think the move itself, the state-of-the-art facilities and a well designed environment will generate energy and provide a valuable opportunity to take a look at everything the hospital does and ask, 'Is it working well?', 'How could we do it better?' People get that energy from improvements to their physical surroundings," Andrea said.

Shane and Tailah are also impressed by the 85 per cent single inpatient rooms and the parkland views most inpatients and their families will experience.

"I'm also looking forward to faster lifts!" Tailah said.

Collaboration and representation

The next step for all three groups is to increase input from culturally and linguistically diverse communities. They're also exploring ways to work together to strengthen their individual roles.

"We can definitely learn from each other," Shane said.

Andrea and Tailah agreed.

"We're starting with increasing communication between the groups. Presentations to each other about our priorities and aims for the year will be very helpful," Andrea said.

Get involved or find out more:

Family Advisory Council
Email: fac@rch.org.au

Youth Advisory Council
Email: youthatthekids@rch.org.au
Website: www.rch.org.au/yac

Community Advisory Committee
Email: peter.bunworth@rch.org.au
Phone: (03) 9345 4842

"Families contribute to making the RCH the best it can be by sharing real-life experiences."

Part of the artwork that makes up the wayfinding strategy at the new RCH

Improving care for Aboriginal families

Wadja means ‘children’ in the Wurundjeri language, but at The Royal Children’s Hospital, it also means a friendly space, a dedicated health clinic, easy access to services and dedicated staff—all making a positive difference to our Aboriginal and Torres Strait Islander families.

Aboriginal case manager Selena White has worked at The Royal Children’s Hospital (RCH) for six years, after relocating to Melbourne to further her career in Aboriginal health and also to seek specialist care for one of her three daughters.

Selena spends 75 per cent of her time in direct contact with Aboriginal patients and families, providing practical, cultural, social and emotional support.

“I support families from the very beginning, right through until they go home, and then as outpatients,” Selena explained.

“I liaise with staff on the wards and medical teams, help coordinate appointments and treatments, find accommodation, assist with travel, and I am available to chat or help find answers to their questions—anything really!” she said.

In 2010–11, the RCH cared for 743 patients who identified themselves as Aboriginal or Torres Strait Islander. Combined, these children and young people attended 1,907 outpatient appointments and had 457 hospital stays. Selena, along with other Wadja Aboriginal Family Place (Wadja) staff, supported each and every one of them.

Wadja staff, including two case managers, two paediatricians, two Aboriginal health workers, a coordinator and an administration and family support worker, meet regularly to discuss how families are going and where they may be able to offer extra assistance. In the past year, a teacher from the RCH Education Institute has also started working closely with the team to support patients’ learning and education needs.

“Our team has grown in the past couple of years, so now we can make sure every family gets the support they need. We look at the whole family, including patient, parents and siblings, and their community when required,” Selena said.

RCH Aboriginal case manager Selena White with RCH patient Honor and her mum Rhonda

The number of RCH patients in 2010–11 who identified as Aboriginal or Torres Strait Islander

743

One such family is Rhonda and her seven-year-old daughter Honor, who travel to The Royal Children’s Hospital from Darwin two to three times a year. They have done this since Honor was two days old, when she was flown from the hospital where she was born to the RCH, due to heart complications.

Since then, Rhonda and Honor have built a home away from home, with the support of Wadja staff, including Selena. They have developed a close and trusting relationship over the past six years, while Honor’s complex health needs have been addressed by many departments across the RCH. Honor is seen by cardiac, gastroenterology, ENT (ear, nose and throat), dental and general medical. Among other medical issues, Honor has never been able to eat or drink. For the first year of her life she was fed using a tube through her nose into her stomach and has been fed through a tube directly into her stomach ever since. Selena also supports Rhonda to look after her own health care needs, in between managing the many appointments and hospital stays that Honor requires.

“The support from Wadja is wonderful. We have to travel a fair way from home to come here, but access to the family place, Selena and other Wadja staff are like having another family to come to,” Rhonda explained.

Families also support one another, through relationships they build while spending time in Wadja Aboriginal Family Place. Some families who visit the space are very shy to begin with, but Rhonda has developed many friendships just by spending time together in a relaxed, supportive environment.

“When you first come to the hospital, it can be full on. I’ve been here for long enough to know my way around but some families need to build confidence to access services, find their way around, use the public transport system, and visit other places near the hospital. Wadja helps,” Rhonda said.

Rhonda has also found Wadja Health Clinic general paediatrician Renata Kukuruzovic very helpful and supportive.

“In Honor’s appointments with Renata, we discuss her overall health and wellbeing, while appointments with other doctors focus on treatment for her specific medical conditions,” Rhonda explained.

“We also talk about school and have been put in touch with an RCH teacher,” she said.

The support we provide extends to making sure families’ needs are met in the community, once they leave the hospital. Selena, Renata and RCH teacher Barb Emblin are working with Honor’s school in Darwin to ensure the school staff can effectively manage Honor’s health needs throughout the school day.

The combined years of experience of Wadja staff mean they are well equipped to work through the unique, varied and cultural issues that Aboriginal families may face.

“We’ve also learnt from past experiences. Every Aboriginal community is different and every family is different. There are no set rules. But we do reflect on past experiences when working out the best way to help different families,” said Selena.

Many Aboriginal families spend days or even months at the hospital over a number of years, so it’s important they feel culturally safe within this unfamiliar environment. Key to this is the development of positive relationships, not only with Wadja staff, but with all staff.

Selena runs cultural awareness training for hospital staff and postgraduate nurses studying at The University of Melbourne. She covers topics such as advocacy, cultural safety and how to best work with families and build trusting relationships.

“As well as face-to-face training, we provide a range of online educational resources for our staff. The next step is making them available to the broader community and other agencies and services working with Aboriginal families,” Selena said.

Wadja staff and Aboriginal elders have provided guidance and advice to ensure the new RCH design is culturally inclusive and responsive to the needs of Aboriginal families.

Selena is excited about the move to the new RCH in November 2011 and the opportunities it presents.

“I’m looking forward to everything…the whole prospect of moving to a new location and a beautiful big space and garden,” she said.

“We look at the whole family, including patient, parents and siblings, and their community.”

“The Wadja Health Clinic will be centrally located with all the other specialist clinics.

“All of this really shows support across the hospital for meeting the needs of our families,” Selena concluded.

The evaluation of the RCH Wadja Model of Care includes formal documentation of the new model of care being piloted by Wadja at the hospital and involves qualitative measure of its success. The University of Melbourne Onemda VicHealth Koori Health Unit has been holding focus groups (yarnin’ sessions) with patients and families, staff of support organisations that refer families to the RCH and hospital staff involved in delivering service under the model of care.

A full report will be available in January 2012.

To find out more about Wadja Aboriginal Family Place, call (03) 9345 6111 or visit the RCH website.

The RCH Wadja Model of Care

Support for ALL Aboriginal and Torres Strait Islander patients with complex medical and social needs

Wadja Aboriginal Family Place, a dedicated space for Aboriginal and Torres Strait Islander families

Wadja Health Clinic, a weekly general medical clinic that provides medical, social, cultural and emotional assessment for Aboriginal and Torres Strait Islander children and adolescents

Cross-cultural education and training for RCH staff

Formal partnerships between the RCH and Aboriginal organisations and services

Cultural connection

The Royal Children's Hospital ensures that quality of care is available to all, uncompromised by any language barrier.

The interpreters at The Royal Children's Hospital (RCH) are a vital resource for patients and families from culturally and linguistically diverse (CALD) backgrounds.

In 2010–11 our interpreters provided 2,403 occasions of service for inpatients and 20,272 occasions of service for outpatients—a total of 22,675 for the year.

In the same period 10,279 patients, or 11 per cent of the patient population, were from CALD backgrounds.

The Director of the Interpreter and Non-English Speaking Background (NESB) Services at the RCH is Najat Maroki. She came to Australia from Iraq in 1990 and has worked at the hospital since 1995.

Najat has provided assistance to the Jajo family, who are also from Iraq, since their first RCH appointment in 2002.

Nahla Jajo regularly brings her two sons Elvir, 10, and Evir, 12, to medical appointments concerning their genetic condition, ataxia telangiectasia.

Through Najat, Nahla tells her story.

"We have been coming to the hospital since Elvir was two and Evir was three," Nahla explained.

"We have been seen by many, many areas of the hospital. We seem to be coming here for both my sons every other month. I could not do it without the interpreters," she said.

RCH paediatrician Dr Michael Marks says the Jajo family have complex needs.

"The whole family requires quite a lot of support. And while we can provide good medical care, the interpreter service is vital. We could not do our consultations so well without Najat," Michael said.

"Also, Najat understands this hospital and the families involved, and she is culturally very compatible," he added.

"Our interpreters make sure our patients and their families receive accurate information and understand the issues," he explained.

RCH Director of Neurology A/Professor Andrew Kornberg oversees the care of the brothers through the neuromuscular clinic.

"The interpreters are integral to the care of these patients. Without them, care would not be at such a high standard." Andrew said.

"Interpreters provide translations regarding clinical care, but also important information regarding cultural issues."

"But our interpreters also provide wonderful support for the families. Not only do they provide translations regarding clinical care, but also important information regarding cultural issues that may affect care," he said.

The interpreters link with RCH social workers who are embedded across all hospital departments to ensure effective liaison for patients and families.

As a social worker for the neuromuscular clinic, Leah Rotin is in regular contact with the Jajo family.

"Since I was assigned their case I have built a rapport with Nahla and the boys, to identify their needs and what they felt was important for them," she said.

"Of course, I couldn't do this effectively without our interpreters," she said.

"Sometimes CALD families miss out on services they need because they don't have the language to ask the questions.

"I advocate on their behalf with community services, ensuring they receive appropriate and ongoing support," Leah said.

Cultural diversity report card

The RCH Cultural Responsiveness Plan 2010–13 aims to provide a strategic and whole-of-organisation approach to meeting the needs of our diverse patients, families and staff.

Whole-of-organisation approach

- The RCH celebrated Cultural Diversity Week in March 2011 with traditional African music, Middle Eastern and Vietnamese food, Italian dance and an educational seminar about the diverse RCH community, particularly the growing African communities in Victoria.
- An information session about the new RCH was held for the RCH peer educators who work with the Arabic, Spanish, Italian, Mandarin, Cantonese, Vietnamese, Somali, Macedonian, Bosnian, Serbian and Croatian-speaking communities to deliver important messages about health and safety. They will play a key role in ensuring our CALD community is aware and ready for the move to our new hospital.
- Throughout March 2011, RCH teachers focused on the learning topic, 'We are one, but we are many'. Our patients and families explored Australia's cultural diversity and the many cultures, traditions and backgrounds that enrich the RCH and broader communities.
- We launched a cultural calendar of events for staff to promote and reflect the cultural and linguistic diversity of the RCH.
- An overview about our CALD community is provided to all new staff at their orientation session. This includes explanation of federal anti-discrimination legislation and an outline of the RCH Cultural Responsiveness Plan.

Leadership

- We have identified and trialled cultural responsiveness training opportunities for Executive, clinical managers and senior managers. It will be rolled out starting 2012, following the move to the new RCH.
- RCH Safety Centre Senior Project Coordinator Barbara Minuzzo received a Victorian Multicultural Award for Excellence, Service Delivery to Multicultural Victoria, for providing education programs and information promoting child safety to Victoria's CALD communities.
- Dedicated budget has been allocated for the development of a culturally-responsive workforce at the RCH.

Consumer participation

- The RCH Integrated Mental Health Program (IMHP) includes initiatives for consumer participation and community engagement, including a CALD reference group and cultural sensitivity training for staff.
- The RCH Cultural Diversity Committee is preparing to recruit CALD community members.

Accessible info

- A direct link to translated versions of *Your Guide to The Royal Children's Hospital* for patients, families and carers is available on the home page of the RCH website and scrolls through the six most-requested languages.
- The RCH Education Institute, in consultation with Interpreter Services, has translated an information pack for patients and families into six key languages.
- In the new RCH, Interpreter Services signage in 12 languages is prominently located at the main reception desk, every information point and all reception desks.
- The material explaining the consent process is to be translated into Vietnamese, Arabic, Turkish, Cantonese, Somali and Dinka in 2011.
- In 2012, the RCH will develop an online hub of translated resources for patients, families and staff, including information related to consent and understanding health care.

The percentage of RCH patients from CALD backgrounds

11

Evir with A/Professor Andrew Kornberg
OPPOSITE RCH patients Evir (left) and Elvir with RCH interpreter Najat Maroki, A/Professor Andrew Kornberg and the boys' mum Nahla

On the move

Opening in late 2011, the new Royal Children's Hospital will provide world-class facilities befitting our great hospital for children, families, visitors and staff.

We've created an environment that is uniquely designed for children and young people—spaces that are fun, stimulating and take healing beyond the bedside.

The design reflects growing evidence of the importance of nature and environment to the healing process, with a state-of-the-art building surrounded by native parkland, flooded with natural light and splashed with colour.

All inpatient bedrooms have views of the park, courtyards or gardens, with easy access to the outdoors. The new Royal Children's Hospital (RCH) also features interactive playgrounds, a coral reef aquarium, a bean-bag theatre and beautiful artwork to appeal to and engage children of all ages. The building is environmentally friendly and aims to be Australia's 'greenest' hospital.

In 1963, when the hospital we are leaving was first opened, the average length of stay for patients was 10 days, day procedures and same day admissions were unheard of, visiting hours for parents were limited to twice a week and visions of heart transplants, cancer survivors and curing epilepsy were just dreams.

Today, the average stay is 2.8 days, and parents not only stay at the bedside of their children but are seen as a critical part of the child's care team. Today, 80 per cent of children survive cancer and in 2010 we completed our 100th heart transplant.

Creature, the centrepiece of Main Street at the new RCH

"The new RCH will use technology and improved work practices to enhance the patient experience."

Our new hospital reflects how we care for patients now and in the future, and draws upon the very best in evidence-based design.

We've taken this opportunity to review our processes to ensure they reflect the world-class environment we'll be working in. With the capacity to care for an additional 35,000 patients every year, the new RCH will use technology and improved work practices to enhance the patient experience.

Patient paging is a buzz

A new system, designed to improve the flow of patients through Specialist Clinics, (outpatients), has been trialled at the RCH, and is now ready for implementation in the new hospital.

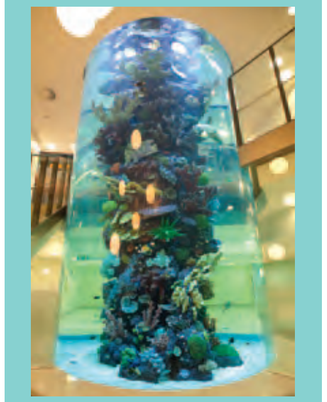
The Patient Calling System (PCS) is an information technology (IT) system that provides clinic doctors with an electronic patient list, alerts them when a patient arrives, and tells them when a nurse has seen the patient for any pre-consultation activity.

Patients and families will be allocated a hand-held pager which allows them to leave the clinic area and enjoy the many features of the new RCH, including Main Street, the aquarium and outdoor spaces, while they wait to see the doctor.

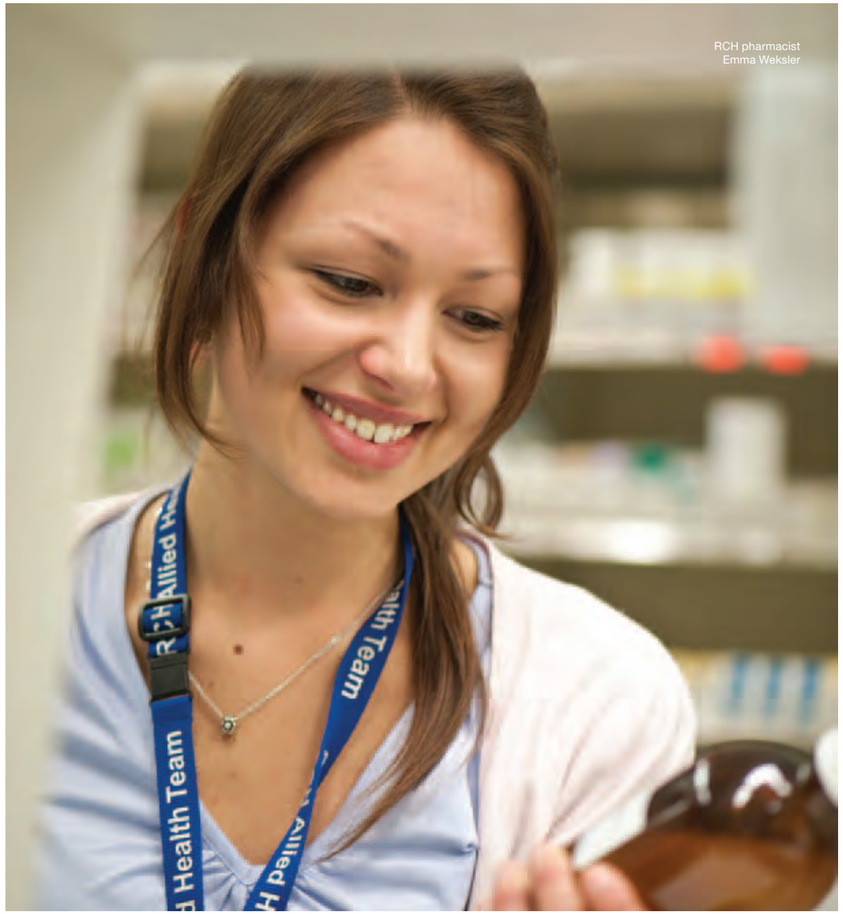
The pager buzzes and vibrates to alert the patient and family to return to the reception desk when the doctor is ready to see them. It also alerts the user if the pager is moved more than 400 metres from the reception desk.

Initially, the system will be launched in Specialist Clinics on the ground floor of the new RCH, but it is expected to be progressively rolled out to other clinics in 2012.

The system was piloted with staff and patients during 2011 and the feedback was very positive. Clinic staff will be trained and quick reference guides and operating manuals will be available to support the new system.



Aquarium in Main Street and Emergency at the new RCH



RCH pharmacist Emma Weksler

Pharmacy flow

As part of its transformation and redesign program, the RCH has improved pharmacy processes, in particular, changes to the main hospital dispensary workflow and trialled a pilot satellite dispensary (mini pharmacy) for one ward.

Dispensing workflow practices that had evolved over time in the main RCH pharmacy sometimes resulted in interruptions, duplication of processes, bottle necks and unnecessary travel to collect stock. It was also noted that storage systems could be improved.

The Pharmacy Working Group Steering Committee designed a new workflow, based on a successful model established by the UK National Health Service.

The principles of the new RCH workflow design include:

- separation of dispensing duties for pharmacists
- reduction of interruptions to dispensing
- increased efficiency
- reduction of potential errors with dispensing

The steering committee launched the pilot of the new main dispensary workflow model in December 2010.

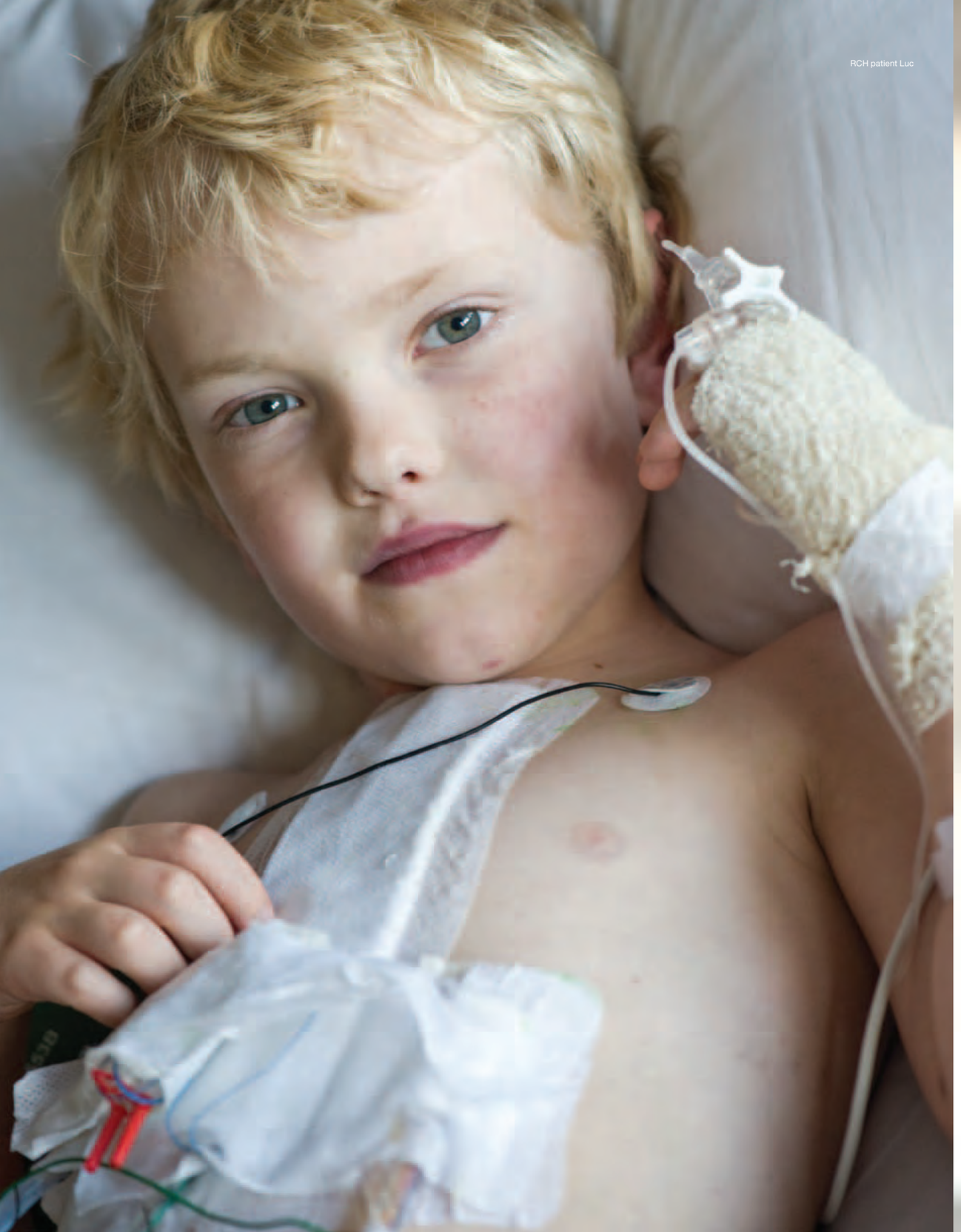
As part of that, they educated patients and families about the dispensary process.

The new hospital dispensary, which will also feature a sign that displays the estimated waiting time, will be in operation at the new RCH.

In July 2010 a pilot satellite dispensary was set up on the general medical ward at the RCH to test practices for the new hospital and analyse activity outcomes.

Following the success of this trial, there will be satellite pharmacies on each inpatient floor of the new RCH that will:

- provide a decentralised inpatient dispensary, with one satellite per inpatient floor
- reduce the need for a pharmacist to travel to the main dispensary for stock
- increase the time a pharmacist is able to spend on the ward, so they act as a clinical resource, educating patients and parents and consulting with medical staff on prescribing and medication matters
- improve dispensing and the patient discharge process



RCH patient Luc

Quality and safety counts

Everyone at The Royal Children's Hospital is committed to providing care and support of the highest standard, for every patient, every time.

In this section you will read about how we monitor, record and analyse all the data about our quality and safety and how we use that data to continuously improve our care.

A new reporting system

The Victorian Health Incident Management System (VHIMS) is a standard methodology used across Victoria to record and track incidents that occur in health settings and report feedback such as complaints, compliments and suggestions.

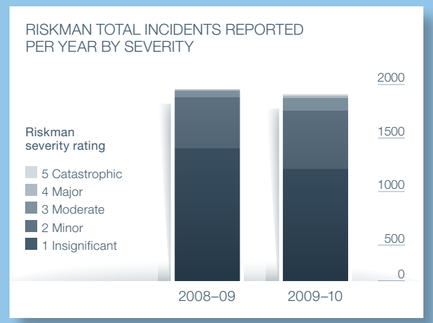
In February 2010, The Royal Children's Hospital (RCH) began the roll out of VHIMS, replacing the previous reporting system, Riskman.

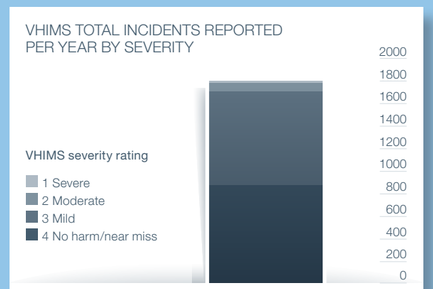
VHIMS allows state-wide collection, analysis and trend analysis of data, to enable the Department of Health to identify incidents and trends and share information with many health organisations to improve patient safety.

The RCH uses VHIMS to collect details about clinical incidents, record the response taken to ensure patient safety and identify ways to minimise the likelihood of a similar incident.

There are four categories to record the severity of an incident: 1. Severe, 2. Moderate, 3. Mild, 4. No harm/near miss. Riskman had five categories in reverse order i.e. '1 – insignificant' to '5 – catastrophic'.

Changing to VHIMS means that some of our 2010–11 data is not directly comparable with data from previous years; therefore some information in the following section is presented in two different graphs.





Patient safety

The Royal Children's Hospital (RCH) takes patient safety very seriously. Our aim is to identify and fix problems and potential errors before an incident occurs.

A clinical (patient) incident is an event or circumstance that could have led or did lead to unintended or unnecessary harm to a patient. When things go wrong, we have a procedure in place for reporting and managing these clinical incidents.

The RCH uses the Victorian Health Incident Management System (VHIMS) to record and track incidents. Staff members are required to enter an incident in VHIMS within 24 hours of it occurring. The appropriate manager reviews the incident within two working days of it being reported. The manager then investigates the incident, records factors that contributed to the incident and identifies system changes that will help reduce the risk of it happening again.

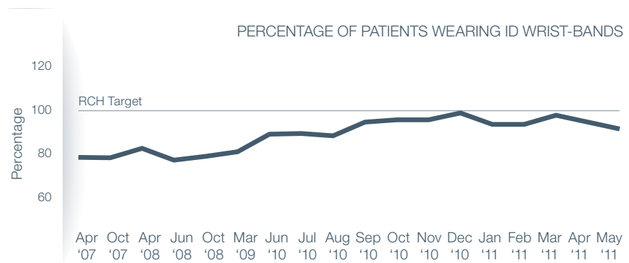
Patient identification

Patient identification is a critical part of the patient journey. Our revised process to make sure patients are wearing identification wrist-bands was recorded as a key improvement in our hospital-wide accreditation in November 2010.

In 2010–11, a group of staff and our Family Advisory Council reviewed the RCH Patient Identification Procedure. The procedure provides all of our staff with clear guidance on patient identification processes for all patients, including inpatients, outpatients and those in community settings.

Inpatients wear patient identification wrist-bands so staff can check they are providing the right care to the right patient. We have also communicated with parents and carers about the importance of their child wearing an identification wrist-band.

Nurse unit managers in 16 areas of the RCH conduct monthly patient identification wrist-band audits. In 2010–11, the average rate of compliance was 95 per cent. Nurse unit managers also document the reasons patients are not wearing identification wrist-bands and follow up on issues. The audits have been an excellent way of promoting safe practice and increasing understanding about our procedure.



RCH nurse Sarah Duncanson and Dr Niki Mahendrarariraj

Medical Emergency Team

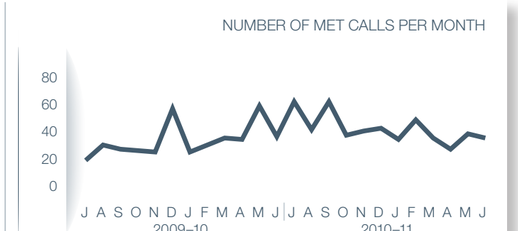
The 24-hour Medical Emergency Team (MET) system empowers staff at The Royal Children's Hospital to call for urgent medical help if they observe a patient's condition deteriorating.

When a MET call is made, the MET doctors and nurses respond immediately to assess and treat the child.

All staff have been encouraged to call for MET help sooner, and earlier interventions have resulted in improved patient outcomes. This has meant increased survival from cardiac arrests and significantly reduced hospital deaths.

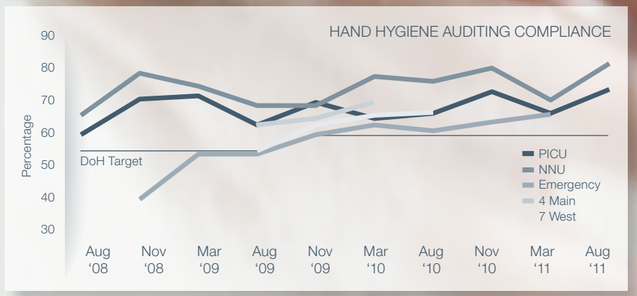
In 2010–11 there were 523 MET calls, compared with 440 in 2009–10 and 334 in 2008–09. The RCH is looking at further MET options including supporting parents to activate the MET system.

Since its introduction in 2002 the MET system has also led to other improvements in patient care and clinical practice, including new fluid balance charts and improved patient observation charts.



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 Royal Children's Hospital (RCH) participates in the Hand Hygiene Australia program to track how often our staff wash their hands. Led by the team in Infection Control, the program complies with Hand Hygiene Australia and World Health Organization (WHO) guidelines.

Audits of the hospital wards are conducted three times per year to ensure we achieve the Department of Health (DoH) benchmark of 65 per cent compliance. The average national compliance rate between March and June 2011 was 71.3 per cent. The RCH achieved 74 per cent.

Resources for staff and families are available on the 'RCH Wash Up' website, including a link to the annual competency quiz for clinical staff and students. Ward-based hand hygiene champions assist with education and auditing and encourage their areas to take ownership of their compliance rates. This graph (above) shows our performance for the last three years. Since November 2009 we have exceeded the DoH target for hand hygiene rates in all audited areas.

Whooping cough

Whooping cough, also known as pertussis, is an infection of the lungs which causes long bursts of coughing. Whooping cough is very easy to catch and is spread by coughing and sneezing.

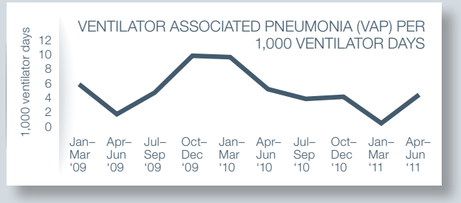
The number of cases of whooping cough reported to the Department of Health has rapidly increased since 2008, with over 4,000 cases reported between January and June 2011. As newborn and partially-immunised babies are at greatest risk of severe complications, all RCH staff are actively encouraged to be vaccinated against this disease. Over 900 staff have been re-vaccinated in the past year to ensure they don't catch or spread whooping cough.

Hospital-acquired pneumonia

Patients who require breathing support in the Intensive Care Unit (ICU) are at risk of developing infections such as Ventilator Associated Pneumonia (VAP). Since 2007 we have monitored our performance in reducing the risk of patients acquiring VAP by counting the number of ICU patients each month who develop pneumonia.

It can be difficult to diagnose VAP, particularly in children. The Royal Children's Hospital (RCH) puts interventions and evaluation in place to reduce VAP. Nursing staff record the angle of patient beds each shift to make sure it follows recommendations for VAP prevention and record the completion of strict mouth care procedures.

The rate is measured by the number of infections for every 1,000 days patients are ventilated. In the United States, the National Nosocomial Infection Surveillance (NNIS) database for paediatric ICUs reports a rate of about six cases of pneumonia per 1,000 ventilation days, with the highest rates in the two to 12 month age group. Rates at the RCH have been lower than this since early 2010.



Multi-resistant organisms

The Department of Health (DoH) requires all public hospitals to report significant infections caused by certain antibiotic-resistant bacteria.

It is important to monitor these resistant organisms so we can prescribe appropriate antibiotics and stop them from spreading.

Some patients may already have a resistant organism when they are admitted to hospital or can develop resistance from taking antibiotics.

Sometimes, resistant organisms can be transmitted to a patient while they're in hospital.

Correct antibiotic treatment, strict cleaning protocols and adherence to good hand hygiene practices help to minimise the development and spread of these organisms.

Patients with a multi-resistant organism infection will be separated from other patients as required.

One of the types of infections that the RCH reports to DoH is bloodstream infections caused by methicillin-resistant Staphylococcus aureus (MRSA) that are associated with hospitalisation. In 2010–11, we reported three infections caused by MRSA; a rate of 0.3/10,000 bed days. This rate is consistent with other Victorian public hospitals.

The RCH has increased surveillance for hypervirulent Clostridium difficile, a bowel organism that can cause severe antibiotic-associated bowel disease. There were no infections with this organism identified.

Occasionally, we detect clusters of Vancomycin Resistant Enterococci (VRE) and extended spectrum beta-lactamase (ESBL) which can cause infection.

Children's Hospitals Australasia is developing systems to allow paediatric hospitals to benchmark against each other.

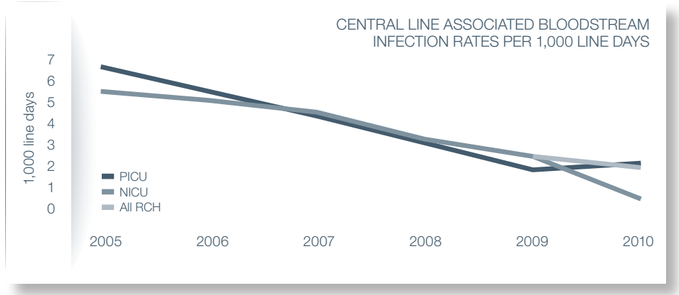
Bloodstream infections

Some patients need direct fluid replacement or administration of medicine into their blood.

To do this, we insert a catheter (tube), called a central venous access device (CVAD), into one of the veins near the heart. A team made up of a number of different health professionals oversees CVAD management at The Royal Children's Hospital (RCH). Nursing and medical staff who insert and manage CVADs are trained and follow strict protocols.

Since 2002 the RCH has monitored bloodstream infections in the Intensive Care Unit and Neonatal Unit. We give data from the Neonatal Unit to the VICNISS Hospital Acquired Infection Surveillance System to compare with other neonatal intensive care units in Victoria.

In 2008 we began monitoring ALL inpatient areas. In the past three years, the number of bloodstream infections has decreased.



Pressure areas

Pressure areas (also known as pressure ulcers or bed sores) occur when skin is damaged by pressure or friction. The number of patients at The Royal Children's Hospital (RCH) who develop pressure areas is very low.

Damage can occur when a patient is unable to move or has equipment or objects pressing or rubbing on their skin. Other factors such as poor circulation, persistent high temperatures, dehydration or poor nutrition can contribute to damaging delicate skin.

Children have areas of skin breakdown different to adults, including the back of the head, ears and spine. 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 educated to regularly check these areas and ensure the skin is protected.

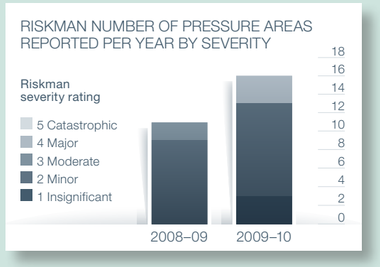
A team of health professionals at the RCH has been exploring and trialling various types of bandaging and padding for intravenous drips. We want to ensure pressure is minimised and areas of skin can be easily and regularly checked for any signs of pressure.

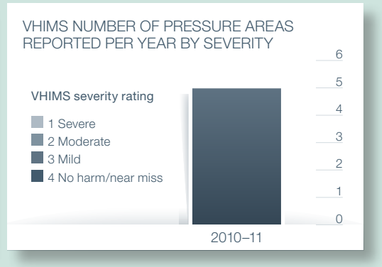
Early intervention can be an effective preventative measure for patients at risk of developing pressure areas. Nurses use a risk assessment tool to check the level of risk for each patient. This occurs daily, when they are admitted, when their mobility changes or when they are transferred from one ward or department to another. A recent literature review has shown that the risk assessment tool used at the RCH to determine risk of pressure areas is one of the best available for children in the hospital setting.

Patients who are at high risk are cared for using a range of specialised equipment including inflatable mattresses and gel pads. They are also repositioned regularly to minimise pressure and friction.

In October 2010 the RCH added effective prevention and management of pressure areas to our Nursing Competency Framework, which all nurses at the RCH participate in. The framework guides safe neonatal, child and adolescent nursing practice.

As well as improving pressure area prevention, another team at the RCH is reviewing the products that are available to manage and treat wounds such as pressure areas. We are looking at current practices as well as research and literature to ensure we're caring for patients with pressure areas in the best way possible. The RCH will develop a new clinical practice guideline based on these findings.





Falls can occur in all settings. Children may often fall as they grow and develop coordination. Children at the RCH can be at more risk of falling because of their illness and because they are in an unfamiliar environment.

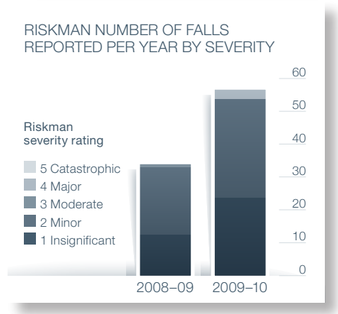
Common types of falls include falling from a bed or cot, tripping in the bathroom or simply tripping when walking from one area to another. Many falls are preventable. There are two key things our nursing staff do to ensure patients are safe from falls:

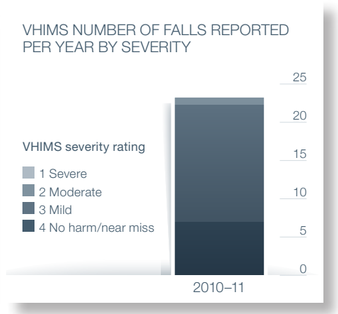
1. Assessment: All patients are assessed for their risk of falls using a risk assessment tool. This happens daily, when they are admitted to hospital, when their mobility changes or when they are transferred from one ward or department to another.

2. Create a safe environment: We ensure the hospital is safe and free of clutter to help avoid accidental trips when patients are moving around. All patient beds can be positioned in a high or low position to make it easier for them to get in and out of bed. Cots have sides that can be raised and locked into place to prevent falls.

The number of falls that are reported has decreased over the past 12 months. But we are always looking for ways to improve.

We review individual incidents to get a better understanding of all the reasons children fall in hospital. We are using this information to improve our risk assessment tool so that we can better identify children at risk of falling and implement appropriate prevention strategies.





Medication safety

The RCH has a formal process for monitoring and improving medication safety, with the Medication Safety Committee overseeing safety initiatives and reviewing medication error reports in consultation with teams across the hospital.

Errors are now reported through the Victoria Health Incident Management System (VHIMS).

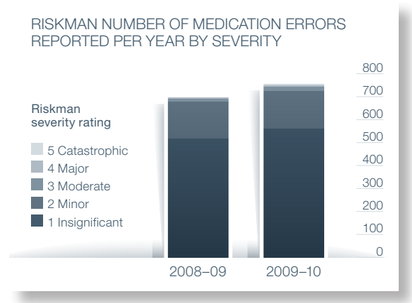
In 2010–11, 64 per cent of reports were 'No harm/near miss' (potential errors), picked up by pharmacy, nursing and other staff members before reaching the patient. Thirty-four per cent were considered to have mild impact. Two per cent were reported as 'Moderate' or 'Severe', and were investigated and analysed. To prevent these errors from happening again, the Medication Safety Committee, in conjunction with other RCH quality and clinical teams, recommended and implemented new processes.

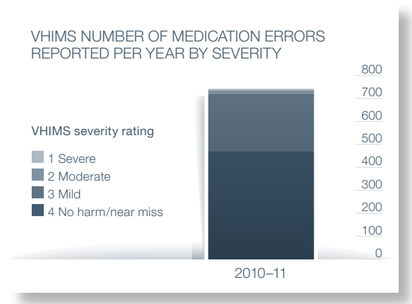
We also conducted a survey to compare our practices with 215 other Australian hospitals. Using the medication safety self-assessment tool developed by the NSW Therapeutic Advisory Group, we scored above average in seven of the 10 key areas.

The RCH has been implementing a number of strategies to improve medication safety, including:

- Error reduction training for new staff members
- Removing high-risk intravenous solutions from ward drug cupboards, to reduce the potential for unsafe administration
- Reducing the number of different concentrations of heparin (a frequently used substance that stops blood from clotting) available in the hospital and standardising the way that it is administered to patients, to avoid any potential confusion with calculations and preparation

We've highlighted examples of medication errors and the steps we've taken to prevent them from happening again to communicate safety messages and improve practice. We also take on recommendations and safety alerts from medication safety organisations, such as the Victorian Medication Advisory Committee and the High Risk Medicines Working Party.





Cleaning

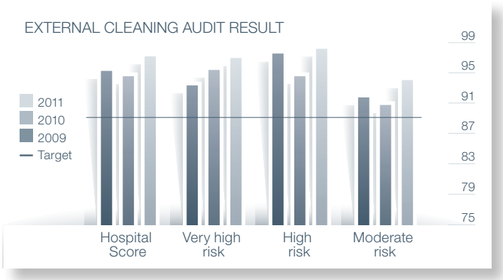
Results show that our cleaning team at The Royal Children's Hospital (RCH) does an outstanding job at keeping our hospital clean for patients, families and staff.

This year our team surpassed targets with monthly scores above the standards set by the Department of Health (DoH).

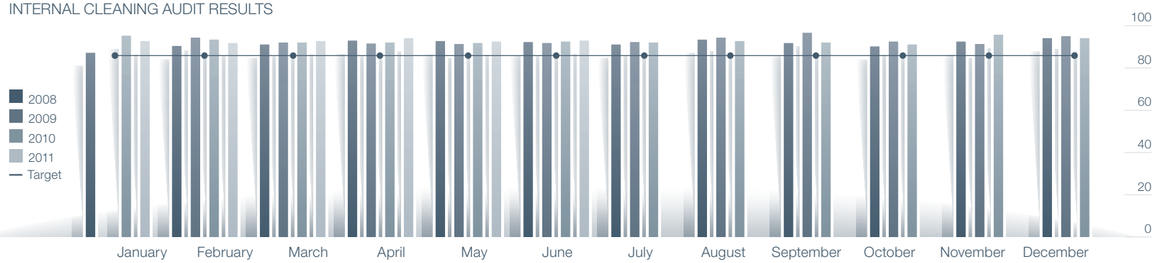
DoH sets benchmarks for cleanliness of 90 per cent for very high risk areas and 85 per cent for all other risk areas. In July 2010 the RCH received a score of 94.9 per cent, followed by a score of 97.4 per cent in November 2010.

Regular internal and external audits ensure cleanliness standards, guidelines and regulations are adhered to. We also conduct our own monthly internal audits, with results for meeting cleanliness targets consistently above 90 per cent.

EXTERNAL CLEANING AUDIT RESULT

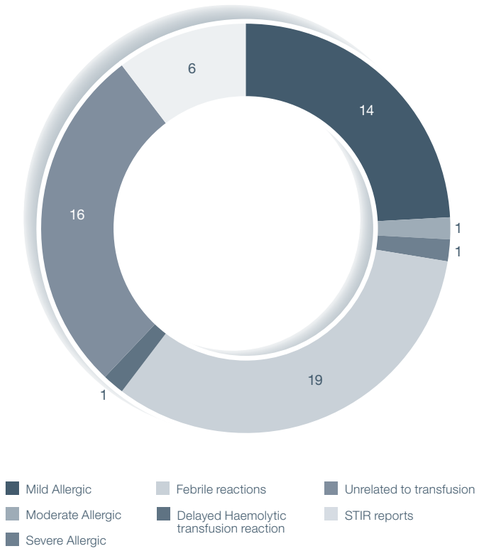


INTERNAL CLEANING AUDIT RESULTS



Safe use of blood products

TYPES OF REACTIONS AND OUTCOMES 2010–11



The Royal Children's Hospital (RCH) Transfusion Service provides approximately 13,000 blood products per year to use in the care of children with cancer or blood disorders such as sickle cell anaemia, for children undergoing heart surgery or other major surgery and children with major injuries.

Occasionally when a child is receiving a blood product they experience a reaction to the transfusion. Some children have allergic reactions or develop a fever and other symptoms. These symptoms are taken very seriously and are reported to the RCH Blood Bank. The graph (left) shows the types of transfusion reactions that have occurred in the past 12 months.

The RCH investigates any serious transfusion reaction that is reported to our Blood Bank to determine the cause and appropriate follow up care for our patients.

We also inform the Australian Red Cross Blood Service of any serious reaction that may be significant to the state blood supply.

The Department of Health, through the Blood Matters Program, collates information about reactions. We provide information about reactions through the Serious Transfusion Incident Reporting (STIR) system.

No confusion about transfusion

It is important to the RCH that our patients and families are informed about blood products and blood transfusions.

Parents or carers of children who receive blood products are provided with an envelope containing information such as 'Children receiving a blood transfusion—a parents' guide'. They are also encouraged to ask lots of questions.

We give children educational cartoons, puzzles and stickers donated by the Australian Red Cross Blood Service.

Information is also available in languages other than English.

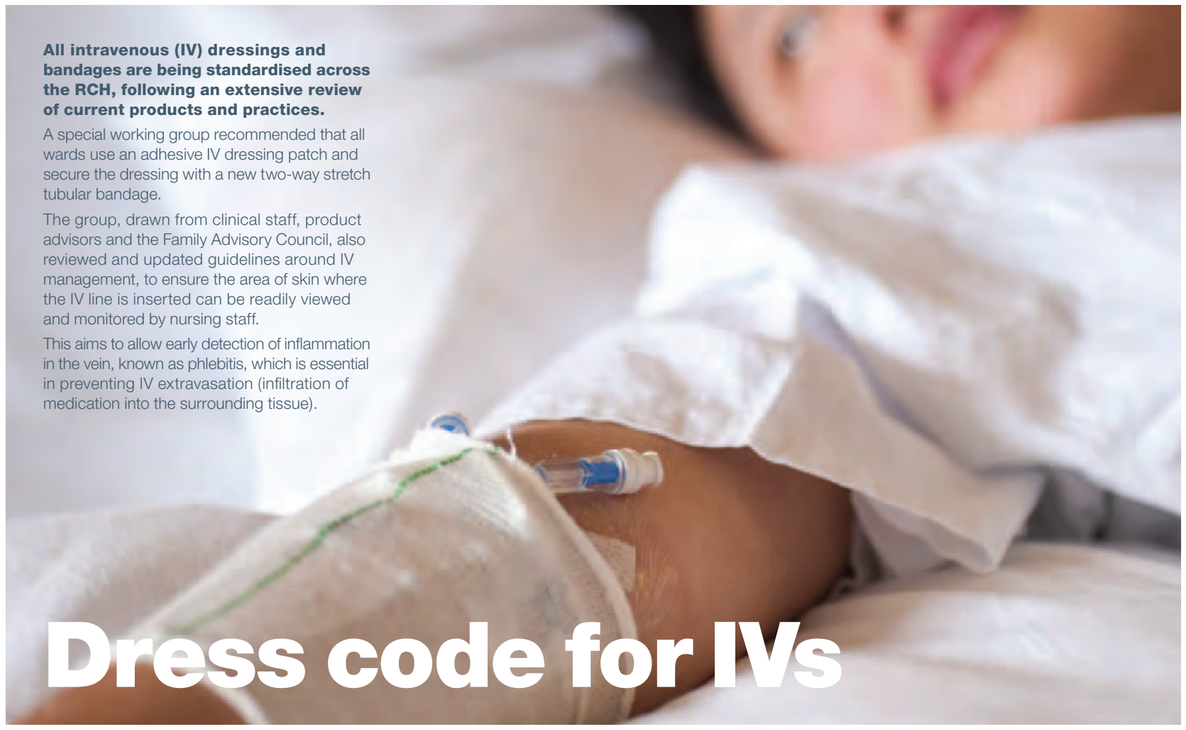
The RCH provides blood transfusion education to relevant staff, including doctors, nurses and ward attendants who bring the blood products to the wards.

All intravenous (IV) dressings and bandages are being standardised across the RCH, following an extensive review of current products and practices.

A special working group recommended that all wards use an adhesive IV dressing patch and secure the dressing with a new two-way stretch tubular bandage.

The group, drawn from clinical staff, product advisors and the Family Advisory Council, also reviewed and updated guidelines around IV management, to ensure the area of skin where the IV line is inserted can be readily viewed and monitored by nursing staff.

This aims to allow early detection of inflammation in the vein, known as phlebitis, which is essential in preventing IV extravasation (infiltration of medication into the surrounding tissue).



Dress code for IVs

The number of students who worked with artists and health professionals in the FHL program.

525

Festival for Healthy Living

Juggling, clowning and stilt walking are just some of the fun ways school children can build their confidence and mental health, through a festival that is part of The Royal Children's Hospital's mental health promotion strategy.

The Festival for Healthy Living (FHL) program—a school-based concept that uses performing and visual arts to promote community mental health—has been rolled out in several Victorian municipalities.

Between 2008 and 2011, the FHL program worked with local schools and agencies to develop sustainable approaches to mental health in the outer western municipality of Wyndham. The project brought together professionals from education, arts and health and used their skills to help promote positive mental health in a local population.

Key to the Wyndham project was the development of capacity through innovative community and school engagement approaches. The project involved 525 students working with artists and health professionals in activities promoting resilience, problem-solving and help seeking.

A unique contribution was the strong focus on parent engagement, fostered at various levels, from assistance in classrooms and events through to governance. This saw the creation of various tools and approaches now being used by other FHL projects across the state.

"The program helps children, of course, but also the whole community."

Local health and community service organisations were engaged as partners to support the project.

The Royal Children's Hospital (RCH) Integrated Mental Health Community Development Manager Harry Gelber said the Wyndham FHL is a good example of the concept, because it has helped improve mental health and wellbeing, developed sustainable partnerships and embedded improved practices within the local education, community and health sectors.

"The program helps children, of course, but also the whole community," Harry said.

"By promoting individual and community resilience, the festival concept minimises risk factors and the personal, social and financial costs associated with significant mental health difficulties."

Specifically, the Wyndham FHL has:

- strengthened relationships between schools and community agencies enabling improved health outcomes
- produced a DVD to engage parents in supporting their children's mental health and wellbeing
- created opportunities for ongoing mental health partnership initiatives in the community
- improved knowledge of mental health and processes to access support agencies
- created safe opportunities for parents to discuss mental health issues
- improved self confidence by enabling students to develop new skills
- enabled schools to embed activities with a mental health focus into the curriculum
- enabled students to work with a range of people from all abilities

Former RCH patient James

Eating disorders

The Royal Children's Hospital is achieving outstanding success in treating adolescent eating disorders through the clinical care and research of its Eating Disorders Program (EDP).

The Royal Children's Hospital (RCH) Eating Disorders Program (EDP) is a multidisciplinary collaboration between the RCH Centre for Adolescent Health and Integrated Mental Health, working closely with the adolescent inpatient unit and Nutrition and Food Services.

In late 2009 the EDP introduced Victoria's first comprehensive multidisciplinary family-based treatment (FBT) model of care for eating disorders, prompted by a 300 per cent increase in admissions for anorexia nervosa between 2004 and 2008.

Centre for Adolescent Health Director Professor Susan Sawyer says that the new model of care also provided the opportunity for integrated clinical research that would allow the RCH to evaluate outcomes and contribute to the evidence base. The results have been pleasing.

"Our results show that 98 per cent of adolescents whose family completes a course of FBT are weight restored by the end of six months of treatment," Susan said.

"No other eating disorder service in Victoria has an equivalent evaluation framework to report their outcome data."

There has also been a marked reduction in hospital admissions.

"Prior to introducing FBT, inpatient numbers peaked at the extraordinarily high number of 130 per year. By 2010, this had reduced to only 50 per year," Susan said.

Despite its advantages, FBT is highly demanding for families and therapists, requires close integration between mental health and medical practitioners, and a high level of supervision.

Through advocacy from the Butterfly Foundation and support from the Eating Disorder Foundation of Victoria, the EDP received funding from the Baker Foundation to establish a clinical research program, led by Professor Daniel Le Grange, one of the world's leading researchers and clinicians in FBT, based at The University of Chicago in the United States.

In 2010, the EDP started recruitment to its first randomised controlled trial comparing standard FBT to a new form known as parent-based treatment (PBT) that mainly focuses on parental management of behaviours.

"Commitment to continuous quality improvement has now led us to consider how we might better support the minority of families who are unable to engage in FBT," Susan said.

"We are now nationally recognised as a leading eating disorders program."

The percentage of adolescents who are weight restored by the end of six months of FBT

98

In 2010, EDP senior clinical psychologist Dr Linsey Atkins was awarded an RCH scholarship to visit the Maudsley Hospital in London, United Kingdom, for training in multi-family therapy (MFT). In contrast to FBT, which focuses on a single family unit, MFT involves bringing six to seven families together in a process that is thought to better support families to overcome the many challenges in helping their child recover. There are plans to pilot MFT at the RCH in 2012.

"We are now nationally recognised as a leading eating disorders program," Susan said.

"Our success has helped support the Victorian Centre for Excellence in Eating Disorders in their efforts to gradually introduce FBT across Victorian child and adolescent mental health services," she said.

In 2011, Minister for Mental Health the Hon Mary Wooldridge, MP, announced new funds to enable the RCH to develop more intensive family support, and to extend its model of care to adolescents with bulimia nervosa.

Partners in care

Victoria's GPs are being helped to give their youngest patients accessible, best quality care close to home, thanks to a partnership with The Royal Children's Hospital.

Mica with her GP Dr Frederique Bentley

The Royal Children's Hospital (RCH), in partnership with the RCH GP Advisory Group, has developed a general practitioner (GP) training program to enhance the skills of doctors regarding childhood conditions.

Now in its third year, the Practical Paediatrics Program (PPP), devised by RCH GP education consultant Dr Alexis Butler and Susan Jury, of RCH Primary Care Liaison, is just one example of a cooperative partnership between the hospital and primary care practitioners.

"The program was developed to meet a gap in paediatric upskilling opportunities identified by the RCH GP Advisory Group, representing GPs from the highest referring regions of Victoria," Susan said.

"The PPP aims to help reduce the need for acute hospital care and improve continuity of care," she added.

Six Divisions of General Practice are represented on the RCH GP Advisory Group. These Divisions advocate and provide services for the GPs within their region. The Divisions manage promotion of the PPP, registration, evaluation and accreditation as professional development training with the Royal Australian College of General Practitioners (RACGP).

"As our GP education consultant, Alexis knows what GPs want and works with RCH specialists to keep content relevant to general practice," Susan explained.

"Alexis has also secured sponsorship for the events, and developed innovative ways to re-package educational material for wider use. This has played a pivotal role in the program's success. As far as we are aware, no other Australian hospital employs a GP specifically for education," she said.

Topics covered include immunisations, eczema, asthma, common childhood infections, child behaviour, sleep, autism, mental health, eating disorders, dermatology, obesity and related health issues, feeding, failure to thrive, allergy, seizures, faints, headaches, accidents and emergencies.

An educational package is developed and published online for each session, in conjunction with the relevant RCH department and speaker. Packages include pre-referral guidelines, parent fact sheets, tips on navigating services and relevant published papers.

Outcomes of the PPP training are measured by:

- intended changes to GP practice
- stated increases in GP confidence and expertise
- individual feedback from both participants and speakers

This year the PPP included an immunisations update for 64 GPs and 45 nurses from across Victoria, led by paediatrician with the RCH Immunisation Service Dr Jenny Royle and immunisation coordinator Sonja Elia. A sample survey of participants revealed significantly improved knowledge and confidence concerning immunisation for children.

Before the training, 50 per cent of participants said they were fairly confident in planning catch-up immunisations, while 45 per cent were not very confident and five per cent not at all. Afterward, 42 per cent were highly confident and 58 per cent fairly confident.

Similarly, before the session, only five per cent felt highly confident to recommend a flu vaccination, but afterward that figure changed to more than 70 per cent, with the remainder being fairly confident.

The GPs and nurses also gained confidence in using pain minimisation strategies during immunisation. Before the workshop just 20 per cent used active distraction techniques and 25 per cent used stickers and rewards. After the training those figures jumped to 58 per cent for both techniques.

Overall the PPP provided information and confidence to GPs:

- 97 per cent of participants thought the information was of value
- 92 per cent said all learning objectives were met and the content was directly relevant to their practice
- 98 per cent agreed that the event was well presented and organised

Jenny said RCH clinical staff enjoy sharing their knowledge through the training sessions.

"We feel our efforts are part of a broader cultural change in which the RCH contributes to an ongoing community education movement," she said.

In 2011, 356 GPs attended workshops and completed online training, developed by orthopaedic surgeon RCH Chief of Surgery A/Professor Leo Donnan. The aim was to help early diagnosis of paediatric orthopaedic conditions. GPs' confidence in identifying cases requiring referral improved from 30 to 93 per cent; and their confidence in addressing parent concerns rose from 20 to 89 per cent.

A free RCH educational DVD to enhance skills of maternal and child health nurses in diagnosing developmental dysplasia of the hip (DDH), has meant increased early diagnosis and referral to an orthopaedic service, thereby preventing the need for surgery. The RCH received 510 early referrals for DDH in 2010, compared to 310 in 2008. We have also seen a significant decrease in admissions for management of DDH, from 115 in 2008–09 to 28 in 2010–11. A two year follow-up survey of 203 maternal and child health nurses indicated significantly improved confidence in diagnosing DDH.

RCH Chief of Medicine and Director of Respiratory Medicine Professor Colin Robertson said this type of training realised a long-held ambition.

"We have wanted to hold GP education for several years. Teaming up with the Primary Care Liaison team made it happen," he said.

The percentage of participants who thought the PPP was of value

97

"I think the Practical Paediatrics Program is fantastic. All the lectures I attended featured knowledgeable, authoritative and entertaining speakers. I definitely felt that I was updated on all the current research and guidelines.

The fact that the speakers had such extensive experience certainly increased my confidence in dealing with patients on issues such as allergies and nutrition.

I liked the Saturday morning forums because they provided concentrated information, outside of work hours, without distractions."

Carlton GP
Dr Frederique Bentley

Competency training for speech pathologists

The Royal Children's Hospital is leading Australia in training clinicians to perform an important speech pathology diagnostic test on children.

The Royal Children's Hospital (RCH) pioneered the paediatric Videofluoroscopic Swallow Study (VFSS)* 25 years ago and, until now, has been the predominant public health provider of the test in Victoria and Tasmania.

Now the hospital's speech pathology department has developed a competency framework to enable other speech pathologists in Victoria and Tasmania to perform videofluoroscopies.

RCH Speech Pathology clinical services manager Bernadette O'Connor said the RCH is the only children's hospital in Australia to provide this training to external clinicians.

"We have already trained seven speech pathologists from five health services this year and more training is planned for next year," she said.

The RCH trained speech pathologists from Goulburn Valley Health, Northern Health, Western Health, Launceston General Hospital and the Royal Hobart Hospital. The two-day training involved lectures, interactive assessments, practical experience and a tour of the RCH fluoroscopy suite.

"The clinicians we trained can now carry out paediatric VFSS at their own hospitals where they have access to imaging facilities," Bernadette said.

"Part of our brief now is to be a resource and support them, as they introduce videofluoroscopy services for their patients."

Until recently, RCH speech pathologists saw all young VFSS outpatients from Victoria, Tasmania and the Riverina region of New South Wales.

RCH senior clinician speech pathologist Damien Roberts said that, until now, the department conducted approximately 80 videofluoroscopies a year for metropolitan, regional and interstate patients.

"Although other health services had imaging facilities that would enable paediatric VFSS, staff were not specifically trained in this procedure," Damien said.

"Thanks to our training, it is now possible for children to access VFSS much closer to their homes."

"Obviously, it was not ideal for children to fly from Tasmania to Melbourne for what is, basically, a fairly simple diagnostic procedure that has been around for about 25 years," Damien added.

Bernadette said that reducing the number of VFSS tests at the RCH frees up speech pathology clinic time.

"We are doing more for RCH patients and in a more timely fashion. We feel we are promoting family centred care for all children and supporting continuity of service for outer metropolitan, regional and interstate patients," she said.

> "Thanks to our training, it is now possible for children to access VFSS much closer to their homes."

RCH Speech Pathology also conducts its own VFSS competency training to ensure high standards of clinical care across the whole department, and to promote timely and efficient access to VFSS for RCH patients and families.

More external training is planned.

"We are targeting hospitals in Victoria, Tasmania and southern NSW that provide a paediatric speech pathology service and have imaging facilities," Bernadette said.

*VFSS is a 'moving x-ray' that allows a speech pathologist to observe and assess the swallowing mechanism in a patient in detail.

RCH videofluoroscopy patient Oliver

RCH patient Rekisha

In the know

The Royal Children's Hospital is committed to involving patients and families in their care, and providing the right information to make this possible.

Patients, families and carers are actively involved in decisions concerning their treatment, care and wellbeing at The Royal Children's Hospital (RCH).

They are provided with appropriate support, including evidence-based, accessible information and counselling, to support key decision making throughout their care.

The RCH recognises the significant benefits when we work in partnership with patients and families to ensure they fully understand and have all the information necessary to make an informed decision.

Kids Health Info

A key part of the RCH website is Kids Health Info, which contains 288 factsheets about medical conditions, procedures and hospital services.

Kids Health Info is accessed more than 800,000 times a year, with an average of almost 86,000 visitors viewing 200,000 pages per month. That's over 2,700 visits every day, and it's increasing.

These factsheets and other areas of the RCH website provide clear, authoritative information on a wide range of health topics, written for parents, children and adolescents. Kids Health Info is regularly updated, and enhanced with ideas gathered from families and staff. The factsheets help families learn and understand more about medical conditions and treatments and think of questions to ask their doctor, nurse or another healthcare professional.

Whenever necessary, RCH staff will print out factsheets to give to patients and families and add additional information specific to their care. While primarily accessed within Australia, Kids Health Info has international reach, with web traffic coming from 158 countries including the United States, United Kingdom, India, the Philippines and Singapore.

Elective surgery consent

In October 2010 the RCH introduced a new process for obtaining informed consent for elective surgery, which gives patients and families more time to familiarise themselves with the planned procedure.

The new informed consent process follows Department of Health requirements, where families must provide consent before a patient can be accepted onto the surgical waiting list. As a result the consent form was combined with the admission booking form for theatre.

In August 2010 a group of families were surveyed for their views of the existing informed consent process. The survey was repeated in June 2011, when the new process had been in place for nine months. The results show improved satisfaction ratings across all five areas (see table).

The RCH will continue to gather consumer feedback on our consent process to ensure that parents and carers continue to be fully involved and informed about the treatment of our young patients.

Results of Surgery Survey

	August 2010	June 2011
I was confident that I understood the operation/procedure that was planned	89%	100%
I received the information about my child's operation/procedure at an appropriate time	82%	89%
The information I received before my child's operation/procedure matched what actually happened	82%	90%
I received enough information to make the decision for my child to have the operation/procedure	92%	95%
I was given an opportunity to ask questions about my child's operation/procedure	96%	100%

Tailored treatment

The care provided by the Diabetes Allied Health Team within RCH Endocrinology and Diabetes uses consumer participation and collaboration as a basic principle for patient management and support.

Type 1 diabetes is a complex condition. To maximise health, growth and independence, our team works closely with families to tailor care to each patient's individual needs.

As well as meeting their specialist for quarterly appointments, families have the opportunity to see the team to incorporate their diabetes management requirements into their specific cultural, religious, and educational needs.

The number of visits the Kids Health Info website receives every day

2,700

RCH patient Libby with play therapist Amber Hill

Improving the experience

The Royal Children's Hospital helps our patients deal with discomfort and pain in many expert ways.

Patient empowerment

A trip to hospital can be confronting for anyone, but Educational Play Therapy (EPT) at The Royal Children's Hospital (RCH) helps promote understanding and provides coping strategies and pain management techniques for young patients and their families.

RCH Educational Play Therapy and Music Therapy Manager Louise Marbina said the practice is a well recognised and effective clinical service within paediatric health.

"Children and young people have a huge capacity for coping if they are well prepared and feel like they have some control over what is going to happen to them," she said.

"We bridge the gap between the medical world and the child's world."

The EPT team supports more than 1,350 RCH patients each month. For example, in Medical Imaging play therapists conduct mock MRI sessions so children and families can experience the entire scan experience, including simulated scanner sounds and movements, to minimise stress and anxiety.

Of 158 RCH patients who experienced a mock MRI session, 111 successfully completed their actual MRI without the need for a general anaesthetic.

"Targeted procedural preparation and support techniques enhance children's understanding of what is happening to them and can often reduce the need for sedation," Louise said.

EPT is keen to introduce new and innovative procedural preparation practices, such as iPads and iPod Touches.

> "We bridge the gap between the medical world and the child's world."

"Using state-of-the-art technology will help us to further engage children in coping and procedural preparation techniques in a way that is current and meaningful to them," Louise said.

RCH Educational Play Therapist Amber Hill said educating other staff is also important.

"When clinical and other staff have knowledge about child development, the language to use and tips about distraction, it all works so beautifully together.

"Play therapy can calm a child to such a level, and help them cooperate, that they may not need sedation to undergo a procedure," she explained.

"Ultimately it's a more positive experience, not just for patients and families, but for the staff as well."

GA? No Way!

The RCH has been part of an award-winning project to develop a better way for children to undergo radiation therapy for head and neck cancers.

The Paediatric Integrated Cancer Service, the RCH and Peter MacCallum Cancer Centre collaborated on the project titled 'GA? No Way!', to find a new way to make the stabilisation masks that are used to secure a child's head during treatment. The project won the 2010 Premier's Excellence Award in Improving Cancer Care in Victoria.

The traditional way of making the masks involves taking a plaster cast of the child's head and neck. Of the 40 Victorian children who undergo head and neck radiation therapy each year, about 12 find this mask-making process, and the therapy itself, so challenging that they require general anaesthetic (GA). This can result in each child undergoing up to 30 general anaesthetics over a four to six week course of treatment.

> "The option to have a photo and then no general anaesthetic was one we just had to take."

Now the mask can be made using a 3D photo that is taken in the RCH Educational Resource Centre. The specialised camera takes a 360 degree, 3D image of the child's head and torso. That 3D data is used to manufacture a bust from polyurethane foam, using a computer-aided carver.

So far 11 children have had their masks made using 3D imaging and successfully undergone radiation therapy without sedation—meaning they have avoided a total of 153 potential general anaesthetics.

Quality assurance checks found the new masks are of equal or superior quality to the traditionally-made masks, and parents report high levels of satisfaction with quality of care and improvements in their child's self confidence.

One father commented of his son, "He thinks he's a tough guy now he's been able to stay awake for radiation. He had some radiology tests the other day and didn't need anaesthetic for them either."

Another parent said, "We were so worried about the prospect of having all those anaesthetics. The option to have a photo and then no general anaesthetic was one we just had to take, and we have never looked back."

It is hoped that the new mask-making process will eventually be introduced as standard practice for all eligible children in Victoria.

Premier's Excellence Award 2010 for Improving Cancer Care in Victoria

Comfort Kids

As part of the RCH Anaesthesia and Pain Management Service, the Comfort Kids program helps to find ways to improve patient understanding of medical procedures and new strategies to help ease stressful experiences for patients and their families.

Patient surveys show that up to 25 different strategies to help minimise pain and distress were initiated by staff, and 86 per cent of inpatients reported that something was done to reduce their child's pain.

In addition, RCH specialist pain nurses triage and support young people and their families who require sedation and pain medication advice. They also provide support for needle aversions to treatment, and therapies. On average, Comfort Kids will triage, support or advise during 124 procedures each month.

Comfort Kids also aims to help healthcare professionals to develop their knowledge and skills. In 2010, Comfort Kids collaborated with RCH Educational Play and Music Therapy to conduct training workshops for 80 clinicians, including staff from RCH and other hospitals.

> "We see families as integral members of the healthcare team."

Sedation education

When sedation is necessary for children to undergo procedures without pain or distress, RCH staff are well equipped to provide it in the best possible way.

Since 2003 the RCH and Murdoch Childrens Research Institute have run a sedation education and staff credentialing program to improve safety and quality in sedation for paediatric patients in emergency departments.

More than 400 nurses and doctors have participated in the program, funded by the Victorian Managed Insurance Authority (VMIA), and run at the RCH and Sunshine Hospital.

The Victorian Health Department and the RCH are now planning to roll out the program to be taught through all Victorian public hospitals.

RCH Emergency doctor and researcher Associate Professor Franz Babl said the program aims to help children and families cope with the hospital experience when it comes to sedation.

"In Emergency we often have children who have not fasted, who have injuries and who are very upset—a different setting to what you find in an operating theatre or on the wards.

"It's a difficult environment, and with sedation we are trying to make the environment as safe as possible and achieve the best outcome for children," Franz said.

RCH educational play therapist Amber Hill said child and family centred care results in a more positive experience for everyone.

"We see families as integral members of the healthcare team, with key pieces of information that can enhance the healthcare experience," she said.

Research directions

In 2011 The Royal Children's Hospital Ethics and Research Department and Clinical Research Development Office amalgamated to form RCH Research Development and Ethics.

This change reflected the broader function of the department, and coincided with the appointment of A/Professor Andrew Davidson as the Director of Clinical Research.

Andrew says his new role is to support and guide RCH research.

"The Royal Children's Hospital, in conjunction with its partners the Murdoch Childrens Research Institute and The University of Melbourne, is the leading children's research site in Australia and one of the leaders globally. The success in research drives better clinical care, here and around the world, and attracts world class clinicians to our hospital," he said.

Intravenous therapy

Hospitalised children who can't eat and drink sufficiently often require intravenous therapy, where they receive vital fluids through a line into a vein.

Despite being one of the most common medical interventions, the evidence for the best composition of this fluid is very poor.

The fluid currently recommended for most patients contains about half the concentration of sodium (salt) that the blood in the body naturally contains. But for some sick children, this fluid 'dilutes' the blood, causing the blood sodium level to drop quickly. This drop can be dangerous and, in rare cases, can lead to impaired brain function or even death.

The RCH is conducting a randomised controlled trial involving 640 children, comparing an intravenous fluid containing 140 mmol/L of sodium (approximately the same concentration as blood), with a fluid containing 77 mmol/L of sodium (the currently recommended fluid) for maintenance hydration.

To date, about 300 patients are enrolled in the Paediatric Intravenous Maintenance Solution (PIMS) study which is due to finish in late 2012. The results are expected to have an immediate and widespread impact on the clinical care of children requiring intravenous fluid.

Rehydration in bronchiolitis treatment

The common chest infection, bronchiolitis, is the leading cause of hospital admission for babies in their first year of life; and a major cause of death and illness.

Fluid replacement therapy is required in about 30 per cent of children admitted with bronchiolitis. Fluids are usually delivered via a nasogastric tube inserted into the stomach via the nose and throat, or through an intravenous line inserted directly into a vein. At the moment, there is no adequate evidence to determine which method is best.

A randomised three-year trial, involving 750 children across seven hospitals in Australia and New Zealand, investigated whether the method of fluid replacement affects how long the child stays in hospital.

The study also aimed to evaluate economic benefits, patient complications, the need for admission to intensive care and parent satisfaction. The data is being analysed and initial findings are expected in early 2012.

Home blood testing

Many RCH outpatients take blood thinning medication daily to manage chronic conditions, including heart and blood disorders. They must also undergo regular blood tests to monitor the effectiveness of their medication, and these tests often place a huge burden on the children and their families, such as time away from school, sporting and social activities.

The RCH had previously developed a home testing program, and developed education programs for parents who want to perform home testing for their children.

RCH nurse researcher Sophie Jones has completed a study that, for the first time in Australia, confirms the positive impact of home blood testing on the quality of life for children and their families.

A survey of 56 families, with children aged from two to 17 years, showed significant improvements in quality of life for themselves, their family and their child, compared to coming to hospital for blood tests.

"The RCH study has demonstrated that home monitoring in a population of children requiring long-term blood thinning medication therapy is safe, efficient and improves the quality of life of children and parents," Sophie said.

"Improved quality of life is, ultimately, what we are trying to achieve for all our children."

"Improved quality of life is, ultimately, what we are trying to achieve for all our children."

Better sleep

A RCH research project has improved the sleep patterns of babies and reduced postnatal depression in their mothers. The Infant Sleep Study Training Program won the Minister for Children and Early Childhood Development Award for Partnerships with Families and Communities in the 2010 Early Years Awards. It also provided information for state government parenting websites.

Working with the Victorian Government's Maternal and Child Health Service, RCH researchers recruited 328 mothers and their babies with sleep problems to explore the link between poor sleep patterns and maternal depression, and to trial an intervention to help manage both in the critical first year of a child's life.

Lead researcher Dr Harriet Hiscock said more than 40 per cent of infants aged six to 12 months have sleep problems.

"Their mothers have double the risk of postnatal depression, and poor infant sleep patterns have also been linked to childhood obesity," she said.

The RCH research team has now trained Victoria's 1,200 maternal and child health nurses to identify sleep issues.

The Victorian Government has funded the translation of infant sleep advice into eight languages and infant sleep training for GPs across Victoria.

RCH Fontan procedure patient Mia who is participating in the study

Heart patient registry

RCH Deputy Director Cardiac Surgery A/Professor Yves d'Udekem is leading the establishment of a unique registry to track patients who have undergone special heart surgery, known as the Fontan procedure.

The life saving operation for babies born with complex heart defects is performed at around four years of age, as the last of a series of operations.

"While we know that the surgery provides the patient with a relatively normal life for up to 20 years, we know very little about the long term outlook for Fontan patients," Yves said.

The RCH and Murdoch Childrens Research Institute have set up a registry to track Fontan patients in Australia and New Zealand, with 500 recruited thus far.

"It is promising to be the largest database of Fontan patients but, more importantly, the only population-based one, which is the only way to give public health perspectives," Yves said.

"This will be world-leading research in which we track these patients over many years. We also plan to launch drug trials aimed at improving their lifespan and quality of life," he added.

Access success

We have improved access to our specialist clinics, made it easier for parents to be at the bedside when their children wake from surgery and simplified patient admission protocols.

Outpatient satisfaction

Last year The Royal Children's Hospital (RCH) piloted a new booking method that invites parents to make an outpatient clinic appointment for their child at a time they nominate. Previously, they would receive a letter informing them of a booking that was determined by the clinic.

The changes were initially introduced in outpatient clinics including Orthopaedic Assessment, General Medicine, Surgical ENT (ear, nose and throat) and Dermatology. In the past year, their success has seen them rolled out to many other clinics.

RCH Director of Ambulatory Services Nellie Clear said that giving parents ownership in the appointment booking process has resulted in a dramatic drop in 'no-show' or 'failed to attend' (FTA) rates.

"The reduced FTA rates free up outpatient clinic bookings, so new patients don't have to wait as long to see a specialist," she said.

"We are very happy with the results and we know our patients, families and staff are too. Feedback has been very positive," she added.

The average wait for a new outpatient clinic appointment has reduced by 20 per cent.

Clinics with the most reduced FTA rates are: ENT, Allergy, Paediatric Skin, Plastic Surgery and Urology (see table).

"The changes mean a lot more ownership of appointments by families. And clinic staff are happy because the patient bookings run smoothly with far fewer cancellations or no-shows and patients don't need to wait so long to get in," Nellie said.

FTA rate

CLINIC	JUNE 2010	JUNE 2011
ENT	26%	10%
Allergy	18%	11%
Paediatric Skin	28%	5%
Plastic Surgery	12%	4%
Urology	15%	8%

Orthopaedics access

The RCH is a key member of the Victorian Paediatric Orthopaedic Network (VPON), established in 2007, to meet the growing paediatric orthopaedic care needs of Melbourne.

VPON is provided by the RCH, Barwon Health, Southern Health and Western Health to support the coordination and delivery of quality paediatric orthopaedic care. In 2008 it addressed the need to ease the growing volume of work facing Melbourne's paediatric orthopaedic surgeons.

It adopted the RCH orthopaedic outpatient clinic model, in which first-time patients are screened by a physiotherapist before they see a doctor, because it improves timely access to orthopaedic outpatient care.

After an eight month training program, physiotherapy-led clinics were established at Western Health, Barwon Health and Southern Health in 2009—significantly increasing their orthopaedic care capacity.

The RCH now transfers new outpatient referrals to Western Health and Southern Health for children in those areas. Between January and June 2011, 263 referrals were transferred from the RCH to the other sites—halving the wait for Orthopaedic outpatient appointments at the RCH.

Online training to help GPs diagnose paediatric orthopaedic conditions and a DVD to help maternal and child health nurses diagnose hip dysplasia (see page 29) have also helped reduced waiting times.

Day surgery

Nursing staff in surgery have often observed stress and anxiety in parents as they wait to be reunited with their child after an operation. Until recently, parents were not permitted in Recovery until their child had woken from the anaesthetic.

Last year, surgery nursing staff adjusted the access protocols so parents can be at the bedside before their child wakes, as long as their condition is stable.

"We know that children generally wake happier with their parents present," said Elise Brown, Nurse Unit Manager of the Day of Surgery Centre at the RCH.

Parents are happier too. Following the change, the satisfaction rating for their experience in the Day of Surgery Centre rose from 84 to 97 per cent.

Simpler admissions

In another consumer-focused development, the wording of our admission letters has been revised to reduce patient confusion as they prepare for surgery.

A total of 62 different admission letters, all containing various types of information, have been whittled down to just one standardised letter containing relevant information and clearer instructions about fasting before an operation. This will reduce the number of young patients who fast incorrectly.

The RCH has improved admission procedures for surgical patients, in order to reduce the time patients wait on the day of surgery.

Until recently, most surgery patients were admitted at either 7am or noon for surgery sessions starting at either 8.30am or 1.30pm.

If their operation was scheduled for late in a session, the long wait would cause anxiety and frustration in hungry children who had already fasted the night before.

The RCH has now started to introduce staggered admission times that have already reduced average waits by half.

Care at home

The Royal Children's Hospital makes it possible for patients to be cared for in their own home through its unique RCH@Home service.

The service supports children who have chronic medical conditions or are recovering from serious illness or surgery, and their families.

There are about 280 long-term and 50 short-term RCH@Home patients in metropolitan and regional Victoria at any time. There are 65 staff members in the RCH@Home team, including paediatricians, nurses, physiotherapists, speech pathologists, occupational therapists, case managers and administration staff.

As well as medical services for long-term patients, RCH@Home provides in-home respite care, and training and assessment of support workers to help children with complex medical needs stay in their home or attend school.

In 2010, RCH@Home improved its service provision in response to Victoria's changing and growing population demands, by spreading the team across two sites—one at the hospital in Parkville and another in Hawthorn.

The RCH@Home team in Parkville provides services in the north and west including Glenroy, Kensington, Caroline Springs, Geelong, Warrnambool and Mildura.

The Hawthorn site has two teams that cover east and south including Hawthorn, Healesville, Mount Beauty, Wodonga, Clayton, Cranbourne, Leongatha and Sale.

According to RCH@Home Medical Director Dr Doug Bryan, the service remains unchanged to patients and families.

"But what the move does mean is that teams can split their service areas into geographical wedges, meaning they more easily and efficiently meet the needs of patients and their families," Doug said.

Doug recalls that RCH@Home started in response to new technologies, changes to clinical practice and shifting community attitudes.

"In the late 1980s to early 1990s people started to recognise that children with complex needs, where possible, should be supported to live in the community," he said.

The Department of Health acknowledged that cultural shift and supported the hospital in establishing RCH@Home in 1995.

RCH@Home operates across three broad categories.

Hospital in the Home

Short-term support, of days or weeks, is provided through Hospital in the Home (HITH). HITH cares for children who are in a stable condition, but still require daily medical intervention. These children would otherwise require a stay in hospital. Qualified nursing and allied health staff perform blood pressure monitoring, administer chemotherapy or other intravenous drugs such as antibiotics, and provide therapy and clinical assessments.

Doug said this reduces anxiety for the child and their family by treating them in their own environment where there is less disruption to daily routine. It also improves access at the RCH for children needing hospital-based care.

The total number of RCH@Home patients at any time

330

RCH patient Sam with mum Alice and RCH@Home nurse Caroline McInnes **OPPOSITE TOP** Luis, Alice and Sam with RCH@Home nurse Caroline McInnes **OPPOSITE BOTTOM** Sam receives regular care through RCH@Home

Post Acute Care

Medium-term support includes Post Acute Care (PAC), which provides a few weeks of home-based support for families of children who have increased care needs as a result of their hospital treatment. This might include assistance with personal care for children immobilised in plaster, changing dressings, or nurse support for children who are using tube feeding.

"PAC assists parents with the increased demands caused by care needs following hospitalisation. By taking some of the load from the parents, their child does not need to be re-admitted to hospital," Doug said.

"This move means our teams can more easily and efficiently meet the needs of patients and their families."

Family Choice Program

Long-term support is covered by the state-wide Family Choice Program (FCP). It is a service unique to the RCH that supports Victorian children and families who have been cared for by any hospital in the state.

"The FCP means very medically vulnerable children and adolescents can be cared for safely at home by their parents and support workers," Doug explained.

"Training of families is carried out by our ward staff, and the training of support workers is completed by the RCH@Home team in the home environment," he added.

A patient may have a tracheostomy (artificial airway) that requires frequent suction, frequent delivery of medication through a feeding tube, constant monitoring and management of frequent seizures, mechanical ventilation or tube feeding.

FCP also includes the Schoolcare Program for children and adolescents so they can attend school. This program is a partnership with the Department of Education and Early Childhood Development.

"This not only assists their education, but also caters for their social needs," Doug said.

Patient feedback means improved treatment

Patient feedback in a trial of alternative wet dressings for children with eczema has resulted in improved treatment and better outcomes for dermatology patients at The Royal Children's Hospital.

Wet dressings are an effective treatment method for moderate to severe eczema. They cool and moisturise the skin, which reduces itching and scratching, and redness and inflammation. This promotes better healing, reduced use of steroid creams and improved sleep.

Various types of wet dressings have been used to treat eczema for more than 30 years. The standard wet dressing regime at the The Royal Children's Hospital (RCH) involved putting creams or ointments on the affected skin, wrapping it in layers of wet disposable towels and securing it all with dry crepe bandages. This technique is time consuming, messy and complicated. Often young children are reluctant to use these bandages, which results in poor healing.

RCH Dermatology nursing staff decided to evaluate a new elasticised tubular bandage. Patients could apply creams or ointments to their skin, apply one wet tubular bandage and place another dry one over it.

Dermatology nurse consultant Louise Payne said the team wanted to make it easier for patients, families and staff.

"We hoped that using the tubular bandages would be quicker and easier for patients and parents to apply and increase patient comfort, ultimately resulting in an increased use of wet dressings as a treatment for moderate to severe eczema and significantly reducing the severity in infants, children and adolescents," Louise explained.

They were right. For the past year, this practice has been standard at the RCH for the treatment of moderate to severe eczema, following extensive evaluation and consumer feedback.

"The tubular bandages are now the preferred wet dressing technique for eczema patients at the RCH," Louise said.

"The introduction of elasticised tubular cotton bandages as an alternative to the old wet dressing technique has already improved patient compliance with treatment, resulting in better outcomes for patients with moderate to severe eczema."

"Our study showed that elasticised tubular cotton bandages are at least as effective as the disposable towel and crepe bandage technique. They demonstrate greater improvement in itching and scratching, are easier to apply, more comfortable to wear and better tolerated," she explained.

"Tubular bandages are now the preferred wet dressing technique for eczema patients at the RCH."

The trial

All eczema patients attending the dermatology outpatient clinic at the RCH between July and October 2009 were given the opportunity to practise both dressing techniques under the supervision of a practice nurse and given an instruction handout.

Forty families were sent home with both types of dressing materials and a questionnaire. At the start of the survey, 68 per cent of the 40 families rated their child's eczema as severe, and 87 per cent rated the itching and scratching as extremely severe or severe.

Both dressing techniques were used at the same time on different sides of the patient's body for 48 hours. At the end of that time, parents were asked to complete the questionnaire at home and post it back to the researchers.

Of the participants who said their child's itching and scratching had either improved or been alleviated altogether, 27 per cent had used the elasticised tubular cotton bandages, and 14 per cent had used the traditional technique.

Sixty-eight per cent of participants rated the tubular bandages as 'very easy to apply', compared with 55 per cent who rated the crepe bandage technique as 'a little easy to apply'.

Fifty per cent of respondents rated tubular bandages as 'much more comfortable', and 46 per cent rated traditional crepe bandages as 'not at all' comfortable.

Fifty nine per cent of people rated tubular bandages as 'more tolerable to wear', compared to 50 per cent rated the traditional dressings as 'a little tolerable'.

A tubular bandage being applied

RCH patient Ilana

RCH patient Rekisha

Tell us what you think

You can also complete this survey on the RCH website: www.rch.org.au/quality_report_rch

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?

What did you like least about this report?

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)

Thank you

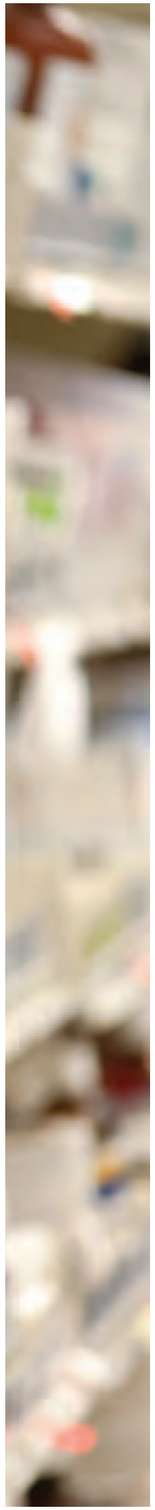
Your feedback helps in the development of future Quality of Care Reports.

Please send completed form to:

Consumer Liaison Officer
The Royal Children's Hospital
50 Flemington Road, Parkville Victoria 3052

Facsimile: (03) 9345 5050
Email your thoughts to: clo@rch.org.au

Or complete this survey on the RCH website



Aerial view of the new and current Royal Children's Hospital Melbourne with the CBD in the background.

The Royal Children's Hospital is Victoria's only stand-alone children's hospital, leading the way in clinical care, research and education.

In 2011 we make our move to our wonderful new home.

The Royal Children's Hospital Quality of Care Report 2010–11 was developed by the RCH Quality Unit, Communications and Marketing and the Educational Resource Centre.

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