The Royal Children's Hospital Melbourne

Quality Account 2016-17

Delivering Great Care to patients and their families

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

Over the past year, The Royal Children's Hospital (RCH) has worked to foster the culture of innovation and collaboration that is critical to building a sustainable health service and ensuring we can continue providing the Great Care our patients have come to rely on.

Like many healthcare providers, we face the dual challenge of increasing costs and mounting demand for our services. Responding to this rapidly changing environment means the RCH must continuously strive to improve the quality and safety of the care we provide for Victoria's sickest children.

The experience of our patients, their families and the wider community plays an important role in helping us achieve the continuous improvement that is vital to building a sustainable health service.

As a consequence, the RCH encourages feedback, both good and bad, from our consumers via many channels including our many Advisory Committees, our annual Consumer Forum, numerous surveys, and a robust feedback process.

We regularly review what our patients and their families are telling us, and this commentary is used to inform our decision making and ensure we are continuing to deliver a great experience for our patients, their families, and our staff.

Our annual Quality Account plays an important role in this by helping consumers, carers and the wider community understand not only what we have achieved over the previous year, but also the ways in which they have contributed to these outcomes.

Over the past year, we have introduced a number of improvements that have responded to the feedback received from patients and families. These have included:

- the use of data analysis to reduce cancellations and improve waiting times in our outpatient clinics;
- the roll-out of an expanded telehealth service that is enabling patients to receive quality specialised care in their own communities; and
- the launch of our Complex Care Hub, helping families with children suffering from chronic or complex illnesses to co-ordinate their care through a single care plan.

'Over the past year, we have introduced a number of improvements that have responded to the feedback received from patients and families.'

These changes are just a small example of how we listen and respond to the needs of our patients, demonstrating the tangible impact that consumer engagement and feedback can have on our ability to deliver safe high quality healthcare.

I am enormously proud of all we have achieved this year and of the RCH staff and volunteers who continue to deliver the Great Care our patients deserve. I know they will continue to earn the deep trust and respect of our community here in Victoria, and beyond.

John Stanway
Chief Executive Officer
The Royal Children's Hospital Melbourne

RCH CEO John Stanway, with RCH patient Josh

85,991
Emergency presentations

322,291
Specialist Clinic appointments

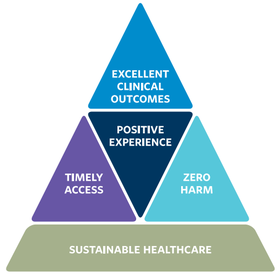
12,483
Elective surgeries

4,656
Emergency surgeries

48,552
Children admitted

437
Children cared for on any given day

RCH MODEL OF GREAT CARE



EXCELLENT CLINICAL OUTCOMES

Our outcomes compare with national and international leaders in paediatric healthcare.

POSITIVE EXPERIENCE

Our team works together to provide a positive experience for all.

TIMELY ACCESS

Our patients will receive timely access to clinical services.

ZERO HARM

Our hospital will be safe; delivering evidence-based and safe care to our patients.

SUSTAINABLE HEALTHCARE

We are committed to delivering a sustainable healthcare system that ensures we provide Great Care now and into the future.

RCH nurse Adam, with RCH patient William

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Tell us what you think

Last year's Quality Account was available for patients, families, visitors and staff in many places around the hospital, as well as on our website.

We mailed the report to stakeholders across the child health network and encouraged our patients and their families to read about their hospital.

We're keen to hear what you think about this year's report so we can keep improving our Quality Account.

Visit our website:
rch.org.au/feedback

Reach out via our Facebook page:
facebook.com/rchmelbourne

Send us an email: **clo@rch.org.au**

Call us: **03 9345 5676**

CONNECTING WITH OUR COMMUNITY

We are committed to ensuring our patients, their families and our healthcare community have a voice in the care we deliver

Digital communication

In 2016–17, the RCH continued to build its capability to listen to and engage with its patients, their families, and staff through the use of new technology, online platforms and social media channels.

Using the Electronic Medical Record (EMR) to connect with each other, our patients and other care providers

In 2015-16, the RCH became Australia's first major public paediatric hospital to successfully implement an Electronic Medical Record (EMR) for both inpatients and outpatients, facilitating better communication and collaboration between medical teams and contributing to safer patient care.

In May 2016, we introduced My RCH Portal, the RCH EMR's unique online patient interface. My RCH Portal has now been taken up by more than 5,600 families, who can use it to access their medical records, request appointments, get test results, renew scripts and review clinic notes.

We are also piloting our new external health provider portal, RCH Link, which gives general practices and other shared-care services read-only access to their patient's RCH EMR, making it easier for patients to receive seamless care after they've left the RCH.

Downloading a better hospital experience

With more than 7,000 downloads since its launch in November 2016, the My RCH App provides patients and families with all the information they need to navigate their stay in the hospital and their visits to our Emergency Department (ED) or outpatient clinics.

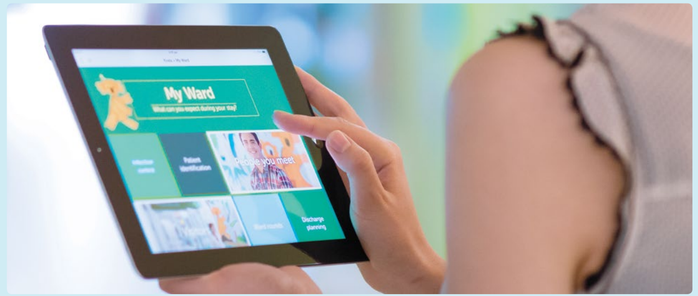
The app offers the most up-to-date information about the hospital's 11 wards, patient rooms and amenities, staff roles, and RCH practices and processes. It is free to download on all mobile devices, providing easier access to information and significantly reducing printing costs and waste at the RCH.

The app creates a less-daunting hospital experience by utilising child-friendly illustrations, animations, photographs and videos. It also supports the sharing of knowledge and skills between staff and parents, and has been integrated into new models of care such as 'COCOON', our new baby-centred protocol in our Butterfly newborn intensive care unit.

rch.org.au/apps/my-rch

7,000+

The number of downloads of the MyRCH app



Our online footprint

With an audience of more than 102,000, the RCH is now the most liked hospital on Facebook. Each week, up to five stories designed to engage and inform the community about important child health issues are posted on our Facebook page, with most reaching more than 50,000 people and many reaching more than 100,000.

In September 2016, a Facebook video blog by RCH paediatrician Dr Margie Danchin explaining when parents should take their child to an emergency department, or to see a GP, reached nearly 350,000 people, was shared more than 2,300 times and generated more than 1,400 reactions. The RCH Facebook page plays an important role in engaging our consumers and community by enabling them to communicate with us directly and easily share their experiences and feedback.

facebook.com/rchmelbourne

Engaging our people

Our people are critical to delivering Great Care for our patients and the RCH Intranet news site plays a critical role in keeping staff informed by providing updates on daily capacity and capability, and news about key projects and change initiatives. It provides up to five news stories a day and attracts more than 20,000 unique page views each month.

20,000+

The number of unique page views each month of the RCH Intranet site

Consumers and the RCH feedback process

There is increasing evidence that active participation in health leads to better outcomes and better quality of care for patients. As a result, the RCH places a high value on child and adolescent, family, and community participation in the planning, delivery, evaluation and quality improvement of healthcare services in order to achieve best possible health outcomes.

We foster a culture of participation in our internal and external communities in accordance with the Victorian Government commitment to this area and we aim to facilitate the involvement of children and adolescents in their healthcare according to their maturity, age, and any relevant law.

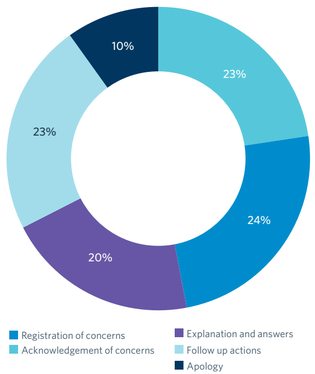
Consumer feedback has informed the introduction of many new initiatives over the past year. These have ranged from simple changes such as improving WiFi speeds in the hospital and changing the font size on screens in our Specialist Clinics, to the introduction of new models of care, such as the Complex Care Hub, that have substantially improved patient experience.

The RCH Consumer Feedback Survey

Feedback plays a critical role in delivering continuous improvement and quality for our patients, and the RCH Consumer Feedback Survey measures how consumers providing feedback feel about that process. The survey enables the RCH to better understand and engage with the experiences of our patients and their families.

Between April 2015 and March 2017, the RCH surveyed 129 consumers who had provided feedback. This information enables us to maintain a robust and meaningful channel with our consumers. It also offers insight into what consumers hope to achieve when they provide feedback on the service.

WHAT I HOPED TO ACHIEVE – MARCH 2017



Victorian Health Experience Survey

In 2016–17, the RCH consistently achieved a near perfect score for inpatient satisfaction in the Victorian Health Experience Survey (VHES).

The key VHES measures relevant to a children's hospital are:

Paediatric inpatient: In 2016–17, 99 per cent of parents rated the care their child received while in the RCH as positive, meaning they rated the care either 'good' or 'very good'. This was above the state average of 94.8 per cent across the same period.

Paediatric emergency: In 2016–17, 96 per cent of parents rated the care their child received while in the Emergency Department as positive, meaning they rated the care 'good' or 'very good'. This was above the state average of 89 per cent across the same period.

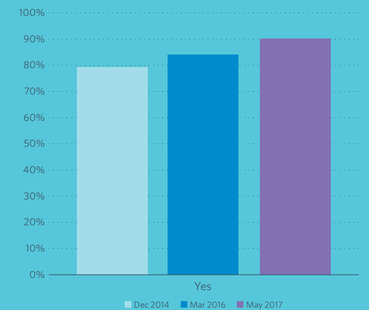
Responding to patient feedback

The RCH continues to review the feedback it receives via VHES and has implemented a number of changes in response to last year's survey, including making changes to our Emergency Department (ED).

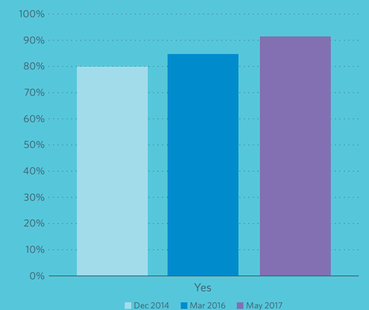
In May 2017, the new Fast-Track Facility became fully operational in our ED, providing 10 new treatment spaces for patients with low complexity illness and injury. The rapid assessment and treatment of these children means access to emergency care for all patients is improved, resulting in access and flow benefits throughout the hospital.

Fast-Track has changed the timing of discharges, which historically occurred from the late morning to noon, and has increased capability to plan for admissions and our ability to manage access and flow in the ED.

WHEN I SPEAK I FEEL I AM LISTENED TO



I FEEL LIKE I AM A VALUED MEMBER OF THE COMMITTEE



Consumer Representative Volunteer Survey

The Consumer Representative Volunteer Survey was developed by the RCH Family Advisory Council (FAC) and the Consumer Participation Manger to better understand the experiences of our Consumer Representatives from across the following groups:

- Family Advisory Council
- Youth Advisory Council
- Cystic Fibrosis Family Advisory Council
- Children's Cancer Centre Parent Advisory Group
- Consumer Representatives on Great Care Committees
- EMR Project

It was pleasing to note that the number of respondents who said they felt listened to and who felt they were a valued member of the committee they served on have continued to increase each year.

The survey also showed that consumer representation has been maintained, with the majority of respondents serving continuously for between two and five years.

There was also a strong uptake in the invitations extended to Youth Advisory Council members to be on Great Care Committees and attend the Family Advisory Council.

As a result of consumer representative feedback, we will continue building the skill and capacity of our consumer representatives through a number of training and development opportunities.

‘A strong relationship was seen between parents’ screen use and that of their children. Basically, a parent who has high levels of screen use is more likely to have a child with high levels of use.’

– Dr Anthea Rhodes, Director of the RCH National Child Health Poll

50%

of toddlers and pre-schoolers are using a screen-based device without supervision

The RCH National Child Health Poll

Giving the public a voice in child health

The RCH National Child Health Poll is a quarterly, national survey of Australian households shedding new light on the big issues in contemporary child and adolescent health – as told by the Australian public.

The poll’s structure and focus combines the rigour of academic discovery with the timeliness and reach of online quantitative research, to deliver significant new knowledge about the health, wellbeing and lives of children and young people in contemporary Australia.

Uniquely, the poll consistently puts the voice of Australian families and communities at the heart of the conversation about child and adolescent health.

It has evolved into a tool that informs the national discourse around child health priorities and policy formulation, and it aims to stimulate further research into the new and emerging health issues facing Australian children and teenagers, and their communities.

Since December 2016, the poll has formed the basis for a new suite of downloadable toolkits for key stakeholders, designed to assist and encourage them in educating their communities and consumers about the latest poll findings and priorities.

The poll is funded through the RCH Foundation and the project protocol has been approved by the RCH Human Research Ethics Committee.

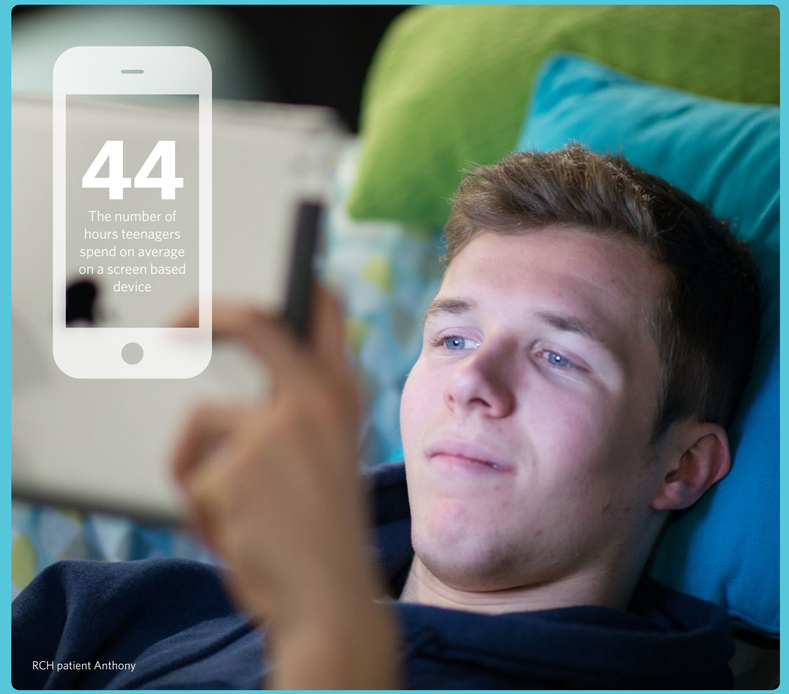
Following the launch of the RCH National Child Health Poll in 2015-16, the RCH has continued to survey families each quarter to understand how their need are changing and where gaps in service delivery exist. To date, more than 15,000 people have been surveyed and the June 2017 survey appeared in more than 800 media stories, delivering valuable insights into important issues and, critically, giving families a clear voice in framing the wider debate on child and adolescent health.

‘Screen time and kids: What’s happening in our homes?’

In June 2017, the seventh RCH National Child Health Poll found that almost all Australian teenagers, two-thirds of primary school-aged children and one-third of pre-schoolers have their own tablet or smartphone.

The poll also revealed that 50 per cent of toddlers and pre-schoolers are using a screen-based device without supervision.

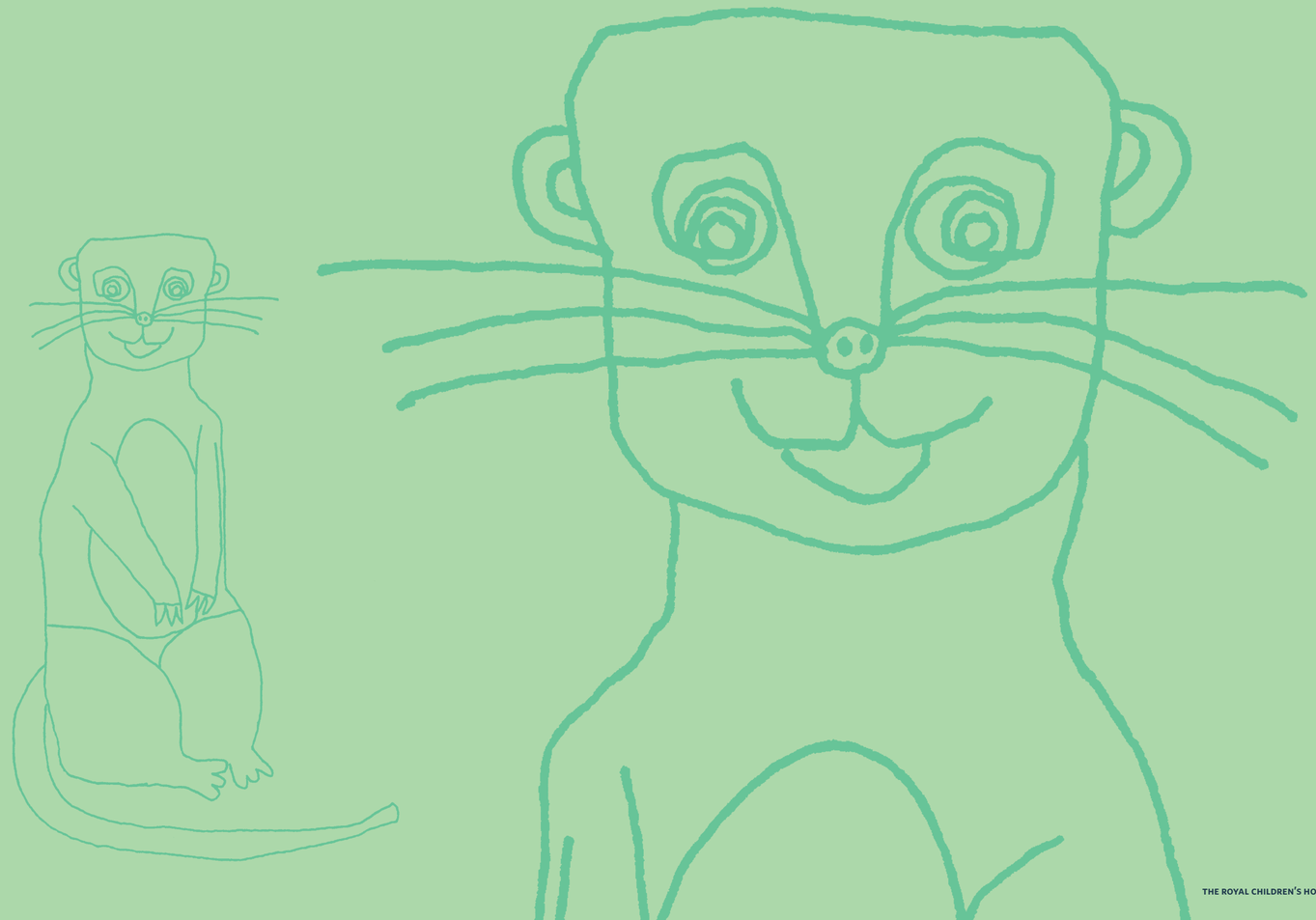
The poll found a strong relationship between parents’ screen use and that of their children, with parents who have high levels of screen use being more likely to have a child with high levels of use. Three quarters of parents of children under six also said they do not put time limits on screen use.



RCH patient Anthony

SOME KEY FINDINGS

- The majority of Australian children, across all age groups, are exceeding the current national recommended guidelines for screen time,
- Eighty-five per cent of parents of young children (aged less than six years) said they used screen-based devices to occupy their kids so they could get things done, with one in four doing this every day of the week.
- Teenagers spend the most amount of time on a screen-based device at home, of any age group, at almost 44 hours on average per week – more than the time equivalent of a full time job. Parents averaged almost 40 hours per week.
- Younger children also spend a significant time using screens at home; infants and toddlers averaged 14 hours, the two to five year-olds 26 hours, and the six to 12-year age group averaged 32 hours per week.



RCH Model of Great Care

EXCELLENT CLINICAL OUTCOMES

Our outcomes compare with national and international leaders in paediatric healthcare

A busy year in surgery

Demand and complexity continue to grow across the RCH, with close to 15,000 surgeries performed in our operating theatres in 2016–17.

755

The number of children added to the elective surgery waiting list per month, on average

Elective surgery waiting lists

We worked hard this year to reduce our elective surgery waiting lists by introducing new surgical care and wait list models. As a consequence, we were able to successfully perform surgery on 100 per cent of our longest-waiting patient cohort and reduce our time-to-treatment performance for the top 20 per cent of our most complex patient groups.

On average, the RCH has added 755 children to the elective surgery waiting list per month this financial year, which was up from 698 children per month last year. The length of stay for patients at the hospital has also decreased by 10 per cent, allowing patients to come home to their families an average of eight hours earlier.

To put our surgical activity in context, we 'turn over' our total waitlist seven times each year and, each month, nearly half our surgical waitlist is comprised of new patients.

Particular initiatives that have continued to meet the challenges of the elective surgery waiting lists include:

- Weekly MATES meetings (Meeting Access Targets in Elective Surgeries)
- Weekly provision of data to Heads of Departments, (HoDs) analysing their waiting lists performances
- Weekly List Build meetings that look to ensure theatre lists are full
- Monthly perioperative team briefings – where the sharing of data, concerns, issues, tracking, areas for improvement, all helps to enhance engagement and communication on the frontline, and ultimately enhance hospital flow

To alleviate the pressures of increasing demand, the RCH continued to explore partnership opportunities with other health services, including Warrnambool Hospital, Sunshine Hospital, and Northern Health Services. We also continued our partnership with University Hospital Geelong, enabling more Bellarine children to receive elective surgery at their local hospital last year and help avoid unnecessary additions to elective surgery waiting lists.

Victorian Audit of Surgical Mortality (VASM)

The Victorian Audit of Surgical Mortality (VASM) monitors trends in mortalities and clinical management outcomes, and identifies clinical management issues to actively manage and improve patient safety.

The RCH is always working to ensure we are delivering continuous improvement in our ability to deliver excellent clinical outcomes for our patients, and one of the ways we do this is through the implementation of systems and approaches that address key VASM recommendations.

The ViCTOR Chart has enabled us to respond to key VASM recommendations by better enabling our clinical staff to identify and respond quickly to any significant deterioration in a patient's condition, communicate more effectively across medical teams, and intervene earlier to prevent potentially adverse outcomes. *(Recommendations: 1.4 Action on Evidence of Clinical Deterioration and 1.9 Improved Communication)*

In addition, the RCH has promoted improved communication and collaboration across medical teams through the hospital-wide introduction of our EMR, and the regular convening of the RCH Huddle and pre-operative briefings. These initiatives continue to improve information sharing and care co-ordination throughout a patient's admission, helping us deliver safer care. *(Recommendations: 1.1 Improved Leadership in Patient Care, 1.2 Improved Perioperative Management, and 1.9 Improved Communication)*

Transplants

The RCH continues to be one of the world's leading paediatric transplant centres. Over the past year, we performed seven heart transplants and seven kidney transplants.

With our partners at the Alfred we completed four lung transplants, and with our partners at the Austin we completed 16 liver transplants.

We also developed strategies to identify potential organ and tissue donors, including providing DonateLife training to five ICU consultants and two education staff.

CASE STUDY: Ilario Franco

Australia's first paediatric liver/pancreas transplant

In 2016, the RCH performed Australia's first paediatric liver/pancreas transplant on 16 year old Ilario Franco.

Ilario was diagnosed with cystic fibrosis at the age of two and complications from that disease had left him with serious complications in his lungs, liver, pancreas and spleen.

With Ilario's liver failing, his doctors made the decision to perform a double transplant, replacing both his liver and pancreas in the one operation. During the 16 hour operation, Ilario's liver was removed and replaced with that of an adult donor while his own pancreas remained in place and a new pancreas was transplanted to take over functions of the damaged organ.

The operation involved dozens of medical experts from across four hospitals, including the RCH, the Alfred, the Austin and Monash Medical Centre. As a result of his successful surgery, Ilario's diabetes is now gone and his lung function has improved.

Delivering care remotely

Children's health is improved by being discharged from hospital as soon as clinically appropriate and in 2016–17 the RCH initiated a number of programs to help patients return to their homes and communities earlier.

Expanded telehealth service

The RCH has a well-established telehealth program with more than 200 RCH clinicians delivering care via telehealth video calls. In 2017, we built on this success with the establishment of the Specialist Clinic Telehealth Project that has helped increase capacity in local communities, reduce demand on tertiary services, and save travel time for families in rural and regional areas.

The RCH Family Advisory Council was consulted to ensure that our telehealth-enabled models of care were responding to the needs of regional and rural families, and we continue to seek feedback from patients and their families through our post-telehealth consultation survey.

8,575
the number of hours saved per return trip

1,145
the number of completed Telehealth appointments

714,738
the kilometres saved per return trip

14
the number of flights saved per return trip

426
the number of suburbs reached across Australia


RCH sessional specialist Mandie

The telehealth program delivers care across five key clinical areas:

NEUROLOGY

The Neurology Telehealth Screening Clinic has increased the capacity of local paediatricians to manage neurological conditions in their community. For example, the Albury-Wodonga Paediatric Group screened three new patients via telehealth in 2017. Only one required a visit to the RCH for investigation, with all follow-up care delivered by their local paediatrician and telehealth consultation. The other patients were assessed via a telehealth consult with no need for further follow-up.

ALLERGY

By using telehealth consultations, many allergies can be safely managed by local health providers without the need to attend the RCH. For example, where a new patient is referred for allergic rhinitis, we ask local GPs to trial a nasal spray and order blood tests for common allergens, followed by a telehealth consult with the patient and GP to review results and plan ongoing care in their local community.

ONCOLOGY – ACUTE SERVICES

Telehealth now enables us to support more acute oncology patients who have ceased treatment and require routine surveillance over a number of years, with their local GP ordering the required pathology and then using telehealth to discuss the results with the patient and their specialist.

ONCOLOGY – LONG TERM FOLLOW-UP

Regional or rural patients who have previously accessed acute oncology care and no longer require surveillance can now access the RCH Long Term Follow-up service via telehealth. As a result, survivors of childhood cancer no longer have to travel to the RCH for their annual long term follow-up consultation, but can instead receive this in their local GP's office via telehealth.

OCCUPATIONAL HAND THERAPY

Our occupational therapists are an important part of the multidisciplinary team that makes sure hands heal well after burns. This year, rural or regional patients recovering from burns to the hand could stay at home and use telehealth to consult with occupational therapists to review changes in the range of motion and function, and receive exercises or play activities to help improve healing.

COCOON: Connecting sick babies and their parents

In 2016, the RCH introduced a new model of care to support the families of babies in our Butterfly ward, comprising the Newborn Intensive Care Unit (NICU) and Special Care Unit.

COCOON (Circle of Care Optimising Outcomes for Newborns) is designed to overcome the negative consequences that physical separation can have on seriously ill babies and their families.

Babies are born ready to connect, engage and learn. However, illness can interrupt this and the separation it causes may result in increased stress and anxiety for the infant and their family. This has been proven to affect brain development and subsequent neurodevelopmental progress in childhood.

The adverse effects of separation and intense stress experienced by parents of a sick or premature infant have also been well documented. They are known to cause high levels of psychological distress, including anxiety, depression and post-traumatic stress disorder in families in the short- and long-term.

It is therefore essential that every effort is made to nurture the parent-infant bond by encouraging families to interact with their babies as much as possible, from as early as possible. That is why COCOON was developed.

It aims to:

- improve health outcomes for newborn babies
- improve the experience of families whose babies are cared for on Butterfly

Studies in adult hospitals have shown positive effects on clinical outcomes when families are engaged in patient care, reducing anxiety and stress, and shorter hospital stays. We believe that positive effects will be seen if families are engaged in their newborn baby's care as early as possible.

The COCOON education package is designed to teach parents how to care for themselves and their baby. It has practical guides on how to change nappies and bath baby, photos of different feeding techniques, and lots of other information on how to recognise baby's behaviours and interpret their cues, all of which enable parents to engage with their baby in a positive way.

The COCOON program is delivered through staff-mentoring, an education kit, a website and an App designed to support families to care for their baby and themselves, both in hospital and after they have returned home.

'Studies in adult hospitals have shown positive effects on clinical outcomes when families are engaged in patient care, reducing anxiety and stress, and shorter hospital stays. We believe that positive effects will be seen if families are engaged in their newborn baby's care as early as possible.'

Aboriginal healthcare

The RCH is strongly committed to improving Aboriginal health and supports the objectives and priorities of Koolin Balit, the Victorian Government's strategic direction for Aboriginal health in 2012–22.

RCH patient Hannah, with RCH Aboriginal case manager Annette

Wadja Aboriginal Family Place

The RCH Wadja service provides holistic and culturally responsive healthcare to Aboriginal children. The service offers both an outpatient general paediatric clinic for Aboriginal patients, and culturally responsive support for inpatients.

The clinic has commenced delivery of an enhanced model of care for Aboriginal patients who fail to attend outpatient appointments, in order to identify and address barriers and increase timely access to health services.

An evaluation framework has been developed for the Wadja service, with a key component being a culturally appropriate consumer feedback survey piloted this year. To date, the feedback has been overwhelmingly positive and we continue to collect data that will inform our patient experiences in Wadja.

IMPROVING CARE FOR ABORIGINAL PATIENTS

The RCH has continued to work hard to support the key result areas outlined in the Improving Care for Aboriginal Patients (ICAP) program. This year, key achievements across these four areas include:

1. Engagement and partnerships

The RCH continues to build on relationships with key community partners such as the Victorian Aboriginal Health Service and Aboriginal health workers in the precinct partner hospitals. A cornerstone of this is the Aboriginal Advisory Committee, a bi-monthly committee advising on issues pertaining to the care of Aboriginal patients and families.

A precinct meeting of Aboriginal health workers and managers has been re-established between The Royal Melbourne Hospital, Peter MacCallum, the Royal Women's Hospital, and the RCH. The National Sorry Day flag raising ceremony at RCH continues to be held annually and attendance grows every year, with some staff attending a precinct-wide event this year.

2. Systems of care

The RCH Culturally Appropriate Healthcare Delivery procedure was updated and Wadja's processes and procedures were documented to promote consistency of practice. The Wadja service continued to be evaluated and a consumer feedback survey of Aboriginal families attending the Wadja Health Clinic was piloted.

A Wadja case manager travelled to the Northern Territory to meet with staff at the Royal Darwin and Alice Springs Hospitals with a view to improving referral processes for patients transferring to the Wadja service at the RCH. The case manager also met with the local community and previous patients of the RCH to gain a better understanding of their experiences at the RCH.

3. Organisational development

The RCH implemented the organisation's first Reconciliation Action Plan and a Plaque of Acknowledgement to the Wurundjeri people was commissioned for display at the entrance to the RCH.

In 2017, NAIDOC Week was celebrated across the hospital. The Starlight Room hosted a number of events focused on Aboriginal languages in accordance with the 2017 theme of 'Our Languages Matter'. There was a Grand Round examining the efforts to eradicate Rheumatic Heart Disease and RCH patients developed a mosaic Rainbow Serpent which will be mounted and displayed in the Wadja Aboriginal Family Place garden for Aboriginal and Torres Strait Islanders to see and interact with.

4. Workforce development

The number of RCH staff who have participated in a form of cultural safety education continued to steadily increase, with further funding allocated for strengthening these efforts over the next two years. The Aboriginal Case Managers and the Team Leader from Wadja Aboriginal Family Place delivered a training initiative '*Yarning with Wadja*' that was positively received.

In 2016, the RCH's Aboriginal Employment Plan was updated and, in June 2017, two trainees commenced work in the Employee Childcare Centre. Further, an Indigenous Registrar position was established and this position will be maintained to provide enhanced opportunities for Aboriginal doctors to train in paediatric medicine.

Reconciliation Action Plan

The RCH Reconciliation Action Plan (RAP) 2016–17 is the roadmap by which the organisation will reflect, plan and assess its progress in closing the gap in health service provision, access and outcomes for Aboriginal and Torres Strait Islanders.

The plan was developed over a two year period, in consultation with RCH staff, patients, families and community, and launched during NAIDOC Week in 2016.

The RAP recognises the historical and ongoing realities that have resulted in the significant gap in healthcare outcomes between Aboriginal and non-Aboriginal children, and reflects our commitment to bridge this gap. The plan also seeks to address the under-representation of Aboriginal and Torres Strait Islander peoples in our workforce.

As part of the Reconciliation Action Plan, the RCH has undertaken to strengthen existing partnerships with Aboriginal and Torres Strait Islander peoples and organisations; increase awareness of Aboriginal and Torres Strait Islander cultures, histories and achievements within our organisation; and develop a workforce plan for Aboriginal and Torres Strait Islander employment within RCH.

1
Indigenous Registrar position created

2
Indigenous trainees in RCH Childcare Centre

Transition to adult health services

Transition from paediatric to adult health services is an ever-increasing challenge for all health services.

If managed poorly, patients may experience poorer health outcomes including avoidable admissions, costly medical interventions, and ongoing anxiety and distress for patients and their families.

The RCH Transition Support Service supports approximately 1,000 increasingly complex patients and their families annually across all areas of the RCH. The Service addresses the medical, educational, developmental and psycho-social needs of patients and their families as they transition to adult health services.

The Transition Support Service has successfully created a significant shift in thought and practice, implementing transition across the RCH as an integral component in the patient journey from early adolescence through to young adulthood.

This has been achieved through the implementation of a hospital-wide transition model of care with an 'Open Door' philosophy that ensures patients and families receive appropriate support and coordinated care.

The Transition Support Service has also initiated a number of combined paediatric and adult service clinics and joint transition forums with adult hospitals, and leads a number of collaborative research initiatives.

Of particular note are innovative projects such as the transition of young people with intellectual disability and/or Autism Spectrum Disorder with mental health co-morbidities, and a longitudinal interdisciplinary study in partnership with a number of RCH departments, the Royal Melbourne Hospital and our health service partners in Finland.

1,000+

The number of patients and their families supported by the RCH Transition Support Service

RCH patient Lily, with RCH respiratory specialist John Massie taken circa 2000

'It's a good feeling to know that all my doctors at the RCH are there in the background to support the transition.'

CASE STUDY: Lily Tawk

Moving on from the RCH

Born with the genetic disorder, Epidermolysis Bullosa, Lily Tawk has been a regular visitor to the RCH throughout her life.

When she was born, Lily's condition caused intestinal problems that required surgery at the RCH. Since then, Lily and her family have been familiar faces at the hospital and, like many patients with a complex or chronic illness, she has been supported by a team of RCH specialists.

Now, having turned 18 and undertaking a science degree at Melbourne University, Lily is preparing to leave her doctors at the RCH behind and transition to adult care.

'It's been really comforting to have the support of this team of people who know me and know my history,' Lily said.

'I might only come in once a year to see a lot of my doctors, like Dr Carden for my eyes or Dr Lucas for my teeth, but it's good to know that if something flares up they are all there to support me.'

Dr John Massie has been helping Lily and her parents find the right specialist to manage her condition as an adult.

'Dr Massie has really driven that push to get me set up with doctors who can take over my care now that I've turned 18. He's really supported us and he's determined to make sure we find the right specialists for me.'

'I know I'll be seeing a new group of doctors from now on, but it's a good feeling to know that all my doctors at the RCH are there in the background to support the transition,' she said.

'Thanks to my parents, I don't feel like I've missed out on anything but I do have to be more careful than my friends about a lot of things. I've just been really lucky to have enjoyed a pretty normal life so far and the support I've had at the RCH has played a big role in that.'

RCH patient Lily, with RCH respiratory specialist John Massie in 2017

Lily's medical team

Robert Berkowitz
Ear, Nose and Throat Specialist

Susan Carden
Opthamologist

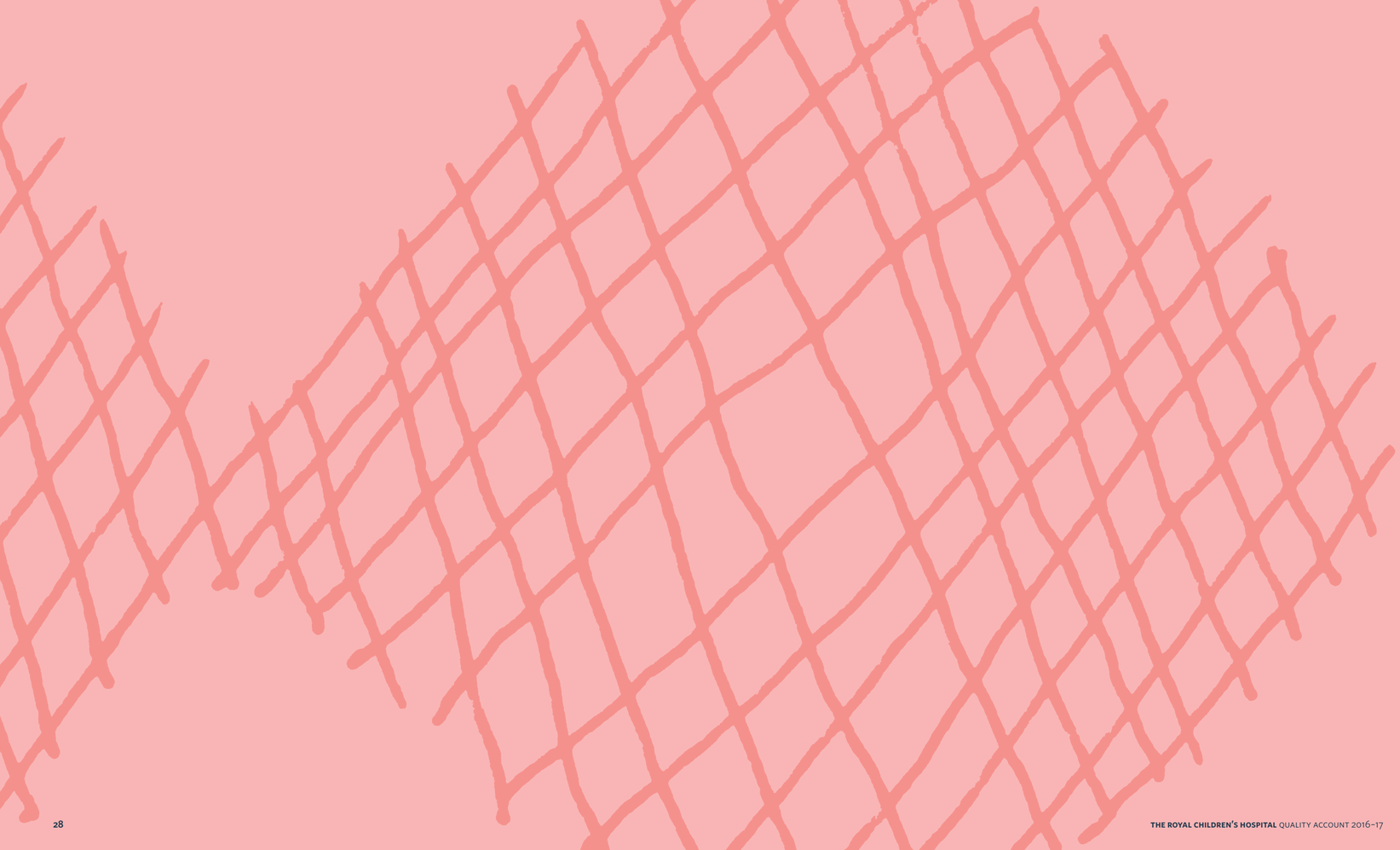
Joe Crameri
Neonatal surgeon

James Lucas
Dentist

John Massie
Respiratory Specialist

Mark Oliver
Gastroenterologist

John Su
Dermatologist



RCH Model of Great Care

TIMELY ACCESS

We are committed to ensuring that our patients receive timely access to clinical services

Increasing ED access

Children from birth to four years represent the fastest growing demographic group in Victoria so it is not surprising that the RCH Emergency Department (ED) continues to be one of the busiest in the state, with 85,990 presentations in 2016–17, and often treating more than 300 children on any given day.

On top of the high volume of patients treated in our ED on a normal day, the RCH has also needed to respond to some of the state's biggest emergencies over the past year. In November 2016 the state's 'Thunderclap Asthma' event saw the RCH ED treat around 450 patients in the first 24 hours. Then, in January this year, we treated five of the youngest victims of the Bourke Street tragedy.

In responding to these increasing demands in patient volume and complexity, the RCH has worked to deliver programs that would ease pressure on our ED teams while increasing patient access.

300+

The number of children treated in the ED on any given day

Fast-Track

In May 2017, with funding from the RCH Foundation and the Victorian Government, the new Fast-Track facility in the RCH ED became fully operational.

Through redesigning existing space, the Fast-track facility provides an additional 10 treatment spaces in the RCH ED for patients with low complexity illness and injury.

By promoting the rapid assessment and treatment of the growing number of children who present to the ED, the new Fast-Track facility will deliver access and flow benefits throughout the hospital.

Fast-Track has also changed the timing of discharges, which historically occurred from the late morning to noon, and has increased capability to plan for admissions and our ability to manage access and flow in the ED.

85,990+

presentations to the ED in 2016–17

Hospital After Hours

Established in February 2017 with funding from the Good Friday Appeal, the new Hospital After Hours initiative means Great Care never stops at the RCH.

RCH Improvement Manager Paula Howard says the Hospital After Hours program has created a number of new roles, including a Clinical Medical Lead, new Clinical Nurse Consultants, an Administration Workforce Coordinator, Senior Cardiology Resident and Senior Social Worker to the Hospital After Hours roster.

'Importantly, the new Hospital After Hours initiative has improved the availability of senior clinical leadership to support staff in managing difficult or complex clinical situations. That's made a big difference to the quality of care patients receive and also reduced the pressure on junior staff rostered overnight and at weekends,' she said.

In addition, the introduction of a Hospital After Hours Occupational Therapist now enables more patients to be released earlier, rather than having to wait for the business hours service.

The new model has employed a handover at 9pm when the shift starts, followed by two team huddles at 1am and 5am. This regular communication has helped build a cohesive After Hours team, improved the co-ordination of services, and contributed to improved access and patient safety.

'Team building has played a big role in the positive benefits patients have enjoyed from the After Hours Service – many are now able to be seen more quickly and discharged earlier as a result. However, our staff have also benefited from the program, with our junior medical staff feeling more supported in their clinical decision making and senior staff now more able to access opportunities for career advancement.'

RCH anaesthetist Catherine

Communicating for better access

RCH Huddle

Since October 2015, the RCH Huddle has been offering staff a snapshot of the hospital's access and flow status.

Held at 8.30am every weekday, the Huddle brings together staff from critical clinical and non-clinical areas, to provide key data on performance over the previous 24 hours, predict demand for the next 24 hours, and identify areas requiring intervention.

By improving communication, collaboration, transparency, engagement and staff understanding of the many factors impacting our performance, the Huddle has delivered better patient experience and safety, as well as improving our quality of care and productivity.

Using a Green, Amber, or Red rating system, the Huddle generates access and flow rankings for the day ahead, with a rating of 'Red' triggering an immediate integrated response.

Involving between 50 to 70 staff, these 15 minute morning and afternoon meetings have been a key driver of communication and collaboration between departments, enabling the agile redirection of resources and capacity across the hospital in times of high patient demand. The outcomes are then reported to all staff via the hospital intranet.

Surgical team briefing

Our surgical teams have also implemented a Huddle approach in their theatre lists, with the surgeon, anaesthetist, anaesthetic technician, nurses and theatre technician gathering for a 10 minute huddle prior to the start of morning and afternoon lists.

During this time, introductions are made and a review of the day's cases provides an opportunity for the team to address any special requirements, identify potential problems and set expectations. This gives the surgeon a chance to re-order the list to ensure all requirements are in place before the patient gets to theatre, saving time and avoiding unnecessary delays or cancellations to the list.

The surgical team briefing draws on the work of Atul Gawande and complements our use of the WHO-developed surgical checklist, which research has shown can lower the incidence of surgery-related deaths and complications during major operations by as much as one third.

Evidence shows that if staff introduce themselves and know each other by name, they are much more likely to speak up about safety issues or concerns both prior to and during the procedure. By creating an environment of open communication and active co-ordination, where team members know each other and understand their roles, patient safety, quality and productivity are all improved.

Improving health outcomes for transgender adolescents

The Royal Children's Hospital Gender Service (RCHGS) provides multidisciplinary support, assessment and medical care for transgender children and adolescents. New referrals have increased rapidly, from 40 in 2013 to 225 in 2016 and 141 in the first half of 2017. This exponential growth in demand resulted in increased wait-times for an initial consult that reached 14 months in 2015.

In 2016, to reduce wait-times and improve health outcomes for transgender adolescents, a 90 minute Single Session Nurse led assessment clinic (SSNac) was introduced as the initial clinical contact.

Historically, the initial patient consult with the RCHGS was a multidisciplinary assessment clinic (MDAC), comprising of a psychiatrist and paediatrician. In SSNac, the Clinical Nurse Consultant (CNC) undertakes an adolescent biopsycho-social assessment, triages, educates and supports adolescents awaiting assessment regarding their gender.

SSNac provides a one-off face-to-face, first point of contact consult with a CNC. Even though referral numbers are anticipated to increase, with the introduction of SSNac patients are now seen within four months.

Furthermore, a fortnightly triage clinic has been created where all patients assessed in SSNac to have met the triage criteria are fast tracked for medical assessment.

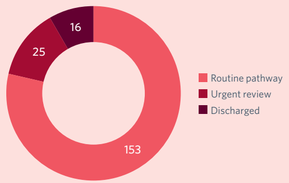
The introduction of SSNac has reduced the wait-time for a face-to-face consult at RCHGS from 14 months to four months, and patients are now efficiently triaged, educated and provided more timely support.

225

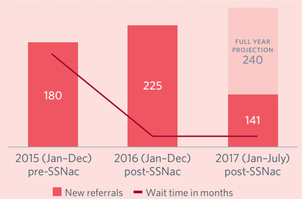
The number of new referrals in 2016, which has increased rapidly from 40 in 2013

SSNAC CONSULTATION TRIAGE OUTCOMES

JULY 2016 – JULY 2017



RCH GS WAIT TIME FOR INITIAL CONSULTATION



RCH physiotherapist Sarah is assisted by an RCH nurse

Sending patients home sooner

Adolescent idiopathic scoliosis (AIS) is the most common adolescent spinal condition. It often requires posterior spinal fusion surgery requiring an average hospital stay of six to seven days.

In 2015, after observing the success of 'accelerated discharge pathways' internationally, the RCH formed a multidisciplinary team to create an 'enhanced recovery pathway' (ERP) for AIS patients undergoing posterior spinal fusion.

In 2016, RCH became the first Australian hospital to introduce this new ERP with a view to reducing the length of hospital stays and procedural costs, with no increase in complications, while increasing patient satisfaction.

The pathway involves a faster transition to oral pain medication, drinking and eating, earlier removal of urinary catheter, and more intense mobilisation.

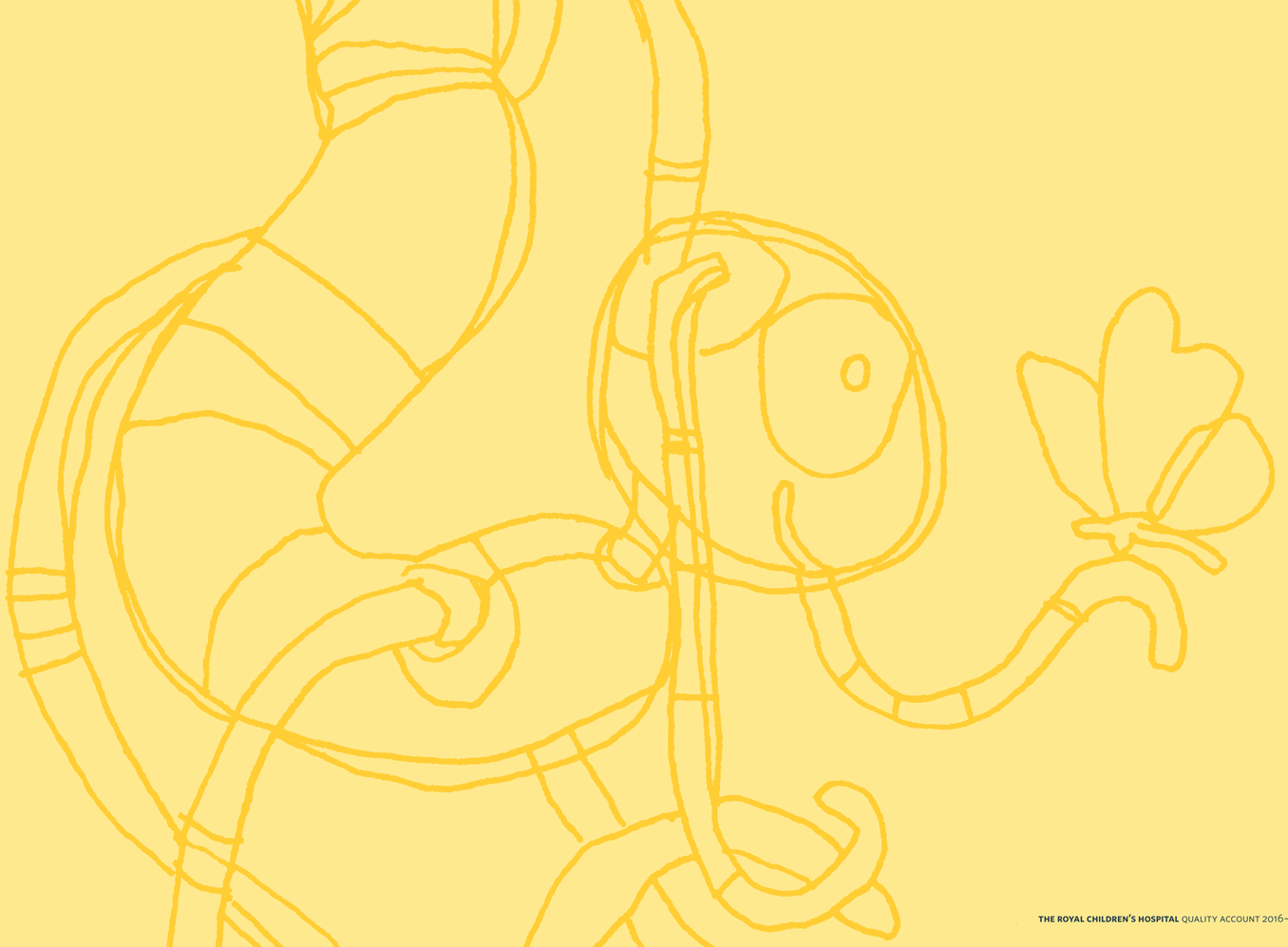
Introduction of the pathway has reduced the average length of stay from 6.5 days in 2014 to 3.5 days in 2016. This decrease in duration of stay has equated to decreased hospital costs of nursing (38%), medicine (63%) and allied health (39%).

All aspects of the ERP have been fulfilled using existing staff and the pathway has delivered a saving of $9,000 per AIS patient in post-surgical costs.

The RCH Physiotherapy Department delivers ERP education sessions for new staff every six months and the new pathway is also embedded into RCH's EMR, reinforcing both the status and sustainability of this initiative.

3.5 days

the average length of stay after the introduction of the pathway, down from 6.5 days in 2014



RCH Model of Great Care

POSITIVE EXPERIENCE

We are committed to ensuring our team works together to provide a positive experience for all

RCH patient Will, with RCH nurse Elena

Complex Care Hub

The RCH has continued to see an increase in the number of chronic and medically complex patients who receive care from at least three medical teams and experience at least five admissions each year.

Over the past year, we worked to enhance the experience of these patients and their families by creating the Complex Care Hub (the Hub), a new model of care that delivers a simpler and more cohesive healthcare journey.

The Hub consists of a skilled multidisciplinary team of healthcare professionals who provide a range of services with different levels of support. These services can be provided directly to the child and family, or to the community support agencies involved with caring for the child at home.

By integrating existing programs including the Complex Care Service (CCS), Family Choice Program (FCP) and Advice, Consultation, Expertise (ACE), we have created one streamlined service for complex patients and their families.

As at June 2017, this single-point-of-contact model has resulted in a 35 per cent reduction in bed days, a 30 per cent reduction in emergency presentations, and a 150 per cent increase in the co-ordination of multiple outpatient appointments on a single day.

Through our Hospital-in-the-Home program, the RCH Complex Care Hub nursing team, in consultation with the patient's parents and doctor, provide child specific training, monitoring and support of care workers, which enables children and adolescents with ongoing interventional medical care needs to be safely cared for at home.

30%

Reduction in ED presentations

35%

Reduction in bed days

CASE STUDY: Albie Moore

Two-year-old Albie Moore was born with a cluster of birth defects, resulting in five major operations in his short life. Albie's complexities include a deformed vertebra in his back, bowel and kidney deformities, cardiac issues, and issues with his breathing and limbs.

He's had more than 100 appointments and procedures at the RCH since he was born, requiring numerous trips from his home in Geelong. With up to 12 different specialist teams overseeing his care, Albie's family has been able to experience a more normal family life since becoming part of the Complex Care Hub.

RCH patient, Albie

Albie's mother, Emma Moore, says Clinical Nurse Consultant Anne-Marie Wills is the Moore family's key contact at the Complex Care Hub.

'She keeps it all in check and knows exactly what's going on with Albie, and she makes the management and coordination of multiple hospital appointments easier so we don't have to be up as often.'

'I think more importantly, Anne-Marie knows Albie medically as well as anyone and just having that consistent, go-to person on the end of the phone to ask things like 'I'm not really sure about this' or 'can you check with specialist x and see what they think', it's just an invaluable relief. I can't describe how much of a difference this has made,' Emma says.

The patient and family-focused model also includes 24/7 access to clinical advice and support.

'If we're worried in the middle of the night, we can call through and get advice on whether we need to present to emergency. We are in Geelong, so Complex Care will ensure our local hospital has Albie's history before we arrive.'

People Matter Survey

Patient safety culture questions % agree

- **92%** Patient care errors are handled appropriately
- **83%** Trainees are adequately supervised
- **80%** This health service does a good job of training new and existing staff
- **90%** Suggestions about patient safety are acted upon
- **94%** I am encouraged by my colleagues to report patient safety concerns
- **90%** Management driving safety centred organisation
- **83%** Culture conducive to learning from errors
- **98%** I would staff recommend a friend or relative to be treated as a patient there

The results of this year's RCH People Matter Survey were shared at our regular CEO Forum and all available staff were encouraged to attend. The forum provided an opportunity for an open and transparent discussion of the survey results, and gave all staff the chance to engage in the process by identifying solutions for areas of poor performance.

This year, there continued to be a strong focus on culture and the creation of policies and approaches to reduce the incidence of bullying and harassment.

In 2016–17, the RCH Workplace Culture Review Committee continued to work on strategies focused on building employee confidence in relation to objective and clear investigation processes, resolution of issues, and fostering a culture where bullying is not tolerated.

This year, the RCH Safe Workplace Behaviours Procedure was reviewed and updated to include the identification of inappropriate behaviours, the internal and external support mechanism for staff, and a clear process for reporting, investigation, feedback, consequences and appeal.

Our Workplace Health and Safety Risk Registers have also been reviewed and updated to include preventative measures in relation to occupational violence, bullying and harassment.

89%

The percentage of staff who responded positively to safety culture questions (against a DHHS target of 80%)

Keeping our staff safe

The safety of our staff is a primary concern and we aspire to a Zero Harm workplace. In 2016–17, there were eight standard claims lodged, down from 11 last year and 16 the year before.

The number and duration of workers' compensation claims has decreased and remains low when benchmarked against industry averages and our own performance in earlier years. The reduction in claims has occurred across the three major causation groups: manual handling, slip, trip and fall and psychological.

The RCH Early Intervention Program continues to assist in reducing the number of standard claims by providing support and assistance to managers and staff in returning injured workers to the workplace, and we received the 'Employer Excellence in Return to Work' WorkSafe Award in 2016. The RCH Employer's Performance also remains low and, with a figure of 0.370, the RCH is performing 62.94 per cent better than the industry average.

This year, we also introduced static security guards in the Emergency Department (ED) and one-way viewing into the ED waiting room.

...we received the 'Employer Excellence in Return to Work' WorkSafe Award in 2016.

The best investment in patient care is good culture

As demand for our services grow, the need for our people to work effectively within and across teams becomes increasingly important. The RCH is committed to ensuring we are driving a culture that supports and promotes communication, collaboration and collegiality amongst staff at every level.

To that end, the hospital has worked to engage staff in envisioning a new way of working together that everyone agrees with and commits to.

In February 2016, the RCH started this cultural shift when it launched the Senior Medical Staff-Executive Compact (SMS-Exec Compact) with a view to creating a culture that reflected unconditional respect, trust and cooperation.

While the SMS-Exec Compact was an agreement between senior doctors and the Executive, the RCH recognised its potential to positively affect the experience of all staff – and that of our patients and their families. Following its development, staff members expressed their desire to be part of an organisation-wide agreement about working together with mutual trust and respect.

Recognising that the best investment in patient care is good culture, in 2016 the RCH agreed to develop a Compact for all staff, known simply as the RCH Compact. Over the past year, an extensive consultation process has been underway that has enabled everyone to have their say on the RCH Compact pledges, with more than 1,700 staff participating and over 150 Compact Consultation Clinics conducted.

When it is launched in December 2017, the RCH Compact will help create a more positive work experience for all staff, and will improve our ability to work together for the good of our patients and their families.

Diversity and inclusion

RCH volunteer Vinthirraan

The RCH is committed to ensuring all patients and their families have access to accredited interpreters and culturally inclusive care, as specified in The Department of Health and Human Services' cultural diversity plan *'Delivering for diversity'*.

The RCH Interpreter and non-English speaking background (NESB) Services Department provides patients and families with in-house and on-call interpreting services.

In-house interpreters offer face-to-face services in Arabic, Assyrian, Chaldean, Lebanese, Vietnamese, Teo-Chew Cantonese, Mandarin, Somali, Tigrinya, Arabic, Italian and Turkish languages from Monday to Friday. In addition, there are 340 interpreters, offering services in more than 130 languages, on call 24/7.

Auslan and Sign Language Interpreters are also available for hearing impaired patients and families.

To support culturally-safe care, the RCH Interpreter and NESB Service provides an induction for new clinicians on how to work effectively with interpreters and on cross-cultural issues that may arise.

The RCH Diversity and Inclusion Committee provides co-ordinated and consistent advocacy for diversity and inclusion across the hospital.

This year, the RCH developed a patient diversity and transgender inclusion procedure and all relevant RCH policies have been updated to include gender identity.

340

The number of interpreters

130

The number of languages serviced

Cultural Responsiveness Plan

The RCH Cultural Responsiveness Plan guides our commitment to programs and services and stakeholder consultation and involvement in advancing the cultural responsiveness agenda. It is regularly updated to reflect our commitment to fostering and supporting a culturally diverse workforce. This year, we developed and implemented a diversity and inclusion education package to promote appropriate workforce practices in our communities.

Disability Action Plan

Victorians with a disability have the right to healthcare that is accessible, welcoming, safe and effective. The RCH strives to ensure that patients with a disability enjoy the same Great Care we offer all our patients and their families.

Reflecting the approach set out in ***Absolutely everyone: state disability plan 2017–2020***, the RCH is working to develop a disability action plan that supports, empowers and protects patients with a disability, and which enables us to continuously improve the quality and safety of care we deliver.

However, we recognise that caring for people with a disability requires a holistic approach and the RCH looks beyond our patients' disabilities to address their overall needs. For example, our Allied Health specialists work closely with patients to develop procedural support plans that address and alleviate any capacity issues they may be experiencing.

We also assist patients with limited or compromised speech or hearing to better engage with their families and healthcare providers through the provision of speech pathologists and Auslan interpreters.

Supporting patients with a disability

The RCH supports patients with a disability in a number of ways, including services such as the assessment, management, consultation, and early intervention provided by our Neurodevelopment and Disability team. We also have more than 500 Allied Health professionals providing support in areas such as audiology, educational play therapy, nutrition, music therapy, occupational therapy, prosthetics and orthotics, physiotherapy, and speech pathology.

Reducing restrictive interventions

Origami cranes made by Banskia patients

The RCH Banksia Ward is part of the Mental Health Program at The Royal Children's Hospital.

Banksia is a 16-bed inpatient unit where young people aged 12 to 18 years are assessed and treated for a range of mental health and psychological disorders.

The team comprises consultant psychiatrists, registered nurses with mental health qualifications, a psychologist, social worker, psychiatry registrar and teachers with special education qualifications.

The ward provides the least restrictive environment possible while remaining compatible with the needs and safety of young people and staff. It also aims to promote community management wherever possible.

This year, Banksia has demonstrated a consistent reduction in the use of seclusions (where a patient is confined alone in a room), despite high patient acuity and the highest monthly occupancy rates in comparison to previous years.

As a result, the use of physical restraints has fallen from an average of 9.3 incidents per month in 2015 to an average of 3.9 in 2017.

The ward has also implemented a range of proactive care management strategies to steadily reduce seclusion rates from an average of 4.8 secluded patients per month in 2014 to an average of 1.0 per month in 2017.

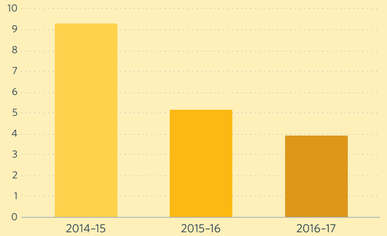
It has achieved this through a multi-disciplinary approach in assessing and treating young people admitted to the ward, including:

- routinely reviewing critical incidents that have resulted in the use of restrictive interventions and discussing what interventions could better support staff and consumers
- working on a redesign of the ward with an emphasis on reducing the need for restrictive interventions by removing blind spots and improving lighting
- introducing a structured afternoon program that provides more stability for patients, leading to a reduction in the incidences of behaviour escalation
- increasing the staffing profile of the ICU which has increased capacity to provide tailored care for young people with complex mental health issues.

4.8
DOWN TO
1.0

The average secluded patients per month reduced from 2014 to 2017.

INCIDENTS OF PHYSICAL RESTRAINT PER MONTH (AVERAGE)



Engaging the Vietnamese community in mental health

The RCH is committed to partnering with culturally and linguistically diverse (CALD) communities to deliver better and more inclusive health experiences for patients of every background.

In July 2016, our mental health service received funding from the RCH Foundation to create an online educational resource for Vietnamese families accessing our mental health services.

The Vietnamese community is the single biggest CALD group using the RCH mental health services and we identified a need to remove the language barrier that prevented these patients and their families from fully participating in their care.

A video was produced in Vietnamese that informed parents and carers about their rights and responsibilities, and this was made available for viewing on iPads in the waiting areas of our three mental health community teams.

The video has helped Vietnamese families to feel better informed and prepared before their appointment, which in turn has contributed to better health outcomes and higher quality care.

Surveys of Vietnamese parents who have used the services, as well as the wider Vietnamese community, have shown that the Vietnamese language video has been a useful source of information. All 42 respondents said it helped them feel more comfortable using the RCH mental health service and most of the respondents believe it explained their rights and responsibilities well.

In addition to the Vietnamese language video we are also producing Vietnamese translation for our general service information brochure titled *'What to expect at our mental health service?'*.

Plans are now under way to produce a Cantonese version of the parents' rights video and to have more brochures translated into foreign languages.

Strengthening our response to family violence

360
staff have participated in the training program

Family violence affects one in three women, with more than 50 per cent caring for children at the time the violence. It is a serious health issue that is linked to child abuse and neglect, vicarious trauma and disrupted attachment in children exposed to it. There is clear evidence that exposure to family violence is linked to adverse health outcomes throughout a child's life.

In 2015, the Department of Health and Human Services (DHHS) launched its Strengthening Hospitals Response to Family Violence Project (SHRFV) and the RCH Family Violence team has played an active role in adapting the SHRFV approach to reflect the needs of children and young people.

The team has found other opportunities to increase staff awareness of family violence and its impacts upon patients, their families and staff, including presentations to Tuesday's nursing forums and a plenary session at the 2017 RCH Bioethics conference.

This activity has been managed by a designated Project Officer within our Social Work team and overseen by the RCH Family Violence Steering Committee, and key achievements include:

- In February 2017, the project was launched at Grand Rounds by Professor Kelsey Hegarty, Professor of Family Violence Prevention at The University of Melbourne and The Royal Women's Hospital.
- A training module to identify and respond to RCH patients and their families affected by family violence was developed and piloted with staff in the RCH ED and Neonatal Intensive Care Unit. The training has been supported and enhanced by engaging all RCH staff, delivering information sessions to key managers, executives and board members, and consulting with the RCH Family and Youth Advisory Councils.
- A review of the existing RCH procedure for responding to patients experiencing family violence is underway and expected to be launched in October 2017. This procedure complements the training program, by providing resources and pathways for staff who have identified family violence concerns around a patient or their family.
- A procedure for responding to staff experiencing family violence was launched in October 2017 and is now available on the RCH Intranet. It outlines the RCH's responsibilities and how managers can support employees in these circumstances. All Enterprise Agreements covering RCH employees now include a clause outlining the hospital's responsibilities to employees who may be impacted by family violence.
- The project is being evaluated by RCH-wide staff surveys, data collection on referrals of family violence concerns to the Social Work department, and pre- and post-training surveys. To date, more than 360 staff have participated in the training program and referrals to the social work service have increased as a result.
- The RCH Family Violence team continues to pursue Great Care outcomes for our patients and has worked to develop key partnerships and professional connections with specialist family violence services and representatives that support this goal, as well as with other leading paediatric hospitals globally.

The RCH will expand the project significantly over the next two years, with the aim of training all hospital staff by the end of 2019. As a result new staff will be employed to facilitate the additional training and support the anticipated increases in demand on social work services.

1 in 3
The number of women affected by family violence

RCH nurse Justine

ZERO HARM

We are committed to delivering evidence-based and safe care to our patients

Patient safety and the EMR

The RCH Electronic Medication Record (EMR) supports 'zero harm' in the hospital, with improved quality and safety in medication management, monitoring patients, and early response to adverse events.

The RCH launched its Electronic Medication Record (EMR) on 30 April 2016, becoming the first paediatric hospitals in Australia to replace paper-based medical records with a comprehensive state-of-the-art electronic record.

The EMR supports the hospital's commitment to delivering evidence-based and safe care to all our patients, with improved quality and safety in medication management, monitoring patients, and early response to adverse events.

The EMR has improved communication among doctors, nurses, allied health professionals and the rest of a patient's care team, helping them deliver even safer care. It has also ensured the RCH is developing clearer, trackable and more easily monitored patient pathways.

Medication safety

The EMR supports clinicians to safely prescribe, order, reconcile, dispense and record the administration of medicines.

Accompanying the introduction of the EMR were new patient ID bands with a barcode to enable 'smart matching' with the medical record. The system checks the correlation between the information on the ID band and the patient information in the EMR and this has reduced the risk of patients receiving the wrong treatment or medication.

The system supports improved accuracy and visibility of medication information being communicated between the child's treatment team. This helps ensure that the prescribed order is appropriate and in the correct dose for the child's height and weight, and that there are no adverse interactions with other mediations.

Throughout the patient care journey, staff consistently check the patient's ID band to ensure that the patient they are intending to treat, matches the patient record in the EMR and the right treatment is being given to the right person.

Charting safer patient care through the EMR

The introduction of the Victorian Children's Tool for Observation and Response (ViCTOR) charts have enabled the RCH to more effectively monitor any deterioration in a patient's condition through the EMR.

The ViCTOR charts provide a colour-coded trigger warning that quickly indicates a deteriorating patient.

When a patient's charted observations enter the Orange Zone on their EMR, staff are alerted to increase the frequency of observations and conduct either a nursing review or a non-urgent medical review.

If the patient's observations enter the charted Red Zone, then a Rapid Review or a MET Call is made. A Rapid Review must occur within 30 minutes of a call being made and only when a child is stable enough to wait for the ward medical team to respond. If there is a deterioration of the child's clinical state or a review is not available, then the Rapid Review escalates to a MET Call.

Making a MET call

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

Families can make a MET call at any time of the day or night if they are worried about a sudden change in a patient's condition.

There are two ways to do this:

- As a staff member to make a MET call by alerting them directly or by pressing the nurse alert button or emergency bell at the end of the bed.
- Dial 777 from any telephone at the RCH. Provide your ward and room number, and ask the operator to make a MET call.

Supporting our staff to respond to deteriorating patients

The RCH Trauma Simulation program provides training that helps staff recognise a deteriorating patient and deliver immediate management of the situation, including how to work as a team and making the clinical decisions necessary in transitioning from basic to advanced paediatric life support.

Avoiding adverse outcomes

When a clinical incident results in an adverse outcome for a patient, RCH staff (in accordance with the RCH Open Disclosure Procedure) are required to inform the patient's family of the event.

Once all appropriate steps have been taken in response to the incident, an incident report is completed in the Victorian Hospital Incident Management System (VHIMS). The incident response is also recorded to ensure we are continuously reviewing and improving our approach to patient safety and identifying strategies to reduce the risk of similar incidents in the future.

The details of all critical incidents are reported in the monthly RCH CEO Scorecard and each case a critical incident review is undertaken, with the outcome and any associated recommendations presented to the Patient Safety Committee.

In 2016–17 a total of 73 clinical incidents were reviewed in detail to identify opportunities for improvement. These reviews resulted in 169 recommendations for improving our systems in relation to patient safety.

One example of this work was the recommendation and implementation of a banner in the EMR, clearly indicating when a patient's charted observations have entered the Red Zone in the ViCTOR Chart, requiring a MET call or a Rapid Review.

169

The number of recommendations for improving our systems in relation to patient safety

End-of-life care

A recent review of advance care planning over a 10 year period has revealed that fewer terminally ill children are now dying in the intensive care environment, with 95 per cent of children receiving end-of-life care on wards being supported by a palliative care team.

Conversations about dying are now occurring earlier in the child's illness and it's important that we are able to deliver safe and high quality end-of-life care for our patients and their families when it is needed.

We have a number of policies in place, including '*The Death of a Child*' and '*Withholding and Withdrawing Life-sustaining Treatment – Decision Making*', to assist staff support families in this process.

The RCH is also engaged in a number of partnerships and collaborations that have enhanced our ability to deliver compassionate safe and high quality end-of-life care for our patients.

Victorian Paediatric Palliative Care Program

The RCH, together with Very Special Kids and Monash Health, is a member of the Victorian Paediatric Palliative Care Program (VPPCP). Staffed by a multidisciplinary team of medical, nursing and allied health specialists this service supports end-of-life care by assisting with symptom management, advance care planning, practical and social support, links to community services and bereavement care.

A medical consultant is available 24/7 to provide advice about any aspect of palliative care, including Symptom Management Plans which are created for all children with active symptoms. These plans are available in the EMR and help guide ward staff in the provision of high quality symptom management.

The VPPCP is well integrated into the RCH and works with all teams who care for children at the end of life. The team is present at key meetings to optimise communication and care planning.

Quality of Care Collaborative

The RCH is part of a highly successful national project to improve education and training around end of life care.

This Commonwealth-funded project is called the Quality of Care Collaborative – Paediatric Palliative Care (QUOCCA) and provides funding for a nurse educator dedicated to building the knowledge and skills of health professionals in children's palliative care at the RCH and beyond. The project has just completed its third year and has just been funded for a further three years.

RCH palliative care registrar Naomi, with RCH nurse Simone

Thinking Ahead

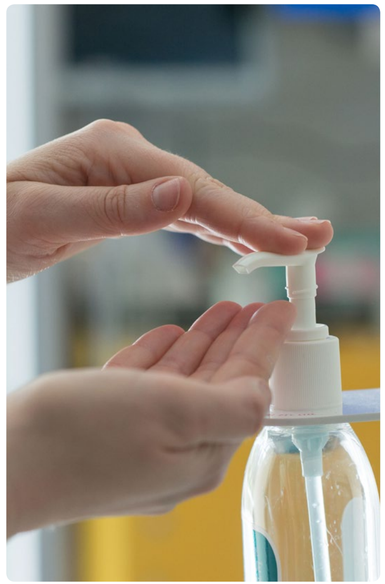
The RCH has led a project funded by the Victorian Department of Health and Human Services to develop a framework for advance care planning in paediatrics.

Known as Thinking Ahead it is comprised of a policy document, a framework to guide paediatricians through decision-making with families, and a discussion guide with suggested ways of framing and phrasing the discussion. A series of triggers of advance care planning have been identified and incorporated into the resource.

Thinking Ahead will soon be available on-line and as a mobile phone application. A series of videos demonstrating communication skills is in production to assist with education.

Infection prevention and control

The RCH is committed to minimising the risk of transmitting infections to patients. The most effective strategy to minimise infections is to ensure that visitors and staff perform thorough and correct 'hand hygiene' practices before and after visiting a patient.



RCH hand hygiene compliance

Last year, the RCH recorded 83.3 per cent against a state-wide target of 80 per cent.

RCH SAB rate

The RCH achieved one incident of Staphylococcus Aureus Bacteraemia (SAB) per 10,000 Occupied Bed Days (OBD); against the national benchmark of no more than two incidents per 10,000 OBD.

RCH Intensive Care Unit Central Line Associated Blood Stream Infections (CLABSI) per 1,000 device days

The RCH Intensive Care Unit (ICU) achieved a rate of 2.2 CLABSI per 1,000 line days, which is slightly above the five year aggregate of 1.9 per 1,000 line days.

ICU staff have been targeting a number of quality improvement strategies to deliver better outcomes for their patients, including auditing of practices and feeding back issues to clinical staff. The educational focus has been on appropriate hand hygiene, skin and line access disinfection and frequency of dressing changes.

Each infection is reviewed by the treating teams and Infection Prevention and Control to determine any trends and preventable factors. If an increase in hospital acquired CLABSI is discovered on a ward, then the Infection Prevention and Control team initiate an immediate assessment and action plan.

83.3%

The percentage of RCH hand hygiene compliance against a state-wide target of 80 per cent.

Falls and pressure injuries

RCH patient Aaliyah

Falls and pressure injuries

The National Standards for Safety and Quality in Health Service Standards *Standard 8: Preventing and Managing Pressure Injuries* and *Standard 10: Preventing Falls and Harm from Falls* do not have any paediatric benchmarks.

The RCH is actively working with other paediatric centres in Australia to establish relevant targets and benchmarks, through discussions with Children's Healthcare Australasia.

We now use the EMR to monitor compliance with our completion of falls and pressure injury risk assessments and care plans.

We are also improving our communications with consumers about how to prevent falls in hospital and at home, and a short video on this topic was created and shared on the RCH Facebook page.

Blood and blood products

The RCH is committed to ensuring that we manage the use of blood products in a responsible way. Two programs that help us to achieve this are:

1: Blood product wastage

The hospital has robust systems to manage the issue of blood for transfusion and ensure that it is distributed to the clinical areas in a way to reduce the risk of blood wastage. Our data shows that we are well below the state benchmark for units of blood issued, but not used.

There are a number of factors that prevent a zero wastage rate. For instance, some blood groups are less common and harder to use, products taken out of refrigeration for more than 30 minutes and not used must be discarded, and platelets only have a shelf life of five days.

About 25 per cent of the loss in frozen product occurs as a result of leakage when thawing, and the rest is often caused by trauma or the patient improving and meaning the frozen product is no longer needed.

DAPI (Discard as a proportion of issue)

PRODUCT	RCH DAPI % 1.04.17 – 30.06.17	RCH DAPI % 12 MONTH AVERAGE	BENCHMARK 2016–17	DISCARD COST ($)	VIC DAPI %	NATIONAL DAPI %
Red cells	1.4	1.8	2.5	$5,262	2.1	2.4
Platelets	5.5	7.0	12.0	$23,288	10.4	12.6
Fresh frozen plasma	7.5	5.9	10.0	$3,787	10.1	10.2

Immunisation

The Australian Healthcare Infection Control Practices Advisory Committee considers annual immunisation of healthcare workers to be the most efficient method of preventing influenza infection and minimising exposure to vulnerable patients.

The Department of Health and Human Services has a target that at least 75 per cent of staff at Victorian health services should receive influenza vaccination each year. In 2016–17, the RCH achieved 89.3 per cent staff influenza vaccination rate, following an internal campaign and immunisation program *'Get the Jab Done'*.

2: Cell Salvage Program

Cell salvage is the process of recovering blood lost during surgery and re-infusing it into the patient. This process has a number of benefits to the patient including reduction of the risk of transfusion reaction, but also benefits of using precious blood resources effectively. In 2016–17, the RCH used this cell salvage procedure in 161 surgical cases. This equates to:

A total of **49,148mls** were returned to the **149 patients** who received re-infusion

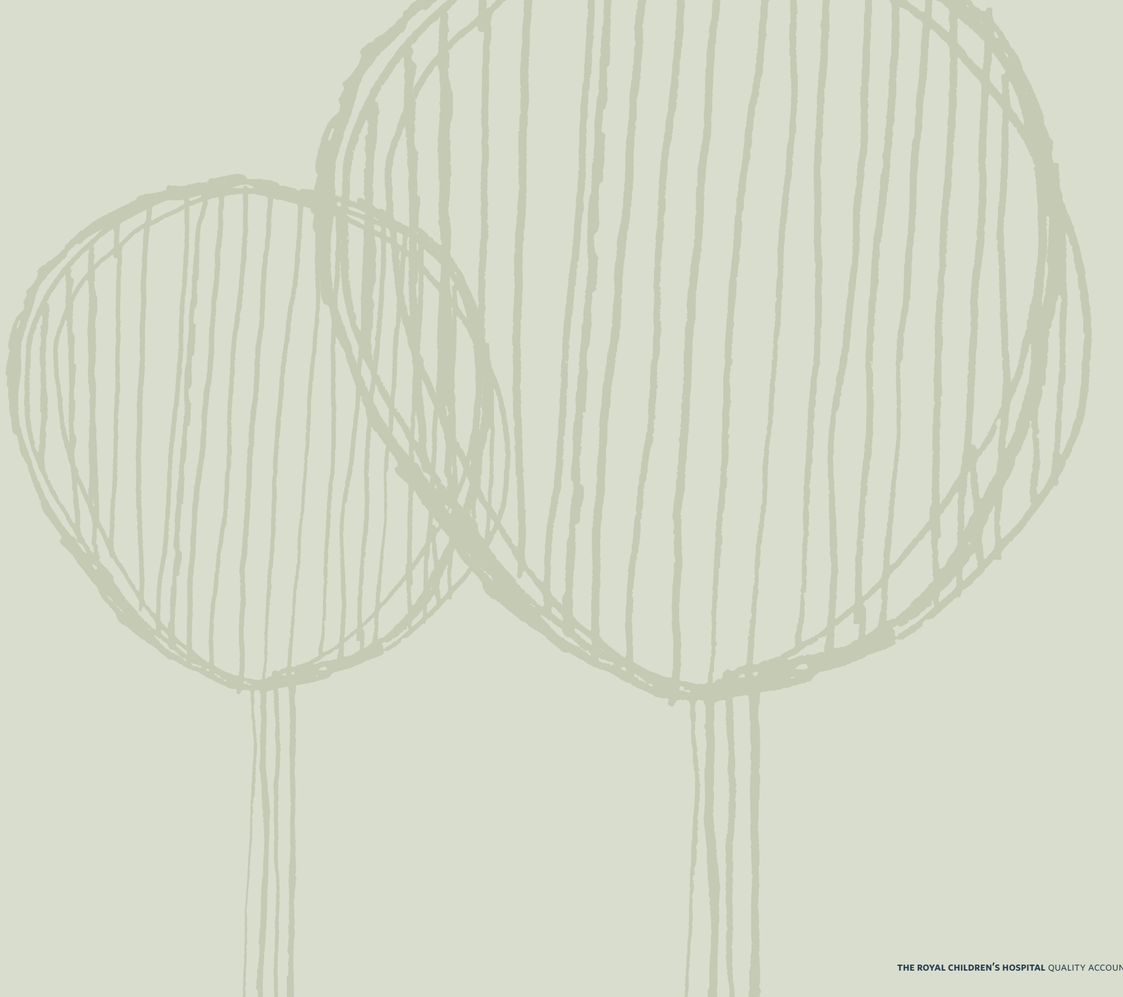
This volume represents approximately **189 adult red cell units**

(approximate volume of red cell unit = 260mL)

This represents a potential cost saving of **$77,992**

(Cost of $412.66 per unit of red cells)

RCH patient Oliver, with RCH pathology collector Penny



RCH Model of Great Care

SUSTAINABLE HEALTHCARE

We are committed to delivering a sustainable healthcare system that ensures we provide Great Care now and into the future

Building a digital hospital

RCH emergency nurse Kristie

The RCH is becoming a truly digital and data-driven hospital, enabling us to provide better patient and family engagement, with new technologies and designs standards in healthcare research and education that are enabling us to create a more sustainable health service.

In 2016, recognising it could not aspire to be a GREAT children's hospital if it continued to rely on paper-based records and outdated systems of communication, the RCH became the first paediatric hospital in Australia to fully transition to an Electronic Medical Record (EMR).

In March 2017, following a detailed assessment by the Healthcare Information and Management Systems Society (HIMSS), the RCH became the first healthcare service in Australia to achieve a stage six rating for its EMR for both inpatient and outpatient areas.

This transition to an EMR has contributed to a number of clinical, financial and productivity benefits being realised since its implementation. These include more patients treated, shorter hospital stays, improved WIES per patient, and significant reductions in administration and IT support costs.

The EMR has also enhanced our ability to engage patients and their families through the introduction of our My RCH Portal. This online patient interface with our EMR is unique in Australia and more than 5,600 subscribers now use it to access aspects of their medical records directly. The RCH is now also able to offer shared healthcare providers with read-only access to their consenting patient's EMR through RCH Link.

In 2017, the RCH Foundation agreed to fund the establishment of a Digital Command Centre that will help us realise the EMR's full potential. By aggregating data such as emergency surgery workloads and state-wide intensive care capacity around the clock, the centre will improve efficiency, productivity and timely access to clinical care across the hospital.

Using big data to improve access

Outpatient clinics at the RCH see around 322,250 outpatients a year, with the demand for services growing and families often facing long delays for an appointment.

The Failure-To-Attend (FTA) rate in General Medicine outpatient clinics fluctuates between 14–18% resulting in wasted appointments, under-utilised clinician time, increased workloads for both clinical and administrative staff, and longer waiting times for patient families.

This led the RCH and Healthcare Resource Optimisation (with funding from Better Care Victoria) to develop a software application that can analyse appointment data and forecast cancellations.

The initial 12 week trial showed an eight per cent increase in patients seen and the General Medicine waiting list has been reduced by 153 patients in total. During the initial phase of the trial consumer experience also improved, with 85 per cent of respondents either 'very satisfied' or 'somewhat satisfied' with the experience. The project has also generated over $8,000 of income for General Medicine through better utilisation of existing resources.

Regular participation in events hosted by Better Care Victoria has allowed us the opportunity to keep other Better Care Victoria projects informed of our progress and outcomes, and we have had interest in the project from a variety of other organisations who experience similar problems. As part of our reporting to Better Care Victoria we will be providing a roadmap explaining the steps required for an organisation to use this approach and, potentially, the application which has been developed.

Accreditation

The RCH is always working to improve our standards and ensure that we can continue to deliver the safest, highest quality care for our patients well into the future. One of the ways we do this, is through our accreditation programs which are reviewed by a range of external accrediting agencies.

In 2016–17, the programs listed to the right were reviewed against national standards and all achieved on-going accreditation status.

How accreditation helps us improve

We are continuously reviewing and responding to recommendations that arise as part of our ongoing accreditation activities.

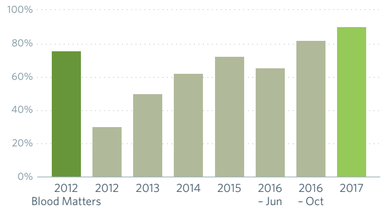
For example, in our 2015 Organisational Wide Survey, it was recommended that 'informed consent is undertaken and documented for all transfusion of blood and blood products in accordance with the informed consent policy of the health service organisation'.

With the implementation of the EMR, the RCH developed a separate consent form for blood and blood products. When blood products are requested, a prompt in the EMR reminds clinical staff to complete a consent form and provide the patient with information about the blood transfusion process.

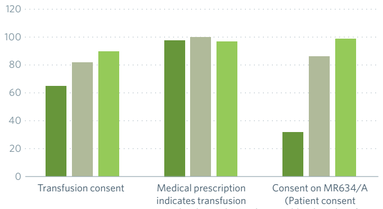
Regular audits have monitored the improvements seen as a result of the interventions and this recommendation was closed out at the RCH Periodic Review in 2017.

ACCREDITATION PROGRAM	ACCREDITING AGENCY	OUTCOME
RCH Periodic Review EQuIPNational	Australian Council for Healthcare Standards (ACHS)	Accreditation achieved
Mental Health Services National Standards Mental Health	Australian Council for Healthcare Standards (ACHS)	Accreditation achieved
Laboratory Services ISO15189:2013 Medical laboratories- requirements for Quality and Safety.	National Association of Testing Authorities Australia (NATA)	Accreditation achieved
Children's Cancer Services, Apheresis Service Centre for International Blood and Marrow Transplant Research (CIBMTR)	CIBMTR	Accreditation achieved
Medical Imaging Diagnostic Imaging Accreditation Standards (DIAS)	National Association of Testing Authorities Australia (NATA)	Accreditation achieved

TRANSFUSION CONSENT



TRANSFUSION CONSENT AND PROVISION OF TRANSFUSION INFORMATION



Caring for our environment

Recycling at the RCH

The RCH is committed to reducing our environmental footprint and helping the Victorian Government achieve its target of a 20 per cent reduction in carbon output by 2020.

Over the last five years, the RCH has introduced close to 30 energy initiatives that have helped us enhance the sustainability of our state-of-the-art building and reduce our carbon footprint, enabling us to realise significant savings in our energy consumption.

The RCH Facility Management Department and RCH Support Services continue to work closely with our facility managers Spotless and representatives from DHHS to identify areas of improvement. A number of new programs will be introduced over the coming months, including:

- increased recycling initiatives across all areas of the hospital, as well as enhanced waste management and segregation in our general waste and recycling program
- implementation of PVC recycling across all inpatient and clinical areas of the Hospital
- identification and changeover to energy efficient LED lighting where possible
- changes to lighting schedules and air handling operations to ensure optimum running temperatures and utilisation
- changes to the temperature control for public spaces to allow floating temperature in line with natural ambient temperatures
- ongoing operational changes to the plant and mechanical systems across the building to ensure optimum efficiency is achieved
- improved purchasing strategies to ensure energy efficient models are implemented where possible.

440

The number of landfill waste tonnes in Jan–May 2017 reduced from 455 tonnes in Jan–May 2016

Perioperative recycling at the RCH

The RCH Perioperative staff have undertaken a significant project within our operating theatres to improve our recycling by identifying existing waste streams and introducing new waste streams, including the recycling of PVC and Kimguard.

The success of this project has ensured that recycling is now business-as-usual in theatres and led to similar projects now being rolled out across other areas of the hospital.

Current data reflects that this project made a significant contribution to reducing our general waste and increasing co-mingled recycling.

11,088

The number of co-mingled recycling units in Jan–May 2017 increased from 632 units Jan–May 2016

172172

Melbourne Children's
A world leader in child and adolescent health

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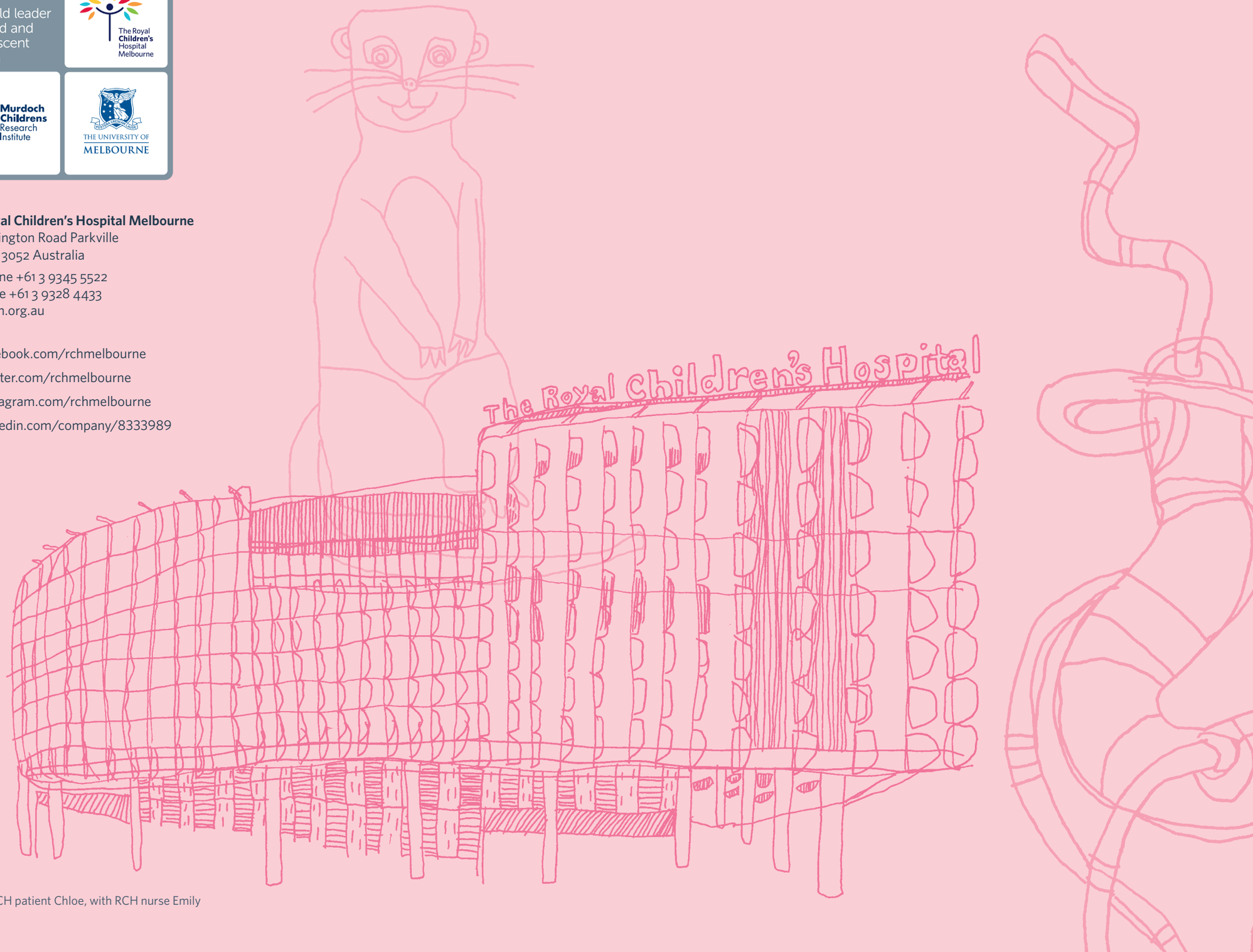

Cover: RCH patient Chloe, with RCH nurse Emily