

Key Findings

In 2003–04 there were 544 353 children and young people aged 0–14 years admitted to Australian hospitals, 7.9% of the total hospital admissions for that year. The number of patient days for these admissions was 1 476 451. In the 15–24 year age group there were 491 009 admissions and 1 292 597 patient days. Public hospital emergency departments provided care on about 5.9 million occasions during 2003–04, with young people aged 15–24 years

accounting for the largest number of treatments in emergency departments at around 15% of all occasions of service (which includes admitted and non-admitted patients). In the 0–14 year age group, there were over one million occasions of service in emergency departments (Australian Institute of Health and Welfare, *Australian Hospital Statistics 2003–04; Australia's Health 2004*).

Admissions public hospitals			Admissions private hospitals		
Persons	Under 1	119 100	Persons	Under 1	23 831
	1-4	143 246		1-4	30 530
	5-14	176 773		5-14	50 873
	Total	439 119		Total	105 234
	15-24	332 737		15-24	158 272
Total admissions 2003–04			Admissions Indigenous		
Persons	Under 1	142 931	Persons	Under 1	9 056
	1-4	173 776		1-4	10 180
	5-14	227 646		5-14	10 430
	Total	544 353		Total	29 666
	15-24	491 009		15-24	23 513
Patient days			Non-admitted emergency occasions of service		
Persons	Under 1	733 898	Persons	0-4	549 671
	1-4	305 725		5-14	450 945
	5-14	436 828		Total	1 000 616
	Total	1 476 451		15-24	660 550
	15-24	1 292 597			

Accommodation and other facilities

Children and young people are still being accommodated with adults in hospital settings. Since 1992 there has been a drop of 30% in the number of separate paediatric wards available in hospitals accepting paediatric patients. In accident and emergency units, age appropriate play materials are available in less than half the hospitals surveyed, with a separate waiting area in 11% and a supervised play program in five hospitals out of 197. Less than half of the surveyed hospitals have appropriate play materials in outpatient clinics, and only eight facilities offer a supervised play program. **The corporate and clinical governance systems of non-paediatric specific hospitals need to place a higher priority on the special needs of children and young people. This includes consideration of dedicated funding and ensuring that children and young people are cared for in spaces separate from adult populations, and preferably designed with a younger population in mind.**

Most of the hospitals have a 24-hour visiting policy for parents, and accommodation available for at least one parent in the same room as their child. However, nearly 30% of city hospitals cannot accommodate all parents who wish to stay with their child, representing a major deterioration (of 24%) since 1992. While the reason for this is not clear, the trend is probably indicative of a shift in priorities. Most hospitals do not charge for accommodation, but parents must pay for their meals and services such as laundry. Just under three-quarters of responding hospitals have either a lounge area or some sort of private space for parents. The majority of hospitals did not have formal child-minding available for siblings and unrestricted visiting policies for siblings were available in less than half of them. **Adequate accommodation must be provided for families, particularly where children and young people are in hospital for long stays, and, ideally, meals for parents should be subsidised. Better strategies should also be developed for managing sibling care. A private space for parents to grieve or talk to staff should always be allocated.**

Only a third of hospitals indicated that they make special arrangements for children whose parents/carers cannot visit regularly, or at all. Hospitals were, on the whole, better at catering for individual needs by allowing children and young people to wear their own clothes (99.5%), choose their own food (89.7%), and to receive and make phone calls (94.6% and 86.7%). Of the hospitals surveyed, 39.1% had a separate eating area for young patients, indicating that an important occasion for social, emotional and physical development has been reduced

since the 1992 survey (56.9%). Many hospitals reported difficulties when caring for children with disabilities. **Programs such as the AWCH Hospital Ward Grandparent Scheme should be made available to families who cannot always be with their children. Hospitals should review, update and implement policies and procedures concerning children with disabilities and better support these children through partnerships with key organisations that can provide in-services and good practice models to staff.**

Information provision

Almost one third of surveyed hospitals provide no form of pre-admission program, but the majority of those indicated that they would do so if they had the resources. However, one third of hospitals also indicated that they saw no need for a pre-admission program as they had no interest in it. The majority of hospitals provide written information to families, although rarely in languages other than English, even though 54.7% stated that they have families from non-English speaking backgrounds attending their facilities. There has been no change in the provision of information to families from culturally and linguistically diverse communities since the 1992 survey. **Pre-admission programs should be provided and resources allocated to enable the translation of hospital information into other languages.**

Indigenous peoples

Just over two-thirds of hospitals collect and use Aboriginal and Torres Strait Islander Origin Data. When developing policies, strategies and service delivery plans, 40.4% consult with the local Aboriginal community. Culturally sensitive brochures and information for Aboriginal and Torres Strait Islander people are provided by 51.6% of hospitals and Aboriginal cultural awareness training for staff is provided by 59.2% of hospitals. **Hospitals should have Aboriginal Cultural Respect and Communication programs in place to improve the cultural competency of health care staff, with culturally sensitive information and resources available.**

Parent participation

In all hospitals surveyed, parents are able to provide basic care for their child. Additional ways of caring for their child (such as accompanying them to procedures and X-ray, entertaining the child, being partners in care) are encouraged by 21% of hospitals. Parents can stay with their child during medical procedures and treatments in the majority of hospitals, and there has been a significant increase in parents being

present during anaesthesia induction, to 69% of surveyed hospitals (up from 26.6% in 1992). Where parents were not present at such times, hospitals specified reasons such as lack of staff support, the inadequacy of facilities and parents not asking about such provisions. Whether or not parents are allowed into the recovery room seems to largely depend on whether their child is being treated at a public (76.3%) or private (18%) facility. **Parent participation in all aspects of their child's care should be considered best practice, and become the norm. Opportunities must be made available for parents to be present during anaesthesia induction and in recovery. More support should be provided for parents whose children are undergoing surgery e.g. using volunteers as support people.**

Preparation for specific medical test procedures

Preparing young patients for tests, procedures and operations is not comprehensively or systematically practised. Two-thirds of hospitals indicated that they prepare children for tests, procedures and operations by explaining to children and young people what is going to happen to them in age-appropriate language. However, only 21% of the hospitals indicated that they used all the listed methods of preparation (such as playing with medical equipment, relaxation and coping techniques, teaching materials, description of physical sensations) and three-quarters of respondents indicated that no department coordinates the preparation of children for medical procedures. **Hospitals should have appropriate practices that ensure that children and young people are prepared for medical tests and procedures by a person trained in preparation techniques, and that parents whose children are undergoing surgery are well supported by volunteers or other support people.**

Play and education facilities

Just over half of the hospitals surveyed provide a separate playroom in or near the ward, with 14.9% indicating that they provide no separate play space at all. Play staff are available in less than 30% of hospitals. Most hospitals considered their ward environments adequate, but only half considered that play and recreation facilities were appropriate for adolescents. Education facilities for children and young people are available in less than 20% of hospitals, with parents making formal arrangements for continuing education in 63.5% of cases. **Hospitals admitting paediatric patients must identify a space for play and recreation activities, and provide appropriately qualified staff for these areas.**

Staffing

The low availability of staff trained in the special needs of children and young people remains a concern. Respondents to the survey indicated that the average percentage of registered nurses with postgraduate training working permanently in each paediatric area is 23%. However, the most common answer to the presence of such qualified staff was zero, although figures varied greatly across hospitals. **In order to provide safe and effective care to children and their families, suitably qualified staff must be available.**

Accident and emergency and outpatient units

A separate paediatric waiting area in accident and emergency (A&E) units is available in only 11% of surveyed hospitals. Five (2.5%) hospitals indicated that they have a supervised play program in their A&E unit. Only 7.8% of hospital outpatient clinics have a supervised play program run by qualified staff. **Segregated paediatric areas, along with other appropriate services that support children and their families attending both emergency and outpatient departments should be standard.**

Evaluation and planning

Very few paediatric advisory committees and programs include children, young people and their families with the purpose of enhancing the quality of care. Of the hospitals surveyed, 27% used satisfaction questionnaires, 13.2% have parent committees and 1.6% (2) have paediatric patient committees i.e. comprising children. **All hospitals should have structures that enable children, young people and their families to participate actively in their health care.**