Quality of Care Report 2011–12

For patients, families, carers, staff and community

Our Vision
Our Values

VISION

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

VALUES

Unity
We work together to achieve our goals

Respect
For everyone in our care and for each other

Integrity
We act with honesty in all we do

Excellence
We strive for the highest quality in every aspect of our work

Welcome

This past year has been one of great significance for The Royal Children's Hospital (RCH) as, after more than 12 months of intensive planning, our patients, staff and more than 10,000 pieces of equipment were safely moved to the new RCH.

The hospital's 4,500 staff and its medical equipment were transitioned to the new site over a two-month period, facilitated by a managed short-term reduction in clinical activity. But much of the focus was on 30 November—Patient Move Day.

From 7am that morning 151 children were transferred from the old to the new hospital via internal passageways linking the two buildings. At 8am the old and new Emergency Departments simultaneously closed and opened, with not one minute of care lost.

The enjoyment our patients and families have drawn from the new hospital's colourful Main Street and parkland setting has been a source of great pride. But leading design, construction and equipment are only part of the picture.

As one of the world's great paediatric hospitals our point of difference has always been the quality of our people and the excellence of their work, underpinned by a fundamental relationship between research, education and practice.

The move to the new RCH has promoted even closer integration with our campus partners, Murdoch Childrens Research Institute and The University of Melbourne Department of Paediatrics. These relationships are integral to our ability to build new knowledge through research, and to train and educate our future health professionals. The valued support of the RCH Foundation assists us in all our endeavours.

"Leading design, construction and equipment are only part of the picture. As one of the world's great paediatric hospitals our point of difference has always been the quality of our people and the excellence of their work."

In 2011–12, working with our colleagues from the Austin Hospital, we performed Australia's first paediatric intestinal transplant. The 10.5 hour surgery gave a 13-year-old, who has been a lifelong patient of the RCH, a new liver, small bowel, pancreas and duodendum and was testament to the skill and dedication of our team.

Best practice also means continuously improving the way we support the patients and families of the RCH.

An important ongoing piece of work is the establishment of organisational structures to support the implementation of the National Safety and Quality Health Service Standards, which identify the safety and quality systems that all Australian healthcare organisations should have in place to provide safe, quality care.

In preparation for accreditation in 2013 the RCH has established a working group for each of the 10 standards and we have already involved our consumers in a number of these groups.

For families in regional Victoria we are working to make life easier through our Telehealth initiative. Telehealth enables families to 'attend' an appointment with their RCH specialist, via web-based video conference, from the comfort of home.

In June The University of Melbourne Onemda VicHealth Koori Health Unit completed its evaluation of our three-year pilot of the Wadja Model of Care, which provides individualised support to Aboriginal patients and families. In 2011–12 we cared for 1,050 patients who identified as Aboriginal or Torres Strait Islander, compared to 700 in 2008–09; an increase of 50 per cent in just three years.

In August 2011 we facilitated the first-ever RCH Youth Forum. This all-day event was held to give young people a stronger voice in the hospital and attracted 166 participants from across Victoria.

And again this year, as it has every year since 2007, the RCH Family Advisory Council worked closely with hospital staff to build excellence in patient and family-centred care. Among its achievements has been a campaign to promote awareness of and empower parents and carers to activate a response from the Medical Emergency Team (MET) if they are worried about changes in their child's condition while in hospital.

These are just some of the stories you will find in our Quality of Care Report 2011–12. Enjoy them, and please use the feedback form provided at the end of the report to share your thoughts.

PROFESSOR CHRISTINE KILPATRICK
Chief Executive Officer

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

Photo: John Gollings

Front cover: RCH patient Nicoletta and nurse Asher James
Back cover: Main Street

Strategy, structures and standards for quality healthcare

Everyone has an important role to play to ensure quality care and patient safety.

Strategic Plan 2010–13

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					

'Clinical governance is the system by which the governing body, managers, clinicians and staff share responsibility and accountability for the quality of care, continuously improving, minimising risks and fostering an environment of excellence in care for consumers and patients.'

AUSTRALIAN COUNCIL ON HEALTHCARE STANDARDS 2004

Consumers are involved in a number of the hospital's working groups for the National Safety and Quality Health Service Standards, with the aim being to have consumer representation on all groups.

The Royal Children's Hospital (RCH) Quality Plan 2011–15 was developed in line with the RCH Strategic Plan and aims to deliver a healthcare experience that is collaborative, informed, responsive, streamlined and safe for every patient and family, every time.

The clinical governance structure at the RCH supports this aim, and we've worked hard this year to improve reporting and better communicate quality and safety information across the organisation. While clinical division quality committees are well established at the RCH, it's important that all our staff understand their role in delivering high quality healthcare. In the past 12 months there has been an increase in the number of departments that conduct quality meetings. The aim of the meetings is to increase awareness of safety and quality measures and risk areas, and engage staff in initiatives that improve the quality of care we provide to our patients and families.

An important ongoing piece of work is the establishment of organisational structures to support the implementation of the National Safety and Quality Health Service Standards. These 10 standards identify the safety and quality systems that should be in place within a healthcare organisation to provide safe, quality care. Developed by the Australian Commission on Safety and Quality in Health Care, the standards provide a nationally consistent statement about the level of care consumers can expect from health services. Accreditation to the standards will commence for hospitals across Australia from January 2013.

The RCH has established a working group for each standard, comprising a member of RCH Executive and staff from many areas of the hospital. Importantly, consumers are involved in a number of the working groups, with the aim being to have consumer representation on all groups.

Each group reports to the Clinical Quality and Safety Committee every three months. The Board Quality Committee receives an annual presentation from the executive sponsor of each working group.

As well as working towards the new national standards, the RCH continues to participate in the Australian Council on Healthcare Standards accreditation program. This is a four-year accreditation cycle, with some form of assessment occurring each year. In November 2010 surveyors attended the hospital for four days and reviewed our systems and processes—a process known as the Organisation Wide Survey. The RCH received a positive report and was awarded four-year accreditation status. As part of this process, the surveyors made recommendations about areas for improvement. In March 2012, the RCH completed the self-assessment phase of accreditation, which included an update about the work we have performed in response to the recommendations.

The next accreditation event will occur in June 2013 and the RCH will be assessed against three of the new national standards.

RCH patient's mum Lynne Coleman

Getting involved at the RCH

Patients, families and the broader community play an important role in improving the care we provide.

We value your contribution, feedback and ideas, and there are many ways you can participate:

- Represent consumers on hospital committees. Find out more on page 8.
- Tell us your stories, experiences and ideas.
- Help develop and review patient information materials (e.g. brochures, fact sheets, website).
- Volunteer in different roles across the hospital.

By involving consumers we gain the advice and input of the people who use (or might use) our service, learn from other sectors and improve accountability.

Anyone from across our community—patients, families, friends, visitors, staff from other health organisations, anyone with an interest in improving care for Victoria's children—can get involved, and we'd love to hear from you.

Here's one example of the many ways consumers are playing a powerful role in shaping the care we provide.

Consumer-led education

What better way for staff to learn about patient and family-centred care than to have families share their experiences? Consumer-led staff education was a concept developed by our Family Advisory Council and Quality Unit, in early 2012.

Parents, including Lynne Coleman, a mum who knows the hospital inside out, were invited to present to nursing staff about their own and their child's experience and, in doing so, highlight one of the four main areas of patient and family-centred care—respect and dignity, information sharing, participation and collaboration.

Before the sessions, Lynne and the other presenters received training and guidance to equip them with skills and confidence to present to staff.

"The workshop facilitator focused on building confidence, pointing out that family members do possess the experience required, and that it is a matter of finding, in the vast bank of our experience, the relevant, illustrative stories," Lynne said.

The education sessions were a hit, with more than 230 nurses taking part. Most found the sessions beneficial and indicated the importance of involving all clinical staff. Feedback from staff included:

"It's great to hear a personal story. I really think it helps to reflect on and better our practice."

"In six years, this is the first education session I've been to where a parent has spoken. It really showed the importance of family-centred care and the difference it makes to families."

"These sessions can certainly motivate and inspire family-centred care."

Lynne urges more consumers to become involved, as the greater the variety of stories that are circulated and shared, the better.

"It is wonderful to have a chance to let staff know the powerful effect of the family-centred approach," she explained.

"The experience may not always be comfortable for those delivering the talks, but the benefits are worth the time and the anxiety," Lynne added.

The Royal Children's Hospital aims to encourage and support more families to share their stories with staff, so we can expand the education sessions to all clinical areas.

"It is wonderful to have a chance to let staff know the powerful effect of the family-centred approach."

To register interest, find out more or get involved, complete the form on page 44, visit the RCH website, www.rch.org.au or telephone our Quality Unit, (03) 9345 4892

Your say

Feedback from our patients and families leads to positive change, ensuring a better experience for all.

The Royal Children's Hospital (RCH) recognises the value and importance of both positive and negative feedback. Feedback received by the hospital is always viewed as an opportunity to improve the care, services and facilities we provide to patients and families.

We encourage all patients, families and visitors to discuss concerns or compliments by providing feedback via email, fax, letter, telephone or by using feedback forms available at the hospital or on the RCH website.

Our Consumer Liaison Officer, Diane Wright, is dedicated to providing support for patients, parents, families and visitors who may have concerns about the care or level of customer service they received, the facilities or staff.

Over the past year we have continued to receive a great deal of positive feedback. We have seen an increase in the number of complaints, compared to the past year. In 2011–12 there were 383 reported complaints, compared to 275 in 2010–11, 369 in 2009–10, 401 in 2008–09 and 520 in 2007–08. We recognise this increase as being a positive result of the increased effort to ensure patients and families are aware of the avenues available to them when they have concerns.

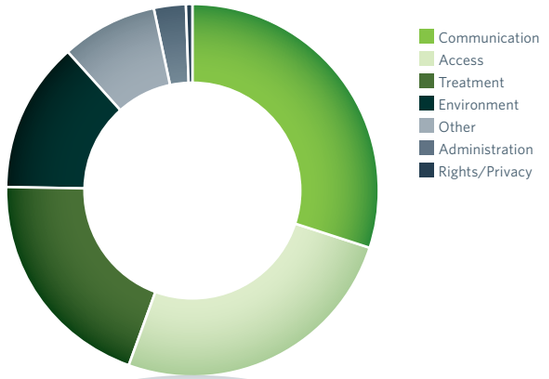
The RCH Quality Unit has recently been providing education sessions for staff to assist it in ensuring all patients and families with concerns are supported and heard. This initiative has contributed to a decrease in the number of complaints regarding communication, from 41 per cent to 30 per cent.

Access remains a primary area of concern for patients and families and a priority area of improvement for the RCH.

'Good to Go' has been established as a hospital-wide initiative to improve patient access, care and flow. A priority of 'Good to Go' is to improve discharge practices to make sure children are sent home as soon as they are medically ready, ensuring beds are available for patients when they need to be admitted to hospital.

"The new hospital is beautiful, but that is just a building. It is the people that make the experience and we had a brilliant experience."

COMPLAINTS RECEIVED JULY 2011–JUNE 2012



A note of thanks

Dear Diane,

I wanted to let you know that I thought the service we got today was just unbelievably good…the thoroughness of what was done to ensure that my daughter's pain was fully investigated was just incredible.

In the time we were there we saw two nurses, and one doctor…he was great. Then after that we had some pathology done…the results came through within an hour, [we saw] a PSA who escorted us to imaging, then the radiologist and the consultant radiologist who both took ages on the scans for my daughter to make sure that nothing was missed.

Everyone was extremely polite, pleasant, efficient and thorough. The new hospital is beautiful, but that is just a building. It is the people that make the experience and we had a brilliant experience. They should all be congratulated. If anything, I hope the new building makes them feel good about being at work and that their work is important.

Many thanks – I would be grateful if you could pass this on through appropriate channels so staff may be aware of what a great job they are doing.

Who's reading and what they thought

Last year's Quality of Care Report was available for patients, families, visitors and staff in many places in the hospital, including the Family Resource and Respite Centre, reception desks, wards, Specialist Clinics and Emergency, as well as on our website.

We mailed the report to many hospitals across Victoria, child health support groups, GPs, community paediatricians and each paediatric hospital in Australia.

A dedicated team of staff has put this year's Quality of Care Report together, with input from our Family Advisory Council, Youth Advisory Council, Community Advisory Committee and Clinical Quality and Safety Committee.

People thought last year's report was well put together and interesting. They liked the stories and design and found it easy to read, so we've kept a similar format, with lots of colour, photographs and space. Feedback has told us that consumers are increasingly interested in how they can get involved at the hospital. That's great news, because we're keen for more people to share their experiences and be involved in committees, surveys and focus groups. You'll find a story about exactly that on page 5. Some people find the graphs and quality and safety reporting a little boring, so this year we've tried to explain more about why it's important and useful to know. We hope you find it a bit more relevant and enjoyable.

We'd greatly appreciate your feedback again this year, so please take the time to fill out the form at the back of the report or complete the short online survey on our website.


RCH patient George

Our new meal service offers more choice for patients, with meal options increasing from two items per meal to four items.

A positive experience

The meal service at the new RCH is a great example of how feedback directly resulted in a positive change for patients and families.

After our move to the new RCH on 30 November 2011 the RCH Quality Unit received a number of complaints about the variety of meal options provided to patients and the availability of snacks between meals for some patients.

Like all feedback received by the RCH Quality Unit, these complaints were compiled in a database, which collects details about any incidents, compliments and complaints.

Each complaint was then distributed to the RCH Food Services department, which was given 30 days to review and respond to the complaints.

After a review of the feedback was received, a plan was put in place to change the meal offering on the inpatient wards.

On Tuesday 22 May the RCH implemented the new meal service, which offered more choice for patients, with meal options increasing from two items per meal to four items.

The new service also meant that each inpatient would receive afternoon tea and a new version of the existing printed menu. Both RCH Food Services and nursing staff were engaged to play an important role in patients receiving meals through the new service.

After the new meal service was implemented complaints decreased significantly and many compliments were received.

Family satisfaction survey

Developed with input from consumers, our satisfaction survey is allowing patients and families to have a say about the things most important to them and helping us improve care.

Patients in adult public hospitals throughout Victoria provide feedback about their satisfaction with services and care through the Victorian Patient Satisfaction Monitor (VPSM), which is funded by the Department of Health.

This survey is not suitable for use in paediatric services, such as The Royal Children's Hospital (RCH). As a result, the RCH developed a survey to ensure we receive valuable feedback from our patients and their families. The RCH family satisfaction survey was developed based on feedback from families about what type of questions they felt were important.

In March 2011 a pilot family satisfaction survey was conducted in four inpatient ward areas. In November 2011 and again in March 2012 a revised survey was conducted in the majority of inpatient ward areas.

The survey was given to families with a patient under 12 years old, prior to the patient being discharged.

Among other results, the survey found that 99 per cent of respondents agreed with the statement 'the staff listened when I talked to them' and that 97 per cent of respondents agreed with the statement 'the staff made sure I knew what was happening to me'. Patients and families told us that they liked the excellent facilities, friendly staff, wonderful care and having lots of things to do at the RCH. We also received valuable feedback, such as complaints about the lack of 'no smoking' signs at the new RCH, which enabled us to make important changes.

The family satisfaction survey is now a fundamental element in ensuring our patients and families receive the best possible care, and will be conducted twice a year.

RCH Family Advisory Council and Resuscitation Committee member Patti Reilly and with RCH Executive Director, Medical Services and Chair, Resuscitation Committee Peter McDougall, opposite

Our partners in care

Partnering with families is the foundation of The Royal Children's Hospital commitment to child-focused and family-centred care. Our patients heal best when their families are part of the healthcare team, so partnerships at every level of care are fundamental to what we do.

Since 2007 the Family Advisory Council (FAC) at The Royal Children's Hospital (RCH) has worked in collaboration with hospital staff to achieve and maintain excellence in patient and family-centred care.

Patti Reilly joined the FAC two years ago, after reading a poster seeking new members while waiting with her daughter for an outpatient appointment.

Patti describes herself as an everyday, normal mum. She enjoys playing netball, learning to play hockey and active involvement in the community, with a role on the school parents' and friends' committee and local netball committee.

With a background in nursing and midwifery, and currently a maternal and child health nurse, she has a wealth of experience to bring to the hospital, but it's her perspective as a consumer that matters most.

With three children, Molly, 22, Angus, 20 and Imogen, 12, Patti's visits to the hospital have been sporadic yet varied over the past 20 years. From stitches to broken bones to fits, she says it's always been a positive experience, and she wanted to give something back.

"I represent the 'little stuff' that impacts the majority of people accessing the hospital, those coming for appointments, presenting to Emergency or requiring relatively short stays," Patti explains.

> "The hospital has a true desire to learn from families, so it's our job to make sure there are more of us involved, to truly represent a broad range of views, opinions and experiences."

"It's important that this perspective is heard, as well as the experiences of parents who have children with chronic illness," she said.

The FAC has remained busy. A focus this year has been empowering parents and carers to call the medical emergency team (MET) if they're worried about their child's condition. While parent-initiated MET has been in place for a few years, feedback indicated that parents and carers did not feel comfortable to or did not know they could make the call. The FAC has helped increase awareness by developing a brochure that provides advice to parents and carers, which is now available on wards.

To ensure patients and families get the information they need, the FAC has reviewed a formal hospital procedure that requires staff to seek consumer feedback on all publications for consumers.

The FAC has had input on fact sheets such as 'Falls prevention' and 'Pressure injury prevention', the 'Privacy of your personal information' brochure and the guide to the hospital for patients, families and visitors.

As part of an RCH orientation package, FAC members, along with other consumers, developed a video that talks about what patient and family-centred care means to them, which is available on the RCH website.

Patti also views her role as an advocate in the community and encourages others to participate.

"The hospital has a true desire to learn from families, so it's our job to make sure there are more of us involved, to truly represent a broad range of views, opinions and experiences," she said.

FAC members are provided with an orientation package and ongoing support for their role.

The RCH has had consumer representatives on various committees for many years, but in the past year we worked with the FAC to increase consumer representation and reviewed processes to ensure the voice of the consumer is heard.

We focused on recruiting consumers to high risk clinical committees, such as:

- Clinical Quality and Safety Committee
- Medication Safety Committee
- Infection Control Committee
- Resuscitation Committee
- Patient Identification and Procedure Matching Committee
- Blood and Blood Product Committee
- Pressure Injury Prevention Committee
- Falls Prevention Committee

To support this, we are creating position descriptions for consumer representatives that clearly outline the role and developing a training package to support consumers to effectively play this role.

Patti has been on the Resuscitation Committee since June 2011.

The Resuscitation Committee is responsible for ensuring the RCH provides an effective resuscitation service for patients, families, staff and visitors and that staff are educated to recognise and respond when urgent medical help is required.

Patti speaks up about any issues that have a particular impact on our patients and families, and seeks feedback from other consumers when required. She reminds health professionals sitting around the table about the experience of the family when their child is being resuscitated.

"Often the committee will be in deep discussion, and the chair will stop, look at me and say, 'Well Patti, what would parents think about that?'. It's very empowering," Patti said.

"On both the FAC and Resuscitation Committee, I'm made to feel extremely welcome and valued," she added.

With the assistance of the Community Advisory Committee, the RCH has developed a new Community Participation Plan for 2012–14.

Community Advisory Committee

The Community Advisory Committee advises the Board of The Royal Children's Hospital (RCH) in relation to integration of consumer, carer and community perspectives into hospital decision-making.

The move to the new RCH on 30 November 2011 represented completion of the previous Community Participation Plan 2009–11.

With the assistance of the Community Advisory Committee, the RCH has developed a new Community Participation Plan for 2012–14.

In preparation for the introduction of the National Safety and Quality Health Service Standards, the Community Advisory Committee also commenced work on overseeing the implementation of 'Standard 2 – Partnering with consumers'. This standard 'describes the systems and strategies to create a consumer-centred health system by including consumers in the development and design of quality healthcare' (ACSQHC 2011).

The committee also received presentations about consumer participation in state-wide services such as the Victorian Paediatric Palliative Care Program; Primary Care Liaison results of family satisfaction surveys; RCH initiatives to improve access and service delivery, and community consultations facilitated by City of Melbourne and Department of Health regarding restoration of the former RCH site to parkland.

The committee ensures the RCH has appropriate processes and systems in place to seek and gain feedback from patients, families and the community.

A model approach to care

Wadja Model of Care—a unique and innovative approach that's helping Aboriginal families feel better supported, educated and empowered to access the health services required for their children.

The Royal Children's Hospital (RCH) understands that accessing health services can be particularly difficult for Aboriginal and Torres Strait Islander (Aboriginal) families, and often results in extended periods of time where patients and carers are away from family and the community.

Our Wadja Model of Care is designed to put the right level of culturally safe and sensitive, individualised support around each Aboriginal family throughout their entire health journey.

In June 2012 The University of Melbourne Onemda VicHealth Koori Health Unit completed a formal evaluation of our three-year pilot of the Wadja Model of Care, and released the final report titled, *Wadja: Evaluation of the new model of care for Aboriginal children and families at The Royal Children's Hospital.*

Through case management, a dedicated space for Aboriginal families, a culturally-responsive clinic and cross-cultural education for staff, we have come a long way in providing a culturally-safe environment, improving access and effectively responding to the health needs of the Aboriginal community.

It is important that Aboriginal families feel comfortable telling us about their background and culture so we can offer the right support. In 2011–12 we cared for 1050 patients who identified as Aboriginal or Torres Strait Islander, compared to 700 in 2008–09; an increase of 50 per cent in just three years.

The Wadja team, including Aboriginal Family Health Worker Sharon Mongta, finds this increase promising.

"More families are coming to us for support, and it's great to see more families using the facilities in Wadja Aboriginal Family Place," Sharon said.

The RCH will continue to develop strategies to improve identification rates, so we can ensure all Aboriginal families are contacted and supported by Wadja staff when required.

RCH Aboriginal Family Health Worker Sharon Mongta

"More families are coming to us for support, and it's great to see more families using the facilities in Wadja Aboriginal Family Place."

This year 60 per cent of Aboriginal patients received some level of support from Wadja staff, compared to 16 per cent in 2008–09. Wadja case management is provided to 100 per cent of patients who we assess as requiring the service, which equates to 40 per cent of all Aboriginal patients.

Over the past three years we've also seen increased participation in cultural activities and events, with Aboriginal patients and families and Aboriginal elders participating in Cultural Diversity Week, NAIDOC Week, National Sorry Day and a smoking ceremony to mark the opening of the Wadja Aboriginal Family Place in the new RCH.

Another key element of the model is the RCH Wadja Health Clinic, a general medicine outpatient clinic which supports Aboriginal patients with complex health problems. The clinic provides integrated care by a team of paediatricians, including Dr Margaret Rowell, and Aboriginal health workers (Wadja staff).

Smoking ceremony

Margaret explains that, while Aboriginal patients are still seen in condition-specific clinics, Wadja Health Clinic staff are experienced in working with Aboriginal families.

"We focus on providing a holistic and coordinated approach to addressing multiple conditions, often including psychological and behavioural issues, which impact on the child's development," she said.

This year the Wadja Health Clinic conducted almost 270 outpatient appointments—a 77 per cent increase since 2009. The overall failure-to-attend rate for Aboriginal patients across all outpatient clinics has decreased from 28 per cent to 22 per cent.

"We aim to increase the number of patient appointments at the Wadja Health Clinic to 350 per year by 2013, and continue to address the factors that contribute to non-attendance at outpatient appointments," Margaret said.

The Wadja Health Clinic is receiving an increasing number of referrals Victoria-wide from Aboriginal Community Controlled Health Organisations (ACCHOs) and other professionals in the community.

To further grow and support this, commencing in September 2012, Wadja staff will visit all ACCHOs and rural Aboriginal hospital liaison officers to map pathways of care and engage regions in identifying paediatric health needs.

According to Wadja Health Clinic paediatrician Dr Renata Kukuruzovic, this will also assist immensely with identifying pathways to paediatric care, appropriate support in the community, referrals and discharge planning for Aboriginal patients and families.

"The visits will allow us to improve our networks so we are able to better support Aboriginal patients and families, and organisations from those areas.

"We're also providing resources, such as a poster to go in waiting rooms, to increase awareness about Wadja among families in the community," Renata said.

Formal case discussion and care planning occurs weekly between Wadja, medical, nursing, allied health and education staff, and other service providers. Wadja staff are also valued members of treating teams, which, according to the final report, has helped to increase other clinicians' knowledge of how to provide culturally-responsive care for Aboriginal patients.

The Wadja team delivers a program of staff training and education, including condition-specific education sessions, annual hospital-wide presentations, online resources and case studies and training for postgraduate nurses at The University of Melbourne. An online learning package to increase cultural competence of all RCH staff is being trialled and will be mandatory from 2013.

An ongoing challenge for the RCH is recruitment and retention of our Aboriginal workforce, which is an important aspect of providing a culturally-safe environment. The RCH provides clinical consultation, supervision and education for our Aboriginal staff so they feel supported and comfortable, and develop the knowledge and skills to work in a hospital setting.

We're also looking at the best ways to support Aboriginal consumer representation on committees and working groups, including current and past patients and families and the broader community.

The RCH is committed to the ongoing integration of the Wadja Model of Care across the hospital to continue to increase access to quality, culturally-responsive care for Aboriginal children and families.

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

Bunjil's Nest

Wadja Health Clinic staff are experienced in working with Aboriginal families.

Bunjil's Nest

During Education Week in May patients, families and staff of The Royal Children's Hospital (RCH) embarked on a special project to build Bunjil's Nest—a large, nest-shaped sculpture of sticks designed to introduce our hospital community to the natural history and Indigenous culture of our local area.

Bunjil's Nest celebrates Bunjil, the mythological wedge-tail eagle regarded as the spirit creator of the Kulin nation, which includes the Wurundjeri people.

Our nest was crafted in Main Street as a growing installation. The project was initiated by the RCH Education Institute and Wadja Aboriginal Family Place, and took shape within days. Patients, families, visitors and staff contributed sticks with messages of hope for an environmentally-sustainable future and health for the community, and acknowledged how Indigenous people have used the land in a sustainable way for more than 70,000 years.

The completed nest was showcased at a NAIDOC Week ceremony in July by Wurundjeri Elder Bill Nicholson and now has a permanent home in the east garden near Wadja Aboriginal Family Place.

Wadja Model of Care is a prime example of patient and family-centred care in action, with the evaluation showing that Aboriginal patients and families:

Wadja Model of Care

- feel supported and comfortable, actively participate in discussion with clinicians
- are more involved in decision making about their children's health and treatment
- are more empowered to communicate effectively with hospital staff
- have improved health literacy
- are better placed to provide informed consent
- feel that visits to the hospital are easier and overall it is easier to navigate the health system for those requiring complex care
- value being seen by paediatricians who are experienced in working with Aboriginal families

A culturally and linguistically diverse hospital community

The Royal Children's Hospital is enriched by staff, patients and families from different backgrounds. In 2011–12 we cared for 10,725 patients from a culturally and linguistically diverse (CALD) background. This represents 10 per cent of all patients, so it's important we have an organisation-wide approach to providing the best possible care.

Cultural Diversity Committee

The Royal Children's Hospital (RCH) has a Cultural Diversity Committee that aims to promote and foster a hospital-wide approach to ensuring the RCH environment, programs and services are culturally sensitive, welcoming and encompassing for all CALD communities, including patients, families, staff and visitors.

The committee is chaired by the Executive Director of Communications, comprises representatives from many hospital departments and oversees implementation of the RCH Cultural Responsiveness Plan 2010–13.

A culturally-responsive workforce

As part of our commitment to providing culturally-responsive healthcare, the RCH is developing an organisation-wide approach to training and education for staff, and service delivery strategies.

A number of programs to increase cultural competency for staff already exist across the hospital. Our aim, however, is to create a more coordinated Cultural Diversity Training and Development Program that will ensure all staff develop skills to provide best practice healthcare to CALD communities.

One part of this program is a series of staff workshops to formally document gaps and identify potential strategies for improvement. We will use this feedback to further develop our program, which will be rolled out in March 2013.

On Refugee Day in June 2012 the Cultural Diversity Committee facilitated a Grand Round (education seminar) for staff about cultural responsiveness, with presentations about the Refugee Status Report, CALD initiatives led by the RCH Integrated Mental Health Program and cultural competence.

Interpreter Services

The RCH Interpreter Services continues to play an important role in providing support for CALD families. In 2011–12, there were 1,914 inpatient and 19,170 outpatient requests for an interpreter covering more than 130 languages.

The top 10 languages provided were Vietnamese, Arabic, Mandarin, Somali, Cantonese, Turkish, Dinka, Assyrian, Karen and Punjabi.

By working closely with Interpreter Services, our staff schedule appointments and consultations at times when a face-to-face interpreter is available. On approximately 80 occasions this year we were unable to provide a face-to-face interpreter at the requested time due to short notice or lack of interpreters in emerging languages. Instead, Interpreter Services organised a telephone interpreter or rescheduled the consultation where possible.

In 2011–12, there were 1,914 inpatient and 19,170 outpatient requests for an interpreter. The top 10 languages provided were Vietnamese, Arabic, Mandarin, Somali, Cantonese, Turkish, Dinka, Assyrian, Karen and Punjabi.

We have close links with interpreter service organisations Australia-wide and engage closely with external organisations to 'fill the gaps' when we need extra help to keep up with demand for certain languages.

The RCH also works with the Victorian Government Office of Multicultural Affairs and Citizenship and RMIT University to facilitate scholarships for people to become accredited in emerging languages.

Interpreter Services and medical staff organise health education sessions for our interpreters, providing information about conditions where communication with CALD patients and families can be challenging. In 2012 we provided sessions about diabetes and eating disorders.

Junior doctors, nurses and allied health staff receive training about when and how to access interpreter services in the hospital and best practice in working with interpreters.

Immigrant Health Service

The RCH Immigrant Health Service provides a weekly outpatient clinic, patient consultations, education for service providers and work in refugee policy.

Refugee health is an emerging area of clinical care and, with the recent increases in the Humanitarian intake, around 8,000 people of refugee background will arrive in Victoria each year. Our Immigrant Health Service has an important role in refugee health in Victoria.

In 2012 the clinic has seen children and young people who are asylum seekers or in community detention for post arrival health checks. The clinic also provides a tertiary consultation service, seeing patients with nutritional issues, infectious diseases and for cross-cultural educational and developmental assessment. Seventy per cent of families who access the clinic require the assistance of Interpreter Services.

We work in partnership with the Royal Dental Hospital, with a dental therapist providing oral health assessment and health promotion in clinic, and also have a partnership with the RCH Education Institute, with a teacher providing a link between staff, patients and schools. The service is currently developing a secondary consultation model with the Integrated Mental Health Program, and planning safe prescribing work with the RCH Pharmacy.

In 2012 the immigrant health team delivered more than 40 education sessions to 3,000 participants, including maternal and child health nurses, English as a second language teachers, GPs,

refugee health nurses, young people of refugee background and doctors and nurses at the RCH. Staff also worked with undergraduate medical students who were participating in innovative community-based mentoring programs for disadvantaged young people of refugee background.

Between 2008 and 2011, RCH paediatrician and medical coordinator of immigrant health Dr Georgie Paxton led a team based at Murdoch Childrens Research Institute and the Department of Education and Early Childhood Development to produce the Refugee Status Report, which brings together available data on refugee children and young people in Victoria. The report was launched by the Minister for Health, the Hon David Davis and the Minister for Children and Early Childhood Development, the Hon Wendy Lovell in July 2011, and was presented to the Refugee Resettlement Advisory Committee in Parliament House in February 2012.

The Immigrant Health Service provides a wealth of useful resources for health professionals around best practice healthcare for refugees and works closely with external providers, including Foundation House, to inform ongoing healthcare delivery and resources. We maintain clinical practice guidelines for emerging refugee health issues and have contributed to a revision of the GP refugee health assessment tool and screening guidelines for children in detention. RCH staff also participate in advisory groups, including the Victorian Refugee Health Network and the steering committee for the Victorian Government Refugee Health and Wellbeing Strategy.

Cultural Diversity Week

Cultural Diversity Week is a highlight in Victoria's cultural calendar. Celebrations are held throughout the state to recognise our diverse cultures.

The RCH Education Institute facilitated a program of activities to raise cultural awareness and engage patients in learning about other areas of the world.

Main Street was a hive of activity with creative learning workshops and activities. Staff, patients and families contributed to a cultural map in Main Street by placing a sticker on the map to acknowledge their personal heritage.

Our prayer and meditation space, Murrup Biik, hosted activities including self-portrait creative arts sessions. Visitors were invited to write a prayer on a leaf and attach it to a prayer tree.

In the Starlight Express Room, patients and families created traditional costumes from around the world. The workshops culminated in the Fabulous Fashion Parade, which departed from the Starlight Express Room and visited many areas of the hospital.

Our in-house TV show, Going Nuts with Macadamia, also celebrated cultural diversity.

Food Services

The RCH has policies and procedures for the provision of meals for all patients. The menus were revised in line with policy when we moved to the new RCH.

In 2012 we extended our menu, which enabled us to offer culturally-diverse food options for all patients.

Halal and Kosher meals are available at all times and the kitchen is able to prepare individualised meals on request.

The RCH Immigrant Health Service provides a weekly outpatient clinic, patient consultations, education for service providers and work in refugee policy.

Home safety workshops

The RCH Safety Centre runs monthly home safety workshops for parents. On request, it provides CALD discussion groups for parents and carers who speak little or no English.

The discussion groups inform parents and carers about how injuries in children occur and what they can do to minimise these injuries. They cover burns and scalds, poison prevention, outdoor safety, water safety, choking prevention, falls prevention, important hotline details and emergency contacts. They also discuss the importance of first aid and recommend first aid courses.

For participants who don't understand English, the Safety Centre organises an interpreter or a bilingual peer educator.

Safety Centre senior project coordinator Barbara Minuzzo said the sessions focus on simple but important safety messages.

"These discussion groups focus on simple, but vital, home safety messages to assist parents and carers in making the home environment as safe as possible," Barbara said.

CALD resources for staff and families

The Cultural Diversity Committee is reviewing the RCH website and is developing an easy-to-find central location for all translated materials and CALD resources.

As well as centralising translated materials produced by the RCH, we are creating 'online hubs' of links to quality materials produced by other organisations, such as hospitals, government agencies and not-for-profit organisations.

RCH Safety Centre senior project coordinator Barbara Minuzzo speaks with three-year-old Wincy and mum Nancy about safety in the home

Having a say—the inaugural RCH Youth Forum

At The Royal Children's Hospital we are working hard to provide young people with the opportunity to 'have their say' when it comes to issues affecting them and their health.

"I met some great young people and we got some great feedback about what they do and don't like about the hospital."

Y@K mentor

In August 2011 The Royal Children's Hospital (RCH) Education Institute, on behalf of the Youth Advisory Council (Y@K) and in partnership with the Centre for Adolescent Health, facilitated the first-ever RCH Youth Forum.

This all-day event was designed to strengthen youth consumer voice within the hospital and to provide a platform for consultation with a wide range of youth on issues affecting young people, especially in the context of the move to the new RCH.

The Youth Forum is part of a broader commitment by the hospital to meet the needs of adolescent patients by engaging young people as consumers and by providing a range of adolescent-friendly services as recommended in the 2009 Adolescent Model of Care report.

The event attracted 166 participants from across the state. Young members of the hospital community, patients, siblings, family members and friends of hospital patients and young people with an interest in health issues joined us for this important event. To ensure the inclusion of young people on the wards, Victoria Police High Challenge ran associated ward-based activities.

"I was very impressed by the youth participation and that young people want to be involved in shaping their health care."

Professional listener

Young people, including Youth Forum participant Emma, had the opportunity to take part in interactive and creative workshops, listen to inspiring speakers, explore a range of youth health issues, discuss the RCH experience, actively contribute to a more youth-friendly hospital and network with other young people with similar interests and backgrounds.

"It was lots of fun...there were lots of creative minds!" Emma said.

James, one of the Y@K members who played a key role in planning the event, was excited by the ideas generated and the opinions expressed on the day. "It was great to see so many participants embrace what we were trying to do," James said.

RCH Education Institute teacher Ross Dullard agreed.

"There was a lot of energy; the participants were really motivated," he said.

The Youth Forum highlighted some great collaborative practices. While hosted by Y@K, the event was facilitated by the RCH Education Institute in conjunction with the Centre for Adolescent Health. Staff from a range of hospital departments participated in the event, members of the RCH Executive were actively involved in the program and the event was supported by external organisations such as Victoria Police High Challenge and the Foundation for Young Australians.

The ideas, discussions and feedback identified during the forum were considered by Y@K and translated into a set of recommendations which members then presented to the RCH Executive. Since the event, Y@K has been working in collaboration with the RCH Executive to implement some of the suggested recommendations.

The inaugural Youth Forum proved to be a great opportunity for young people to develop skills in leadership and youth advocacy and many of the recommendations from the day have improved the hospital experience for young people.

RCH patient Kyle and nurse Stephanie Richards

Towards an adolescent friendly children's hospital

An outstanding example of The Royal Children's Hospital (RCH) leading the way in consumer engagement is the Adolescent Friendly Healthcare Survey. This major clinical research project is led by the RCH Centre for Adolescent Health and funded by the RCH Foundation. It sets out to identify adolescents' and parents' experience of care at the RCH. Y@K had input into the development of a set of core indicators of what makes a hospital adolescent friendly, and the subsequent task of developing a survey to measure this.

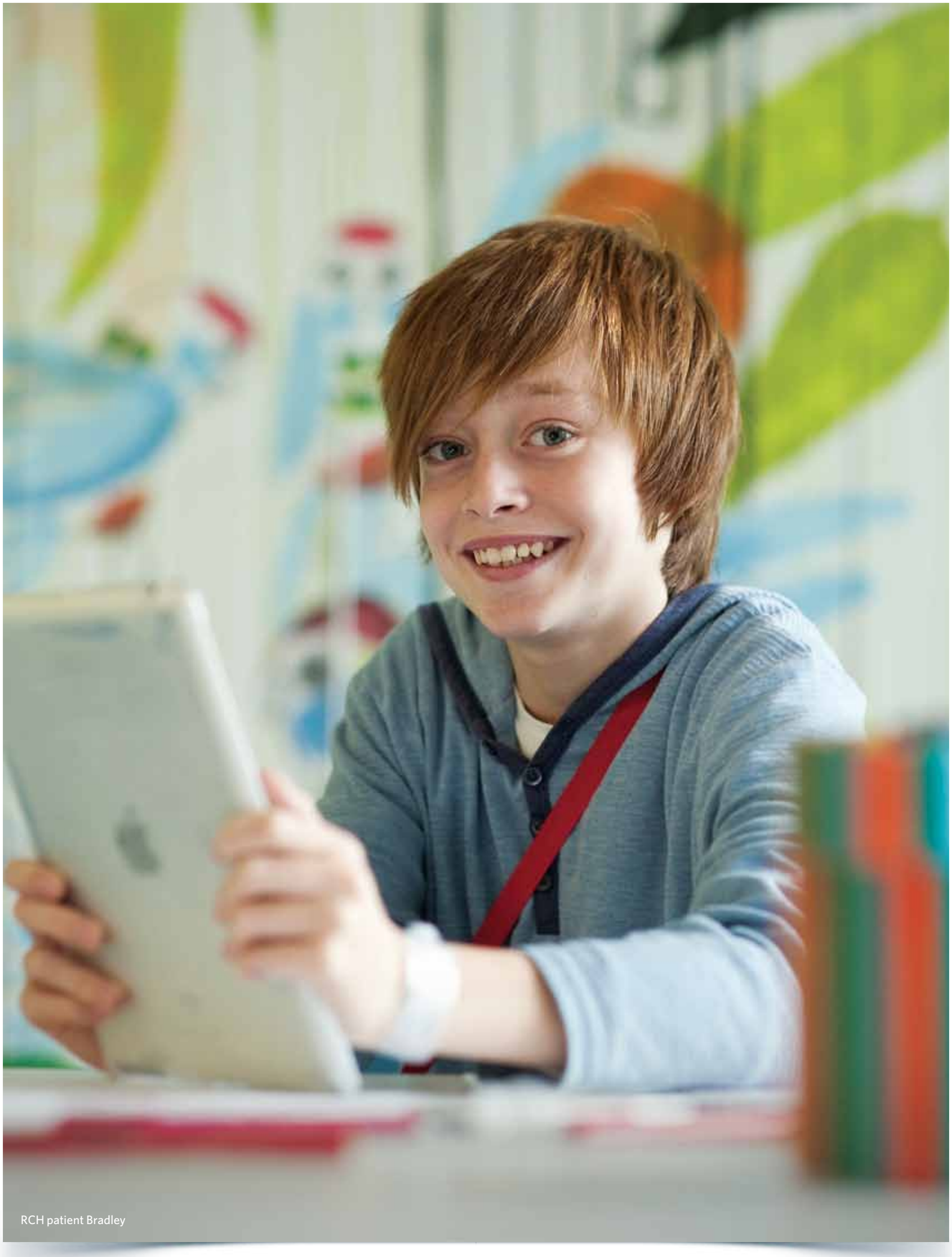
Responses were obtained from 787 adolescents and 943 parents in 2011.

> "I have been so impressed with how the staff remember my son from one visit to the next...the staff always have a smile and a laugh, which is great." Parent

Indicators of healthcare engagement by adolescents and parents were generally very positive. Patients and parents felt highly welcomed at the hospital. RCH clinical staff were reported to be friendly and generally provided understandable health information to adolescents and parents. When it came to patient and family-centred care, both groups reported high levels of feeling respected by RCH staff. However, there was room for improvement in other indicators of patient-centred care, such as the extent to which adolescents felt able to ask questions of clinicians, and the proportion of adolescents who wanted greater involvement in consultations.

> "I felt as if I would sound stupid if I asked a basic question." Adolescent

More critically, the survey also showed that our staff could significantly improve on the implementation of evidence-based quality care practices with the goal of addressing broader adolescent health and wellbeing. Areas for improvement included discussion of confidentiality with adolescents, routine psychosocial assessment, supporting adolescents to start managing their own healthcare, and provision of information and discussion about transition to adult healthcare. There was also evidence that both the physical environment and the resources provided (including support for social connections) did not fully meet adolescents' needs. This survey paves the way for targeted interventions to improve the quality of care provided by the RCH to adolescents.



RCH patient Bradley


RCH patient Jack

Family roadmaps for life outside treatment

Since 2010 The Royal Children's Hospital Children's Cancer Centre and the Paediatric Integrated Cancer Service have worked together to develop and test a 'roadmap' template to better support family life outside of treatment for our patients with cancer.

In response to recommendations made by the Victorian Children's Cancer Parent Advisory Group, the aim was to develop a systematic, individualised treatment and follow-up plan for families.

A working group including both consumers and staff from the Paediatric Integrated Cancer Service (PICS) sites—The Royal Children's Hospital (RCH), Monash Children's and Peter MacCallum Cancer Centre—set out to develop and implement the 'Family Roadmap' system.

The aim of the Family Roadmap was to provide an individualised, easy-to-read calendar of appointments and treatment events for patients and families to use at home.

The calendar needed to be easy to update as the child's care progressed to ensure it remained accurate. Consumers suggested this visual reference would also assist them to plan family activities around medical events.

In 2011–12 the Family Roadmap was trialled at the RCH, focusing on children and adolescents diagnosed from November 2011. The results were positive. Families found the roadmap met their needs as an easy-to-read treatment calendar and as a tool to help them coordinate life around their child's treatment.

Survey results indicated:

- all families found the calendar format of the Family Roadmap easy to understand
- 80 per cent of families reported that the Family Roadmap helped them to understand their child's treatment plan
- 80 per cent said they used the Family Roadmap to plan other events in their life often or all the time
- 80 per cent of families found the Family Roadmap 'useful to very useful', with no families reporting that the Family Roadmap was 'not at all useful'.

Survey results found the Family Roadmap provides a better understanding of planned care, encourages active participation in treatment planning, provides opportunities for referral of care closer to home via advance booking, and can reduce stress and anxiety.

For staff, the Family Roadmap improves communication and planning between the multidisciplinary treatment team, streamlines bookings and planning of care, improves nurses' time management and provides greater adherence to clinical trials through more effective communication of care.

This work has been presented at conferences nationally and internationally, and the PICS and the RCH will continue to develop and test new Family Roadmap templates to suit a range of cancer treatment plans.

Feedback from families

"Helpful and good for kids to follow as well."

"It simplifies up and coming procedures."

"Very useful in intense treatment."

"Very beneficial during the intense phase."

"It helps plan our work days and holidays."

"Great idea, helps to provide additional guidance."


RCH doctors Philippa McSwiney, Sarah Arachchi and Daniel Mason

Improving childhood stroke outcomes

It's commonly known that stroke affects adults, but many are not aware that stroke also affects children. New research is helping Emergency Department doctors identify children who may be at risk of stroke.

The Paediatric Brain Attack study, by researchers at The Royal Children's Hospital (RCH) and Murdoch Childrens Research Institute (MCRI), found that while the cause of stroke symptoms in children is different from adults, the presenting features of stroke in children are similar.

RCH neurologist and director of the childhood stroke program Dr Mark Mackay said limited awareness about signs and symptoms of childhood strokes amongst physicians and the community leads to delays in diagnosis and treatment of stroke.

"We know in adults that getting immediate treatment can be the difference between severe disability and making a good recovery after a stroke. The same is true for children—fast and accurate diagnosis is essential to reduce brain damage and improve long-term outcomes," Mark explained.

Parents are urged to remember the acronym FAST when checking for stroke symptoms.

Face – has their mouth dropped?
Arms – can they lift both arms?
Speech – is their speech slurred?
Time – time is critical.

"Findings from the study will inform development of a bedside diagnostic tool for paramedics and emergency physicians to increase the likelihood of children receiving benefits of acute treatments that have been shown to reduce long-term disability in adults."

"Findings from the study will inform development of a bedside diagnostic tool for paramedics and emergency physicians to increase the likelihood of children receiving benefits of acute treatments that have been shown to reduce long-term disability in adults," he said.

Next year, RCH and MCRI researchers will take part in an international study to investigate the safety and feasibility of emergency treatments, such as acute thrombolytic therapy (TPA)—currently used in adults to dissolve clots and improve blood flow to the brain.

The Paediatric Brain Attack study is another important step in our work to improve outcomes of childhood stroke. In the RCH Quality of Care Report 2009–10, we reported on our involvement with the International Paediatric Stroke Study Group (IPSSG). IPSSG is a registry of information about the incidence, treatment and outcomes of childhood stroke and the RCH is now the third largest contributor of data.

The study was funded by MCRI, National Stroke Foundation and Collier Foundation.

Overcoming chronic constipation

A new device is being used to successfully treat children with a recently discovered type of constipation, significantly improving quality of life for the whole family.

Constipation in children is a common complaint, comprising 10 per cent of problems seen by paediatricians and 30 per cent of problems referred to paediatric gastroenterologists.

Over 300 children attend The Royal Children's Hospital (RCH) each year requiring treatment for constipation. Most are admitted via the Emergency Department and stay for an average of one to four days. Quality of life surveys show that constipation can cause significant social, educational and mental disadvantage, for both the child and the entire family.

Food and faeces move through the intestine due to coordinated contractions and relaxations of the gut muscle, controlled by the enteric nerves. Previously it was thought that the child with intractable constipation was refusing to comply with conventional therapy.

Recent research by the RCH and Murdoch Childrens Research Institute has shown that the nerves in the bowel are dysfunctional, causing food and faeces to move too slowly through the bowel. This has led to the discovery of a new childhood disease, known as slow transit constipation.

Electrical stimulation is commonly used to repair muscles following sporting injuries and to keep the heart beating. The research team has tested stimulation of the bowel using a new, non-invasive treatment involving electrodes on the skin.

"There is a shift in attitude from health professionals when it is clear that the condition relates to a physical defect rather than a behavioural disorder."

Professor John Hutson AO, RCH urologist and Professor in Paediatric Surgery

This treatment is fixing the problem. Following a few weeks of daily use of the device, children continue to feel better for at least six months and up to a few years. In the trial of 46 children, the stimulation increased contractile activity in the colon by 130 per cent and improved the speed of transit by 50 per cent.

Following this success, the team worked with parents to determine how the treatment can be performed at home with the same results as clinic-based trials.

The current machine that's used for electrical stimulation is somewhat complicated and difficult for families to use, so we are working with a manufacturer to build a more user-friendly machine that can be integrated into everyday life.

A prototype is expected before the end of 2012, which we anticipate will lead to improved outcomes for children and families across the world.

"Nervous control of the bowel is very complex. This technique activates nerves to improve quality of life for children with constipation."

Dr Bridget Southwell, NHMRC Senior Research Fellow, Head of Surgical Research Group and Gut Motility Laboratory, MCRI

The best method of rehydration for bronchiolitis

Ongoing research into bronchiolitis aims to improve treatment, care and comfort for infants.

Bronchiolitis is the most common disease of the lower respiratory tract in infants and the leading cause of hospital admission during the first year of life. There are no effective drug treatments to improve the outcome of bronchiolitis, so treatment is limited to supportive care, including oxygen and fluid replacement therapy.

Approximately 30 per cent of children admitted to hospital with bronchiolitis will require fluid therapy. Internationally, both intravenous hydration therapy (IVH) through a line into the vein and nasogastric hydration (NGH) via a tube inserted into the stomach via the nose and throat are used, with insufficient evidence and lack of agreement about which method is best.

In last year's Quality of Care Report, we told readers about a trial involving 750 children across seven hospitals in Australia and New Zealand, investigating 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, ease of insertion and parent satisfaction.

The results are in, concluding that both NGH and IVH are appropriate means to hydrate infants with bronchiolitis, with no significant differences in length of stay or adverse events. The study did, however, find that nasogastric insertion requires fewer attempts and has a higher success rate of insertion.

We are now conducting a follow-up study to investigate the epidemiology of bronchiolitis in the 3,500 children who were assessed for enrolment in the first study.

We will investigate differences in care between the seven hospitals, impact of environmental factors on bronchiolitis admissions, results of viral tests and the intensive care interventions in bronchiolitis.

Improving the wellbeing of our families

The Royal Children's Hospital is collaborating on an important study to better understand the impact on and support the needs of parents who have a child with a life-threatening illness or injury.

The Royal Children's Hospital (RCH), Murdoch Childrens Research Institute (MCRI) and Parenting Research Centre, are working to better understand the emotional and social impacts that serious childhood illness or injuries have on parents, patients and their families.

Aptly named 'Take a Breath', this study will result in new programs and recommendations for the best ways to support parents during these difficult and, often, overwhelming times.

The study takes into account the emotional distress caused by events within the hospital associated with serious illness or injury, including acute distress reactions and post-traumatic responses in vulnerable families, which place enormous strain on families already struggling to cope with the emotional and practical burden of their child's illness. It also looks at how parents' psychological wellbeing and social supports contribute to their responses to their child's illness or injury.

The 'Take a Breath' study is split into two key projects.

The first study is a survey of over 200 parents with a child aged zero–18 years, diagnosed with a life threatening illness or injury that required admission to the Cockatoo Ward (neurology), Kookaburra Ward (cancer care), Koala Ward (cardiology) or Rosella Ward (intensive care) at the RCH.

The information parents provide enables us to better understand the impact of life-threatening child illnesses on the health and wellbeing of parents and families as well as why some parents adapt quickly and manage well over time, while others have significant and long-term emotional and social difficulties.

Already, the study has shown that the way parents adapt to their child's illness is associated with child and family psychosocial adjustment both in the short and longer term. The study will also lead to the development of new measures for identifying parent stress that can be used by staff, including doctors, nurses, social workers and mental health professionals, who support families following diagnosis.

Vicki Anderson, RCH Director, Psychology, Deputy Director Integrated Mental Health Program and MCRI Theme Director, says the team is currently screening parents for signs of stress during the early weeks of a child's illness, with the aim of accurately identifying which families are in need of support from RCH staff.

Parents have reported significant reductions in their levels of distress following completion of the Take a Breath Parent Program.

"This is an important step towards better tailoring support to the individual needs of families, and is likely to improve the identification and targeting of services for families who would benefit from more intensive and long-term support," Vicki said.

The study will also lead to recommendations for the development of support resources that are specifically targeted to match the needs of individual families.

The second study involves a program that provides effective support to parents. The Take a Breath Parent Program, developed at the Parenting Research Centre, is designed to reduce current distress and prevent long-term mental health problems.

A pilot study has been conducted with 19 parents of children diagnosed with either cancer or a cardiac condition. Parents attend five group sessions to share some of the struggles they have faced since their child's diagnosis and learn strategies to assist them in dealing with the many difficult thoughts, feelings and memories they face as a result of this traumatic experience.

MCRI researcher Dr Frank Muscara, a clinical neuropsychologist and post doctoral fellow, says results are promising, with parents reporting significant reductions in their levels of distress following completion of the program.

"Parents said they felt less overwhelmed by feelings of worry, sadness, guilt, anger and uncertainty than before they attended the program," Dr Muscara said.

The evaluation of the program, involving 144 parents, will enable us to see if the program offers benefits beyond the current support services available at the RCH. If this is the case the aim is to make the program readily available, to ensure we continue to provide quality assistance to our families.

The 'Take a Breath' study was supported by a major philanthropic grant from The Pratt Foundation to MCRI.

RCH patient Xavier with his dad Lionel

A new Royal Children's Hospital

Officially opened by our patron Her Majesty The Queen on 26 October 2011, the new Royal Children's Hospital provides world-class facilities befitting our great hospital.

Since this historic occasion and the move of patients to the new hospital one month later, patients, families and staff have settled into the new environment that is uniquely designed for children and young people.

The Royal Children's Hospital (RCH) Chief Executive Officer Professor Christine Kilpatrick says we have already seen the positive impact of our wonderful new hospital.

"Staff, patients and families are genuinely enjoying the facilities and we are thrilled to see people engaging positively with the parkland setting," she said.

Inspired by the quality of light, the textures and forms of its parkland setting, the new RCH has been designed to reflect the growing evidence of the importance of nature to the healing process.

Eighty per cent of all patient rooms have views of the park, facing the north, making good use of natural light. Outdoor spaces, such as gardens, secure playgrounds and landscaped areas provide for recreation and relaxation, while therapy gardens have been purpose-built to assist in the treatment and rehabilitation of patients.

The new RCH is patient and family friendly, reflecting the way we care for children and young people both today and into the future.

The new RCH is patient and family friendly, reflecting the way we care for children and young people both today and into the future. Today, the average length of stay for an inpatient is a few days, day procedures and same day admissions are common and parents not only stay by their child's bedside, but are an integral member of their healthcare team.

To ensure facilities in the new RCH meet the current needs of children, families and staff, we consulted our consumers including the Family Advisory Council, Youth Advisory Council and Community Advisory Committee.

Eighty-five per cent of rooms are single-bed, increasing privacy, reducing noise and improving infection control within wards. Patient rooms have couches that convert into a bed for a parent to stay overnight, and storage space. A Family Resource and Respite Centre provides a home away from home, where families can relax away from the wards and take time to reconnect to a life outside the hospital.

New models of care to treat patients in Emergency and Specialist Clinics have been adopted to improve the patient experience.

New community partnerships have been forged with Melbourne organisations to provide a patient experience far removed from a traditional hospital environment. Through collaborations with Zoos Victoria, Advanced Aquarium Technologies, Scienceworks and Hoyts, the new RCH features a meerkat enclosure within our Specialist Clinics, a two-storey aquarium in the Emergency Department, interactive displays throughout the hospital and a bean bag cinema just for patients. All these features enable families to spend more time together, as a family.

The new RCH is an extraordinary place to work. A shared educational space, the Health Education and Learning Precinct, provides a range of education and learning spaces including collaborative meeting spaces, break out areas and a simulation centre. Research space has doubled in the new RCH with laboratories and research spaces in close proximity to clinical areas. These spaces have been designed to facilitate communication and collaboration between clinicians, researchers and educators—important to achieving the best clinical outcomes to improve child health.

The six-year project to build a new $1 billion state-of-the-art facility was the largest hospital redevelopment ever undertaken in Victoria and its delivery was on time and on budget, with no interruption to services. Adding to this impressive list of achievements, the new hospital has won multiple awards for design and architecture on the local and world stage.

Stage 2 of the New RCH Project commenced in early 2012, and is expected to be completed by the end of 2014. Stage 2 includes construction of additional facilities to support the hospital community, demolition of the old hospital and reinstatement of the old site as parkland.


Specialist Clinics

Photo: Shannon McGrath

Specialist Clinics centralised

Specialist Clinics are centralised in the new RCH to make it easier for patients and families to attend appointments.

Specialist Clinics provides a comprehensive range of general and specialist outpatient services with over 240,000 attendances each year.

A streamlined booking service is designed to improve appointment scheduling processes and deliver an improved patient experience. Appointments are managed through reception desks, with separate waiting areas and discrete consulting and treatment rooms, conveniently located close to important diagnostic services.

The new hospital design encourages the use of flexible waiting areas for patients and families including the aquarium, a meerkat enclosure, cafés, gardens and play areas. For some clinics, a patient calling system is a feature of the service, allowing patients and families to enjoy these spaces and be called back to the waiting area when their doctor is ready to see them. The majority of Specialist Clinics at the new RCH are conveniently located in one central, easy-to-access area off Main Street on Ground floor (Beach).

Emergency Model of Care

The new hospital has allowed us to create a more streamlined experience for families who attend our Emergency Department.

The new RCH provided the opportunity to review the Emergency Model of Care and has allowed for positive change. A new Emergency triage system has been designed to streamline the process and wait times, improving the experience for families.

Changes have been made to increase the flow of patients presenting to the Emergency Department and the new layout ensures that care commences as early as possible.

Upon presentation to Emergency, patients physically flow through the department from entry, through triage to discharge or admission. All patients are designated to one of six care streams and the new department layout, equipment and systems are optimised to provide for the differing needs of the patients in each care stream.

Inpatient medical staff also play a critical role in the new model of care through early assessment of all patients likely to need admission to an inpatient bed.

Despite an increase in Emergency presentations, the new model of care will assist the RCH in achieving the new four hour National Emergency Access Target.


Waiting area in the Emergency Department

Photo: Shannon McGrath


Triage rooms in the Emergency Department

Photo: Fraser Marsden

The new RCH provided the opportunity to review the Emergency Model of Care.

Moving to our new Royal Children's Hospital

The move to our brand new hospital in November 2011 was one of the biggest healthcare moves ever undertaken in Australia.

RCH staff move a patient through Main Street to a ward

Strong leadership, detailed planning and a willingness of staff to put in the extra effort and hard work all contributed to the successful move to and opening of a new hospital for Victoria's children.

The move of over 10,000 pieces of equipment, more than 4,500 staff and 151 patients was more than a year in the planning.

All patients moved to the new Royal Children's Hospital on one day, 30 November 2011, known at the hospital as Patient Move Day. The move of staff and equipment was rolled out over a two month period, with critical patient support services moving prior to Patient Move Day, with all services up and running by Christmas.

As the specialist children's hospital in Victoria, the statewide major paediatric trauma centre, and a national centre for paediatric liver, lung and heart transplantation, it was critical there was no disruption to services for patients during the move period.

The RCH Chief Executive Officer Christine Kilpatrick said strong leadership, detailed planning and the willingness of staff to put in the extra effort and hard work all contributed to the successful move to and opening of a new hospital for Victoria's children.

"The community, who share an incredible sense of personal ownership of the hospital, were witness to this feat as all Melbourne media covered the event from 7.00am that morning right through to the evening news.

"The move finished more than three hours ahead of schedule and was testament to the outstanding skill and experience of our staff," Christine said.

With one child moving every 3.5 minutes, our Patient Move Day was seamless.

Move governance and structure

Governance for the move was provided by an Executive-led New RCH Steering Committee, with clinical areas designing their own move plans to reflect their patient groups.

Reporting to the New RCH Steering Committee was a New RCH Move Team, which was multidisciplinary and managed five key Move Streams. Move Streams, each with Executive sponsorship, helped design and manage the move. The structure and executive leadership helped facilitate immediate escalation of issues for resolution.

On Patient Move Day, the existing Hospital Incident Management Team structure was utilised to provide command and control, with members available at both the old and new site to manage issues.

Move planning

The move to the new RCH was supported by an overarching organisational Move Plan.

Key principles underpinned the development of the Move Plan and provided a common platform for decision-making. Principles of the move focused on patients, staff, service and the community. A Move Plan template was designed to ensure a consistent approach across individual departments' move planning. Every hospital department was required to complete the Move Plan template, helping to facilitate two-way communication and inform the move process.

RCH patient Aidan settled into his bedroom

Risk management was a critical component of the move. Move Streams met monthly, then weekly as the patient and staff move got closer. The New RCH Steering Committee monitored and reviewed risks at monthly meetings to ensure appropriate management and mitigation strategies were in place.

Nurse-led ward rounds were conducted with staff, using the hypothetical question 'If we moved today...?' to help them prepare for clinical scenarios on Patient Move Day and inform move planning. Staff would look at the current number of inpatients in the hospital, assess their needs and plan how they would move them as if it was Patient Move Day. Data was recorded and entered into a simulation tool to map timings for the move.

Additionally, ward staff performed mock moves to become fully oriented with the move route and identify equipment and resource needs.

All staff were involved in a comprehensive training and orientation program, designed to orientate staff to the site as well as train staff on new equipment. Training was led by 150 staff who had been previously trained as Orienteers and many more staff who were trained as Super Users of equipment.

Wayfinding resources were developed to support patients and families who were moving or due to visit the new hospital.

Practice drills for Medical Emergency Team (MET) calls and Emergency Codes, such as fire and evacuation were also held.

To ensure patient safety during the planning and physical move, there was a planned reduction in hospital activity from October to December 2011. Once the move was complete, elective surgery and outpatient clinics were progressively increased back to normal levels.

An external and internal communication plan was developed to support the move and ensure staff, the public and our emergency service partners understood when services commenced at the new site. This included press conferences on the progress of the patient move, which gained widespread media coverage, as well as newspaper advertisements, website updates, letters and signage.

Wayfinding resources were developed to support patients and families who were moving or due to visit the new hospital. These included a printed 'Your Guide', a new RCH website, online 'A-Z info', online virtual tours, maps and activity books.

Patient move day

On Wednesday 30 November, 151 critically-ill patients were transferred from the old to the new hospital via internal passageways linking the two buildings.

Starting at 7.00am, with one child moving every 3.5 minutes, our Patient Move Day was seamless. The first patient was Christian, an 11-year-old cancer patient, who moved into the new Kookaburra Ward (cancer care).

Importantly, there was no disruption to patient care or to the community. At 8.00am the old and new Emergency Departments simultaneously closed and opened, with not one minute of care lost. Emergency theatres were ready from 8.00am and the first surgical procedure commenced at 11.00am on Patient Move Day.

The final patient to move was five-week-old Connor, an intensive care patient. Staff formed a guard of honour in Main Street of the new hospital to celebrate this special milestone. To commemorate the move, each patient received an RCH Move teddy bear donated by Build-A-Bear, certificate and welcome pack.

The RCH Campus welcomes Banksia Ward

RCH welcomed patients and staff to the new Banksia Ward (adolescent mental health) on 29 February 2012.

Five patients made the move from the Western Hospital in Footscray to the new RCH, by bus. Banksia Ward is a 16-bed unit which accommodates young people aged 12–18 years who require psychiatric treatment.

Settling in

The approach and experience of the move has helped shape a new model of staff training and engagement for other change programs across the hospital, which continues today.

The project management approach with robust governance and monitoring is maintained across the Transformation and Redesign program aligned to our strategic goal of 'realising the potential of the new RCH'. The New RCH Steering Committee provides governance of this program.

Patient safety

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

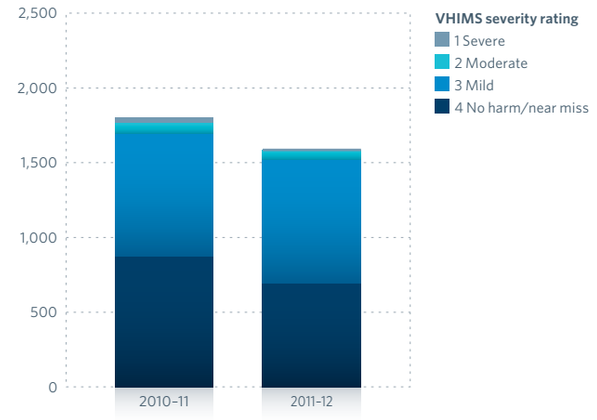
The Royal Children's Hospital (RCH) uses the Victorian Health Incident Management System (VHIMS) to record and track all incidents and feedback from patients, families, staff and other visitors.

As well as clinical incidents, the system is used for occupational health and safety (OH&S), non-clinical incidents, compliments, complaints and suggestions.

A clinical (patient) incident is an event or circumstance that could have led or did lead to unintended or unnecessary harm to a patient. The RCH uses VHIMS to collect details about clinical incidents, record the response taken to ensure patient safety and identify ways to help 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. In 2011–12, there were 1622 clinical incidents reported, compared to 1797 in 2010–11.

Staff are encouraged to complete the VHIMS e-learning package to ensure they are aware of their role in identifying and responding to incidents to maintain a safe environment and ensure patient safety. Through collection and analysis by the Department of Health, VHIMS also allows health organisations across Victoria to learn from one another to improve patient safety.

TOTAL CLINICAL INCIDENTS BY SEVERITY



Right patient, right care, every time

All patients at The Royal Children's Hospital (RCH) must have hospital-issued identification (ID). This is usually a band on their wrist or ankle. The ID tells staff the patient's name, date of birth and unique RCH number (UR number).

Some patients are unable to wear an ID band on their wrist or ankle, so an ID device is attached somewhere else, such as the patient's clothing, dressings, IV line or connected medical equipment. When this happens, staff make a note in the medical record. If staff remove the ID for a procedure, they must ensure it is replaced immediately.

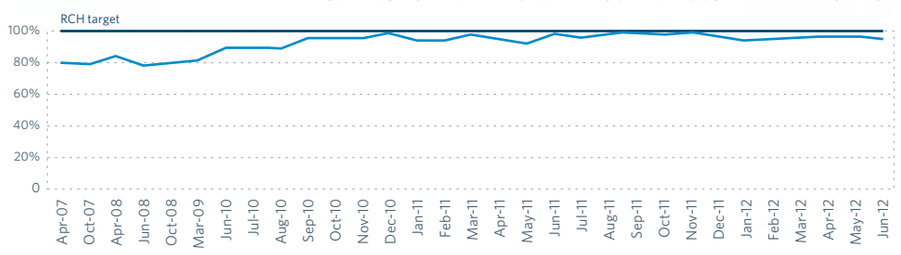
Nurses conduct monthly audits to confirm all patients have hospital-issued ID. In 2011–12 a question was added to the audit to ensure that we check that all the information on the ID device is correct. This year our average rate of compliance was 97 per cent, compared to 95 per cent in 2010–11, but we're aiming for 100 per cent. Patients, parents and carers can help by telling us if the ID band falls off or if they don't think they have one.

Before any care, treatment or service takes place, staff perform a process called 'positive patient identification'. There are two ways we do this:

1. Ask the patient or parent to confirm the patient's ID:
   - What is your name?
   - Can you spell your name for me?
   - What is your date of birth or when is your birthday?
   - What procedure or therapy are you here for? (If appropriate)

2. Visual examination of the patient ID device:
   - Patient's name (first name and family name)
   - Date of birth
   - UR number

PERCENTAGE OF PATIENTS WITH HOSPITAL-ISSUED IDENTIFICATION




RCH patient Jordan

Preventing falls in hospital

The Royal Children's Hospital (RCH) works hard to stop falls occurring in hospital, in partnership with patients and their families.

Falls can occur anywhere, but the risk can be higher in hospital because of the stress and anxiety of hospitalisation and the unfamiliar environment. Some patients have a higher risk due to their medical condition.

Between 2010–11 and 2011–12, there was an increase in the number of reported falls. It is important for staff, patients and families to be aware of the risk of falls and what they can do to help stop falls occurring in hospital. We have introduced a number of prevention strategies in the past 12 months.

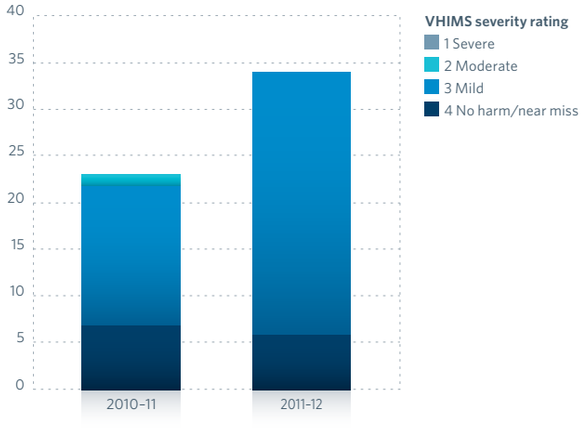
Most falls can be prevented by creating a safe environment and identifying children who require extra safety measures. Nurses use the 'Little Schmidy' falls risk assessment tool to screen all inpatients every day to determine their fall risk. Each patient is allocated a score. If a patient has a high score, we develop a prevention plan in partnership with the patient, parents or carer so everyone is involved and aware of extra safety measures that must be taken.

The RCH also provides our patients and families with the 'Fall safety in hospital' Kids Health Info fact sheet, which provides useful information about their role in helping to reduce the risk in hospital. The fact sheet was developed in partnership with the RCH Family Advisory Council, and is also available on the RCH website.

Families were involved in the development of an evidence-based falls prevention clinical practice guideline. Staff use this guideline to minimise the risk of patients having a fall, but also to appropriately respond when a fall occurs.

If a fall occurs, as well as assessing the person who has fallen and making the area safe, staff complete an incident report. This report is used to understand what happened so we can make changes to ensure the same thing doesn't occur again.

NUMBER OF FALLS PER YEAR BY SEVERITY



Most falls can be prevented by creating a safe environment and identifying children who require extra safety measures.

Safety at every step

In the past year activities, education and the move to the new Royal Children's Hospital have helped improve medication management and safety for our patients and their families.

The role of Pharmacy in medication safety

The Royal Children's Hospital (RCH) Pharmacy plays a critical role in medication management and safety at the hospital.

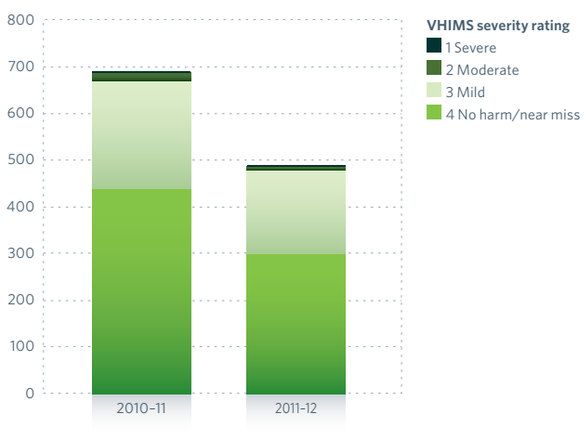
The team is responsible for dispensing prescribed medicines, ensuring patients and families have timely access to the medications they require, and providing quality medication education to patients, families and clinicians. In the past year the Pharmacy department has improved systems and processes to better streamline medication management and improve patient safety at the RCH.

The RCH Pharmacy consists of the main pharmacy, including outpatient dispensary, on Ground floor of the hospital and five satellite pharmacies, located on inpatient wards. As well as dispensing medication for our patients, the Pharmacy team provides quality medication information and safety education to patients, staff, healthcare students and the community.

With the move to the new hospital, satellite pharmacies were introduced on the wards. These act as mini pharmacy departments located in inpatient areas and are only accessible by pharmacists and pharmacy technicians when a pharmacist is present.

Satellite pharmacies have significantly changed how medication is managed at the RCH. They improve medication safety by maximising opportunities for the ward pharmacists to work with medical and nursing staff on all issues relating to inpatient medications. Pharmacists are better equipped to dispense medicines to inpatients, complete inpatient medication reconciliation, plan and arrange discharge medications, educate and support patients and families and ensure continuity of care regarding medication management.

NUMBER OF MEDICATION ERRORS REPORTED PER YEAR BY SEVERITY




RCH nurse Natalie Chui

Satellite pharmacies have significantly changed how medication is managed at the RCH.

The ward pharmacists take a lead role in medication discharge planning by liaising with the discharging medical team to review prescription requirements for patients who are ready to go home. This is done as early as possible to avoid unnecessary delays when sending patients home.

In addition, the ward pharmacist provides patients and families with medication education at the bedside, meaning patients and families do not need to travel to the main pharmacy on Ground floor to receive expert advice.

Satellite pharmacies also mean that ward staff do not need to leave the ward to collect medications from the main pharmacy. If a medication is unavailable from the satellite, it can be transported to the ward via the pneumatic tube system.

The Pharmacy department has received a grant from the RCH Foundation to better resource the satellite pharmacy service and to evaluate the efficiency and safety benefits of having dedicated ward pharmacists.

RCH nurses Annabelle Santos and Rajvinder Kaur

THE SIX RIGHTS OF MEDICATION SAFETY

Right patient: making sure our nursing team is caring for the right patient

Right medication: making sure the right kind of medication is given

Right dose: making sure the right dose of medication is given

Right route: making sure the medication is administered in the right way

Right time: making sure medication is given in the right time frame

Right to refuse: making sure nursing staff and families do not give medication they are unsure about

Our nurses, champions for medication safety

Nurses administer medications prescribed by doctors and dispensed by pharmacists. This role comes with enormous responsibility and nursing staff must ensure they always administer medications in accordance with the processes in place to safeguard against errors.

In April 2012 the RCH Nursing Education department ran a comprehensive education campaign on medication safety at the hospital.

Supported by the Patient Safety Committee and the Medication Safety Committee, April was declared Medication Safety Month and more than 1,000 RCH nurses received training on the six 'rights' of medication safety.

Patients and families were also involved in the campaign, with nursing teams educating them on their right to speak up if they are concerned about a medicine that is being administered.

The campaign aimed to increase awareness among nursing staff about the RCH policies and procedures relating to medication safety, and to clarify the expectations and standards of their role.

It is anticipated the medication safety campaign will lead to an increase in the reporting of 'no harm/near miss' medication errors recorded in our incident tracking system, the Victorian Health Incident Management System (VHIMS). Recording every pick up, near miss or potential error is critical to creating a no-blame culture where we learn from our experiences. In doing this, we will create the safest environment for our patients. In the past year, there has been an overall decrease in the number of reported medication errors (see graph left).

Patients and families were involved in the campaign, with nursing teams educating them on their right to speak up if they are concerned about a medicine that is being administered.

Medication Safety Month will remain a core component of nursing education at the RCH. We will continue to provide timely, relevant education and training to support our nursing team in its role as medication administrator.

RCH nurse Jacqueline Morrison

Protecting our patients from infection

Adhering to strict infection control measures and protocols is vital in ensuring the wellbeing of patients at The Royal Children's Hospital.

RCH patient Pixie

Time in hospital can seem never ending for many of our patients.

This is the case for Pixie Fitzgerald. At five-years-old Pixie's courage and bright personality are evident, despite her battle with stage 4 germ cell tumours. Diagnosed in November 2011, Pixie has encountered numerous infections, a setback both mentally and physically for her and her family.

Pixie's mum Kylyn White says when Pixie's blood count drops, she is open to infections.

"When she gets sick with an infection, on top of the nausea from the chemo, her body can't cope. It's not very pleasant for her," Kylyn said.

When Pixie contracts an infection, she has to be admitted to hospital for IV antibiotics and is often required to stay in isolation in her room to avoid passing on or catching other infections. This can mean Pixie is in hospital for weeks at a time, and only has the opportunity to spend a few days at home before her next scheduled admission for treatment or surgery.

85% of inpatient rooms are single, meaning we can better accommodate infected patients and protect other patients on the ward.

To avoid infection in hospital it is vital that we adhere to the highest standards and follow appropriate protocols. For those who come into contact with patients, such as Pixie, it is important to ensure hand hygiene practices are in place by washing their hands and using hand sanitiser.

If patients, like Pixie, can avoid infections it means less time in hospital and more time at home with family.

Hand hygiene

The Royal Children's Hospital (RCH) participates in the Hand Hygiene Australia program to monitor how often RCH staff wash their hands and to ensure we are meeting the required national standards of hand hygiene. Led by the RCH Infection Control team, the program also complies with World Health Organization (WHO) guidelines.

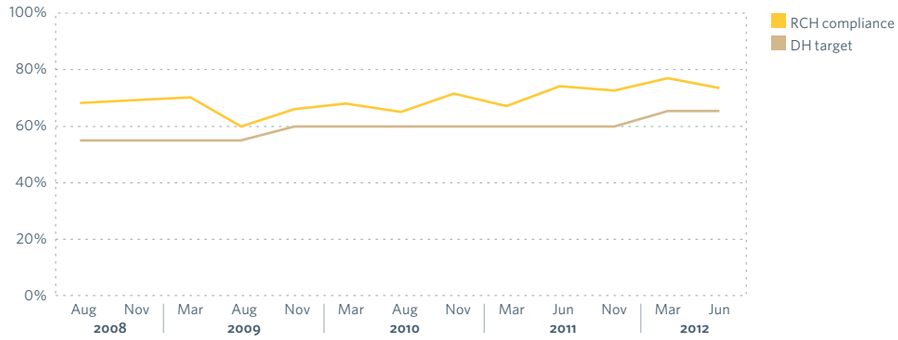
A select group of staff members at the RCH are trained to become auditors who educate, monitor and review hand hygiene practices with the aim of continually improving this process. Monthly training and data collection occurs in targeted high risk areas, such as inpatient wards, and all clinical areas in the hospital are now participating in monthly audits to demonstrate their commitment to improved patient outcomes.

Simple measures have been put in place to further improve this practice, including the strategic placement of hand sanitation gel to ensure staff and visitors remember these simple hand hygiene practices before coming into contact with patients.

This year the Department of Health (DH) benchmark has been increased to 65 per cent compliance. The RCH has reached this target for the past three years, and to ensure we continue to achieve this standard, audits of the hospital wards are conducted three times per year. In June 2012 the RCH achieved a 74 per cent compliance rate.

Hand hygiene continues to be one of the most important quality improvement activities embraced by RCH staff.

HAND HYGIENE COMPLIANCE



Influenza

Each year the influenza virus, commonly known as the flu, can cause significant illness in babies and children, often requiring admission to hospital.

Patients admitted to The Royal Children's Hospital (RCH) with the flu are managed in single rooms to reduce the possible spread of infection to other patients. This process is made simpler by the significant increase in single rooms at the new RCH.

Children with chronic illness are at greater risk of complication from the flu, and are encouraged, along with their families, to be vaccinated annually to assist in protecting them from this virus.

The Department of Health (DH) provides the influenza vaccine free to all RCH staff and we go to great lengths to ensure all staff are vaccinated. In 2012 the RCH vaccinated 64 per cent of staff (above the state average of 51 per cent), including 68 per cent of nursing staff.

Bloodstream infections

Some patients need fluid replacement or medications directly inserted into their blood stream.

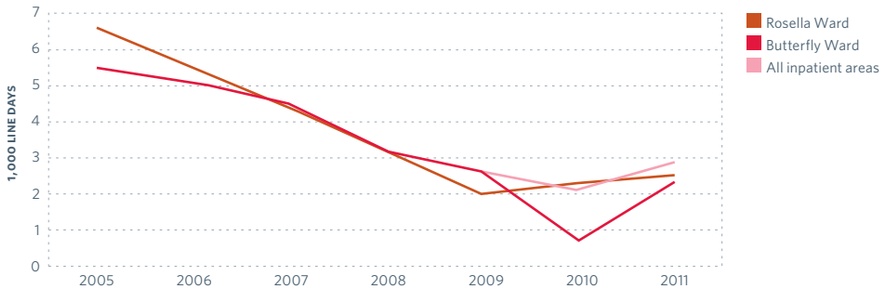
To do this, a central venous access device (CVAD) is inserted into one of the veins near the heart.

A team made up of nursing and medical staff at The Royal Children's Hospital (RCH) insert and manage CVADs and are trained to follow strict protocols. A multidisciplinary team oversees the hospital CVAD program, which includes assessing infections when they occur, examining new technologies and credentialing nursing and medical staff on the insertion and management of CVADs.

Since 2002 the RCH has monitored bloodstream infections in the Butterfly Ward (newborn intensive care) and Rosella Ward (intensive care). The data for the Butterfly Ward is given to the VICNISS Hospital Acquired Infection Surveillance Program and is compared with other neonatal intensive care units in Victoria.

In 2008 the RCH began monitoring bloodstream infections in all inpatient areas. Since monitoring began there has been a reduction in bloodstream infections, with some fluctuations. Each bloodstream infection is reviewed to determine any possible preventable factors, and any increase in the rate of bloodstream infection is investigated. Increases may reflect particular periods of increased activity or acutely ill patients. Evaluation and implementation of further interventions to reduce this rate are overseen by the CVAD working group.

CENTRAL LINE ASSOCIATED BLOODSTREAM INFECTION RATES PER 1,000 LINE DAYS



We review each bloodstream infection to determine any possible preventable factors, and investigate any increase in the rate of infection.

Multi-resistant organisms

Some infections are caused by certain antibiotic-resistant bacteria. The Department of Health (DH) requires all public hospitals to report these infections.

Some patients may already have an infection caused by a resistant organism when they are admitted to hospital. Patients can also develop resistance from taking antibiotics.

It is important to identify and monitor these resistant organisms so medical staff can provide appropriate antibiotics to infected patients and control spread of infection. The RCH Pathology department assists by determining the resistance patterns of the bacteria to ensure that the correct antibiotics are used to treat infections.

At the new Royal Children's Hospital (RCH) 85 per cent of inpatient rooms are single, meaning we can better accommodate infected patients and protect other patients on the ward. Infection control measures such as correct antibiotic treatment, strict cleaning protocols and good hand hygiene, are put in place to minimise the spread of these organisms.

One type of infection that the RCH reports to DH is bloodstream infections caused by methicillin-resistant Staphylococcus aureus (MRSA), which is associated with hospitalisation. In 2011–12 we reported one bloodstream infection caused by MRSA; a rate of 0.1/10,000 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.

In the past we have detected clusters of infection with vancomycin-resistant enterococci (VRE), which have decreased since the move to the new hospital.

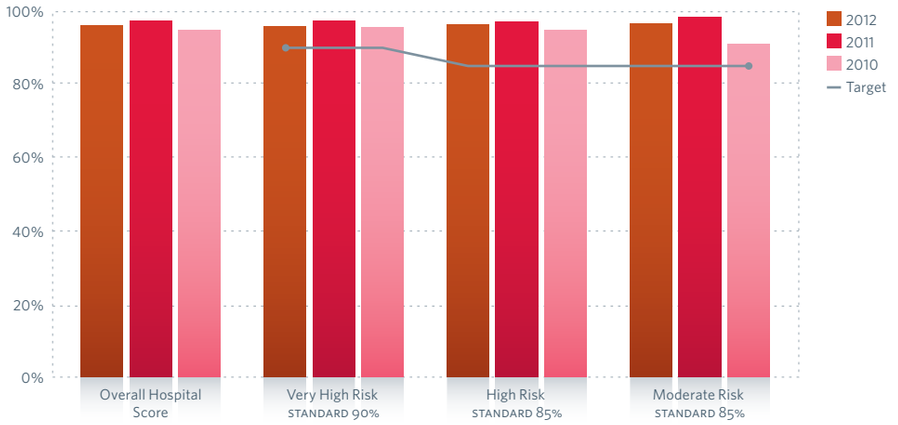
Cleaning

Each day thousands of patients, families, staff and visitors pass through The Royal Children's Hospital (RCH). Amongst them, at all hours of the day and into the night the cleaners do an exceptional job at keeping our hospital beautiful and clean.

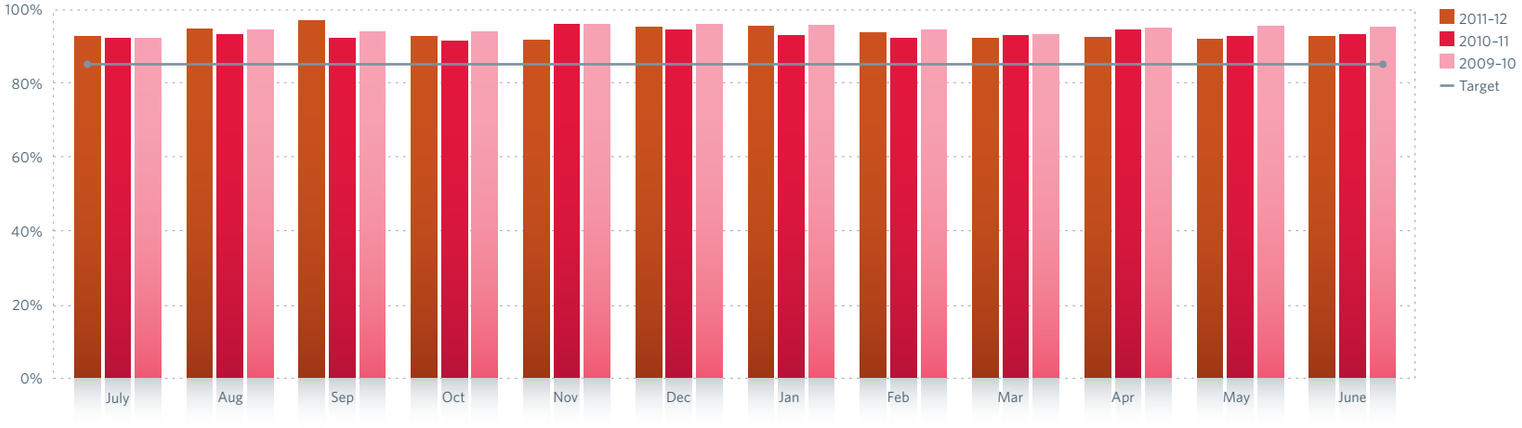
This year the cleaning team at the RCH exceeded targets, with monthly ratings well above the Department of Health (DH) standards. All cleaning audits are undertaken by qualified Victorian cleaning standards auditors (QVCSA). In addition to these audits the RCH, like all public hospitals, continues to perform regular internal audits in all functional areas across all risk categories, as part of quality improvement and patient safety processes.

The cleaning standards set by DH are 90 per cent for very high risk areas and 85 per cent for high, moderate and low risk areas. In February 2012 the RCH received an overall score of 94 per cent, followed by 96 per cent in July 2012.

EXTERNAL CLEANING AUDIT RESULTS



INTERNAL CLEANING AUDIT RESULTS



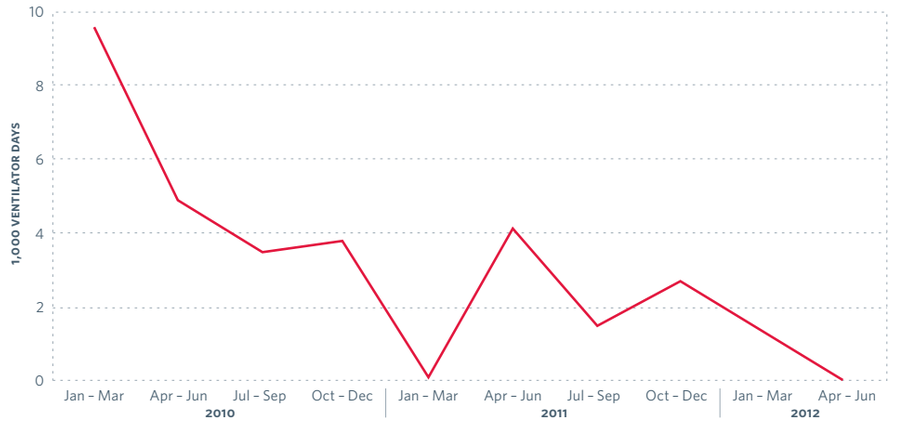
Ventilator-associated pneumonia

Patients who require breathing support on the Rosella Ward (intensive care) are at risk of developing infections such as ventilator-associated pneumonia (VAP).

Since 2007 The Royal Children's Hospital (RCH) has collected and monitored data on the number of infections for every 1,000 days a Rosella Ward patient is ventilated. The RCH works to reduce the risk of patients developing VAP by putting interventions and evaluations in place. Nursing staff make sure all preventive measures are implemented, such as strict mouth care procedures and recording the angle of patient beds each shift to adhere to recommendations for VAP prevention.

Over the past year the number of VAP cases in Rosella Ward has gradually declined. Since early 2010, rates at the RCH have been lower than those reported by the United States National Nosocomial Infection Surveillance (NNIS) database.

VENTILATOR-ASSOCIATED PNEUMONIA (VAP) PER 1,000 VENTILATOR DAYS



RCH patient Mac

RCH doctor Tali Gadish and nurse Emma Canil

Monitoring and MET make for better care

Technology is an important innovator in monitoring a patient's condition, but it is only part of the process. Updating staff knowledge and operational guidelines, and equipping parents and carers to act if a child's condition changes, have been two areas of focus on wards at The Royal Children's Hospital this year.

In the new Royal Children's Hospital (RCH) most beds are equipped with a monitor that detects changes in the patient's condition. To make sure we are using this technology efficiently, we conducted a review and update of the RCH clinical guideline, 'Observation and continuous monitoring'.

The guideline helps staff to identify when the use of a monitor is appropriate and which indicators to monitor. The review resulted in changes to the colours of the monitor screens to make them consistent across the hospital and the alarms were programmed to match acceptable age-based ranges in heart and respiratory rates and blood oxygen levels.

Following the guideline review, an observational audit found that, of 1411 patients in six wards during 10 data collection periods, 208 (14.7 per cent) patients were being continuously monitored.

Of these, 64 per cent were having their pulse rate and blood oxygen levels monitored and 36 per cent were having all of heart rate, respiratory rate, pulse rate and blood oxygen levels monitored. Alarm limits were specifically set to match the child's age in 53 per cent of cases.

The data showed that the indications for placing children on continuous monitoring were appropriate and consistent with the clinical guideline and there was no over-reliance on the use of monitors.

We implemented an education program to remind staff to select the specific age profile when using the monitors.

The role of the MET

The medical emergency response system at the RCH is called MET, short for Medical Emergency Team. MET is a team of specialised doctors and nurses which responds immediately to a call for urgent medical help.

Staff, parents or carers can make a MET call if they detect a sudden change in a patient's condition.

This year we've extended the team's role to include intensive care outreach to the wards. The outreach team works to reduce the chance of a MET call being needed by monitoring high risk patients and providing extra support to staff and families caring for these patients.

The team is activated by a MET call, when a staff member, parent or carer detects a sudden change in a patient's condition. There were 465 MET calls made in 2011–12, compared to 523 in 2010–11, 440 in 2009–10 and 334 in 2008–09.

The RCH Family Advisory Council (FAC) has played a key role in increasing awareness that families can make a MET call. FAC member Patti Reilly says it's important to empower parents to make a MET call if they're worried about their child.

"We've helped develop a brochure that provides advice to parents and carers, and believe that staff should reinforce the message that parents can make a MET call," Patti said.

When and how can families make a MET call?

You can make a MET call, at any time of the day or night, if you are worried about a sudden change in your child's condition. These changes may be an early warning that your child is becoming more unwell.

If possible, try to raise your concerns with staff on the ward but remember that you know your child best. Trust your instincts—if you sense something is wrong, do not hesitate to make a MET call.

There are two ways you can do this:

1. Ask a staff member to make a MET call by alerting him or her directly, or by pressing the nurse alert button or emergency bell at the end of your child's bed.
2. Dial '777' from any telephone at the RCH. Provide your ward and room number and ask the operator to make a MET call.

No time to spare: efficient, safe delivery of blood products

Improved infrastructure, knowledge and communication are changing the way we ensure efficient and safe use of blood and blood products at The Royal Children's Hospital.

A specialised delivery network in the new Royal Children's Hospital (RCH) is helping to move precious blood products from Pathology to their destinations on the wards and Emergency Department with increased efficiency.

The pneumatic tube system is the infrastructure used by the RCH Transfusion Service to deliver most of the 13,000 blood products that our patients need each year.

Blood product in the RCH Pathology Laboratory

In March and April 2012 an audit showed the pneumatic tube system delivered 1,250 blood products for the two month period. Most were delivered within five minutes, with an average time of two minutes and 20 seconds.

In addition, as the paediatric trauma centre for Victoria, the RCH needs robust systems for the swift transportation of large volumes of blood products for critically-bleeding patients in Emergency and Theatres.

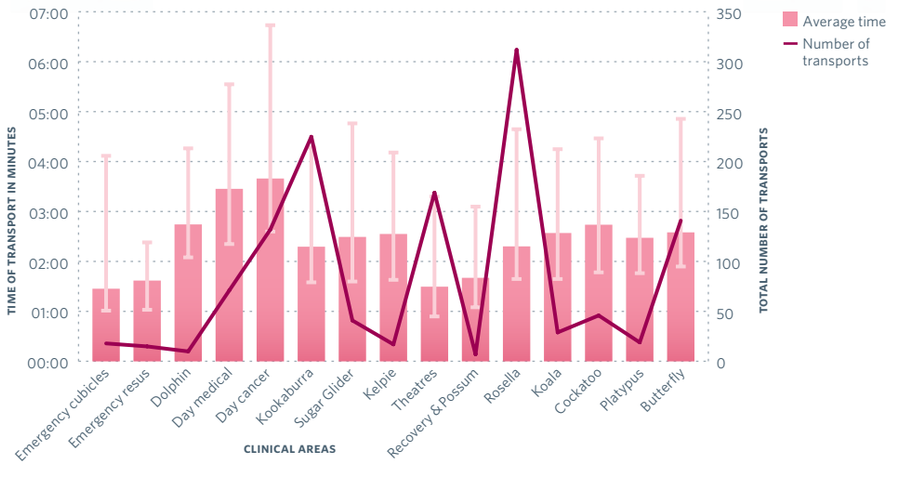
The RCH Massive Transfusion Protocol was updated recently in response to new guidelines published by the National Blood Authority. The revised protocol has improved our capacity to deliver large amounts of blood products, quickly, when required.

Dajana sets the pneumatic tube to transfer the blood product

The pneumatic tube delivers blood products around the hospital with increased efficiency.

RCH medical scientist Dajana Grgic prepares the blood product

NUMBER AND TIME OF TRANSPORTS MARCH–APRIL 2012



Taking the pressure off our patients

A pressure injury is easier to prevent than treat, so staff ensure guidelines, assessment and education are in place to keep the risk as low as possible for patients. Families play an important role too.

Dajana inserts the blood product into a canister ready for transfer

The RCH Transfusion Service, part of RCH Pathology, also provides expert advice relating to transfusion and is responsible for the coordination of the RCH Transfusion Committee.

Many important aspects of blood product administration are undertaken by nurses in the treatment of children with cancer, haematological disorders, those requiring cardiac surgery and trauma patients. Staff involved in prescription and administration of blood products must be skilled in managing transfusion.

An RCH study this year found that paediatric nurses at the RCH have good levels of transfusion knowledge, particularly as they become more senior.

We have developed a paediatric-specific transfusion competency package to improve nurses' knowledge around different indications for transfusion, why blood products are irradiated and how to administer blood products with other IV fluids.

Communication with patients and families when transfusion is necessary is also imperative, and this has been recognised in guidelines for the administration of blood products (2011) and the National Safety and Quality Health Service Standards.

To facilitate this process at the RCH we have paediatric-focused transfusion education packs which are provided to patients and their families when transfusion is planned. The RCH Transfusion Committee has developed guidelines for staff to direct the frequency of consent required for patients who require multiple transfusions.

A pressure injury is the term used to describe an area of skin that has been damaged due to constant pressure, poor blood flow, rubbing or chafing of the skin. It is usually caused by sitting or lying in one position for a long period without moving or by a piece of equipment pushing or rubbing on an area of the skin.

People of all ages, including children, are at risk of developing pressure injuries. This risk is increased for children with chronic medical conditions that reduce mobility or if their movement is restricted due to treatment or medications given in hospital.

Following a review of current practice, research and literature, The Royal Children's Hospital (RCH) developed a new clinical practice guideline for pressure injury prevention in March 2012. The guideline outlines risk factors, assessment and intervention and prevention strategies, including access to pressure relieving devices.

Pressure injury risk scales are used in most hospitals to predict which children are at risk of developing pressure injuries so action can be taken to prevent them. Nurses use a modified version of the 'Glamorgan' pressure injury risk assessment tool to assess each patient's level of risk of developing a pressure injury. This risk assessment is done each day, when they are admitted, if their condition changes and before they go home. If a patient is at risk of a pressure injury, we develop a prevention plan in partnership with the patient, parents or carers. Interventions include targeted nursing care and pressure relieving devices.

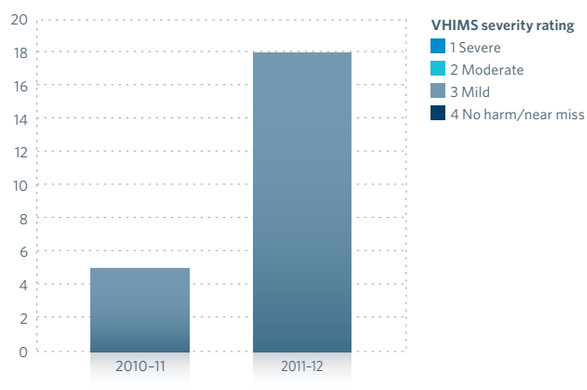
To evaluate the suitability of the modifications we have made to the Glamorgan scale to ensure easier, more user-friendly assessment, the Nursing Research team assessed 112 patients in the Butterfly Ward (newborn intensive care) and Rosella Ward (intensive care) using both the Glamorgan scale and the modified version of the scale over a two month period. This was done to determine whether patients fell into the same, or different, risk category when assessed using both the original and modified scales. The results showed no difference in allocated risk category for all except one patient, which supports ongoing use of the modified scale.

The RCH gives patients and families the 'Pressure injury prevention' Kids Health Info fact sheet, which provides useful information about how they can help prevent pressure injury, both in hospital and at home. The fact sheet was developed in partnership with the RCH Family Advisory Council, and is also available on the RCH website.

There was a noticeable increase in the number of reported pressure injury incidents between 2010–11 and 2011–12, which may be a result of increased awareness amongst staff of the need to report pressure injuries. All were recorded as 'mild'. The pressure injury prevention and management working group has implemented a number of initiatives to increase awareness of pressure injury assessment, including education and resources for staff.

If a patient is at risk of a pressure injury, we develop a prevention plan in partnership with the patient, parents or carers.

NUMBER OF PRESSURE AREAS REPORTED PER YEAR BY SEVERITY



Bridging the great divide

Telehealth internet technology is improving continuity of care for rural and regional patients.

RCH respiratory physician Dr Mandie Griffiths consults with patient Aiden Koch and his parents Bonita and Merv using telehealth

Telehealth allows families to connect with their RCH specialists via video consultation from the comfort of their own home.

For rural Victorian dairy farmers Bonita and Merv Koch, a visit to The Royal Children's Hospital (RCH) with seven-year-old son Aiden is not merely a trip to the city; it's a long drive on the Goulburn Valley Highway, a challenge to ensure Aiden is comfortable and his health uncompromised, and a struggle to keep a two-year-old daughter entertained. It's a tedious journey totalling three hours in each direction.

So it's no surprise the Koch family would stretch out the time between specialist clinic appointments at the RCH as much as possible.

Now, an initiative at the RCH is bridging the gap for patients and families in rural and regional Victoria. 'Telehealth' is enabling families to connect with their RCH specialists via video consultation from the comfort of their own home. Using internet teleconferencing technology, families attend a specialist appointment by sitting in front of their computer and chatting with their RCH specialist on screen. The specialist can see and hear the patient and family on their computer, just as the patient and family can see and hear the specialist on their computer.

For Bonita and her family, telehealth is not only proving advantageous, it's becoming their only option. Aiden was born with a severe form of muscular dystrophy called Walker-Warburg syndrome. The degenerative condition has made it progressively more challenging for Aiden to attend an appointment at the RCH.

In Aiden's early years the challenges lay in the long travel times, the days off work for Bonita and Merv, and the cost and inconvenience of sourcing Melbourne accommodation when appointments were scheduled over consecutive days. Today, however, Aiden is too weak and fragile to even sit up on his own.

"Our last appointments at the RCH required three adults to transport Aiden: one to sit in a wheelchair resting Aiden on their lap; one to hold Aiden; and one to supervise," Bonita said.

"Moving Aiden now would compromise him. He'd need a machine to maintain his breathing and the journey would wipe him out for 48 hours afterwards," she said.

In 2012, Aiden has been able to rely solely on telehealth consultations with his RCH respiratory medicine physician Dr Mandie Griffiths. Aiden has had two appointments since January.

Dr Griffiths says telehealth lends itself well to follow up of complex chronic patients who live a long way from the hospital.

"Telehealth has allowed me to follow up this very complex boy with extremely high medical needs with the frequency that is necessary to provide adequate respiratory care for him.

"Prior to telehealth I was lucky to see him once every couple of years. Since telehealth, he has had three-monthly reviews like any other child on respiratory support or with chronic respiratory issues," Dr Griffiths said.

Bonita says the experience has been life changing.

"We don't feel we're missing out in any way. In fact, we're staying in touch with Dr Griffiths more than normal. It has made a huge difference to our lives. It's fantastic," she said.

The consultations have also proved beneficial in preventing health decline, according to Dr Griffiths.

"The regular reviews have allowed a better relationship with the family to develop, and hence they feel comfortable contacting me between appointments when issues arise," she said.

The Koch family is just one example of how the technology is being used throughout the RCH. In 2010–11, the Paediatric Clinical Network funded five telehealth pilot projects at the RCH. The projects were run by different clinical departments, including Neurology and Occupational Therapy, and involved more than 20 medical, nursing and allied health staff. A number of telehealth scenarios occurred, including: specialist linked to patient in their home; specialist linked to patient with their local paediatrician or GP present; and specialist linked to rural or regional clinician.

RCH Telehealth Program Manager, Susan Jury, says the pilot projects highlighted telehealth's ability to enhance continuity of care in rural and regional areas.

"Telehealth enables our specialists to coordinate care with local healthcare providers making it possible for families to manage follow up locally rather than at the RCH. Families develop further trust in their GPs and consider them an important part of the healthcare team," Susan said.

"For primary healthcare providers such as GPs, nurses and nurse practitioners, telehealth provides a great upskilling opportunity, particularly in areas common to primary care such as allergy, dermatology and vaccine advice," she said.

The RCH also runs a number of telehealth programs outside of these pilot projects. The Victorian Paediatric Emergency Transport Service (PETS), for example, connects RCH intensive care specialists with regional emergency departments. By assessing a patient via video consultation, RCH specialists can determine whether the PETS team should retrieve the patient from the regional hospital for acute care in Melbourne.

Susan says the RCH, as a major provider of outreach and subspecialty paediatric healthcare services in Victoria, is continually looking for ways to improve access to healthcare for rural and regional patients.

"We are now commencing a three year plan to incorporate telehealth as 'business as usual'," Susan said.

"By standardising our systems and exploring new applications for the technology, we hope to further bridge the health divide for rural and regional patients."

"We don't feel we're missing out in any way. In fact, we're staying in touch with Dr Griffiths more than normal. It has made a huge difference to our lives. It's fantastic."

Feedback

Feedback from clinicians and families about the telehealth pilot projects was extremely positive:

- 93.5% clinicians who responded agreed or strongly agreed that they were willing to provide further video consultations
- 67.7% clinicians who responded agreed or strongly agreed that they were able to provide the same standard of care as a face-to-face consultation
- 79.3% clinicians who responded said video consultation was pretty good or excellent
- 75.0% families who responded said video consultation was pretty good or excellent
- 83.3% families who responded agreed or strongly agreed that they received the same standard of care as a face-to-face consultation
- 88.9% families who responded agreed or strongly agreed that they were willing to provide further video consultations

What patients and families like about telehealth:

- Opportunity for more frequent appointments with RCH specialists
- Having their GP present at specialist appointments
- Child remains comfortable at home
- Less disruption—time off work and school
- Reduced travel costs
- Better for patients for whom travel is difficult e.g. patients with developmental issues, high anxiety, chronic illness
- Technology easy to use

What staff like about telehealth:

- Reduced travel time for outreach clinics where telehealth consults are appropriate
- Linkages developed with regional healthcare providers
- Opportunity to upskill regional healthcare providers and improve patient care
- Improved patient safety for patients with chronic illness through more regular patient contact and/or involvement of local healthcare providers
- Technology easy to use

Specialist care in the community

Through health promotion and prevention programs and collaboration with other community service providers, The Royal Children's Hospital is committed to extending care beyond the hospital walls.

Victorian Infant Hearing Screening Program

Each year one in 1,000 babies is born with congenital deafness, which can have a devastating impact on their development.

The early months of life are a critical time for language and communication development. The earlier hearing loss is detected, the better the social, emotional, educational and vocational outcomes are for these children.

The Royal Children's Hospital (RCH) Victorian Infant Hearing Screening Program (VIHSP) screens all Victorian newborns for hearing impairment within days of their birth.

This year VIHSP completed its roll out and is now successfully operating in all 76 Victorian maternity hospitals (both public and private), screening over 70,000 babies each year.

VIHSP co-director Zeffie Poulakis said the service has dramatically reduced the average time of diagnosis.

"Before VIHSP was established, children with hearing impairment were typically diagnosed at 20 months of age. Now, newborn babies are screened within days of birth and the average time of diagnosis is 1.2 months," Zeffie said.

When a baby is born, members of the VIHSP team visit in hospital to perform a simple, non-invasive hearing screening test. Children who are subsequently diagnosed with a hearing loss can then access services within weeks of birth.

This year VIHSP completed its roll out and is now successfully operating in all 76 Victorian maternity hospitals, screening over 70,000 babies each year.

Safe wrapping to prevent developmental dysplasia of the hip

The hip is a ball-and-socket joint that is held together by ligaments. In the womb, babies generally lie with their hips in an outward position, which helps the hip joint develop normally.

In some babies the ligaments around the hip joint are loose, which in most circumstances corrects during the first few months of life. If this looseness persists the hip may not form properly causing the child to develop dysplasia of the hip. In some severe cases the hip may come out of the joint. This is known as dislocation of the hip.

Early diagnosis and treatment is best, since late diagnosis often requires surgical treatment and can mean a higher likelihood of ongoing hip problems such as osteoarthritis.

How a newborn baby is wrapped can have an effect on the growing hip joint and, if not done properly, can cause the hip to become unstable, sometimes to the point of dislocation.

For new parents a baby with poor sleeping habits can be distressing. In recent years swaddling has been advocated as an effective way of settling a restless baby; however, it is important that swaddling is performed correctly to protect the baby's hips and prevent developmental dysplasia of the hip (DDH).

Orthopaedic specialists at the RCH became increasingly concerned by the number of infants coming to the hospital with DDH. In response, they developed a health promotion campaign to educate families on the relationship between swaddling and DDH.

In March 2012 the RCH launched the safe wrapping campaign with the Minister for Children and Early Childhood Development, the Hon Wendy Lovell. An education package including a safe wrapping instructional video and fact sheets were launched on the RCH website. Now, families across Australia have access to credible information that will help reduce preventable DDH in young children.

RCH@Home community partnerships

The Family Choice Program, Home Care Program and School Care Program are all managed by The Royal Children's Hospital RCH@Home team.

More than 200 children from across Victoria are part of these programs. 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.

Family Choice Program Nurse Unit Manager Nina Cunneen says families play an important role in the programs.

"Families work closely with the RCH@Home team, doctors and other hospital staff to develop tailored medical care plans and help assess the level of support they require," Nina said.

The programs operate by having RCH nurses train families and support workers in caring for the child at home. Case managers are employed to coordinate care and respond to the broader needs of the family. For children and families from regional and rural areas, case management is often provided by staff based at the RCH in Melbourne.

In November 2011 the RCH formalised a partnership with Goulburn Valley Hospital and local agency Community Link to provide nursing and case management services for children and families from the region.

Prior to this arrangement new patients and families in the Home Care, School Care and Family Choice Programs would receive services from any one of a number of providers within the area.

"The new model means patients and families are better supported in their local community by people from their local community," Nina said.

These organisations have a greater understanding of the regional area and local issues, and have stronger community networks to provide timely and relevant services to patients and families.

From our perspective, working with a single agency has several benefits. A preferred community partner ensures a more consistent level of care and we have greater capacity to work with, train and support these organisations to deliver quality care to our patients and families.

"Families work closely with the RCH@Home team, doctors and other hospital staff to develop tailored medical care plans and help assess the level of support they require."

RCH patient George with his mum Michelle, nurse Sarah Roberts and case manager Dee Gorrie


RCH teacher Ross Dullard and patient Yuli


Photo: Fraser Marsden


RCH patient Caitlin


RCH nurse Emily Fox


RCH patient Blair

RCH patient Fabio

RCH patient Jacinta

RCH doctors Philippa McSwiney, Daniel Golshevsky and Sarah Arachchi

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)

INDICATE WHAT INFORMATION MOST INTERESTS YOU: (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)

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

WHAT DID YOU THINK OF THE DESIGN OF THE REPORT?

ANY OTHER COMMENTS?

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

Interested in getting involved at The Royal Children's Hospital?

Please complete and return this form, visit www.rch.org.au or telephone our Quality Unit, (03) 9345 4892.

PERSONAL DETAILS

Family name:

Given name/s:

Preferred title:
☐ Mrs ☐ Ms ☐ Miss ☐ Mr ☐ Master Other

Address:

Postcode:

Telephone:

Email:

My preferred contact is by: ☐ Telephone ☐ Email

YOUR CONNECTION WITH THE RCH (PLEASE TICK)

- ☐ I am a current patient
- ☐ I am a carer of a patient/client
- ☐ I am a past patient/client/consumer
- ☐ I am a relative of a patient/client
- ☐ I live in the local area
- ☐ Other

WHICH RCH SERVICES HAVE YOU ACCESSED?

WHAT ARE YOU INTERESTED IN? (TICK ONE OR MORE)

- ☐ Representing consumers on hospital committees or working groups
- ☐ Participating in focus groups on particular issues
- ☐ Helping develop and review patient information materials (e.g. brochures, fact sheets, website)
- ☐ Completing surveys (paper-based or online)
- ☐ Volunteering at the RCH

RETURN TO:

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

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

RCH patient Beyza

The Royal Children's Hospital Quality of Care Report 2011–12 was developed by RCH Corporate Communications and Quality in consultation with our consumers. Design and photography by the RCH Educational Resource Centre.

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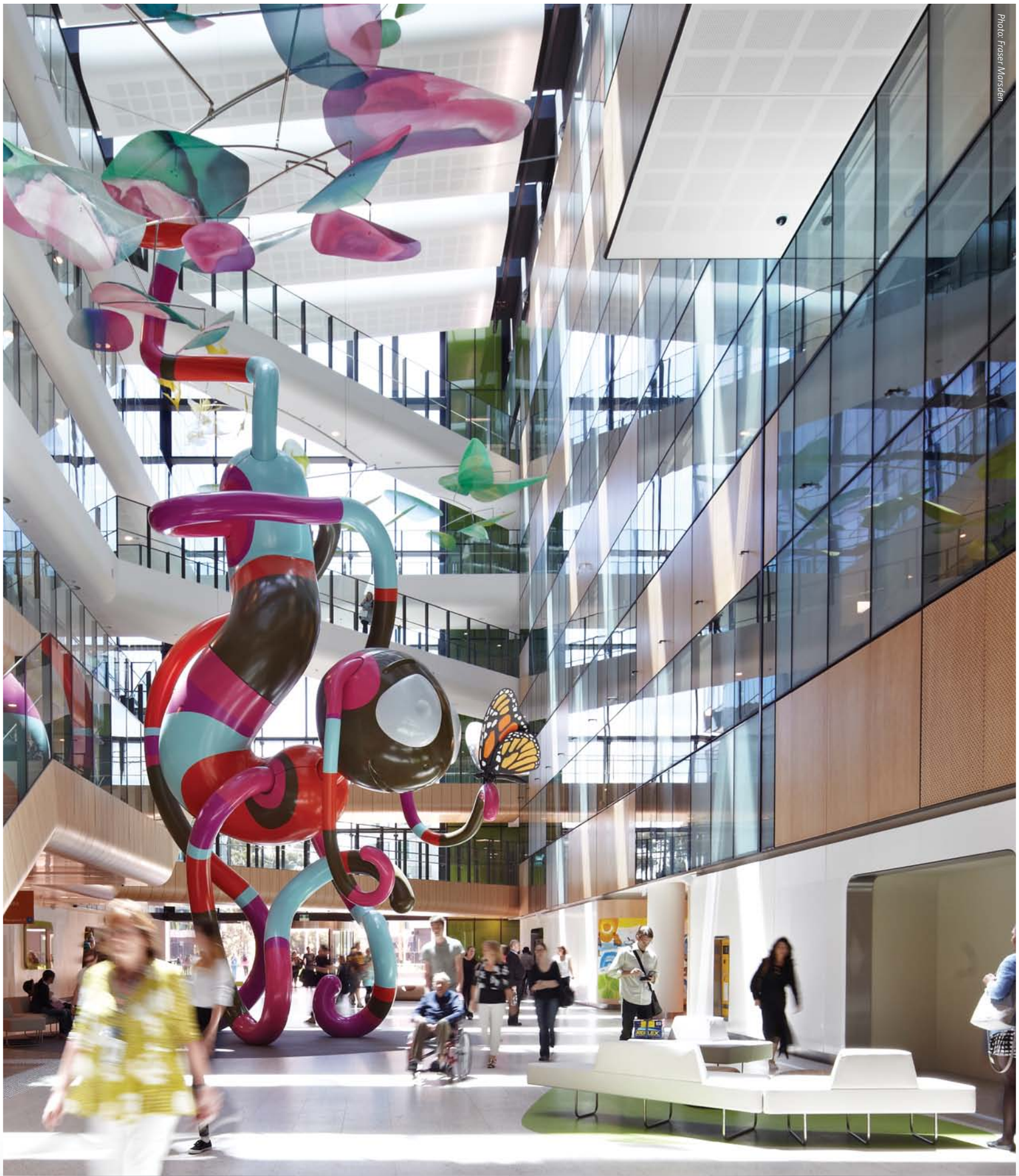

Photo: Fraser Marsden

The Royal Children's Hospital Melbourne
50 Flemington Road Parkville, Victoria 3052 Australia
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