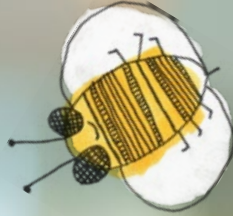




The Royal  
Children's  
Hospital  
Melbourne



# Delivering Great Care

Quality of Care Report 2015-16 For patients, families, carers, staff and community



RCH Nursing Team

## Vision and Values

# Our Vision

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

# Our Values

## UNITY

We work as a team and in partnership with our communities

## RESPECT

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

## INTEGRITY

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

## EXCELLENCE

We are committed to achieving our goals and improving outcomes



The number of presentations to our Emergency Department:

# 88,654

The number of Specialist Clinics appointments:

# 225,150

The number of elective surgeries:

# 8,596

The number of emergency surgeries:

# 4,591

The number of children admitted to our wards:

# 45,474

The number of children in the community we care for on any given day:

# 460



"I am enormously proud of the RCH team for continuing to deliver such significant transformations."

As we approach the fifth anniversary of our move to the new Royal Children's Hospital (RCH), I am proud to report on how the RCH is responding to the increasing complexity and demand of the contemporary healthcare landscape.

In 2015-16, there were:

- 88,654 presentations to our Emergency Department
- 255,150 Specialist Clinic appointments
- 8,596 elective surgeries
- 4,591 emergency surgeries
- 45,474 children admitted to our wards

And on any given day, we cared for approximately 460 children in the community.

Our capacity to transform the lives of our patients and their families in an increasingly digital and consumer-led age demands new models of care and fresh approaches to uniquely contemporary challenges.

We need to think creatively and to innovate. This year's *RCH Quality of Care Report* provides many examples of how we are doing just that.

In 2016 we became Australia's first paediatric hospital to replace paper-based medical records with a comprehensive state-of-the-art electronic medical record (EMR), initiating a seismic shift in the way we work and deliver care.

It is transforming the way we work, transforming the patient and family experience and providing data that will become the foundation of the next quantum shift in the delivery of care.

Our surgical teams continued to focus on initiatives aimed at driving down waiting lists, reducing elective surgery waits by 18 per cent, increasing elective surgery patients treated in time from 84 per cent to 89 per cent and, through a model of care called COCOON, reducing average length of stay for very sick babies by three days.

The role a strong workplace culture plays in the delivery of great care cannot be understated and this year we launched the Senior Medical Staff - Executive Compact. This historic set of pledges by doctors and administrators will be supported by the future delivery of a Compact for all staff, to further strengthen our culture and ultimately, translate into improvements in patient experience and outcomes.

The RCH is one of the world's great children's hospitals. We have the passion, the people and the ideas to ensure the children and young people who come to us, will continue to benefit from the latest, evidence-based yet creative healthcare solutions available.

I am enormously proud of the RCH team for continuing to deliver such significant transformations, and hope that in doing so we can continue to earn the deep trust and respect of our community, here in Victoria, and beyond. I hope you will enjoy reviewing this report.

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

# 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 patient Evie  
Cover photo: RCH Nurse Siobhan Kerrisk



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THE RCH ELECTRONIC MEDICAL RECORD (EMR):

# Accelerating our digital transformation



RCH Nurse Claire Hagerty



The introduction of the Electronic Medical Record (EMR) was unquestionably the most significant achievement of the last financial year — and the most significant change to workplace practice in the hospital's recent history.

On April 30, 2016, the RCH launched a comprehensive state-of-the-art EMR with a revolutionary patient and family portal — transforming the way we provide care at the hospital, today and into the future.

The new EMR replaced the hospital's paper-based systems and brought all patient information together in one central electronic location, so that it could be immediately accessed and updated by any clinician involved in a patient's care, from any computer or mobile device.

RCH Chief Executive Officer Professor Christine Kilpatrick said moving to the EMR would have a lasting impact on the experience of RCH patients and families.

"The EMR supports clinicians to deliver evidence-based care, includes important features to improve medication safety and offers impressive research capabilities that will enable the hospital to lead the way in paediatric care in Australia and internationally," said Professor Kilpatrick.



"The Electronic Medical Record (EMR) is a new way for the hospital to put patients at the centre of care and empower families to more actively participate in their child's care."

"Importantly, it has paved the way for better communication and collaboration between clinicians and with external health providers and patients and families."

The RCH is the first tertiary hospital in Australia to launch a hospital-wide EMR in one day, setting the benchmark for EMR implementations in Australia.

Professor Kilpatrick said the inclusion of a patient and family portal — known as My RCH Portal — was one of the most transformative aspects of the hospital's EMR.

"My RCH Portal gives patients and families greater access than ever before to information about their healthcare, including test results, appointment details, current medications, some doctors' notes and more," Professor Kilpatrick said. "It is a new way for the hospital to put patients at the centre of care and empower families to more actively participate in their child's care."



A NEW APPROACH TO RESEARCHING CHILD HEALTH:

# What if we asked the public?

Recognising that families and communities often lack a voice to influence child health policy and service delivery, in 2015-16 RCH launched the Australian Child Health Poll, a national quarterly survey of 2,000 families to understand how their needs are changing, and where the gaps in service delivering are occurring.

More than 6,000 people have been surveyed to date and the results have attracted nationwide media attention, enabling national discussion of important, emerging child health issues such as screen time, obesity and child safety. Director of the Australian Child Health Poll, Dr Anthea Rhodes, says the poll will prove a vital tool in forming evidence-based responses to future healthcare challenges.

“We know that families’ experiences of and responses to child health issues are changing, but there is limited evidence of why and how, and what the implications for service delivery could or should be. The Australian Child Health Poll was developed to help address this gap,” she said.

The poll has already uncovered new knowledge about how households and families live, what they know, what they worry about, and what they need to care for their children in contemporary Australia.



Some key findings include:

- More than 50 per cent of Australians think the health of children and teenagers today is no better than when they were growing up.
- Almost half say no political party leader represents their views on children and young people, and 76 per cent say politicians should do more.
- Most Australians support a tax on sugary drinks, compulsory daily physical activity in schools and a gradual ban on junk food advertising.
- Almost 70 per cent support funded fulltime childcare or kindergarten for four-year-olds, and funding for non-religious welfare workers in schools.
- Traditional child injuries and illnesses no longer dominate adults’ concerns for children. The top problem according to 60 per cent of all adults is ‘excessive screen time’.
- More parents seek information from a school teacher or pharmacist than from a paediatrician or telephone advice line.
- More than 60 per cent of parents consult online health sources but a third do not trust them.
- GPs remain the most used and trusted source of child health information but one in five parents never discuss information seen online with their GP.

“The poll has uncovered new knowledge about how households and families live...and what they need to care for their kids.”

The number of families participating in this national quarterly survey:

# 2000



Social media, including Facebook is used as a key communication tool for the Australian Child Health Poll says RCH Media Manager, Helen Walsh.

**BETTER CULTURE, BETTER CARE:**

# Supporting statewide plans for Aboriginal Health

The RCH is strongly committed to improving Aboriginal health and has taken the following actions to support the objectives and priorities of Koolin Bali, the Victorian Government's strategic directions for Aboriginal health 2012-2022.

## 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 the past two years, in consultation with RCH staff, patients, families and community and launched in 2016.

"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," Social Work, Aboriginal Health and Pastoral Care Services Manager Sarah Connolly said.

At present, the RCH Wadja Aboriginal Family Place service includes an Aboriginal paediatric nurse position, four Aboriginal Case Managers and an Aboriginal Team Leader to provide culturally sensitive care within the clinic, as well as education and raising awareness across the hospital.

"Over the next year the RCH will identify current Aboriginal and Torres Strait Islander staff to inform future employment and development opportunities, investigate Aboriginal and Torres Strait Islander employment pathways and explore leadership skill development for Wadja staff," Sarah added.



## 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. From April 2015 attendance at the Wadja Clinic has increased by 201 per cent, with 97 per cent attendance recorded in April 2016.

"The RCH has undertaken to strengthen existing partnerships with Aboriginal and Torres Strait Islander peoples."

"The service is also committed to strengthening partnerships with external Aboriginal organisations, specifically through the Indigenous Health Roundtable. This collaboration was initiated by the University of Melbourne Department of Paediatrics and the Wadja service to share information and promote the health of Aboriginal children," Sarah explained.



## Improving care for Aboriginal patients

The RCH has continued to work hard towards addressing the key result areas of the Improving Care for Aboriginal Patients (ICAP) program.

Key achievements on the key result areas include:

- **Engagement and partnerships**  
The Indigenous Roundtable drew together Victorian agencies working with Aboriginal and Torres Strait Islander children. The purpose of the Roundtable was information sharing, support, collaboration and knowledge building, which is solely focused on ATSI child health outcomes.
- **Organisational development**  
The development of RCH's RAP is a crucial step forward in the hospital's commitment to deliver best care to Aboriginal and Torres Strait Islander children and families, and in collaboration and relationship building between RCH and partner agencies working with Aboriginal and Torres Strait Islander children.
- **Workforce development**  
The engagement of an Aboriginal Employment Consultant to review RCH employment practices and cultural safety has provided a framework that supports identification of employment and training opportunities, funding considerations, physical environment initiatives, attraction and recruitment, and peer support and mentoring programs. The framework supports Aboriginal health considerations and a sustainable approach to the retention of Aboriginal employees to support children and families.
- **Systems of care**  
The Wadja Model of Care for Aboriginal and Torres Strait Islander patients will continue to be evaluated to identify opportunities to improve care provision in 2016.



## Diversity and inclusion at the RCH

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.

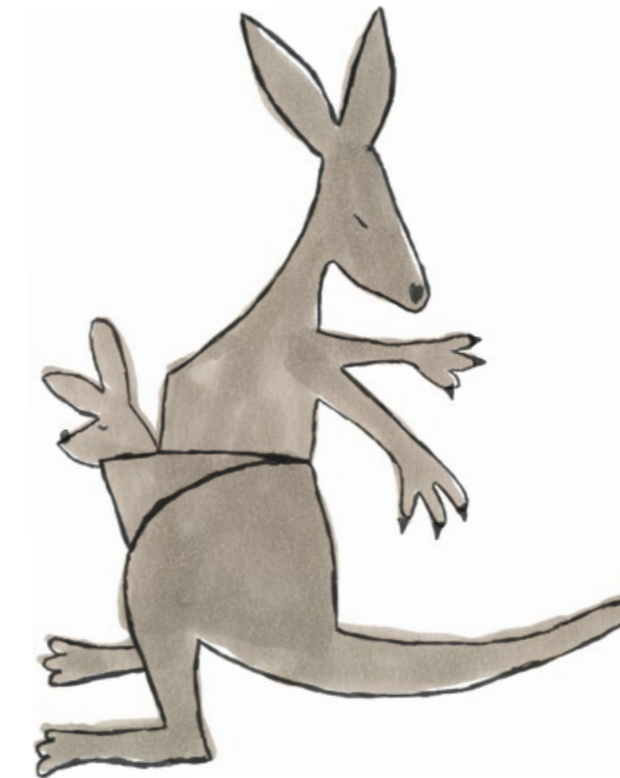
Auslan and Sign Language Interpreters are also available for hearing impaired patients and families.

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.

In 2015-16, the RCH convened a Diversity and Inclusion Committee to provide co-ordinated and consistent advocacy for diversity and inclusion across the hospital.

“There are 340 interpreters offering services in more than 130 languages, on call 24/7.”

The Committee has now begun to develop an organisational Cultural Responsiveness Plan as well as Cultural Diversity Training for all staff and has included diversity and inclusion expectations in the RCH staff orientation presentation.



The percentage of parents who rated the care their child received while in hospital as positive:

99%



## Victorian Health Experience Survey

In 2015-16, the RCH consistently achieved a near perfect score for inpatient satisfaction in the Victorian Healthcare Experience Survey (VHES).

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

**Paediatric Inpatient:** 94.3 per cent of parents also rated the care their child received while in the Emergency Department as positive in 2015-16, meaning they rated the care either 'good' or 'very good'. This was also above the state average across the same period of 88.6 per cent.

**Paediatric Emergency:** 93 per cent of parents also rated the care their child received while in the Emergency Department as positive, meaning they rated the care either 'good or very good.'

Despite these excellent results, the RCH is still closely examining VHES feedback and has implemented a number of actions in response to survey results.

For example, the hospital has significantly improved communication with the patient's General Practitioner (GP) after an Emergency Department visit. The introduction of the EMR has embedded a process of generating an After Visit Summary (AVS), written discharge advice about the child's hospital stay, for every patient to take home after an emergency admission. It also generates an electronic discharge summary, which is automatically sent or faxed to the child's GP. In June 2016, the patients rated our communication with GPs as 100 per cent compared with 88 per cent in June 2015, before the introduction of the EMR.

The pilot of the My RCH Portal demonstrated that it will also serve to improve consumer experience once rolled out more widely later this year. The portal allows families to manage and change appointments, quickly receive test results, renew scripts and review outpatient notes.

The VHES data is already beginning to show an improvement in the consumer experience results. In June 2016, 100 per cent of consumers rated the way in which they were told about results as good or very good, compared with 72 per cent in June 2015, before the introduction of the EMR.



**IMPROVING ENGAGEMENT IN MENTAL HEALTH:**

## The Consumer Rights and Responsibilities Project

The RCH Mental Health Service's Consumer Rights and Responsibilities Project began in 2013 to support consumer engagement in mental healthcare.

Post-project survey results recorded in November 2015 show that consumers, parents and carers have a greater awareness of their rights and responsibilities and are more empowered with regard to ensuring their rights are respected.

A 'Rights and Responsibilities' video and DVD was developed in 2014 to inform consumers, parents and carers of their rights and responsibilities as service users. It is a companion to printed information provided to consumers and carers at the beginning of their involvement with the RCH Mental Health Service.

"DVDs are sent out to new families prior to their appointment," Mental Health Community Development Coordinator Harry Gelber said. "It is also uploaded on the RCH website, and made available on a laptop in waiting areas."

"The DVD was positively received by parents, carers and referrers, with 90 per cent considering it informative, relevant and useful, as well as helping them feel more comfortable coming to the Service."

The project also raised the profile of consumer and parent or carer rights and responsibilities among RCH clinicians.

"One of the most significant positive changes has been in clinicians' attitude and practice with regard to verbal communication with consumers, parents and carers about their rights and responsibilities," Harry said.

"This includes a greater awareness of the importance and value of these conversations, and more frequent discussion of rights and responsibilities with consumers early in their treatment and throughout their involvement with the Service."



"One of the most significant positive changes has been in clinicians' attitude and practice with regard to verbal communication with consumers, parents and carers about their rights and responsibilities."

The percentage of parents, carers and referrers who considered the video informative, relevant and useful and helped them feel more comfortable coming to the service:

**90%**

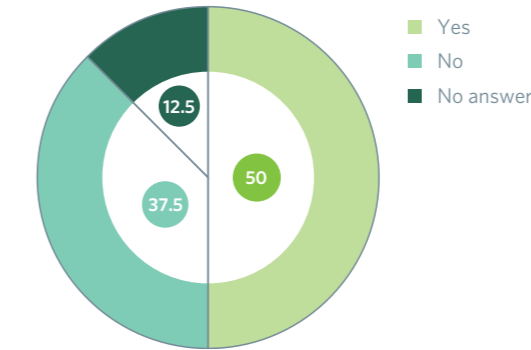
## How we seek feedback and respond to complaints:

The RCH Consumer Feedback Survey evaluates the hospital's process for management of consumer complaints.

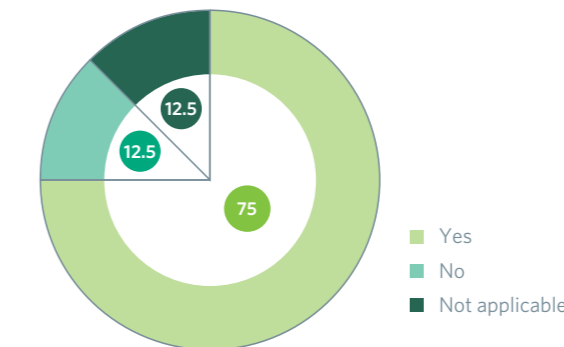
The survey is sent to consumers that have had feedback lodged and closed in the Victorian Health Incident Management System (VHIMS). In August 2016, a total of 83 consumers received a survey and 40 per cent responded.



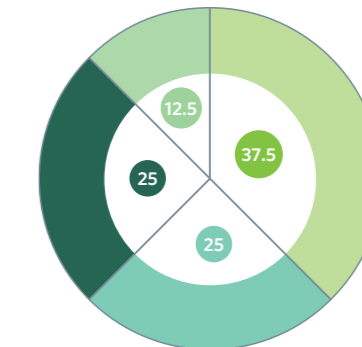
Were you satisfied with the outcome/result of your complaint?



How did you find the complaint process? [I felt heard/acknowledged]



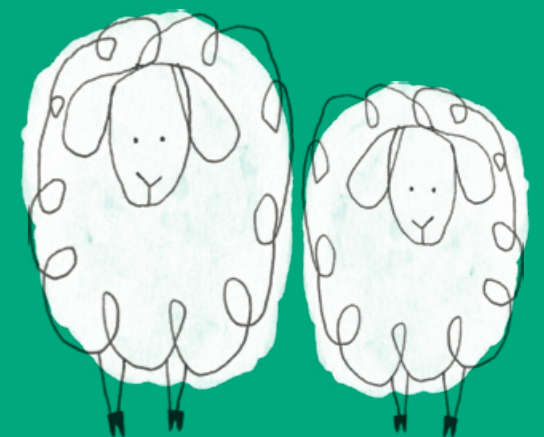
What I hoped to achieve



■ Acknowledgement of concerns  
■ Explanation and answers  
■ Follow up actions  
■ Apology

**40%**

The percentage of responses to the VHIMS survey.





**BETTER CULTURE, BETTER CARE:**

# The RCH Compact

Like all healthcare providers, the RCH faces growing demand and increasing medical complexity. Today more than ever, medical and clinical engagement is critical to delivering great care. With this in mind, the RCH began the development of the Compact in 2014, an innovative tool aimed at enhancing workplace culture across the hospital.

The RCH based its learnings on The Virginia Mason Hospital in the United States. The decision was made to first develop a Compact between staff and executives, commencing with the Senior Medical Staff-Executive Compact.

Development began in 2014 and was open to all staff. More than 900 staff members attended conference and workshops, with more than 35 articles and videos about the program published on the RCH intranet. Discussions were rigorous and achieved hospital-wide consensus to strengthen RCH culture.

In February 2016, the RCH launched the Senior Medical Staff-Executive Compact, an historic agreement between doctors and executives to promote a positive workplace culture and enable an era of unconditional respect, trust and cooperation.

“The Compact is now an ongoing, whole-of-organisation transformation program which recognises the best investment in patient care is good culture,” Executive Director of Communications Jayne Dullard said.

In staff surveys, 75 per cent of senior medical staff said the Compact had positively affected ‘the way we work together at the RCH’ and 69 per cent said it would directly benefit patient care. Five per cent said they had been called to account by a colleague after behaving in a manner inconsistent with the Compact.

In a survey of non-medical staff, 64 per cent said the Compact had positively affected RCH workplace culture.

The RCH will now develop a second, all-staff RCH Compact to achieve sustained cultural transformation.

“The Compact is now an ongoing, whole-of-organisation transformation program, which recognises the best investment in patient care is good culture.”

**Agreed principles included:**

- I will not walk beside bad behaviour
- I will have authentic conversations
- I treat our patients, not my patients.



The percentage of senior medical staff who said the Compact has positively affected the way we work together at the RCH:

**75%**



**PEOPLE MATTER SURVEY:**

# How the culture and practices of the RCH support patient safety

RCH recorded the following positive responses to the patient safety culture questions in the 2015-16 People Matter Survey.

PATIENT SAFETY CULTURE QUESTIONS	% AGREEMENT
Patient care errors are handled appropriately in my work areas	75
This health service does a good job of training new and existing staff	61
I am encouraged by my colleagues to report any patient safety concerns I may have	78
The culture in my work area makes it easy to learn from the errors of others	63
Trainees in my discipline are adequately supervised	66
My suggestions about patient safety would be acted upon if I expressed them to my manager	72
Management is driving us to be a safety-centred organisation	72
I would recommend a friend or relative to be treated as a patient here	92

The results of the RCH People Matter Survey were shared at an open forum hosted by the CEO, which all available staff are encouraged to attend. Through frank discussion of areas of poorer performance, and by inviting staff to be part of identifying and implementing solutions, the RCH is able to make meaningful progress in areas identified by the workforce.

Over the past few years these areas have included transparency in decision-making, Executive visibility, better management of under-performance and clearer policies to prevent bullying and harassment. The key response to these and related trends has been the development of the RCH Compact program.

More recently, the RCH Board has convened a Workplace Culture Review sub-committee which includes staff in key operational and management roles. The committee will coordinate responses to the 2015-16 People Matter Survey, and other emerging areas of interest and improvement potential.



RCH Kitchen Hand Lianira Cardozo



RCH Paediatric Intensive Care Unit (PICU) Doctor Monica Brook

# Staff and Consumer Experience



RCH Paediatrician Mike South

## Electronic Medical Record (EMR)

The implementation of the Electronic Medical Record (EMR) has also enhanced the hospital's ability to monitor the application of patient blood management in alignment with the Patient Blood Management Guidelines.

## ACCREDITATION:

The RCH has a number of programs that are accredited by external agencies. In 2015-16, the following programs were reviewed against national standards and all achieved on-going accreditation status.

ACCREDITATION PROGRAM	ACCREDITING AGENCY	ACCREDITATION ACHIEVED
Organisation Wide EQulPNational	Australian Council for Health Care Standards (ACHS)	✓
Mental Health Services National Standards Mental Health		✓
Laboratory Services ISO15189:2013 Medical laboratories — requirements for Quality and Safety	National Association of Testing Authorities Australia (NATA)	✓
Children's Cancer Services Haemopoietic Stem Cell Transplant Program International Standards for Haemopoietic Cellular Therapy Product Collection, Processing and Administration	Foundation for Accreditation of Cellular Therapies (FACT)	✓
Children's Cancer Services, Apheresis Service ISO15189:2013 Medical laboratories — requirements for Quality and Safety		✓
Children's Cancer Services, Apheresis Service Centre for International Blood and Marrow Transplant Research (CIBMTR)	CIBMTR	✓
Medical Imaging Diagnostic Imaging Accreditation Standards (DIAS)	National Association of Testing Authorities Australia (NATA)	✓
RCH Early Learning Centre National Quality Standard Assessment and Rating	Australian Children's Education and Care Quality Authority	✓

The National Standards for Safety and Quality in Health Services Standards 'Standard 8: Preventing and Managing Pressure Injuries' and 'Standard 10: Preventing Falls and Harm from Falls', do not have a paediatric benchmark. The RCH is actively working with other paediatric centres in Australia to establish relevant targets and benchmarks.

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. Reduction of blood 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 acceptable upper limit for units of blood issued, but not used.

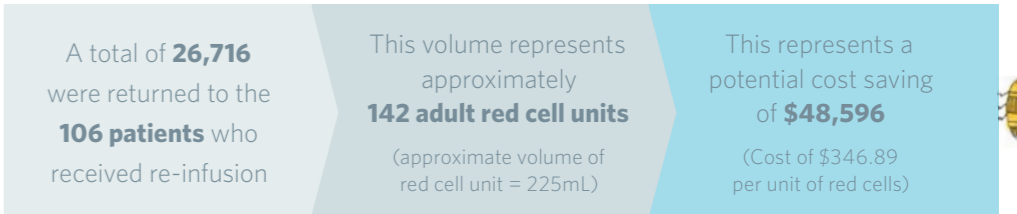
DAPI (Discard as Percentage Infused)

PRODUCT	RCH DAPI % 1/4/16 - 30/6/16	RCH DAPI % 12 MONTH AVERAGE	BENCHMARK 2016-2017	DISCARD COST (\$)	VIC DAPI %	NATIONAL DAPI %
Red Cells	1.5	1.6	2.5	\$5,731	2.5	2.5
Platelets	10.7	8.0	14.0	\$30,665	12.2	12.4
Fresh Frozen Plasma	3.0	4.0	12.0	\$2,966	8.6	11.1

## 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 2015, the RCH used this cell salvage procedure in 152 surgical cases. This equates to:





“Significant measurable and non-measurable benefits have resulted from this innovation.”

# Let's huddle!

## A SMALL MEETING WITH A BIG IMPACT

The RCH is continually seeking to improve the hospital's response to growing demand and the ongoing need for well-coordinated and safe care.

In October 2015, the hospital implemented the RCH Huddle, a stand up meeting that offers staff a snap shot of the day's priorities and challenges. From Monday to Friday, the Huddle brings together a range of staff from critical clinical and non-clinical areas, to provide key data on performance over the previous 24 hours, predict performance for next 24 hours, and identify issues needing intervention.

The information is used to determine whether the day will be 'Green', 'Amber' or 'Red'. A Red day will trigger an action plan to manage hot spots and mitigate risk. The outcomes are also reported back to all staff on the RCH intranet after every meeting.

The number of ward equipment shortages have been reduced to:

0

“The goal of the Huddle is to ensure relevant staff have knowledge of the multiple and often conflicting demands on the hospital resources and to make plans to mitigate risks identified that might impede on performance, in particular patient access,” Executive Director of Clinical Operations John Stanway said.

Key objectives are to improve patient access, patient and family experience, safety, quality of care and productivity. Secondary goals are to improve communication, transparency, engagement and staff understanding of the many factors which impact the hospital's performance. Staff safety issues are also reported and monitored.

“Significant measurable and non-measurable benefits have resulted from this innovation,” John added. “These include creating a culture of transparency, communication and accountability and achieving staff engagement and team work. Measureable benefits include reduced cancellation of elective cardiac surgery, reduced elective surgery waiting list, increased staff immunisation rates, and an increase in daily discharges before midday.”

Since the initiation of the Huddle, the hospital has achieved a 44 per cent reduction in cardiac surgery cancellations and outperformed the elective surgery waiting list target.

The RCH also saw a 10 per cent increase in daily discharges before midday, a 45 per cent reduction in the number of oncology patients being accommodated on non-oncology wards, and ward equipment shortages have been reduced to zero.



## CONTINUITY OF CARE:

# Improving transfer of care within and beyond hospital walls

The RCH Electronic Medical Record (EMR) allows patients, families and primary care clinicians to access important information about their healthcare after they have been discharged from hospital.

The new online portal for healthcare professionals based in the community, or at other hospitals, is called RCH Link. It is being piloted in four general practices and 10 regional shared-care oncology services, giving primary care clinicians access to important information about their patient's care and treatment at the hospital.

More than 130 doctors have signed up to RCH Link since the pilot began in May 2016.

“RCH Link gives read-only access to everything in the RCH electronic medical record, except information that's behind patient privacy barriers,” EMR Director Jackie McLeod said.

“The EMR also allows RCH patients' discharge summaries to be immediately accessed and families can access home care plans, medication information, and their doctor's notes via the My RCH Portal.”



ELECTIVE SURGERY WAITING LISTS:

# The downward trend continues



**Demand for RCH services continues to grow but in the past financial year RCH reduced its elective surgery waiting list to 257 patients below target, and increased elective surgery patients being treated in time from 84 to 89 per cent.**

By the end of July 2016, the hospital had achieved the lowest elective surgery waiting list in more than six years.

Particular initiatives that have helped to improve flow and see the downward trend in elective surgery waiting lists continue over the past three years 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 and areas for improvement, all helps to enhance engagement and communication on the front line, and ultimately enhance hospital flow.

The RCH partnership with University Hospital Geelong, which allows approximately 50 children a year from the Bellarine Peninsula and western Victoria to receive surgery locally is also helping to avoid unnecessary additions to elective surgery waiting lists.

# Coming home from hospital earlier

Children's health is improved by being discharged from hospital as soon as clinically appropriate and in 2015-16 Allied Health teams commenced several initiatives to help children get home sooner following surgery.

## Accelerated Discharge Pathways for spinal surgery

In 2015 the RCH Orthopaedic multidisciplinary team, led by the Spinal Surgery Physiotherapist began implementing accelerated discharge pathways following spinal fusion surgeries for scoliosis.

This pathway involves a faster transition to oral pain medication, drinking and eating, removal of the patient's urinary catheter, and more intense mobilisation. The length of hospital stay for this patient group has reduced from an average of 6.5 days to 3.4 days.

"The introduction of the accelerated discharge pathway has been the single biggest innovation introduced in the postoperative care of adolescents undergoing scoliosis surgery at the RCH in the past 30 years," Physiotherapist Sarah Temby explained.

"It has resulted in better outcomes for the patients and their families, and a significant reduction in length of stay at RCH without compromising patient safety, outcomes and satisfaction."

## Occupational Therapy home assessments via Telehealth

This year the RCH Occupational Therapy (OT) team began using Telehealth technology to assess their patients' home environment prior to discharge from hospital.

Occupational Therapists are responsible for ensuring the home environment is appropriate for the patient to be discharged. Although the ideal method to assess the home is for the OT to visit the home, this process is not always timely or even possible for outer-metropolitan, rural and regional patients.

In 2015-16 the RCH began conducting Telehealth home assessments for orthopaedic patients, 70 per cent of whom lived more than 50 km from the hospital. The OTs could clearly see and understand the home layout and were able to make recommendations regarding the patient's safety.

"The Telehealth Home assessment project is clinically resourceful and has allowed for a significant reduction in the time associated with making recommendations regarding home safety," Occupational Therapy Manager Joy Goubran said.

"It means that a process which could require a significant amount of time in travel has been reduced to an hour at most. It has also improved timely access to an OT home assessment for regional patients by eliminating the need to involve a local provider."

"The introduction of the accelerated discharge pathway has been the single biggest innovation introduced in the postoperative care of adolescents undergoing scoliosis surgery at the RCH in the past 30 years."





# Victorian Audit of Surgical Mortality (VASM)

The RCH has implemented a number of initiatives allowing it to directly respond to recommendations in the Victorian Audit of Surgical Mortality report.

The introduction of the Victorian Children's Tool for Observation and Response (VICTOR) charts in particular address three of the VASM recommendations:

- Improved leadership in patient care
- Improved perioperative management
- Action on evidence of clinical deterioration

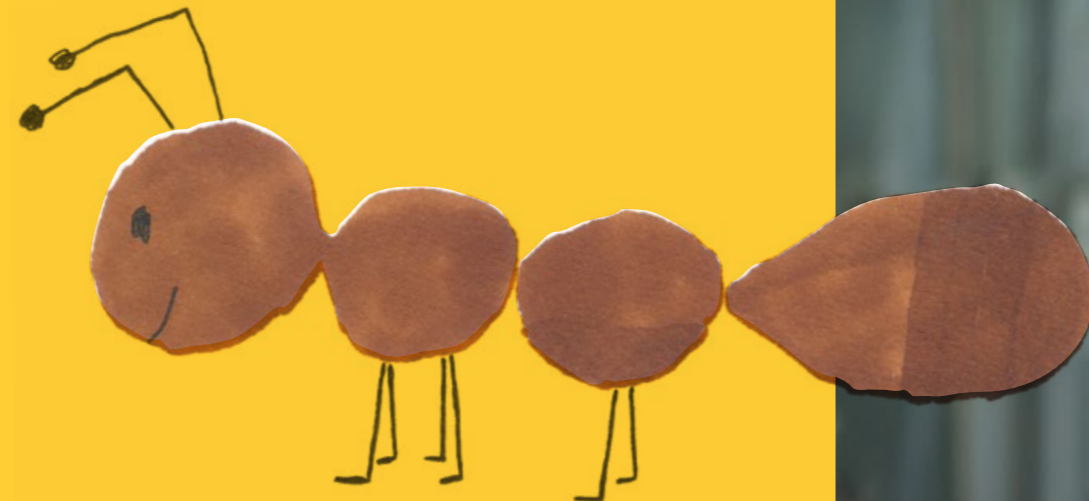
"The most important thing we've done in improving recognition of deteriorating patients, is the VICTOR Charts," says RCH Chief of Surgery, Mike O'Brien.

Sponsored by the Department of Health and Human Services, the observation chart system was developed by both RCH and Monash Children's staff, and uses colour coding to better track triggers indicating patients are deteriorating. It is now a statewide project.

"The VICTOR chart provides a way for us to be alerted earlier, to intervene earlier, and therefore potentially avoid a negative outcome," Mr O'Brien said.

Other actions addressing VASM recommendations include the introduction of the EMR to improve protocol compliance and communication among doctors, nurses, allied health professionals and the rest of a patient's care team, helping them deliver even safer care. It will also improve patient communication through 'My RCH Portal', a new secure, online hub where you can access parts of your medical record through the internet.

"The most important thing we've done in improving recognition of deteriorating patients, is the Victorian Children's Tool for Observation and Response (VICTOR) charts."



RCH Nurse Jacqui Coates



A WHOLE OF HOSPITAL APPROACH:

# Record number of transplants

Of the hospital's 19,000 surgeries performed throughout 2015-16, a record 39 organ and tissue transplantations also took place.

There were 11 heart transplants, 13 liver transplants (in partnership with the Austin), 10 kidney transplants (in partnership with the Austin) and 4 lung transplants (in partnership with the Alfred).

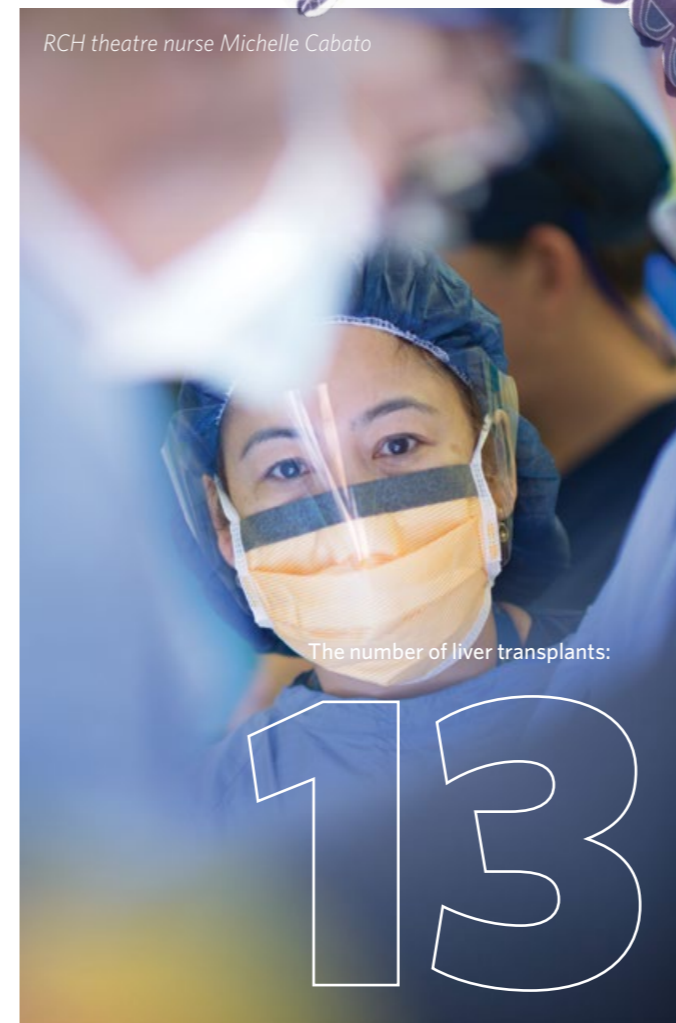
Dr Michael Cheung said, when it comes to heart transplants, the biggest impact on the number performed has been a vital combination of new technology, and a new, whole of hospital approach.

"For just over two years we've had access to new technology, the Ventricular Assisted Devices (VADs), which are used to support heart function and blood flow in people who have weakened hearts. These help us better support patients while they're waiting for a heart transplant and also during and after surgery."

"But as well as the equipment, obviously we need the resources and support of all the areas across the hospital involved in a patient's care, to help us make best use of these new advances in technology."

With support from the RCH Foundation, a VAD coordinator has been appointed as well as a senior nurse who works with the VAD team. An increase in the number of cardiology cases funded by the NFC has also allowed the hospital to increase its medical and nursing staff. The ICU has responded well to the increase in cardio cases, as well as the nurses in the Koala ward, with all showing a commitment to embracing the new technology and its implications. The buy-in from Allied Health has also been vital.

"People always talk about the end outcome of the increased number of transplants, but it's the whole process in the lead up to that point which has really allowed us to get there. And that's been lots of people, lots of departments, funding support from both within and outside the hospital and support from hospital management as well," said Dr Cheung.



"People always talk about the end outcome of the increased number of transplants, but it's the whole process in the lead up to that point which has really allowed us to get there."

### Kidney paired donations

It is often difficult to attribute specific actions with improving the rates of transplant surgeries conducted at any given hospital, as the majority unfortunately rely on deceased donors.

The exception to this is with kidney transplants, with about 75 per cent of kidneys for transplantation at RCH now coming from living donors.

Referred to as Kidney Paired Donation (KPD), this process is an alternative approach to overcome immunologic barriers, that allows a medically suitable but incompatible pair to exchange kidneys with one or more other incompatible pairs, so that all recipients receive compatible organs from strangers.

RCH Nephrologist Dr Joshua Kausman says the establishment of the Australian Kidney Exchange (AKX) in 2010 has done much to assist.

“Essentially, you have a recipient with a live donor available but they are incompatible. So, other pairs in the same situation register to participate in the AKX, which runs separately and in addition to being on the deceased donor list.”

“Every three months all the pairs are entered into a computer algorithm to generate the maximum number of matches, prioritising recipients with particular difficulties getting matched. Pairs successfully matched are notified of a date on which the surgeries will proceed, at which point all donors have their kidneys removed simultaneously, to ensure no donor then elects to withdraw,” Dr Kausman explains.

The kidneys are then shipped to the recipient in whichever part of Australia they live. The simplest chain is a two-way where each pair effectively just swaps donors, but increasingly there are much longer chains to maximise the number of recipients per run.

The RCH is this year preparing to do another AKX transplant involving a pair that is one of four in that particular chain. This is all undertaken anonymously with no direct contact between any of the pairs.

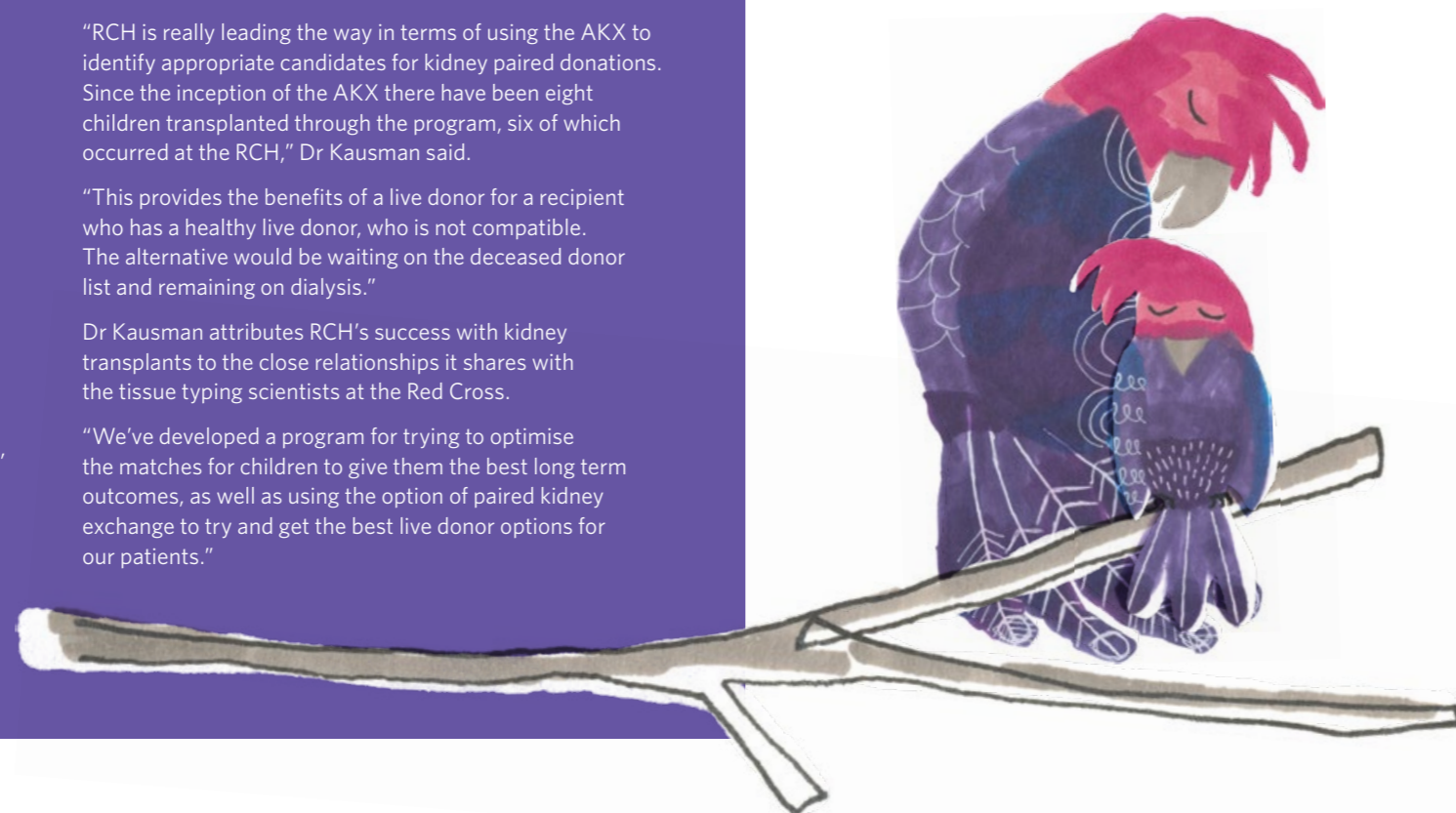
“We’ve developed a program to optimise the matches for children to give them the best long term outcomes.”

“RCH is really leading the way in terms of using the AKX to identify appropriate candidates for kidney paired donations. Since the inception of the AKX there have been eight children transplanted through the program, six of which occurred at the RCH,” Dr Kausman said.

“This provides the benefits of a live donor for a recipient who has a healthy live donor, who is not compatible. The alternative would be waiting on the deceased donor list and remaining on dialysis.”

Dr Kausman attributes RCH’s success with kidney transplants to the close relationships it shares with the tissue typing scientists at the Red Cross.

“We’ve developed a program for trying to optimise the matches for children to give them the best long term outcomes, as well as using the option of paired kidney exchange to try and get the best live donor options for our patients.”



RCH Clinical Nurse Specialist Amanda Crooks





**RCH GENDER SERVICE:**

# Responding to statewide plans for the LGBTI community

The RCH Gender Service is a statewide service that provides care and support to children and adolescents experiencing gender dysphoria (GD). It is the largest multidisciplinary gender dysphoria service in Australia.

Demand for the RCH Gender Service continues to rise with the number of new referrals increasing from 18 in 2012 to 170 in 2015. It is likely that referrals will reach 250 in 2016.

The service's goal is to improve the physical and mental health and wellbeing outcomes of children and adolescents who experience GD, through a family centered approach.

Head of the Department of Adolescent Medicine, Associate Professor Michelle Telfer, says with rising demand, new ways of doing things are constantly being explored to ensure delivery of this goal.

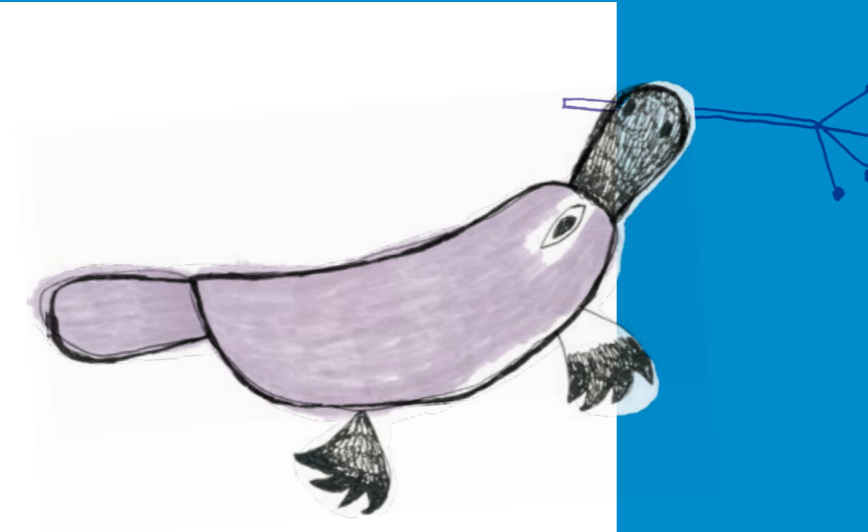
"One such example is the recent appointment of Australia's first Gender Service Clinical Nurse Consultant (CNC), after patients and parents identified a need for more support during the period between initial referral and the first appointment with medical staff," she said.

"The key role of the CNC is to reduce the risk of self-harm and suicide for those awaiting care, and improve outcomes for all patients through increased initial support and education during this often critical period of time."

The role of the CNC has already significantly enhanced quality and safety while reducing patient stress and risk. Waiting times for a first appointment have decreased, with triaging for timely access to care for those most vulnerable improving. Importantly, reductions in stress for both patients and families have been observed.



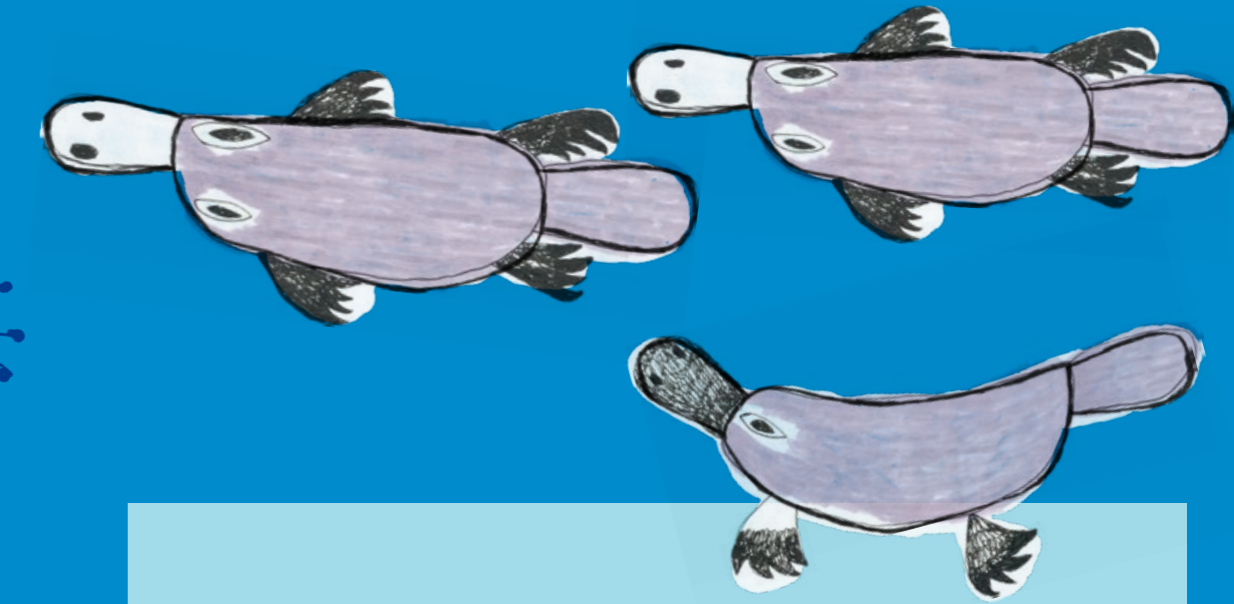
RCH Gender Service CNC Donna Eade with RCH patients Evie and Gresham



"The role of the CNC has already significantly reduced patient stress and risk."



RCH patient Jack



## A foundation for future health

The RCH Young People's Health Service (YPHS) works with teenagers and young people who are experiencing homelessness or marginalisation, in collaboration with the Melbourne City Mission's Frontyard Youth Services in the Melbourne CBD.

In January 2016, YPHS implemented a new communication system involving text messages for young people who access the service and require follow up for Hepatitis B and C vaccinations.

"This is a vulnerable group from unstable and transient housing situations, they are put at risk of poor health by their stage of development, risk taking behaviour and exposure to risk factors," Clinical Nurse Consultant Christine Parrott said. "Young homeless people are more likely to have poorer health outcomes than their housed peers."

To align with the 2014-17 National Hepatitis B and C Strategies, YPHS has increased efforts to vaccinate and treat their clients for these diseases. Hepatitis B and C are infectious diseases that primarily affect the liver. Untreated, they can lead to liver disease and cirrhosis and further complications such as liver failure, liver cancer, or esophageal and gastric varices.

"Since implementing the new communication system, YPHS nursing staff have reported an increase in clients attending the service. Clients have been more willing to engage with the health service and more willing to discuss intravenous drug use in the primary healthcare setting," Christine explained.

"Following individual education and prevention tactics, more young people are returning for follow up advice, care and vaccinations."

RCH patient Ruby



### EMERGENCY DEMAND:

## On the fast track



### Strategies to manage increasing Emergency Department presentations

**2015-16 was another year of record Emergency Department (ED) presentations at the RCH. More than 88,000 children presented at ED, an increase of more than 4,000 children on the previous year.**

“The RCH continues to experience significant growth in ED presentations and we have implemented a number of strategies to manage this,” Executive Director of Clinical Operations John Stanway said.

A new model of care was introduced to the Medical Short Stay Unit to support the efficient flow of patients and reduce wait times in the ED.

“The key elements of the new model was to provide consultant cover for seven days a week, introduce twice daily consultant-led ward rounds and further foster the partnership between medical and nursing staff to provide excellent care and optimise flow,” John explained.

The introduction of the model has changed the timing of discharges, which historically occurred from the late morning to noon. This change has increased capability to plan for admissions and helped to increase patient access and flow from the ED.

“We are also working with the Department of Health and Human Services to build a new ‘fast track’ facility in the ED, which will be ready for winter in 2017,” John Stanway explained. “It will significantly increase access in the ED and allow us to treat additional patients each year, in a more timely manner.”

The number of children presented at ED:

# 88,000

## Excellent Clinical Outcomes

### STRENGTHENING OUR RESPONSE TO FAMILY VIOLENCE:

## RCH Actions

**In 2015 the Department of Health and Human Services (DHHS) launched its Strengthening Hospitals Response to Family Violence Project (SHRFV).**

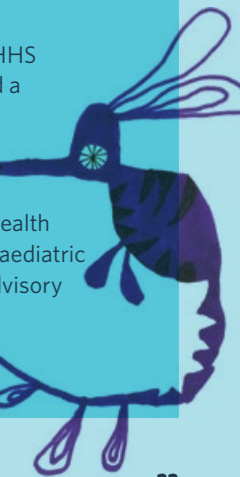
This project initially involved the Royal Women’s Hospital and Bendigo Health, which were given the responsibility of developing a resource and training program for hospitals to improve their detection, attention to and intervention in family violence issues for their patients. The message was clearly conveyed — family violence is a health issue.

After providing feedback to the project, RCH was invited to be part of the second stage of the project.

“This involved scoping work to evaluate the hospital’s current level of awareness and responsiveness to family violence issues. The work confirmed the need to further develop our hospital’s response and cultural awareness, and the need to develop or adapt materials and resources for use in a paediatric health setting,” said RCH Director of Allied Health, Bernadette O’Connor.

The RCH Social Work department has since secured a DHHS Allied Health Advanced Practice Grant and has appointed a senior Social Worker, who will now further develop our RCH family violence response.

“We intend that the resources that have come from the initial SHRFV project will be adapted to suit a paediatric health setting such as RCH, and therefore can be used in other paediatric settings. RCH staff are also participating in the Project Advisory Group for the SHRFV project as it goes into its third stage, as well as contributing to network meetings.”





USING ROBOTS TO IMPROVE PATIENT EXPERIENCE AND OUTCOMES:

# Meet NAO, a world-first rehabilitation aid

Physical rehabilitation for children born with a physical disability or who have acquired an injury through illness or trauma, often involves challenging, uncomfortable and highly repetitive exercises.

Yet thanks to a humanoid robot known as NAO, a number of RCH patients are now experiencing a more positive and engaging approach to therapy, with researchers confident NAO has the potential to transform the nature of paediatric rehabilitation.

Working with Swinburne University of Technology's robotics team, RCH physiotherapists have enabled NAO to effectively perform the necessary physio exercises, interactive behaviours and patient feedback capabilities, to make him an effective aid.

Head of the Victorian Paediatric Rehabilitation Service, Dr Adam Sheinberg says it's a world first in a number of ways.

"The ability of the NAO robot to perform more than 20 specific strengthening exercises cannot be understated. This is the first occasion worldwide that a NAO robot has been equipped with this ability, moving it from a social robot and interactive aid to a specific rehabilitation aid."

Improvements to patient motivation, exercise completion rates and patient wellbeing have all been observed in patients working with NAO, making faster-recovery and improved patient experiences realistic objectives.

While initially targeting children requiring rehabilitation after road trauma, NAO is now being extended to other patients including those with spinal cord injury, oncology patients and children and young people with cerebral palsy treated with botulinum toxin injections.



NAO humanoid robot

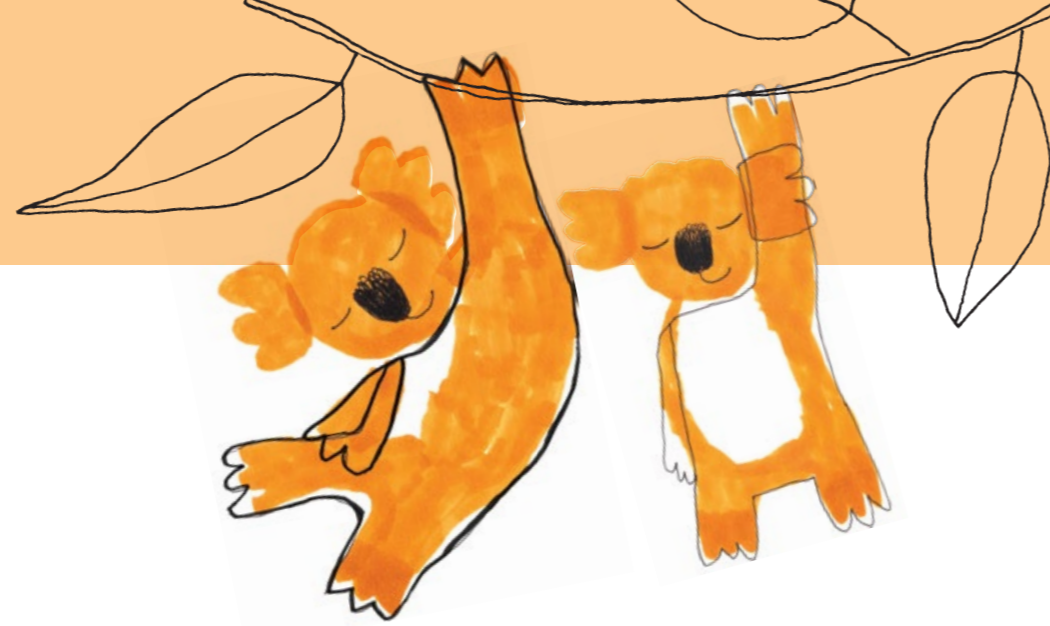
"Straight knees when standing, Bailey!"



RCH Physiotherapist Jo Butchart with RCH patient Bailey



"...a humanoid robot as a therapeutic aid for paediatric rehabilitation represents a truly transformative and novel approach to paediatric care delivery."



## THE HOSPITAL AT YOUR FINGERTIPS: My RCH App

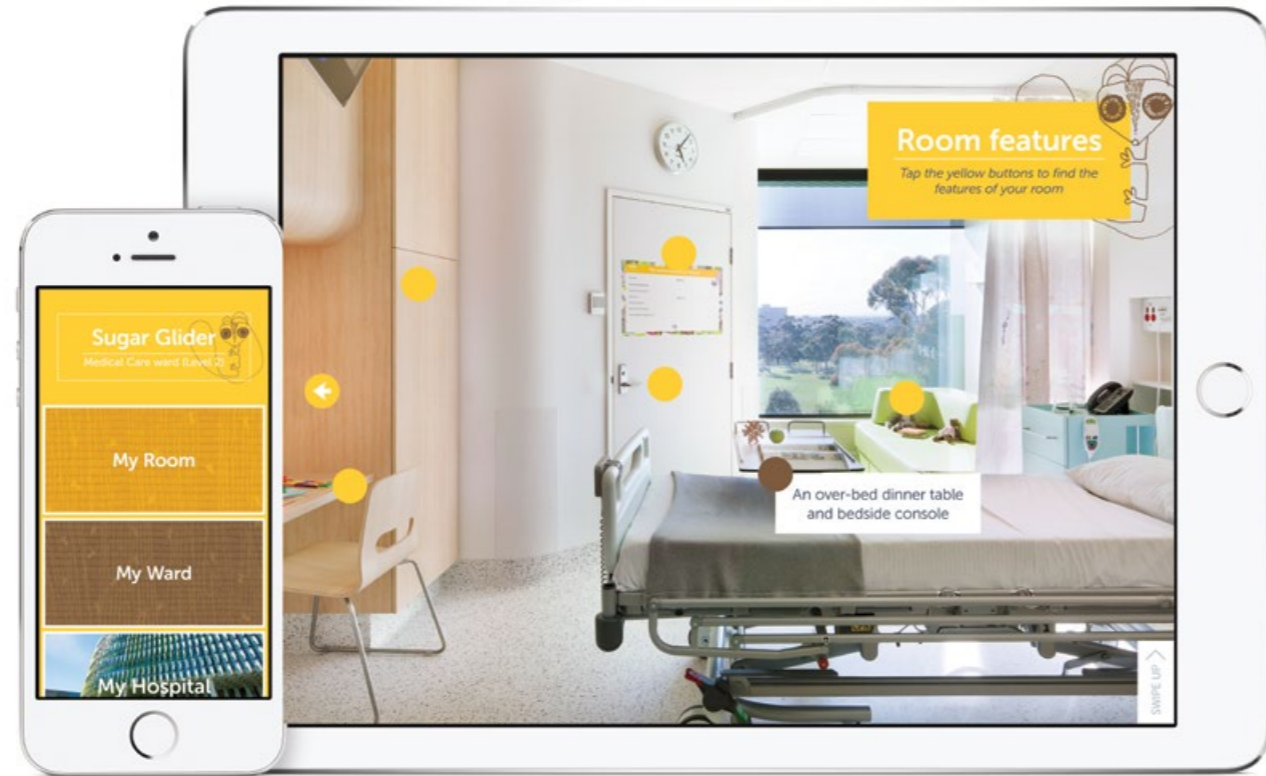
Developed throughout 2015-16, the new 'My RCH App' will play an important role in the hospital's digital strategy, and builds on the successes of the RCH website (now Australia's most visited, local online health service) and the hospital's social media activity.

My RCH App offers important information about the hospital's 11 wards, patient rooms and amenities, staff roles, and RCH practices and processes. The app is freely downloadable for all mobile devices, providing easier access to information and significantly reducing printing costs and waste at the RCH.

"Patients and family benefit by becoming more informed and prepared about their hospital experience. They can access the most up-to-date information, tailored to their ward, on their mobile device," RCH Creative Studio Director Simon Pase said.

The app has also been integrated into new models of care including 'COCOON', a new baby-centred protocol which encourages parents to touch and hold even critically ill babies during their stay at the Butterfly intensive care unit.

The app also supports the sharing of knowledge and skills between staff and parents.



"The app creates a less-daunting hospital experience by utilising child-friendly illustrations, animations, photographs, maps and videos."

"Families can access the most up-to-date information, tailored to their ward on their mobile device."



AUSTRALIA'S FIRST PAEDIATRIC STROKE SERVICE:

# Improving outcomes after childhood stroke

Stroke is among the top 10 causes of death in newborns and children, and those that survive often face long-term disabilities. Yet until recently Australia was without an appropriate comprehensive paediatric stroke service.

The RCH Stroke Program became Australia's first coordinated, multidisciplinary paediatric stroke clinic in 2007, after it became clear that babies and children with stroke required a coordinated multidisciplinary approach to care, along the child's journey from initial stroke diagnosis through to rehabilitation.

The program now treats 30-45 babies and children annually and has recruited 378 children with stroke to an institutional registry. Stroke recognition rates have risen, recurrence rates have decreased and greater knowledge now exists Australia-wide on best practice treatment and care.

Patients and parents are also supported by a parent-led paediatric stroke parent support group, Strokidz.

Furthermore, RCH research has generated considerable media interest nationally and internationally, creating opportunities to deliver public education messages and increase public awareness of stroke, while ensuring the best standard of care possible for all babies and children experiencing stroke within Australia.

"Babies and children with stroke require a coordinated, multidisciplinary approach from diagnosis to rehabilitation."



The number of children recruited to an institutional registry:

# 378



RIGHT OF PASSAGE:

# Transitioning 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 across all clinical areas of the RCH. The Service addresses the medical, educational, developmental and psychosocial needs of patients and their families, as they transition to adult health services.

"In 2012, surveys distributed during each patient's first transition appointment revealed that only 59 per cent of adolescent patients always or mostly remembered to take their medications, while 83 per cent of parents were regularly reminding their children to take their medication," Transition Service Manager Evelyn Culnane said.

Only 53 per cent of adolescent patients knew when to seek help during an emergency, and less than 70 per cent saw a GP. Of concern, 60 per cent of adolescent patients reported feeling anxious about transferring to adult care.

"This model of care includes an 'open door' philosophy to ensure that all patients and families receive timely and effective support."

Since 2012, 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.

"This has been achieved through the implementation of a hospital-wide transition model of care," Evelyn added. "This model of care includes an 'open door' philosophy to ensure that all patients and families receive timely and effective support, and collaboration with internal and external stakeholders to address recognised gaps in the healthcare and disability sectors."

The Service has also initiated combined paediatric and adult service clinics, joint consumer information sessions with adult hospitals, and collaborative research initiatives with adult services.

Survey results have indicated a marked improvement across all areas in 2015-16. Following transition, 100 per cent of adolescents always or mostly took their medications, 90 per cent knew when to seek help in an emergency, 90 per cent saw a regular GP and 33 per cent of patients felt anxious about transition, a significant decrease from 2012.



The number of complex patients supported by the RCH Transition Support Service:

# 1000

# Reducing restrictive intervention in mental health

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 and psychological disorders including:

- psychosis
- mood disorders
- emotional problems
- behavioural problems
- relationship problems
- habit or self-care problems
- other psychological and perceptual problems

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.

Banksia Ward uses a multi-disciplinary approach to assess and treat young people admitted to the Ward. The team is comprised of consultant psychiatrists, registered nurses with mental health qualifications, a psychologist, social worker, psychiatry registrar and teachers with special education qualifications.

The RCH continues to closely monitor all restrictive interventions applied in the hospital. Banksia ward has demonstrated a consistent reduction in the use of physical restraint and seclusion. This is despite high acuity and the highest monthly occupancy rates in comparison to previous years.



Banksia Associate Nurse Unit Manager Mikaela Kruger



## Allied Health

More than 500 Allied Health professionals work across the RCH, in departments including Audiology, Educational Play Therapy, Gatehouse Centre, Nutrition, Music Therapy, Occupational Therapy, Prosthetics and Orthotics, Physiotherapy, Social Work and Speech Pathology.



RCH Physiotherapist Tammy Beecroft with RCH patient Adam

# Patient safety and the EMR

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

## Zero Harm

The EMR supports the hospital's commitment to delivering evidence-based and safe care to all our patients.

"Everything is very visible within the EMR," EMR Director Jackie McLeod said. "We can ensure in real-time that every inpatient has received their falls and risk, skin integrity and allergy checks, among other important assessments."

The EMR also creates safety scores for RCH inpatients, based on multiple real-time factors.

"This includes their most recent observation assessments and administered medication, and if there are any overdue tests or activities. It shows clinicians straight away if there is anything that is outstanding for that patient."

## Medication Safety

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

"There are decision support mechanisms and medication orders sets built into the EMR, based on RCH best-practice models of care, which is particularly helpful for junior medical staff," Jackie said.

The system supports improved accuracy and visibility of medication information being communicated between the child's treatment team.

"This also helps ensure that the prescribed order is appropriate, for example that it is the correct dose for the child's height and weight, and that there are no adverse interactions with other medications," Jackie explained.



## Preventing Adverse Events

The EMR has in-built safety and quality 'guard rails' that flag possible errors or risks.

"Patient observations are charted into the system automatically, and will alert clinicians if the patient has recorded an observation outside of the normal reference range for their age or condition," Jackie added.

"The EMR doesn't stop RCH staff from implementing what they believe is the best method of treatment, but clinicians are alerted if anything looks unusual in the system — in case there is an error or oversight. These alerts prevent the clinicians from proceeding with treatment until they have checked the item in question."



The influenza vaccinate rate achieved by staff:

# 90%



RCH paediatrician, Dr Margie Danchin

## GET THE JAB DONE:

# Immunising all RCH staff

The Department of Health and Human Services mandates that at least 75 per cent of staff at Victorian health services receive influenza vaccination each year. This year the RCH achieved a 90 per cent staff influenza vaccination rate, following a comprehensive internal campaign and immunisation program called Get the Jab Done.

Staff surveys in 2015 demonstrated that myths about influenza persisted at the hospital, including the belief that the flu isn't a serious illness.

In 2016 RCH paediatrician Dr Margie Danchin filmed a candid video in which she detailed a confronting influenza case, wherein a little girl developed brain and spinal cord complications, following influenza.

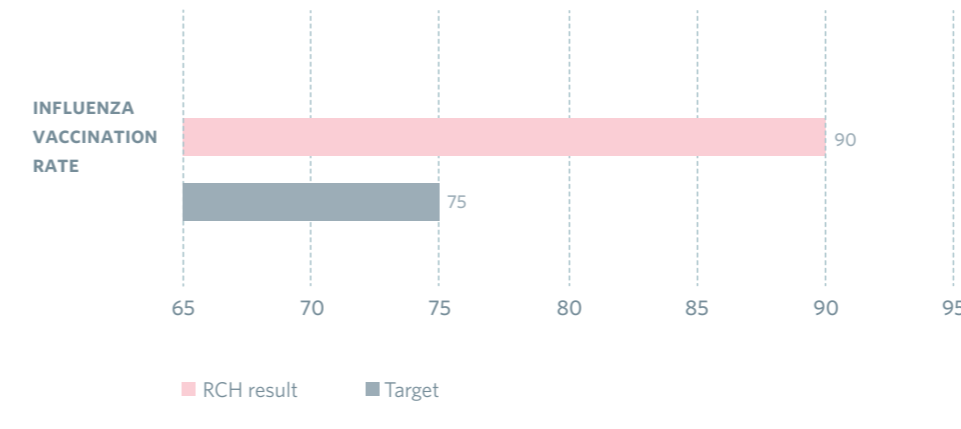
"It was really confronting to see the acute consequences of influenza," Dr Danchin explained in the video. "She was in hospital for weeks learning to sit up again, learning to eat and draw and speak, and use the right side of her body. We recommend the flu vaccine for all staff throughout the hospital each year, it's important that everyone accepts the responsibility of receiving the flu vaccine, not only for themselves but to protect the patients and families in the hospital."

The video was broadcast on the RCH intranet and in department meetings. A modified version was created for the RCH Facebook page, which reached almost one million people and generated mainstream broadcast and print media coverage.

"It is important that everyone accepts the responsibility of receiving the flu vaccine, not only for themselves but to protect the patients and families in the hospital."

## RCH staff influenza immunisation rate for 2015-16

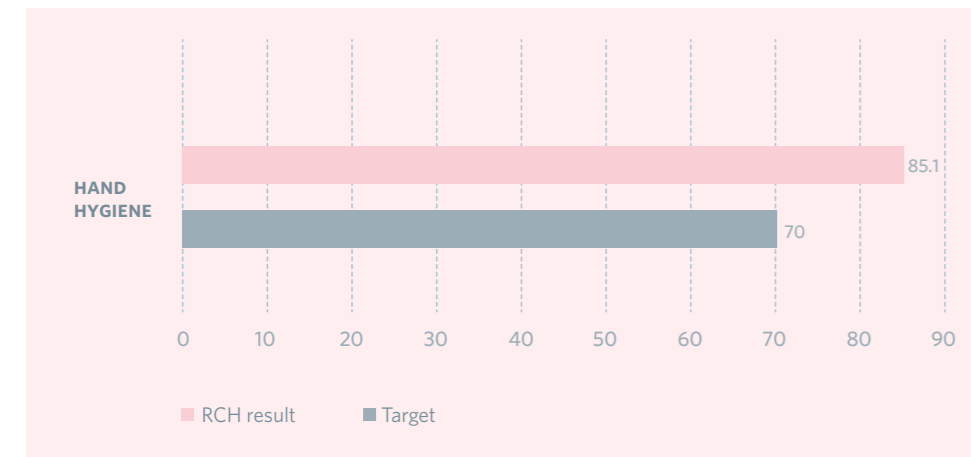
90 per cent against a statewide target of 75 per cent (15 per cent above target)



# Infection prevention and control

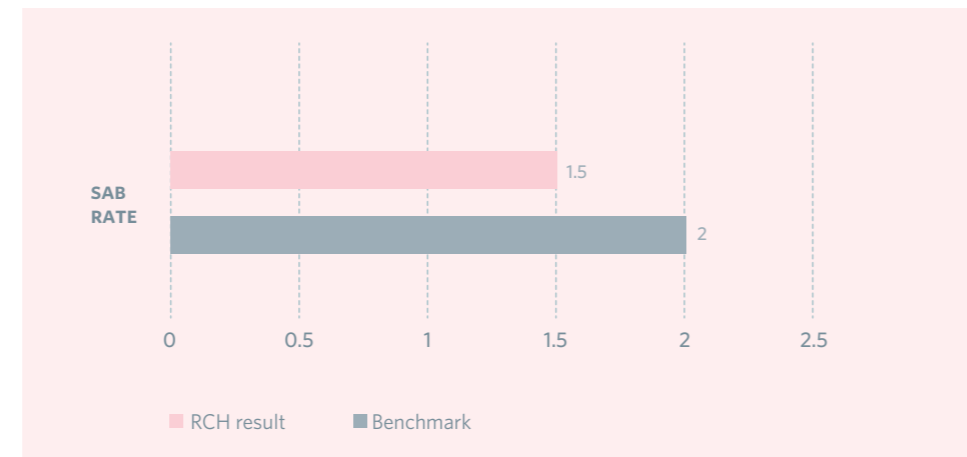
## RCH hand hygiene compliance for 2015-16:

RCH recorded 85.1 per cent compliance against a statewide target of 70 per cent (15.1 per cent above target).



## RCH SAB rate for 2015-16:

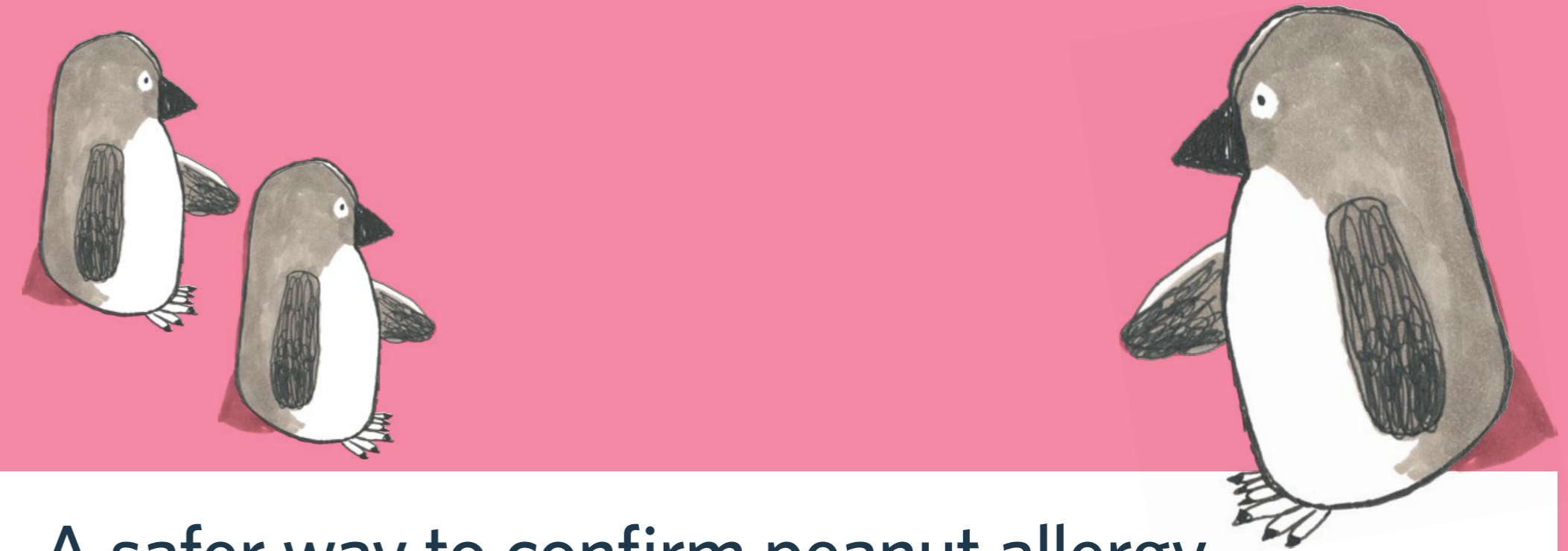
The RCH achieved 1.5 incidents of Staphylococcus Aureus Bacteraemia (SAB) per 10,000 Occupied Bed Days (OBD); achieving the national benchmark of no more than two incidents for 10,000 OBD.



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

The RCH achieved a rate of 1.9 CLABSI per 1,000 line days, compared with 1.2 the previous year. In 2015-16 the RCH Infection Prevention and Control team implemented a new critical incident process to combat CLABSI. This year a review of every patient at risk is sent to the admitting teams, in order to determine any preventable risk factors.

If an increase in hospital acquired CLABSI infections is discovered on a ward, then the Infection Prevent and Control team will initiate an immediate assessment and action plan.



# A safer way to confirm peanut allergy

**Allergy services nationwide are overwhelmed and food challenge tests to confirm allergic status not only present a risk to patients — they are often difficult to access.**

The Royal Children’s Hospital is not immune from this pressure, with its Department of Allergy and Immunology now managing approximately 10,000 outpatient visits a year.

Food allergies affects 10 per cent of all infants and 5 per cent of adolescents.

While diagnosis of peanut allergy is relatively straightforward for children with a clear history of reaction specifically to peanuts, it can be much more complicated in children with no recent reaction, mixed exposure (i.e. to a range of nuts or other known allergens), and/or those suspected of outgrowing the allergy.

To confirm allergic status or diagnose tolerance in these later groups has traditionally required a blood test for peanut antibodies and an Oral Food Challenge (OFC). Neither of which are ideal.

“Skin prick tests require a specialist setting, with waiting times exceeding 18 months in many centres throughout Australia,” explains Professor Katie Allen, the Director of the Centre for Food and Allergy Research at the Murdoch Childrens Research Institute.

“Oral Food Challenges meanwhile are time consuming, costly and carry a worst case risk of anaphylaxis. New approaches that allow accurate diagnosis of peanut allergy while reducing the need for an OFC were desperately needed, both to improve patient care and experience, reduce risk and patient waiting lists, and increase overall hospital capacity.”

Dr Allen’s department has delivered such an approach, after undertaking a study to confirm if the main allergen in peanuts (Ara h2) could accurately identify clinical peanut allergies, via just one blood test.

The study confirmed Ara h2 is significantly more accurate in predicting peanut allergy than traditional skin prick tests for general peanut antibodies, substantially reducing the number of OFCs required to diagnose peanut allergy by almost two-thirds.

“This study not only represents optimising quality, clinical care – it has led world’s best practice, with the resulting guidelines produced currently being rolled out internationally via the World Allergy Organisation’s guidelines.”

“As a result of this work we can safely anticipate a world-wide reduction in the need for risky oral food challenges, which although have never resulted in anaphylaxis in a RCH setting, do present an anaphylaxis risk of 5 per cent,” Professor Allen said.

As a direct result of this work the RCH is now potentially preventing around 50 cases of peanut-induced anaphylaxis a year, delivering on its objectives of reducing risk to patients, demands on hospital resources and improvements to patient experience.

“We can safely anticipate a world-wide reduction in the need for risky oral food challenges.”





**Melbourne Children's**

A world leader  
in child and  
adolescent  
health



The Royal  
Children's  
Hospital  
Melbourne



**Murdoch  
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