

APPENDIX B

**AUSTRALIAN ASSOCIATION FOR THE WELFARE OF
CHILDREN IN HOSPITAL**

**QUESTIONNAIRE ON PSYCHOSOCIAL CARE OF CHILD
PATIENTS (AND FAMILIES) IN HOSPITAL**

**To be completed by the Director of Nursing, Nursing Unit Manager (Paediatric) or
Clinical Nurse Consultant (Paediatric).**

- 1) When completing this questionnaire please:
- 2) Place a tick in a square alongside the appropriate answer.
- 3) If there is insufficient space to make comments please use the reverse side of the form.
- 4) Space has been provided at the end of the questionnaire for general comments.

All of your responses will be treated in the strictest of confidence and it will not be possible for any person to identify individual responses in the final report.

After you have completed the questionnaire please place it in the pre-stamped envelope provided and post it to:

Sally O'Donohue
Project Officer
Association for the Welfare of Children in Hospital
158-160 Hawkesbury Road
Westmead, NSW 2145.

**If you have any queries please contact A.W.C.H. Headquarters
on (02) 633-1988 or 008 244 -396**

Date completed: / /

Position of person completing the questionnaire.....

We thank you for your time in completing this questionnaire.

We understand that the smaller or general hospitals will possibly not have the same range of services and facilities as the larger paediatric hospitals.

1. SEPARATE PAEDIATRIC & ADOLESCENT FACILITIES

- 1.1 Please indicate the type and location of your hospital within the following three groups: **Yes No**
- a) Public..... 1
 Private..... 2
- b) City/Metro..... 3
 Country..... 4
- c) General Hospital admitting paediatric and adult patients..... 5
 Specialised Paediatric Hospital admitting only paediatric patients..... 6
- 1.2 Total number of hospital beds 7 _____
- 1.3 Total number of paediatric beds 8 _____
- 1.4 If general hospital: **Yes No**
- a) Are children in separate ward(s)? 9
 b) Are children placed amongst other patients? 10
- 1.5 Please indicate the allowed minimum and maximum age of admitted paediatric patients:
- a) Minimum 11 _____
 b) Maximum 12 _____
- 1.6 Does your hospital have a day surgery ward that is used by paediatric patients? **Yes No**
 13
- 1.7 Please indicate where adolescent patients are placed: **Yes No**
- a) In a unit designated for adolescents only? 14
 b) Amongst other patients? 15

2. PREPARATION FOR ADMISSION

- 2.1 Do you offer any of the following pre-admission preparation information or activities for elective child patients and their families: **Yes No**
- a) Familiarisation visits to the ward? 16
 b) Audio-visual presentation, eg. puppet, slide, video? 17
 c) Other?..... 18-20 _____
- If no, please proceed to 2.4.
- 2.2 How do families and children hear about activities such as these? **Yes No**
- a) Medical staff verbally?..... 21
 b) Admission letter?..... 22
 c) Schools/community groups?..... 23
 d) Other..... 24-6 _____
- 2.3 Approximately what percentage of children over the past 12 months do you consider attended a preparation activity prior to their admission? 27 _____ %
 Please proceed to 2.7

- 2.4 Would you like to offer preparation information or activities? **Yes No**
 28

If no, please proceed to 2.7

If yes,

- 2.5 What factors currently prevent you from doing this? **Yes No**
- a) Lack of staff..... 29
 b) Lack of finance..... 30
 c) Other..... 31-3 _____
- 2.6 If you are already planning to offer such a program, please advise details, eg. a) expected date of commencement month/year, b) the kinds of activities you intend to include
- a) 34 _____

 35-7 _____
- b)

 35-7 _____

- 2.7 Does your hospital provide written information for parents to:
- a) Help prepare their children for a hospital experience? **Yes No**
 38
 b) Provide basic information about the hospital? 39

If no to both, please proceed to 2.8

If yes,

- c) When is the information distributed: **Yes No**
- prior to admission? 40
 - on or after admission? 41
 d) Is this information available in languages other than English? 42
- 2.8 Are you aware that a pamphlet for parents titled *Your Child in Hospital* is available free of charge from A.W.C.H.? **Yes No**
 43

3. ACCOMMODATION FACILITIES FOR FAMILIES

- 3.1 Is it possible for a parent to sleep in the room with their hospitalised child? **Yes No**
 44
- If yes,
- 3.2 What sort of sleeping accommodation is available: **Yes No**
- a) Fixed or folding bed beside the child? 45
 b) Fixed chair beside child? 46
 c) Recliner chair beside child? 47
- d) Bed in area near ward? 48
 e) Flat? 49

- f) Other?.....
..... 50-2 _____
- 3.3 Are you able to accommodate all parents who ask to stay with or near their child overnight? 53 **Yes** **No**
- 3.4 Are *all* parents routinely advised of your overnight facilities? 54 **Yes** **No**
- 3.5 How are parents notified of these facilities: **Yes** **No**
- a) In writing? 55
- b) Verbally? 56
- 3.6 What costs are involved to parents staying with their child?.....
..... 57-9 _____
- 3.7 What is available on, or conveniently near, wards for parents? **Yes** **No**
- a) Access to toilet or handbasin? 60
- b) Lounge area for parents? 61
- c) Private space(s) for parents to grieve or talk with staff? 62
- d) Showering facilities? 63
- e) Public telephone? 64
- f) Facilities for making tea/coffee? 65
- g) Facilities to wash/dry personal laundry? 66
- 3.8 Are there any special meal facilities or arrangements available to -
- a) live-in parents? **Yes** **No**
- i) Hospital kiosk 67
- ii) Meal tickets 68
- iii) Food preparation areas 69
- iv) Ward food 70
- v) Staff cafeteria 71
- vi) Other.....
..... 72-4 _____
- b) visiting parents?
- i) Hospital kiosk 75
- ii) Meal tickets 76
- iii) Food preparation areas 77
- iv) Ward food 78
- v) Staff cafeteria 79
- vi) Other.....
..... 80-2 _____

4. CHILD MINDING PROVISIONS

- 4.1 Does your hospital provide child care for siblings of child patients and other children of visitors? **Yes** **No**
83
- If no, please proceed to 5.1
- If yes, please indicate:
- a) The age range catered for? 84 _____
- b) Hours available? 85 _____
- c) Days available? 86 _____

- 4.2 Are severely disabled children catered for in the child minding facilities? **Yes** **No**
87
- 4.3 Please tick the staffing arrangements in your child minding centre: **Yes** **No**
- a) Professionally trained Director/staff? 88
- b) Volunteers only? 89

5. VISITING HOURS

- 5.1 Does your hospital have a 24 hour visiting policy for parents of paediatric patients? **Yes** **No**
90
- If yes, how are the patients advised of this policy: **Yes** **No**
- a) In writing? 91
- b) Verbally? 92
- c) A sign in the ward area? 93

Please proceed to question 5.3

- 5.2 If you do not have a 24 hour visiting policy for parents, please outline the policy you do have.
.....
.....
..... 94-6 _____
- 5.3 What are the visiting arrangements for the siblings of patients? **Yes** **No**
- a) Unrestricted 24 hours? 97
- b) Restricted, e.g. outside rest time or prior to 20:00 hours? 98

6. OTHER PAEDIATRIC FACILITIES

- 6.1 Does your hospital make special arrangements for children whose parent/s cannot visit them regularly or at all? **Yes** **No**
99
- If yes, do any of your arrangements include: **Yes** **No**
- a) A granny scheme? 100
- b) A parent surrogate scheme where parents nominate a substitute parent to the child or select a designated nurse, O.T., or another staff member? 101
- c) Other?.....
.....
..... 102-4 _____
- 6.2 Do child patients have access to any telephone (including ward phone) in the ward area to: **Yes** **No**
- a) Receive phone calls? 105
- b) Make phone calls? 106
- 6.3 On admission does your hospital compile a personal sheet on the child, eg. eating, sleeping, toileting etc? **Yes** **No**
107
- 6.4 Can your paediatric patients: **Yes** **No**
- a) Choose their own food? 108
- b) Dress in their own pyjamas/clothes? 109

- c) Personalise their bed unit (with artwork, photos, bedspreads etc)? 110
- d) Eat in ward dining areas? 111
- 6.5 Do you encounter difficulties in caring for disabled children in your hospital? 112 **Yes** **No**
- If yes, please indicate if these difficulties relate to: **Yes** **No**
- a) Staffing? 113
- b) Facilities, e.g. appropriate toilets? 114
- c) Other?..... 115-7 _____

7. PARENT PARTICIPATION IN PATIENT CARE

- 7.1 Can parents participate in the care of their children in any of the following ways: **Yes** **No**
- a) Basic care (feeding, bathing, dressing)? 118
- b) Nursing care (e.g. taking temperatures, treatments)? 119
- 7.2 Is it policy that parents are encouraged to be involved with their child's: **Yes** **No**
- a) Basic care? 120
- b) Nursing care? 121
- 7.3 Are parents able, if they wish, to be with their children during induction of anaesthesia? 122 **Yes** **No**
- If yes,
- a) Please indicate approximately what percentage of children undergoing surgery this would involve 123 _____ %
- If no,
- b) What do you see as the main reason/s that prevent this from happening? **Yes** **No**
- i) Inadequacy of physical facilities? 124
- ii) Not supported by surgeons/anaesthetists? 125
- iii) Parents do not ask to be present? 126
- iv) Other..... 127-9 _____
- 7.4 Are parents able, if they wish, to be in the Recovery Ward following surgery and other procedures requiring an anaesthetic? 130 **Yes** **No**
- If no,
- a) What do you see as the main reason/s that prevent this from happening? **Yes** **No**
- i) Inadequacy of physical facilities? 131
- ii) Not supported by Staff involved? 132
- iii) Parents do not ask to be present? 133
- iv) Other..... 134-6 _____

- 7.5 Are parents able, if they wish, to be with their child during actual treatments and medical procedures when the child is conscious? 137 **Yes** **No**
- If no,
- a) What do you see as the main reason/s that stops this from happening: **Yes** **No**
- i) Inadequacy of physical facilities? 138
- ii) Not supported by staff involved? 139
- iii) Parents do not ask to be present? 140
- iv) Other..... 141-3 _____

8. EDUCATIONAL/PREPARATION FOR SPECIFIC MEDICAL TEST PROCEDURES

- The following question explores whether if a child in your hospital has to undergo any tests, procedures and operations that could be distressing, psychological preparation methods are available.
- Although often such teaching is informal or spontaneous, we are asking here about whether routine teaching is done on a **regular basis**, and is offered to **each** paediatric patient.
- 8.1 Are diagnostic tests and operations explained to children (in a manner appropriate for their age), and their families in: **Yes** **No**
- a) All cases? 144
- b) Most cases? 145
- c) Few cases? 146
- 8.2 Does this preparation include: **Yes** **No**
- a) Explanations of the sequence, nature and reasons for the procedure? 147
- b) Descriptions of physical sensations the child may experience? 148
- c) Special teaching materials (e.g. printed materials, dolls, body outlines or photographs)? 149
- d) Opportunities to see and play with medical equipment (e.g. plastering a doll's legs in plaster)? 150
- e) Teaching of relaxation techniques or other coping strategies? 151
- f) Other, please specify..... 152*4 _____
- 8.3 Is there a department/discipline in your hospital responsible for co-ordinating this teaching? 155
- If yes, please identify those responsible: **Yes** **No**
- a) Nursing 155
- c) Other.....

8.4 a) Do you consider that there is a need for individual teaching in your hospital about specific diagnostic tests to all children and families? 157 **Yes** **No**

If yes,

b) What has prevented your hospital from doing this? **Yes** **No**
 i) Staff? 158
 ii) Time? 159
 iii) Finance? 160

8.5 Does your hospital provide a family resource library for parents and children regarding medical, developmental and psychosocial topics? 161 **Yes** **No**

9. PLAY, RECREATION AND EDUCATION

9.1 What space does your hospital provide for indoor play for your child patients: **Yes** **No**
 a) Floorspace within the ward? 162
 b) A separate playroom in or near the ward? 163
 c) Outdoor play area? 164
 d) Other..... 165-7 _____

9.2 Do you consider your ward has adequate toys, play materials and recreation equipment to cater for the age range of patients you usually cater for? **Yes** **No**
 a) Pre-school age? 168
 b) School age? 169
 c) Adolescents? 170

9.3 Do you consider the decoration of your ward given the age range you usually cater for, is: **Yes** **No**
 a) Inadequate? 171
 b) Adequate? 172
 c) Adequate but could be better? 173

9.4 a) Does your hospital provide the services of play or recreation staff? 174 **Yes** **No**

If no please proceed to 9.7

If yes, are staff: **Yes** **No**
 b) Qualified in child care, early childhood education development/care or recreation? 175
 c) Volunteers untrained in this area? 176
 d) Both? 177

9.5 a) Please indicate the numbers of staff involved in each of the above areas:
 i) 178 _____
 ii) 179 _____
 iii) 180 _____

b) Please indicate when this service is available (e.g. 9am-9pm every day)
 i) Days..... 181-2 _____

ii) Times..... 183-5 _____

9.6 Are recreation/play staff employed to organise programs, activities and other experiences for adolescent patients? 186 **Yes** **No**

9.7 a) Do you consider the arrangements for adolescent play on your ward to be adequate? 187 **Yes** **No**

If no,

b) How would you rectify this? **Yes** **No**
 i) Space 188
 ii) Facilities 189
 iii) Staff 190
 iv) Other..... 191-3 _____

9.8 If your hospital has school aged patients are the following arrangements made for continuing their education:
 a) Attend a **school within the hospital** or have teachers **from this school unit** visit patients on the ward? 194 **Yes** **No**
 b) Correspondence lessons arranged? 195
 c) Informal arrangements made with parents? 196

10. STAFFING

10.1 Does your hospital use a system of:
 a) Primary nursing where an individual nurse is responsible for identifying patient care needs, planning and co-ordinating care throughout a patient's stay? 197 **Yes** **No**
 b) Team nursing? 198
 c) Other.....

 199 201 _____

10.2 Please indicate approximately what percentage of registered nurses working permanently in each paediatric area have postgraduate paediatric training: 202 _____ %

10.3 a) Do psychosocial aspects of the hospitalised child and/or family feature in your ward in-service education program? 203 **Yes** **No**

b) Please indicate if this in-service education is provided for: **Yes** **No**
 i) Professional personnel, e.g. nurses, doctors, technicians, administrators? 204
 ii) Support personnel e.g. house-keeping staff, dietary aides, clerical? 205
 iii) Volunteers working directly with paediatric patients and their families? 206

10.4 Aside from usual ward rounds and ward team meetings does your ward hold regular inter-disciplinary team meetings? 207 **Yes** **No**

If yes, approximately how often do these occur? **Yes** **No**
 a) Weekly 208

- b) Monthly 209
 c) Other..... 210 _____

10.5 Is there a social worker available to families in the paediatric area? 211 **Yes** **No**

10.6 Do families with limited English skills attend your hospital? 212 **Yes** **No**

If no, please proceed to 11.1

10.7 a) Are recognised interpreter facilities other than a telephone interpreter service available in your hospital? 213 **Yes** **No**

10.8 a) Do you consider that the services your hospital provides for ethnic minority groups are adequate? 213 **Yes** **No**

If no,

a) What do you consider would assist to rectify this?..... 214-6 _____

11. ACCIDENT/EMERGENCY AND OUTPATIENT SERVICES

11.1 a) Does your hospital have an Accident and Emergency area? 217 **Yes** **No**

If no, please proceed to 11.2

If yes,

b) When non-urgent paediatric patients are awaiting treatment in the accident/emergency area are appropriate play materials available for all age groups? 218 **Yes** **No**

c) Is a supervised play program available in the accident/emergency area? 219

If yes, are the staff:

d) i) Qualified in child care, early childhood education or recreation? 220 **Yes** **No**
 ii) Other?..... 221-3 _____

11.2 Does your hospital have an Outpatient Department? 224 **Yes** **No**

If no, please proceed to 12.1

If yes,

a) Are appropriate play materials available in the outpatient area/s for all age groups? 225 **Yes** **No**

b) Is a supervised play program available in the outpatient area/s? 226 **Yes** **No**

If yes, are the staff:

d) i) Qualified in child care, early childhood education or recreation? 227 **Yes** **No**
 ii) Other?.....

..... 228-9 _____

12. EVALUTATION AND PLANNING

12 Does your hospital have the following:
 a) A Parent Committee or a similar mechanism to obtain parent input for hospital administration and governing boards? 230 **Yes** **No**

b) A Paediatric Patient Committee comprised of children who make suggestions to improve patient care? 231 **Yes** **No**

c) A comprehensive paediatric patient satisfaction questionnaire to provide direct evaluation of hospital services? 232 **Yes** **No**

13. HOSPITAL/COMMUNITY LIAISON

13.1 a) Does your hospital provide a formal 'home care program' for children with special health needs? 233 **Yes** **No**

If yes, do you provide -

b) Home-based physical, occupational, or respiratory therapy? 234 **Yes** **No**

c) In-home nursing services? 235

d) Physician overview? 236

e) Social services? 237

f) Counselling? 238

g) Nutrition services? 239

13.2 Does your hospital provide care such as:
 a) Emergency respite care for families with special health care needs? 240 **Yes** **No**

b) Planned respite care for families with special health care needs? 241

c) Hospice care for paediatric patients? 242

d) Provide or have access to recreational/educational camps for children with special health care needs? 243

13.3 Does your hospital provide some mechanism for parent-to-parent support? 244 **Yes** **No**

If yes, please specify..... 245-7 _____

13.4 Does your hospital have: **Yes** **No**
 a) A paediatric patient support group? 248
 b) A sibling support group? 249

14. GENERAL DATA

If you can easily obtain data for the following two questions your help in answering them would be appreciated.

14.1 What is the approximate length of stay for paediatric patients in your hospital? 250 _____

14.2 Approximately what percentage of your paediatric admissions are scheduled admissions? 251 _____ %

Hospital Name: (OPTIONAL) _____

Thank you for your time in completing this survey.

If you would be interested in receiving any of the following information or services please do not hesitate to contact us or indicate below:

- Access to the AWCH Library to gain printed information and/or view audio-visual materials. The library is a 'special collection' library within the University of Western Sydney library network. It collects in three main subject fields:
 - i) the non-medical needs of children and adolescents (and their families) in hospital and health care,
 - ii) handicapped children and adolescents and
 - iii) general child development

- Assistance in formulating psychosocial related policies or programs relating to children in hospital e.g. those relating to unaccompanied children, play programs, pre-admission programs, preparation for medical procedures.

- A guest speaker from AWCH to attend a staff in-service meeting to address a range of issues relating to psychosocial paediatric issues.

- Copies of the following AWCH publications
 - Film/video catalogue
 - Your child in hospital pamphlets for parents (available in 11 languages)
 - Health care policy information
 - Copy of survey report.
 - Bibliographies on specific subjects: e.g. Intensive care units, anaesthesia and anaesthetics, grief and bereavement, preparation for hospitalisation, play in hospital, child abuse. All items in the bibliographies are available photocopied.