Providing Great Care at
The Royal Children’s Hospital

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Strategy and Improvement
RCH Vision and Values

GREAT children’s hospital, leading the way

- **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
RCH Strategic Focus: To Deliver Great Care
Great Care is Personal
Using VHES data for Improvement

2 projects utilizing data from the VHES:

1. Improving the ‘Rights of the Child and Young People in healthcare’ at the RCH.

2. My RCH Portal
Improvement Project 1

Monitoring improvements in the implementation of:

The Rights of the Child and Young People in Healthcare

and

Child Safe Standards
United Nations Convention of the Rights of the Child

- A Charter of Rights has been developed
- The RCH has a responsibility to promote, support and monitor the implementation of The Charter
- Implement the practical aspects of The Charter into our Great Care strategies
Charter on
The Rights of Children and Young People in Healthcare Services in Australia
Children’s and Young People’s Rights in Healthcare Services in Australia

1. To consideration of their best interests as the primary concern of all involved in his or her care
2. To express their views, and to be heard and taken seriously
3. To the highest attainable standard of healthcare
4. To respect for themselves as a whole person, as well as respect for their family and the family’s individual characteristics, beliefs, culture and contexts.
5. To be nurtured by their parents and family, and to have family relationships supported by the service in which the child or young person is receiving healthcare
6. To information in a form that is understandable to them
7. To participate in decision making and, as appropriate to their capabilities, to make decision about their care
8. To be kept safe from all forms of harm
9. To have their privacy respected
10. To participate in education, play, creative activities and recreation, even if this is difficult due to their illness or disability
11. To continuity of healthcare, including well planned care that takes them beyond the paediatric context.
Child Safe Standards

- Introduced in January 2016 by Victorian Government
- Objective to promote cultural change in organisations so that protecting children from child abuse is embedded in everyday thinking and practice of leaders, staff and volunteers
Child Safety - Standard 7

Strategies to promote the participation and empowerment of children
Putting this into practice at RCH

What?
We are required to ensure that our policies, procedures, guidelines and practices align with the ‘Rights of the Child’ and the Child Safe Standards.

How?
1. Review current documentation to ensure we meet the requirements (we have some good documents already in place)
2. Provide information to children and young people about their ‘Rights’ in our healthcare service.
3. Enhance the current practices to embed the culture of children's and young people’s rights
4. Measure improvement (VHES survey)
Rights of the Child and the implementation of the Child Safety Standards

We have mapped questions from the VHES survey to match the eleven Rights of the Child in Healthcare Services Charter.

This data is used to monitor implementation of the standards and assist on identifying areas for improvement.
To express their views, and to be heard and taken seriously

Q29. If your child needed to talk to a doctor, did they get the opportunity to do so?
Q37. If your child needed to talk to a nurse, did they get the opportunity to do so?
Q67. Do you feel that you and your child were listened to and understood by the people looking after them?
Q46. Did hospital staff caring for you explain things in a way you could understand?
Q47. If you had any questions or worries, did a member of hospital staff talk with you about them?
Q58. Do you feel that you were listened to and understood by the people looking after you?
Q42. How often did the doctors, nurses and other healthcare professionals caring for your child explain things in a way you could understand?

Q43. How often did doctors, nurses and other healthcare professionals caring for your child explain things in a way that was appropriate for him/her?

Q48. Did you receive sufficient information about your child's condition and treatment?

Q55. After the operation or procedure, did a member of staff explain to you how the operation had gone in a way you could understand?

Q56. After the operation procedure, did a member of staff explain to you how the operation had gone in a way that was appropriate for your child?

Q46. Did hospital staff caring for you explain things in a way you could understand?
To participate in decision making and, as appropriate to their capabilities, to make decision about their care

Q47. Were you involved (as much as you wanted to be) in decisions about your child’s care and treatment?

Q60. Did you feel you were involved in decisions about your child’s discharge from hospital?

Q49. Were you involved as much as you wanted to be in decisions about your care and treatment?
To have their privacy respected

Q50. Was your child given enough privacy when being examined or treated?
Q51. At all other times, did your child have enough privacy?
Q51. Were you given enough privacy while in hospital?
To continuity of healthcare, including well planned care that takes them beyond the paediatric context.

Q65. Before your child left hospital, did the doctors and nurses give you sufficient information about managing your child’s health and care at home?
Improvement Project 2
Partnering with Consumers in their healthcare
<table>
<thead>
<tr>
<th>Patient age</th>
<th>Patient access</th>
<th>Proxy Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 12 years old or Over 12 years old with cognitive impairment</td>
<td>No Access</td>
<td>Full Access</td>
</tr>
<tr>
<td>12 – 16 years old</td>
<td>Some Access (excludes appointment requests)</td>
<td>Some Access (excludes VFPMS appointments)</td>
</tr>
<tr>
<td>Over 16 years old</td>
<td>Full Access</td>
<td>No Access (unless consent signed)</td>
</tr>
</tbody>
</table>
Early Indicators from VHES

60. If follow up with your child’s General Practitioner (GP) was required, was he or she given all the necessary information about the treatment or advice that your child received in the ED?

Positive: 100%

June 2016: 100.0% (n=27)
June 2015: 87.5% (n=95)
State: 81.8% (n=503)
Health service: 100.0% (n=27)
Peer group: 100.0% (n=27)

46. Were you told the results of the test in a way you could understand?

Positive: 100%

June 2016: 100.0% (n=8)
State: 78.5% (n=104)
Health service: 100.0% (n=8)
Peer group: 100.0% (n=8)
In Conclusion:

• We have used the VHES data that is available to us
• Incorporated parent and young people’s feedback
• Employed a culture of transparency, education and communication
• Still a way to go but we are on the path to improvement!
Great care means family interaction

Great care is my doctors being nice to me

Great care is team delivered, patient centred and cutting edge

Great care means helping others

Great care is the technology of today

Great care is patient centred and evidence based

Great care is healing, not hurting