

SUMMARY AND RECOMMENDATIONS

SEPARATE PAEDIATRIC AND ADOLESCENT FACILITIES (Section 1)

The care of children in hospital has changed dramatically over the past twenty years.

The majority of children are nursed in separate paediatric wards. However, there are many situations in which children and adults are still placed together in some wards, recovery and casualty departments.

AWCH is concerned about a recent increase in enquiries to National Headquarters from Nurse Unit Managers requesting research articles to support the case for nursing children in separate paediatric wards. During this current period of economic restraint, it would appear that the closure of paediatric wards is increasing, thus undoing the progress achieved over the last twenty years.

Adolescent patients are generally nursed with either adults or younger children. Adolescent wards established to meet the specific needs of this age group are few in number.

Recommendation 1

- 1.1 AWCH recommends that wherever possible, children should be cared for in paediatric areas and not with adults.
- 1.2 The unique needs of adolescent patients are generally served best by the provision of adolescent wards in large hospitals or by grouping adolescents in a room together in small hospitals.

PREPARATION FOR ADMISSION (Section 2)

While over 70% of hospitals offer some form of preparation for admission, this is generally restricted to familiarisation visits to the ward. There appears to be a need for more comprehensive preparation programmes.

The need for multi-lingual pre-admission pamphlets and signs was highlighted by the survey results.

Recommendation 2

- 2.1 Hospitals should allocate staff specifically responsible for the co-ordination of preparation materials and activities for all children and parents:
 - prior to admission
 - or on admission

2.2 All parents should receive written information prior to admission of their child (or on admission in emergency cases) explaining the following:

- effects of hospitalisation on children
- pre-admission preparation offered by the hospital
- visiting policies
- overnight facilities
- role of parents in the ward
- aspects of care in which parents may be invited to participate

2.3 This information should be available in all relevant community languages.

2.4 A hospital staff member should be available to answer questions from parents on any aspects of the above.

ACCOMODATION FACILITIES FOR FAMILIES, CHILDCARE AND VISITING HOURS (Sections 3, 4 & 5)

It is now generally accepted that parents have the right to stay with their child in hospital. Provisions have been made in most cases to offer overnight accommodation either next to or near the child. However, only a small proportion of hospitals advise parents routinely in writing about the availability of overnight facilities.

Costs for overnight accommodation and meals for parents vary greatly between hospitals.

Most hospitals appear to offer adequate ablution facilities for parents.

Over 90% of hospitals have adopted a 24-hour visiting policy for parents.

Visiting arrangements for siblings of paediatric patients are usually flexible, but some restrictions apply in over 60% of hospitals.

Less than 5% of hospitals offer child care facilities for well siblings.

Recommendation 3

3.1 Costs incurred by parents, who are required to stay overnight with their child, should be refunded through Medicare.

3.2 A list of local child care resources, as well as hospital policies on siblings' access to the playroom, or hospital child care facilities, should be made available to parents on admission.

OTHER PAEDIATRIC FACILITIES (Section 6)

Alternative Care Givers

13% of hospitals replying to the survey indicated that they have an alternative care giver scheme, for children whose parents are not able to visit sufficiently, to provide adequate support for their hospitalised child.

Recommendation 4

A visiting 'Granny Scheme' should be established for children who require a consistent care giver to complement parental support. Carefully selected volunteers work in conjunction with nursing or social work personnel and become the companion of one child over the duration of his or her stay in hospital, or as required.

Individual Patient Needs

Often simple ways of normalising the ward environment can help to make children feel less threatened and more at ease.

Efforts to acknowledge each child's individuality will also help the child to maintain a sense of self and to feel more secure in the hospital environment.

Recommendation 5

The following arrangements can help to normalize the hospital environment:

Access to a phone on the ward for children to maintain contact with family and friends.

Permitting children to dress in their own clothes or pyjamas.

Encouraging children to personalise their bed with photographs or drawings.

Serving meals in a separate dining area helps to make mealtimes enjoyable, social occasions.

PARENT PARTICIPATION IN PATIENT CARE (Section 7)

Basic and Nursing Care

Incorporating parents as part of the health care team, often enables parents to feel more co-operative, less anxious and more trusting of hospital staff.

Recommendation 6

Parents should be encouraged and supported to participate in the care of their child in hospital. Clear information and guidelines to define their role, within the hospital setting, should be available to parents.

Caution – Hospital personnel, however, should take care not to abdicate their role to the parent, who will also be under external stress whilst their child is hospitalised.

Medical Procedures

In the majority of cases parents are present to support their child through general procedures and tests. 51.9% of hospitals indicated that parental presence in recovery was allowed and 26.6% of hospitals allow parents to stay with their child during the induction of anaesthesia.

Recommendation 7

AWCH recommends that hospitals modify theatre and recovery facilities so that parents are able to be present, if they wish, during the anaesthetisation and recovery process.

The Association also encourages the education of medical and theatre staff re parental presence in these areas.

EDUCATION/PREPARATION FOR SPECIFIC MEDICAL TEST PROCEDURES (Section 8)

Preparation for medical procedures and tests is in the majority of cases limited to descriptive information. There appears to be a need for more specific preparation activities, including the use of videos and medical play, and teaching coping strategies to complement current programmes.

Recommendation 8

Prior to all medical tests/procedures children and parents should receive information about the events that occur before and during tests/procedures, including sensory information, specific to their individual needs.

PLAY, RECREATION AND EDUCATION (Section 9)

The involvement of children in play activities enhances recovery.

47.4% of hospitals considered play arrangements as inadequate. The highest priority need expressed by the majority of hospitals was for the employment of specific play staff.

Recommendation 9

9.1 Hospital play policies should be formulated according to a sound philosophy on play which gives recognition to the developmental, therapeutic and social effects of play on children of all ages.

9.2 Hospitals which accept child patients should provide an adequate budget for the salaries of an appropriate number of play staff and the purchase and maintenance of play equipment and materials. The minimum number of children to justify the employment of a play specialist being 10, using average daily bed occupancy statistics. A ratio of one play specialist to 25 children, with appropriate assistance, is recommended to ensure adequate individualised attention to meet the needs of particular children and the ward system in each hospital.

9.3 Child patients should have access to both indoor and outdoor play facilities.

9.4 Opportunities for play should be made available in other areas, as well as paediatric wards, such as outpatient departments, accident and emergency and day surgery areas.

STAFFING (Section 10)

It is important that all staff working with children and families in the hospital setting have an understanding of child development and the importance of the family to the child.

Recommendation 10

Medical officers, nurses, support staff and volunteers should have access to in-service training programmes on the psychosocial and emotional needs of children in hospital.

ACCIDENT/EMERGENCY AND OUTPATIENT SERVICES (Section 11)

Families in accident and emergency departments often feel anxious and distressed. Waiting times can be long and trying for parents and children.

Recommendation 11

- 11.1 Separate Paediatric Accident and Emergency areas should be established wherever possible, including the provision of play equipment and play staff.
- 11.2 Where separate Paediatric Accident and Emergency areas are not possible, provision of play equipment and play staff for children should still be available.

EVALUATION AND PLANNING (Sections 12)

The concept of the health care consumer, within the health care system, has empowered 'health consumers' to develop greater knowledge of their rights.

Recommendation 12

The process of collaboration between the health care consumer and the hospital should be facilitated through the involvement of parents and community groups, on quality assurance and parent or community advisory committees.

HOSPITAL/COMMUNITY LIAISON AND GENERAL DATA (Sections 13 & 14)

Insufficient data resulted in the inability to comment on these sections.