



The Royal
Children's
Hospital
Melbourne

Delivering Great Care

For patients, families, carers, staff and community **Quality of Care Report 2013-14**



WELCOME

Our Vision

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

Our Values

UNITY

We work as a team, and in partnership with our communities

RESPECT

We respect the rights of all and treat people the way we would like them to treat us

INTEGRITY

We believe that how we work is as important as the work we do

EXCELLENCE

We are committed to achieving our goals and improving outcomes



The Royal Children's Hospital (RCH) is Australia's biggest and busiest paediatric hospital and every day, our dedicated team of more than 3,500 staff, come to work to deliver great care.

In 2013-14 the RCH team treated 42,503 inpatients; 12,137 children underwent surgery; there were 243,361 specialist clinic attendances and 83,284 children presented at the emergency department. In addition, approximately 200 children received care in the community every day through RCH@Home.

Guiding our work is our new Strategic Plan. Developed in collaboration with the RCH Board, staff, consumer advisory groups, patients and families, our campus partners and the broader community, it is our roadmap for the future.

Signed off by the Minister for Health, the Hon David Davis, in early 2014 and launched at the hospital on the 4th of June, our new plan sets out our strategic priorities and the actions we will take to achieve them.

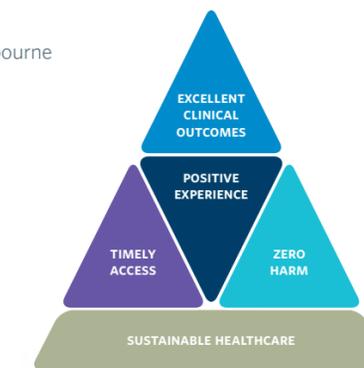
Perhaps most importantly, it defines what we mean when we say we will deliver great care.

To us at the RCH, great care means: excellent clinical outcomes; positive experience for patients, families and staff; timely access to care; zero harm; and sustainable healthcare.

I am delighted that, as you read through this report, you will learn about many of our recent achievements to deliver great care. This is something we'll keep talking about over the next few years, and we look forward to having you join the conversation.

Christine Kilpatrick

Professor Christine Kilpatrick
Chief Executive Officer,
The Royal Children's Hospital, Melbourne

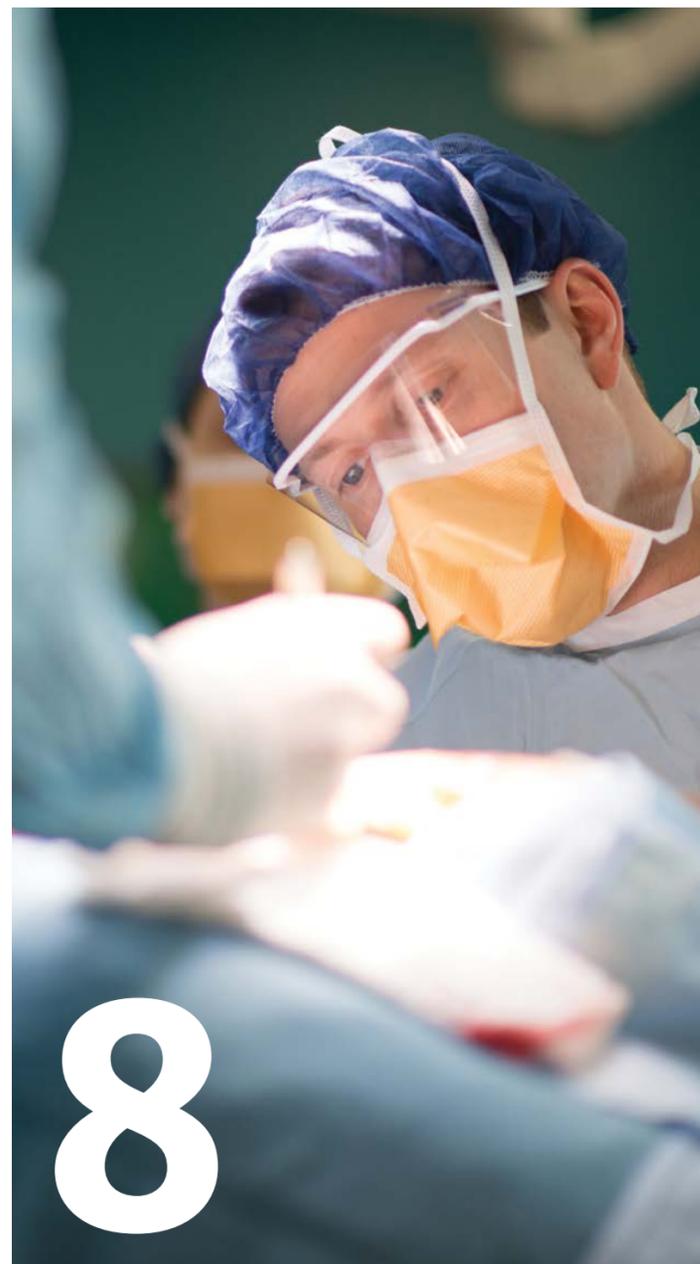


The RCH model of Great Care

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ON THE COVER:
RCH patient, Riley with
RCH Nurse, Erica McCormick



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CONSUMER FEEDBACK

Like! Facebook at the RCH

The newly established Royal Children's Hospital (RCH) Facebook page is now the busiest and most 'liked' social media platform in the Australian hospital sector, delivering important paediatric and adolescent health information direct to tens of thousands of Victorians daily.

In early 2013, the RCH Board and Executive approved a Social Media Strategic Plan to proactively embrace the power and reach of social media. The RCH recognised that consumers were actively using social media to talk about their experiences of care and the hospital was unable to strategically engage with this increasingly active community.

'The objective was to use Facebook to build a direct line to the community of patients, families and all Victorians to promote important, authoritative and measured health information relevant to children and adolescents and their families,' Media Strategy and Engagement Manager Vanessa Whatmough said. 'The Facebook page also provides a forum for patient stories to be celebrated, and family stories to be shared with others in similar circumstances.'

Facebook also gives consumers direct and prompt access to voice complaints or concerns, thus helping the RCH to become more engaged with consumers, and more transparent.

'From day one the Facebook page encouraged consumer participation, inviting the community to help build the new RCH Strategic Plan by answering the question: "What does great care mean to you?" There were 1,440 unique visits to the Great Care campaign page, and 191 entries were posted and used to inform the plan,' Vanessa explained.

Within three weeks of launch the RCH had developed the strongest Facebook following of any hospital in Australia, reaching an average daily audience of 20,000 people and with page 'likes' by 11,500 people. As at 3 June 2014, average daily reach was over 43,000 and total page likes had increased by 248 per cent to 40,000.

The number of visits to the RCH Facebook page

100,810

FACEBOOK FEEDBACK

CAITLIN NASH: 'How incredibly lucky we are to have this place in Melbourne. Not only do all staff display the utmost professionalism and competence, but they have treated our little girl with kindness and tenderness and her parents with respect and compassion. Our daughter has been cared for by Triage, Emergency, Medical Imaging, Anaesthesia, General Medical, Recovery, ENT, ICU, Sugar Glider Ward, General Surgical, Infectious Disease and Outreach. They have made an awful situation easier to bear.'

KIRSTEN BISHOP: 'Thank you once again to Dr Claire and the team of lovely nurses that looked after our Jude today in Emergency. You were all so lovely to him. We are very grateful x.'

THE ROYAL CHILDREN'S HOSPITAL, MELBOURNE: 'Hi Kirsten, thank you so much for sharing your wonderful feedback. We're so happy to hear about your positive experience with the RCH.'

'From day one the Facebook page encouraged consumer participation, inviting the community to help build the new RCH Strategic Plan by answering the question: "What does great care mean to you?"'

Vanessa Whatmough, Manager, Media Strategy and Engagement



EMERGENCY DEPARTMENT DEMAND

In May 2014, the RCH Emergency Department (ED) experienced an unprecedented number of presentations, resulting in longer-than-usual wait times for patients with less critical needs. The RCH alerted the public via Facebook, encouraging families to seek local GP or hospital care if appropriate, and quickly reached more than 76,000 people.

'The post generated more than 1,600 likes, 300 comments and 400 shares,' Vanessa said. 'More importantly, within a few hours of the post the ED reported a decrease in presentations resulting in an improved experience for families with children requiring urgent care. This demonstrates the value of Facebook as a tool to quickly reach a mass audience to help them make informed decisions about their child's care.'

Other posts have engaged the community on topics including hand hygiene, how the RCH manages aggression and the hospital's role in state-wide management of neonatal intensive care beds.

Health advocacy via the page, authored by RCH clinicians, has included tips for managing food allergies, bowel health information for the parents of young children, a discussion of adolescent gender dysphoria, the importance of immunisation, a telehealth guide for regional and rural consumers and parenting advice about the impact of smacking children.

GOOD FRIDAY APPEAL

During the 2014 RCH Good Friday Appeal campaign, the Facebook page's average daily reach increased by 131 per cent to 68,579.

'This no doubt contributed to the record-breaking appeal fundraising total of \$16.8 million, which will be used to fund the additional equipment and research that enable the RCH to be one of the world's great children's hospitals,' Vanessa said.

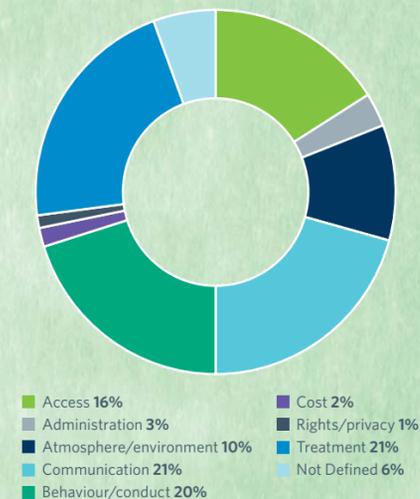
FACEBOOK FEEDBACK

LAUREN WILLIAMS: 'The hospital is being stretched to its absolute limit, very unfortunately situations of this nature arise when something is at its max capacity. How wonderful that it is being addressed in a public manner! Well done RCH.'

JESS MAY-ROSE WALSH: 'Thank you to everyone who donated, without you our children would not have these amazing people to care for them nor would they have these amazing facilities. God bless you all.'

PHILLIP YOUSIF: 'Well done Victoria!!!! We proved that despite a time of financial hardship we managed to dig deep into our pockets and donate to The Royal Children's Hospital. God bless all those wonderful staff who are so passionate and caring for our kids!!! And to all the presenters and celebrities may I say thanks for making this day awesome!!!! And may all of the sick kids at The Royal Children's Hospital recover so they can live long and happy lives.'

COMPLAINTS BY TYPE 2013-14



Consumers on interview panels – a trial

Consumers are putting The Royal Children's Hospital (RCH) candidates through their paces in the hospital's recruitment process.

Inspired by the experience of some paediatric hospitals in the UK, the RCH has conducted a trial to find out how best to involve healthcare consumers in hospital job interview panels.

RCH Improvement Lead Stephen Ratcliffe said the RCH recognised the importance of engaging patients at every level, including in non-clinical processes like recruitment; the trial had helped to identify the processes and training needed to support community members in this role, he said.

'The Family Advisory Council was consulted about engaging consumers in interview panels and its members supported the initiative,' Stephen said.

'And our Consumer Participation Manager suggested that we also work with the Youth Advisory Council to see if its members were interested in taking part.'

Two RCH consumers volunteered to be part of the trial, and participated on interview panels for three positions selected for their appropriateness for consumer engagement.

'Our interviewees found it refreshing and innovative to have a consumer on the interview panel,' Stephen said.

'Having patients from the RCH ask questions about consumer engagement during the interviews and listening to how the candidates frame their responses is also a great way to evaluate the approach taken by the candidate when working with our patients and their families.'

Sixteen year old Zac Hanyn, an active member in the RCH community through the Youth Advisory Council, sat on three interview panels during the trial.

'I think it's important for candidates to interact with the type of people that they will be dealing with on a day-to-day basis,' Zac said. 'I never felt that it was tokenistic, I really felt that I was a part of the process and that I was listened to.'



RCH patient, Zac

ChIPS goes to Paris

In June 2014, a team from the RCH Chronic Illness Peer Support program, or ChIPS, travelled to Paris, France to participate in The International Association of Adolescent Health European Congress.

The ChIPS team was personally invited by the Vice President of the International Association of Adolescent Health, Anna Maynard, after she learnt about the RCH approach to engaging young people through peer support and youth participation.

The ChIPS delegates, Scott Campbell and Jemma Young, addressed more than 300 international health professionals on their education and mental health experiences. They then teamed up with ChIPS Program Facilitator Megan Hunt to speak about the program and how health practitioners could work with adolescents with a chronic illness.

'It was both a pleasure and an inspiration to present alongside Jemma and Scott,' Megan said.

'We were like a well-oiled machine, sharing our stories and experiences to a captivated audience. Jemma and Scott spoke with honesty, confidence and authenticity.'

The team also travelled to London, to visit the Great Ormond St Children's Hospital (GOSH) where members met with health professionals and program leaders who work with adolescents at the hospital. GOSH staff shared their work and experiences—and were interested in learning about the ChIPS program.

'I found the visit to GOSH incredible,' member Jemma Young said.

'Even though we were there to see their programs and facilities, it was more of a mutual exchange of ideas. It was a great learning experience and makes me realise how lucky I am to be a part of a program like no other.'

'ChIPS has given me the confidence and abilities to take life head on, as well as invaluable friendships and connections. I can't wait to share our observations and experiences from the conference and GOSH, and use them to strengthen our already brilliant program.'

Megan said the trip had 'reaffirmed the importance of giving young people a chance to have a voice in their own healthcare.'

'I found that this element was what most moved and impressed the health professionals we met,' she said.

'After this experience I firmly believe that the RCH, and particularly the hospital's Centre for Adolescent Health, is leading the international field in how we approach adolescent health, empower young people in their health, manage transition and how we work collaboratively with young people to do all of this.'

'I found the visit to GOSH incredible...it was more of a mutual exchange of ideas.'

Jemma, ChIPS representative

Y@K brings young people into the conversation

Young people are helping shape the RCH, offering their perspectives on great care and ensuring the hospital is responsive to their needs.

The RCH Youth Advisory Council, more informally known as the Youth@the Kids (Y@K), represents youth voices and aims to improve the hospital experience for all children and young people. Membership is open to all patients, former patients and their siblings and friends aged between 12 and 25.

'It's an opportunity for young people to come together and share their experiences, ideas and opinions with the RCH staff,' Youth Peer Worker Jordan Hammond said. 'This year we have seen a huge increase in our steady 'core' group. In previous years there have been about six or seven core people involved, but this year we have had 20 people regularly participating in the meetings.'

In 2013-14 the Y@K has been consulted on various hospital projects; including the new specialist clinic queue management system, the Arts at The Royal Children's Hospital program and the organisation's social media policy.

'It was really important for the Y@K to be involved in shaping the hospital's social media activities,' Jordan said. 'Social media is a way in which young people can connect with their friends and family, especially if they are an inpatient for a long period of time.'

'There are always conversations and decisions being made to improve quality of care at the RCH, the Y@K allows young people to join the conversation, have a say in great care, and what it means to them,' she said.

Y@K has also been involved in a food quality survey, contributed to the development of the Learning Portal in the Kelpie Adolescent Ward and consulted with the Adolescent Friendly Children's Hospital Steering Committee.

'The Committee has asked the Y@K to garner broader opinion from young people across the hospital,' Jordan said. 'They are going to film a video of young people in the hospital, talking about their experiences and the adolescent-friendliness of the spaces in the campus, in particular the outpatients areas.'



Y@K participants

Y@K Co-Chair Brooke Dance said the hospital was not 'just for young children, it's for adolescents as well'.

'It's important for us to work with clinicians and staff, and let them know that we understand what our health care involves and we would like to be involved in it,' Brooke said.

Co-chair Derek Huang said Y@K gave youth 'an outlet to take more responsibility for our own health and healthcare environment'.

'It means that we can impact the hospital directly, and the patients within,' Derek said.

The number of young people who participate in Y@K meetings

20

EXCELLENT
CLINICAL
OUTCOMES

Three transplants in 24 hours



The number of children's lives saved with organ transplants within 24 hours

3

In April 2014 The Royal Children's Hospital (RCH) achieved a new surgical record, with three organ transplants performed in 24 hours.

Six year old Tom Wu received a new kidney, 12-month-old William McNeill received a new liver and 10-year-old Bipana Siwakoti received a new heart.

More than 35 clinicians from the RCH Heart, Kidney and Liver Transplant Program teams rallied to perform the paediatric surgical first.

'Almost every surgical craft group was involved, and at least six different units,' Chief of Surgery Mike O'Brien said.

Nurse Unit Manager of operating theatres, Jeramie Carson, said it was a big logistical exercise to co-ordinate staff and specialist equipment at short notice for the back-to-back surgeries.

'There is a time limit in which an organ retains active circulation - these surgeries that cannot wait,' Jeramie said.

'But at the time we had nine other theatres running, and we try very hard not to cancel patients awaiting elective surgery, even for a transplant. So there was a lot of reorganising to be done!'

Mr O'Brien said the achievement of three transplants in 24 hours was indicative of the dedication and commitment of the RCH staff.

'I see the RCH staff going above and beyond as being almost 'business as usual,' Mike said.

'You see it at times when staff stay back to open up another theatre to get a case done - and they just do it because it's the right thing to do. At weekends and after hours, when there's a problem, our people rally to do the right thing for patients and their families.'

Most importantly our three young patients - Tom, William and Bipana - are all doing well.

RCH Surgeon, David Fisher

FACEBOOK FEEDBACK

JOLENE VOVK: 'Wow! So proud of RCH! And love that these 3 little ones have a second chance! They're beautiful!'

VAIDA AIDEN TUFIC PALEVIC: 'RCH doesn't surprise me, always doing the best they can! May other children be given 2nd chances at life also!'

Gender Dysphoria Service

The Royal Children's Hospital (RCH) Gender Dysphoria Service is the only multi-disciplinary clinic for young people with gender dysphoria in Australia. Referrals to the service have increased 60-fold in the past decade.

Dr Michelle Telfer, the Clinical Lead at the RCH Centre for Adolescent Health, said a person was 'transgender' when their sex and gender did not match; when this mismatch caused severe distress, it was referred to as Gender Dysphoria (GD).

'There is a lot of stigma associated with being transgender,' Dr Telfer said.

'Ten years ago we only had about one person being referred to the service every second year. However with social change, increasing acceptance and a lot of publicity of transgender in the media, demand for care has risen with more than 60 new referrals this year.'

The health risks associated with insufficient support for transgender adolescents are well known.

'Research shows that 30 per cent of transgendered young people will attempt suicide if they do not have access to adequate care and support, and 50 per cent will self-harm,' Dr Telfer said.

The RCH Gender Dysphoria Service consists of a team of child and adolescent psychiatrists, adolescent physicians, endocrinologists and gynaecologists.

'We have young people coming here from across the country to see us because we are the only multi-disciplinary gender dysphoria service in Australia, and we are known to provide excellent clinical outcomes,' Dr Telfer said.

'So many of our patients are very grateful for our level of understanding and assistance, and we offer our services in a very patient and family friendly manner,' Dr Telfer said.

Patients in the RCH Gender Dysphoria Service undergo a series of medical interventions that are initially fully reversible, including the use of medication to suspend puberty. The patient can then progress to partially reversible interventions, such as cross hormone treatment, and finally undergo irreversible surgical interventions once they are in adulthood.

'We are committed to zero harm and the service is set up in quite a conservative way,' Dr Telfer said.

'We have a process that involves two child and adolescent psychiatrists evaluating the patient, a comprehensive medical assessment, fertility preservation counselling and extensive parent education counselling.'

The service's psychological support extends to family members and can include involvement of the school community. Members of the gender dysphoria team have also conducted parent education nights, with lots of positive feedback.

'We can provide education in an environment where parents can feel supported,' Dr Telfer said.

'As there are other parents of GD children at the event, it also provides good networking and peer support opportunities for these families.'



RCH Doctor, Michelle Telfer

Frozen plasma helps save blood supplies

The RCH has decreased the wastage of donated blood by 28 per cent with the implementation of an Extended Life Plasma (ELP) trial.

Fresh Frozen Plasma (FFP) is plasma stored frozen until required for transfusion. In emergency situations, rapid provision of FFP is limited by the time taken to thaw the product. Once thawed, plasma may be stored in a blood bank refrigerator for up to 24 hours.

In 2013-14 the RCH Laboratory Service commenced a trial to test whether ELP can be stored and safely used for up to five days. The purpose of the trial was to enable immediate access to pre-thawed plasma during critical bleeding events while minimising wastage.

'Plasma, like all blood products, is a precious resource – the supply of which is reliant on the generosity of donors throughout the community,' said Dr Helen Savoia, Acting Director of Laboratory Services.

The trial validated the efficacy and safety of ELP, showing that it was still safe and effective to use for up to five days after preparation.

To mitigate an increase in waste if the ELP was not used before it expired, Laboratory Services used the thawed product for non-urgent blood transfusion, if it was still available at three days post thawing. The hospital has since seen a significant reduction in FFP wastage, from 33 per cent to five per cent.

FACEBOOK FEEDBACK

SAMANTHA PRICE: 'I would like to say a big thank you to the RCH Pathology collection staff, particularly Jo-ann for being so wonderful and accommodating when my son came in for a blood test yesterday. You made a very unpleasant and difficult task as pleasant as a blood test can be! Sam and Tommy.'



Mandatory emergency response for deteriorating patients

The RCH has refined its proactive management of patients at risk of deterioration while in hospital, through enhancement of its existing Medical Emergency Team (MET) protocol.

The MET call system enables hospital staff, and family members, to summons help for rapid treatment of severely ill children and adolescents before a major deterioration such as cardiac or respiratory arrest occurs.

This year, a trial was developed to test a new clinical observation chart listing mandatory MET criteria, and the steps involved to escalate care for a deteriorating patient.

Dr Jim Tibballs, Deputy Director of the Paediatric Intensive Care Unit, said that during the trial if a patient's observations indicated a risk of

deterioration, the bedside team commenced a mandatory emergency response.

'Early recognition of clinical deterioration, followed by prompt and effective action, can minimise the occurrence of adverse events such as cardiac arrest,' Dr Tibballs said.

'It could also mean that a lower level of intervention is required to stabilise a patient.'

'We want to achieve better outcomes for patients and families, and better support our staff. We aim to never see another incident where a child has a cardiac arrest which was, in retrospect, foreseeable and possibly preventable.'

The RCH will now extend the refined mandatory emergency response process across the hospital.

An epic project ahead – delivering an Electronic Medical Record

The RCH has announced a \$48 million project, funded in partnership with the state government, to implement an Electronic Medical Record (EMR).

EMR Director Jackie McLeod said the RCH would be the first hospital in Australia to implement the US-based Epic EMR, an investment which is expected to transform patient care by providing clinicians, patients and their families with a centralised clinical information system.

'The EMR will transform the RCH by matching our state-of-the-art building with a state-of-the-art contemporary information system,' Jackie said.

'It may be a surprise to some to know that hospitals tend to still rely on paper-based medical records but, with an EMR, all patient information will be electronic making it easier for all clinicians involved in a patient's care to access information when and where they need it.'

Each patient's record will be visible to multiple clinicians simultaneously, and will provide automated support in daily care management tasks such as writing notes, prescribing medications and ordering tests.

Mike South, Medical Director on the EMR project, said full implementation would ensure the RCH compared with the best international paediatric centres, and equip the hospital for the future.

'The EMR will also have inbuilt features to further improve patient safety and care,' Dr South said. 'The EMR will be able to warn of possible medication allergies, upload patient observations direct from monitors and even notify research staff when a patient is eligible for a clinical trial.'

In 2013-14, the RCH selected Epic as the hospital's EMR partner. Epic is internationally recognised as the best EMR on the market and is in use at the top children's hospitals in the USA, including Cincinnati Children's and Johns Hopkins Children's Centre.

This year the focus has been on recruiting the team that will lead the implementation of the EMR. More than 50 staff have been employed from a range of backgrounds including nursing, pharmacy, allied health, medicine and information technology, most from within the hospital. Its members will work with the system's provider to configure the system for the needs of the RCH, and drive implementation planned for 2016.

'The implementation of the EMR will deliver improvements in overall quality of care, assist in reducing harm, boost family and carer satisfaction and better support research activities,' Jackie said.

Effective engagement for VIHSP team

In 2013-14 The Royal Children's Hospital (RCH) commenced a series of initiatives to better engage and support the de-centralised team that works in hospitals across Victoria to screen babies for hearing problems within the first few days of life.

The RCH Victorian Infant Hearing Screening Program (VIHSP) team screens an extraordinary 98 per cent of babies born in Victoria each year, via a team of more than 100 people working across 74 hospitals with maternity services. In 2013, VIHSP achieved its 300,000th hearing screening test.

But VIHSP Co-Director Dr Melinda Barker said service delivery through such a decentralised model presented unique challenges, with most staff part time and working independently off-site. Challenges included streamlining training and development, supporting compliance with quality requirements and improving access to support structures.

'Families expect a high level of professionalism from engaged staff who are focussed on excellence in service and clinical outcomes,' Dr Barker said.

'A well engaged team leads to improved service delivery, uniformity in hearing screening practice and a focus on family experience. We want staff to feel as connected as possible to the program and the RCH.'

VIHSP management is committed to continually improving staff engagement, and in 2013-14 it enhanced its team communications strategy with 15 new initiatives.

'These include simple elements, such as encouraging staff input in our newsletter and providing RCH branded uniforms, as well as major projects like the introduction of the annual VIHSP Awards that align with the RCH values of integrity, respect, unity and excellence,' Dr Barker said.

Access to support structures for VIHSP staff was also improved. This included the development of a 'buddy' system for area managers; education on the importance of discussing difficult cases and family dynamics; and quarterly area manager peer meetings as a forum to discuss positive and challenging experiences, identify common problems and escalate unresolved issues.

'VIHSP management has continued to think and act laterally to ensure that quality improvement practices and focussed communication strategies address the particular challenges of decentralised, off campus staff,' Dr Barker said.

'The intention is a highly engaged VIHSP workforce that is enabled to provide a consistent state-wide hearing screening practice in a safe and supported work place.'

FACEBOOK FEEDBACK

REBECCA QUINN: 'The lady who did my son's VIHSP test was the one person who was calm in the midst of our storm. She gave me some very good advice that I didn't comprehend until about 3 months down the track. I've always wanted to say thanks.'



RCH Heart Transplant Service celebrates 25 years

On Friday October 4, 2013, a group of staff and families united by a very special bond gathered to celebrate 25 years of life-saving heart surgery to children and young people across Australia.

Since its establishment in 1988, the RCH Heart Transplant Service has performed transplants for 116 patients, from tiny babies with heart defects through to young adults suffering end stage heart failure.

Cardiologist Dr Robert Weintraub, who manages the RCH Heart Transplant Service, said the service remained at the forefront of care among international transplant centres.

'Our survival rates equal those of the world's largest heart transplant centres and that's a testament to the skill, commitment and enthusiasm of our entire team,' Dr Weintraub said.

'We also collaborate with the Murdoch Childrens Research Institute and transplant centres across the United States on research programs to better understand diseases that might one day require transplantation and to improve outcomes for patients globally.'

The first transplant was performed on a 14-year-old boy in October 1988. The operation required the collaboration of a large and dedicated team of clinicians, including then-Director of Cardiology Jim Wilkinson and Director of Cardiac Surgery Roger Mee, both of whom attended the 25th anniversary celebration.

RCH CEO Christine Kilpatrick said the treatment was considered pioneering in Australia when it commenced in 1988.

'Today, our service remains at the forefront of its field internationally and the hospital is now the Nationally Funded Centre for paediatric heart transplantation,' Professor Kilpatrick said.

'This means we perform heart transplants for children from every state and territory of Australia. It's a huge responsibility. But it's a responsibility assumed by a very talented and committed team.'

Mum Sam, whose four-year-old Scarlett McGowan received a new heart at the RCH aged just six months, spoke movingly about her family's experience.

'It blows me away,' Ms McGowan said.

'I look at my daughter and I still can't believe what they did. We're so grateful for the RCH Heart Transplant Service and the breakthroughs that they make every day.'

Sam McGowan

'It blows me away, I look at my daughter and I still can't believe what they did. We're so grateful for the RCH Heart Transplant Service and the breakthroughs that they make every day.'



RCH patient Scarlett and her mother Sam

The milestone was also celebrated on the RCH's social media pages during the anniversary week. Photos and stories of heart transplant patients from each state and territory featured on the hospital's Facebook and Twitter pages, with posts reaching up to 26,000 people daily and many community members promoting the importance of organ donation.

FACEBOOK FEEDBACK

KERRY: 'We have had a roller coaster of a ride in life with Harry. Always The Royal Children's Hospital and the amazing Cardiac team have been there supporting and providing excellent medical care, advice and peace of mind that we were doing everything possible to promote Harry's health and wellbeing. We are very conscious of the fact that heart transplant may become the focus in Harry's future. Organ donation is the most precious of gifts. It's a gift that so many of us pray and hope will be there for us when the need arises #donatelif #RCHheartkids'

POSITIVE EXPERIENCE

My Anaesthetic Passport

The new 'My Anaesthetic Passport' enables parents and staff to follow a specific plan for anaesthesia, safeguarding the needs of each patient.

'My Anaesthetic Passport' is a booklet that enables easy reference to detailed information about the anaesthetic process; from what a patient likes to bring with them and what distraction they prefer, to background medical information and medications previously given under anaesthesia. The passport was developed by the Educational Play Therapy team in collaboration with families and other clinical staff.

More than 50 oncology patients who require general anaesthetics for regular lumbar punctures were involved in the trial, with the passport introduced in the early stages of treatment.

Educational Play Therapist Olivia Larkens said that 'when patients or their parents verbally inform staff of their preferences, important pieces of information can be forgotten'.

'It can also get confusing and time consuming when a different team of people is involved each admission, and information from previous anaesthetics needs to be sourced,' Olivia said.

Five-year-old Shannon Knight was the first patient to use the passport.

'It's made everything so much easier for us,' said mother Paula. 'There's so much that we need to remember with his anaesthetic, but we are able to get it right every time.'

The passport lists 12 anaesthetic preferences for each young patient.

Clinical Haematologist Dr Catherine Crock helped develop the tool with parents. She says it's integral to patient-centred care in day theatres.

'We realised that often parents have such a lot of knowledge about what works best for their child, and we don't always capture that in the medical records,' Dr Crock said. 'The passports bring everyone together as a team and empowers parents to know how important their role is in the safety and security of their children's procedures.'

Play and Music Therapy Manager Beth Dunn said, 'The passports don't replace medical records, but it is a user-friendly way to ensure consistent services for families. It makes things easier for our anaesthetists because they can quickly find out what works best for the child.'

The Anaesthetic Passports will be now rolled out to other departments.



Paula Knight, parent

RCH patient, Shannon

'It's made everything so much easier for us. There's so much that we need to remember with his anaesthetic, but we are able to get it right every time.'

Arts at The Royal Children's Hospital (ARCH)

Arts at The Royal Children's Hospital (ARCH) program draws on international evidence that art can help to promote improved healing outcomes for hospital patients.

ARCH Director Victoria Jones said that for staff, the presence of and participation in art could reduce stress and build capability. For patients and families, the ARCH program contributed to building a healing environment by making spaces more stimulating, engaging and less stressful.

Victoria said ARCH encompassed a wide range of activities and events, while actively supporting creativity and learning.

CULTURAL DIVERSITY WEEK

Cultural Diversity Week at The Royal Children's (RCH) truly was a celebration of the many cultures present across our staff, patients and families.

WORLD MAP

As part of the hospital-wide celebration of Cultural Diversity Week, a giant world map was installed on the ground floor. Patients, families and staff were invited to place a sticker on their country of origin, to illustrate the diversity of the hospital community.

PORTRAIT OF A HOSPITAL

ARCH, in partnership with Footscray Community Arts Centre, ran a week-long series of portrait workshops for outpatients.

'Illness can take away a child's normality and confidence,' Victoria said.

'We know that all children find illness to be isolating, that it can make them feel alone and uncertain.

'This is especially true for children who have diverse backgrounds. They may be recently arrived in Australia, and they might not speak English as a first language or even at all.

'The arts takes away a lot of those alienating factors; almost all children at the hospital can draw, paint or use artistic supplies to create something special.'

Patients, families and staff were encouraged to come along and create their own portrait celebrating the diversity of the hospital community.

'We want everyone to feel welcome here, and feel equally valued,' Victoria said.

'We want people to think about who they are, what they look like and celebrate that through artwork. The portrait program celebrates everyone, including their differences, it unites children and young people through creativity, and encourages respect and understanding.'

FACEBOOK FEEDBACK

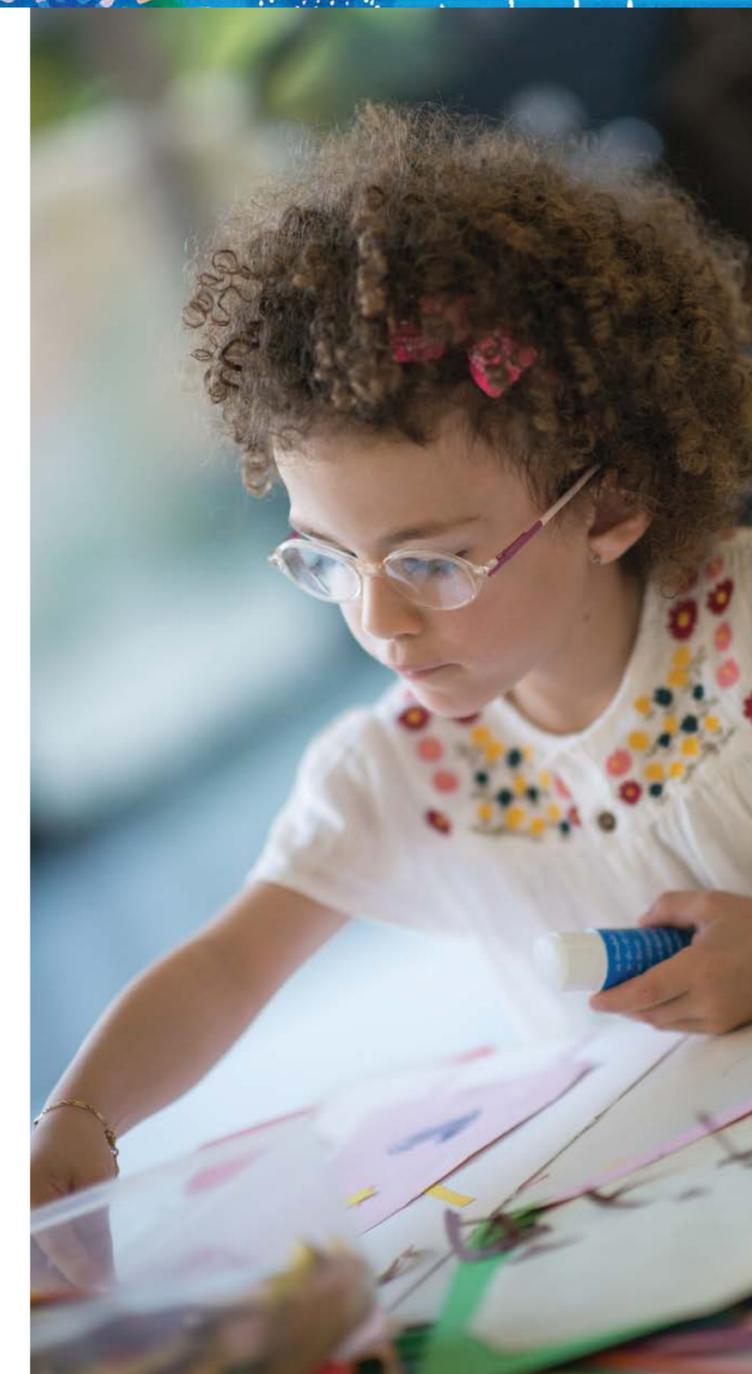
IVY PAYET: 'Our children's hospital is amazing, always fun things to do just to put big smiles on all the kids is priceless. Jessie actually loves going to the hospital which I hope stays that way as we go there that often.'

STAFF PHOTOGRAPHY EXHIBITION

More than 119 stunning images were submitted to the first RCH Staff Photography Exhibition from a wide range of staff. The works were displayed in the Hospital Education and Learning Precinct exhibition space throughout April and May.

'The staff photography exhibition was designed to showcase the creative talents of RCH, to bring people together and cut across the hospital's departments and hierarchies,' Victoria said.

'Creative projects are also stress relieving, and encourage innovation and lateral thinking.'



Specialist Clinics Check-In

The Royal Children's Hospital (RCH) Specialist Clinics (outpatient service), has been the focus of a series of projects to improve the patient experience – and foremost among them has been the introduction of a new automated check-in and billing system called QFlow.

Electronic Medical Record Nursing Lead, Adrian Hutchinson, said patients and families could now check themselves in for their Specialist Clinic appointment on arrival at the RCH, avoiding the need to queue at clinic desks.

Clinicians also benefited from the system, with automated patient list generation and a mechanism to call patients to the appropriate consultation room.

'It's about improving patient experience,' Adrian said. 'We will use data from the system to refine the length of appointments and improve scheduling efficiency, clinician productivity and a whole range of other elements that can improve access for patients.'

'We're committed to doing all that we can to reduce both the amount of time that patients have to wait to be booked in for their appointment, and the congestion in our waiting rooms.'

The number of appointments provided through Specialist Clinics has increased by more than 18 per cent since the new RCH opened in 2011, with 241,822 attendances in 2012-13. Integration Lead Andrew Bowden said the goal of recent reforms including QFlow was 'happier kids, happier parents and happier clinicians'.

'The feedback from families has been overwhelmingly positive so far,' he said.

'We're committed to doing all that we can to reduce both the amount of time that patients have to wait to be booked in for their appointment and the congestion in our waiting rooms,' Andrew said.

QFlow kiosks are located on the Ground Floor, at the entrance to Specialist Clinics.

'The goal is to have happier kids, happier parents and happier clinicians. And feedback from families has been overwhelmingly positive so far.'

Andrew Bowden, Integration Lead



RCH and AMES Memorandum of Understanding

The RCH has signed an historic Memorandum of Understanding (MOU) with refugee and migrant support agency, AMES.

The MOU recognises the growing cohort of families within the hospital who do not speak fluent English, have recently arrived in Australia, or have cultural or religious preferences that are not readily supported in the hospital.

AMES has been providing education and work placement support to migrants and refugees for more than 60 years, with unrivalled expertise in shaping program delivery to meet the needs of diverse communities.

The RCH Chief Executive Officer, Professor Christine Kilpatrick, said the MOU was developed to promote cultural awareness and the delivery of great care.

'This MOU recognises that many families have particular needs which we must better understand if we're to provide great care to all patients, regardless of ethnic or cultural background or preferences,' Professor Kilpatrick said.

As one of a number of initiatives to stem from the relationship, the RCH now conducts monthly tours of the hospital for AMES Community Guides and client families.

Helen Rowan, Manager of Family Services and Volunteers, said the

tours were an important step in disseminating information about the role and function of the RCH to families from newly arrived migrant communities.

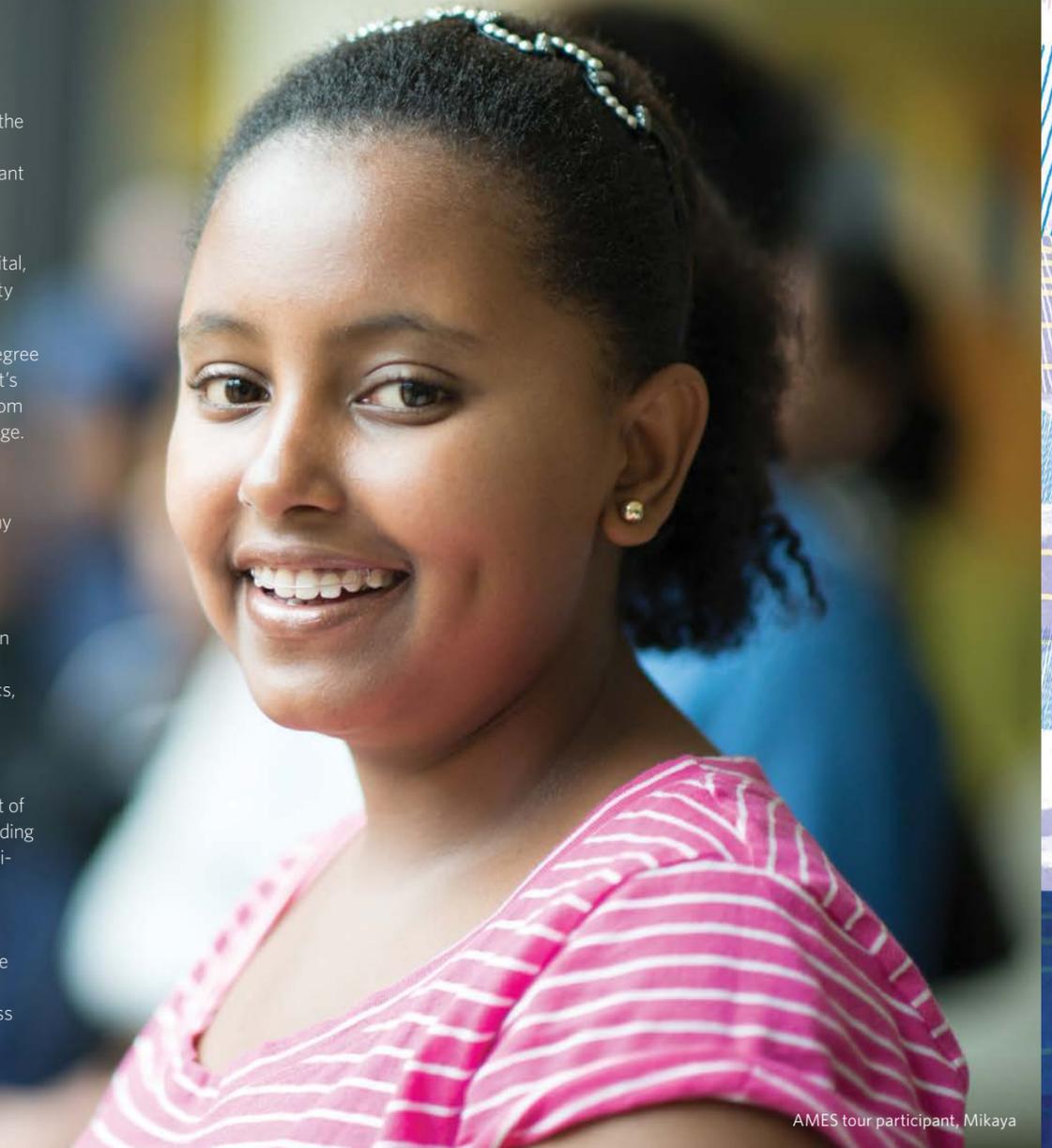
'It's a great way to involve newly arrived communities in the hospital, and to create a sense of familiarity with our services,' Helen said.

'Coming to hospital involves a degree of anxiety for any family, and that's even more so for families for whom English is not the primary language.'

'Many of our participants have recently arrived from the Middle East, Africa and Burma; and many feel overwhelmed by Australian healthcare systems and facilities prior to the tour.'

'The groups are given information about accessing our Emergency Department and Specialist Clinics, what to expect when coming to hospital, what to bring and how to access an interpreter.'

Further initiatives have grown out of the partnership with AMES, including a project to connect bi- and multi-lingual hospital volunteers with patient families from the same language group; and a work experience program to help make AMES clients job-ready, while improving cultural responsiveness within the RCH workplace.



AMES tour participant, Mikaya

Influx of patients at the Teddy Bear Hospital

University of Melbourne medical students have been mobilised to help The Royal Children's Hospital (RCH) cope with an influx of sick and injured teddy bears.

In October 2013 the University of Melbourne Department of Paediatrics and the RCH launched the Teddy Bear Hospital (TBH) program.

Volunteer medical, nursing and physiotherapy students staffed the teddy bear clinic, treating a range of teddy-specific conditions such as 'hiccoughs of the knee'.

The program was aimed at helping children become comfortable with the medical consultation process while promoting health in a fun and hands-on environment.

Dr Wonie Uahwatasakul, Academic Co-ordinator for the TBH, said that the initiative helped relax patients, allowed children to become comfortable with the medical consultation process and demystified medical procedures in the outpatient clinics.

Medical students also benefited from the TBH, which has become an important part of paediatrics training for Doctor of Medicine students.

'The TBH offers medical students an excellent opportunity to improve their communication skills with children, and to develop patience and creativity in their dealings with them,' Dr Uahwatasakul said. 'It's invaluable, most of our students have had little contact with children and it's important to give them an opportunity to interact with a range of kids, and not just children who are ill.'

The TBH is open to any RCH patient, family member staying at the hospital or child visiting for an appointment.



University of Melbourne medical student James Drummond with Mateo



University of Melbourne medical student Kristine Volk with RCH patient, Petra

'It offers medical students an excellent opportunity to improve their communication skills with children, and to develop patience and creativity in their dealings with them.'

Dr Wonie Uahwatasakul, Academic Co-ordinator, Teddy Bear Hospital



Charlotte

Who is Your Mob? A book for belonging

Together with the RCH Education Institute, the Wadja team proudly launched the book, 'Who is Your Mob?' during NAIDOC week 2014.

Created by Aboriginal children during the 2013 Wadja Cultural Day, 'Who is Your Mob?' featured stories and paintings which explored and discovered the unique features of the RCH.

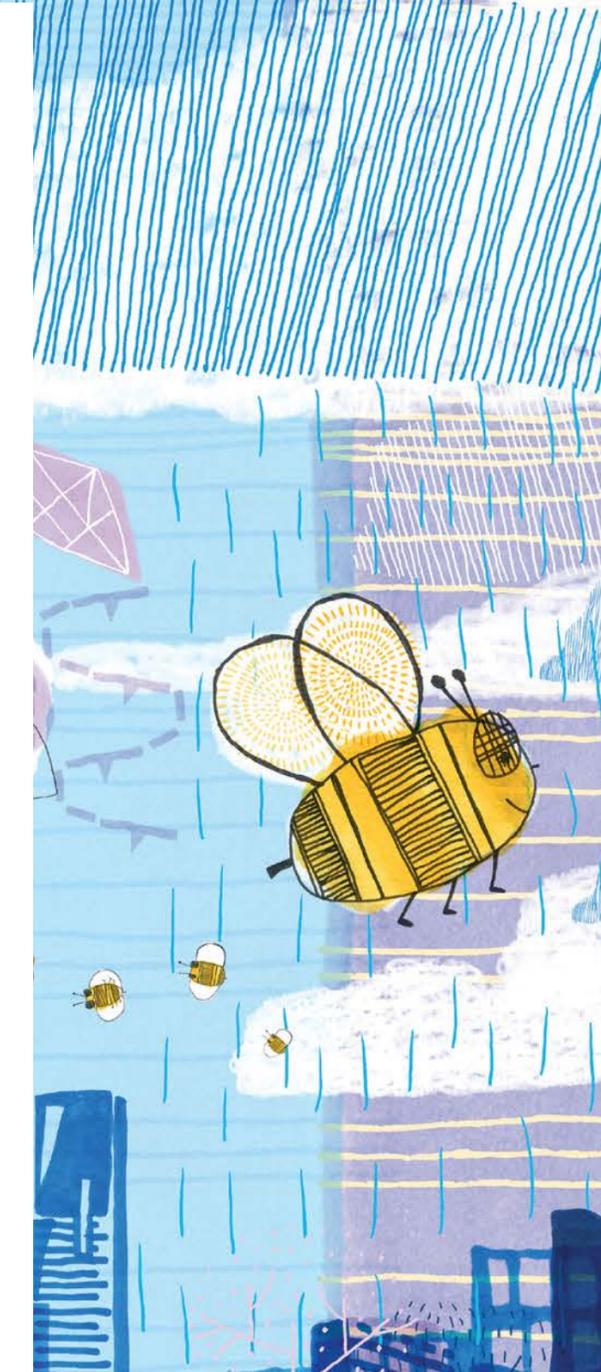
Bernadette Twomey, Executive Director Nursing Services, said 'Who is Your Mob?' aimed to demystify the hospital experience for Aboriginal families. It will be used across the RCH and has also been distributed to Aboriginal health services around Victoria as a resource for communities.

'The book encourages children to explore non-clinical features of the hospital including the meerkat enclosure, playground and aquarium and includes positive images of Aboriginal children which contribute to their sense of safety and belonging,' Bernadette said.

'This book is an important tool in assisting Aboriginal children to understand their hospital experience and relate this to their family, community and culture.'

The book launch coincided with an Open Morning at Wadja Aboriginal Family Place during which community, patients and staff shared morning tea.

'Who is Your Mob?' aims to demystify the hospital experience for aboriginal families.





RCH Volunteer, Wendy Rice

FACEBOOK FEEDBACK

NECHAMA KAZATSKY: 'The Volunteers at RCH are all such dedicated and warm people. We owe them so much for all they did to help our son during his hospitalization. Thank you!'

'Great Care Rounds enable our Executive Team to have conversations with patients, parents and families; and to get 'real-time' feedback on what great care means to our patients.'

Sharon Smith, RCH Quality Manager

Great Care Rounds

Great Care Rounds allow The Royal Children's Hospital (RCH) Executive team to experience life at the coal face of the hospital and assist staff to continually improve quality of care.

The Great Care Round is an interactive program that provide patients, families and staff the opportunity to interact with members of the RCH Executive. Each Great Care Round includes a Consumer Representative, the CEO or Deputy CEO of the hospital, other members of the Executive team, the Chief of Medicine or Surgery and the Operations Director for the area, ward or department.

Quality Manager in Strategy and Improvement Sharon Smith said Great Care Rounds enabled hospital Executives to 'see what staff on the wards are doing, how they are providing great care, how they can assist them to improve the quality of care and share knowledge from other areas'.

'It also enables the Executive team to have conversations with patients, parents and families; and to get 'real-time' feedback on what great care means to our patients,' Sharon said.

Great Care Rounds can be readily identified in the hospital by the bright green jackets worn by participants. The twice-weekly rounds also help staff review patient journeys and ensure all care is patient and family-centred.

The program started as a trial in September 2013, and formally commenced in January 2014. To date more than 50 rounds have been conducted with many departments participating in two or three rounds.

'We are now visiting non-clinical areas of the hospital, smaller departments and satellite areas that are possibly less well known, but nonetheless vital to the way the organisation operates,' Sharon said.

Chief of Surgery Mike O'Brien said Great Care Rounds fostered connections between staff at all levels.

'It shows the workforce that their contribution is important, and that the Executive values and appreciates it,' Mr O'Brien said. 'One of the pathways to patient-centred care is through engaged, connected, valued, high-performing staff.'

Sharon said the RCH was now seeking feedback from staff on how to improve the program.

'Positive experience is not just about patients,' she said. 'If our staff are happy then they are going to provide great care to our patients - it's all part of a continuous cycle.'



RCH CEO, Christine Kilpatrick with ED staff



RCH CEO, Christine Kilpatrick with ED patient



Dr Mandy Walker, Director of Nephrology (above), and her team have improved communication with patients treated for kidney and renal conditions at the RCH. The team launched 'Nephrology News' to introduce kids to the clinicians who care for them, help patients manage their conditions, and get feedback on the service.

TIMELY ACCESS

RCH rises to meet emergency demand

The Royal Children's Hospital (RCH) Emergency Department (ED) continues to meet unprecedented demand, with more than 80,000 presentations in 12 months.

RECORD-BREAKING DEMAND

The ED treated more than 75,000 children this financial year, a year-on-year increase of 4,750 patients. With an additional 8,000 patients triaged through the co-located RCH GP clinic, a total of 83,284 children and adolescents presented at ED through the year, the first time the department has seen more than 80,000 patients in a year.

Deputy CEO John Stanway said the hospital had also seen a significant 6,000 increase in the number of inpatient overnight stays compared to the previous year.

'We've delivered great care to a record number of patients and families throughout the hospital,' John said,

'We are treating more patients than ever, but we are meeting that demand – in other words, we are performing better than ever.'

NATIONAL EMERGENCY ACCESS TARGET

The National Emergency Access Target, or NEAT, requires 81 per cent of emergency patients in public hospitals across Australia to be sent home, or admitted to a ward, within four hours of presentation. At the RCH, meeting the NEAT is more than an operational requirement; it is at the heart of our commitment to deliver great care.

Dr Ed Oakley, Director of the RCH Emergency Department, said several initiatives were launched this year to help the RCH achieve its best ever results against the NEAT, and meet the target during the third quarter of the financial year.

'We've had to become more efficient and more effective in the work that we do to ensure that every patient is getting the right quality of care,' Dr Oakley said.

'It's meant that we have had to re-design the ED models of care, and continually work on communication and flow in our department.'

NEW OBSERVATION BEDS

With the support of the Victorian Government the RCH introduced eight new observation beds in which to monitor patients who had been treated in the ED, but were not quite ready to go home. Located in a less heavily utilised space



RCH Emergency Nurse, Sophia Nguyen

adjacent to the ED, the opening of these beds enabled staff to free up space in the ED for new patients and create a quieter space for ongoing observation.

'Patients with certain conditions, including head injuries, gastroenteritis and croup might need to be monitored for more than four hours,' Dr Oakley said.

'The new beds allow us to move these patients to a calmer environment, away from patients with acute illness, so that they can receive more consistent care and more regular observations.'

IMPROVED ACCESS TO GREAT CARE

In 2013-14 the RCH employed six new medical staff in ED and opened a dedicated after-hours area for acute patients, creating additional cubicle capacity for those children and adolescents awaiting care. Among the new team members is a nurse whose focus is to help staff transfer patients from the waiting room through triage and into the required care, including the observation unit or inpatient wards.

'Our aim is to see patients as quickly as possible upon arrival to the ED, and then to provide the care that they need as quickly as possible,' Dr Oakley said.

'The 'flow nurse' has freed up the time of other staff to focus on clinical issues instead of access and management issues.'

Dr Oakley explained that improving patient access is a process of continual improvement for the ED team – and staff across the hospital.

'Our work is never done in this area,' he said.

'We constantly evaluate and improve our processes in the light of their efficiency, effectiveness and flexibility.'

ALLIED HEALTH

The hospital's Educational Play Therapy team provides an important service across the RCH, and its role in the ED has been expanded to provide greater support to patients.

Educational Play Therapists, part of the RCH Allied Health service, support the work of clinicians and help reduce patients' anxieties, facilitating good outcomes during assessment and treatment.

'Play therapy is especially helpful with distraction during medical procedures,' Dr Oakley said. 'This year the service was reviewed, and we have changed our play therapists' hours in the ED to align with demand.'



RCH Emergency Doctor, John Cheek

'We've had to become more efficient and more effective in the work that we do to ensure that every patient is getting the right quality of care...'

Dr Ed Oakley, ED Director

The number of new medical staff in the Emergency Department

6

Achieving timely discharge summaries for patients

Ensuring great care continues even after patients leave the hospital has been the focus of an improvement project around 'discharge summaries' this year.

The discharge summary is a document completed by medical staff which details an inpatient's diagnosis, procedures, complications, and future treatment plan; and is delivered to primary care partners, such as GPs, to facilitate proper on-going care.

The RCH Primary Care Liaison and Improvement Manager Rob Sharrock said teams had undertaken a project this year to increase the number of summaries completed within 48 hours by 10 per cent.

'Across the organisation the discharge summary completion rate within 48 hours was variable,' Rob said.

'This resulted in primary care partners not receiving enough information regarding their patient's RCH visit, and therefore not being able to facilitate high-quality continuity of care straight away.'

The Strategy and Improvement Team partnered with clinical areas to develop a sustainable system change that achieved timely discharge summaries for patients. As part of the mix, GPs were surveyed regarding the timeliness of the reports and quality of the information.

'In the past 12 month we've increased the rate of discharge summary completion within 48 hours from 60 per cent to 74 per cent,' Rob said.

'This is thanks to a hospital-wide commitment to providing safe and efficient treatment and care for all patients.'



'We are attaining high quality data, as well as making patients feel well supported in their home to do this test.'

Dr Mandy Griffiths, Respiratory Physician

Telehealth sleep study

An innovative Telehealth Sleep Study is enabling the smallest of patients to be tested for obstructive sleep apnoea from the comfort of their own beds.

The Royal Children's Hospital (RCH) Telehealth Sleep Study pilot program was developed to enhance the state-wide provision of diagnostic sleep study facilities, for which young patients and their families can sometimes face inconvenient waiting times.

Respiratory Physician Dr Mandie Griffiths said the Telehealth Sleep Study enabled sleeping children to be monitored overnight at home, with initial parental support from the RCH Hospital in the Home program and then via an RCH Sleep Nurse using the internet-based telehealth service.

Following an initial in-hospital consultation and demonstration, families returned home with the equipment and knowledge required to monitor their children overnight. Telehealth contact with the Sleep Nurse was scheduled for just before bedtime, and parents could make further contact with the nurse via telehealth at any time during the night.

Dr Griffiths said 96 per cent of parents involved in the trial reported that the Telehealth Sleep Study was more convenient than in-lab studies, and provided a high level of care for their children.

'We've been able to demonstrate that children sleep better in their own beds,' Dr Griffiths said.

'The sleep efficiency results that we recorded during the trial were excellent, with 71 per cent of participants sleeping for eight to 10 hours.'

All participants slept for more than six hours, which is the minimum amount of time needed for a lab standard sleep study.

'At-home sleep studies reduce the anxiety that can be provoked by having a sleep study done in hospital. Patients still have to sleep with electrodes and equipment in the room, but they are in a familiar environment,' Dr Griffiths said.

During the trial the RCH clinicians collected parent feedback on the ease and accessibility of the study.

One parent noted that 'at home is much less traumatic for the child'; another said the procedure and equipment were 'well explained to the extent that the child herself knew what needed to be monitored'.

'Doing the test at home is a bit intimidating for the parent but it's much better for the child to be in their home environment,' another parent said.

'She slept pretty much as she would normally.'

Importantly, the RCH team was able to achieve a diagnosis in 87.5 per cent of cases.

'We are attaining high quality data, as well as making patients feel well-supported in their home to do this test,' Dr Griffiths said.

'We can use this trial to overcome some of the technical difficulties that are common to at-home studies, and allow children to sleep comfortably in their own beds. This can help avoid hospital admission and provide a huge benefit for patients and the RCH.'

The RCH Respiratory Medicine presented the Telehealth Sleep Study pilot program at the Australasian Sleep Association Conference in October 2014.



RCH nurse Sarah, with RCH patient George and his mother Michelle

'This has had a very significant impact on improving appropriate discharge rates and helping more patients to access great care.'

John Stanway, RCH Deputy CEO

Why not Wallaby?

Wallaby ward, part of the RCH@Home program, saw a 21 per cent increase in referrals this year, significantly enhancing patient access and flow at the RCH.

RCH@Home consists of multiple programs: Family Choice, School Care, Home Care, Post Acute Care and Hospital in the Home (HITH). In keeping with the Australian animal names given to our inpatient wards, in 2013-14 HITH was formally renamed 'Wallaby', to reflect the reality that it operates very much like any other ward in the hospital.

Wallaby allows the provision of acute care to the RCH patients in the comfort of their own home, surrounded by parents, siblings and friends. While at home children are visited and cared for by a team of qualified RCH nursing and allied health staff who communicate regularly with their primary treating medical unit. Children and their families may also be involved in telehealth sessions with their medical unit or be visited by the Wallaby registrar.

Wallaby nurse Deborah Jenkins said children in the ward 'seem to be happier, they seem to recover more quickly'.

'They are more active within their home, they have normal interactions with their siblings and can even go to school,' Deborah said.

Caroline Ivory's son Aidan is a Wallaby patient.

'I can't see any change in the level of care that we receive, whether we are at home or in the hospital,' Caroline said. 'I think he actually recuperates better at home than in hospital.'

Wallaby Nurse Unit Manager Brenda Savill said that in 2013-14 the Wallaby team conducted a multi-pronged campaign to raise awareness within the hospital, and address barriers that may have prevented children from being referred to Wallaby.

'In the last year the RCH staff have recognised Wallaby as a fully functioning ward, like any other ward in the hospital,' Brenda said.

The team conducted a 'Consultant Survey' and reviewed inpatient wards to help identify potential barriers to transfer to Wallaby. Staff then focussed on addressing those barriers with the hospital's medical teams. Since then Wallaby has seen a 21 per cent increase in admissions.

'We're always getting new patient groups, which is really exciting,' Brenda said.

'We're always asking staff and patients to challenge us. We've asked staff to tell us what they need, even if they think it's unfeasible, just to see if we can accommodate it and improve our services.'

'I think we've become more aware of what the hospital needs and we've tried to resource that and worked with different teams, for example we've started working with the Complex Care team to see how we can help their patient group, so those children are not coming in and out of hospital all the time,' she said.

Deputy CEO John Stanway said Wallaby had 'really helped us move patients from the acute phase of their care in the hospital, to supporting them at home with their families and loved ones'.

'This has had a very significant impact on improving appropriate discharge rates and helping more patients to access great care,' John said

FACEBOOK FEEDBACK

REBECCA TRIPP: 'When my son sustained 2nd degree burns from hot tea in 2010, Mark from Hospital in the Home would come weekly to change the dressings. It was a relief not to have to do the weekly trips to the burns clinic at RCH. Mark was fantastic- professional, caring and fun. Lovely man.'



RCH patient Giorgio and RCH Education Institute teacher, Oliver

Good to Go

The Royal Children's Hospital (RCH) 'Good to Go' program has now created the equivalent of half a ward of additional capacity without additional spending, according to Deputy CEO John Stanway.

'We developed Good to Go because we recognised that we needed to become more efficient at ensuring that every child who was ready to go home could go home - and, conversely, that children and adolescents in need were able to receive care quickly,' John said.

'Good to Go is a program of measures that we started two years ago, and in 2013-14 we created the equivalent of 15 new beds, or half a ward of additional capacity - a fantastic achievement.'

The original goal of Good to Go was to increase the number of patients able to access a hospital bed at any time by reducing the 'average multiday length of stay' by 10 per cent, a measure which was achieved in 2013-14.

The project has focussed on reducing and removing practices that unnecessarily delay children and adolescents who are awaiting discharge, and has been a whole-of-hospital initiative.

'Everyone has to operate at their optimal level and work together, otherwise the hospital won't perform as well as it should,' John explained.

'This is not just about doctors and nurses: Good to Go is also about making sure that support services are also working efficiently - for example that patient rooms are cleaned at the right time, and that finance systems support timely procurement of supplies.'

Good to Go is made up of multiple initiatives to improve patient access, care and flow across the hospital. They have included the installation of electronic patient journey boards to aid planning by medical teams, long stay patient rounds and the use of predetermined criteria, specific to the patient, to assist timely discharge.

'We call this 'criteria led discharge' and it helps to create a shared understanding between carer groups, the patient and their family, of the clinical criteria that need to be met for the child to go home,' John said.

'We can all then work together to ensure the patient can go home when he or she is ready. That's good for the child, good for their family, and good for the next patient waiting to come into hospital.'

To date, Good to Go has achieved:

- A reduced multiday length of stay to 4.4 days
- The discharge of 20-25 patients prior to midday, compared with six-eight patients before the project started
- A big decrease in the rate of 'hospital initiated postponements', which occur when a child's elective surgery is postponed due to high demand across the hospital
- A sustained increase in the number of children admitted to a ward from the Emergency Department within four hours.

The average multiday length of stay

4.4

Complex care pilot program

A 'Complex Care' pilot program to support some of the hospital's most high-need patients, and their families, has been developed to switch the focus to proactive management, aimed at maintaining wellbeing and minimising unplanned hospital stays.

Deputy CEO John Stanway said the program was developed to change the model of care for complex patients.

'The program will provide care at inpatient, outpatient and community levels and will dovetail with existing services, both within the RCH and across the community,' John said.

'This service will not take over from existing services; rather, it will enhance the level of support given to the families of children with complex needs, and help staff to integrate their care by building new systems and processes.'

John said one of the challenges faced by complex care patients was that treatment was provided at different times by different clinical teams. Providing customised support to coordinate this care, regardless of where and by whom, would be a central focus of the new model of care.

Rural outreach with Wadja Aboriginal Family Place

Wadja Aboriginal Family Place strives to provide the highest quality care for Aboriginal and Torres Strait Islander children and their families at The Royal Children's Hospital (RCH).

Engagement with Aboriginal and Torres Strait Islander Communities was a key focus for the 2013-14 financial year.

COMMUNITY CONSULTATION AND WADJA OPEN HOUSE

On Friday May 16, 2014, Wadja Aboriginal Family Place hosted an Open Day for Aboriginal community health services. The event showcased services available to Aboriginal and Torres Strait Islander staff and focussed on referral pathways and community linkages to ensure coordinated care for children and their families. Community members met with Wadja staff, toured the new facility, participated in the smoking ceremony and shared lunch in the garden.



RCH patient, Rekisha

Throughout the previous year, Wadja Paediatrician Dr Renata Kukuruzovic, together with staff of Wadja Aboriginal Family Place, undertook a series of community outreach visits across rural and regional Victoria, visiting 20 Aboriginal Community Controlled Health Organisations across the state.

The visits aimed to strengthen partnerships with Aboriginal organisations and provide information to local health organisations about the services provided by Wadja Aboriginal Family Place at the RCH.

Dr Kukuruzovic said the local Aboriginal health organisations were keen to understand the practical issues facing families who travelled to RCH including accommodation, transport, cost and access to Aboriginal staff and resources.

'The Aboriginal organisations also identified barriers for their communities including a lack of awareness about RCH services, the availability of Aboriginal staff to support families and lack of coordination of appointments at RCH,' Dr Kukuruzovic said.

'The support offered by Wadja was strongly perceived as breaking down many barriers for both staff and families.'

Aboriginal organisations also expressed a need to be included in discharge summaries and correspondence from the RCH to ensure coordination of care as patients returned to the community.

'In summary, the outreach project highlighted the importance of reducing barriers experienced by rural Aboriginal families attending the RCH,' Dr Kukuruzovic said.

'Good communication is essential through telephone contact, discharge summaries, telehealth and coordination of appointments.'

'The support offered by Wadja was strongly perceived as breaking down many barriers for both staff and families.'

Dr Renata Kukuruzovic, RCH Paediatrician

The RCH launches perioperative blitz

In response to huge demand, the RCH conducted a 'wait list blitz' in 2014 - reducing surgical waiting times to their lowest point in several years.

In January the RCH clinical operations teams rallied in response to steadily increasing demand, deploying a large scale project to target waiting lists for elective surgery.

Chief of Surgery Mike O'Brien said the strategy had been developed to meet growing and changing demands on RCH surgery lists, while ensuring safe, sustainable and high quality outcomes for patients.

'There was an incredible amount of work done to clear a backlog of elective surgeries,' Mr O'Brien said.

'We employed a multi-prong approach involving reducing hospital initiated postponements, positively engaging theatre staff and auditing patients' 'ready for care' status.'

With additional surgeries came the need for additional beds. Sheri Waldron, Director of Acute Operations, said previously unfunded ward beds were made available to accommodate additional patients and ensure appropriate patient flow was maintained.

'We made additional beds available on Kelpie, Platypus and Possum wards,' Sheri said. 'Having a greater capacity for our patients allowed us to really make headway on our elective surgery target, first by lessening the accumulation of patients on the waiting list.'

This project has also involved referring some patients, where appropriate, to partner hospitals to receive care; 100 tonsillectomy patients received care at the Royal Victorian Eye and Ear Hospital, and 50 children underwent their procedures at Cotham Private Hospital.



RCH Surgeon, Professor Tony Penington

FACEBOOK FEEDBACK

SUSAN SHANLEY: 'The staff are out of this world. My son had lifesaving surgery here, we are from Darwin and they made everyone feel like we were part of their family. Thank you from all of us!'

ERIN LYNCH: 'We couldn't thank all the staff enough for all the care and support with our baby boy's surgery and recovery! Especially all on koala ward! Absolutely amazing! Thank you :)'

ZERO HARM

Infection prevention and control – everyone's responsibility

INFECTION CONTROL

Focussing on excellent clinical outcomes for our patients, there are many strategies in place that The Royal Children's Hospital (RCH) staff undertake to support Zero Harm.

Infection Control Coordinator Sue Scott said that while the Infection Prevention team provided guidelines and support on best infection control practice, RCH staff assumed personal responsibility for their individual practice.

'The RCH staff are responsive to the vaccination programs that we have available to protect themselves and others from diseases such as measles and pertussis,' Sue said.

'All staff hospital-wide undertake the hand hygiene competency program, whether they perform patient care, handle equipment, or have social contact with patients.'

In 2013-14 the RCH commenced a hospital-wide campaign addressing blood stream infections associated with the use of central lines.

'Blood stream infection figures are reported monthly to the wards, which has created a greater awareness of the importance of correct central line insertion practices and management,' Sue said.

'Since we started communicating these figures, we have seen an ongoing decrease in those infections rates.'

Sue said that staff from all disciplines around the hospital tended to 'proactively consult with us when they identify an issue and want to ensure that they are performing the best practice in the way they manage their processes'.

GET THE JAB DONE

For sick and vulnerable children, getting the flu can have a major impact on health. Each winter, the RCH offers free influenza vaccinations to all staff in a bid to keep the RCH flu-free and protect our patients, their families and our staff from getting sick or spreading illness.

'Our staff realise that vaccination is not just about protecting themselves and their families, it's also about protecting our

vulnerable patients,' Infection Control Coordinator Sue Scott said.

'A lot of our patients have underlying conditions or severe illness. If they catch the flu it can really compromise their health.'

In 2013-14 the RCH campaigned to have more staff immunised than ever before.

'Get the Jab Done' was devised as a hospital-wide advertising campaign to rally staff to be immunised as early in the flu season as possible, by dispelling commonly held myths that deterred some staff from being vaccinated.

A 'Get the Jab Done' immunisation booth was set up on Main Street and posters, postcards, banners and screen savers were used across the hospital to take the immunisation message to all members of staff.

Executive Director of Nursing Services Bernadette Twomey said the campaign had a major impact on staff immunisation rates at the RCH.

'By the end of the campaign 83 per cent of the RCH staff were immunised against this year's flu, a big increase from 68 per cent last year and well above the Victorian Health Department mandatory target of 75 per cent.

'All staff who participated in the program demonstrated their commitment to great care and zero harm.

'By 'getting the job done' we have helped protect some of the most vulnerable children in the state from this preventable, and potentially deadly, illness.'

HAND HYGIENE DAY

The RCH Infection Prevention and Control team is responsible for monitoring hand hygiene compliance and the education around it, but there are many departments around the hospital that have assumed their own responsibility to promote hand hygiene.

This is demonstrated by many initiatives undertaken to promote hand hygiene to colleagues and families. Kelpie ward developed its own promotional posters, while the Arts

at The Royal Children's Hospital (ARCH) program engaged children and families on World Hand Hygiene Day with creative activities.

A pop up art studio was held in Main Street every week throughout May. Children, young people, families and staff all got involved in creating some germ themed artworks, encouraging discussion and learning about germs, where they come from and how important it is to keep your hands clean.

THE ARCH HAND HYGIENE 'SILENT DISCO'

Led by an energetic MC, more than 50 RCH staff and patients donned headphones and made their way around the hospital's Main Street and Specialist Clinics during the Hand Hygiene 'Silent Disco' – shaking their hands and bodies in the name of cleanliness.

Participants learnt about the fundamentals and importance of hand hygiene. Patients and families witnessing the performance were given a squirt of hand sanitizer and a hand hygiene flyer to spread the message of the importance of preventing infections in hospital.

'We created a play list of hand themed pop songs – such as Born to Hand Jive and I Want to Hold Your Hand,' ARCH Director Victoria Jones said.

'Each participant gets a set of headphones so that they can listen to the music as well as the group leader. The music illustrates the message and makes it fun.'

Victoria said the event was filmed and put online, where it has received more than 4,000 views.

'By filming the event and disseminating it online, we know that the message continues to grow within the hospital, across our community and beyond.'

'By filming the event and disseminating it online, we know that the message continues to grow within the hospital, our community and beyond.'

Victoria Jones, ARCH Director

FACEBOOK FEEDBACK

PHILIPPA MAY
'So true! I was vaccinated on Friday. Happy to be part of the herd and protect our community.'

KRISTEN FARRAGHER:
'A little bit of pain for a lot of peace of mind.'

FACEBOOK FEEDBACK

ALLISON HELGESEN: 'We couldn't thank you enough for the care you gave our son when he came in with pneumonia. The nurses are definitely the backbone of this hospital! Thank you to all the staff in emergency and especially the ladies in the dolphin ward!'

RCH Nurse, Sze Wai Wu

FACEBOOK FEEDBACK

STACY HARBEN: 'The nurses at RCH are amazing. They deserve more recognition for all the great work that they do. From my son and I, we thank you from the bottom of our hearts for all of the wonderful care that my son has received and continues to receive when he is there.'

GRANT PATERSON: 'We would like to once again thank the staff of RCH for their professionalism, expertise, and making what was a frightful experience for us as comfortable as possible.'



RCH Nurse, Amanda Burgess

Improving the use of temporary nursing staff

The Royal Children's Hospital (RCH) has halved nursing agency expenditure costs while ensuring more consistent care for patients and families.

The RCH Nursing and Administration Workforce Team is responsible for the provision and management of high quality, flexible nursing workforce services. These include the management of permanent, casual and agency nurses to the RCH wards and departments in order to meet operational requirements.

In June 2013, the team began a project to decrease the number of casual and agency nurses employed in the hospital.

'The use of nursing agencies poses a significant financial cost for the organisation. More importantly, there are associated risks and less flexibility around allocation of staff,' Nursing and Administration Workforce Manager Emma Jones said.

'We know that RCH nurses understand the way that the organisation works and they hold the same values. They have an expectation of high performance levels and always provide patient and family-centred care.'

Staff from Nursing Services, Finance, Human Resources and the RCH Executive worked together to address the factors that impact agency usage, including sick leave trends and recruitment processes.

From June 2013 to June 2014, the RCH halved nursing agency expenditure costs against the previous year. In January 2014 expenditure hit its lowest point in almost three years; less than one per cent, down from 19.63 per cent 12 months' prior.

'This means that more than ever before we have had RCH trained and experienced nurses working alongside each other 24/7,' Emma said.



The percentage of nursing agency expenditure in January 2014



RCH Clinical Nurse Consultant, Fiona Newall

Adverse Drug Reaction Reporting Program

The Royal Children's Hospital (RCH) Adverse Drug Reaction (ADR) Reporting Program identifies any adverse drug events occurring within the hospital.

An ADR is any undesired or unintended effect of drug treatment. The program involves a multidisciplinary team, coordinated by Clinical Pharmacology and the Pharmacy department who identify and assess any adverse drug events occurring within the hospital.

The aim of the program is to develop a comprehensive system of ADR reporting and feedback guidelines.

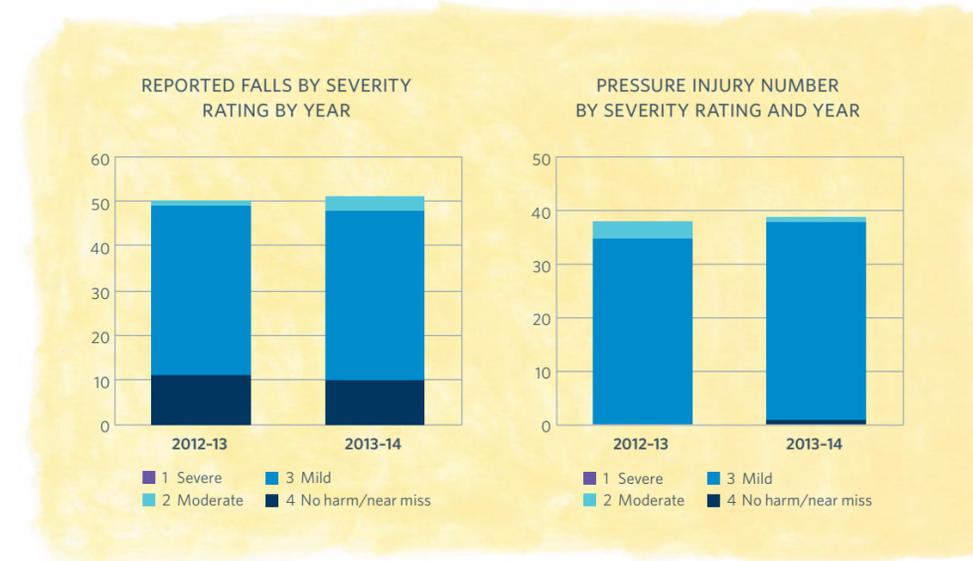
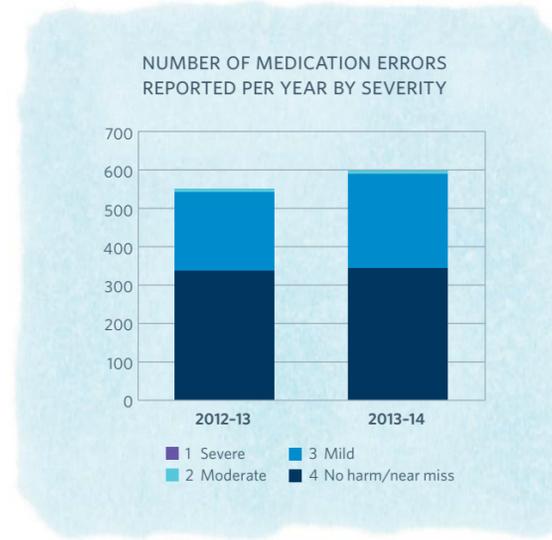
The committee meets monthly and assesses ADRs that are detected by spontaneous reporting and review of medical record coding reports at the RCH. The committee assessed between five and 15 cases per month.

Clinical Pharmacology Unit Director Associate Professor Noel Cranswick said the ADR Program went 'far beyond forwarding reports'.

'Both patient specific and medication specific strategies have been employed successfully to decrease the incidence and recurrence of ADRs,' Dr Cranswick said.

'Many patients are tested to see whether they are intolerant and allergic to the reported medication. In the majority of cases, they are in fact able to tolerate the suspected medication and so can continue to use it in the future.'

If it is decided that the patient should not receive the medication in the future, they receive a laminated card as well as warnings on their medical record advising them to avoid the problem medicine.



Improved risk documentation

In 2013-14 the RCH made significant changes to patient care plans in order to support pressure sore surveillance and falls management.

Prior to 2013 falls prevention and pressure sore risks were documented in separate management strategies. Last year the RCH Strategy and Improvement Team helped nursing staff combine these strategies into a single plan.

'We had multiple pieces of documentation as part of the patient care record which made it very difficult for nurses to manage,' Nursing Innovations Clinical Nurse Consultant Kylie Moon said. 'We now have one document; called a Patient Care Plan which includes management strategies as well as risk assessment strategies. This will help us ensure consistent care, and remind staff that we are constantly analysing our strategies and risk assessment.'

The first audit of the system, conducted early in 2014, indicated that strategy documentation has improved.

'We now expect to see a steady decrease in falls and pressure sores at the hospital,' Kylie said.



RCH patient, Mathew and RCH Volunteer, Wendy Rice

GETTING INVOLVED

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:

Preferred contact: Telephone Email

YOUR CONNECTION TO THE RCH (PLEASE TICK)

- I am a current patient I am a relative of a patient/client
 I am a carer of a patient/client I live in the local area
 I am a past patient/client/consumer Other
- Which RCH service have you accessed?

WHAT ARE YOU INTERESTED IN? (PLEASE TICK)

- 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 Office, The Royal Children's Hospital
50 Flemington Road, Parkville, Victoria, 3052 Facsimile: (03) 9345 5050

Tell us what you think

We value your opinion and want to hear what you think about the quality of our care.

Your experience can help us improve our service to you and others. We want to know what you like about the RCH and any suggestions about how we could do better.

SEND US YOUR FEEDBACK VIA OUR ONLINE FEEDBACK FORM OR EMAIL

ONLINE FEEDBACK FORM

ww2.rch.org.au/quality/feedback.cfm

BY EMAIL

clo@rch.org.au

If you prefer to discuss your feedback with the Consumer Liaison Officer directly, please phone (03) 9345 5676.

VIA SOCIAL MEDIA

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TWITTER www.twitter.com/RCHMelbourne



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A world leader in child and adolescent health



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