The Royal Children's Hospital Melbourne

Quality of Care Report 2012–13

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

The Royal Children's Hospital (RCH) is one of Australia's great hospitals, and the 2012 financial year saw us celebrate our first anniversary in our iconic new building on Flemington Road. We share this campus with our partners, the Murdoch Childrens Research Institute and the University of Melbourne Department of Paediatrics, and Victoria can now boast a truly world-leading facility devoted to integrated excellence in clinical care, research, and the training and education of specialists in paediatric health.

A big focus for us this year has been to finesse and bed down new ways of working to make sure we get the most out of this great facility, and we have done this in partnership with our consumers — the patients and families and broader community who are the ultimate judges of the quality of the care we provide.

We now have more than 50 individual consumers sitting on RCH committees, either as a single consumer voice working directly with doctors, nurses, allied health professionals and support staff, or as part of a consumer-led group that takes a global view of the RCH to provide feedback about the structure and delivery of our services — the Family Advisory Council, Youth Advisory Council and the Community Advisory Committee, which is a sub-committee of the RCH Board.

The success of our engagement with consumers was noted during our Australian Council on Healthcare Standards accreditation, using the national standards. This is a biennial process, akin to a big end-of-year exam, in which hospitals are assessed against criteria set nationally. I am pleased to report that we did very well, satisfying all required criteria and achieving the 'met with merit' result in many categories.

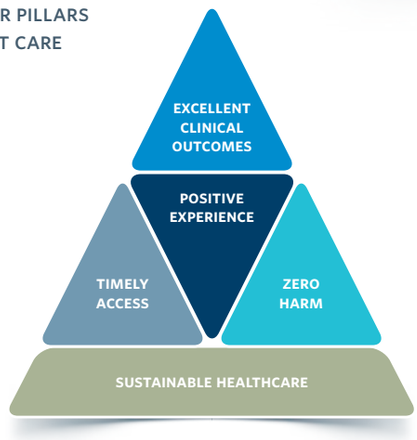
I was particularly proud of this outcome because we have also, over the same period, seen significant and sustained increase in demand for our services. More than 36,000 children stayed at the hospital overnight, and about 200 received care in the community supported by our RCH@Home program. The number of children attending appointments at our Specialist Clinics grew by 18 per cent to more than 240,000, and more than 77,000 children presented at our Emergency Department.

Making sure that acutely ill children are able to access emergency care is of obvious and paramount importance to us, and to you. Likewise, we need to ensure that every child has access to the right care, at the right time — and the RCH Emergency Department is not always the best option. We recognise we need to partner with GPs, other hospitals and families to find solutions to this challenge and it will remain a focus over the next 12 months, and beyond.

At the time of writing we are close to finalising our new five-year Strategic Plan. It is drawn from our vision of being 'a GREAT children's hospital, leading the way', and so is based on what we and our consumer advisers have identified as being the four pillars of great care: positive experience, excellent clinical outcomes, timely access and zero harm.

"A big focus for us this year has been to finesse and bed down new ways of working to make sure we get the most out of this great facility, and we have done this in partnership with our consumers."

THE FOUR PILLARS OF GREAT CARE



We have used these four pillars in our 2012–13 Quality of Care Report to help tell the story of our work in key reporting areas including blood products safety, continuity of care, falls prevention, pressure areas, medication safety, infection control, cultural responsiveness, Aboriginal health and consumer participation.

This year, for the first time, we will also share these stories with you via our new 'rchmelbourne' Facebook page. And we hope to hear back from you: which stories have you most enjoyed reading, or not found useful? Is there something you would like to know more about? Do you have a suggestion for how we can provide better care? If Facebook is not your style, you will find a feedback form on the inside back cover of this publication.

However you choose to be involved, we value your feedback and look forward to hearing from you.

PROFESSOR CHRISTINE KILPATRICK
Chief Executive Officer

Front cover image: RCH patient Alanah

Collaboration and engagement the key to success

After a year of big ideas and sound achievements the Family Advisory Council, a group of family members and staff, is embedded across a range of hospital projects and processes.

The Family Advisory Council (FAC) at the RCH is a group of family members and staff. We love the hospital for the care it provides to our children, and to us as families, and we are here because we want to help fulfill the vision of making the RCH 'a GREAT children's hospital, leading the way'.

Our children have been cared for in more than 40 services within the hospital and we understand that when children are hospitalised, families are not visitors, but a critical part of the healing team. It sounds obvious that young people heal best when their families are part of the care team. But how do we ensure that families really do feel included and involved when their child becomes a patient of the hospital?

The RCH has committed to an approach known as 'patient and family-centred care' and its key principles are dignity and respect, information sharing, participation and collaboration.

One of the most important ways the FAC serves RCH is by sharing our real-life patient and family experiences at the moments when decisions are being made about hospital policies, procedures, services and amenities.

In 2012–13 we fed this view into important RCH processes including the development of the forthcoming new five-year Strategic Plan, the launch of the hospital's Facebook page, accreditation and a review of the information provided to families, and the channels used to do this.

We advocated for changes to wayfinding signage inside the hospital, the RCH Family Car Parking Policy and for a range of RCH policies and procedures to be made publicly available on the RCH website. We led a hand hygiene review at Specialist Clinics which has fed back important infection control information to hospital managers, and advised the hospital on how to improve practices around the use of refrigerators in patient rooms and family rooms.

Perhaps our proudest achievement in 2012–13, was the Family-Centred Ward Rounds Project. We conceived and managed this project to give us an evidence-based insight into the 'user friendliness' of the daily ward rounds that are a feature of hospital life, and the main point of information-sharing between doctors and families. We are now using the results of this project, conducted with the support of nursing staff from Sugar Glider (medical care ward), to change the way information is given to parents and families.

The FAC enjoys an open and inclusive relationship with the hospital. In the coming year we hope to reinforce our collaborative efforts with staff; strengthen our links with the other RCH consumer and support groups; and find ways to engage with RCH families who come from a diverse range of ethnic backgrounds.

Liat Harrower, Chair, RCH Family Advisory Council

Liat Harrower
Chair, RCH Family Advisory Council

"It sounds obvious that young people heal best when their families are part of the care team. But how do we ensure that families really do feel included and involved?"

Taking a bird's eye view

The Community Advisory Committee takes a 'helicopter view' of operations and reports directly to the RCH Board.

The Committee provides advice on the integration of consumer, carer and community views into service delivery.

Consumer positions on the committee are advertised, and applicants are assessed against a range of criteria to ensure a cross-section of perspectives is brought to the table. Members include two RCH Board representatives, one of whom chairs the committee.

Committee members are not required to be a family member of a current or past patient, and this group therefore has broad representation from community groups, consumer advocacy networks and other sectors of the community. The committee meets bimonthly at the RCH.

In the 2012 financial year the Consumer Advisory Committee was involved in patient and family satisfaction surveys, accreditation, and the development of the new RCH Strategic Plan. It provided advice on the hospital's approach to social media, and received briefings from external organisations on issues of interest to the RCH, including Melbourne City Council's plans for Royal Park.

Consumers play an important role in improving the quality of care provided at the RCH and we are always keen to welcome new members. If you would like to get involved, or find out more, please contact our Strategy and Improvement Unit on (03) 9345 4892 or visit www.rch.org.au/quality

Members of the RCH Youth Advisory Council

Y@K's year in review

The RCH Youth Advisory Council, also known as Y@K ('Youth @ the Kids') began in 2008. Y@K is made up of 20 young people, aged between 12 and 21 years, who have been directly involved with the hospital. Each member has had a unique hospital experience as a patient or family member, and has a desire to improve the experience of RCH patients.

August 2012 saw the movement of the Y@K to the Centre for Adolescent Health. After a change of leadership and a brief hiatus, Y@K regrouped in late 2012 to redefine what currently constitutes a 'Yakker'.

Over the past 12 months, the Y@K has had the privilege of consulting with hospital staff and other consumer advisory councils, on a range of issues and projects. This has included the implementation of social media use for the RCH, the Queuing and Patient Flow project, the five-year Strategic Plan and the Return to Royal Park project.

Queuing and Patient Flow Project
After expressing concern about outpatient clinic waiting times — often in a loud, busy waiting room — the Y@K received an update from Specialist Clinics regarding the Queuing and Patient Flow Project, including the success of the patient pager system. This system allows patients to leave the waiting room and wander around the hospital without fear of missing their appointment. The pager system and other future project plans designed to reduce waiting times were well received by Y@K, who spoke of using waiting time to complete homework in a quiet location, such as the Family Resource and Respite Centre.

Social Media Steering Committee
A representative of the Y@K on the Social Media Steering Committee has provided a young person's perspective on how Facebook could be effectively used within various hospital departments and as a medium for communication between the hospital and the general public. Ethical and safety issues surrounding hospital-wide Facebook access had been discussed on previous occasions by Y@K, and knowledge of the project allowed us to voice concerns regarding acceptable use and cyber-bullying prevention on the hospital network.

Return to Royal Park Project
Our March meeting included a consultation with the City of Melbourne on the Return to Royal Park project. A requirement that permitted construction of the new RCH, was that the site of the old hospital be restored to parkland. Y@K was briefed on the design proposed for the park and discussed how the land could best be used by adolescents. The inclusion of sporting facilities, such as basketball hoops, was strongly recommended by members who suggested that they provided both social opportunities and the potential to alleviate stress in users, young and old. Easily accessible seating for patients wanting to use the area and adequate waste disposal areas were also discussed.

Strategic Plan consultation
As part of the hospital's five-year Strategic Plan, consumer advisory councils questioned what they would like to see at the RCH over the next five years. The Y@K advocated for further consumer involvement, particularly Y@K involvement, as well as access to healthcare at home and care tailored to patients, who admitted to feeling as if they had been defined by their medical condition.

What's next for Y@K?
Y@K's aspirations for the next 12 months include working on a range of projects, such as re-writing the Adolescent Friendly Health Guidelines, advocating for a youth recreational space in stage two of the New RCH Project and building relationships with various hospital departments and hospital consumer advisory councils. Our most important goal, however, is to communicate with young people connected to the hospital so that we can better represent these patients, siblings, or consumers of the hospital to ensure that their voices are heard.

Overall, this year has been a fantastic experience for the Y@K and we look forward to seeing what the coming year has to offer.

Tailah Griffin, Co Chair, RCH Youth Advisory Council

Each member has had a unique hospital experience as a patient or family member, and has a desire to improve the experience of RCH patients.

RCH reception concierge Ceren Kurucan provides directions to visitor Gillian and her daughter Elani

Your say

Your feedback helps us to provide a better experience and improved services to our patients and families.

The RCH recognises the value and importance of both positive and negative feedback. When we receive feedback from our patients, families and visitors, we view this as an opportunity to improve the care, facilities and services we provide.

With various avenues to provide feedback, we encourage all patients, families and visitors to get in contact with us via the RCH website, email, fax, letter, telephone or our Facebook page. We welcome the opportunity to discuss concerns or compliments with you.

Our Consumer Liaison Officer provides a service dedicated to supporting patients, families and visitors that express their concern about their experience at the RCH. This may be in relation to the level of care or customer service they have received, or around facilities and staff.

The RCH continues to receive positive feedback about the service we provide. Over the past year we have experienced an increase in the number of complaints received. This year, 479 complaints where received, in comparison to 2011–12 which saw 383 complaints reported. In 2010–11 there were 275 complaints, 369 in 2009–10, 401 in 2008–09 and 520 in 2007–08. We see these complaints as opportunities for continued improvement and feel this result reflects the effort made to educate patients and families about the ways they are able to get in touch with us to raise concerns.

Treatment and access are the most prominent areas of concern for our patients and families; these are priority focus areas for improvement.

A note of thanks

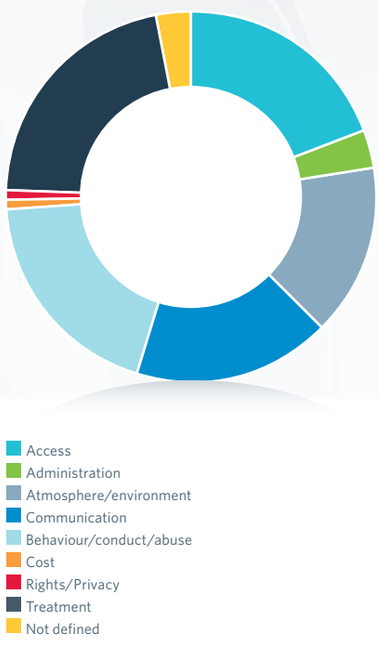
Thank you for the fantastic care we received while 'R' was a patient in the neonatal intensive care unit (NICU). It was not the way we wanted to see the new hospital but we were very impressed with the amazing facilities and more impressed by the brilliant staff.

'R' was admitted for about four days with bronchiolitis and each doctor and nurse who cared for 'R' during this time was compassionate, considerate and thoughtful in their care. I felt she was in safe hands the entire time.

The staff kept me, as the parent, informed of her progress and involved in the decision-making regarding her care. This helped to give me a sense of control and make a stressful situation manageable.

I cannot speak highly enough of the excellent care we received. I am very happy to say 'R' is now fully recovered and is thriving. We feel very blessed that we have such good healthcare to be able to call on. Thank you to all the staff in NICU. Keep up the amazing work.

COMPLAINTS RECEIVED JULY 2012–JUNE 2013



Social media

The RCH has embarked on a social media journey, bringing the hospital closer to consumers.

This year the RCH made the decision to launch a social media presence to better enable the hospital to hear from and speak with patients, families and the wider community; and to tell the RCH story.

RCH Executive Director Communications, Jayne Dullard, said that before developing these channels, it was important for the hospital to adequately review the social media space.

"Leading healthcare organisations all over the world use social media to communicate with consumers and promote the work of their organisation. One of the first things we did was consult with other hospitals, including Boston Children's Hospital — leaders in this space — to see how they used these platforms effectively," said Jayne.

"Social media isn't just something an organisation can jump into. We needed to understand how the RCH could play a part, and develop a plan to map what social media would become for the hospital.

"At the beginning of 2013 the RCH Social Media Strategic Plan was developed, which documented why it was important for the hospital to engage in social media, what other hospitals were doing online, and what platforms were most appropriate for the RCH.

"The plan also included a timeline of events, starting with the formation of an RCH Social Media Steering Committee. The committee comprised staff members from all areas of the hospital including Information Technology, and People and Culture, to nursing, and both junior and senior medical staff," she said.

It was also understood, and expected, that these platforms would provide consumers with a public forum to voice not only positive feedback about the RCH, but also their concerns. This was seen to be somewhat beneficial, as it would provide the RCH with greater insight into potential issues, and enable the hospital to seek early resolution of these issues.

"To manage any consumer concerns or recognised issues, a structured plan has been put in place, which involves the RCH Consumer Liaison Officer, and appropriate escalation of issues to the RCH Executive Team," said Jayne.

It was decided that the RCH would first launch with a Facebook page, as this was where most RCH consumers were spending their time. Later in the year the hospital planned to move into other platforms, including Twitter and YouTube.

The RCH Facebook page was launched in July 2013, coinciding with the launch of the hospital's Great Care campaign. This will see the RCH become the first healthcare organisation in the country to use social media to inform an organisational strategic plan.

We look forward to reporting on the first full year of social media at the RCH in the next Quality of Care Report.

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Who's reading and what they thought

Last year, the Quality of Care Report was made available in various areas of the hospital. Patients, families, visitors and staff could access the report at reception desks, the Emergency Department, the Family Resource and Respite Centre, wards, and on our website.

We also distributed the report outside of the hospital, mailing it to child health support groups, GPs, community paediatricians, every Australian paediatric hospital and many Victorian hospitals.

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. We also encourage feedback, which has been useful in compiling this year's report.

Last year, people enjoyed patient and family stories, as well as stories about hospital innovations. They felt the design of the report was bright and engaging, with great photos and use of colour. People also thought the report was comprehensive, with a layout that was clean and easy to follow.

Some people felt the report was lengthy and featured too much data. This year, we've included information we believe is important and useful to know, and we hope it has a little more meaning for you.

We welcome and appreciate your feedback and encourage you to provide us with your view on this report. Please take the time to fill out the form at the back of this report or feel free to leave your feedback on our Facebook page.

RCH patient Mitchell helped promote the RCH Facebook page launch

Accreditation results

The RCH was awarded with excellent results in the Australian Council on Healthcare Standards accreditation.

In 2013 the Australian Council on Healthcare Standards (ACHS) undertook two periodic reviews at the RCH. These reviews were EQuIPNational, and the Department of Human Services (DHS) standards accreditation, both of which took place from 25 to 27 June 2013.

The reviews involved ACHS surveyors visiting the RCH for three days with the aim of reviewing the performance of the hospital against a number of standards for the DHS review, and mandatory criteria for the EQuIPNational review.

The national standards cover governance for safety and quality in health service organisations, partnering with consumers, and preventing and controlling healthcare associated infections. The mandatory criteria cover service delivery, provision of care, workforce planning and management, information management and corporate systems and safety.

DHS also plans accreditation requirements for the RCH, which this year involved the RCH Adolescent Forensic Health Service, Stomal Therapy, the Gatehouse Centre, the Sexual Assault Support Service and the Sexually Assaultive Behaviour Treatment Service.

After the previous accreditation in November 2010, 58 recommendations for improvement were made by ACHS. During this year's accreditation, the strategies implemented to address these recommendations were approved by ACHS.

RCH Manager of Consumer Participation and Improvement Manager, Scott Swanwick, said the surveyors undertook a very thorough investigation of what it means to be a patient, family and staff member of the RCH.

"During their three days at the RCH the ACHS surveyors met with various staff, patients and families in many different areas of the hospital. This can be a confronting experience for those involved, but the team's friendliness, warmth and professionalism certainly made the experience an enjoyable one," said Scott.

"The DHS report indicated the RCH had achieved all criteria at the 'met' level for all DHS services surveyed, and the EQuIPNational report indicated the hospital had achieved all criteria at a 'satisfactory met' level or above for the entire organisation.

"It is also great to note that the RCH was awarded 15 'met with merits', which is the highest level that can be awarded under the existing system," he said.

As part of the review the ACHS team has identified eight items they feel will improve patient safety and quality at the RCH, and the hospital is now working on strategies to address these.

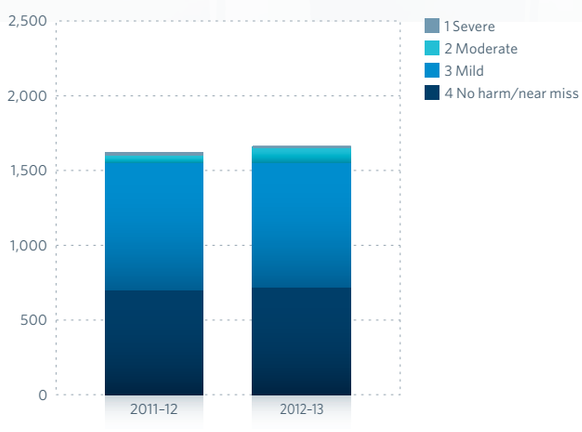
The graphs displayed outline these standards, the number of criterion assessed per standard, and the rating score provided by the survey team.

National Standards	Not Met	Satisfactorily Met	Met with Merit
Governance for Safety and Quality in Health Service Organisations	0	53	0
Partnering with Consumers	0	14	1
Preventing and Controlling Healthcare Associated Infections	0	31	10
EQuIP Standards			
Service Delivery	0	2	0
Provision of Care	0	10	0
Workforce Planning and Management	0	2	0
Information Management	0	3	0
Corporate Systems and Safety	0	5	4

DHS Standards	Not Met	Met
Empowerment	0	2
Access and Engagement	0	3
Wellbeing	0	5
Participation	0	6

Accreditation is a process where highly qualified health care staff from across Australia come to your hospital to ensure the appropriate Australian standards are being met.

TOTAL CLINICAL INCIDENTS BY SEVERITY



RCH sibling Arlo with his dad Mark

Patient and family satisfaction survey

The biannual patient and family satisfaction survey shows improved results for the RCH.

For the past decade the Victorian Department of Health has undertaken a patient satisfaction survey at public health facilities throughout the state. As this survey is not applicable in a paediatric setting, for the past three years the RCH has undertaken its own patient and family satisfaction survey.

Since its commencement in 2011 the RCH patient and family satisfaction survey has been completed every six months, and has undergone a number of reviews resulting in a variation of form and content.

RCH Manager of Consumer Participation and Improvement Manager, Scott Swanwick, said the focus of the current survey was to capture the thoughts and feelings of patients and families in several key areas of the journey, from admission to discharge.

"In 2012–13 there have been three main changes to the survey template, developed in conjunction with our consumers: the introduction of a different survey for patients 12 years and over; the introduction of two culturally specific questions; and the introduction of new questions relating to information provided to patients and inpatient meal service," said Scott.

"The key objective of the survey is to identify areas where the level of satisfaction is low, and then work with staff and consumers to find ways to improve service delivery in these areas.

The key objective of the survey is to identify areas where the level of satisfaction is low, and then work with staff and consumers to find ways to improve service delivery in these areas.

"The survey is delivered in paper format to all inpatients, excluding high dependency areas, by our friendly Volunteer Service over a period of four weeks, and survey results are recorded by the ward clerk on each ward.

"The data is then analysed and the results are provided to wards, clinical departments and RCH consumer advisory groups, for comment and discussion about how and where we need to improve the hospital experience for our patients," he said.

In the 2012–13 period, the RCH satisfaction rating increased from 79 per cent to 83 per cent according to patients and families who completed the survey during this time.

Any categorised area that scored below a level of 80 per cent satisfaction was further reviewed by our consumer based committees and staff, to explore potential strategies for improvement.

The Department of Health has identified a replacement 'experienced monitor' and the RCH has been working with the Department around its implementation in paediatric health.

Despite these plans, the RCH will still undertake its own internal survey, and will continue to look at new approaches to improve the process, including potentially making the survey template an electronic tool and utilising the RCH Facebook page to assist in collecting this valuable feedback.

Immigrant Health Service

RCH refugee fellow Dr Dan Engelman with RCH patient Wesal and her mum Eklas

Victoria has experienced an influx of asylum seeker children with significant health needs. The RCH has been working proactively — and thinking outside the square — to manage and promote the health of refugee children and families.

The RCH Immigrant Health Service consultants and fellows provided over 1,200 episodes of clinical contact in 2012–13. The Immigrant Health Clinic saw children from over 30 countries, speaking over 30 languages, and interpreters assisted for over two thirds of clinic consultations. Attendance rate was 87 per cent, which is a testament to the care and work of nurse coordinator Helen Milton.

The service has enhanced its hospital-based program with the introduction of a secondary mental health consultation model to help manage children with severe mental illness. The meetings obtain advice and input from Psychiatry, Psychology and teachers from the RCH Education Institute.

Service director, Dr Georgie Paxton, said the consultations have proved extremely valuable.

"We are already seeing increased access for our clients to mental health services as well as improved communication. We regard this as a significant achievement," Georgie said.

Another important achievement has been the development of the 'Easidose' web-based prescribing aid. Easidose (www.easidose.com) is a unique approach to overcoming the language and literacy barriers that often hinder correct dosing of prescribed medication for refugee children. Easidose addresses these barriers by converting medication dosing instructions into easy-to-understand pictures. The aid is available to any clinician, and patients are providing very positive feedback.

In addition to hospital-based initiatives, the RCH has made valuable contributions to state and national efforts to improve refugee child health, and is working closely with other sectors to maximise outcomes for these children. We've focused on strengthening and building capacity within other services relevant to the hospital, including detention health services, refugee health nurses, settlement support agencies, community health and acute hospital services.

"We are privileged to be providing care and leadership in this fascinating area, and our work continues to evolve."

The work of the refugee fellows has been invaluable, with Dr Anthea Rhodes in 2012, and Dr Daniel Engelman in 2013 providing education, clinical care, and mentoring for the next generation of medical students interested in refugee health. The fellows are supported by the Victorian Department of Health.

Education sessions in maternal and child health have continued while links have been made with other groups such as preschool field officers and the general practice training program. The team delivered 50 education sessions to 2,800 participants over 2012, and a further 18 sessions over the first half of 2013. They have been active in research, with seven publications over 2012–13 including a lead role in the national position statement on vitamin D and health in infants, children, adolescents and during pregnancy.

The service's experience with detention health services has resulted in an updated 'Care of Children in Detention' policy, which is a guide for RCH to provide a best practice approach to care for this vulnerable patient group.

The team continues to be involved in research, advocacy and policy development at a state level, working closely with the Victorian Department of Health and the Victorian Refugee Health network.

"We are privileged to be providing care and leadership in this fascinating area, and our work continues to evolve with the changing demography and policy of refugee health in Australia," Georgie said.

Great hospital, great place to work

An online 'culture survey' sets the scene for a revised workplace management approach.

The first RCH online Culture Survey was completed in late 2012, setting the agenda for a new approach to staff engagement, empowerment and satisfaction.

Executive Director People and Culture Colin Brown said the results and analysis of the survey were presented to staff in March, revealing great pride in the RCH and some areas with room for improvement.

"People account for 80 per cent of the RCH budget and I think it goes without saying that, for any patient and family coming into the hospital, people are what make the difference between good care and great care," Colin said.

"Being a truly great hospital means investing in our people so that they feel inspired, trusted and accountable. The Culture Survey was held to give us an accurate snapshot of sentiment and expectations across our diverse workforce of more than 4,500 people, and as the first step in building a new 'people plan'," he said.

"Our survey showed that 81 per cent of staff feel engaged, 93 per cent are strongly committed to our organisational values and 80 get enjoyment from their work.

"These are great results by comparison with other organisations, including those in the health sector. But the rationale for this survey was not just to applaud the things we love about working at the RCH, it was to find out what we could do better."

The four focus areas identified from the survey results were more openness and transparency in decision-making, better performance management, greater visibility of the hospital's Executive team and improved awareness of the hospital's anti-bullying policies and procedures.

"... the rationale for this survey was not just to applaud the things we love about working at the RCH, it was to find out what we could do better."

Following the presentation and discussion of the survey's lead findings, the hospital's senior managers drilled into the detail of their divisional results and shared these 'local' findings with their teams.

In May and June a series of focus groups were held to get more information about staff experiences and ideas for change across the four priority areas.

The RCH People and Culture team redesigned, trialed and have now launched a new performance management tool, and a campaign was launched to promote completion of an online training module about bullying and harassment prevention.

Colin said the work would continue into 2013 and beyond.

Colin Brown, Executive Director People and Culture

Aiming high to provide culturally sensitive care

Bringing a child to hospital can be particularly overwhelming for non-English speaking families. A relationship with a community group that works with and for migrant communities could help shape a more targeted approach to supporting these consumers.

The RCH Cultural Diversity Committee has reached out to community-based training provider the Adult Migrant English Service (AMES) to help find practical, workable solutions to the in-hospital challenges faced by non-English speaking families.

It is hoped the relationship will enable the RCH to be better informed about issues that affect migrant families, and provide a successful channel for communicating important health and RCH information back out to migrant communities.

The chair of the RCH Cultural Diversity Committee, Executive Director Jayne Dullard, said a fact-finding tour of the hospital by AMES case managers early in 2013 had kick-started the relationship.

"The AMES group that came to tour the hospital included case managers and support staff from the Chin, Kurdish, Tamil, Iraqi and Hazara communities," Jayne said.

"They had particular interests in our Immigrant Health Service, and the process for referrals to that clinic, and in how our Social Work team works across a range of complex social and cultural issues. Our teams are now working directly with their new AMES contacts to find ways to make the RCH experience more positive for consumers who may be coming into an Australian hospital for the first time."

Jayne said another great outcome of the initial visit had been the recruitment of a Burmese Chin AMES employee to join the RCH Cultural Diversity Committee.

"In terms of interpreter services provided at the hospital Chin has been one of the fastest growing over the last 12 months, so we are particularly pleased to now have a more direct line into that community," Jayne said.

AMES suggested a number of 'next steps' following the visit including greater cooperation around the assessment and treatment of paediatric mental health, a joint education campaign around diabetes, and language-specific family health information sessions.

"We were delighted that AMES was so willing to get involved with the RCH and help us find ways to improve the patient experience for our culturally diverse families," Jayne said.

"We are confident that good things will come from this partnership."

RCH Education Institute teacher Steph Buchmayer with RCH patient Daisy

A book to look at cultural diversity

What do young people know about their own and other people's cultural backgrounds? What do they want to know? The RCH Education Institute worked with adolescent patients to produce a book about culture and traditions.

Publishing projects are undertaken regularly with RCH patients to give children and young people the opportunity to develop literacy skills through sharing their own stories and engaging with books.

The latest project – the Cultural Diversity Publishing Project — focused on diversity, but according to RCH Education Institute Executive Director Glenda Strong, it also highlighted some interesting cultural connections for patients.

"When young people at the RCH set out to discover more about the different cultures around them, they found not only differences but common threads that together weave the fabric of what it is to be Australian," Glenda said.

After the research phase, teachers from the Education Institute worked with adolescent patients on Kelpie (adolescent care ward) to produce a book about culture and traditions. Visiting artist Nikita Burt from Kids' Own Publishing led workshops with students at the RCH to produce ink illustrations before eventually designing and publishing the book.

> "Our learning projects are guided by children's individual passions."

The finished product, a beautiful book titled *Cultural Diversity — The Royal Children's Hospital*, was launched during Cultural Diversity Week celebrations at the hospital.

The book shares the stories of young people's cultural experiences and family rituals, and includes delightful illustrations that capture their thoughts and reflections on cultural diversity. Contributing authors and illustrators were given copies of the published book to take home and share with family and school.

Glenda said the book was an example of the innovative learning program offered by the Education Institute for children and young people at the RCH.

"Our learning projects are guided by children's individual passions. It was clear in this project that the students particularly enjoyed learning about the many different foods, celebrations, and languages that can be found in homes around Australia," she said.

Cultural Diversity — The Royal Children's Hospital continues to be enjoyed by children and young people at the RCH in learning sessions with RCH teachers and in patient activity rooms throughout the hospital.

The book is also available for purchase in the RCH Shop and was made possible by the generous support of the Kimberley Foundation.

My stepfather is from Guyana, Brazil. The people in Brazil are always happy. — *Adryana, 16 years*

My family celebrates Ramadan. They fast the whole day and at 5.00pm we cook and then eat. We do that every day for 26 days and we celebrate Ramadan every year. — *Sarah, 10 years*

It's a great honour to be an Australian because we don't have to deal with poverty or famine, and also we don't have to deal with wars on our own soil. — *Aaron, 17 years*

Mum is from Egypt, my sister is from Egypt, my cousins are from Egypt – let's just say my whole family is from Egypt. But Dad is from Sudan. I came here for better education. — *Danial, 10 years*

My background is Macedonian. For Christmas we have a special bread that has a hidden coin in it. The bread has to be cut up evenly between the number of people in the house. We call family members by their Macedonian title. Grandma and Grandpa are called Baba and Dedo. — *Nicola, 13 years*

RCH Education Institute teacher Antoinette Domoney

RCH patients Cassandra and Edward

‘Hear Me’ educational play

Exploring hospital experiences through theatre to improve healthcare for staff, patients and families.

In May 2013, RCH patients, families and staff were invited to a performance of a unique healthcare play ‘Hear Me’ that explored the importance of communication and patient-centred care in hospital.

“The link between staff culture and patient safety has been clearly established worldwide,” says Dr Catherine Crock, RCH Clinical Haematology physician and coordinator of the ‘Hear Me’ production.

“The play is one of the ways we are increasing awareness of this and exploring how we can improve healthcare.”

Written by Alan Hopgood, the play is the product of real stories from a range of perspectives. The Australian Institute for Patient and Family Centred Care, of which Catherine is also the Executive Director, called for patient, family and staff experiences in various hospitals. From these stories, a realistic, honest and educational production was created, which has now been performed in 15 hospitals around Australia.

Central to the play is a medical disaster that strikes when a patient is deteriorating, but junior hospital staff do not alert senior staff out of fear and intimidation.

An important part of the ‘Hear Me’ experience is creating an open forum where the audience can contribute and discuss their own stories.

“Audiences have been very open about issues when given the opportunity to do so,” Catherine said.

“While the issues presented can be confronting, they have been willingly explored by hospital staff from many professions and levels of experience in the audience.”

Feedback from the play has been very positive, with the vast majority of the audiences rating highly its relevance and effectiveness in conveying key messages. Many commented that they expected their interactions with patients and colleagues to improve as a result of the play. As one staff member commented: “You have to have those raw and emotional conversations to make change”.

The Wadja e-learning initiative

A cultural awareness e-learning package will educate RCH staff on a range of factors relevant to Aboriginal and Torres Strait Islander patients.

In 2012–13, the RCH Wadja Aboriginal Family Place conducted research that identified the need for a cultural awareness e-learning package, which will be available to all RCH staff when it launches later this year.

This e-learning package will educate RCH staff on the services the hospital offers to Aboriginal and Torres Strait Islander patients. The package will also provide information on the clinical obligations of RCH staff in making appropriate referrals, and providing culturally appropriate care, to these patients and families.

Wadja Aboriginal Case Manager, Selena White, said the educational tool will be extremely beneficial for staff.

"Staff will learn about the importance of accurate identification of Aboriginal and Torres Strait Islander patients, the services provided by Wadja Aboriginal Family Place, the reasons for this dedicated service, and how families can access this service," Selena said.

"It is hoped that staff will also gain some historical insight into the cultural barriers for Indigenous families accessing health care," she said.

The e-learning package has been endorsed by the RCH Aboriginal Liaison and Policy Advisory Committee and it is anticipated that it will become part of mandatory orientation for all new employees at the RCH to assist staff in providing culturally sensitive and appropriate care.

RCH Chief Social Worker, Judith Sloan, said this is an exciting step in organisational development at the RCH.

"The e-learning tool is an extension of the commitment made by the hospital to improve services to Aboriginal children, by ensuring staff develop cultural awareness and know about Wadja services," said Judith.

The e-learning package will complement existing cross-cultural education sessions delivered by Wadja staff to a range of multidisciplinary students and staff including pharmacy, junior medical staff and allied health students, and post graduate nursing.

"Wadja also deliver annual Grand Rounds, an internal forum for RCH staff to present and discuss clinical topics relating to Aboriginal health," said Judith.

"The large number of staff attending these lectures indicates a desire to increase knowledge of Aboriginal health and services," she said.

By ensuring that staff are educated about the particular needs of Aboriginal children and their families, the RCH continues its commitment to breaking down the barriers to a healthy childhood for each and every Aboriginal child.

This is an exciting step in organisational development at the RCH, and is an extension of the commitment made by the hospital to improve services to Aboriginal children.

RCH Wadja staff Selena White, Nyoka Morgan-Briggs, Sharon Mongta and Ashlee Moffatt

RCH Children's Cancer Centre Community Liaison Manager, Mary McGowan (right) with parents Anne and Gavin

Sharing thoughts and hearing concerns to improve patient care

The RCH Children's Cancer Centre is committed to providing forums for patients and families to offer feedback and voice concerns.

In the past year the RCH Children's Cancer Centre (CCC) actively continued and worked to improve engagement with patients and families.

Since its establishment in 2002 the RCH CCC Parent Advisory Group has been continually ensuring that regular feedback is directed to the CCC, and any concerns raised are heard. The Group is chaired by a parent, and attended by any parents who wish to join as well as RCH CCC senior staff members. The group meets monthly to facilitate discussion, seek advice and address issues raised by consumers.

In addition to this monthly meeting, CCC Parent Advisory Group members hold a monthly morning tea on Kookaburra (cancer care ward), providing an opportunity for families to come together in an informal environment.

CCC Community Liaison Manager, Mary McGowan, says the morning tea gives parents the chance to meet other parents, share concerns, find out about services or just chat about how things are going.

"Any issues that need addressing from these morning teas are presented at the next Parent Advisory Group meeting," Mary said.

"This feedback is very important in assisting us to provide the best care and service to children and their families. It is pivotal that we are aware of patient and carer concerns and ensure the CCC team strives to earn their trust during their child's journey, through empathetic discussion," she said.

The RCH CCC also engages with families through consumer feedback forms, which are placed in each inpatient room on admission, made available in the Day Cancer Specialist Clinic and can be submitted via mailboxes both on the ward and in the clinic.

Where appropriate, a more personal forum for feedback can be arranged, whereby an RCH Social Worker will arrange a meeting for the family with the Director of the CCC to discuss any concerns the family may have.

The RCH CCC is committed to continuing these initiatives to ensure all ideas and concerns from their consumers are heard and resolved.

"The morning tea gives parents the chance to meet other parents, share concerns, find out about services or just chat about how things are going."

RCH patient Alanah

Infections are going down thanks to a

Single rooms provide patients and families added privacy and space during their stay at the RCH. But it's the added extras patients don't receive that also improve their experience in hospital.

Hospital acquired infections are inconvenient and devastating for patients and their families. Infections, such as gastroenteritis and enterococcal septicaemia, are spread in hospitals where patients' immune systems are already weak due to illness.

Associate Professor Andrew Daley, RCH Infection Control Physician, said planning for the new RCH provided a once-in-a-lifetime opportunity to evaluate every aspect of infection control from the ground up.

"The Infection Control team played a key role in determining the location and layout of clinical areas before the new hospital was constructed," Andrew said.

"Our ultimate objective was to improve the hospital experience for patients and families by reducing hospital acquired infection rates, reducing morbidity and mortality associated with these infections, and to shorten length of stay," he said.

During the planning stage for the new hospital, the team collected infection data in the old hospital for both hospital acquired viral infections and central line infections.

After the move, the monitoring has continued, and the results for 2012–13 have been outstanding.

"We've seen significant reductions in the rate of hospital acquired infections, which is fantastic for patients and families, and a huge morale boost for our staff," Andrew said.

For the three years prior to the move, central line associated infections remained unchanged at 2.7 per 1,000 line days. In 2012, the rate dropped to 1.8 per 1,000 line days. Hospital acquired gastroenteritis rates also plummeted, by 40 per cent, while hospital acquired respiratory viral infections reduced by 10 per cent.

A key concern for clinicians is when infection-causing organisms develop a resistance to antibiotic treatments. Before the move, nine per cent of invasive staphylococcus aureus bloodstream infections in the RCH were methicillin (antibiotic) resistant, but since the move none of these infections have been methicillin resistant.

Similarly, the number of enterococcal septicaemia cases that are vancomycin resistant has fallen from 50 per cent to just eight per cent after the move.

Single rooms — not sharing is caring

A major contributor to the reduction in infections has been the introduction of 85 per cent single occupancy patient rooms in the new RCH.

After researching the designs of many hospitals around the world, the RCH concluded single rooms represented best practice in many ways, particularly in reducing hospital acquired infections.

RCH Infection Control Coordinator, Sue Scott, said parent focus groups shared the desire for single rooms, and their decision is paying off.

"Families will tell you that single rooms provide greater space and privacy, which is always valued when a child is unwell in hospital. What families may not realise is that single rooms also help protect their children from infections.

"We've seen significant reductions in the rate of hospital acquired infections, which is fantastic for patients and families, and a huge morale boost for our staff."

"All single rooms in our hospital have ensuites, which means there is less opportunity for organisms to transmit to other patients from the contaminated environment. Parents can eat meals safely with their children in their own 'family zone', away from the 'clinical zone' where staff are able to practice safely," Sue said.

Isolation rooms on every ward

Each ward in the new hospital has two negative pressure rooms to isolate patients with airborne transmitted infections. This means patients can be isolated on the most appropriate ward for their underlying condition, rather than being moved to a separate 'isolation ward'.

"This is great, because now cardiology and cancer patients with an airborne transmitted infection can remain on the cardiology and cancer wards with the staff they know, and who know them and their conditions well. It's also helping to reduce parent anxiety about their child's care," Sue said.

Infection precautions tailored to each patient

RCH clinicians regularly evaluate the infection transmission risks of each patient. Rather than taking a one-size-fits-all approach to applying precautions to reduce infection transmission, staff now assess each patient's individual risks, taking into consideration their age, developmental stage and social needs.

For example, a patient who is not toilet trained may require extra precautions (such as remaining in their room with staff using protective barriers like gloves and gowns) than a patient who is continent, cooperative and has good personal hygiene.

family-centred care approach

RCH patient rooms have a dedicated clinical zone, patient zone and family zone, as demonstrated by RCH nurse Kirsten Brown, patient Berlin and her family

A major contributor to the reduction in infections has been the introduction of 85 per cent single occupancy patient rooms in the new RCH.

Infection Control has also developed information sheets in conjunction with the RCH Family Advisory Council (FAC) to help parents and carers understand the precautions they can take to reduce the chance of infection transmission. Some of these sheets have been translated into multiple languages, and are provided to parents of patients who are on the wards, are being managed by RCH@Home, or have been discharged into the community.

Hand hygiene family auditing in Specialist Clinics

While the RCH has conducted monthly staff hand hygiene auditing in all clinical areas since January 2012, outpatient services were not involved in the process.

Hand hygiene compliance in outpatient areas had previously been raised as a concern by the FAC and so, in 2013, the Infection Control team took a unique approach to auditing Specialist Clinics. On World Hand Hygiene Day, 6 May, families attending RCH Specialist Clinics were invited to participate in surveying staff compliance with hand hygiene.

Around 300 surveys in six languages (English, Simplified Chinese, Vietnamese, Somali, Turkish and Arabic) were distributed to families throughout the day while a variety of specialist clinics were in progress.

Meanwhile staff from Infection Control, Volunteer Service, Educational Play Therapy and the FAC promoted the event through colouring activities and stickers for children.

Sue said the findings have highlighted improvements that need to occur in staff hand hygiene practices.

"The results demonstrated that staff didn't always perform hand hygiene both before and after significant patient contact," Sue said.

"The results have prompted us to reinforce hand hygiene in the outpatient setting to permanent and visiting health care workers. We'll be repeating the survey to measure ongoing improvements," she said.

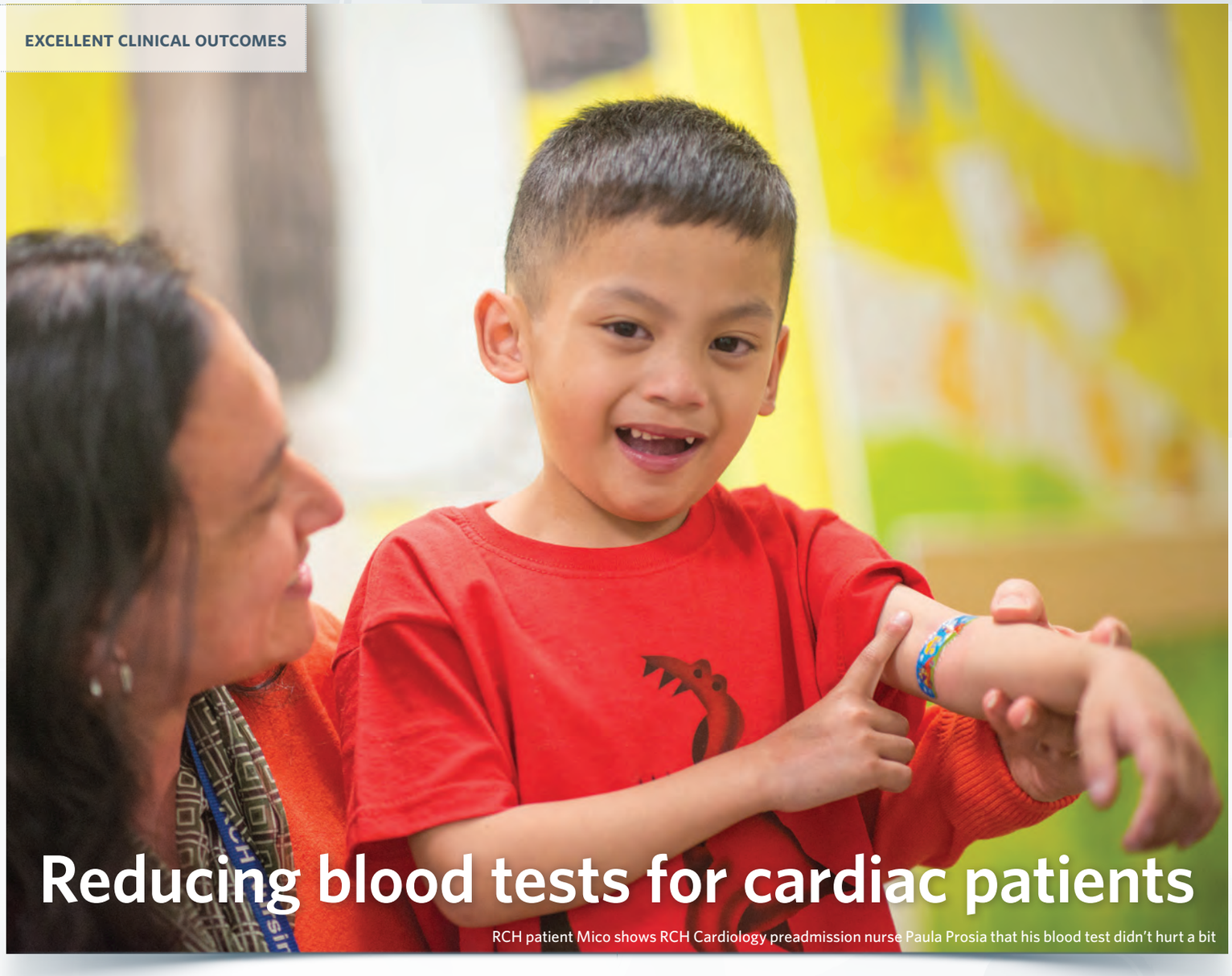
At June 2013, RCH hand hygiene compliance rates were 76%, exceeding the Department of Health target of 70%, but we want to do even better.

Sibling participation

Nurses on Kookaburra (cancer care ward) Sarah Egan, Kristen Roberts and Ella Borello, facilitated an infection control session at the ward's annual 'Sibling Day' for children who have a sister or brother undergoing cancer treatment.

Sibling Day is designed to familiarise children with the hospital environment and some of the procedures that may occur. Siblings have a chance to meet other siblings who are dealing with similar issues. The children have the opportunity to ask questions of both medical and nursing staff as well as have their temperature, pulse, blood pressure and oxygen saturations measured.

The infection control session explained the importance of hand hygiene. Children took delight in playing with a special 'glow germ' fluorescence cream to understand how to correctly wash hands.



Reducing blood tests for cardiac patients

RCH patient Mico shows RCH Cardiology preadmission nurse Paula Prosia that his blood test didn't hurt a bit

The RCH Transfusion Service provides patients with approximately 13,000 blood products per year, many of which are required for planned surgical procedures.

In order to provide the right blood for a transfusion, the service must take patient blood samples to ensure compatible blood is organised for the operation. These samples usually last up to three days. The short viability of blood products means that sometimes a patient may need to return to hospital for further blood tests prior to their surgery.

In an effort to minimise the number of blood tests required, we extended the time a blood sample was considered viable to 30 days, for cardiac patients who meet 'Extended Expiry' acceptance criteria.

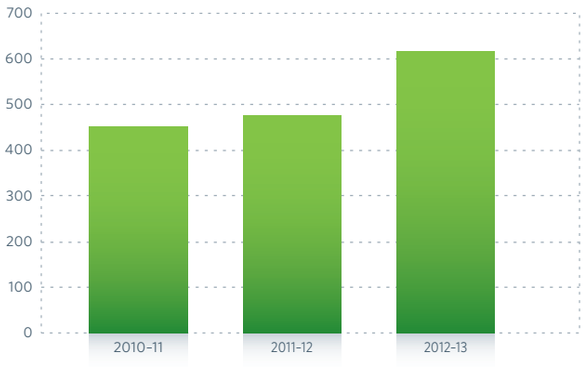
"It takes a few minutes to explain the concept and take the necessary declaration, but does not require any extra blood to be taken other than the original group and screen test, which is taken at the patient's initial consultation," said Lyn Marshall, Cardiology Preadmission Nurse.

"We have embraced this new process, as it reduces the number of blood tests and visits to hospital for the eligible patient. Re-testing can be difficult for the patient and often puts pressure on Laboratory Services when specimens require testing, and transfusion products need to be provided, on the day of surgery."

Extended Expiry also provides a more efficient process for admission of cardiac patients when surgeries are postponed.

"Now if a cardiac patient's surgery is postponed, there is a good chance that the next patient to be operated on will have already provided a blood sample. Without the need to take blood again, test the sample and organise the correct transfusion product, we can accommodate them quickly and with less stress. With the introduction of Extended Expiry, it's all organised prior to their arrival," Lyn said.

NUMBER OF PATIENTS UTILISING EXTENDED EXPIRY PROGRAM



"We have embraced this new process, as it reduces the number of blood tests and visits to hospital for the eligible patient."

Meet our new Primary Care Liaison Manager

With a background in intensive care nursing and outpatient service management, Robert Sharrock has joined the RCH as Primary Care Liaison Manager.

This year the RCH welcomed a new Primary Care Liaison Manager, Robert Sharrock. Robert joined the RCH in time to implement some exciting new projects.

Since his commencement as RCH Primary Care Liaison Manager, Robert has been working on two key projects, the first to improve discharge summary completion rates between the RCH and General Practitioners (GPs); and the second to transmit patient discharge summaries electronically to GPs – a project planned for implementation in late 2013.

Robert said there is high community expectation for seamless transition of care between the primary care sector and the acute care provided at the RCH.

"Building strategic relationships with primary care practitioners and community organisations, such as Medicare Locals, to identify opportunities to collaborate on addressing paediatric population health issues is fundamental," Robert said.

In his role, Robert also organises important education events to up skill GPs and other primary healthcare practitioners, including maternal and child health nurses, in paediatric care.

"This year we have run five educational events and they have been extremely well received, with many attendees providing great feedback on just how educational and beneficial the sessions are," said Robert.

"Importantly, we also record each event and upload the footage to the Primary Care Liaison page on the RCH website, to improve access to these educational tools for those who can't attend," he said.

The RCH Primary Care Liaison Manager works in collaboration with two GPs, Dr Jennifer Andersen and Dr Alexis Butler, who all work to ensure effective links between the RCH and primary healthcare practitioners, and improve paediatric patient care in the community.

RCH volunteer Lucia

RCH patient Mia

Improving our transfusion service for cancer patients

The RCH Children's Cancer Centre is streamlining internal processes to provide a better transfusion service for our oncology patients.

In response to new Department of Health guidelines for blood product management, the RCH embarked on a collaborative project, with various hospital departments and staff, to streamline the transfusion service for cancer patients. The project team consisted of the RCH Children's Cancer Centre (CCC), Kookaburra (cancer care ward), Day Cancer Centre, Laboratory Services Blood Bank, transfusions specialists and nurses, and Pathology Collection.

Dr Helen Savoia, Head of RCH Clinical Haematology said, "In order to improve blood product management, a number of measures were implemented to raise awareness among RCH staff.

"After engaging with staff across the collaborative team, we implemented targeted transfusion education for CCC staff," said Helen.

"Education around this topic has been integrated into the induction process and is facilitated by the CCC Quality Manager, a transfusion specialist and transfusion nurse."

One of the key improvements as a result of the project is inventory management, particularly in relation to platelets.

"We've implemented measures to manage our platelet inventory, and have seen a substantial and sustained decline in wastage of this product," Helen said.

Procedures related to patient care have also been improved.

"We've made changes to documentation and clinical management plans to ensure transfusion requirements are now included in the patient care plan and discussed at weekly ward rounds," Helen said.

"We strengthen these processes through staff education and communication."

"We've implemented measures to manage our platelet inventory, and have seen a substantial and sustained decline in wastage of this product."

RCH surgeon Michael Nightingale (centre) with clinical nurse specialist Amanda Crooks (left) and surgical registrar Rebecca Cooksey (right)

Chronic Pain Management Clinic enhancement project

The RCH Chronic Pain Management Clinic has undergone improvements to ensure timely and quality care for patients experiencing chronic pain.

RCH patient Louise with her mum Robyn (seated, second from left) and the RCH Chronic Pain Management Clinic team

The Chronic Pain Management Clinic (CPMC) treats children and adolescents experiencing chronic or persistent pain as part of the Children's Pain Management Service. Pain can result in poor sleep, school absenteeism and social withdrawal and is often very distressing to the child and their family.

The CPMC has undergone a review, and implemented new processes to provide a more accessible and responsive service for patients.

In July 2012, the Department of Health announced recurrent growth funding for chronic pain management at the RCH that required the CPMC to undertake a review of the service. This review would outline areas for change and improvement, so that the CPMC would be adhering to new Health Independence Program guidelines and to create an improved service for patients. The CPMC engaged an Improvement Manager to scope the current service, identify gaps and form a working party to oversee the implementation of changes.

The Chronic Pain Management Clinic has undergone a review, and implemented new processes to provide a more accessible and responsive service for patients.

Among the improvements to the CPMC is the new referral management system.

"We now have a new referral management system which manages all referrals to the Chronic Pain Management Clinic. The new system allows for a more streamlined referral process. Receipt of the referral is acknowledged and patients triaged within 72 hours in accordance with Sub-acute Ambulatory Care Services (SACS) guidelines," said Associate Professor George Chalkiadis, Head of the Children's Pain Management Service.

The CPMC Model Enhancement Project has been well received by staff associated with the clinic and feedback from patients and families is being encouraged, on an ongoing basis, via a questionnaire.

Patient Ben with his mum Lisa

Improving the family experience for infants with Developmental Dysplasia of the Hip

A new video teaching parents how to properly fit their infant with an orthosis (brace) for Developmental Dysplasia of the Hip (DDH) is helping to reduce skin pressure areas.

Infants with DDH are often fitted with a special orthosis, known as a Denis Browne Bar, to encourage development of a stable hip joint. The bar maintains the hip joint in a flexed and abducted (legs apart) position and may be required to be worn for up to 24 hours a day and for a minimum of six to twelve weeks.

Unfortunately, the orthosis can sometimes cause uncomfortable areas of skin pressure while families become familiar with the correct method of fitting the device.

To better understand why the pressure areas were occurring, the RCH Orthotic and Prosthetic Department decided to log the injuries in a central register. It was then, according to department manager Rod Lawlor, that the team realised the issue was bigger than they first believed.

"By analysing the information in the register, speaking with families and observing treatments offered by different clinicians, we gained valuable insight into the information families had received over the course of their treatment and what they felt was lacking," Rod said.

One of the risk factors for DDH is a family history. The team was able to identify a number of families who'd had prior experience with the Denis Browne Bar for a sibling.

"It became clear that there were similarities and differences in the information our staff gave to these families for each of their children," Rod said.

To ensure families are provided with consistent information, the team has implemented a number of improvements. The revised information incorporates everything families had identified as being important, as well as the issues staff believed needed to be covered.

The pièce de résistance, according to Rod, is a new instructional video addressing the challenges of demonstrating the orthosis when an infant is unsettled.

"Feedback from parents highlighted that some of the information they wished to receive or have reinforced early in the treatment was difficult to demonstrate at the first consultation, especially if the parents or the infant were upset, as is often the case.

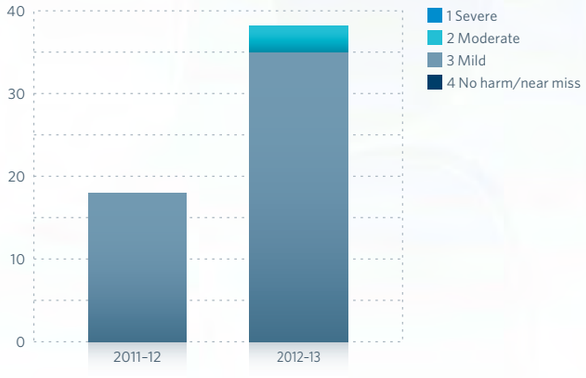
"With this in mind, we collaborated with the RCH Educational Resource Centre to develop a clear instructional video that allows parents to view and understand the process. We now show every family this video during the fitting appointment," Rod said.

The video teaches parents how to properly fit the orthosis to their child and perform daily checks to ensure it is not causing pressure injuries. It also demonstrates how to sponge bath with the orthosis on, for those infants who are required to wear the orthosis 24 hours a day.

"It became clear that there were similarities and differences in the information our staff gave to these families for each of their children."

Still image from the DDH instructional video

NUMBER OF PRESSURE AREAS ACROSS ENTIRE HOSPITAL BY SEVERITY



The video is also available online for parents to access at home should they wish to review the instructions.

Pleasingly, the RCH has witnessed a 75 per cent reduction in Denis Browne Bar pressure injuries in 2012–13 when compared to 2011–12 before the video was introduced.

In addition to the video, the Orthotic and Prosthetic Department also improved the patient information handout provided to families in the initial fitting appointment, and encouraged clinicians to take parents through the information sheet at the beginning of the consultation. The sheet was restructured to enable it to be used as a reference and prompt during the initial fitting.

A standardised recording process has also been developed to ensure clinicians' records in the medical history contain consistent, pertinent information. This includes a treatment plan, wearing regimen, information about whether the orthosis is applied correctly by the parents and how proficient the clinician feels the parents are at putting the orthosis on.

RCH patient Finn is fitted with a Denis Browne Bar by RCH orthotist /prosthetist Gabby Salemme with assistance from mum Bianca and dad Scott

Online education tool for medical prescribers improves patient care

The RCH Medical Education Department has commenced using a mandatory online education tool for medical prescribers, to further enhance medication safety.

The RCH Medication Safety Committee has undertaken a review of incidents relating to the medication administration process at the hospital.

The review looked at medication incidents identified from January 2011 to May 2013, which fell into three main categories — the administration of medication by nursing staff, the prescribing process by medical staff, and the dispensing and preparation of medication.

Once reviewed, this topic was discussed by the RCH Clinical Quality and Safety Committee, and RCH Deputy Director of Pharmacy, Antun Bogovic, said a valuable question was raised by a consumer representative on the committee.

"The representative asked, *'Outside of the base university education process, how does the RCH know that staff managing the medication process are appropriately educated?'* This question led us to think about how we can ensure appropriate structures are in place for RCH staff managing this process," Antun said.

"The RCH has an annual competency credentialing process for nursing staff, which staff are expected to complete. This is identified in the staff performance appraisal tool and their education record. However there is no standardised credentialing mechanism for RCH prescribers.

"So the Medication Safety Committee undertook a review of existing medication prescribers' credentialing programs to identify an online education system that would meet our needs and the needs of our patient group," he said.

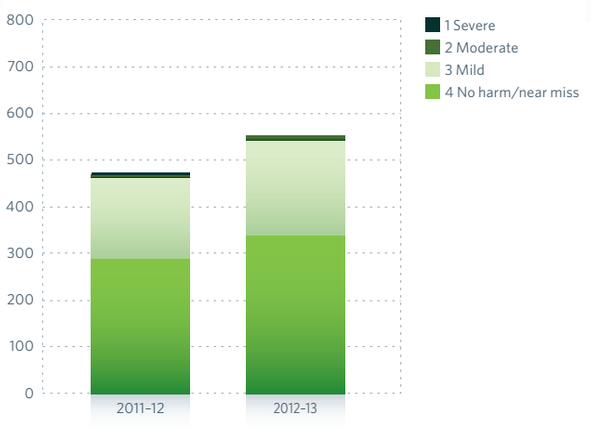
This system is made available to all prescribers via the RCH intranet. The content outlined in this tool addresses issues identified in an initial list of top ten dangerous drugs for the RCH, as well as resources and further training material that may be of assistance to medication prescribers. This list of drugs subsequently grew, and different medications may be included in future versions of the credentialing tool.

On behalf of the Medication Safety Committee and the Strategy and Improvement Unit, RCH Manager of Consumer Participation and Improvement Manager, Scott Swanwick, led a trial using this system with a selection of medical staff. It was then implemented across all RCH junior medical staff groups, with 43 per cent of staff engaged in the trial completing the system. There are now plans for all RCH medical consultants to participate at a later date.

The system has now become a mandatory education package for all prescribers at the RCH and, as of June 2013, there has been an uptake of approximately 43 per cent.

Although the RCH Medical Education Department adopts an ongoing face-to-face approach to medication safety, this package has been an effective way of providing the hospital with a universal assurance that all RCH medication prescribers have a basic working knowledge of not only the medication safety process, but its specific application at our hospital.

NUMBER OF MEDICATION ERRORS PER YEAR BY SEVERITY



The system has now become a mandatory education package for all prescribers at the RCH.

RCH pharmacist Chloe Bell dispenses medication

Beaming the falls prevention message into patient rooms

A new approach to the promotion of internal safety messages could help reduce preventable falls in hospital.

A new 'TV advertisement' has been made for families visiting the RCH in a bid to decrease the number of falls reported in the hospital every month.

Nadine Stacey, Clinical Lead, Quality and Safety, said up to six children every month were reported to have fallen while in hospital and about half of these occurred in the presence of a parent or family member.

"Falls, trips and bumps are not uncommon among babies and children. Parents try to keep their children safe at home and we make every effort to keep them safe when they are at the RCH," Nadine said.

"But the reality is that it happens. Children and their families are in an unfamiliar place, there can be a lot of equipment in the room and people coming and going, there's a lot to take in and a lot to remember.

"Most of our reported falls are the result of bed or cot railings being left down so we wanted to find a way to deliver clear, useful messages to families while they were in the hospital to remind them to take care, and help us keep their children safe.

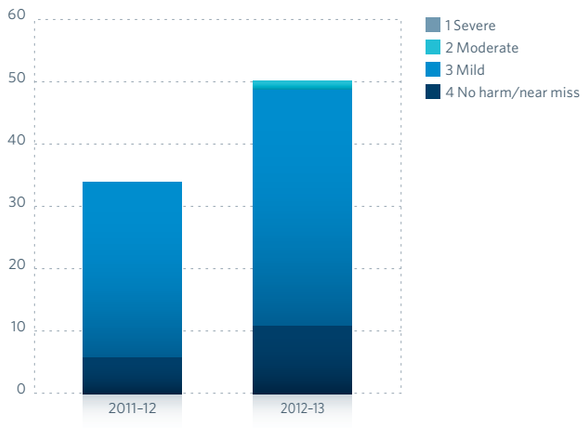
"The answer was right in front of us. Produced by the RCH Educational Resource Centre, RCH TV is our in-house broadcast channel which potentially could be seen by every family with a child in the hospital.

"We scripted and filmed a short video featuring an RCH nurse explaining how falls happen in the hospital setting and showing parents simple things they can do to minimise the risk."

These included making sure the bed is in a low position, the brakes are locked and bed rails or cot sides are up, putting the nurse call bell and important items within reach of your child if you are leaving the room, checking if your child is on medication that could increase the risk of falling, assisting children (especially those with walking aids) to move around, and letting the nurse know if you are leaving the room.

The falls prevention 'ad' was broadcast from May, and plans are being formulated to extend this treatment to other important RCH safety messages.

NUMBER OF FALLS PER YEAR BY SEVERITY



Good to Go: improving access and flow for RCH patients

Ensuring that children can access RCH services when they need them, and that patients waiting to go home do not experience frustrating discharge delays, is at the heart of an innovative, hospital-wide project called 'Good to Go'.

RCH nurse Brooke Sadler reviews patient Ruby's whiteboard care plan with mum Rebecca

The plan, at the outset, was bold: by capturing and evaluating detailed data, and using it as evidence to change practice in patient rooms and wards around the hospital, the RCH 'Good to Go' project aimed to reduce the average length of stay for a patient from 4.8 to 4.4 days, allowing up to 1,500 more children to be admitted every year.

"We still have a lot of work to do, and the nature of this project means that we are constantly identifying new areas to focus on, but the headline is that we have now achieved that overall length of stay target," said Improvement Manager Paula Howard, who manages Good to Go with colleague Lisa Stephens.

"We know how frustrating it is for families to have to wait to access hospital resources and Good to Go was created to find ways to improve the patient journey by removing unnecessary waiting times," she said.

"We know how frustrating it is for families to have to wait to access hospital resources and Good to Go was created to find ways to improve the patient journey by removing unnecessary waiting times."

"Our methodology has been detailed collection and analysis of data, continuous improvement and the progressive implementation of initiatives. But I think there were some broader principles in our approach that helped to put Good to Go front and centre within the RCH, and therefore maximised the likelihood of success."

Lisa said the project's name was chosen to give clarity to the core objective: improved patient flow and discharge planning. It began with a hospital-wide education and awareness campaign which included a logo, the tagline 'improve patient access, care and flow', an intranet site, a monthly newsletter, a mini documentary and a video project update, all produced in-house by the RCH Educational Resource Centre.

Governance from the outset has rested with a multidisciplinary committee of hospital leaders, chaired by the RCH Deputy CEO John Stanway, which meets fortnightly to review and provide data, discuss obstacles and brainstorm possible approaches.

Discharges before midday

"Through Good to Go we identified that, in order to meet the demand for RCH care, we needed to increase the number of patients admitted before midday from eight to 22," Lisa said.

"We are now averaging up to 20 discharges hospital-wide before midday because we've identified and reduced unnecessary delays to discharge. In creating this capacity we've also been able to reduce 'hospital initiated postponements' or surgery cancellations caused by beds not being available to new patients."

One of the delays identified through Good to Go was caused by patients having to wait for a final medical review prior to discharge, irrespective of other factors and assessments. The development of Criteria Led Discharge forms to protect against delays of this nature has been among the most significant outcomes of Good to Go.

"We developed generic and diagnosis-specific forms that are able to be completed at admission or when criteria for discharge become evident," said Lisa.

"The forms create clear expectations for families, nurses and doctors of what needs to occur before a patient can be discharged. The child can then go home when they are clinically ready — rather than having to wait for another medical review."

Patient Journey Board

To improve the visibility of the patient journey an electronic Patient Journey Board was developed. The journey boards were trialled and evaluated in late 2012–13 and given the green light for implementation across the hospital .

The journey boards provide visual cues to prompt teams to plan for a patient's discharge and, importantly, to communicate delays to discharge across the multiple teams that may be involved in a child's care.

"This part of Good to Go has been an enormous change management process. Nursing, allied health and medical teams have all been involved through the development and implementation of the Patient Journey Board," said Paula.

"The forms create clear expectations for families, nurses and doctors. The child can then go home when they are clinically ready to — rather than having to wait for another medical review."

RCH doctors Jess Purnama, Jye Gard and Chris McKenzie plan discharges at the electronic Patient Journey Board

"It is essentially a predictive bed management tool which can be viewed from any hospital computer. It is used at handover, and across the day by the bed management team."

"It may sound like a modest initiative but the results have been significant. We've seen increased discharges before midday and a narrowing of the gap between patients identified as possible discharges, and those actually discharged.

"When we started the project, the difference was up to eight patients. This meant some children were having their surgery cancelled, while later that night we might have vacant beds that those children could have used had we predicted and communicated better.

"Wards that are using the journey board have improved their planning, and therefore improved their discharge predictions. They are now getting variations of zero to two between predicted and actual discharges, which is a huge gain in terms of timely patient access."

Long stay patients

A long stay in hospital is distressing for patients and their families, and increases the risk of adverse events. Long stay patients also create challenges for scheduling and managing bed availability.

As part of Good to Go, a subcommittee was formed to focus on this area and identify mechanisms to facilitate discharge when safe and appropriate to do so.

"The subcommittee has played a direct role in pulling together the many pieces of the puzzle that can result in a child spending a long time in hospital, and helped to discharge children and adolescents in appropriate cases," Lisa said.

"The subcommittee has also developed a system to support clinical teams with timely, accurate information.

"The report prompts clinicians to communicate barriers to discharge and the next steps in the patient journey. This is triggered at 22 days. This process pre-emptively identifies any unnecessary delays to discharge and ensures that all teams involved in the patient's care are on the same page."

The target for Good to Go in the management of long stay patients was to reduce the number of patients in the cohort by 10 per cent. This has already been achieved, and the web-based report is being implemented across the RCH.

"When a child who has been with us for longer than expected is finally able to go home it is a good day for us, and a wonderful day for our patient and their family," Lisa said.

Next steps

The next phase of the Good to Go program will see the development of a hospital-wide Capacity Management Plan, the installation of Patient Whiteboards to facilitate communication between doctors and families in patient rooms, an Emergency Department timely response plan to help meet our national access targets, and a focus on the management of complex patients.

"I think we can now say that Good to Go is becoming imbedded in RCH culture," said Paula. "And that's great news for our patients and their families."

Specialist Clinics review leads to better service

A review of the RCH Specialist Clinics administrative practices has resulted in a significant reduction in call wait times, more streamlined administrative processes and all appointment slots being filled four weeks in advance.

In the past year the RCH Specialist Clinics recorded over 240,000 patient attendances — an increase of 18 per cent. On any given weekday, hundreds of patients and families come from all over Victoria and interstate for these appointments, which is why it's vital to ensure the Specialist Clinics division has an optimal working model, ensuring a positive patient experience.

One of the main issues was an increasing number of complaints from families about the difficulty in contacting Specialist Clinics and the on-hold wait times. Data analysis from March 2012 showed that the average wait time was over seven minutes and callers, tired of being on-hold, were hanging up at a rate of over 40 per cent.

RCH Specialist Clinics Manager, Monica Car, said that to improve the service a review of work practices in Specialist Clinics was undertaken.

"The primary aim of the review was to identify blockages in workflow that prevented Specialist Clinics from providing an optimal service for patients and families," said Monica.

"The review found that, as well as a poor response time in the Specialist Clinics Contact Centre, the primary areas that needed to be addressed were delays in referral management and vacant appointment times.

"Three pilot programs were set up to tackle these issues, with staff allocated specific tasks which matched their skill set and interests. All tasks were identified and reviewed on a daily basis.

"Each pilot was given a set of key performance indicators and targets were identified and applied to the improvement areas," she said.

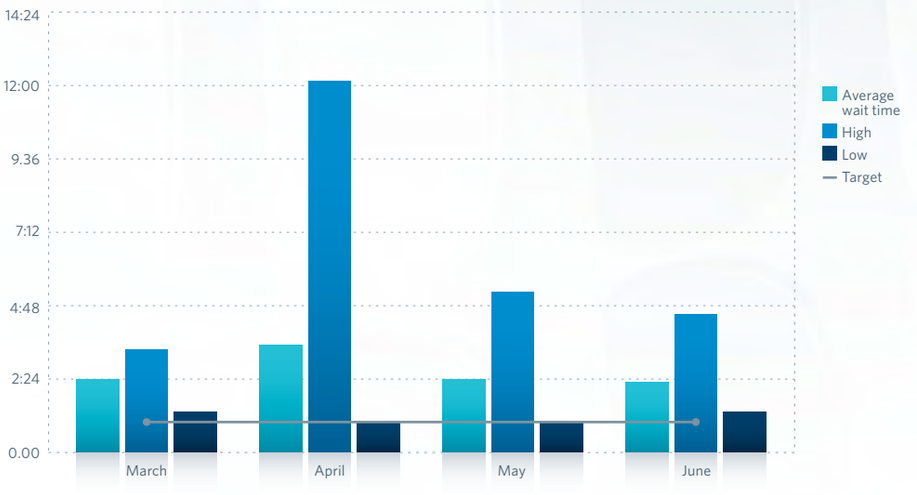
Specialist Clinics Contact Centre staff member Connie Martoccia

The improvement in service delivery was evident within the first month of the pilot programs operating.

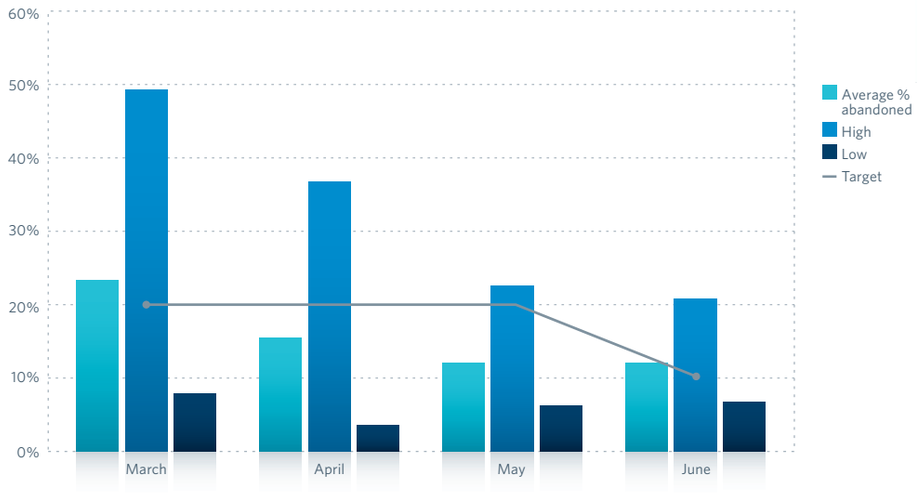
The improvement in service delivery was evident within the first month of the pilot programs operating. There was an 83 per cent reduction in billing errors, 100 per cent of empty appointment slots were filled within four weeks, call wait times were reduced to an average of one minute and the abandoned telephone call rate was reduced to less than 20 per cent.

The review proved successful in a very short time frame and, as a result, the RCH Specialist Clinics service has significantly improved and now runs more smoothly for patients, families and staff.

TELEPHONE CALLS TO SPECIALIST CLINICS — AVERAGE WAIT TIME



TELEPHONE CALLS TO SPECIALIST CLINICS — AVERAGE ABANDONED



A new approach to tackling childhood obesity

The RCH Weight Management Service is helping to treat childhood obesity in the community, and decreasing wait times for children in need of specialist care.

A new model of care developed by the RCH Weight Management Service has almost halved the number of children waiting for a consultation, in just six months.

With an emphasis on 'reverse patient flow', the new model centres around providing information to families, with education and support to GPs and other service providers, in an attempt to locate the child's treatment more in the community than at the RCH.

The service's Dr Matt Sabin said the new model helped to reduce wait times for obese children referred to the tertiary setting by enhancing care provided within the community setting.

"At the end of 2012 there were 250 children on the clinic's waiting list. By the end of June, just six months after the provision of funding to introduce the new model of care, there were 141," Dr Sabin said.

"Improving the timeliness of children's access to the service is important. Childhood obesity represents a significant drain on healthcare resources, often as a result of weight-related complications such as diabetes, heart disease, and even some types of cancer in adult life, so the sooner we can develop an appropriate treatment plan the better."

Dr Sabin said the service's approach recognised that many GPs found it difficult to undertake the necessary comprehensive initial assessment of overweight and obese children.

"This intensive initial assessment, searching for underlying causes and current weight-related health complications, is undertaken at the RCH clinic by our multidisciplinary team, which includes two consultants, a specialist nurse, dietitian, social worker and child psychologist.

"In most cases, we will then devise an activity and lifestyle plan which is agreed to by the family. We then communicate this back to the GP or referring specialist, and a degree of shared care and support will be maintained via telephone and telehealth," he said.

RCH Great Northern Court garden

RCH patient Obi

RCH patient Lillian

RCH patient Mitchell with RCH nurse Steph

Tell us what you think

You can also complete this survey on the RCH website: www.rch.org.au/quality_report_rch or via www.facebook.com/rchmelbourne

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 or the RCH Facebook page

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

Please complete and return this form, visit www.rch.org.au or telephone our Strategy and Improvement Unit on (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 Charles

RCH patient Berlin with her dad Adrian

The Royal Children's Hospital Quality of Care Report 2012–13 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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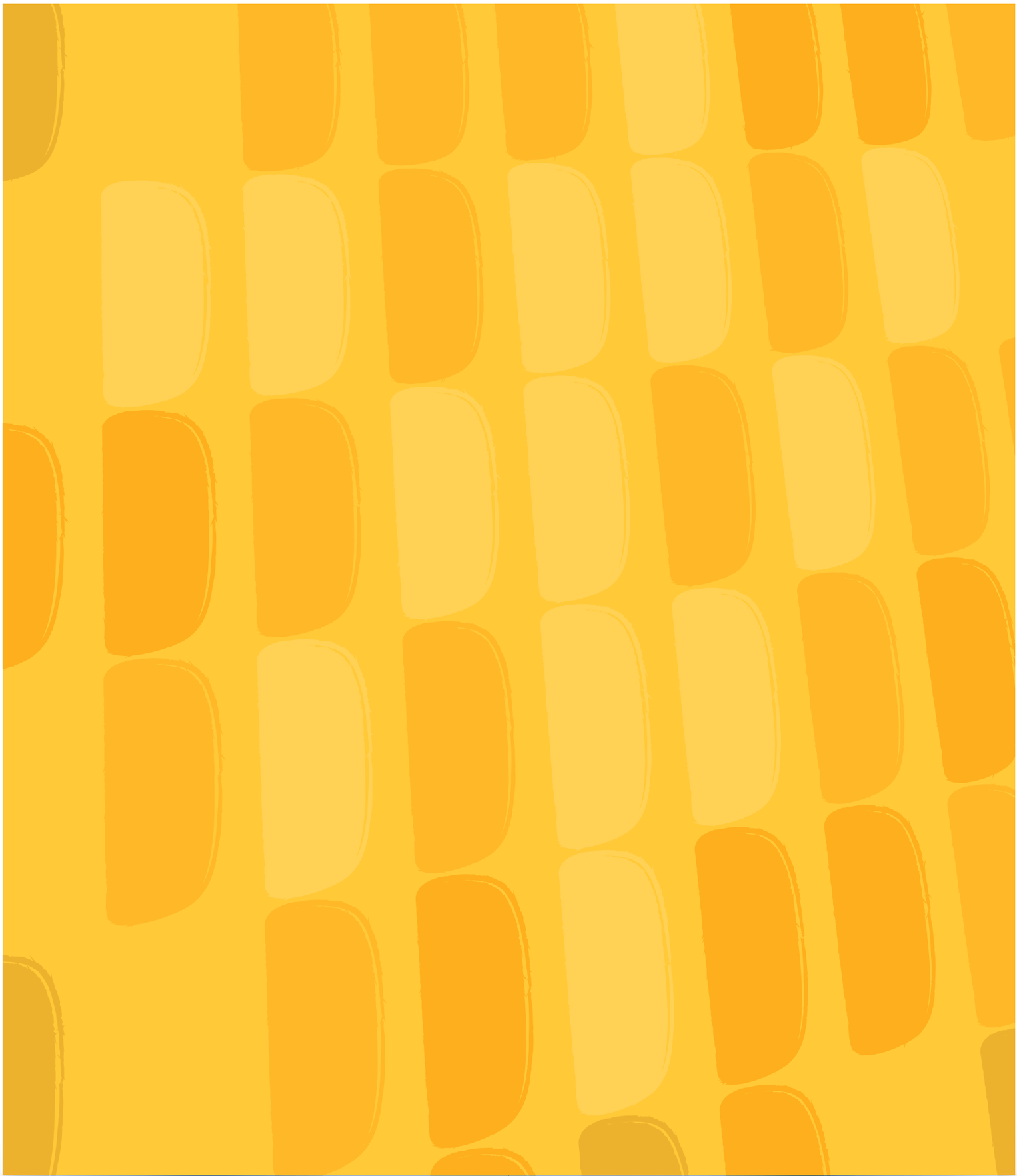

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