



# Association for the Welfare of Child Health

## Quality Care and Protection in Children's Wards

### *Healthy Risk or Risky Health*

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Good Morning

I will be speaking to you today about quality care and protection in children's wards from a consumer perspective. I am the National and NSW Branch President of the Association for the Welfare of Child Health (AWCH). AWCH is the advocacy voice, which tries to ensure that the psychosocial needs of children and their families are recognised and met within hospitals and the health care system in Australia.

Today I will discuss ways to create a safer hospital environment for children and their families in both inpatient and outpatient units; the importance of listening to parents; having designated paediatric wards; paediatric trained staff for hospitalised children; and the processes around consideration of child protection.

AWCH supports a way of working with families, children and young people, that is based on partnership and choice. The family is valued as part of the health care team. Each of the partners – families, health workers and the child or adolescent – contributes different skills, knowledge and strengths. Families know their child best and can provide valuable information about the child, their life at home, and the effects of illness.

The late Professor Beveridge, an eminent paediatrician and advocate for child health, pointed out the importance of listening to parents/carers at the inquest of Tahney Jones who died during a hospital admission for tonsillectomy in 1992. *'If you disbelieve a mother you do so at your peril and the peril of the child. They are very acute observers'*. Listening to parents and having parents involved in a negotiated care model of health care delivery is very important in ensuring the best possible health outcome for a child's hospitalisation. It was highlighted by AWCH in correspondence with the Paediatric Nurses Association at the time, that, 'the mother's experience was that she was not listened to when she suspected Tahney was not recovering as expected after surgery'.

The notion of negotiated care or family centred care is a very important one if we are to truly include parents/carers as members of the health care team, wish to provide a

quality health service and reduce operational risks. It is argued that this is a very complex process for those involved. Staff and parents between them have to work out each person's role; how much or how little do the parents/carers want to be involved?...and how often will this have to be re-negotiated?... Notwithstanding the complexities of the negotiated care model and as stated in the Millenium Targets of the Action for Sick Children (our United Kingdom sister organisation), 'parents/carers should be empowered to participate in decisions regarding the treatment of their child through a process of clear communication and adequate support.'

Children and adults being accommodated on the same hospital ward has been of particular concern to AWCH over the last few years. Many reasons have been put forward as to why this happens: shortages of nursing staff; available beds in paediatric units; not enough beds for adult patients. However, AWCH takes the view that it is too risky to consider the nursing of adults and children together on hospital wards as an acceptable practice. Again in the Tahney Jones case, Professor Beveridge noted the dangers of treating children and adults in the same intensive care ward. Professor Beveridge said under these circumstances '*children always come off second best*'.

Recently at a Roundtable meeting held by AWCH to discuss our concerns, it was noted by one of the Paediatricians attending the session, "that it is such common practice currently, to allow adults into children's wards that young trainee doctors think it is a normal and acceptable practice which doesn't need to be questioned". It was noted that these young doctors are the future leaders of the health system and observing poor practices in child health during their training years will ensure these highly risky practices will be continued.

The employment of paediatric trained staff is another important component of risk management because children are a particularly vulnerable group – the degree of which is dependant on their age and developmental stage, their previous hospital experience and their personality, their culture and background, the nature of their illness and the environment and attitude of the staff. There unfortunately have been instances where children have not received life saving treatment because staff did not recognise the indications for specific treatment until it was too late. Referring again to the death of Tahney Jones in 1992 the coroner recommended that 'the question of what are *appropriately* trained paediatric nursing staff be considered by the NSW Department of Health'.

We also need to keep in mind that when we are considering paediatric trained staff we are including, in our thinking, areas of the hospital other than medical and nursing staff. For example, a risk management approach to ensuring safety in the playroom will consider the employment of a properly qualified play specialist who can ensure that toys and equipment are safe and hygienic, that children are appropriately supervised during play experiences and who can also be there to observe and interpret children's needs during hospitalisation. (Paediatric Nursing Vol 12 no 6 July 2000)

The process of recovery from illness differs markedly for adults and children. Whereas adults may prefer a quiet and restful recuperation, children show strong indications of recovery by wanting to get out of bed and to play and run around.

Generally speaking, if children are not enthusiastic about getting out of bed and/or playing, then they are either seriously ill or restricted physically in some way. As a consequence, caring for children with adults is likely to impose additional stress on adult patients, who may not be able to relax peacefully; on the parent/s of hospitalised children, who may have difficulty balancing adult patients' need for quiet with their children's need to play; on the children, who are not only feeling unwell and in an unfamiliar environment, but who may be deprived of the opportunity to play, and to feel 'normal'; and on the staff who may be either trained to nurse children or trained to nurse adults and find they are placed in a situation where they feel compromised in providing the appropriate care. The AWCH *Health Care Policy Relating to Children and Their Families* states that 'Under no circumstances should children be accommodated with adults'.

For these reasons, AWCH recommends that children be hospitalised in paediatric wards, separate from adult patients, by appropriately qualified staff. These recommendations are expressed clearly in the NSW Health Department's *Guidelines for the Hospitalisation of Children 1998* which state that hospitals admitting children should be staffed by at least one competent paediatric nurse and 'should not accommodate children with adult patients'. Further, the *Guidelines for Hospital Based Child and Adolescent Care* (ACHS/AWCH 1998) which is part of the Equip program of Accreditation for hospitals nationally states that for hospitals admitting children "there are to be separate units for children, adolescents, and adult patients". Although the ACHS/AWCH guidelines are not mandatory at present, they nevertheless reflect best practice in the field and all hospitals should be working towards fulfilling these guidelines for accreditation.

It has quite often arisen that staff working on the wards are unaware of the AWCH Health Care Policy or the ACHS/AWCH Guidelines for Hospital-based Child and Adolescent Care or the NSW Health Guidelines for Hospitalisation of Children. It raises an interesting point about staff needing to 'be adequately trained in their interpretation, application and use' of policies and procedures which are put in place to protect and keep children safe (Paediatric Nursing Vol 12 no 6 July 2000). It is not particularly useful for these documents to rest on the quality manager's desk with little attention paid to ensuring that staff are educated to implement the principles within.

In addition to this staff also have a responsibility to report to managers any areas of concern that may effect the safety of children in their care. This needs to include staff in the adult section of the hospital who need to be made aware that transferring adult patients to the children's ward is unacceptable unless in exceptional circumstances.

Another operational risk is child abuse, which has the potential to increase when you mix adults and children together on hospital wards. In NSW staff and volunteers are required to be vetted via Criminal Record Checks and Prohibited Employment Declarations, before they are allowed to work with children, no such vetting is undertaken to screen adult patients who are mixing with paediatric patients on these wards. Considering the declaration in December 2000 of the '*Children and Young Persons (Care & Protection Act) 1998*' in NSW, and similar Child Welfare acts in other states, it behoves us to be even more conscious of exposing children to these

added risks. The health service which continues to nurse adults and children on the same hospital wards compromises the safety of those children and young people.

To conclude, there are a number of risk management strategies for quality care and protection on children's wards that AWCH would recommend. In particular these are:

- Children and adult patients need to be nursed separately
- Parents/carers need to be included as a part of the health care team using a negotiated model of care
- Health services need to employ staff who are qualified in the needs of paediatric patients and their families
- Criminal record checks and child protection training be part of the orientation program for both staff and volunteers who work with children and young people in the health care system
- Health care staff need to be aware of, understand and be able to implement the relevant child health care policies.

I would like to thank you for the opportunity to speak to you this morning and would recommend the principles outlined in the *AWCH Health Care Policy Relating to Children and Their Families* as a framework for ensuring that the safety of children is paramount in the service you provide and would strongly recommend that area health services ensure that all health service staff understand, know and act on these policy statements.

Thank you.

## References

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