



™  
The Royal  
Children's  
Hospital  
Melbourne



Quality Account 2018-19

Delivering Great Care, Everywhere





## CONTENTS

|  |           |
|--|-----------|
| CEO Welcome .....  | 3         |
| <b>CONSUMER, CARER AND COMMUNITY PARTICIPATION</b> ..... | <b>5</b>  |
| Making healthcare a positive experience .....            | 6         |
| Leaving hospital is a team effort .....                  | 8         |
| Respecting gender diversity .....                        | 9         |
| Giving families a voice in healthcare .....              | 10        |
| Tell me what's happening .....                           | 12        |
| Breaking down barriers .....                             | 14        |
| <b>QUALITY AND SAFETY</b> .....                          | <b>17</b> |
| Responding to concerns .....                             | 18        |
| Taking a break at home .....                             | 20        |
| Better access for day procedures .....                   | 22        |
| You said ... we did .....                                | 23        |
| People matter .....                                      | 24        |
| A clean bill of health .....                             | 26        |
| When things go wrong .....                               | 27        |
| Put your hands together .....                            | 28        |
| Keeping the hospital flu-free .....                      | 30        |
| MET calls save lives .....                               | 31        |
| When rapid action is vital at night .....                | 32        |
| Reducing restrictive interventions .....                 | 34        |
| Do you know me? .....                                    | 36        |



## 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



**I am pleased to present The Royal Children's Hospital (RCH) Quality Account 2018-2019, which shares our achievements in providing great care for children and young people during another year of intense activity and innovation.**

This year, we released the RCH's strategic plan for 2019-21: *Great Care, Everywhere*. This plan reflects our commitment to maintaining quality care within the hospital while also identifying new opportunities to support better health and wellbeing outcomes for children and young people everywhere. To generate this exciting plan, we consulted widely with many of our people, patients, families and partners across the health sector.

We were thrilled to be recognised at the 2018 Victorian Public Healthcare Awards, where the RCH National Child Health Poll was the joint winner of the Minister for Health's Award for improving children's health. The RCH Gender Service, which continues to lead the world in caring for transgender children and adolescents, was also recognised as the joint winner of the Minister for Mental Health's Award for excellence in supporting the mental health and wellbeing of Victorians.

We have showcased our Electronic Medical Record (EMR) in past Quality Accounts so I'm delighted to report that in November 2018, we were Australia's first hospital to achieve a Stage 7 rating from the Health Information Management Systems Society (HIMSS) for our Ambulatory EMR. This is the highest level of international best practice in digital healthcare and reinforces the significant role digital technology is playing in improving how we deliver care at the RCH. We continue to partner with Melbourne Health, The Peter MacCallum Cancer Centre and The Royal Women's Hospital to create a precinct-wide EMR that will connect our health services together in early 2019 for the benefit of shared patient care.

We also received the Victorian Healthcare Association's inaugural Digital Health Innovation Award and the Asia Pacific HIMSS-Elsevier Digital Healthcare Award (Outstanding ICT Achievement)

for our Victorian Children's Tool for Observation and Response (ViCTOR)/EMR project. This uses a visual aid in the EMR to help detect patient deterioration and is now the standard of care for all Victorian hospitals who care for children and young people.

We were also recipients of the 2019 Asia Pacific Hand Hygiene Excellence award, recognising our 'innovation, excellence and enthusiasm in improving patient safety'.

Over the past year we continued to work closely with our health partners in primary and community care settings to ensure that patients receive the right care, in the right place, at the right time. For example, by partnering with our colleagues at The Northern Hospital, we've been able to support patients and families from Melbourne's northern suburbs to receive care closer to home.

A significant milestone over the past year was our organisation-wide accreditation conducted by the Australian Council of Healthcare Standards. Accreditation involves independent assessment on how we meet certain performance standards and how we continuously improve what we do. We were delighted when we were awarded full accreditation against the 148 requirements with no recommendations for remediation work.

Our people underpin our ability to support the delivery of *Great Care, Everywhere*. The RCH Compact, launched early last year, is a series of pledges that outline how our people will behave and work better together. I am proud that the Compact is now a central pillar of the RCH culture, where assessors at our accreditation survey specifically commented on the commitment of all of our teams, and our positive culture focussed on providing patient-centred, safe and effective care.

The RCH Board is absolutely committed to quality improvement and ensuring that patients, families and consumers have a strong voice in all that we do. On their behalf, I'd like to take this opportunity to acknowledge and thank our dedicated team of staff, volunteers, consumer representatives, and supporters, whose commitment, skills, compassion, generosity and support continues to be the driving force behind our hospital's success.

I would also like to acknowledge the support of our campus partners and the generosity of the RCH Foundation that has made many of these achievements possible.


As the RCH prepares to mark its 150th anniversary in 2020, we remain focussed on honouring our long history of caring for Victoria's sickest children and young people by working to improve paediatric care everywhere.

**John Stanway**  
Chief Executive Officer



## **CONSUMER, CARER AND COMMUNITY PARTICIPATION**

Together we empower patients, families and communities to make informed decisions about healthcare, providing a positive experience for all.



# Making healthcare a positive experience

The Victorian Healthcare Experience Survey (VHES) asks patients and families about their experience in our hospital or Emergency Department. All replies are anonymous.

During 2018-19, the survey results showed that overall, 98 per cent of patients and their families found their experience at the RCH to be 'positive'.

But we know we can always do better. We identified a few key questions in the surveys and focused on making improvements in those areas.

## Right care, right place, right time

Our Emergency Department is one of Victoria's busiest, treating up to 350 young patients a day. It can get very busy at any time of the day or night. Facing a long wait can be extremely stressful and frustrating for sick patients and their families — and challenging for our dedicated Emergency team. Our survey results showed that we could improve our performance in Emergency by reducing the waiting time, checking on each patient's condition while in the waiting area, and providing better care for waiting patients and their families.

We have streamlined communication, assessment and treatment within the Emergency Department to reduce waiting times. In 2018-19:

**15%**

increase in the number of VHES respondents who said they received information about the wait time in Emergency.

**26%**

increase in the number of VHES respondents who said someone checked on their child's condition while waiting in Emergency.

## Reducing wait times

Assessment and treatment for Emergency patients with urgent care requirements is being delivered faster and safer through RAPID (Rapid Assessment, Planning, Investigations and Discharge), a new system that is making a big impact on waiting times in Emergency.

### How RAPID works

Covering the peak 12-hour arrival time (10am to 10pm), the RAPID team works out of the Emergency waiting area.

The team is led by an experienced paediatric emergency physician supported by a nurse practitioner, junior medical officer and emergency nurse. As early expert assessment is critical in treating children, the team helps speed up the process by assessing the patient's condition shortly after arrival, getting care started, organising any necessary tests, answering questions and concerns, and carrying out emergency treatments. For example, the team may provide pain relief and arrange an x-ray before a more detailed assessment is made. The RAPID team also escalates any further care that may be needed, arranges early discharge if possible and monitors patients in the waiting room at times of peak demand and long waits, improving overall safety.

Where appropriate, the RAPID team may ask families and carers to support their child's treatment, for example, recording on a chart how much fluid they are able to give their child with 'gastro', which further assists in streamlining care.

The innovative RAPID model of care was designed to serve the particular needs of RCH Emergency patients. It has attracted interest from major children's hospitals around Australia.

Thanks to RAPID, visiting Emergency at the RCH is now a better experience for many patients and their families — less stressful, more streamlined and efficient, less crowded and more welcoming. Our Emergency staff are feeling the benefits too, reporting greater satisfaction with their working environment and their ability to deliver great care.



#### WHAT FAMILIES SAY ABOUT RAPID

'The whole process took little over an hour, which seems remarkable to me. Thank you for the wonderful service you provide.'

'We had expected a long wait. The RAPID system was fantastic. It was so quick and efficient that we had the kids home, fed and settled in bed only an hour later than usual. We are very grateful.'



# Leaving hospital is a team effort

**No one likes waiting around for hours after being told they can go home from a stay in hospital, and patients and families have told us that we could improve the way we involve them in their arrangements for discharge.**

When our medical and allied health staff who work during the day go home, our After Hours hospital team steps in. This multidisciplinary team of doctors, nurses, social workers, and occupational therapists works across the hospital. With a view to making improvements, the team looked at the feedback on discharge arrangements and implemented a series of after hours huddles as a way of building a stronger, more focused and dynamic After Hours team to support improved communication with patients and families, day and night.

At four different times between 7pm and 5am each night, the After Hours clinical team meets in a central place within the hospital (a huddle) to communicate and resolve key issues, including any patients who are ready to go home and whose discharge arrangements need to be prioritised. The After Hours lead doctor then works with the patient, their family and their care team to support an early morning discharge.

The impact of improving communication across 24 hours and across the different health care teams is reflected in the increased satisfaction families experience with discharge arrangements. VHES results for 2018-19 show that 72% of families report having a 'Good' or 'Very Good' experience of RCH discharge arrangements, compared with 67% in the previous year.

## A better experience for everyone

Huddles are a winner for both families and staff. Families are more involved in discharge and can make accurate arrangements for pick up from hospital and travel home. Staff can also make bed space available faster for patients who need to be admitted to wards, decreasing their waiting times.

'I want to express my appreciation to the motivated medical leads who manage to personally review, reassure and discharge multiple patients and their families before 7 o'clock in the morning. This makes a huge difference.'

Our teams work continuously to improve patient experience, as reflected in our Victorian Healthcare Experience Survey results. In 2018-19:

98%

of respondents reported a positive patient experience, against a target of 95 per cent.

67%

of respondents reported a very positive response to questions about discharge care, against a target of 75 per cent.

81%

of respondents reported a perception of hospital cleanliness, against a target of 70 per cent.

52%

of respondents said they were involved in decisions related to discharge from hospital, against a target of 80 per cent.

82%

of respondents said they were given sufficient information about managing their child's care at home, against a target of 81 per cent.

# Respecting gender diversity

**The RCH actively contributes to building capacity of consumers, carers and community members to participate fully and effectively in their healthcare. Most children begin expressing their gender identity at two to three years of age through their preferences for particular clothing, toys and interests. Many transgender or gender diverse children also express their gender identity around this time, and this may differ from what parents are expecting.**

It is normal for children to experiment with gender roles. Many children do not desire any form of transition and feel comfortable with their gender identity.

For others however, living in their birth-assigned gender role, particularly with the onset of puberty, is extremely distressing. In these cases, it is important for families to discuss with their child or teenager what they need to do to support their physical and mental wellbeing. Seeking professional help may be a key step to consider.

Being transgender or gender diverse is not a mental health problem. However, many young people with gender dysphoria experience mental health concerns. In younger children, this may show as emotional and behavioural difficulties. Teenagers living with gender dysphoria often experience discrimination, social exclusion, bullying and harassment. They also experience considerably higher rates of depression, anxiety, self-harm and attempted suicide compared with their peers whose gender identity matches their biological sex at birth.

A supportive family and school environment that affirms the child's or young person's gender identity helps protect them against these difficulties — and can improve mental health outcomes.

The **RCH Gender Service** aims to improve physical and mental health outcomes for children and adolescents who are trans or gender diverse, and to reassure families that being trans or gender diverse is part of the natural spectrum of human diversity. The service, which operates in Victoria only, sees children aged three to 17 years, by referral from a GP.

The Gender Service team includes child and adolescent clinical psychologists or psychiatrists and paediatricians who specialise in gender identity. The team works with each child or young person to assess their gender diversity or gender dysphoria. After the assessment, support and treatment pathways are proposed and discussed with the family. Treatment can take many forms and is always tailored to best suit each individual and their family.

Knowing when your child or teenager needs support can be difficult to determine. If they are showing ongoing distress about their gender, visit your GP. This is the first step to take in seeking professional help. See the **RCH Gender Service website** for more information. Information can also be found in the *Australian Standards of Care and Treatment Guidelines for Transgender and Gender Diverse Children and Adolescents* on the RCH website.



RCH patient Darcy

# Giving families a voice in healthcare

The RCH National Child Health Poll is shedding new light on the big issues that affect the health and wellbeing of children and young people across Australia.

This national online survey of 2,000 Australian households with children asks families to give their views on an important topic or theme. Past polls have addressed issues such as child bullying, flu vaccination, screen time and over-the-counter medicines.

The poll website, **RCH National Child Health Poll**, publishes the results of each quarterly poll, with helpful information and tips for families, and useful links to further information and support.

## What did we ask last year?

In 2018-19, the RCH National Child Health Poll asked Australian families about:

Child Behaviour: How are Australian parents responding?

Travelling to school: Habits of Australian Families

Car Seat Safety: Are Australian Children Safe?



Car Seat Safety: Are Australian Children Safe?

## Encouraging independence... and health

Our Travelling to School: Habits of Australian Families poll found that over 71 per cent of Australian school children don't regularly walk or ride to school, and nearly 60 per cent of school children are driven to or from school by car.

Poll Director and RCH paediatrician Dr Anthea Rhodes says work and life pressures make it hard for parents to walk or ride with their children to school. 'But even one day a week of active travel to school is better than none at all.'

'Walking or riding to school is a healthy habit — even if you drive part of the way and walk the rest. It lets children practise road safety and it gives you time to connect with your child.'

'Even if children walk, ride or take public transport to school once a week, they will learn independence and problem solving. It sets them up well for when they start to travel by themselves.'

The RCH National Child Health Poll is a unique way of putting the voice of Australian families and communities at the heart of the conversation on child and adolescent health. It combines the rigour of academic discovery with the reach of online research to deliver significant new knowledge about the health, wellbeing and lives of children and young people in this nation's changing and diverse society.

The poll, formerly known as the Australian Child Health Poll, is funded through The Royal Children's Hospital Foundation. The project protocol has been approved by The Royal Children's Hospital Human Research Ethics Committee.

To find out more, visit [www.rchpoll.org.au](http://www.rchpoll.org.au)

## Our growing online community

While the poll website is a useful source of information, the RCH social media channels including Facebook, Instagram and Twitter provide the key to communicating and sharing results and educational videos produced by the poll with Australian families.

**24,151**

visits to poll website in last 12 months

**2,502,389**

people have looked at poll content on Facebook

## How many people watched our Facebook videos last year?\*

CAR SEAT SAFETY: ARE AUSTRALIAN CHILDREN SAFE?

**1,658,885**



TRAVELLING TO SCHOOL: HABITS OF AUSTRALIAN FAMILIES

**19,117**



CHILD BEHAVIOUR: HOW ARE AUSTRALIAN PARENTS RESPONDING?

**69,835**



\*Figures as of 28 October 2019



# Tell me what's happening

For many of the patients and families who make up Australia's rich cultural diversity, going to hospital can be a frightening experience. Explaining what is wrong with your child and understanding how the doctors, nurses and allied health teams are going to help is more difficult when English is not your first language.

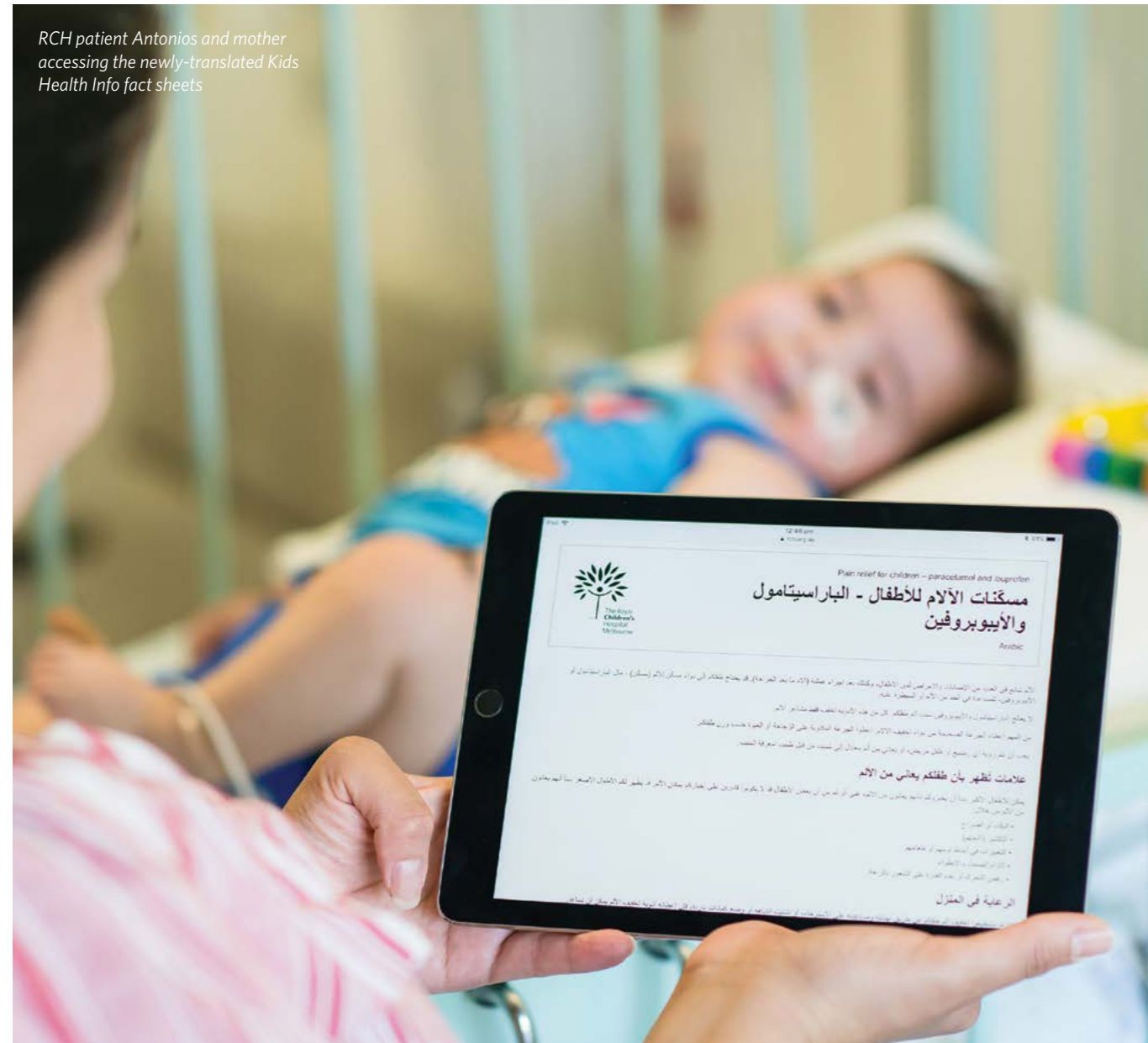
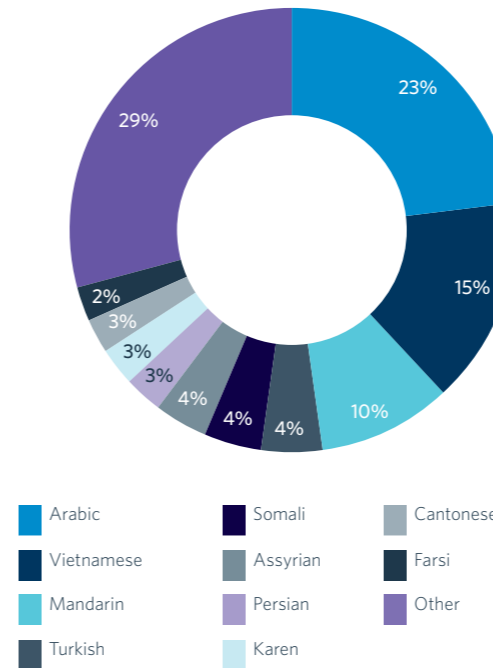
Our **Interpreter and Non-English Speaking Background (NESB) Services** department provides interpreting services across the hospital to patients and families from non-English speaking backgrounds. We work closely with our inhouse and partner interpreters, so they know how the hospital works and how to best interpret medical and treatment information so families can

understand what's happening with their child's healthcare. Our inhouse Interpreter team speaks over 10 languages and 100 dialects.

The service provides training for new staff, such as nurses, doctors, and allied health professionals, on how to engage interpreting services when providing care. The training also covers working effectively with interpreters, how to book interpreters at the hospital, and how to deal with culturally sensitive issues that may arise.

We monitor the top 10 languages spoken at home by our patients and their families. This helps us make sure we provide information tailored to meet their language needs.

## Top 10 languages



RCH patient Antonios and mother accessing the newly-translated Kids Health Info fact sheets

## Kids Health Info

More than five million people around the world access our Kids Health Info fact sheets every year. This much-loved resource is now more accessible for culturally and linguistically diverse (CALD) patients, families and community groups with 11 of our most popular fact sheets available in 10 languages: Arabic, Assyrian, Burmese, Chinese (simplified and traditional), Karen, Persian, Somali, Turkish and Vietnamese.

All 11 translated fact sheets can be downloaded and printed from the Kids Health Info webpage.

## A CASE STUDY

### Wadja supporting families far from home

It was a long trip to Melbourne for the family of a young patient from a small remote community in Arnhem Land who had been diagnosed before birth with hypoplastic left heart syndrome, a rare birth defect of his heart. Having already had surgery at the RCH when he was two days old, the 4-month old baby was returning to us for a further operation to help rebuild parts of his heart and redirect how blood flows within his body. His mother had made the exhausting journey to Melbourne two months before her baby's birth and had stayed here with him after he was born. His father and two young siblings joined them from the Northern Territory for the second operation.

As soon as the baby was admitted to the RCH, our Wadja Aboriginal Family Place stepped in to provide the family with culturally appropriate support including interpreting services, stable accommodation, assistance with documentation, food and travel vouchers, referral to the local Victorian Aboriginal Health Service and the Victorian Aboriginal Childcare Agency Family support program, transport to appointments, and childcare and medical care for the other children in the family.

In a true multidisciplinary effort, Wadja Aboriginal Family Place and the surgical, medical, nursing and allied health treating teams worked together every day to coordinate communications with the family. With additional support from the local Aboriginal Interpreting Service, the family was able to fully understand what was happening with their baby's medical care.

Following his care at the RCH, and thanks to advocacy by our teams, the baby and his family have returned closer to home to be nearer to other family members and is now being cared for by the local hospital.





## ACTION FOR INCLUSION

# Breaking down barriers

**The RCH continuously works to create an environment that is accessible, inclusive and supportive for everyone by removing unintended barriers for people with disability — from recruitment candidates and staff, to patients and their families.**

The RCH has developed a Disability Action Plan in partnership with our patients and families, staff and campus partners. The plan outlines our commitment and the actions that we will implement over the coming years which aim to achieve inclusion. Many teams across the hospital are involved in ensuring the plan is implemented effectively.

## Changing young people's lives

An innovative partnership between The Royal Children's Hospital and Holmesglen Institute of TAFE is supporting students with disabilities to gain work experience across different parts of the hospital as part of their Certificate I in Work Education.

As first of its kind in Australia, the Integrated Practical Placement Program is modelled on successful UK programs and is designed to increase employability outcomes.

The 10 students who took part in the first placement program in 2018 made the most of their placement opportunities to develop new skills and knowledge working in RCH departments including human resources, medical records, allied health, volunteer and family services, early learning centre, kitchen, mailroom and Equipment Distribution Centre (EDC). They worked in three, nine-week placements.

In an amazing result, 80 per cent of last year's students have been employed, including four students who now work at the RCH in the teams that hosted their placements. This is compared with students who studied the Certificate I in Work Education course at Holmesglen TAFE campus alone and had an employment rate around 18 per cent.

The Director of Organisational Development at the RCH, explains why this new partnership is proving to be a winner for everyone involved. 'The outcomes experienced by the students are groundbreaking, thanks to the dedication and support of our Holmesglen partners. But the RCH is also a big winner as we evolve and challenge our own perceptions of strength, capability, contribution and inclusion. We look forward to continuing to support this program in the years to come.'

This year we have 11 students on work placement at the RCH as part of the 2019 program.

The Integrated Practical Placement Program has since been highly commended at the 2019 Victorian Disability Awards for its contribution to excellence in employment for people with disabilities. It also received the Industry Collaboration Award at the 2019 Victorian Training Awards — and will represent Victoria as a finalist in this year's Australian Training Awards.



Holmesglen students Luke and Sophie

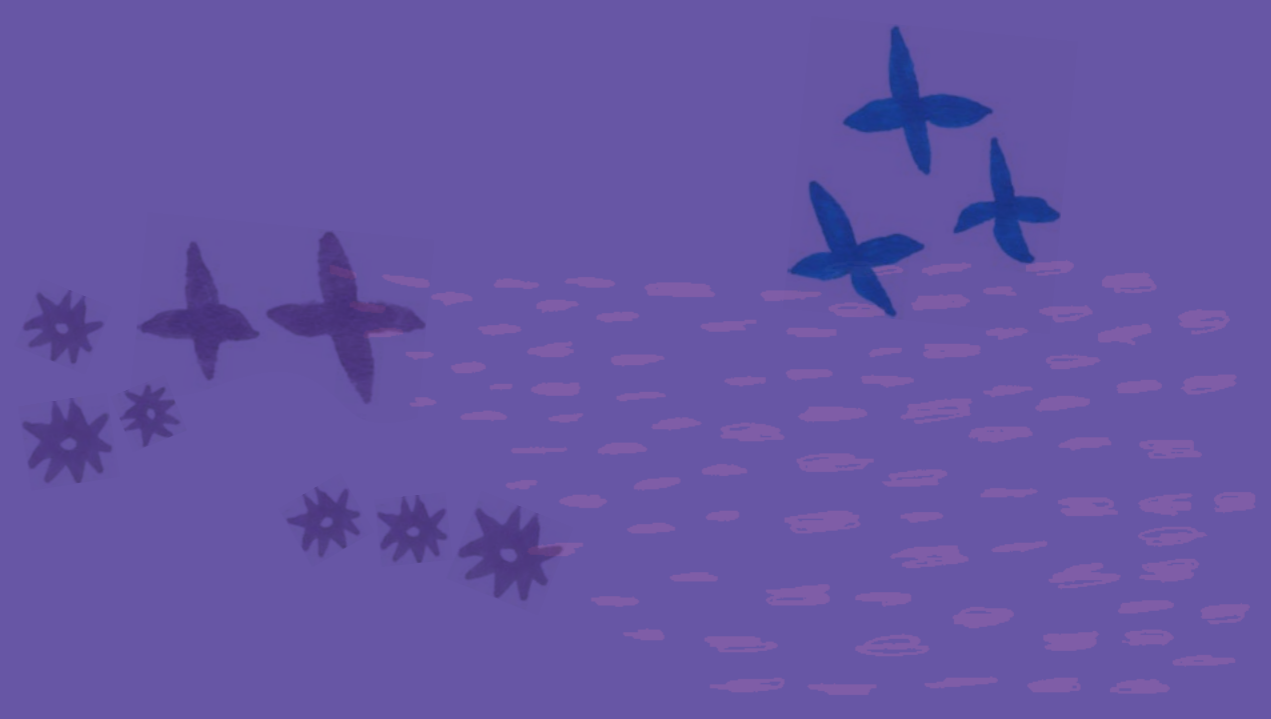
'This program is a winner. When we employed James in Support Services, it wasn't long before he had proved himself a valued member of the team. He is always happy to help out and is reliable and enthusiastic. With the growing confidence and security that regular employment brings, James has grasped every opportunity and will soon complete his traineeship as a patient services assistant.'

DOLORES GATT, MANAGER, RCH SUPPORT SERVICES



## **QUALITY AND SAFETY**

We are committed to providing safe, best-practice care for our patients and their families.





# Responding to concerns

It's always good to receive compliments about the great care we provide at the RCH. But we also want to hear about issues and concerns so we can improve how we deliver care and services to our patients and their families.

When people have complaints about the RCH and the care they received, we encourage them to raise their concerns directly with

local staff or to contact our Consumer Liaison Officer by phone, online or email.

Our social media channels Facebook, Twitter, Instagram and Google Review are popular for leaving feedback, and we monitor these and respond to individual posts daily.

## How to provide feedback

### Speak to someone locally first

This may be the treating nurse, medical team or nurse unit manager.

### Act quickly

Tell us as soon as possible so the information and what you remember is clear.

### Provide details

Tell us when, where and how the concerns or issues happened.

Explain what you want us to do to resolve your concern.

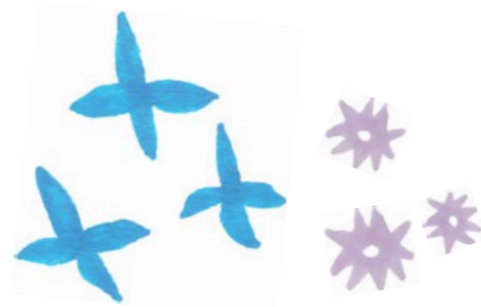
### What happens with my feedback?

The Consumer Liaison Officer will work with the relevant staff to follow up or investigate your concerns and will help coordinate a response.

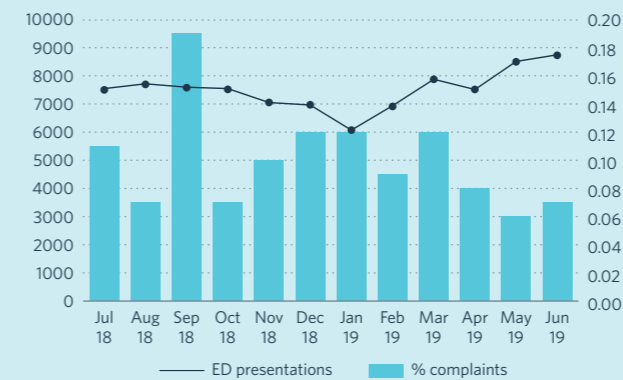
We aim to provide you with a resolution within 30 days. If your feedback has raised complex issues, it may take longer, but we will always keep you up to date with how things are progressing.

## Finding solutions

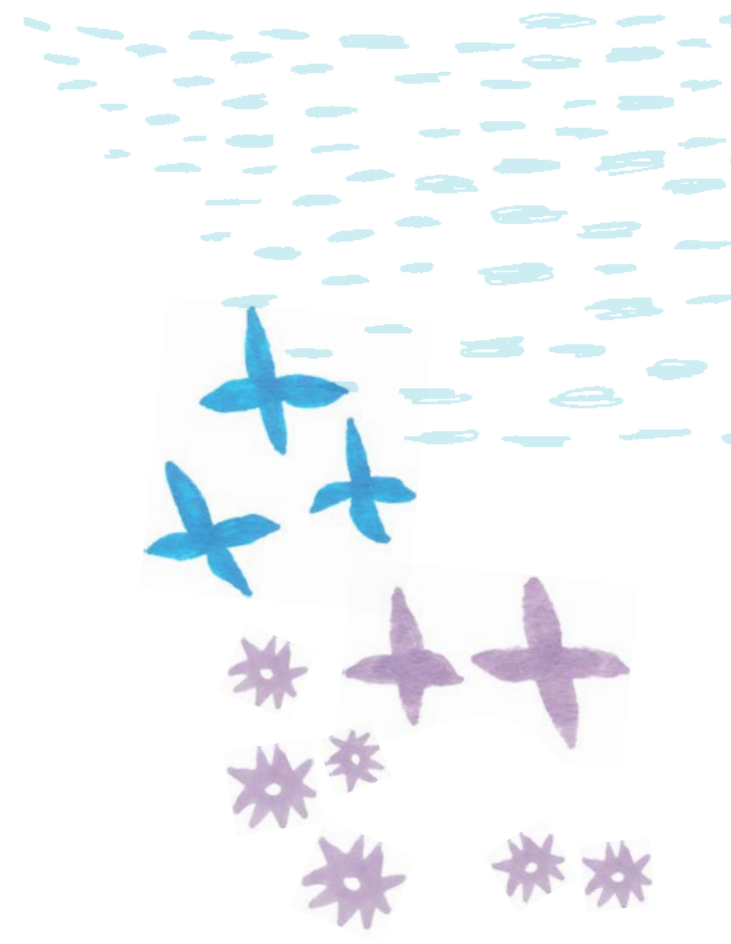
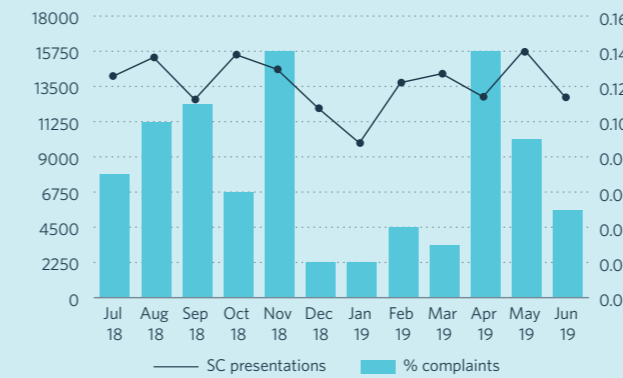
In 2018-19, we identified two complaint themes affecting busy families and their children and young people: caring for children and young people with complex medical care needs at home, and the difficulty of making appointments at weekends. To address these issues, we reorganised how we work to better support our patients and their families.



COMPLAINTS AS A % OF EMERGENCY DEPARTMENT PRESENTATIONS



COMPLAINTS AS A % OF SPECIALIST CLINICS PRESENTATIONS





# Taking a break at home

Children and young people with complex medical care needs are those who often rely on medical technology or specialised equipment to remain in their home environment. Families caring for children and young people with complex medical care needs at home can find it difficult — and exhausting — trying to balance their child or young person's care with other family responsibilities and commitments.

81

Family Healthcare Support workers trained



96

patients and families supported throughout Victoria



85%

of families have transitioned to the new model of support



In the past, Family Healthcare Support at the RCH used external agencies to provide support workers to deliver care at home for children and young people with complex medical care needs.

When these families told us about some of the problems they face every day, we listened. We saw this as an opportunity to bring this service in house.

Now, a new way of providing support is giving families time, stability and space to take a breather, knowing that their child or young person is receiving best practice care at home by either RCH staff or agency staff in some regional centres from a trained support worker who understands each individual person's care needs, and who has speedy access to the additional expertise of appropriate staff at the hospital.

## Bringing support workers inhouse

To improve and enhance the care we provide to patients with complex medical care needs, we have now trained and employed family support workers within the RCH. These staff work in collaboration with our Complex Care Hub who are a multidisciplinary team that supports and coordinates the care of children and young people with chronic and complex medical needs across Victoria. The Complex Care Hub, which includes registered nurses, doctors, medical case managers, clinical nurse consultants, social workers, physiotherapists, occupational therapists, speech pathologists, dieticians and an administration team, assesses each family's eligibility for healthcare support at home.

Family Healthcare Support workers employed by the RCH complete a thorough training program and assessment program which covers foundation healthcare and child and young person specific training. Focusing on the healthcare needs of each child, they are trained to carry out a range of support tasks. This may include tracheostomy care, ventilator support, emergency seizure management and more.

Families tell us they really appreciate the personalised and flexible care provided by our Family Healthcare support workers. For example, shift times may vary between each family to best meet the needs of the individual child or young person and their family unit. As ongoing RCH staff, the support workers can take time to get to know and understand each patient and their family, and can raise concerns quickly with the hospital should the child's condition change — bringing a familiar face and reassurance to patients with complex medical care needs and their families.

Family Healthcare Support patient Aizan and worker Emma





# Better access for day procedures

Since 1999, Day Medical Care at the RCH has grown to provide over 6,000 patient day-stay admissions each year. In the last 12 months alone, demand for Day Medical Care grew by 17 per cent. Patients who needed regular treatments such as haemodialysis and blood transfusions were waiting longer, and there was limited capacity to treat patients at short notice or to introduce new and innovative treatments.

'It would be great for school aged children who require regular medical treatment to have the option of doing so on a Saturday...'

and blood transfusions were waiting longer, and there was limited capacity to treat patients at short notice or to introduce new and innovative treatments.

We consulted with patients and families to get their ideas on what

we do well and how we could improve. We also reviewed patient feedback, both complaints and compliments, and reviewed information from yearly surveys. Informal discussions with families throughout the change process contributed to the redesign and ensured we were on the right track.

## What did they tell us?

Over 70 per cent of patients and families told us it would be useful if they could access our Day Medical Care services on weekends. This would be especially beneficial for secondary school students who don't want to miss classes or disrupt their learning at such an important stage of their education.



RCH patient Rafael

## What did we do?

- Day Medical Care is now open on Saturdays between 8am and 4.30pm.
- We redesigned the pre-admission process by creating a new position for a dedicated pre-admission contact for families.
- We phone families three days before admission.
- We provide clear written communication in the most common languages of families who attend Day Medical Care.
- We are currently trying out telehealth appointments. This involves reviewing the patient at home where possible, to assess whether they are well enough for scheduled treatment. Previously, patients had to come into Day Medical Care for review to decide whether their scheduled treatment could take place.

As at the end of the 2018-19 year, wait times for appointments with Day Medical Care had been reduced from three months to two weeks, and 684 more patients had been treated than in the previous year, an increase of around 10 per cent.

Patients and staff have welcomed Saturday appointments for Day Medical Care.

*'A Saturday appointment was perfect for us as we get less traffic and it doesn't affect work.'*

*'Saturday treatments are an excellent alternative for my son who, other than having to attend clinic for prophylactic treatment, is clinically well. This means he feels even more 'normal' as he can always attend school. Thank you for introducing Saturday treatments.'*

*'Saturday was great for us! No missing school, less traffic, husband off work to look after other younger siblings at home...'*

Travelling to hospital to attend appointments in Day Medical Care can be a big commitment for families who live regionally or interstate. These families may be able to avoid the stress of a long drive, waiting times and taking time off work by having a telehealth video-call appointment with the RCH Day Medical Care team.



Our young visitors love to see the fish

## You said...we did

### YOU TOLD US...

Bring the fish back — please!

Make it easier to identify the Yellow and Green lifts

We can't understand instructions for food labelling requirements when we bring food from home into the hospital

Wait times for phone calls to specialist clinics are too long — up to 25 minutes!

### WE DID...

The aquarium was reopened on 16 April 2019

We improved the signage on the lifts  
We labelled each lift clearly with 'Yellow' or 'Green'

We added pictures to the instructions to show examples of how families can ensure they follow food safety requirements

We set up specialist teams in our call centre which has reduced call wait times to an average of 3 to 4 minutes





# People matter

Each year, the Victorian Public Sector Commission invites RCH staff to talk about their experience of working at the hospital. The survey measures staff views on a range of issues including culture, equal employment opportunity, discrimination, diversity and inclusion, job satisfaction, and workplace safety.

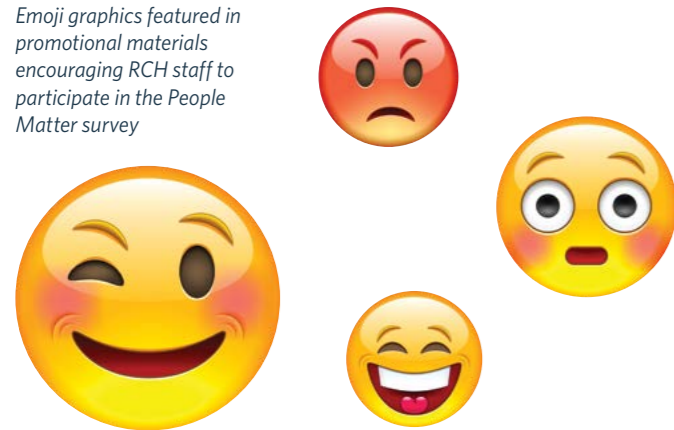
Feedback from participants helps us develop action plans for positive change in the workplace.

## What did the survey tell us?

### PATIENT SAFETY CULTURE QUESTIONS

| Patient Safety Score   | Target | RCH Score |
|--|--------|-----------|
| Percentage of staff with an overall positive response to patient safety culture questions. | 80%    | 92%       |
| I am encouraged by my colleagues to report any patient safety concerns I may have          | 80%    | 95%       |
| Patient care errors are handled appropriately in my work area                              | 80%    | 94%       |
| My suggestions about patient safety would be acted upon if I expressed them to my manager  | 80%    | 94%       |
| The culture in my work area makes it easy to learn from the errors of others               |        | 88%       |
| Management is driving us to be a safety-centred organisation                               | 80%    | 92%       |
| This health service does a good job of training new and existing staff                     | 80%    | 85%       |
| Trainees in my discipline are adequately supervised  | 80%    | 88%       |
| I would recommend a friend or relative to be treated as a patient here                     | 80%    | 98%       |

Emoji graphics featured in promotional materials encouraging RCH staff to participate in the People Matter survey



### A CASE STUDY

## In the balance

Michelle\* is a senior manager at the RCH. She has a strong work ethic and is committed to the values of the organisation. Michelle was responsible for delivering an organisation-wide project with a tight deadline. In feeling the pressure to successfully deliver, Michelle and her team responded by working more. Michelle ended up working very long days and over weekends, ignoring her mantra of maintaining a healthy work-life balance. She was solely focussed on completing the project.

Michelle's colleagues started noticing that she was showing signs of stress, such as sleep deprivation, loss of appetite, teariness, anxiety and lack of clear thinking. Out of concern for her, her colleagues sought advice from the Injury Management Team (Workplace Health and Safety). The team met with Michelle on several occasions and kept an eye on her with frequent 'welfare checks'.

One day, it became all too much for Michelle. She was supported to take some time off and visit her GP, who diagnosed severe workplace stress. The Injury Management team were aware of the situation and contacted Michelle each day to keep her in touch with the workplace. They also recommended contacting the Employee Assistance Program which provided her with strategies for managing stress and getting back to work as quickly as possible, along with longer-term strategies for improving her work-life balance.

'It was a tough time in my life. But thanks to the caring nature of my work colleagues and the support of the Injury Management team, I am now back on track. I learnt some important lessons from this episode: the value of supportive and compassionate work colleagues, the value of team members who stepped in to ensure the work was completed, the value of early intervention to help people get back on their feet, and the importance of maintaining a healthy work-life balance.'

With the support of her colleagues and the Injury Management Coordinator, Michelle returned to work relatively quickly. She now enjoys a better work-life balance and has helped herself on her recovery journey by engaging in regular exercise, using resources available to her in the workplace such as yoga and mindfulness sessions. While Michelle is constantly looking at ways to further improve her work-life balance, she has made enormous inroads with her wellbeing and is more able to effectively support her team in the workplace.

\* name has been changed





# A clean bill of health

All Australian hospitals are required to undergo regular assessment by The Australian Council on Healthcare Standards (ACHS) against a set of National Safety and Quality in HealthCare Standards (National Standards). This ensures that health services have minimum standards implemented across key areas, such as governance, partnering with consumers, infection prevention and control, and medication safety.

In April 2019, the RCH was assessed against the National Standards. ACHS assessors visited the hospital for one week, visiting every part of the hospital and speaking with staff, patients, families and consumer representatives.

The RCH was proud to have successfully met all standards — 148 requirements in total — with no recommendations or remediation.

In addition to having met the standards, we were nominated for two Exemplar awards, for our **Antimicrobial Stewardship** program and **Transition Support Service**.

The RCH's favourite comment from one of the ACHS assessors:

'A job well done by team members who are proud of their team. You do your job not only with skill and efficiency, but with the greatest of all virtues — you do it with love. So, great care, not here and there, but everywhere.'

The ACHS Exemplar Award recognises a system or service within a healthcare organisation that has achieved and sustained high-performing results.

The award is a symbol of recognition for healthcare organisations that produce a high performing system or service which is world-leading and translates to high quality outcomes for patients and consumers.

## ACHS ASSESSOR RATINGS FOR RCH

| STANDARDS TO BE MET                               | ACTIONS | ASSESSOR RATING |
|---|---------|-----------------|
| Clinical Governance Standard                      | 33      | 100%            |
| Partnering with Consumers                         | 14      | 100%            |
| Infection Prevention and Control Systems          | 16      | 100%            |
| Medication Management                             | 15      | 100%            |
| Comprehensive Care                                | 36      | 100%            |
| Communicating for Safety                          | 11      | 100%            |
| Blood Management                                  | 10      | 100%            |
| Recognising and Responding to Acute Deterioration | 13      | 100%            |

## Stemming the tide

While many advances in healthcare have been made possible through the use of safe and effective antibiotics, resistance to them is a growing problem for healthcare, both in Australia and across the developed world. Patients who acquire an antibiotic-resistant infection tend to stay in hospital longer, and are at greater risk of ongoing poor health or death.

Antimicrobial stewardship is a systematic effort to educate and encourage antimicrobial prescribers to follow evidence-based prescribing guidelines in order to reduce the overuse of antibiotics and antimicrobial resistance.

The ACHS commended the RCH for our proactive efforts in paediatric antimicrobial stewardship, in particular our work with paediatric antibiotic guidelines for babies under 28 days old, cystic fibrosis and implementation of surgical antimicrobial prophylaxis guidelines.

## Smoothing the way

Patients who come to the RCH regularly from their early years quickly become part of the RCH family. That's why moving to an adult health service during adolescence can be such an unsettling time for patients and their families.

Our Transition Support Service team are expert at coordinating the move from the RCH to adult health services for patients aged 15 years and older with a chronic health condition, disability or other complex issues that require ongoing management and care.

The team collaborates and communicates with each patient's referring teams, and relevant adult health services, and provides consultation and advice. This ensures that transition happens in the best way possible for each individual patient and their family.

# When things go wrong

The RCH is committed to keeping our patients safe, but sometimes things don't go to plan. It is important that if an incident occurs, we understand what happened and take action to prevent it from happening again. We are committed to talking honestly with patients and families and openly sharing our learnings and improvements.

An adverse event is a patient safety incident that could have resulted or did result in unnecessary harm to a patient, and which could reflect a system or process in the hospital that needs improvement. Adverse events are rated in severity on a scale of 1 (an incident that resulted in significant harm) to 4 (near miss or incident with no harm). A sub-set of incidents that result in serious harm are called sentinel events, with these reported to Safer Care Victoria. Examples of sentinel events may include a wrong surgical procedure or medication error resulting in serious harm.



## Adverse events

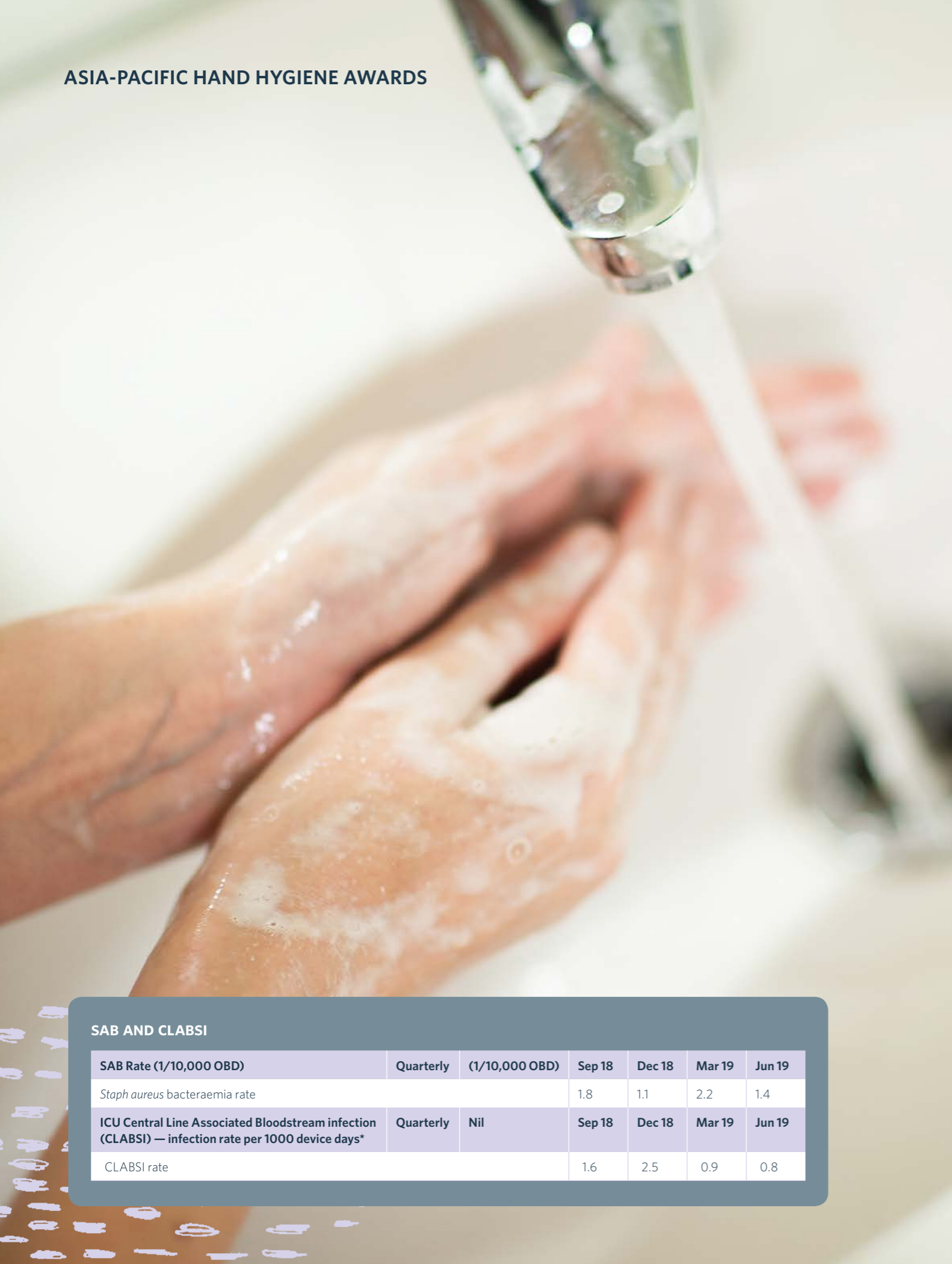
In 2018-19, the RCH reported 4 sentinel events and had 58 incidents that we considered serious enough to undertake a formal investigation (a 'critical incident review'). Whilst a proportion of these 58 incidents did not result in harm, we recognize that it is best to be proactive about understanding the issues and putting preventative systems in place to ensure our patients are kept safe.



## MAJOR THEMES CONTRIBUTING TO ADVERSE EVENTS

|   | ADVERSE EVENT                   | EXAMPLES   | WHAT WE HAVE DONE   |
|---|---------------------------------|--|---|
| 1 | Medication-related incidents    | Patients were given incorrect dose or type of medication   | We have identified the top 10 medications resulting in adverse events. These have been identified as high-risk medications and targeted work has been implemented to reduce errors in these groups.   |
| 2 | Communication and documentation | Poor communication between clinical teams  | The simulation team (simulated learning) provide education using real-case scenarios to educate staff on good communication practices. This is an active workshop involving role plays where staff take on the consumer and staff roles.      |
| 3 | Equipment and devices           | Equipment incidents related to central line or peripheral line infections  | We need to reduce variation in care when it comes to intravenous or central line management. We have implemented processes to standardise line care, from line selection, insertion, securement and maintenance.                              |
| 4 | Other clinical incidents        | Other incidents where there are opportunities to improve clinical care or where care resulted in an unintended consequence such as leaking of fluid into tissues | The RCH now contributes to the Children's Healthcare Australasia (CHA) safety alert website. Here, health services share information from incidents to ensure that we learn from each other for the overall improvement of children's health. |





# Put your hands together

The World Health Organization (WHO) campaigns for access to safe, effective healthcare for all. WHO promotes hand hygiene as a simple, low-cost activity to prevent the spread of many of the bacteria that cause health care-associated infections in hospitals across the world today. While hand hygiene is not the only intervention solution, WHO emphasises that it can dramatically improve patient safety because scientific evidence shows that bacteria causing hospital-acquired infections are most frequently spread between patients on the hands of healthcare workers.

In March 2019, years of work by our Infection Prevention and Control staff and hand hygiene champions to embed best practice hand hygiene into everyday healthcare activities was rewarded at the Asia Pacific Hand Hygiene Excellence Awards, where the RCH was recognised for outstanding leadership, creativity and innovation.

In order to achieve this award, the Infection Prevention and Control team undertook a self-assessment in 2018 against the recommendations of the WHO global campaign SAVE LIVES: Clean Your Hands. In December 2018, members of the Award Committee visited the RCH to conduct an in-depth review of our hand hygiene practices.

Two members from our Infection Prevention and Control team represented the RCH at the 9th International Congress of the Asia Pacific Society of Infection Control in Vietnam, where they gave a presentation on our hand hygiene program and received the award. They drew attention to the leadership and team effort that enabled the RCH to achieve impressive hand hygiene results across the hospital.

‘We acknowledge the amazing contribution our trained hand hygiene champions have made to auditing and promoting hand hygiene at the RCH, and the commitment of the RCH Executive and staff who support this simple but incredibly important intervention to protect our patients. This award recognises our commitment to A Safe Place and reinforces our ongoing pursuit of hand hygiene excellence and leadership.’

## How do we promote hand hygiene?

During 2018–19, we focused on some key areas of hand hygiene, reflecting the Back to Basics program that underpins our commitment to effective communication:

- We trained an additional 15 members of staff as Hand Hygiene Champions. There are now 68 Champions who carry out audits of hand hygiene practice across the hospital, and who help promote best practice.

- We put up brightly coloured tiles in all hospital lifts to remind people that clean hands are the best way of preventing the spread of infection in the hospital, at home and in the community.
- We published a family-friendly brochure explaining how hand hygiene can stop the spread of germs and infection in hospital and at home.



- We installed hand sanitiser gel stations in public areas of the hospital.
- We put an extra hand sanitiser gel dispenser in each patient room.

## Keeping patients safe

Keeping patients safe is at the foundation of everything we do at the RCH. Our hospital cares for some of the sickest patients in Victoria. We all need to work together to prevent the spread of germs.

All Victorian hospitals report on infections that can lead to longer hospital stays and increased costs in healthcare.

**Staphylococcus aureus bacteraemia (SAB)** is an infection caused by bacteria commonly found on the skin. These bacteria can enter a patient’s bloodstream and may cause complications. Hospitals report their SAB rates against a national benchmark rate of 1 per 10,000 occupied bed days.

Hospitals with an intensive care unit also report on **central line-associated bloodstream infection (CLABSI)** rates. A central line is a catheter that gives important medication directly into the bloodstream.

### SAB AND CLABSI

| SAB Rate (1/10,000 OBD)   | Quarterly | (1/10,000 OBD) | Sep 18 | Dec 18 | Mar 19 | Jun 19 |
|---|-----------|----------------|--------|--------|--------|--------|
| Staph aureus bacteraemia rate   |           |                | 1.8    | 1.1    | 2.2    | 1.4    |
| ICU Central Line Associated Bloodstream infection (CLABSI) — infection rate per 1000 device days* | Quarterly | Nil            | Sep 18 | Dec 18 | Mar 19 | Jun 19 |
| CLABSI rate   |           |                | 1.6    | 2.5    | 0.9    | 0.8    |

Hands up!

**80%** RCH hand hygiene target

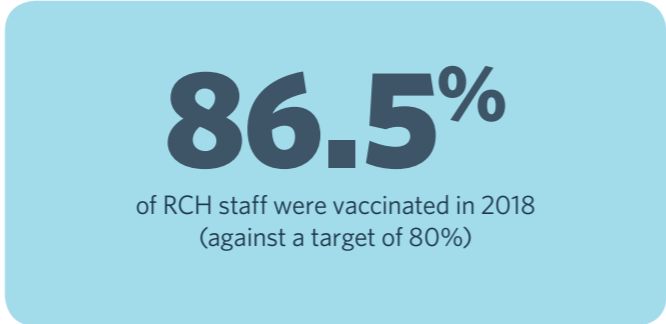
**84.7%** what we achieved



# Keeping the hospital flu-free

Annual influenza (flu) vaccination is the best way of providing protection against flu. For healthcare workers, it is also an effective way of preventing the spread of the flu and reducing the risk of transmitting the flu virus to sick patients and their families.

Each year, the RCH offers free flu vaccinations to staff, volunteers, healthcare students, campus partners and retail partners in a variety of flexible ways that take into account busy schedules. Our multimodal communications promote the benefits of flu vaccination for healthcare workers and provide research-based facts that aim to dispel the common myths.



Caption to come

# MET calls save lives

The Medical Emergency Team (MET) at the RCH is a team of specialised doctors and nurses who respond immediately to calls for urgent medical help. When someone makes a MET call, the team arrives quickly to assess, treat and plan further care for the patient.

Parents, carers, other family members and visitors can all play a key part in getting quick help for a patient whose condition has changed. Anyone can make a MET call if they observe that a child's condition has changed suddenly, and they are becoming more unwell.

Feedback from our consumer advisory groups told us that although there is information about how to call a MET, which is available on the RCH App and brochures in clinical areas, the information required to provide to the switchboard operator when a call is made is not always known by consumers, especially under stressful conditions.

To address this, we put big bold stickers on the telephones in the wards with instructions for MET calls. It includes the building name, level, ward and room number. This precise information ensures that there is effective communication for the switchboard operator to direct the MET call as quickly as possible to the patients' location.





# When rapid action is vital at night

**When a young patient's condition gets worse it is always important to recognise the warning signs as early as possible and where needed, provide immediate care. A speedy response can make all the difference between a good and a poor outcome. Good communication between clinical teams is the key to ensuring that appropriate escalation of care occurs effectively and efficiently.**

At RCH we have strong systems and processes in place for all kinds of situations where staff need to react quickly to a patient's deteriorating condition to provide immediate care.

Overnight and at weekends, there are fewer doctors working in the RCH than during the weekday. Communication and team work over these times helps to make sure patients are well cared for over the 24 hour day. Our After Hours team meets briefly four times each night between 7pm and 5am to share their concerns and make decisions about patient care.

Each evening at 7pm, the day teams brief the evening medical lead doctor about patients of concern and together they develop plans for the night. This clinical handover allows the doctor to review those patients with the day teams and ask important questions to ensure the patients receive continuous and appropriate treatment overnight.

At 9pm, the evening team handover to the night team, where they share their concerns about patients who may need extra care. They discuss any issues that need to be addressed so

patients can be given the care they need when they need it. Each member of the After Hours team receives the same information and is equally prepared to manage our young patients in a timely way and ensure their safety.

The After Hours team meets again at 1am and 5am, where they discuss clinical issues and patients of concern, and organise any necessary reviews and changes to treatment plans.

## The Royal Children's Hospital

When doctors or nurses do a clinical handover at the end of a shift, they hand over responsibility to the next group of staff who will look after our patients. Information must be shared effectively and thoroughly during a handover to ensure patients continue to receive appropriate and safe care.



# Reducing restrictive interventions

**When a young person experiences difficulties associated with a mental illness, they may be admitted to Banksia ward at the RCH. The 16-bed ward assesses and treats young people aged 13 to 18 years — and aims to provide the least restrictive and safest environment while using best practice management and care.**

Sometimes, when all other reasonable and less restrictive options have been considered, staff need to use a restrictive intervention to prevent serious and imminent harm to a young person in the ward, and to other people. Restrictive options may include physically restraining the young person or placing them into seclusion to provide a quiet and safe place to de-escalate.

At the RCH, restrictive interventions are monitored monthly by the Reducing Restrictive Interventions Committee, and twice a month

by the Aggression Violence Prevention Committee — to make sure they were appropriate and were used in line with best practice guidelines. Last year, there were more instances where physical restraint was used, because of an increased number of young people who were admitted with complex mental health issues and who demonstrated behaviours of concern that required prolonged hospitalisation.

Sometimes, depending on circumstances, seclusion may be used to reduce the risk of harm to staff and young people themselves. Last year, rates of seclusion remained low, except for two months when higher episodes occurred due to one young person with complex needs.



## What's new on Banksia?

We are currently rolling out several initiatives that will enhance support and care for young people and reduce the need to use restrictive interventions.

### SAFEWARDS

In 2017, Banksia trialled Safewards, a research-based nursing model developed in the UK, which aims to reduce conflict and containment.

A review of Victorian mental health units that carried out the Safewards trial found that wards for young people (adolescent inpatient wards) achieved significant reduction in the use of seclusion.

During 2018-19, we continued to roll out this internationally-renowned intervention.

Banksia has successfully implemented five of the 10 Safeward interventions, which are specifically designed to respond to flashpoints (signs of imminent conflict) before they develop into actual conflict situations. We are on track to have all 10 interventions in place by December 2019.

Already, the young people on Banksia and their families tell us that Safewards has led to improved communication, and young people feel more involved in their treatment and care.

### SENSORY MODULATION

To create a calming space where young people can take time to destress and regulate their emotions, Banksia has begun the process of transforming our 'quiet room' into a sensory modulation room. We forecast that this new space will be completed by early 2020.

### REDESIGN OF BANKSIA INTENSIVE CARE UNIT

With funding from the Health Services Prevention Fund, we are working on a redesign of Banksia's Intensive Care Unit. This is a dedicated area on the ward where vulnerable young people can benefit from a higher level of support in a low stimulus, contained environment. Improvements will include provision of alternate entertainment streams, such as access to gaming devices and music streaming; and a dedicated sensory garden.

#### THE 10 SAFEWARDS INTERVENTIONS

- 1 Know each other
- 2 Clear mutual expectations
- 3 Mutual help meeting
- 4 Calm down methods
- 5 Bad news mitigation
- 6 Soft words
- 7 Talk down
- 8 Reassurance
- 9 Discharge messages
- 10 Positive words



## 'DO YOU KNOW ME?' PROJECT

# Do you know me?

**When children or young people with autism spectrum disorder, intellectual disabilities, communication difficulties or behavioural disorders find themselves in a busy hospital ward or operating theatre, the unfamiliar routines, sounds, lights and new faces can be traumatising.**

There are challenges for staff caring for the patient. Gaps in information about the patient's non-medical needs can lead to communication issues, potential behavioural problems, and the need to close beds to manage challenging behaviours.

Parents of children or young people with additional needs have expressed their frustration that in many instances, they were not asked about their child's likes, dislikes and calming strategies.

### Planning for each child's needs

After trialling a paper-based tool, we designed a new Behaviour Support Profile tool with input from nurses, doctors, allied health staff and parents of children with additional needs.

The new Behaviour Support Profile helps staff get up to speed on the non-medical information they need to know to care effectively and sensitively for children and young people with additional needs. It documents each patient's likes, dislikes, communication needs, sensory needs, triggers and behaviours of concern and their pain — in consultation with the individual patient and their family. All clinical staff at the RCH can access the profile.

Where possible, we complete the profile with families before the child or young person is admitted to the RCH. This helps us plan for and anticipate needs and preferences. For example, creating a calming environment may be as simple as turning down the lights and limiting the number of people in a room. Communication can be a huge calming technique too, using simple, direct language rather than lots of words.

The Behaviour Support Profile is now available in the electronic medical record which contains each child or young person's health information, test results, medications and other important notes about their care.

A child with autism spectrum disorder wakes up in hospital. He is calm. Then comes the sensory overload. Lights, beeping machines, babies crying, the texture of his breakfast. Then a nurse walks in. She is not aware of his likes, dislikes, triggers, calming techniques or communication abilities.

What are the chances of a positive experience in hospital for this child?





## 'DO YOU KNOW ME?' PROJECT

### Do you know me?

The pilot for the 'Do you know me?' project was conducted in Cockatoo ward. The project sought to assess the following:

#### Before the pilot study

# 17

Code Greys — communication difficulties or challenging behaviours (64% of all Code Greys)

# 30

Bed days lost due to closing beds to create safe/quiet space for patients with challenging behaviour (average 2.5 per month)

#### Post pilot study

# 0

Code Greys for patients with communication or challenging behaviours

# 0

Bed days lost due to closing beds to create safe/quiet space for patients with challenging behaviour

Code Grey: an alert to elicit a rapid response to a situation of anticipated danger or risk. Security, three clinical staff and a coordinator attend.

Bed Block: closing extra beds to accommodate a safe space for patients with escalating challenging or violent behaviours

### What parents said

'It was great, everyone already knew about his autism, his triggers and sensory needs and all the craziness that comes with those sides of things. So I was able to skip over all of that and focus on the medical reasons for his stay at the hospital.'

'It saves me having to repeat everything.'

### What staff said

Eighty six per cent of staff reported that the Behaviour Support Profile helped increase their understanding and ability to address their patients' communication needs, sensory needs, triggers or behaviours of concern, calming strategies, and pain and distress.

'When I access a Behaviour Support Profile I feel more empowered and confident taking over care of a patient knowing I have the skills and knowledge to provide the best and safest care.'

'Filling in the profile in a pre-admission phone call meant we could eliminate triggers before arrival and eliminate them when the patient was admitted.'

'I have been quite overwhelmed at the positive feedback from the parents. You could sense their relief at finally being listened to.'

### Getting the word out

Educating staff about the Behaviour Support Profile is a continuing task for the project team. Emily Cull, who leads the project, explains the success they have achieved so far.

'Every clinician who has been shown the Behaviour Support Profile has been really engaged and on board with using it. To date, 85 profiles have been created in 14 weeks, and an upcoming electronic medical record upgrade will make it even more accessible to clinical staff across the RCH.'

The team has also posted a helpful video for staff on the hospital intranet.



We hope you enjoyed reading the RCH Quality Account 2018-2019. If you have any feedback or suggestions, please contact our Consumer Liaison team at [clo@rch.org.au](mailto:clo@rch.org.au)





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