

Health Care for Kids - The People, The Map & The Measure

Abstracts

Childrens Health Conference :: 17 to 19 November 2008 :: Manly Pacific Hotel



Health Care for Kids



A

PRESENTER	Ms Lynette Adams
ORGANISATION	Child Development Program, Royal Children's Hospital, Brisbane
CO-AUTHOR &/or CO-PRESENTER/S	Ms Ven-nice Ryan
PRESENTATION	Managing demand and wait times: A way forward. Use of workforce modelling to predict reductions in waitlists and to manage demand.
ABSTRACT	<p>The Child Development Program is a community based service with extensive patient wait lists and bottlenecks. A Process Redesign Project, using Lean Methodology, was undertaken to identify both efficiencies and inefficiencies in the delivery of care. While all clinical disciplines within the program had patient waits and bottlenecks, they were most extensive in the Early Intervention Speech Pathology Team where there is a higher referral rate and staffing issues.</p> <p>At the commencement of the project wait times and bottlenecks were unable to be quantified due to the absence of data. The diagnostic phase revealed an unexplainable range in wait time from referral to assessment of 31 months. The lack of accurate wait time predictions inhibits caregivers making informed decisions regarding accepting to wait or seeking services in the private sector.</p> <p>In order to enhance wait list prediction it was necessary to establish:</p> <ul style="list-style-type: none">• an accurate number of patients waiting for an assessment (do they still require an assessment?, are they still eligible?);• current and future staffing levels; and• capacity for assessments taking into account staff leave, both planned and unplanned. <p>The poster discusses the process redesign methods used to establish capacity taking into account leave (written description and formula). It details how to establish predictive waits using this information (written and graphs). The poster also discusses how to determine the impact of various increases in staffing on the wait list, a strong argument for additional staff (written and graphs).</p> <p>Given current budgetary constraints in the healthcare sector, this modelling can conversely be used to determine an ideal panel size given capacity, to ensure appropriate service levels to patients. This information can inform decisions regarding eligibility criteria in to ensure the number of patients entering the service is congruent with acceptable maximum wait times and service capacity.</p>
BIOGRAPHICAL NOTE	Lynette is a Senior Project Officer with the Child Development Program, RCH, Brisbane. She has conducted a Process Redesign Project within this Department to address access block and bottlenecks. Lynette commenced her career in Paediatric Nursing at the Royal Children's Hospital, Brisbane. She then moved to the Education Sector where she taught primary school before working as Senior Education Officer involved with development of the physical activity and nutrition curriculum.
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SESSION	Interactive Poster Presentation Monday 17 November from 6pm to 7pm

PRESENTER	Ms Anne Augustine
ORGANISATION	Arthritis Victoria & Monash Medical Centre
CO-AUTHOR/ CO-PRESENTER/S	Lisa Evans, parent of a child with spinal muscular atrophy and Registered Nurse; Camille Heagney, Very Special Kids. All presenters are also members of the interACT Committee.
PRESENTATION	"There's No Such Thing As A Silly Question" – a practical guide for families living with a child with chronic illness, disability, mental illness or a life-threatening condition.
ABSTRACT	<p>This presentation aims to share the process and collaborative learning of parents and health professionals who initiated, authored, edited, lobbied and produced this 110 page guide for parents, caregivers, health professionals and the wider community.</p> <p>We will demonstrate that innovative and collaborative partnerships between families and health professionals are not only achievable but essential for improved health outcomes for families.</p> <p>A two year project was realised in May 2007. While in an ideal world, the end product would be mandatory reading for anyone involved in caring or working with a child with serious illness, it is the process we wish to share. "There's No Such Thing As A Silly Question" is family centred, practical, tangible and accessible. It never assumed knowledge in its design, rather focused on the shared and articulated needs of families.</p> <p>It is a project that can and should be readily duplicated. It illustrates an equal and valuable collaboration between parents and health professionals. Its vital starting point lay in acknowledging the expertise of parents, their wisdom and a mutual respect for learned experience.</p>

While there are disease specific texts available, this book addresses all aspects of a child's situation, from pre-diagnosis to hospital, community, family life, restoring balance and available resources.

The authors involved in this endeavour see this conference as an opportunity to encourage others to assist families in a practical, informative and supportive way. In May 2007, 5000 copies of this book were printed, requested and disseminated in 3 weeks. Following lobbying and fundraising, a reprint ensued. Over 13,000 copies have now been distributed to parents, grandparents, carers, schools, early intervention services, libraries, hospital and allied health services in Victoria, interstate and overseas.

As the authors have been told many times since publication - "I wish I had had something like this to turn to when my child was diagnosed. (view as PDF – www.vsk.org.au)

BIOGRAPHICAL NOTE

Anne Augustine is a paediatric rheumatology nurse educator. She works with children and young people diagnosed with juvenile arthritis and other musculoskeletal conditions. Lisa Evans is both a mother of a child with multiple special needs and a specialist nurse educator. She has 3 children and combines a part-time nursing role with caring for them and their needs. Camille Heagney is the Intake & Assessment Manager at Very Special Kids, where she works with families caring for children with life-threatening conditions. All 3 were involved in the writing of this book.

EMAIL SESSION

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Session 19: Tuesday 18 November 1.30pm through 3pm

B

PRESENTER

ORGANISATION
CO-AUTHOR/
CO-PRESENTER/S

Ms Kay Babalis

The Children's Hospital at Westmead

Ms Elizabeth Harnett, Ms Karen Steinhoff

PRESENTATION

CHARLI the silent achiever. This presentation will describe the system for reviewing, documenting & sharing information on improvement activities, special achievements, plans & much more which has been built by The Children's Hospital at Westmead (CHW).

The main objective of CHARLI (Children's Hospital, Achievements, Research, Links & Improvements) was to provide a repository for information on improvement activities taking place at CHW, which can be utilised for purposes such as information sharing, Accreditation and Annual Reports and to streamline the processes for collecting this information.

All activities entered in the database undergo ethical review, are required to be approved by a manager and must have minimum information recorded to enable information sharing to occur.

Users are encouraged to link activities to risk & plans (Departmental & Committee), ensuring that activities undertaken fit in with the strategic objectives of the hospital. All activities are also required to record measures to ensure effective evaluation is taking place.

An essential component of the database is the notification system which reminds staff of task due dates and reporting schedules. Leaders in a particular area will also be able to record information sharing and visits from other organisations. It is in effect a CV for each Department.

Reports allow easy access to information for managers which rolls up by Department, Division & Directorate, so information such as the number of improvement activities started/completed for a period of time are immediately available as well as which activities need to be completed for a particular initiative in a plan to be complete. Individual staff will also be able to report on improvement activities they have been involved in lending support for performance appraisals and enhancement of professional qualifications such as CNS applications.

BIOGRAPHICAL NOTE

Kay Babalis graduated from University of Sydney in 1986 with a Bachelor of Arts degree. She has worked for many years in the areas of IT development as a business analyst and also in Continuous Improvement. She has worked in the Health sector since 2003 and is currently working as the Improvement Coordinator in the Clinical Governance Unit at The Children's Hospital at Westmead.

EMAIL SESSION

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Interactive Poster Presentation Monday 17 November from 6pm to 7pm

PRESENTER **Kate Bishop**
ORGANISATION Researcher and Design Consultant Children, Youth and Environments

PRESENTATION **Through children's eyes: Understanding how to create supportive healthcare environments for children and young people.**
 This paper presents findings from PhD research into children's experience of a paediatric hospital environment and discusses the participatory research methods used.

ABSTRACT Currently there is very little research with children and young people to support evidence-based paediatric design. Without children's perspectives on their experience of hospital settings, designers must make assumptions about children's experience, their needs, and how to support these which are based on an imagined reality. Children have an authority in their lives which adults cannot have. Understanding children's experience of hospital environments can only strengthen the capacity of designers, healthcare professionals and policy makers to create hospital environments which support their needs.

This paper will present the findings of a participatory study completed with children and young people in a paediatric hospital environment. The participatory methods used with children and young people in the research will also be outlined.

The aims of the research were firstly to understand what constitutes a supportive paediatric setting from children and young people's perspectives, secondly to describe the roles of the physical environment in children's feeling of well-being and thirdly to illustrate the value of participatory research to healthcare design.

Findings will be presented in relation to the three aims outlined for the study. This will include suggesting what constitutes a more functional and psychosocially supportive paediatric environment and identifying some of the most important attributes of the physical environment that are involved in children's feeling of well-being from their perspectives, as well as identifying the benefits of participatory research to healthcare design.

BIOGRAPHICAL NOTE Kate Bishop specialises in the area of children, youth and environments. For many years she has worked as a research and design consultant on children's environments, especially environments for children with special needs. She is a passionate advocate of children's participation and their need to be involved in projects that have the capacity to affect their lives.

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SESSION Session 4: Monday 17 November 11am to 12.30pm

PRESENTER **Mrs Carol Blair**

ORGANISATION Nepean Hospital
CO-AUTHOR/CO-PRESENTER/S Leanne Clayton Paediatric Occupational Therapist, Mrs Narelle Rice, Senior Paediatric Physiotherapist, Miss Jacquelyn Furey, Psychologist, and Dr. Basiliki Lampropoulos, Developmental Paediatrician, Nepean Hospital

PRESENTATION **Nepean Hospital Bushbabies Programme. This poster describes the Bushbabies programme at Nepean Hospital, a follow-up service for NICU graduates which seeks to monitor infant motor development and to educate and support parents/carers.**

ABSTRACT Newborns that require Neonatal Intensive Care have an increased risk of developing motor difficulties. "Bushbabies" is a monthly follow-up group for NICU graduates whose purpose is threefold:
 - To assess and monitor motor development, identify any other areas of concern and make referrals to health professionals where necessary.
 - To provide parents/carers with information and education on subjects relevant to the care of their babies and to their own well being.
 -To provide a setting where parents/carers can discuss concerns and exchange ideas with each other and with health professionals.

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SESSION Interactive Poster Presentation Monday 17 November from 6pm to 7pm

PRESENTER **Ms Carmel Blayden**
ORGANISATION Western NSW Child Health Network
CO-AUTHOR/CO-PRESENTER/S Ms Sonia Hughes, Northern NSW Child Health Network, Ms Jenny Nicol, Greater Eastern & Southern NSW Child Health Network

PRESENTATION **Child Health Networking to Support Allied Health Professionals. This presentation will detail the strategies implemented and outcomes of the 'Supporting Allied Health Professional Working with Children' projects undertaken by the three NSW Child Health Networks.**

ABSTRACT The 'Supporting Allied Health Professionals Working with Children' projects were funded to improve the models of support for network staff in the Greater Eastern & Southern Child Health Network (GESCHN), Northern Child

Health Network (NCHN) and Western Child Health Network (WCHN). Despite variances in the project aims and objectives of the individual child health networks, a number of initiatives with state-wide applicability were jointly developed and implemented.

Main objectives

The main aim of the projects was to develop and implement a cost efficient model of support for AHPs working with children. The WCHN specifically focused on the support and educational needs of clinicians working with children with severe disabilities and complex medical needs. Priority recommendations were identified using needs analyses conducted by each of the networks.

Main ideas

In addition to initiatives undertaken within the each of the child health networks, the following state-wide strategies are in place or will be implemented to address the priority recommendations identified:

- Implementation of information technology related strategies to improve support structures, including the establishment of discipline-specific webpages enabling access to a 'clearing house' of available clinical resources.
- Establishment of state-wide, discipline-specific email networks.
- Distribution of a regular newsletter 'Allied to Kids' providing updates and useful clinical information.
- Implementation of training, mentoring and secondment programs.

Defined outcomes

All strategies implemented will be evaluated prior to the completion of the project in late 2008 to identify changes in the previously identified areas of concern.

BIOGRAPHICAL NOTE

Sonia graduated from Sydney University as a Speech Pathologist in 1993. She is currently employed as a Speech Pathologist at Taree Community Health in a part time capacity. In February 2007 she accepted a two year secondment into the position of Project Officer Supporting Allied Health Professionals working with Children. Carmel graduated as an Occupational Therapist in 1987 and completed Master of Health Sciences in 2000. She is currently employed by the Western Child Health Network in the position of Project Officer Supporting Allied Health Professionals working with Children.

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Session 14: Tuesday 18 November 11am through 12.30pm

PRESENTER ORGANISATION CO-AUTHOR/ CO-PRESENTER/S

Ms Lynne Brodie

Greater Metropolitan Clinical Taskforce NSW Health

Miss Sarah Cullen – consumer participant, GMCT Transition Network

PRESENTATION

Mapping the journey for young people in transition – where are they going and what are the challenges? This paper maps the patient journey for young people with chronic illness / disability once they leave paediatric services and highlights some of the challenges they face through the experiences of a young person.

ABSTRACT

The Greater Metropolitan Clinical Taskforce (GMCT) Transition Care Network was established in 2004 with the aim to improve the systems and processes for young people with chronic illnesses and disabilities moving from paediatric to adult health services. The program targets young people with a broad range of conditions arising in childhood such as cystic fibrosis, spina bifida, cerebral palsy, metabolic diseases, developmental disability and cancer.

This paper will describe the achievements and current directions of the Transition Network and provide an overview of the journey being taken by young people once they leave paediatric health services. Data will be provided on the numbers of young people requiring ongoing care and the ideal models of service delivery. It will map the services and resources available in adult facilities and discuss the collaborative relationships that have been developed with various government and non government organizations such as the Department of Education and Training. Patient stories will be used to highlight the challenges faced by young people and their families and a personal experience will be provided by a young woman who suffered a stroke at the age of 14 years.

Specific learning outcomes that participants can expect to obtain from the presentation include gaining a better understanding of the challenges faced by young people undergoing transition in NSW and awareness of the services and resources available. The session will be relevant for health professionals, young people and their families.

BIOGRAPHICAL NOTE

Lynne is a registered nurse with a BA in psychology. She has qualifications in paediatrics, developmental disability, project and nursing management. In 2004 she became Network Manager for the Greater Metropolitan Clinical Taskforce state-wide Transition initiative. The Program aims to improve services for young people moving from paediatric to adult health care.

Sarah joined GMCT as a consumer participant in 2006 and represents both the Stroke and Transition Networks. She has recently completed her Bachelor of Speech and Hearing Science. As a young person who suffered a stroke when she was 14, Sarah has extensive experience of both adult and paediatric health systems.

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Session 15: Tuesday 18 November 11am through 12.30pm

PRESENTER **Mr Sam Brookfield**
ORGANISATION Royal Children's Hospital, Brisbane
CO-AUTHOR/
CO-PRESENTER/S
PRESENTATION Sophie Garrett, Willow Durrington, and Oliver Collins - members of the Youth Advisory Forum for QCH
My Say – kids have their say on the design of a world class hospital for kids. Young people in Queensland have been central to the process of designing a hospital for children and young people. This presentation is a case study of their current and continuing involvement in a \$1.1 billion development project.

ABSTRACT My Say - Three young people will deliver a presentation on the journey to establish a Youth Advisory Forum to advise on the needs of children and young people when developing a \$1.1 billion hospital project. The journey has one clear objective in mind – to ensure the views, opinions and concerns of young people are recognized and sought during all relevant planning stages for a new hospital. This is about ensuring a family-centred care environment is realised for client groups. During this presentation you will hear:

- First hand advice on establishing a youth forum in a health care arena ranging from recruitment tips, to group storming and norming, and planning interesting activities to gain and keep a high level of interest among participants
- A 'how to' guide to the development of skills within young people, and empowering them to take an active role – to be leaders and not just followers
- Identifying success factors – different things to different people
- Processes to widen the advisory network and canvass statewide feedback.

About the Queensland Children's Hospital Youth Advisory Forum The Youth Advisory Forum members range in age from 12 to 18 years and have direct experience with the health care system. The group is devoted to empowering young people to contribute to the standard of their own healthcare. The group aims to provide an effective and dynamic opportunity for young people across all ages and geographic and cultural backgrounds to make a contribution - no matter how small - to the development of the future Queensland Children's Hospital.

BIOGRAPHICAL NOTE Samuel Brookfield was treated for non-Hodgkin's Lymphoma at age 13 and has assumed a leadership role in the QCH Youth Advisory Forum. Sam combines university studies in education and drama with a part-time role of working with the QCH Development Project.

Oliver Collins is 14 years of age and goes to Gregory Terrace Brisbane. He loves going to dances, playing x-box, talking on MSN, reading, tennis and swimming. He says he loves life and tries to make the most of everything and that he also enjoys debating.

Willow Durrington describes herself as 'I am in grade 11 and a generally quiet person (well... until you get to know me). I love reading and someday I plan to become a nurse. I spent eleven weeks in hospital and I really missed out on a lot of my life, so I live everyday to the fullest and I don't regret the past.'

Sophie Garrett had a life saving liver transplant as a baby. Now 15, Sophie is passionate about ensuring children and young people in Queensland have access to the best environment when they go to hospital. Sophie introduces herself : 'I love sport and play basketball, netball and touch foot ball competitively and love to shop. I have always been aware of the wonderful gift of life I had a Liver Transplant and feel happy at any opportunity to give something back. I love being a part of the Youth Advisory Forum.'

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SESSION Session 16: Tuesday 18 November 1.30pm through 3pm

PRESENTER **Jennie Bucco**
ORGANISATION CHW Family Advisory Council (FAC) The Children's Hospital at Westmead
CO-PRESENTER Lizzy Harnett

PRESENTATION **Tribulations & Triumphs – Making Partnership Really Work!** This presentation will look at the tribulations and triumphs of developing a successful working relationship between family representatives and hospital staff in a major children's hospital.

ABSTRACT The Children's Hospital Westmead (CHW) has a long history of working with families to improve services. One of the ways this happens is working with families through the Hospital's peak consumer group, which is called the Family Advisory Council (FAC).

The FAC is about parental input into issues such as planning, policy, service development and improvement at CHW. I think that we can safely say that when it comes to children's health and wellbeing, parental input and involvement is an essential component in ensuring that our children have the best possible outcome.

In this presentation we are interested in exploring what makes the partnership between FAC and CHW work. Anyone can set up a committee, however, for the committee to be truly useful and fulfill its purpose...well that takes work!

This presentation will talk briefly about the evolution of this group to-date and then in more detail about the challenges and successes of the FAC in making improvements at CHW and in making partnership in general work.

We will use practical examples of projects and activities that the FAC has undertaken and also detail challenges that we have come up against, such as; matching perceptions, working with underlying differences in philosophy and perspectives, dealing with bureaucracy, trying to maintain the right level of independence within an inter-dependant system, and building and maintaining a strong and positive partnership throughout this journey.

One of our key messages will be, not to underestimate how challenging and rewarding this process can be. This presentation should be of interest to a wide range of attendees, no matter where they are on this journey of partnership.

BIOGRAPHICAL NOTE

Jennie Bucco is a very busy mother of three boys. She is also studying her teaching and Mathematics degree via correspondence and tutors mathematics. Jennie's son suffers from a very rare form of muscular dystrophy which took considerable time and heartache to diagnose and comes to the hospital many times a week for various therapies and medical appointments. Jennie's eldest child has also just been diagnosed with Asperger's Syndrome. Jennie is the Chair of the Children's Hospital at Westmead Family Advisory Council.

Lizzy Harnett is the Head of the Service Improvement Unit at The Children's Hospital at Westmead. Lizzy has been in this role for almost six years now. The role of the Service Improvement Unit is to coordinate improvement efforts, consumer participation and ensure effective clinical governance across all areas of the Hospital. Prior to her current role Lizzy was a Senior Project Officer in the Quality Branch, NSW Department of Health. Lizzy started life as a paediatric physiotherapist and was in-charge of Physiotherapy at the John Hunter Children's Hospital in Newcastle for many years.

EMAIL SESSION

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Session 1: Monday 17 November 11am to 12.30pm

PRESENTER ORGANISATION CO-AUTHOR/ CO-PRESENTER/S

Rebecca Bundy
Royal Children's Hospital & Health Care District
Ibi Patane, The Royal Children's Hospital and Health Service District

PRESENTATION

Paediatric Puzzler - an interactive learning and evaluation strategy. Using an interactive game to engage, educate and consolidate.

ABSTRACT

Nursing orientation programmes are traditionally a series of lectures and "death by power point". Ours was no different and our graduates told us so. Following creative redesign of the orientation programme, we attempted to capture knowledge retention and application of key concepts, taking an innovative approach. This culminated in the pilot of Paediatric Puzzler, fast becoming part of RCH culture and folk lore.

Paediatric Puzzler is loosely based on the game Jeopardy, with groups divided into teams, and points awarded for questions of varying complexity. To the observer the game is hilarious, but it is actually based on sound educational principles supported by an increasing body of evidence. This presentation explores in depth the considerations for implementation and some surprising findings, using the game to deliver the content.

The concept has grown and now is also utilised in regular workshops and special events to further promote positive workplace culture and community at the RCH.

BIOGRAPHICAL NOTE

Rebecca Bundy is a Nurse Educator at The Royal Children's Hospital and Health Service District. Ibi Patane is acting as a Clinical Nurse Consultant at The Royal Children's Hospital and Health Service District.

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Interactive Poster Presentation Monday 17 November from 6pm to 7pm

PRESENTER ORGANISATION CO-AUTHOR/ CO-PRESENTER/S

Frances Burns
Royal Children's Hospital Education Institute
Miss Rachael Meade. Senior Education Advisor, RCH Education Institute (Co Author)

PRESENTATION

Running twice as fast in the context of education and learning: children and young people experiencing chronic health. This presentation will provide contemporary strategies for implementing an education support service for children and young people with chronic health conditions, highlighting challenges and achievements, and identifying future directions.

ABSTRACT

Recent figures estimate that over 15% of school aged children and young people experience chronic ill health. Health professionals, aware of this issue, are looking towards effective service models to manage the health and wellbeing of their young clients. Given that health problems interfere with students' ability to attend school, and maximise everyday opportunities to learn, this paper highlights the critical importance to positive long-term outcomes of keeping children connected and engaged with school. Providing continuity of teaching and learning opportunities is the responsibility and domain of the school in which the student is enrolled. The right to an education, inclusive of individual needs, is supported by Australian legislation and clarified by education guidelines.

The objective of this paper is to trace a service innovation and model of care to bridge the educational gap

experienced by students who have been absent from school due to illness. Central to the model developed by the Royal Children's Hospital Education Institute is a student/child-and family-focused approach within a wider multi-disciplinary team. The paper will detail three main focus areas that are considered essential to supporting the education of a person with a chronic health condition: access to environment, access to curriculum and social connection.

This presentation will provide contemporary strategies for implementing an education support service, highlighting challenges and achievements, and identifying future directions.

BIOGRAPHICAL NOTE

Frances Burns (Dip.Teaching, B.Ed., B.Spec.Ed., Grad.Dip.Adol.Health & Welfare) is an Education Advisor and TAC key contact at the RCH Education Institute working with neuroscience and cardiology departments. Frances has an extensive background as a Primary School and Special Needs Educator with interest in supporting students with individual needs, in both health and education settings.

Rachael Meade (Co Author) Masters: Youth Health & Education Management, GradDipEd, Hons.B.Mus (Hons1) a Senior Education Advisor, RCH Education Institute, works as a multidisciplinary team member predominantly in Adolescent Medicine, Nephrology & Dermatology. An experienced educator who has worked across a diverse range of education settings, Rachael has a particular interest in inclusive practice.

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Session 19: Tuesday 18 November 1.30pm through 3pm

C

PRESENTER ORGANISATION CO-AUTHOR/ CO-PRESENTER/S

Mrs Diana Carmody
The Children's Hospital at Westmead

Ms Lyn Biviano, Head of Social Work, The Children's Hospital at Westmead

PRESENTATION

Nurturing : The Parallel Process Underlying the AWCH Ward Grandparent Program at the Children's Hospital Westmead. From birth to maturity – the narratives of ward grandparents, families and staff working together over 20 years at Royal Alexandra Hospital for Children.

ABSTRACT

Through the use of the stories and narratives of ward grandparents, families, and hospital staff, this paper seeks to demonstrate the growth and development of the AWCH Ward Grandparent Scheme since its inception. Reflecting on these stories mirrors the way the program has evolved and matured to meet the changing needs of children in hospital and their families. The growth and development of the program has not only been in the number of volunteers but in the changing nature of the role and demands placed on ward grandparents. These include the increasing complexity of the children's health conditions, the changing stressors facing families, long term admissions and dislocation of families. Thus there is a growing need for ward grandparents to develop skills in working not only with children but with parents and other family members. Ward grandparents have accordingly become increasingly professional and skilled in order to meet these challenges and have taken on increased responsibility for supporting and mentoring each other and helping to steer the program into the future. The impact of the program's contribution can never be precisely measured, but clearly these narratives demonstrate the difference it makes to children and families, its value to the hospital and its positive impact on the ward grandparents themselves.

BIOGRAPHICAL NOTE

Diana has been involved in the AWCH Ward Grandparent program since its earliest days and developed the administrative, supervisory and support structures involved in the program. Lyn, as Head of Social Work holds managerial responsibility for the Ward Grandparent Program as it is a part of the social work department.

EMAIL SESSION

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Session 17: Tuesday 18 November 1.30pm through 3pm

PRESENTER ORGANISATION

Mrs Rosalie Charman
Starship Children's Hospital, Auckland District Health Board

PRESENTATION

Bumps, bypass and beyond: sculpting the Nurse Specialist role to fit family needs. Families with a congenital heart child face many stressors and move through a range of health services, the children's cardiac nurse specialist provides a consistent, expert support for them throughout their journey.

ABSTRACT

With advances in technology and skill, foetal scanning is identifying an increasing number of cardiac defects antenatally. While most babies with congenital heart defects do well, these families face complex decision making challenges. As Auckland is the only tertiary centre with a paediatric cardiac service in New Zealand, these families may not have access to specialised cardiac knowledge, and may face delivering away from home or postnatal transfer for care.

The Paediatric Cardiac Nurse Specialists maintain contact with the families from diagnosis through pregnancy, delivery and the neonatal period. This constant link throughout this stressful time provides support, management of expectations, education about the heart condition and access to other resources as necessary.

Children with very complex cardiac conditions progress through three staged surgeries. Adapting an American initiative, PCCS has begun a Home Monitoring program for these babies. The program is coordinated by the Paediatric Cardiac Nurse Specialists and requires a close liaison between the hospital and community services and families. It aims to decrease mortality for these high-risk infants and improve the support for their families through intense education and planning prior to discharge for families and community services.

For all families with cardiac children, the nurse specialists remain a constant contact point between the service and community, and this relationship can continue over years. Children are discharged home with increasingly complex cardiac defects, and this contact is important in providing support, information and advice for both families and community services.

BIOGRAPHICAL NOTE Rosalie Charman (RN, BN) is one of two clinical nurse specialists working in the liaison role in the Paediatric and Congenital Cardiac Service, Starship Children's Hospital. She has 14 years of nursing experience, with over 7 years in paediatric cardiology.

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SESSION Session 11: Tuesday 18 November 11am through 12.30pm

PRESENTER **Linda Cheese**

ORGANISATION John Hunter Children's Hospital

PRESENTATION **Unique transitional Journey of Cystic Fibrosis patients at John Hunter Children's Hospital.** A poster describing the unique transitional journey of patients with Cystic Fibrosis at John Hunter Children's Hospital.

ABSTRACT Cystic Fibrosis is a complex multi-organ, life limiting, chronic condition. Once diagnosed the patient, family and Cystic Fibrosis team begin a long journey together. The Cystic Fibrosis team become an integral part of the families life with multiple clinic and hospital visits. Many of the CF patients and their families come to know the members of the multidisciplinary team very well over the 18 years in the Paediatric arena.

The physical environment at John Hunter Hospital lends itself to a unique transitional experience as the Children's Hospital lies within the physical boundaries of the larger Adult hospital. This has had a positive effect in the transitional journey of many of the cystic fibrosis patients.

At John Hunter Children's Hospital the patient and family are introduced to the idea of transition as early as 13 years of age. A comprehensive transition program has been introduced to prepare the young person and their family both physically and psychologically for a smooth transition to the adult CF clinic. Transition itself takes place once the young person has turned 18 and left school or has left school earlier and started work.

The poster looks at the young persons journey, service delivery and continuity of care from Paediatrics through to the sometimes daunting world of adults. Individual patients have relived their journey through written word to relay the success or other wise of their experiences.

BIOGRAPHICAL NOTE Linda has worked as the Respiratory / Cystic Fibrosis CNC for the past 8 years at John Hunter Children's Hospital and previously as a senior nurse caring for patients with Cystic Fibrosis both at John Hunter Hospital and the Mater Hospital Newcastle. Linda has a Bachelor of Nursing obtained through Armidale University and has worked for numerous years in Sydney hospitals having obtained a Paediatric certificate at Camperdown Children's Hospital.

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SESSION Interactive Poster Presentation Monday 17 November from 6pm to 7pm

PRESENTER **Ms Theresa Clemens**

ORGANISATION The Royal Children's Hospital, Melbourne

**CO-AUTHOR/
CO-PRESENTER/S** Ms Mei Ling Yeh, Dr Sharon De Graves, Ms Shirley Burke, Royal Children's Hospital, Melbourne

PRESENTATION **Bedside handover – implementing and evaluating change.**

ABSTRACT Recent evidence supports the collaborative practice of bedside handover – this project evaluated the staff and consumer experience of this change in practice.

Objective: This project aimed to evaluate the impact of a change in handover practices on staff and families within an acute Paediatric oncology setting.

Background: Previous local research exploring nursing models of care identified the need for collaborative care models and the benefits of bedside handover. Introduction of bedside handover aimed to encourage team work, improve communication and provide opportunities for mentorship and role modeling. For patients and their families, bedside handover aimed to offer opportunities to be more informed, involved and to raise questions/concerns about their child's care.

Methodology: Two clinical audits were conducted to explore the impact of bedside handover from a consumer and staff perspective. Following the initiation of bedside handover the nursing team was engaged in an evaluative process of claims, concerns and issues to identify the ongoing challenges of implementing this practice change. A two month trial period was initiated, led by the unit based nurses Leadership Group, a group comprised of clinical nurses from all levels. This trial period involved - Month One: all staff conducted bedside handover one to one; Month Two: all staff conducted bedside handover nurse to team. A survey was distributed at the end of each trial period. The survey was designed to evaluate how the trialed practices met the aims of bedside handover as identified by the nurses. The Leadership group was challenged and supported through regular meetings to lead this practice change and overcomes the ongoing challenges with implementation.

Outcomes: This short presentation will present data from the trial period in regards to the expected outcomes of bedside handover. Strategies to support practice changes together with the development of leadership skills in clinicians through practice change will also be discussed.

BIOGRAPHICAL NOTE Theresa Clements originates from Canada and has worked in several countries during her career. She has considerable experience within Paediatric oncology nursing. Theresa's current role is as Clinical Nurse Facilitator in the Children's Cancer Centre, Royal Children's Hospital, Melbourne.

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SESSION Session 10: Monday 17 November 1.30pm through 3pm

PRESENTER **Ms Claire Cox**

ORGANISATION Queensland Health, Redcliffe Hospital, Paediatric Unit.

CO-AUTHOR/ Mrs Emma Fitzhenry, Nurse Unit Manager, Queensland Health, Redcliffe Hospital, Paediatric Unit

CO-PRESENTER/S

PRESENTATION **Identifying complex care needs of children and their families in a Regional Acute Paediatric Setting.**

ABSTRACT Discussion of family centered negotiated care, with a holistic whole of life approach to Paediatric care of children with chronic and complex needs.

Anecdotally a need was identified in the Paediatric Unit at Redcliffe Hospital, where children with complex and chronic needs were receiving a service that consisted of a maze of government and non government organisations. A gap analysis of our current service was performed, along with a service mapping exercise to identify our current links with both government and non government services alike. We identified the need to strengthen our partnerships with all government and non government agencies. We also identified that there appears to be no dedicated coordinator of the ongoing health care for children with complex and chronic needs. A dedicated coordinator is necessary if we are to invest in the transition of children with chronic and complex needs from acute to community based care. This project is the gateway to ensuring that there is effective discharge planning and collaboration between acute care facilities and community agencies. This will improve communication and information sharing, resulting in strong multidisciplinary and multi-agency links and approaches in health care and promotion in children and young people. This project also aims to enhance the uptake of indigenous Australians and disadvantaged Australians to life long health care.

BIOGRAPHICAL NOTE Claire Cox – Bachelor of Nursing, Grad. Cert. Paediatrics, Endorsed Nurse Immuniser, MRCNA. Currently Nurse Educator & Clinical Nurse, with experience in Acute and Community Nursing including Indigenous Health. Project officer for three months for Service Mapping Project of Paediatric Complex Care Patients 0 -5.

Emma Fitzhenry- Bachelor of Nursing, Grad Cert Paediatric Critical Care. Currently work as the Nurse Unit Manager for a 10 Bed Paediatric unit at Redcliffe Hospital. I have been a paediatric nurse for 9 years and I have had various roles in paediatric tertiary and regional centres as Clinical Nurse Specialist, Nurse Educator and Nurse Unit Manager.

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SESSION Session 19: Tuesday 18 November 1.30pm through 3pm

PRESENTER **Dr Wendy Cross**

ORGANISATION Monash University

PRESENTATION **Exploring Perceptions of a Youth Early Psychosis Program Understanding the multiple service needs for a youth early psychosis program**

ABSTRACT The study's broad aim is to evaluate a youth early psychosis program in a large metropolitan mental health service to gain an understanding of the experience of the individual with a mental illness from a subjective perspective; their carers; the experience of internal stakeholders and referrers to the service. Concepts and insights gained from the study would build on the existing knowledge of early psychosis interventions and its effects on the construction of the self-concept and of related diagnoses. This paper addresses the experience of staff.

What are the mental health service needs of young people, especially those experiencing emerging signs and symptoms of psychosis?

What service delivery aspects and qualities facilitate engagement with mental health services?

What are the attributes of clinicians that facilitate interaction with the service delivery system for young people, their careers /significant others?

Methods

Focus groups were conducted with internal stakeholders
Individual interviews were conducted with consumers and carers
All focus groups and individual interviews were audiotaped with permission and transcribed verbatim.
The interview data were analyzed using thematic analysis

Results

Main themes emerging within the data include: engagement, continuity of care, access, staying out of hospital, loss & grief, and support

Conclusions

The results are consistent with reports of other early psychosis programs within the Australian context and note that it isn't just the timeliness of the intervention that is crucial but the nature of the response to individual need.

Key words

Early psychosis, service evaluation, qualitative research, focus groups

BIOGRAPHICAL NOTE

Wendy's expertise is in mental health nursing, nursing research and nurse education. She has extensive experience including practice development, policy and procedure development and workforce planning. In February 2007, Wendy joined Monash University, School of Nursing and Midwifery and is currently acting as Head of School for the Peninsula Campus.

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SESSION

Session 9: Monday 17 November 1.30pm through 3pm

D

PRESENTER

Miss Kate Dengler

ORGANISATION

Edgar Stephen's Ward, The Children's Hospital at Westmead

PRESENTATION

Heart Beads: The creation of a child's journey. The Heart Beads Project aims to enrich the experience of the cardiac children at the Children's Hospital, Westmead by rewarding them with distinctive beads specific to each procedure or treatment.

ABSTRACT

In 2005/06, 624 cardiac procedures were performed at The Children's Hospital at Westmead (CHW), with 500 of these being first time presentations. For many of these children and families diagnosis signals the beginning of a long and arduous journey in and out of hospital. These children undergo multiple treatments and procedures as well as multiple admissions for further surgery.

The Heart Beads Project has been developed with the assistance of a scholarship provided by The Nursing and Midwifery Office. The project's philosophy is to enrich the experience of cardiac children at CHW. By rewarding these children with distinctive beads specific to each procedure/ treatment the children feel a sense of achievement for their courage. They also are then able to trace their continuing journey as their collection becomes more and more unique. The beads can potentially act as a medium for the children to forge more positive relationships with staff as well as other children in hospital.

Participation in the program is optional with the only inclusion criteria being that the child's primary reason for admission to hospital is a cardiac condition.

A research component exists as part of this project to evaluate the experiences of the children, parents and staff involved. The data will be collated and the findings disseminated.

At the time of submission of this abstract the program is in its early stages. The bead suppliers have been sourced, risk assessment/ management paper finalised, approval has been attained from the CHW Ethics Committee, and the logistics are being established. Enrolment for the program is expected to begin in April 2008 with the interviews for the research component beginning around June 2008.

BIOGRAPHICAL NOTE

The Project Officer of this Program is Kate Alexa Dengler, a Registered Nurse who has worked on the cardiac ward at CHW for 4 years.

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SESSION

Interactive Poster Presentation Monday 17 November from 6pm to 7pm

PRESENTER

Dr David Dossetor

ORGANISATION

The Children's Hospital at Westmead

CO-AUTHOR/ CO-PRESENTER/S

Dr Hadia Baassiri, Clinical Cultural Consultant, Department of Psychological Medicine, Children's Hospital at Westmead and Transcultural Mental Health Centre.

PRESENTATION **A Cross Cultural Consultant Paediatric Mental Health Service.** This paper will describe the outcomes and benefits of a pilot clinical cultural consultant service model. These include education, institutional change, improving clinical outcomes and clinical research.

ABSTRACT The Children's Hospital at Westmead and the NSW Transcultural Mental Health Centre are conducting an innovative pilot which supports clinicians to work with patients and families from culturally and linguistically diverse backgrounds, to improve the quality and effectiveness of the treatment delivered.

The project outcomes include influences on: the use of interpreters, the cultural standards and attitudes of the hospital, case-based cultural perspective and advice, access to bilingual therapists, clinical cultural consultations for both clinicians and families, in-patient to subspecialty services, access to transcultural academic resources and clinical education and research. The clinical service is provided to CHW mental health professionals and rural mental health professionals. The educational outputs are available to the wider hospital and community. Case illustrations and evaluation data are provided.

The Clinical Cultural Consultation Model has been utilised in the United States and Canada but this is the first report in child and adolescent mental health. This service can have a broad benefit, but particularly improves outcomes where linguistic and cultural issues affect treatment. This model provides a valuable contribution to the spectrum of services needed for a culturally and linguistically diverse population.

BIOGRAPHICAL NOTE David Dossetor is a child psychiatrist with a special interest in intellectual disability and autism. Hadia Baassiri is a cross cultural consultant, youth counselor and family therapist.

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SESSION Session 2: Monday 17 November 11am to 12.30pm

PRESENTER **Dr David Dossetor 2**
ORGANISATION The Children's Hospital at Westmead
PRESENTATION A Training Curriculum of Clinical Interventions in Child Mental Health & Intellectual Disability.

ABSTRACT **The Poster presents the results of a stakeholder survey on the views of clinicians on core clinical interventions for inclusion in a training curriculum for clinicians working with children with mental health issues and intellectual disability.**

What are the core clinical interventions that benefit the developmental and emotional/ behavioural well-being of children/ adolescents with intellectual disability and their families? This was the fundamental question faced by the project team in the development phase of a training curriculum. The aim of the project was to develop a state-of-the-art holistic child and family-centred training curriculum for community clinicians working in mental health and intellectual disability.

An initial review of literature revealed a paucity of materials and empirical evidence supporting what intervention approaches work with this population. A proposed framework of core clinical interventions was established by analysing themes from an expert clinical group and review of current literature, clinical data and existing training curricula. The views of stakeholders were then sought to

- Establish a consensus on what intervention domains should be incorporated in the core curriculum for community clinicians;
- Examine the relationship between opinion, experience and extent of clinical involvement.

The poster will present the results of the surveys and describe the development of the training curriculum to be presented as clinical skill workshops, web-based resources and clinical papers. We aim to make this curriculum available by publication and a website following completion.

BIOGRAPHICAL NOTE David Dossetor is a child psychiatrist with a special interest in intellectual disability and autism.

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SESSION Interactive Poster Presentation Monday 17 November from 6pm to 7pm

PRESENTER **Stephanie Dowden**
ORGANISATION Princess Margaret Hospital for Children
CO-AUTHOR/
CO-PRESENTER/S Dr Marianne Phillips, Princess Margaret Hospital for Children

PRESENTATION **Establishing a state-wide Paediatric Palliative Care (PPC) program in WA. Overview of the processes undertaken to establish a new state-wide PPC program in WA and review of the first few months.**

ABSTRACT Paediatric Palliative Care (PPC) has been established in Australia for approximately a decade. A well co-ordinated palliative care service has been provided to children with malignant conditions in WA for many years, however until 2008 WA was one of the few remaining states in Australia without a dedicated PPC service for all children with life-limiting conditions.

As the only tertiary paediatric hospital in WA, Princess Margaret Hospital for Children (PMH) is ideally placed to facilitate the development of a PPC program utilising international PPC guidelines, standards and models of care to benchmark against. At the outset PMH recognised the need to demonstrate the worth of the program by having rigorous quality assurance (QA) processes in place to measure and prove quality of care and thus ensure future funding and sustainability.

PPC care delivery in WA is complex due to the geography, population size and distribution. A combined consultative partnerships model was chosen with a clinical “pop-up” service for rural/remote areas and a shared-care approach for within the Perth-metro area.

A range of assessment and QA tools were selected to identify service and clinical needs, enhance patient and family quality of life, fully involve families in decision-making processes and empower families to lead or direct care where possible throughout the PPC trajectory.

The PPC program for children with non-malignant conditions is situated within Ambulatory Care Services at PMH. These children cross service boundaries of the programs under the Ambulatory Care Services umbrella – Hospital in the Home, Ambulatory Day Stay, Ambulatory Care Coordination and Technology Dependent Children. Situating PPC within this service allows integration of care, reduces service duplication, improved communication and easy transfer between Ambulatory Care Services programs. Patients with malignant conditions continue to receive their palliative care package through the oncology department.

This paper will present an overview of the process taken to establish a new state-wide PPC program in WA and a review of the first few months of the service.

BIOGRAPHICAL NOTE

Stephanie Dowden has held positions in paediatric nursing in the UK and Australia. She spent 20 years in a variety of roles at Royal Children’s Hospital in Melbourne, including 8 years as CNC in Paediatric Pain Management. She is currently CNC in Paediatric Palliative Care at Princess Margaret Hospital for Children, WA.

Marianne Phillips is a Consultant Paediatric & Adolescent Oncologist and Palliative Care Specialist at Princess Margaret Hospital for Children, WA. She has facilitated the development of a Statewide Paediatric Palliative Care service and is a member of a number of local, state and national committees within this field. She is an Executive member of the Australian and New Zealand Paediatric Palliative Care Reference Group.

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Session 10: Monday 17 November 1.30pm through 3pm

PRESENTER ORGANISATION

Susan Dyer

Department of Nursing/Midwifery Research & Practice Development; Department of Clinical Haematology/Oncology, Women’s & Children’s Hospital, Adelaide

CO-AUTHOR/ CO-PRESENTER/S

Co-authors: Dr Jenny Fereday, Ms Georgie Kakoulis, Mr Chris Williams

PRESENTATION

Accidental Discovery: Different people, different maps but the same measure!. The measurement of families and nurses experience of living and working in a paediatric oncology hospital environment using two different methodologies has generated similar data indicating core themes and a shared perspective.

ABSTRACT

The People: Paediatric haematology/oncology is an area of healthcare that generates high stress for the child, family and staff. This is due to the high acuity and complexity of treatment protocols, supportive care and the psychosocial needs of the family at a distressing time. The objective of this presentation is to describe two separate projects that were run concurrently within our unit to support children, families and staff and to report the comparable findings that indicated a shared perspective of their lived experience.

The Maps: The first project involved unstructured interviewing of parents and young people about their lived experience during hospitalisation. Each interview was audio taped and analysed by clinicians. The second project involved the investigation and implementation of a model of nursing that best suited the staff skill mix. Part of this process involved engaging nursing staff in focus groups to ascertain what worked well in their environment and what didn’t work well. Staff explored the ideal of what is a team and what does a team look like and this was compared to what the current culture of the team was on the unit.

The Measure: Although not an aim of the two projects it was fascinating to observe that families and staff are observing and reporting similar areas of dissatisfaction in the clinical area. The data from parents regarding their hospitalised experience demonstrated dissatisfaction with patient flow, environmental issues and communication. Nursing staff reported similar dissatisfaction along these three themes. The measurement of families and nurse’s lived experience of living and working in a hospital environment using two different methodologies has generated similar data indicating core themes that need to be acted upon to improve outcomes in this highly specialised area.

BIOGRAPHICAL NOTE

Susan Dyer has worked in the area of paediatric oncology for the last 15 years in various clinical capacities. Since 2002 Susan has worked in the area of research and practice development with the primary focus of working alongside paediatric oncology nurses at the bedside and assisting them to participate in any aspect of the research process.

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Session 10: Monday 17 November 1.30pm through 3pm

E

PRESENTER	Ms Karen Egan
ORGANISATION	The Royal Children's Hospital, Melbourne
PRESENTATION	The ABCD of discharge planning. A pre and post evaluation of discharge planning was performed to evaluate an intervention that aimed to enhance the discharge process at a tertiary paediatric oncology centre.
ABSTRACT	<p>Caring for children with cancer and their families demands a high level of care coordination. Paediatric cancer treatment protocols are complex and often extend over several years. The ongoing family support and management of care is reliant upon excellent communication and collaboration both within the multidisciplinary team and with the child/family. Most children with cancer experience multiple in-patient and out-patient admissions for the treatment of their illness. Discharge planning plays a central role in ensuring the effective ongoing management of treatment and family caregiver confidence regarding caring for their child at home.</p> <p>The Clinical Nurse Coordinator (CNC) team at the Children's Cancer Centre, Royal Children's Hospital (CCC-RCH) identified the process of discharge planning as an area for further development and embarked on a project to improve this aspect of care. The project aimed to evaluate a discharge planning intervention. Evaluation of the intervention was achieved by conducting a pre and post intervention survey. The pre and post evaluation periods each involved one month of data collection. All families of children discharge from the in-patient and Day Oncology Unit were contacted by telephone and asked to answer a once page survey. The survey was designed to determine the effectiveness of discharge planning in relation to four main areas – appointments, blood tests, chemotherapy and medication. The intervention – the ABCD of discharge planning – was developed to improve the management of the basic elements of this aspect of care. The intervention, comprising pocket size parent handouts and nursing/medical and secretarial education, was implemented for a period of one month before the post evaluation was conducted.</p> <p>This paper discusses the results and outcomes of a project that evaluates the effectiveness of a newly developed intervention that aims to improve the management of discharge planning for children with cancer.</p>
BIOGRAPHICAL NOTE	Karen has been a paediatric oncology nurse for the past 13 years. She is currently employed as the Program Manager, Paediatric Integrated Cancer Service Long Term Follow Up Program, for the Children's Cancer Centre at the Royal Children's Hospital in Melbourne. Karen is committed to the effective coordination and streamlining of care for children with cancer and their families throughout their journey.
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SESSION	Session 10: Monday 17 November 1.30pm through 3pm

F

PRESENTER	Dr Jennifer Fereday
ORGANISATION	Dept Nursing & Midwifery Research & Practice Development, CYWHS
CO-AUTHOR/ CO-PRESENTER/S	Professor Philip Darbyshire
PRESENTATION	Children with a disability – do health care professionals have the educational preparation to care for them? Comparing & contrasting the results of a Needs Analysis conducted with parents/carers of a child with a disability and health professional education providers.
ABSTRACT	<p>As part of the South Australian project "Improving the links between health care services, children and young people with a disability and their families and carers" a comprehensive needs analysis was undertaken to inform the development of disability awareness resources for generic health professionals (ie. not working in a disability specialist area).</p> <p>By sharing their experiences of health care services, parents/carers clearly articulated the skills and qualities of health professionals that were perceived to be supportive and caring for children with a disability and which inspired confidence in their families/carers. Health care educational providers were able to identify the learning needs of undergraduate, postgraduate and practising generic health professionals in relation to disability awareness and the teaching methods that could support this.</p> <p>While raising disability awareness among generic health professionals was a shared goal for both groups of stakeholders their perceptions differed as to the 'how and what' of disability training and development. The presentation will highlight the potential impact of these diverging views of understanding disability and promoting awareness on the ability of health care services to sensitively respond to the needs of children and</p>

young people with a disability, and to truly provide family-centered care.

BIOGRAPHICAL NOTE Jenny Fereday's role at CYWHS involves leading and assisting research and practice development projects that primarily explore the experiences of health, illness and health care services for women, children and their families with the aim of improving these services through education, policy and practice change.

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SESSION Session 19: Tuesday 18 November 1.30pm through 3pm

PRESENTER **Karen Ford**

ORGANISATION School of Nursing and Midwifery, University of Tasmania and Royal Hobart Hospital

CO-AUTHORS/ CO-PRESENTERS A/Prof Judy Sankey School of Nursing and Midwifery, University of Tasmania, Prof Jackie Crisp The Sydney Children's Hospital and University of Technology, Sydney

PRESENTATION **Because I never had an operation before.** This paper presents findings from current research that explores children's admission to hospital for surgery from the perspective of children themselves.

ABSTRACT The People: The experiences and understandings of children who are admitted to hospital for surgery are presented.

The presentation draws on findings from current, child centred research with children aged between 6 and 12 years admitted to hospital for surgery.

The Map: The children map their journey from admission to hospital, their surgery and post-operative care to discharge home. They talk about their experiences, understandings and needs whilst within this environment that they find mostly frightening, but sometimes exciting.

The Measure: The research uses a constructivist grounded theory approach and data includes interviews with children around the time of their surgery and children's drawings, using the draw and write technique.

It is vital that knowledge generation in relation to children's health care includes the perspectives of children. Researching children's experiences and understandings of surgery is critical if the care we provide to children around the time of their surgery is to be responsive and relevant to their concerns and needs. By exploring the ways children experience, and make sense of their surgery, we may be able to progress our practice in ways that are truly child centred and in the best interests of the child.

Findings from the research, drawn from interpretation of the data are presented and recommendations for improving practice are made

BIOGRAPHICAL NOTE Karen is A/ADON Education and Research at the Royal Hobart Hospital. She is undertaking her PhD part-time. Judy is Deputy Head of School at the School of Nursing and Midwifery, University of Tasmania. Jackie heads the Practice Development Unit, Sydney Children's Hospital.

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SESSION Session 12: Tuesday 18 November 11am through 12.30pm

PRESENTER **Prof. Rodney Ford**

ORGANISATION Children's Gastroenterology and Allergy Clinic - Rodney Ford Limited

PRESENTATION **A Personal "Web Clinic" – The Way Forward for Food Allergy Sufferers. Can a "Web Allergy Clinic" take the place of a classical clinical consultation? We present a comparison study.**

ABSTRACT **BACKGROUND:** There is a critical shortage of allergy specialists, making it impossible for many parents to access expert allergy diagnosis and treatment. Thus, parents increasingly seek help on the internet.

To meet this need, we developed a novel Web-based process to offer personalized and accurate diagnosis of food allergy and intolerance. This system is based on an intricate clinical algorithm. It works by asking a series of specific questions related to allergy, symptoms and diet. This web program intelligently responds with a list of investigation and treatment suggestions, to be undertaken with the aid of their own health practitioner. This "Web Allergy Clinic" is designed to be used by parents of children with a wide spectrum of symptoms such as eczema, gastrointestinal problems, neurological symptoms and failure to thrive.

OBJECTIVE: The study is to ascertain whether the "Web Allergy Clinic" process is an effective and accurate method to diagnose food allergy and intolerance in comparison to standard face-to-face clinical consultations.

METHODS: 75 patients were recruited through the "Children's Gastroenterology and Allergy Clinic" in Christchurch, NZ. The "Web Allergy Clinic" process was completed by parents prior to their formal clinical consultation (diagnosis and management were systematically recorded).

RESULTS: The web-based process and clinical consultation outcomes were compared. Provisional results show similar levels of recommended investigations and diagnostic categories for both Web and Clinical assessments. The types of diagnoses and test results will be presented in detail. This Web Clinic concept will place allergy

specialist expertise just a click away.

BIOGRAPHICAL NOTE

Dr Ford MD MBBS FRACP graduated with honors from NSW. He was Associate Professor of Paediatrics at the CHCH School of Medicine, New Zealand. He has written over a 130 scientific papers, books and book chapters and been involved in ground-breaking work in the areas of SIDS, breastfeeding, caffeine exposure, food allergy and gluten.

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SESSION

Interactive Poster Presentation Monday 17 November from 6pm to 7pm

PRESENTER

Ms Marianne Fraser and Helen Lee

ORGANISATION

Department of Education and Training

PRESENTATION

The use of art to improve the hospital experience. A video presentation will demonstrate how the involvement of young patients (students) in the creation and display of shared and individual artworks can enhance their hospital stay.

ABSTRACT

St George Hospital School has used art as a means of creating a positive, familiar and supportive learning environment.

Students, either on the ward or in the classroom, are encouraged to experiment with different styles, techniques and media, often using the work of other artists as an inspiration. They are encouraged to comment on their own work whilst being reassured that everything they attempt is acceptable. Through this experience, students who have been disinterested, distracted or anxious begin to take control of their artwork and exhibit a developing sense of confidence, engagement and self-expression. This involvement in the 'art making' process shifts the focus of attention away from feelings of anxiety or discomfort that may be associated with medical treatment or an unfamiliar environment. Students have particularly enjoyed sharing in the production of large canvases which are displayed on the walls of the Children's Ward. Student artwork is also displayed in the hospital entrance and as a continuous slide show on the television screen installed outside the classroom.

Through an 'Investing in Our Schools' grant, murals have been installed on the walls and ceiling of the treatment room, outside the treatment room and in the playroom of the children's ward. These have been designed to create warmth and familiarity in an environment in which clinical procedures and medical equipment may often escalate stress. The murals are very visual and often tactile representations of themes from within the school curriculum, providing connectedness and significance.

The poster display and associated video and slide show demonstrate examples of how this engagement in the 'art making' process has had a positive impact on student/patient response to their hospital experience

BIOGRAPHICAL NOTE

Marianne Fraser is a trained artist and qualified teacher. She has been employed on a part-time basis by the Department of Education and Training at St George Hospital School since May 2007. During this time she has designed and completed several extensive wall and ceiling murals in the children's ward and foyer area. She has also been instrumental in involving and enthusing patients in the production of shared canvases and individual artworks that are on display in the children's ward and in the entrance corridor of the hospital.

Helen Lee is Principal at St George Hospital School and has had extensive experience teaching students across a wide range of settings. She has post-graduate qualifications in both Special Education and Sociology.

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SESSION

Interactive Poster Presentation Monday 17 November from 6pm to 7pm

PRESENTER

Ms Elizabeth Fudge

ORGANISATION

AICAFMHA (Australian Infant Child Adolescent and Family Mental Health Association)

CO-AUTHOR/
CO-PRESENTER/S

Ms. Colleen Sincock, a consumer representative.

PRESENTATION

Parental mental illness: Families informing families. Involving families affected by parental mental illness in the development of resources for other families in similar situations.

ABSTRACT

The main objectives of the presentation are to highlight both the value and the special considerations involved in the development of resources with and for families affected by parental mental illness.

Consumer involvement in the development, delivery and evaluation of health promotion, illness prevention and service delivery initiatives has been endorsed by federal and state governments and key non-government agencies in Australia over a number of years. However, involving family members from vulnerable and/or hard to reach populations requires careful planning and implementation.

The national Children Of Parents with a Mental Illness (COPMI) initiative is committed to the involvement where possible of parents with mental illness and their family members (including children and young people) in the development of information resources and workforce development resources. The presentation will highlight the strategies the COPMI initiative has utilised to involve these families to date, the positive outcomes that have been achieved and the challenges still before it given the 'hidden' nature of many of these families, the stigma attached to mental illness and the scarcity of resources to support prevention, promotion and early intervention approaches for these families. The presentation will involve the 'voice' of the consumers and carers in person.

BIOGRAPHICAL NOTE Elizabeth is currently the Project Manager for the national Children Of Parents with a Mental Illness (COPMI) initiative being undertaken by the Australian Infant Child Adolescent and Family Mental Health Association for the Australian Government. She has held the position since its inception in early 2002.

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SESSION Session 9: Monday 17 November 1.30pm through 3pm

G

PRESENTER **Dr Madlen Gazarian 1**
ORGANISATION Head, Paediatric Therapeutics Program University of NSW and Sydney Children's Hospital, Randwick
CO-AUTHOR/
CO-PRESENTER/S Mrs Linda Graudins, Medication Safety and QUM Pharmacist, Paediatric Therapeutics Program University of NSW and Sydney Children's Hospital.

PRESENTATION **Paediatric QUM in the hospital setting: juggling the science, policy and practice. This poster outlines the activities and outcomes of the Paediatric Therapeutics Program at University of New South Wales and Sydney Children's Hospital in bridging gaps in paediatric Quality Use of Medicines (QUM), including initiatives to improve paediatric medication safety.**

ABSTRACT Objectives: Quality use of medicines (QUM) is a key part of the National Medicines Policy, but gaps exist in its implementation into paediatric practice. The Paediatric Therapeutics Program (PTP) at UNSW and Sydney Children's Hospital aims to help bridge this gap by promoting QUM and evidence-based prescribing through: 1) generating knowledge about effective methods to improve the safe and appropriate use of medicines in the paediatric population; 2) applying such knowledge in routine practice to improve outcomes; and 3) identifying important knowledge gaps for further research.

Methods: QUM is promoted by: policy development and practice improvement using research evidence and pharmacoepidemiology methods; multi-disciplinary consultation and collaboration with clinicians (doctors, pharmacists, nurses) and policy makers at multiple levels, including relevant paediatric and therapeutics networks; and leadership through clinical pharmacology and pharmacy partnerships at local, state and national levels. The needs of consumers are also addressed.

Results: The program has been effective in achieving improvements in QUM locally (e.g. asthma care; antibiotic prophylaxis in surgery; safe prescribing, paracetamol use) with associated improvements in patient outcomes (e.g. patient satisfaction, reduction in readmissions with surgical infections, sustained reduction in medication errors and harm). Medication safety initiatives have been a key part of QUM activity, including development and implementation of innovative methods for improving prescribing and outcomes measurement. The work of the PTP has also contributed to informing national initiatives through local and national collaborations (e.g. QUM indicators and MSSA; paediatric-NIMC). Increasing opportunities for international collaboration have emerged in recent years.

Conclusion: Implementing QUM policy in a complex setting provides many opportunities and challenges. With appropriate leadership and resources we can effectively address paediatric QUM issues and integrate national QUM initiatives into local paediatric settings.

BIOGRAPHICAL NOTE Madlen Gazarian is a paediatrician specialising in Paediatric Clinical Pharmacology & Therapeutics, Clinical Epidemiology & Health Services research and Paediatric Rheumatology. She established and currently heads the Paediatric Therapeutics Program at UNSW/SCH. Her main interests are; QUM; evidence based health care, pharmacoepidemiology, medication safety; and timely integration of research knowledge into policy and practice.

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SESSION Interactive Poster Presentation Monday 17 November from 6pm to 7pm

PRESENTER **Dr Madlen Gazarian 2**
ORGANISATION Head, Paediatric Therapeutics Program, University of NSW and Sydney Children's Hospital, Randwick

PRESENTATION **Quality Use of Medicines and children: on the cusp of a brand new era.**
This paper will discuss recent global and national developments in paediatric medicines, which provide opportunities and challenges for closing the long-standing gaps in paediatric Quality Use of Medicines (QUM).

ABSTRACT Objectives: Quality use of medicines (QUM) is a key part of the National Medicines Policy, but gaps exist in its implementation into paediatric practice. The Paediatric Therapeutics Program (PTP) at UNSW and Sydney Children's Hospital aims to help bridge this gap by promoting QUM and evidence-based prescribing through: 1) generating knowledge about effective methods to improve the safe and appropriate use of medicines in the paediatric population;

- 2) applying such knowledge in routine practice to improve outcomes; and
- 3) identifying important knowledge gaps for further research.

Methods: QUM is promoted by: policy development and practice improvement using research evidence and pharmacoepidemiology methods; multi-disciplinary consultation and collaboration with clinicians (doctors, pharmacists, nurses) and policy makers at multiple levels, including relevant paediatric and therapeutics networks; and leadership through clinical pharmacology and pharmacy partnerships at local, state and national levels. The needs of consumers are also addressed.

Results: The program has been effective in achieving improvements in QUM locally (e.g. asthma care; antibiotic prophylaxis in surgery; safe prescribing, paracetamol use) with associated improvements in patient outcomes (e.g. patient satisfaction, reduction in readmissions with surgical infections, sustained reduction in medication errors and harm). Medication safety initiatives have been a key part of QUM activity, including development and implementation of innovative methods for improving prescribing and outcomes measurement. The work of the PTP has also contributed to informing national initiatives through local and national collaborations (e.g. QUM indicators and MSSA; paediatric-NIMC). Increasing opportunities for international collaboration have emerged in recent years.

Conclusion: Implementing QUM policy in a complex setting provides many opportunities and challenges. With appropriate leadership and resources we can effectively address paediatric QUM issues and integrate national QUM initiatives into local paediatric settings.

BIOGRAPHICAL NOTE

Madlen Gazarian is a paediatrician specialising in Paediatric Clinical Pharmacology & Therapeutics, Clinical Epidemiology & Health Services research and Paediatric Rheumatology. She established and currently heads the Paediatric Therapeutics Program at the University of NSW and Sydney Children's Hospital, Randwick. Her main interests are; QUM; evidence based health care, pharmacoepidemiology, medication safety; and timely integration of research knowledge into policy and practice. Dr Gazarian has contributed to the development of wide ranging paediatric medicines and QUM initiatives at national and international levels through membership of various professional and government advisory bodies.

EMAIL SESSION

M.GAZARIAN@UNSW.edu.au
Session 5: Monday 17 November 11am to 12.30pm

PRESENTER ORGANISATION CO-AUTHORS

Dr Sharon Goldfeld
Centre for Community Child Health Royal Children's Hospital Hill, M Royal Australasian College of Physicians, Melbourne, Victoria, Pawsey, M The Australian Council on Healthcare Standards, Sydney, NSW, Cutler, A Association for the Wellbeing of Children in Healthcare, Gladesville, NSW, Holt, J Women's & Children's Hospitals Australasia, Turner, ACT and Goldfeld, S. Centre for Community Child Health, Royal Children's Hospital, Parkville, Victoria on behalf of the Standards Working Group convened under the auspices of the Royal Australasian College of Physicians.

PRESENTATION

Developing National Standards For The Care Of Children And Adolescents In Health Services. The presentation will describe the development of national standards for Australian health services that aim to facilitate the provision of high quality care for children and adolescents.

ABSTRACT

Introduction: The medical and psychosocial needs of children and adolescents differ from those of adults and this should be reflected in the care they receive in all health service areas. In particular, children and adolescents must be accommodated appropriately to ensure that their unique needs are met and risks of harm are minimised. Advocating for high quality healthcare for children and adolescents is critical and has led to the development of Standards for the care of children and adolescents in health services.

Methods: Standards were developed by a working group of clinicians, health service providers and consumer advocates. They are based on a combination of available research evidence, published best practice guidelines, multidisciplinary expert consensus stakeholder feedback and pilot-testing in six volunteer hospitals that represented health services in metropolitan, regional and rural settings.

Results: The Standards provide detailed recommendations in the areas of a) recognising rights, b) provision of child, adolescent and family friendly health service facilities, c) availability of child and adolescent specific equipment and d) importance of appropriately trained staff. The Standards have been developed for potential linkage to the ACHS Evaluation and Quality Improvement Program (EQuIP 4). The hospitals involved in the pilot-testing were supportive of both the development of the Standards and the content. All found the Standards easy to follow and assess. On average 2 people were involved in conducting the assessment which took 2-3 hours to complete.

Conclusions: The Standards provide a vehicle to ensure patient safety and to facilitate the provision of high quality care for children and adolescents in Australian health services.

BIOGRAPHICAL NOTE

Dr Sharon Goldfeld is a community paediatrician and senior research fellow at the Centre for Community Child Health in Melbourne and a Senior Medical Advisor in child health in the Office for Children in the Victorian Department of Education and Early Childhood Development. Sharon has a particular interest in children's health services research, data and policy. She has been recipient of the prestigious international Harkness Fellowship in health care policy and has a PhD in health services research. Sharon is a member of several national and state

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SESSION Session 20: Tuesday 18 November 1.30pm through 3pm

PRESENTER Ms Bronwyn Gordon
ORGANISATION UTS Sydney
PRESENTATION 'Ya gonna do what????!!' This presentation will stimulate discussion and thinking around the issue of preparation for invasive health care procedures and the implementation of evidence based preparation strategies to enhance the experience of hospitalisation for children and families.

ABSTRACT Objectives:

- Provide one solution to changing clinical practice for the benefit of children and families.
- Provide a preparation strategy to meet the needs of one group of children and their families prior to an invasive health care procedure.

Ideas:

There is a long history of research into the effects of invasive health care procedures during childhood and the benefits of preparation for them. Many preparation strategies have been developed, implemented and evaluated. There has been a long standing concern about the inconsistent implementation of the evidence from research into the practice of preparing children and their families for health care procedures.

At a major children's hospital a wide range of preparation activities are available but not to all children and families, and not all the time. A group of clinicians, from various disciplines, identified their concern that timely and evidence-based preparation was not a usual element of care at this hospital. The clinicians and a facilitator have been working together since February 2006 to improve the implementation of preparation at this hospital, through action research.

Specifically the group identified an invasive health care procedure for which a research proven preparation strategy had been developed, but was not being implemented. Children and families were experiencing significant distress because they were unprepared for the procedure. The group facilitated the implementation of the preparation strategy with the goal of minimising this distress.

Not only were the children and families prepared for the procedure through information provision, they were also enabled, through using the preparation strategy, to utilise their individual coping strategies prior to, during and after the procedure.

Outcomes:

- Dissemination of strategies to improve the care of children in hospital through preparation for procedures.
- Promotion of discussion of ways to change clinical practice to enhance the hospitalisation experience of children and families.

BIOGRAPHICAL NOTE Bronwyn Gordon has been a nurse for over 30 years. Her clinical practice has covered paediatrics, neo-natal intensive care, midwifery and medical surgical nursing. She is working with an interdisciplinary group of clinicians to improve preparation for the hospital experience for children and their families at a major children's hospital.
EMAIL Bronwyn.K.Gordon@student.uts.edu.au
SESSION Session 12: Tuesday 18 November 11am through 12.30pm

PRESENTER Ms Linda Gaudins
ORGANISATION UNSW and Sydney Children's Hospital, Randwick
CO-AUTHOR/
CO-PRESENTER/S Dr Madlen Gazarian, Paediatric Therapeutics Program, UNSW/SCH

PRESENTATION **Long term improvements in medication safety in a paediatric hospital: the science to support the policy and practice of Quality Use of Medicines.**
Success with our medication safety improvement model over a 4 year period involved implementing safe prescribing and paracetamol guidelines, multi-faceted interventions and the ability to measure medication-related error and harm.

ABSTRACT Objectives: Preventable medication errors and harm are major public health issues. Although the paediatric population is particularly vulnerable, evidence about effective strategies for improvement is limited. Research is focused on technological solutions, to the exclusion of available, less costly, and possibly more effective approaches. We developed and tested an innovative model for improving medication safety integrating strategies recommended in the literature and evaluated long term impact on medication incidents (MI) and adverse drug events (ADE).

Methods: Prospective study in a referral paediatric hospital over a 4 year period (2003-2007). The improvement model included:

- 1) guidelines for safe prescribing, implemented using a multi-faceted, evidence-based model;
- 2) Improved multi-disciplinary communication; and

3) Ward based clinical pharmacists.

Impact on error and harm was measured using standard definitions and a multi-method approach to measurement. Prospective data included:

- 1) reports by nursing and medical staff;
- 2) reports by hospital pharmacists
- 3) intensive chart review by study pharmacist.

All data were reviewed by a multi-disciplinary panel.

Results: A total of 1867 patients and 8438 medication orders were reviewed. Total ADE decreased by >50% in the first year (19.22/100 patients at baseline vs 10.43/100 patients in 2004) and this was maintained at 4 years (8.59/100 patients in 2007). The greatest reductions were seen in potential ADEs which decreased from 12.26/100 patients at baseline to 4.60/100 patients at 4 years. Total MI also decreased from 4.51/100 orders at baseline to 2.78/100 orders at 4 years, with specific reductions in prescribing related MI (4.07/100 orders at baseline vs. 2.05/100 orders at 4 years).

Conclusions: Our model was effective in reducing medication errors and harm in hospitalised children, with sustained improvement over 4 years. Our improvement and measurement methods may be applicable to other settings and strategies.

BIOGRAPHICAL NOTE

Linda Gaudins is the Medication Safety and QUM pharmacist at SCH. Linda has over 20 years' experience in hospital pharmacy, is a Fellow of the Society of Hospital Pharmacists and is actively involved in its paediatric COSP. She is a conjoint lecturer at UNSW and holds Diplomas in hospital pharmacy and epidemiology.

**EMAIL
SESSION**

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Session 5: Monday 17 November 11am to 12.30pm

**PRESENTER
ORGANISATION**

Dr Julie Green
Royal Children's Hospital Education Institute

PRESENTATION

Promoting children's health by working with the 'real life' literacy of parents from diverse educational, social and cultural backgrounds. This paper details empirical research investigating the role that literacy plays for parents in the development of their health-related knowledge and presents a framework for policy and practice that addresses literacy in a health promotion context.

ABSTRACT

The health system's reliance on parents having good to high levels of literacy to engage with health promotion initiatives minimises the capacity for many parents to access health-related knowledge.

This research was conducted in partnership with community health services, housing and education sectors. The paper draws on data collected from 29 in-depth, semi-structured interviews in neighbouring public housing areas. The interviews explored the diversity and complexity surrounding literacy, language and education in parents' lives; and investigated how these mediate the development of programs related to health promotion for parents and children.

The paper will demonstrate that the literacy practices of parents are much more complex than a fixed set of cognitive and technical skills.

A framework that provides a map for working with literacy in a health context will be presented. The five components of the framework are:

1. The social and biographical contexts influence how literacy is practiced;
2. Parents practice literacy in multiple ways that are integrated with other communication modes;
3. Social and community networks provide parents with an infrastructure for using and practicing literacy;
4. Social and family roles shape parents' literacy practices and their engagement with health promotion initiatives;
5. Cross-sectoral partnerships build capacity and create shared initiatives between health and adult literacy sectors.

The research reiterates the potential for a more coherent connection between the health promotion and literacy fields in ways that supports parents to build their knowledge of their children's development, health and wellbeing.

BIOGRAPHICAL NOTE

Julie Green has public health research background and a long-standing interest in the promotion of the health and wellbeing of parents and families. Julie's interests are in providing an evidence base for policy and practice, particularly initiatives that increase an understanding of the connection between health and education.

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SESSION**

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Session 8: Monday 17 November 1.30pm through 3pm

**PRESENTER
ORGANISATION
CO-AUTHOR/
CO-PRESENTER/S**

Dr Julie Green 2/Julie Renzaho
Royal Children's Hospital Education Institute
L Williamson, Professor M Eisenbruch, Professor E Waters, L Holt

PRESENTATION **The fundamentals of culturally competent health promotion with newly-arrived African parents: understanding values, beliefs and social processes .**
 This paper details empirical research investigating the role that literacy plays for parents in the development of their health-related knowledge and presents a framework for policy and practice that addresses literacy in a health promotion context.

ABSTRACT This paper reports on health promotion research that focussed on understanding deeply-held values, beliefs and lived experiences of African parents who are newly-arrived to the Australian context. It outlines a model for future health promotion interventions for parents in the target group and other communities on a wider scale. The study, funded by the Victorian Department of Human Services, used a community-participatory approach, driven by an African Review Panel (ARP) to engage with African communities. The ARP advised on cultural issues at all stages of the study including dissemination of the study findings.

A series of semi-structured focus groups with 100-120 participants were conducted with naturally-forming and pre-existing groups of parents and grandparents, and with health and community workers in metropolitan Melbourne and one rural area of Victoria.

The findings highlight that an understanding of the values, beliefs and knowledge held by newly-arrived parents is essential to health promotion initiatives. A deeper understanding of life experiences of migration and a move away from a one-size-fits-all approach is necessary for culturally competent health promotion, as this is connected to the ways in which people seek and use information post-migration. The need to focus on key processes operating within African culture will be presented in order to improve acceptability and uptake of health promotion initiatives. These include collective versus individual decision-making, authority, hierarchy and respect, especially in relation to parenting. Social and community networks and the use of the spoken word emerged as major avenues for the communication of health-related information for newly-arrived parents.

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SESSION Session 2: Monday 17 November 11am to 12.30pm

PRESENTER **Beverley Greenwell**
ORGANISATION Hornsby Hospital
CO-AUTHOR Dr Clare Wendy Allen

PRESENTATION **Skills in Paediatrics (SkIP): The development, implementation and evaluation of a multidisciplinary paediatric education program.** A two year paediatric education project for Ryde, Hornsby, Gosford and Wyong Hospitals, to create a sustainable training resource, funded through the Western Child Health Network.

ABSTRACT Background: Paediatrics comprises around 25% of presentations to district hospital emergency departments in NSW. Deficiencies in knowledge and confidence in managing common presentations and procedures, essential in emergency paediatric practice had been identified. Quality paediatric education resources were not available to meet identified needs.

Aim: The aim was to develop, implement and evaluate a multidisciplinary, interactive, sustainable and locally adaptable training resource.

Methods: Deficiencies were identified by interviewing key stakeholders, conducting needs analyses, reviewing critical incidents and common emergency presentations.

SkIP has two components; E-learning and a face-to-face teaching day consisting of eight 40 minute modules. Modules are either case study or simulated procedure-based with Power Point presentations with notes for instructors.

Evaluation included knowledge assessment and competence. To assess knowledge, multiple choice questions were given pre and post the education day and again at 3 months. Competence was assessed with an Objective Structured Clinical Examination and a log book. Participant and instructor satisfaction were evaluated using a 5 point Likert scale.

Results: Statistically significant improvement in knowledge with MCQ scores increasing for both medical and nursing participants (p<0.05). The OSCE examination had an average score of 78% for nursing and 75% for medical participants. Participant and instructor feedback was overwhelmingly positive. For all of the modules, 95% of participants scored all parts of the program as very good or excellent.

Discussion and Conclusion
 This project identified a need, and this method of a small group multidisciplinary education program demonstrated significant benefits in knowledge, confidence and competence in managing paediatric patients in the emergency setting." Beverley is full time project officer for this education project. Previously she held the position of clinical nurse educator at Royal North Shore Hospital.

BIOGRAPHICAL NOTE Wendy is part time staff specialist on this project and part time in the Department of Immunology and Allergy at The Children's Hospital at Westmead.

H

PRESENTER
ORGANISATION
CO-AUTHOR/
CO-PRESENTER/S

Ms Julie Hall
The Royal Children's Hospital

Ms Susan Biggar, Family Advisory Council, The Royal Children's Hospital, Melbourne

PRESENTATION

Finding a Voice: The Birth of a Family Advisory Council at The Royal Children's Hospital.

A two-pronged presentation by the Hospital's Family Centred Care Consultant and Family Advisory Council Chair (a parent) exploring the ups and downs, successes and challenges of the Council's first year.

ABSTRACT

This paper is more a story than anything else. It's the story of an idea for better health care for children, and better emotional and respectful care for their families. It began as a conversation which became a job description, followed by a leader spearheading the movement to partner with families every day at the Hospital. From there the idea grew until one day there were 20 family members in a room, talking about Family Centred Care. And that group represented hundreds of other families who couldn't be there, but who wanted someone, somewhere at the Hospital to be working on decreasing waiting times, improving access for those with disabilities, encouraging health care personnel to listen respectfully and carefully to their patients.

In this paper, Julie Hall and Susan Biggar explore what has worked brilliantly and what has stalled in their first year as a Family Advisory Council. They will highlight where and how they have focused their efforts. Some of the Council's issues have concerned the role of families in the development of a new hospital - as The Royal Children's is currently building a new facility - but many have been "old" issues which exist in every hospital setting, such as appointment co-ordination, sharing of information with families and making ward rounds more family friendly. This paper will give participants a clear picture of the process, potential pitfalls and obvious benefits of developing a Family Advisory Council to represent consumers and promote family centred care.

BIOGRAPHICAL NOTE

Julie Hall, Family Centred Care Consultant, RCH, has extensive practice experience in health and family welfare and is undertaking PhD research concerning families' experiences in accessing health care. Susan Biggar is a writer, mother of 3 boys (two with cystic fibrosis), Chair of the Family Advisory Council at RCH and firm believer in the value of family Centred Care.

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SESSION

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Session 1: Monday 17 November 11am to 12.30pm

PRESENTER
ORGANISATION
CO-PRESENTER/S
PRESENTATION

Nina Hardcastle
The Royal Children's Hospital, Melbourne

Cathy Matthews, Katrina Stevens, Dr Doug Bryan RCH Home & Community Care.

Acute care in the community – how is this achievable? This paper describes the programs, models of care and strategies implemented to ensure that Victoria children with complex medical care needs can be cared for in the community.

ABSTRACT

RCH Home & Community Care has developed internal and external partnerships to assist in developing a care system which allows children with complex intervention care needs to avoid inappropriate hospitalisation. For over 15 years the Family Choice Program has been a leader in supporting children with complex needs to live outside of the hospital setting.

The program provides support to over 120 Victorian children with complex medical care needs to live safely in the care of their families and local communities. The program is based on a unique model of care incorporating medical continuity of care, case management, home care nursing, and external brokered services (particularly in the form of trained carers) to support families in the care of their child in a way that remains child focused and family centered.

The Family Choice Program has and continues to demonstrate that with the right model, children with complex medical interventions can be cared for safely outside of an acute setting.

BIOGRAPHICAL NOTE

Nina Hardcastle is the Regional Nurse Liaison in Home & Community Care and has a nursing background of both acute inpatient and community settings.

Catherine Matthews Nurse Manager Home and Community Care RCH Melbourne. Catherine has nursing background with over 14 years experience in the area of paediatric nursing.

Katrina Stevens is a Case Management Liaison at RCH Home and Community Care. Katrina has a social work background and has worked in a variety of community settings.

Dr Doug Bryan is the clinical director of RCH Home & Community Care and has over 30 years experience as a paediatrician with a focus on the interface between acute and community health carer.

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Katrina.Stevens@rch.org.au
Session 18: Tuesday 18 November 1.30pm through 3pm

SESSION

PRESENTER	Lizzy Harnett
ORGANISATION	The Children's Hospital at Westmead
CO-AUTHORS	Robin Grindrod (Deputy Chair CHW FAC), Cecily Waterworth (Deputy Chair CHW FAC), Anne Cutler (Executive Officer of the Association for the Wellbeing of Children in Healthcare (AWCH) & member of CHW FAC), Ms Joyce Murphy (Consumer Participation Coordinator). Katherine Stone (Carer Support Program Coordinator) The Children's Hospital at Westmead.
CO-PRESENTER/S	Mrs Jenny Bucco, Chair – CHW Family Advisory Council
PRESENTATION	A Day In The Life Of A Family Advisory Council. This will be a multi-media presentation consisting of a short film focussing on the personal stories of members of the The Children's Hospital at Westmead (CHW) Family Advisory Council (FAC).
ABSTRACT	When you imagine an Advisory Council at a children's hospital you may imagine a bunch of nameless hospital employees sitting around discussing issues that they may not have experienced first hand, these people seem very removed from the real world of having a sick child in Hospital. Even when you say that this Advisory Council is run with parents, it is still hard to imagine what type of parent gets involved with this kind of thing, what experience they have and why they choose this way to make a difference. This short film (10-15 minutes) captures 6-8 of CHW's FAC member's stories; of how they came to be involved on the FAC and what it means to them. This will be a very personal presentation and will delve deeply into each individual's long and rich experience of being in the healthcare system and trying to make improvement happen. This presentation will not only serve to highlight the members of the FAC but also to show audience members, be it healthcare workers, patients, young people, parents and others, just how important it is for parents to feel like they can be involved and make a difference, especially in the hospital where their children are being cared for. There will be an opportunity after the film viewing for 5-10 minutes of questions from the audience to "stars" of the film, as many of the FAC members featured will be attending the conference.
BIOGRAPHICAL NOTE	Lizzy Harnett is the Head of the Service Improvement Unit at The Children's Hospital at Westmead. Lizzy has been in this role for almost six years now. The role of the Service Improvement Unit is to coordinate improvement efforts, consumer participation and ensure effective clinical governance across all areas of the Hospital. Prior to her current role Lizzy was a Senior Project Officer in the Quality Branch, NSW Department of Health. Lizzy started life as a paediatric physiotherapist and was in-charge of Physiotherapy at the John Hunter Children's Hospital in Newcastle for many years.
EMAIL SESSION	elizabh4@chw.edu.au Session 1: Monday 17 November 11am to 12.30pm

PRESENTER	Lizzy Harnett 2
ORGANISATION	The Children's Hospital at Westmead
CO-AUTHOR	Ms Victoria Hill (Project Officer/ Clinical Nurse Specialist PICU), Mr Ahmed Jamal (CPI Co-ordinator), Dr David Andresen (Microbiologist), The Children's Hospital at Westmead.
PRESENTATION	Reducing Central Venous Catheter related Bloodstream Infections . This presentation provides an overview of the strategies adopted as part of a national collaborative to reduce Central Venous Catheter related Bloodstream Infections in a Paediatric Intensive Care Unit.
ABSTRACT	Central Venous Catheter related bloodstream infections (CVC-BSI) are a significant problem in the healthcare setting with associated financial and human cost. The aim of the project was to reduce CVC-BSI in the Paediatric Intensive Care Unit (PICU) at The Children's Hospital at Westmead (CHW) (regardless of where the line was inserted) from the baseline of 9.0 infections per 1000 catheter days. CHW was the only paediatric hospital in Australia that participated in the Safer Systems Saving Lives collaborative project. A project team comprising staff from PICU, Service Improvement Unit (SIU) and Microbiology was established. The evidence based interventions recommended by the collaborative were modified for implementation to suit local PICU conditions. These included: introduction of a dedicated central venous line insertion trolley, education for PICU registrars and nursing staff to increase awareness, implementation of maximal barrier precautions, use of 2% chlorhexidine in 70% alcohol for cleansing of CVC insertion site, strict hand hygiene and daily review of central line necessity. A baseline for CVC-BSI of 9.0 infections per 1000 catheter days was established using retrospective data for eight months (October 05 – May 06). Data collected since the commencement of the project (June 06 to February 08) reveals a significant reduction to an average of 4.8 infections per 1000 catheter days. The project has now been rolled over to a new Clinical Excellence Commission initiated state-wide project

– CLABicu. Successful implementation of strategies adopted is providing a strong platform for the new project.

BIOGRAPHICAL NOTE

Lizzy Harnett is the Head of the Service Improvement Unit at The Children's Hospital at Westmead. Lizzy has been in this role for almost six years now. The role of the Service Improvement Unit is to co-ordinate improvement efforts, consumer participation and ensure effective clinical governance across all areas of the Hospital. Prior to her current role Lizzy was a Senior Project Officer in the Quality Branch, NSW Department of Health. Lizzy started life as a paediatric physiotherapist and was in-charge of Physiotherapy at the John Hunter Children's Hospital in Newcastle for many years.

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SESSION

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Interactive Poster Presentation Monday 17 November from 6pm to 7pm

PRESENTER
ORGANISATION

Dr John Harvey
The Children's Hospital at Westmead and Western Child Health Network.

PRESENTATION

Enhancing Paediatric Burn Management Care Closer to Home.
A 24 month Project established by the Western Child Health Network, to improve the management of children with a burn injury, presenting to Emergency Departments in NSW.

ABSTRACT

The Measure
In 2007 the Western Child Health Network established a 24month project, funded by NSW Health to enhance the care of children presenting with a burn injury to Emergency Departments and to contribute to capacity-building of health care professionals across NSW, in the management of paediatric burn injury.

The project team, led by a Project Officer and supported by a Steering Committee have achieved the following outcomes:

- The development and implementation of evidence-based clinical practice guidelines
- Conduct and analysis of an education needs survey of health professionals across NSW
- Development of a range of educational resources for health care professionals, using a variety of media and an education program

The conduct of this Project has promoted collaboration between health care professionals, provided the Networks with resources and contributed to networking.

BIOGRAPHICAL NOTE

Dr John Harvey is General Paediatric Surgeon with a particular interest in burns . I am Head of the Burns unit at CHW and Chair of the NSW Severe Burns Injury Service

EMAIL
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Session 07: Monday 17 November 1.30pm through 3pm

PRESENTER
ORGANISATION
CO-AUTHOR/
CO-PRESENTER/S

Jan Hatch
Association for the Wellbeing of Children in Healthcare (AWCH)
AWCH & Executive Directions together with AWCH Parent Representatives Robin Grindrod, Stacey Gerritsen, Jennie Bucco, Anthony Bucco

PRESENTATION

Parents at the Bedside: Expert Partners in Care. This workshop will identify solutions to key issues highlighted in the presentations by giving parents and healthcare professionals the opportunity to practice working in partnership.

ABSTRACT

Main Objectives:
To highlight the real-life experience of parents who have faced the challenges of advocating for the health and well-being of their children in the healthcare system.

To identify effective methods of utilising the valuable expertise of parents as partners in improving the well being of children in healthcare.

To identify solutions to key issues highlighted in the presentations by giving parents and healthcare professionals the opportunity to practice working in partnership.

Main Ideas:

When a child is born with or develops a chronic illness or disability their parents are projected into a relationship with healthcare professionals and providers that is unlike any they have ever had before. This relationship has an on-going and significant impact on them, their children and all the other members of their family. The need to spend a significant amount of time engaging with the healthcare system affects their work, financial stability and every aspect of their family's life; it affects their friendships, social life, their ability to engage with the wider community and often unfortunately their own physical and mental health.

It is of vital importance to parents and their children to develop an effective working partnership with all the health and social care professionals with whom they come in contact as they manage the often overwhelming challenges they face. Healthcare professionals must acknowledge that these challenges extend beyond the health care system with which they are concerned; that the concern of the parents is to balance all of the needs of the child and family. Parents have a knowledge of and commitment to ensuring that the child's emotional,

social, educational

Defined Outcomes:

- Greater awareness of the issues facing parents in addressing the healthcare and broader needs of their children and families.
- Identification of the key steps necessary to involving parents as expert partners.
- Development of low-cost or no-cost solutions to some of the key issues raised in the parents' presentations.

Participation methods:

- Three parents to make a 10 minute presentations detailing their experience of ensuring the healthcare services provided to their children meet their individual and family needs.
- Key issues drawn from the presentations will be presented.
- Working in small groups parents and healthcare professionals will use a partnership framework to discuss and agree on some low-cost or no-cost ways of addressing specific key issues.

EMAIL
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Session 6: Monday 17 November 1.30pm through 3pm

PRESENTER
ORGANISATION

Kathryn Henry
AWCH

PRESENTATION

Finding a New Normal -one family's experience of navigating life with a child diagnosed with a Chronic Illness [from birth to teens]. A 20 minute presentation describing what we have learned along the way. Insights that may help other families and practitioners in partnership.

ABSTRACT

This paper will endeavor to provide one family's experience of partnerships at a variety of levels within the healthcare system. It will describe helpful aspects experienced with the themes of People and The Map. The paper will also provide reflection on areas that may be improved and suggestions for practical improvements. Within the theme of People, the paper will address personal experiences of communication that have been helpful for the patient at different ages from childhood to adolescence. The means by which a family centered approach was developed will be discussed. Involvement with the Starlight Foundation as recipient and volunteer will be described. A family's view on nurturing the workforce will be given with some suggestions for family involvement in the process.

The theme of Mapping will be explored in terms of a description of the experience of one family entering long term partnerships within the health care system. It will describe the journey, along with experiences of the healthcare environment and service delivery. It will explore the challenge of a patient with a chronic illness moving into adolescence with the current system.

The outcome of this paper will be to provide a qualitative perspective that spans 14yrs of one family's journey in the current healthcare system. The hope is that this knowledge shared may give encouragement and suggestions for families and health professionals who are seeking to achieve excellence in clinical care.

BIOGRAPHICAL NOTE

Kath Henry is Sam's mum. Sam has neutropenia and Kath has journeyed with her son and family through the years. Kath has seen the journey from both sides, as a registered nurse herself there is an understanding of the complexities of the health system and the pressures people work under. Kath is trained in Midwifery and ICU. Kath has also worked as a clinical educator, university facilitator and researcher. Kath has supported her son in his initiative to start a support network for people with Neutropenia through a website. www.neutropenia.com.au. Through the journey Kath has become involved as a volunteer for the Starlight Foundation and Sam has received a wish and become a pilot member of livewire and participated in the escapes program. Kath and her husband Phil co- pastor a local church and together the family has considered the spiritual aspects of discovering a "new normal" as a family.

EMAIL
SESSION

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Session 11: Tuesday 18 November 11am through 12.30pm

PRESENTER
ORGANISATION
CO-AUTHOR/
CO-PRESENTER/S

Ms Becky Hirst
Children, Youth and Women's Health Service SA

Ms Judy Underdown Children, Youth & Women's Health Service

PRESENTATION

It Is Difficult To Engage Children & Young People In Decision Making - Myth Or Fact?

ABSTRACT

This workshop will challenge the concept that it is difficult to involve children and young people in decision making and encourage participants to think of practical ways to involve them in future work. Children and young people have the right to be actively involved in planning and evaluating services that impact upon them, and in most instances are keen to be involved.

What can health professionals do to more actively involve children and young people in decision making within their organisations?

The main objectives of the workshop are to:

- Share how the Children, Youth & Women's Health Service (CYWHS) involves consumers, particularly children and young people

- Facilitate discussion about how children and young people could become involved in the planning and evaluation of health services;
- Identify barriers or perceptions of involving children and young people and how to overcome them.

As a result of attending the workshop, participants will have -

- learnt about consumer involvement in the CYWHS, particularly children and young people.
- written down at least one idea for how they can involve children and young people in future planning or evaluation

The workshop will include showing a DVD made by the CYWHS demonstrating consumer involvement. The DVD will be a mechanism for consumers who are unable to attend the conference to share their experiences. A discussion will be facilitated on the topic of involving children and young people and potential barriers/perceptions.

The workshop will conclude with participants writing their ideas for involving children and young people on a graffiti wall. This will demonstrate a technique for engagement; enable other conference attendees to read the ideas; and assist in the evaluation of the workshop outcomes.

BIOGRAPHICAL NOTE Becky has specialist experience of community involvement including consumer participation in health; working with 'hard-to-reach' groups; and program management in both the UK and Australia. Judy is Director Community Engagement at CYWHS and has extensive experience in working in the community with children and young people.
EMAIL becky.hirst@cywhs.sa.gov.au
SESSION Session 16: Tuesday 18 November 1.30pm through 3pm

PRESENTER **Joanna Holt**
ORGANISATION Children's Hospitals Australasia

PRESENTATION **The Children's Dashboard – monitoring the quality of hospital processes and outcomes.**

ABSTRACT CHA has a goal to encourage best practice and benchmarking as one of its three key strategies. For many years member hospitals have benchmarked a set of key performance indicators which required review and updating in line with current practice. A concerted effort was made during 2006-07 to review the literature and develop a set of indicators which could be compared between like health services. These indicators were to target both operational efficiency and clinical effectiveness. To be considered as a candidate indicator, they:

- had to be clinically relevant and meaningful,
- relate to an area where there was a clearly identifiable gap between evidence and practice or unexplained variation between like hospitals,
- able to be collected without undue difficulty, and
- were concerned with a reasonably sized population

After many discussions and several trials the indicator set went live in July 2007. This paper will discuss the development process and the results and propose the concept of a national approach to indicator collection and reporting.

BIOGRAPHICAL NOTE Joanna Holt has been the CEO of Women's and Children's Hospitals Australasia for over 5 years. Prior to that she was the Executive Director of the Medical Services Team at the Canberra Hospital. In the past she has had a variety of senior hospital management roles both in Australia and the UK. She has also worked in the charitable sector, education and in medical sciences. She is passionate about quality and safety and the importance of sharing knowledge and learning together.
EMAIL jholt@wcha.asn.au
SESSION Session 5: Monday 17 November 11am through 12.30pm

PRESENTER **Claire Howe**
ORGANISATION Paediatrics at the Canberra Hospital (PatCH) PatCH Consumer Network

CO-AUTHOR/ Isobel Hannan, Paul Hart, Participants of PatCH Consumer Network (consumer volunteer)
CO-PRESENTER/S **PatCH Patient Held Record - Improving communication between professionals and families. The PatCH Patient held record provides both written and electronic details of each child's care in a standardized format for easy and unambiguous reference on presentation at any ED, IP or clinic setting.**
PRESENTATION

ABSTRACT Overview
 Many children with complex and chronic care needs oscillate between hospital, clinic, home, and other therapists. Frequently parents are asked repeatedly for complete histories and clinical details. Whilst this can become tiresome for many parents, the frustration of giving the same information to a series of professionals in succession can lead to inaccuracies and errors.

The PatCH (Paediatrics at The Canberra Hospital) Consumer Network has developed a Patient Held Record (PHR) for parents to use as a central repository for all information relating to their child's care. The PHR can be taken to all meetings with health professionals, and updated by the parents accordingly.

Objective: The objective of the PatCH Patient Held Record is to ensure that accurate and precise clinical

information about our children is easily presentable, up to date, and easy to digest.

Main Ideas: The PatCH PHR contains a MS Word template for a patient history document, that can be easily updated by parents, in both hard copy and electronic format. Parents are provided with an expandable file (A4) together with a USB drive. The PHR accompanies children to all settings and is a repository for background clinical information, updates and test results pertinent to any professional contact. A front section lists current clinical issues and medications.

The document can be downloaded into any clinical record system with access to MS Word and printed out for use, instead of parents needing to recite complex stories over and over again.

Outcomes: The PHR has gained the acceptance of parents and health professionals as being an excellent and easily accessible resource that ensures an accurate understanding of the issues relating to each child and family. For health professionals the PHR is easier to navigate than most hospital or clinic records. For children and families the PHR is an excellent information resource for any hospital, clinic or therapy visit.

The PHR also becomes a valuable asset for children when they are able to take ownership of their health needs, ensuring they have access to an accurate, accessible and complete medical history.

BIOGRAPHICAL NOTE
EMAIL
SESSION

Please visit www.patchnetwork.org for information about the participants of the PatCH Consumer Network.
PatCHparents@act.gov.au, oasisolutions@grapevine.com.au
Interactive Poster Presentation Monday 17 November from 6pm to 7pm

I

J

PRESENTER
ORGANISATION
CO-AUTHOR/
CO-PRESENTER/S

Mr Ahmed Jamal
The Children's Hospital at Westmead

Arwen Wood (Project Officer), Gabrielle O'Grady (Project Officer), Elizabeth Harnett (Service Improvement Co-ordinator), Terri Cripps (CNS Infection Control), The Children's Hospital at Westmead.

PRESENTATION

Improving hand hygiene practice in a paediatric setting. This presentation outlines the challenges faced and the interventions that were implemented to achieve higher compliance to hand hygiene practice.

ABSTRACT

A number of studies have been completed demonstrating that hand hygiene is an effective means of preventing hospital acquired infections (HAI). Adherence to hand hygiene practice is even more important in the paediatric setting. Frequent contact between patients, parents, visitors, other admitted patients and healthcare workers raises risk of potential cross contamination.

Methodology:

A multidisciplinary project steering committee was established to oversee the project. Education sessions using ultra-violet light were conducted for all categories of staff. Promotional posters were used to enhance awareness. Presentations were made to senior management, senior and junior medical staff, allied health and nurses. An educational brochure was made available in all clinical and waiting areas for families. Alcohol based hand rub was made available throughout the hospital, with dispenser brackets installed at a certain height to avoid children accessing them. Audits (over 1000 observations per month) are completed in all clinical areas using a standardised overt observation tool. Comprehensive information on hand hygiene compliance rates with trends is forwarded to all clinical areas on a monthly basis allowing them to compare their progress against other areas. The audit results are regularly shared with hospital senior management and the best performing areas are rewarded. An outcome measure which includes hospital acquired Bacteremia, Rota virus and MROs, has been developed and monitored to assess the overall effectiveness of interventions.

Outcomes:

In the last 18 months, the overall compliance to hand hygiene has increased from 23% to 83% ($p < 0.001$). Since December 2007, we are achieving the target of 80% or above. Consistent performance has been noted across all clinical areas with less than 1% variation in compliance.

EMAIL
SESSION

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Session 20: Tuesday 18 November 1.30pm through 3pm

PRESENTER
ORGANISATION
CO-AUTHOR/
CO-PRESENTER/S

Dr Kimberly Johansen
Women's and Children's Hospital SA

Senior Author: Dr S Khurana. Department of Paediatric Surgery. Women's and Children's Hospital SA. Co-authors:

P.Gera, J. Logan, J. Orford, PMH Perth and D. Preen, University of Western Australia Dept. of Population and Health Studies WA.

PRESENTATION

Web-based medical records. Are we ready? A multicentre study into the attitudes of Australian families toward implementation of an internet accessible, electronic medical record for a paediatric population.

ABSTRACT

Background: The implementation of electronic personal health records is gaining momentum world-wide. As the National Health Service (NHS) rolls out its summary care record, big business has entered the market in the form of Google and Microsoft. Despite this flurry of activity there is a paucity of research into the opinions of health consumers regarding these developments. This is especially true in the area of paediatrics.

Aim: To assess parents' opinions regarding the creation of an electronic medical record for their child that can be accessed over the internet by patients and their health providers in a user-friendly and secure manner.

Methods: Surveys were administered to parents of children attending the surgical outpatient department of two Australian tertiary paediatric centres; the Women's and Children's Hospital (Adelaide, South Australia) and the Princess Margaret Hospital for Children (Perth, Western Australia). Information was gathered regarding patient/parent demographics, present internet use and desirability of a record as described above. Validity of the sample was determined with reference to ABS/AIHW data on demographics and internet usage of the Australian population.

Results: 394 parents completed the survey. Raw data were analysed and statistical associations between patient/parent demographics, present internet usage and attitude toward the electronic medical record were explored. Overall 72.3% of participants agreed that they would like an accessible, electronic medical record created for their child, and should they have the opportunity 67.8% would like a similar record created for themselves. Factors significantly associated with this were having an internet connection in the home, use of the internet for 5 or greater hours per week and the use of online transactions. Of those who did not want such a record created, security concerns were the most common reason cited.

Conclusion: These results indicate a significant proportion of Australian parents would support the creation of an electronic medical record for their child or for themselves. Security concerns remain the most significant barrier to use for many Australian families

EMAIL
SESSION

kimberly.johansen@health.sa.gov.au
Session 4: Monday 17 November 11am to 12.30pm

PRESENTER
ORGANISATION

Ms Miriam Johnston
Sydney South West Area Health Service (funded by Western Child Health Network)

PRESENTATION

Developing a Model of Integrated Child Development Assessment. Results of a 2 year project aimed at improving access to child development assessment services within an Area Health Service

ABSTRACT

Child Development Services in Sydney South West Area Health Service are provided in many different locations, styles and formats, across both Community Health and Hospital outpatient facilities. Accessing developmental assessment services can be a complex and confusing task given the variability of services offered and different styles of service delivery across the Area Health Service. A 24 month project, funded by the Western Child Health Network, was initiated to review and improve access to Child Development Assessment Services.

A conceptual model has been developed to define, describe and integrate Child Development Services, as a first step towards systematically improving access to assessment services.

Key features being targeted to improve the identification and prioritisation processes of each developmental service include enhancing integration between different types and levels of assessment services, improving collaboration between professionals throughout intake and assessment, and the inclusion of families (including recognition and responsiveness to each individual family's needs).

Collaborative team work (at all levels of intake and assessment), family centred practice, and working in partnership with families will be applied to the model as principles contributing to an integrated service. Initial results from the application of the conceptual model as quality improvement of current services will be presented, including barriers and enablers to increasing integration and collaboration at individual clinician and whole of service levels.

The ultimate goal of integrated services is to link the child (and family) to the right level and type of developmental assessment at the right time.

BIOGRAPHICAL NOTE

Miriam Johnston is currently employed by Sydney South West Area Health Service as a Project Officer to manage the "Child Development Assessment Services Review" Project. She previously worked as a Physiotherapist with the Disability Services Commission (Perth, Western Australia). Interests include the application of Family Centred Practice and Family Partnership Training.

EMAIL
SESSION

Miriam.Johnston@sswahs.nsw.gov.au
Session 7: Monday 17 November 1.30pm through 3pm

K

PRESENTER
ORGANISATION**Dr Diana Keatinge**
Hunter New England Health & University of Newcastle

PRESENTATION

Continuity of Care in Child and Family Health Nursing Care . Discusses a pilot project, conducted in the Hunter New England Area Health Service, NSW, aimed at improving continuity of care in child and family health nursing, and outlines the impact of the process and findings of the study on future family care and nursing practice.

ABSTRACT

Objectives: To:

- provide a background, overview and findings of a study which piloted care pathways aimed at ensuring continuity of child and family health nursing care for families;
- discuss the impact of the study process and findings, both anticipated and unanticipated

Main ideas:

- the rationale for undertaking the study
- the opportunity it provided to share practice experience and determine the need to streamline care delivery so as to ensure more family focused and inclusive health care delivery.
- The method, process and findings from the study including the impact of these and the influences on this impact of a rapidly changing health care environment.

Defined outcomes of the paper will include:

- Documentation on care pathways and variance forms, and the extent of follow up of variances indicate care pathways promote continuity in comprehensive child and family health nursing care delivery.
- Child and family health nurses perceived that care pathways enable continuity in care and assist in prompting them to ensure that it is comprehensive.
- Opportunities to share and participation in discussion of practice issues are not common or readily available in instances where practitioners are isolated, a feature, in turn, possibly impacting on families receiving care.
- Identification that unexpected outcomes of the impact of findings may be influenced by changes occurring concurrently in the research environment, but this does not necessarily make them less relevant or worthwhile.

BIOGRAPHICAL NOTE

Diana's position is co-sponsored by the Hunter New England Area Health Service and the University of Newcastle. It enables her to engage in teaching, research and community initiatives aimed at supporting the wellbeing of children, young people and families. Her research program focuses on consumer participation in health care delivery.

EMAIL
SESSION

Diana.Keatinge@newcastle.edu.au
Session 18: Tuesday 18 November 1.30pm through 3pm

PRESENTER
ORGANISATION
CO-AUTHOR/
CO-PRESENTER/S**Miss Margaret Kelly**
The Children's Hospital at Westmead

Mrs Claudia Green, Miss Lorraine Daoud, The Children's Hospital at Westmead

PRESENTATION

Improving Clinical Practice from within using the TLC framework . This paper will describe a three year research project aimed at realising an espoused philosophy of family centred care in practice.

ABSTRACT

The People

There has been considerable research to validate the necessity of family centred care in paediatric nursing but the reality in practice remains a challenge. This paper will describe a three year research project aimed at realising an espoused philosophy of family centred care in practice.

TLC Project – the Map

The Teamwork Learning Change (TLC) Framework brings together practice development strategies that enable clinicians to transform workplace culture, thereby nurturing and invigorating the workforce. The Nursing Research & Practice Development Unit at The Children's Hospital at Westmead is supporting nurses in two clinical units to map their current culture and develop an action plan for improving service delivery and their health care environment. A vital aspect is for each unit to develop a shared vision for family centred care. Strategies may include reflection and facilitative tools, action learning sets, workshops and one on one clinical support. A realistic evaluation framework is being used to measure outcomes.

Expected Outcomes – the Measure

- Improved teamwork

- Increased use of evidence informing practice
- Staff able to look at the context of care and develop ways to change practice
- Increased professional learning and development
- Improved patient and family care
- Inclusion of families in decision-making
- Increased satisfaction in care delivery

Conclusion

The TLC framework uses an integrated approach that aims to improve the quality and success of health care. Two clinical units at Sydney Children's Hospital and one at St George Hospital will introduce the framework in mid 2008. This paper will explore the strategies each unit are using and the learning and challenges to date.

Q's to stimulate discussion:

How can clinicians engage children and families in a meaningful way in transforming workplace culture? Is internal facilitation more effective than external facilitation in enabling clinicians to explore and challenge clinical practice?

BIOGRAPHICAL NOTE Margaret is a paediatric nurse who has been working in the field of nursing research & practice development for four years. Margaret is continually enhancing her skills as a facilitator and practice developer and is working with clinicians to review, challenge and improve clinical practice and transform workplace culture.

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SESSION Session 14: Tuesday 18 November 11am through 12.30pm

PRESENTER **Ms Mellita Kimber**

ORGANISATION Children, Youth and Women's Health Service - The Second Story Youth Health Service

**CO-AUTHOR/
CO-PRESENTER/S** Ms Judy Underdown Children, Youth & Women's Health Service

PRESENTATION **It Is Difficult To Engage Children & Young People In Decision Making - Myth Or Fact?**
This workshop will challenge the concept that it is difficult to involve children and young people in decision making and encourage participants to think of practical ways to involve them in future work.

ABSTRACT Children and young people have the right to be actively involved in planning and evaluating services that impact upon them, and in most instances are keen to be involved.
What can health professionals do to more actively involve children and young people in decision making within their organisations?

The main objectives of the workshop are to –

- Share how the Children, Youth & Women's Health Service (CYWHS) involves consumers, particularly children and young people
- Facilitate discussion about how children and young people could become involved in the planning and evaluation of health services;
- Identify barriers or perceptions of involving children and young people and how to overcome them.

As a result of attending the workshop, participants will have –

- learnt about consumer involvement in the CYWHS, particularly children and young people
- written down at least one idea for how they can involve children and young people in future planning or evaluation

The workshop will include showing a DVD made by the CYWHS demonstrating consumer involvement. The DVD will be a mechanism for consumers who are unable to attend the conference to share their experiences. A discussion will be facilitated on the topic of involving children and young people and potential barriers/perceptions.

The workshop will conclude with participants writing their ideas for involving children and young people on a graffiti wall. This will demonstrate a technique for engagement; enable other conference attendees to read the ideas; and assist in the evaluation of the workshop outcomes.

BIOGRAPHICAL NOTE Becky has specialist experience of community involvement including consumer participation in health; working with 'hard-to-reach' groups; and program management in both the UK and Australia.
Judy is Director Community Engagement at CYWHS and has extensive experience in working in the community with children and young people.

EMAIL Mellita.Kimber@cywhs.sa.gov.au

SESSION Session 16: Tuesday 18 November 1.30pm through 3pm

PRESENTER **Helen Knight**

ORGANISATION The Children's Hospital at Westmead

**CO-AUTHOR/
CO-PRESENTER/S** Ms Gabrielle Scarfe

PRESENTATION **Keeping the blood flowing. A quality improvement project focusing on the administration of warfarin on a**

paediatric cardiac ward.

ABSTRACT

Warfarin is a commonly used medication on the cardiac ward at the Children's Hospital Westmead. Many concerns were raised regarding the administration of warfarin on the ward. There were concerns about warfarin not being charted, doses being missed, inconsistent administration techniques and a lack of communication between the nursing and medical staff. The consistency of warfarin administration is imperative as under-coagulation and over-coagulation can directly impact on the child's recovery and length of stay in hospital.

In order to deliver warfarin safely and effectively, a multidisciplinary quality improvement project was conducted in the cardiac unit of a tertiary children's hospital. The project was run over a 3 month period from April-July 2007.

The purpose of the project was to measure and challenge traditional practices and monitor, evaluate and improve the safety and quality of health care delivered to the children and their families. A family centred approach was utilised, as we worked in partnership with the children and their families throughout the project. The aim of the project was to develop an accurate and consistent administration technique of warfarin for parents and nursing staff. A form was developed to flag any child receiving warfarin and educate nursing and medical staff on the standard administration method. This was developed in consultation with the needs of the child and their family.

The outcomes were positive and encouraging. Overall, the correct charting rate improved to 97% by Medical officers and an administration rate of 100% was achieved by nursing staff. A new standard of charting and administering methods were developed as a result of the project.

BIOGRAPHICAL NOTE

Helen Knight is a Clinical Nurse Specialist on the cardiac ward at the Children's Hospital at Westmead and has been caring for children with a cardiac problem and their families for 15 years. Gabrielle Scarfe is the Nurse Unit Manager and has been caring for these children for 10 years. They are both extremely passionate about providing optimal care to patients and their families.

**EMAIL
SESSION**

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Session 5: Monday 17 November 11am to 12.30pm

**PRESENTER
ORGANISATION**

Dr Alaric Koh
Sydney Children's Hospital – Community Child Health

PRESENTATION

Refugee children and their medical needs – an Illawarra experience.
Analysis of 1-year's data of Refugee Children settling in Illawarra, who are seen in a novel GP-tertiary Refugee Health screening model.

ABSTRACT

Refugee children are at great risk of multiple physical and psychological problems, many of which are asymptomatic but treatable or preventable. They face multiple barriers to health care after arriving in Australia. In 2007, Sydney Children's Hospital (SCH) implemented a collaborative model of care, to deliver health screening to refugee children, across General Practice and hospital settings within South East Sydney Illawarra Area Health Service (SESIH). This service was provided in conjunction with The Wollongong Hospital, Illawarra Division of General Practice and the Area Multicultural Health Service.

Refugee Children (and their families) settling in the Illawarra Area were linked by their settlement agency Case Managers to General Practitioners (GPs) for initial screening and investigations. Children who settled in SESIH between March 2007 to February 2008 were prospectively followed in relation to results of investigations, hospital admissions and referrals to paediatricians or tertiary services for specialist management.

During this period, 64 children were seen by GPs and were screened for identified conditions common in refugee populations. Conditions found on screening included Vitamin D deficiency (47%), incomplete immunisation (55%), active Hepatitis B (8%), Schistosomiasis (16%), iron deficiency (22%) and anaemia (8%). Referral for specialist management was required in 28% of this population, and 4.7% required hospital admission.

A successful screening program can be implemented to identify and manage refugee health problems, and co-ordinate referrals for specialist care in this well defined area. This model involves the identification of all new arrivals, GPs at the centre of care, and specialist support to GPs. Further follow-up is required to determine the long term health needs of this population, and the generalisability of this model to area health services with larger refugee populations.

BIOGRAPHICAL NOTE

Dr Koh is a Refugee, Child Health Fellow, Sydney Children's Hospital. Conjoint Associate Lecturer, University of New South Wales. Advanced Paediatric Trainee. MBBS (University of Queensland) 1998.

**EMAIL
SESSION**

Alaric.koh@sesiahs.health.nsw.gov.au
Session 02: Monday 17 November 11am to 12.30pm

**PRESENTER
ORGANISATION
CO-AUTHOR/
CO-PRESENTER/S**

Ms Leigh Kurth
Redkite
Linda Brown

PRESENTATION

Redkite Telegroups: keeping families connected when transitioning from hospital to their local community.

Telegroups are part of the range of innovative and accessible community services Redkite has developed to provide support for young people diagnosed with cancer and their family members as they transition from acute hospital care back home and to their local community.

ABSTRACT

Young people diagnosed with cancer and their family members continue to express feelings of isolation, loss and abandonment when making the transition from acute hospital treatment to their local community.

Anecdotal evidence from Paediatric, Adolescent and Young Adult Social Workers, health professionals and the plethora of evidence in the literature, highlights the young person and family's need for access to ongoing practical and emotional support following completion of treatment or at any time when they are away from their treating centre and back in their local community.

To respond to this need Redkite launched a pilot Teleconference Group Counselling (TGC) program in April 2007, modelled on Carer's New South Wales Telegroup Counselling. Based on the principle of mutual aid, TGCs are a useful medium for connecting young people diagnosed with cancer and their families who are significantly isolated due to distance, work commitments, financial instability, caring duties and the emotional isolation which often exists when few people in the local community understand the life changing experience of a cancer diagnosis. Redkite Telegroups bring together up to six peers over the telephone for one hour per week for eight weeks and are co-facilitated by paediatric oncology Social Workers trained in the Carer's NSW Telegroup Counselling model.

Two Redkite Telegroups were facilitated through the pilot program in 2007. Each group consisted of five mothers whose child had either completed treatment or was on maintenance therapy. Qualitative evaluation through semi structured interviews sees parents reporting significant benefits from TGC participation including: feeling valued, connected and supported; an increased understanding of grief and how it can present; normalising the range of feelings and emotions which emerge when making the transition home; and feeling a sense of achievement at their own skill development during the group process.

This presentation will outline a typical Telegroup Program, and present evaluative feedback from participants who took part in the pilot TGC program.

Linda Brown was the Redkite Social Worker at the Royal Children's Hospital, Brisbane for five years prior to joining Redkite in July 2006. As Senior Project and Services Coordinator Linda has been integral in developing Email Support and Telegroup community based support programs. Linda has completed training with Carer's NSW in the TGC model.

BIOGRAPHICAL NOTE

Leigh Kurth is an accredited Social Worker specialising in Adult and Paediatric Oncology with a special interest in psycho-social support for young people diagnosed with cancer and their families. In the role of Senior Project and Services Coordinator with Redkite, Leigh has developed community based supports including Telegroups, Email and Telephone Support Programs. Leigh has also completed training with Carer's NSW in the TGC model.

EMAIL SESSION

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Session 13: Tuesday 18 November 11am through 12.30pm

L

PRESENTER	Ms Agnes Lee Merick
ORGANISATION	Department Of Youth & Sports Development, Vanuatu, Youth At Risk Program
PRESENTATION	Young Men At Risks Model Project.
ABSTRACT	<p>The project aims mainly Young men at risks to discover and understand their importance in the community and how to cope and minimized the harmful activities they re participating and also understands the effect of harmful activities they are consuming in their life's.</p> <ul style="list-style-type: none">▪ Have classes for these young people in an institution.▪ Involve them in community activities to keep them away from harmful activities. <p>This program involves the community leaders, parents, friends of the young people and group coordinator or mentor.</p> <p>The outcome of this presentation is to show the program and have others learn about, and implement if they do not have this such a program in their respective countries.</p> <p>Introduce to them participatory activities, sport event and other events.</p> <p>DVD will be played and also there will be discussions and questions asked during and after the presentation.This will be less than 30 minutes presentation and say approximately 10-15 minutes presentation.</p>
BIOGRAPHICAL NOTE	Agnes is from Vanuatu and has been to other institution as a trainer and learnt a lot from others. Agnes has worked for the Department for 5 years in the field of Youth/Young people empowerment. Agnes also works in the field of promoting Human Rights issues for community and disadvantages groups, as Community Paralegal trainer / advocator.
EMAIL SESSION	adavid@vanuatu.gov.vu, agnesmerick@yahoo.com Interactive Poster Presentation Monday 17 November from 6pm to 7pm

M

PRESENTER	Rowena MacAlpine
ORGANISATION	Campbelltown Hospital
CO-AUTHOR/ CO-PRESENTER/S	Mrs Sandra Chilcott
PRESENTATION	Hand in Hand: Partnerships in a Hospital Ward Grandparents Program. This presentation will explore the possibilities of partnership in paediatric hospital services with particular emphasis on the role of caring citizens in service development.
ABSTRACT	<p>Utilising quiet persistence they never imagined having, a Community Representative had a vision to assist families who have a child in hospital, by introducing a voluntary Ward Grandparents visiting program to the Special Care Nursery and Paediatric Areas of Campbelltown Hospital. With achievement of this child friendly initiative in mind, a successful partnership was developed with this Community Representative, the Association for the Wellbeing of Children in Healthcare (AWCH) and a multidisciplinary task force within Campbelltown Hospital, consisting of Social Work, Community Participation and senior paediatric nursing staff.</p> <p>This paper will discuss concepts of Community Participation in the administration of paediatric hospital services, the role of AWCH and the ways in which the multidisciplinary team harnessed this unique collaboration to address the following implementation issues:</p> <ul style="list-style-type: none">• Volunteer recruitment and education• Child Protection• Volunteer occupational health and safety• Organisational policy and work procedures <p>The paper will also discuss the first six months progress and the impact on the children and families in our care.</p>
BIOGRAPHICAL NOTE	Rowena is a Senior Social Worker and the Ward Grandparent Coordinator at Campbelltown Hospital. Sandra is a local Community Representative with a passion for protecting the health and wellbeing of children.
EMAIL SESSION	Rowena.Macalpine@sswahs.nsw.gov.au,thechilcotts@bigpond.com Session 17: Tuesday 18 November 1.30pm through 3pm

PRESENTER	Mrs Tammy Makin
ORGANISATION	Shoalhaven Childhood Obesity Network – DA (NSW), SDGP, HF (NSW), SESIAHS, Shoalhaven City Council, Cancer Council (NSW)
PRESENTATION	Healthy Families a TEAM approach “together everyone achieves more. A collaborative network promoting healthy family lifestyle strategies addressing locally identified community needs
ABSTRACT	<p>The Shoalhaven Childhood Obesity Network was established in 2004 through Federal Department of Health and Ageing funding. Consisting of 7 key organisations, the network’s principle task is to promote community discussion and encourage local initiatives around child health and well being. To have a positive impact on physical and emotional childhood health requires changes in practices at an individual, family, worksite and community level.</p> <p>To implement this tiered approach the network’s main objectives are:</p> <ul style="list-style-type: none"> • To identify, develop and promote joint preventative projects across the Shoalhaven in a coordinated approach sharing expertise, information and resources • To provide support for individuals and organisations to promote healthy lifestyle opportunities for children • To shape the attitudes in the Shoalhaven by raising the awareness of factors that influence our children through building a supportive environment within the Shoalhaven involving interventions and advocacy strategies <p>Outcomes to date include:</p> <ul style="list-style-type: none"> • Healthy kids forum for professionals targeting teachers, health professionals, child services etc • Healthy kids forum for families targeting parents, grandparents, carers and community workers • Local media campaign, including a cinema advertisement, utilising the NSW Health 5 Steps to a Healthy Lifestyle key messages • Councillors’ briefing discussing the impact of childhood obesity within the Shoalhaven community • Provision of family based strategies for physical activity and nutrition • Healthy Families stand at the local agricultural shows <p>The many and varied future plans of the network demonstrate its evolutionary nature and its capacity to encompass healthy family lifestyle support on many levels.</p>
BIOGRAPHICAL NOTE	Registered nurse since 1984 , Diabetes Educator since 1996 working for Diabetes Australia- NSW for past 6 years in the South Coast + Illawarra Regions
EMAIL	tammy@diabetesnsw.com.au
SESSION	Session 8: Monday 17 November 1.30pm through 3pm and Interactive Poster Presentation Monday 17 November from 6pm to 7pm.

PRESENTER	Mrs Tracey Marshall
ORGANISATION	The Children’s Hospital at Westmead, Respiratory Medicine
CO-AUTHOR/ CO-PRESENTER/S	Sara McGregor(CNC Respiratory Support Service CHW)
PRESENTATION	Unique Training Package: e-learning program and tutorial on Smoking Cessation Interventions for Health Professionals. Innovations in Health Promotion: e-learning package.
ABSTRACT	<p>Purpose:</p> <p>To develop, implement and evaluate an e-learning program and face-to-face tutorial on Smoking Cessation Brief Interventions with the following objectives:</p> <ol style="list-style-type: none"> 1. To increase clinician’s knowledge of the 5A’s of smoking cessation. 2. To increase confidence in performing brief interventions. 3. To provide clinicians with resources and support. <p>Methodology:</p> <p>The E-Learning program was developed from an evidence based workshop to train The Children’s Hospital at Westmead (CHW) health professionals in delivering brief interventions for smoking cessation. The e-learning program comprises of pre and post assessment questions to assess knowledge and clinical practice of smoking cessation and four interactive modules designed to reinforce knowledge gained. Videos demonstrate two brief intervention scenarios with a smoking adolescent and a parent who smokes. The e-learning program is reinforced with a face-to-face tutorial focusing on ward based scenarios and frequently asked questions.</p> <p>Results:</p> <p>This project has been piloted by nursing staff in Wade Ward with 22 out of 27 participating and attending the tutorial. In addition, to date, 59 staff at CHW have spontaneously accessed this e-learning program, with 58% completing all modules.</p> <p>Conclusion:</p> <p>The working group is planning on progressively rolling out and encouraging all health professionals at CHW to complete this E-Learning package to enhance smoking cessation advice and assistance skills. The pilot results demonstrate positive results in increasing knowledge and confidence of nursing staff in performing brief</p>

interventions. The spontaneous uptake of the e-learning package demonstrates a level of interest by clinicians in enhancing their smoking cessation intervention skills.

BIOGRAPHICAL NOTE

Tracey is Clinical Nurse Consultant Asthma Education at The Children's Hospital at Westmead. In field of Asthma Education areas of interest are development of Asthma Management & Education Guidelines, Health Professional Education Programs.

Sara is Clinical Nurse Consultant for Respiratory Support, also at The Children's Hospital, Westmead. Her areas of interest are children and adolescents who require invasive and non-invasive respiratory support, and providing support and education to those who care for them.

EMAIL
SESSION

Traceym2@chw.edu.au,SaraM2@chw.edu.au"
Session 03: Monday 17 November 11am to 12.30pm

PRESENTER

Bronwyn McLellan

ORGANISATION

Child Development Program, Children's Community Health Services
Queensland Healthy Hearing Program: Medical and Family Support Services.

COAUTHOR/CO_PRESENTER

Dr Alison Harris

PRESENTATION

Queensland Healthy Hearing Program: Medical and Family Support Services. The development and implementation of resources, pathways, and multidisciplinary services for children with permanent hearing loss in Queensland.

ABSTRACT

The Queensland Healthy Hearing Program introduced universal newborn hearing screening in Brisbane and across the state from October 2004, to ensure early identification of hearing loss, appropriate and standardised assessment and early intervention. Two key components of the Healthy Hearing Program are the Queensland Hearing Loss Family Support Service (QLHFSS); established to assist families in exploring possibilities for their child with a hearing loss, and the Medical Guidelines; designed to assess and manage children identified with a permanent hearing loss.

One of the projects undertaken jointly by the QLHFSS and the Queensland Healthy Hearing Program has been the development of the 'Possibilities and Pathways' resource. This resource is intended to support families in their decision making post-diagnosis and provide valuable information on the process and pathways in the hearing loss sector in Queensland. It is intended that 'Possibilities and Pathways' be given in conjunction with practitioner support rather than as a 'stand alone' information source.

The interactive and supportive nature of the resource is intended to empower families and allow them to best support their children in their future directions.

The Medical Guidelines were developed after wide consultation and aim to provide a comprehensive medical pathway for infants and young children with a permanent hearing loss. New Developmental Paediatric clinics at the Royal Children's Hospital and the Mater Children's Hospital in Brisbane commenced in March 2008. Ophthalmology and genetics services have been enhanced, and a test developed for the diagnosis of congenital CMV from the infant's neonatal screening test. This poster outlines the use of the Medical Guidelines, referral pathways, integration with the Family Support Facilitator service, data collection, identified comorbidities, and strategies for problem-solving.

Experiences from the implementation of this multidisciplinary service for children with permanent hearing loss will provide direction for health care providers engaged in the provision of developmental services.

BIOGRAPHICAL NOTE

Bronwyn McLellan is a registered psychologist in Queensland and has worked in the field of counseling, disabilities and child health for over seven years. Her current work as a Family Support Facilitator with the Queensland Hearing Loss Family Support Service involves the direct support of families whose child has been diagnosed with a hearing loss. QLHFSS is a new service within the hearing loss sector and has been operating for the past 18 months.

Dr Alison Harris is a Developmental and Community Paediatrician at the Royal Children's Hospital and the Mater Children's Hospital, Brisbane, and a Senior Lecturer in the University of Queensland Department of Paediatrics and Child Health.

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PRESENTER

Ms Felicity McMahon

ORGANISATION

Starlight Children's Foundation

PRESENTATION

'I Never Get to Be a Ballet Mum'; the needs of children, young people and families living with serious and chronic illness. Overview of the findings of a needs analysis project, linking research to practice.

ABSTRACT

In 2007 the Starlight Children's Foundation undertook a Needs Analysis Project to help us better understand the experiences of children and young people who have a serious illness, chronic health condition or disability and their families. Consulting with over 270 families and health professionals, reviewing published literature, compiling a broad range of data and completing a gap analysis we hoped to contribute to this existing body of knowledge by providing a new perspective on issues of need.

This paper will share the finding of all aspects of the project with a primary focus on the consultation phase,

sharing the voice of children and their families.

Linking research to practice, the Needs Analysis Project has led to the development of articulated outcomes for Starlight's programs and the development of a long term program strategy including the articulation of new regional model and specific programming for indigenous children in regional and remote areas of Australia.

Using the project as a basis for discussion we would like to explore with the audience ways in which the health sector and not for profits could work better together to meet the needs of this target group.

EMAIL
SESSION
Felicity.McMahon@starlight.org.au, Zoe.Cairns@starlight.org.au
Session 13: Tuesday 18 November 11am through 12.30pm and Interactive Poster Presentation Monday 17 November 6pm to 7pm

PRESENTER
ORGANISATION
Neil McWhannell
HeartKids Australia

PRESENTATION
Addressing the needs of Children's Heart Disease HeartKids Australia – The public face of Children's Heart Disease – the greatest killer of young children in Australia.

ABSTRACT
HeartKids recently established a National Office and is hopes to become the 'Public Face' of Children's Heart Disease (CHD). This engaging presentation will provide a brief summary of the facts relating to CHD and what HeartKids is doing to support children and families along with its work in supporting leading research projects.

Our goal is that through supporting research there will be reduced incidence of children born with heart disease and that mortality rates will decrease. Congenital Heart Disease is the most common birth abnormality affecting one in every hundred children. It is the greatest killer of children under the age of 5. HeartKids fill approx half the beds in children's intensive care units so has a significant impact on health professionals and medical institutions.

The Paper will also look at acquired Heart Disease and highlight the fact that Australian indigenous communities have the highest rate of rheumatic fever in the world. The most alarming thing about these facts is that, as a country, we know little about CHD and subsequently little support is provided to families, hospitals and researchers.

HeartKids Australia is striving to be a powerful advocate involved in changing the face of childhood heart disease in this country. It has recently commissioned a 'White Paper' on all aspects of CHD with the goal of gaining significant awareness and support for the issue.

BIOGRAPHICAL NOTE
Neil McWhannell is the founding CEO of HeartKids Australia. Neil comes from professional background where he has been CEO of another not for profit organisation. Prior to this Neil served as Principal at some of Australasia's leading independent schools.

EMAIL
SESSION
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Interactive Poster Presentation Monday 17 November from 6pm to 7pm

PRESENTER
ORGANISATION
Mrs Susan Morgan
Karitane

PRESENTATION
Evaluation of Parent-Child Interaction Therapy (PCIT) Delivered in Community Early Childhood Clinic Setting.
This paper will report results from a study that evaluated outcomes of Parent –Child Interaction Therapy (PCIT), a short-term, evidence based parent training intervention used widely in the treatment of behaviourally disordered preschool-aged children, delivered to families in an Australian community-based early childhood clinic setting.

ABSTRACT
Parent –Child Interaction Therapy (PCIT) is a short-term, evidence based parent training intervention used widely in the treatment of behaviourally disordered preschool-aged children. Outcome studies have shown PCIT to be associated with lasting improvements in child and sibling behaviours and in the interactional styles, stress levels, confidence, and psychological functioning of parents. However, to date, all outcome studies have been conducted in university research clinic settings, and so understanding about the effectiveness of PCIT applied in the real-world has been limited. The present study evaluated the effectiveness of PCIT delivered to families in an Australian community-based early childhood clinic.

Method: Participants included 43 families with children aged 19-52 months who were referred for treatment of disruptive child behaviours and who completed PCIT treatment at the Karitane Toddler Clinic. Parents provided pre and post-treatments ratings of child behaviours, parental stress, parental psychopathology and parental attitudes about therapy.

Results; At the end of the program, clinically and statistically significant improvements were seen in child behaviour and parental well-being, and parents reported high levels of satisfaction with treatment.

Conclusion: Implications for the implementation of PCIT programs in community based settings are discussed and areas of further research are identified.

BIOGRAPHICAL NOTE
Sue Morgan has been working at Karitane for the past 14 years and currently hold the position of Clinical Nurse

EMAIL
SESSION

Consultant in Early Intervention and co-ordinate Karitane Toddler Clinic.
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Session 08: Monday 17 November 1.30pm through 3pm

PRESENTER
ORGANISATION
CO-AUTHOR/
CO-PRESENTER/S

Dr Elizabeth Murphy
NSW Department of Health

Ms Deborah Beasley, A/ Senior Policy Advisor, Child Health, NSW Dept of Health and Clinical Nurse Consultant ,
Child Health, Sydney West Area Health Service.

PRESENTATION

Child Health - whose responsibility? The radical reorientation of policy and practice in NSW Child Health service over the last decade will be discussed in the context of NSW Health working in partnership with parents.

ABSTRACT

NSW Department of Health has been reorienting child and family health practice increasingly towards a partnership approach that respects and acknowledges the complementary expertise of parents and clinicians. The presentation will explore how this commitment to mutual responsibility has been demonstrated in policy, professional development, resource development and in the selection of new developmental screening tools.

BIOGRAPHICAL NOTE

Dr Elisabeth Murphy is Senior Clinical Advisor for Maternity and Child Health, NSW Department of Health and the Area Director of Child and Family Health, North Sydney Central Coast AHS. She held the position of Foundation Chairman of the Faculty (now Chapter) of Community Child Health .from 1990-1996 and the chairman of the Policy Review Committee of the Division of Child Health (RACP) from 1996-2002. She has been a member of many ministerial committees including the Ministerial Committee for Maternal and Perinatal Committee from 1990, Ministerial Standing Committee for Hearing, since 2004 and a member of the NSW Child Death Review Team since 2000.

Deborah Beasley is presently seconded to NSW Department of Health as the Senior Policy Officer for Child Health from her Clinical Nurse Consultant in Child and Family Health position in Sydney West Area Health Service . In these two roles she has been closelyinvolved in the development and implementation phases of child and family health clinical practice reorientation. She has a keen interest in ensuring that parents are supported in their role and that children are given the opportunity to develop optimally.

EMAIL
SESSION

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Keynote address Tuesday 18 November Plenary 3.30pm

N

PRESENTER
ORGANISATION

Julie Nichols
John Hunter Children's Hospital

PRESENTATION

"Express Yourself" : Art as Therapy with Cystic Fibrosis in-patients. A Poster of the responses, both visual and verbal, of cystic fibrosis patients to their art therapy program at the John Hunter Children's Hospital.

ABSTRACT

The Art as Therapy program is an existing component of the adolescent health team at the John Hunter Children's Hospital and has been in operation since 2006. The program aims to engage long term patients, such as those with Cystic Fibrosis, in creative activities. It recognises the developmental needs of adolescents and their increasing need for independence, personal growth and self identity.

The Art Therapist provides a therapeutic learning environment that offers safety, support, stimulation and which also promotes an opportunity for growth, change and skill development.

The nature of art making and the physical, emotional and spiritual release it provides can help to relieve stress and develop coping mechanisms for short and long term hospitalisation.

As a result of the program, it has been observed that self-expression and feelings of self-worth promote more receptive attitudes to medical care and intervention while at the same time, empowering the young person in the hospital setting.

The relationship with the art therapist supports and encourages communication, problem-solving and decision making.

The program through its visibility and the alternative interaction it provides between patients and hospital staff helps to validate the individuality of the patient. Through referrals and discussion of positive outcomes the art

therapy program encourages increased collaboration between adolescent service providers. It provides a positive outlet for interaction between adolescent patients and their families and helps to divert attention from the illness when needed. Family members are involved in activities where appropriate and have been fully supportive of the program.

The program also encourages community awareness or “looking beyond the self”, in the creation of group art works for public exhibition by the young patients.

EMAIL
SESSION

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Interactive Poster Presentation Monday 17 November from 6pm to 7pm

PRESENTER
ORGANISATION
CO-AUTHOR/
CO-PRESENTER/S

Ms Rebecca Nicol

Starship Children’s Hospital Auckland

Ms Mercy Thomas, Nurse Educator, General Pediatrics, Starship Hospital

PRESENTATION

ANCEP- Innovative Documentation Approach. Description of an innovative project to improve the nursing documentation practices and the quality of health care delivered to children and young people in Starship Hospital.

ABSTRACT

At Starship, many clinical areas have been trying to improve their unit specific documentation but lack of standardisation was identified. Following the publication of several high profile cases by the Health and Disability Commissioner (H&DC), under the auspices of the Starship Clinical Effectiveness Nursing Group (SCEN) the documentation working group was convened to assess how well documentation at Starship would bear scrutiny.

Objectives:

- Improve the nursing documentation practices
- Standardise the practice through out the hospital

Method: A quality improvement approach was adopted utilizing a multifaceted approach, developing documentation guidelines, admission to discharge record (A-D Record) and “ANCEP” framework to establish consistency in documentation.

An audit was undertaken to assess current practice. The results showed inadequate documentation and lack of consistency in nursing documentation practices. This confirmed the need for our project. Staff education was delivered on the guidelines and expectations of documentation including the ANCEP framework to improve nursing documentation. ANCEP: “All Nurses Can Evaluate Patients” an mnemonic for nurses to remember the vital steps in nursing documentation and indicates Assessment, Needs identified, Care Provided, Evaluation and Plan for ongoing care”. An additional initiative undertaken was to improve the nursing assessment on admission which was then documented in the A-D Record.

Following a trial period, the finalised documents were implemented throughout Starship. Nursing champions were identified in each clinical area to assist with this change in assessment and documentation practices. To maintain compliance regular discussions were held at ward updates. A re-audit of documentation practice will be held to monitor compliance.

This paper will report the findings of the evaluative research study which describes the change in documentation practice before and three months post introduction of the documents.

BIOGRAPHICAL NOTE
EMAIL
SESSION

Rebecca and Mercy are both Nurse Educators at Starship Childrens Hospital, Auckland, New Zealand

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Interactive Poster Presentation Monday 17 November from 6pm to 7pm

O

PRESENTER
ORGANISATION
CO-AUTHOR/
CO-PRESENTER/S

Gabrielle O'Grady
The Children's Hospital at Westmead

Dr Raymond Chaseling (Senior Staff Specialist), Ahmed Jamal, (CPI Co-ordinator), Elizabeth Harnett (Service Improvement Co-ordinator), The Children's Hospital at Westmead

PRESENTATION

Reducing surgical site infections in the paediatric neurosurgical patient.

This presentation demonstrates that by closing an identified gap between the available evidence and clinical practice, infection rates in children admitted for insertion of Ventricular Peritoneal (VP) shunts and External Ventricular Drains (EVDs) can significantly be reduced.

ABSTRACT

Surgical Site Infections (SSIs) have been shown to increase mortality, readmission rate and length of stay. A project led by the neurosurgical department at the Children's Hospital at Westmead was established to reduce the surgical site infections in children admitted for insertions of Ventricular Peritoneal (VP) shunts and External Ventricular Drains (EVDs).

A review of the medical literature was performed and identified that the following care components reduced the incidence of SSI: appropriate use of prophylactic antibiotics (including correct dose, timing and cessation); hair removal within the anaesthetic bay; use of double gloving; wound irrigation with peroxide; Gentamicin soaked shunts; use of antibiotic impregnated shunts for high risk patients and following a strict dressing protocol.

These interventions were implemented as a 'bundle of care' with the concept that, whilst each component is valuable, when all elements of the 'bundle' are used, the prevention factor is increased.

A range of stakeholders were engaged in the project, including anaesthetists, neurosurgeons, nursing staff from inpatient units, Microbiology and Pharmacy. An evidence-based protocol checklist was developed. Each clinician follows their part of the protocol at each stage in the patient journey. Completed checklists are analysed to provide feedback to all clinicians.

Compliance to the protocol has been over 85% since March 2007. In the baseline period (July- December 2006), the SSI rate in children admitted for VP shunt or EVD insertion was 7.5%. These patients were readmitted for a total of 149 days, requiring 17 unplanned returns to theatres. The infection rate has been reduced to 1.7% with no infections recorded in 2008.

**EMAIL
SESSION**

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Session 20: Tuesday 18 November 1.30pm through 3pm

P

PRESENTER
CO_AUTHOR
ORGANISATION

Belinda Peacock and Alice Morgan
Sally-Anne Smith
The Children's Hospital at Westmead

PRESENTATION

Isolation Nursing: A positive experience for families. A family centered care approach to nursing children in isolation

ABSTRACT

There are many negative connotations associated with isolation nursing. Out of fear and lack of knowledge a child's admission to an isolation ward can be exceedingly stressful to patients and families. Whether the isolation is enforced for infectious or protective reasons the effects of social isolation need to be addressed and processes implemented to ensure minimal detrimental effects. This is essential for both short stay and long term admissions.

In this ward environment it is essential to adopt a model of family centered care. This ensures consistency of information and practices and empowers patients and families to have direct involvement in not only their healthcare but also their daily activities whilst in isolation.

Caring for a child in isolation requires a dedicated multidisciplinary approach to ensure all medical, nursing and psychosocial needs of the patients and families are met. Nurses in this environment must have a high degree of communication skills that they can utilise with patients, families and the multidisciplinary team.

Adherence to infection control policies is paramount and these need to be clearly understood by all entering into this environment. This is implemented through signage, visitation restrictions and education of hospital staff and families.

Isolation whilst in hospital undoubtedly does add extra stress to any admission. Therefore it is necessary to be diligent in removing the child from isolation as soon as it is safe to do so. However when all of the issues surrounding imposed isolation are addressed and a family centered care model is utilised, admission to an isolation unit can be a positive and empowering experience for patients and families.

BIOGRAPHICAL NOTE

Sally Smith is the Clinical Nurse Coordinator on Variety Club Ward at the Children's Hospital Westmead. Belinda Peacock and Alice Morgen are Registered Nurses on Variety Club Ward. This isolation unit caters for infants to adolescents whom require isolation for infectious and/or protective reasons. We specialise in infectious diseases, oncology, immunology and general medicine.

**EMAIL
SESSION**

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Interactive Poster Presentation Monday 17 November from 6pm to 7pm

**PRESENTER
ORGANISATION
CO-AUTHOR/
CO-PRESENTER/S**

Kieran Pehm
Health Care Complaints Commission & NSW Law Reform Commission

Mr Peter Hennessy, Executive Director, NSW Law Reform Commission

PRESENTATION

Why can't I decide? Health care treatment for young people.
The joint presentation and paper outlines the major issues arising from the current law regulating consent for the medical treatment of young people.

ABSTRACT

The session summarises the current law on young people's capacity to consent to, or refuse, health care, and who can make health care decisions for them when they are not competent to give consent. It also explores typical issues and uncertainties that arise for both the health care provider and the young patient and their family. The presentation aims to provide some guidance on how to resolve these issues and how to ensure that the rights of young people are respected by both the health service providers and their families.

The Law Reform Commission has undertaken an extensive review of the current law on consent to treatment for young people. In particular, it has examined whether the law appropriately recognizes the rights and interests of young people and their parents or guardians at the same time as adequately protecting health practitioners. The Commission has found that the law has general support in the community. However, because it has developed incrementally, the rules are disparate and fragmented, which results in some confusion about its interpretation. The Commission will suggest ways of overcoming this confusion.

The Health Care Complaints Commission receives complaints against health practitioners who, it is claimed, have treated young people without a valid consent. However, the lack of comprehensive and consistent rules and guidelines can make it difficult to assess the issues raised.

The audience is invited to share their point of view with the presenters.

BIOGRAPHICAL NOTE

Kieran Pehm, Commissioner, Health Care Complaints Commission, joined the Health Care Complaints Commission in April 2004, has an extensive background in complaint handling and investigation agencies. Prior to the Health Care Complaints Commission, he spent three years as Deputy Commissioner - Independent Commission Against Corruption. Mr Pehm has also worked for the Police Integrity Commission, Legal Services Commission, Human Rights Commission and the NSW Ombudsman. Mr Pehm has Bachelors degrees in Arts and Law and a Masters of Law from Sydney University.

Peter Hennessy, Executive Director, NSW Law Reform Commission has a Bachelor of Laws from the University of Western Australia and a Bachelor of Economics from the Australian National University. He is admitted as a Solicitor of the New South Wales Supreme Court. He has worked in a number of Commonwealth Government agencies in Canberra, but for most of his career has worked in law reform for both the Australian and NSW Law Reform Commissions.

Over the course of his law reform experience, he has worked in diverse areas of the law, including the recognition of Aboriginal customary law, a review of the customs legislation, the law relating to insolvent companies, adoption of children, defamation, people with an intellectual disability within the criminal justice system, sentencing, consent to medical treatment by young people, and juries.

**EMAIL
SESSION**

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Session 20: Tuesday 18 November 1.30pm through 3pm

**PRESENTER
ORGANISATION

PRESENTATION**

Mrs Michelle Perrin
Sydney Children's Hospital, Randwick

A Virtual Tour of a Trip to theatre at the Sydney Children's Hospital. This poster describes the background, features and evaluation of the virtual tour which aims at preparing children and families for surgery.

ABSTRACT

It is widely recognised that preparation prior to hospital admission is essential for children and their families.

Understanding the environment and what will take place is essential for children and families to feel empowered and be involved in the decisions affecting their care. Providing adequate preparation to all pre-surgical patients and families can be a challenge to Health Professionals. Admissions are often only a few hours prior to surgery with limited information provided prior to arrival.

The Sydney Children's website recommends those wanting information regarding preparing their child for an admission should contact the department of Recreation and Play Therapy. In recent years the number of phone calls prior to surgery had increased. This identified a need for pre-surgical preparation and also a target audience of those accessing information on the website. Hence a multi-disciplinary team of people collaborated to develop an on-line virtual tour of 'A trip to theatre'. The tour aims to provide information to children and families prior to a surgical admission to alleviate anxiety they may feel around surgery and hospitalisation. The tour of a surgical admission is the first in a series of planned interactive tours; it is also the first on-line virtual tour of a Children's Hospital in Australia.

This poster will demonstrate the virtual tour and provide the audience with information on the process of using an online tool for preparing children for hospitalisation

BIOGRAPHICAL NOTE Michelle Perrin is a Play Therapist at Sydney Children's Hospital. She is currently working with the Paediatric Pain Unit. Michelle worked with a team to develop the virtual tour including a Staff Specialist, the Network Manager and the Patient Friend. They consulted with the Ambulatory care unit, Operating Theatres, Recovery and the Parent and Consumer Council throughout the process. They sought feedback throughout from patients and siblings.

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SESSION Interactive Poster Presentation Monday 17 November from 6pm to 7pm

PRESENTER Mrs Sue Peter

ORGANISATION Princess Margaret Hospital, Child and Adolescent Health Service

PRESENTATION **Evaluation of an Ambulatory Care Coordination (ACC) Program For Children with Chronic Disease in WA.**
Overview and research findings related to evaluation outcomes of the ACC Program.

ABSTRACT In the current climate of increasing hospital demand, paediatric ambulatory care is a developing, innovative model of care that enhances integration within the community, has demonstrated health gains and increases client satisfaction.

The Ambulatory Care Service at Princess Margaret Hospital (PMH) in WA provides a range of specific, economically viable programs to prevent or reduce hospital utilization including Hospital in The Home (acute substitution), the Ambulatory Care Day Stay facility (hospital reduction) and chronic disease management (hospital avoidance).

A chronic disease management program that targets children with complex chronic illness that frequently utilize hospital services was launched June 2007. The Ambulatory Care Coordination (ACC) Program offers an integrated care coordination/case management program for children that is underpinned by the Flinders' chronic disease self management model. It is designed to improve care coordination through prospective integrated health care planning, 24 hour telephone support and strengthening of partnerships between tertiary and community services.

The Flinders self-management chronic disease model is supported in adult populations targeting chronic conditions such as COPD, heart failure and diabetes and has demonstrated improvements in health outcomes and behaviors, physiological wellbeing and reductions in unplanned health service utilization and subsequent cost savings. To date there is no scientific assessment available that has applied or validated the self management of chronic disease model to parents who manage their child's chronic illness.

This paper will present a brief overview of the PMH Ambulatory Care Service and research findings related to evaluation outcomes of the ACC Program.

BIOGRAPHICAL NOTE Sue Peter has held various positions within the field of paediatric nursing in both the UK and Australia. Has been at the forefront of many innovations in health care including the nurse practitioner role and Ambulatory Care service development. She is Currently Nursing Director, Ambulatory Care at Princess Margaret Hospital, WA.

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SESSION Session 18: Tuesday 18 November 1.30pm through 3pm

PRESENTER Ruth Pike/ Virginia Binns

ORGANISATION South Eastern Sydney & Illawarra Area Health Service

PRESENTATION **GESCHN Allied Health Secondment Program. A discussion of outcomes from the Sydney Children's Hospital and GESCHN Allied Health Secondment Program, aimed at enhancing the knowledge and skills of allied health professionals in the tertiary component of their paediatric caseload.**

ABSTRACT Main objectives:
The Allied Health Secondment Program is an initiative of the Greater Eastern & Southern Child Health Network

(GESCHN) in collaboration with the Sydney Children's Hospital (SCH), Randwick to enhance and facilitate the support of allied health professionals (AHPs) working with children. The project runs in parallel with the GESCHN Nursing Secondment Program.

Main ideas:

Funding is available for the purpose of providing secondments of up to 5 days to SCH for AHPs. Staff from any health facility within GESCHN can apply to participate in a secondment to SCH, where they will be matched with a mentor to achieve agreed learning objectives directly related to the tertiary component of their current paediatric caseload.

The secondments can be structured in the following ways:

- Secondment visit to SCH for up to 5 working days to gain exposure, knowledge and confidence related to a specific area of their paediatric work.
- Secondment visit to SCH to observe and learn more about the clinical management of a client who an AHP is managing locally with a tertiary diagnosis.
- Secondment visit to SCH to participate in the discharge of a client who will be referred from SCH to their local area.
- Participation in TeleHealth discharge planning sessions and/or clinical follow-up sessions with SCH staff.
- Outreach visit to network locations by SCH allied health staff to provide support and clinical education to individuals or groups of staff.

Funding is available to cover reasonable backfill costs for seconded staff or to a SCH staff member who is outreaching to one of the GESCHN hospitals. Funding is also available for reasonable travel and accommodation expenses for AHP residing outside the Sydney metropolitan area.

Defined outcomes

The following outcomes are expected to be achieved due to implementation of the project:

- Improvement in clinical skills, knowledge and confidence of the secondee and their colleagues;
- Improved networking and communication between staff at SCH and GESCHN hospitals both during and after the secondment period;
- More appropriate referrals to SCH and GESCHN network hospitals;
- Improved staff satisfaction;
- Better outcomes for children and families.

Project Status

A comprehensive evaluation of the program will be completed prior to November 2008 to measure the project's outcomes. As of May 2008 a total of 15 secondments had been completed and a further 6 scheduled.

BIOGRAPHICAL NOTE

Virginia Binns is the Clinical Director of Community and Ambulatory Care at Sydney Children's Hospital. She is a Physiotherapist by profession and currently manages all allied health services at Sydney Children's Hospital plus associated community services.

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SESSION

Interactive Poster Presentation Monday 17 November from 6pm to 7pm

PRESENTER

Ms Claire Phelan

ORGANISATION

Centre for Oral Health Strategy NSW

PRESENTATION

Early Childhood Oral Health Program: a collaborative model for early intervention.

The Early Childhood Oral Health (ECOH) Program is an early intervention program that encourages child health professionals to regularly check for signs of Early Childhood Caries (ECC) by 'lifting the lip' and looking inside the mouth.

ABSTRACT

Objective: The ECOH Program seeks to positively affect the oral health status of children at an early age by working with key partners to develop model approaches and best practices for oral health promotion and disease prevention.

Rationale: Dental caries is one of the most prevalent diseases in children, and yet it is entirely preventable. What happens to children in the early years has consequences throughout the course of their lives. Generally child health professionals have more opportunities to engage with and influence new parents about the importance of oral health than do oral health professionals.

Program deliverables:

- Provide appropriate oral health information for parents and child health professionals.
- Provide oral health education and training for child health professionals and for oral health professionals
- Integrate oral health risk assessments into child health checks.

Defined outcomes:

- Increased awareness among child health professionals of the vital connection between dental health and

- physical health.
- Timely and appropriate dental referrals by child health professionals for young children.
- Improved access to oral health care for populations where there are dental workforce and access shortages

BIOGRAPHICAL NOTE Claire has had an extensive and varied career in oral health working as a Senior Dental Therapist at Redfern AMS, Program Officer for a Sydney Area Health Service, and Project Manager in the Performance and Evaluation Unit at Sydney Dental Hospital. She was employed by the Centre for Oral Health Strategy NSW in 2004 to develop public policy, programs and partnerships for child oral health strategies. Claire is a guest lecturer with the Faculty of Dentistry, Sydney University and, in August 2008, travelled to Brunei by invitation of the Oral Health Division, Ministry of Health. While there she conducted seminars and workshops in early intervention and prevention and on developing and conducting an oral health survey.

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SESSION Session 3: Monday 17 November 11am to 12.30pm

PRESENTER Dr Michael Plaister

ORGANISATION Sutherland Hospital

PRESENTATION **Implementation of a graduation ceremony at a children's hospital to promote transitional care.**

ABSTRACT This paper discusses the process and outcomes of implementing a Graduation Ceremony for children with chronic illness who are moving on to adult oriented services. The successful transition of young people with chronic conditions to adult services is an important goal of the paediatrician. However there are many recognised difficulties to be overcome in the process of transition. One of these is the termination of the often strong relationship between the paediatric services and the young person and their family. This article discusses the introduction of a graduation ceremony at a children's hospital to promote transitional care by providing a ritual and formal recognition of the termination of this relationship. The ceremony also sought to focus discussion about transition amongst young people with chronic conditions and their carers at this crucial time of their lives.

The graduation ceremony was successful in achieving its goals and has become a regular event at the hospital. The ceremony also highlighted some of the other difficulties associated with the transition process and provided an impetus to these being addressed in other ways at the hospital.

BIOGRAPHICAL NOTE Michael Plaister has done his paediatric training through Sydney Children's Hospital. RACP project on the "Improvement of Transitional Care Services at Sydney Children's Hospital (SCH). He is the founder and member of the Transitional Care Working Party at SCH and is currently staff specialist paediatrician at Sutherland Hospital.

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SESSION Interactive Poster Presentation Monday 17 November from 6pm to 7pm

PRESENTER Dr Marie-Thérèse Proctor

ORGANISATION School of Psychology, University of Western Sydney & Oncology Dept, Children's Hospital at Westmead, Australian College of Ministry & Australian Centre for Studies in Spirituality

PRESENTATION **Reflections of a psychologist, mother and researcher living with, stressed by and rejoicing in the raising of children with complex developmental and medical presentations.**

ABSTRACT A psychologist, mother and researcher's reflections on raising, managing and caring for children diagnosed with serious illness, developmental and chronic medical conditions, and engaging with the Australian health care system.

There is no doubt some families' life journeys are touched by both great joy and great grief, this especially the case when illness and disability affects children's and adolescents' lives.

As a psychologist I have researched (i) care journey experiences of families dealing with life-limiting conditions and chronic fatigue syndrome; and (ii) illness journey experiences of children and adolescents living with and dying from serious illness. To date I have interviewed close to 100 family members (mothers, fathers, ill children and adolescents, extended family members and well siblings), their narrative transcripts thematically analyzed.

As a parent I have experienced the death of my infant daughter from a life-limiting condition, presently raise a son (17) diagnosed with multiple pervasive developmental and medical conditions and a daughter (7) with a language disorder and a medical condition. Our extended family unit includes four boys diagnosed with conditions including: autism, ADHD, language and mood disorders, intellectual impairment, bone tumours, sleep disorders, our girls with conditions such as GERD and a hole in the heart. Life is complex, exhausting, challenging, deeply rewarding, with a huge dash of the Holy Spirit thrown in for good measure.

Drawing from personal and other parents' accounts, this paper provides a reflective account of raising and managing children whose lives do not fit into the 'normal' child profile. Issues related to engaging with health/welfare systems and health care encounters, quality of family life; parents' relationships, coping, laughing with one's children are among topics considered in a serious and light-hearted manner.

BIOGRAPHICAL NOTE Dr. Marie-Therese Proctor B.A (Hons Psych), PhD. Assoc.MAPS, ACSH, AAR, CAPS, SSSR
 Dr Proctor is a parent, psychologist & academic researcher. Research areas: psycho-spirituality; paediatric illnesses/disabilities; carers psycho-social issues. Current positions: Life Limiting Conditions Project Officer, The

Children's Hospital at Westmead; Research Fellow, University of Western Sydney; Research Fellow, Australian Centre for Studies in Spirituality; Adjunct Research Fellow, Australian College of Ministries.
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SESSION Session 11: Tuesday 18 November 11am through 12.30pm

PRESENTER
CO-AUTHOR/
CO-PRESENTER/S
PRESENTATION

Mr Jacob Proctor-Compton

Dr Marie-Thérèse Proctor

Growing up the hard way': A young person's perspective on living with complex developmental disorders and medical conditions during the transition into adulthood . A glimpse into the life and experiences of a young adult growing up affected by pervasive developmental disorders and medical conditions and a consideration of his family's life.

ABSTRACT

For 17 years my mother and I have worked together to take care of a range of medical and developmental conditions I live with: fibrous dysplasia, pectus carinatum, obstructive sleep disorder, Asperger's Syndrome, ADHD, a Language Disorder, an Anxiety Disorder, and left optic atrophy.

Together we have spent time at hospital, in therapy, managing medication, dealing with depression, while along the way I continue to grow up. Ahead of me is the HSC, finding a job and dealing with the adult world. We will share about what it has been like for each of us: (i) me managing school, friends, my computer addiction, operations, medication, being misunderstood; and (ii) my mother juggling her study, work, family life and caring for my sister's and my special needs.

Sometimes we have been happy, sometimes sad and often frustrated. However we are still together, even if sometimes we both need a helping hand from health care professionals. I would like those caring for and working with young people with chronic developmental disabilities to hear what I feel, think, feel and need as I become an adult living with chronic developmental disabilities and how this continues to affect my family.

Jacob Proctor-Compton is a Year 11 student attending Bradfield Senior College, a TAFE HSC school. His life has been affected by a range of pervasive developmental disorders and medical conditions. He is passionate and doggedly focused on all things related to computers, planning to pursue a career in IT.

Dr. Marie-Therese Proctor, parent, psychologist & qualitative researcher. Research areas: psycho-spirituality; paediatric illnesses/disabilities; carers psycho-social issues. Current positions: Life Limiting Conditions Project Officer, The Children's Hospital at Westmead; Research Fellow, University of Western Sydney; Research Fellow, Australian Centre for Studies in Spirituality; Adjunct Research Fellow, Australian College of Ministries.

EMAIL mt.proctor@uws.edu.au, mtproctor@optusnet.com.au
SESSION Session 11: Tuesday 18 November 11am through 12.30pm

Q

R

PRESENTER
ORGANISATION
CO-AUTHOR/
CO-PRESENTER/S

Ms Catherine Renkin

Princess Alexandra Hospital Division of Mental Health Services

PRESENTATION

Ms Maggie Wilson, Mater Children's Hospital

***Kids in Mind* : Kids of Parents Living with Mental Illness: project implementation.**

ABSTRACT

This paper describes the challenges, the strategies utilized, and some achievements thus far in a project where two services are collaborating to translate national COPMI guidelines into practice within organisationally separate Child & Youth and Adult mental health service settings.

The national COPMI Initiative has identified and articulated - in the document 'Principles and Actions for Services and People working with Children of Parents with a Mental illness' (AICAFMHA, 2004) - practice principles and guidelines for service provision to children and their families where a parent has a mental illness. These guidelines include action areas for individual workers and teams and system responses necessary to ensuring the needs of these children and families can be met.

In the inner southern metropolitan area of Brisbane the local Adult Mental Health Service (AMHS) and Child and Youth Mental Health Service (CYMHS) recognised the need for a more collaborative service response for these families and funding was obtained for a proposal for a joint service COPMI initiative. The project commenced in 2007 with the stated aim of creating a seamless service response across the Adult and CYMHS services for COPMI children and families within the shared catchment area. A Project Officer has been employed within the AMHS and a Program Co-ordinator employed within the CYMHS, with the shared brief of operationalising the principles

and actions outlined in the national document (within two distinct and different organisational environments) and developing and implementing specific programs locally to meet the needs of COPMI children, parents and families.

This paper will outline the strategies and objectives adopted to promote and facilitate collaborative work across services and with consumer, community, NGO and other government services in order to implement national guidelines which promote an early intervention, integrated, family focused approach to mental health and well being and to improve service response to the needs of children, parents and families.

BIOGRAPHICAL NOTE

Cathy Renkin is a social worker currently working as a Senior Project Officer – KOPMI at the Princess Alexandra Hospital Division of Mental Health. She has worked previously as a Senior Social Worker with adolescents in an inpatient mental health service setting and as a Social Worker and Team Leader in adult Community Mental Health. Prior to working in public Mental Health services she worked in a refuge for women and children survivors of Domestic Violence and she has also worked on the implementation of a state-wide patient satisfaction survey for Queensland Hospitals in 2001 and 2005.

EMAIL
SESSION

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Session 09: Monday 17 November 1.30pm through 3pm

PRESENTER
ORGANISATION

Ms Jordana Rigby
Queensland Health in collaboration with Dr Rose Melville, University of Qld.

PRESENTATION

Through a Child's Eyes: The child's experience of an assessment diagnostic process.
This paper presents the results of current research exploring the experiences and understandings of children undertaking a developmental assessment and diagnostic process.

ABSTRACT

The child's voice has not been a primary focus of the child development literature. Recent interest in the provision of services to children with developmental and learning needs has raised awareness of the potentially damaging impact of 'ad hoc' information giving, by parents and professionals, on the child's developing self concept and identity.

This project gives children the opportunity to be involved in the development of a child-centered process that reflects their rights to be heard, to ask questions about themselves and to receive accurate information on their strengths and difficulties.

This qualitative research explores the experiences of children within the current Child Development Unit (CDU) assessment and diagnostic process. The use of semi-structured child and parent interviews serve to fulfill two main objectives:

- The exploration of the child's awareness and interpretation of the assessment process;
- The exploration of the child's understanding of the assessment outcomes and their associated meaning

BIOGRAPHICAL NOTE

Jordana Rigby is Senior Social Worker with the Child Development Program, a program that provides family-centered assessment and interventions for children and their families who have developmental and/or learning difficulties. Jordana has been with the service for the past 4 years and during this time has developed a specific interest in the experiences of children who access health services.

EMAIL
SESSION

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Session 12: Tuesday 18 November 11am through 12.30pm

PRESENTER
ORGANISATION

Ms Karin Rissel
Child Advocacy Service, Royal Children's Hospital & Health Service District, QLD Health
Child Advocacy Service

CO-AUTHOR/
CO-PRESENTER/S

Ms Melissa Faulkner

PRESENTATION

Re-evaluating Health Service Provisions to Children in Out of Home Care; Findings from Preliminary Child Health Passport Research in Brisbane, Australia. This poster overviews a research project examining the health needs of children in care and outlines relevant service implications arising from the results of the study.

ABSTRACT

The Queensland Department of Child Safety (DChS) policy specifies that any child remaining in out of home care for more than 30 days requires a Child Health Passport. Within the Child Health Passport, information pertaining to the child's health history, current health assessment, health referrals and required follow ups is recorded. As the implementation of the Child Health Passport system within DChS service districts is ongoing, this study is the first to date to report on findings from Child Health Passport data. There is a large body of both international and national research into the health care needs of children in care, but no current research using local samples in this area. The Child Health Passports of 63 children in care from the ages of 2 months to 16 years completed during the period of 2006 to 2007 were examined within the study. The results indicated that 70% of these children required multiple referrals to varying services, such as Audiology and Dental. Forty percent of children required three or more referrals. Given that the average load of children per foster family in Queensland in 2006 was 1.9, with almost 30% of carers caring for 3 or more children (DChS Annual Report, 2006), these results suggest that more co-ordinated and centralised health service provisions may be necessary in order to minimise the demands upon foster carers, and to ensure that children in care receive the health services they require.

BIOGRAPHICAL NOTE Melissa Faulkner completed her Bachelor of Psychology with Honours at Griffith University in 2004. Melissa is currently completing her PhD in Psychology, whilst conducting research in child protection within her role as Senior Research Officer at the Child Advocacy Service, Royal Children's Hospital and Health Service District. Karin Rissel is a Child Protection Liaison Officer with the Child Advocacy Service who has conducted numerous research projects in child protection.

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SESSION Interactive Poster Presentation Monday 17 November from 6pm to 7pm

PRESENTER **Hamish Robertson**
ORGANISATION Health GISciences P/L
CO-AUTHOR/
CO-PRESENTER/S Mr Nick NICHOLAS, Health GISciences

PRESENTATION **Mapping the future of child health and wellbeing: a spatial approach.**
A presentation about how spatial sciences can inform and improve child health and social care.

ABSTRACT Objectives
The health and wellbeing of children involves a complex, interconnected set of factors that act across space and time. Mapping the future development of children's health social wellbeing can be done literally with existing geographic information systems technology and yet this approach remains under-utilised by planners and service providers alike. This presentation shows how the elements involved in children's health and wellbeing can be mapped over time and space.

Main Ideas
Health researchers, social planners and service providers all know that geography matters and that almost any important issue for children has a spatial pattern. However, the integration of geographical methods in health and social care planning is very mixed, with some service providers assuming, that health issues are uniform across space. This view is incorrect and future service development needs to better acknowledge and address the spatial variation in children's health and wellbeing issues more effectively.

In addition, the issue of scale matters, from the level of household up to community or even state and national jurisdictions. Planning for future investment in child health, social care and prevention strategies for issues like obesity and diabetes, need to include a sophisticated and adaptable geographic perspective.

Defined Outcomes
This paper presents specific examples of how we can map the future of care for children including key examples such as the allocation and funding of child care services up to and including the design of intervention strategies for childhood obesity. Examples include the relationships between landscape, population and existing service infrastructure to show how these factors can change over time and place.

BIOGRAPHICAL NOTE Hamish and Nick are co-directors of Health GISciences, a small geodemographic analysis and consulting company. They have broad experience in the health and social care sectors as well as specific expertise in the geographic information sector.

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SESSION Session 4: Monday 17 November 11am to 12.30pm

PRESENTER **Kirriily Rodgers**
ORGANISATION Prince of Wales Hospital
CO-AUTHOR/
CO-PRESENTER/S Ms Lif O'Connor, Transition Care Coordinator, Greater Metropolitan Clinical Taskforce

PRESENTATION **Transitions in Care -Improving the experiences of young people, their families and clinicians during transfer of care from paediatric to adult facilities using critical creativity.** One campus – two worlds. How one adult health facility is responding to the needs of adolescents.

ABSTRACT The Prince of Wales Hospital (POWH) is a tertiary referral centre for adults co-located with the Sydney Children's Hospital. A significant number of young people with chronic illness/disability elect to transfer to POWH for ongoing management. Feedback from young people and their parents have highlighted the need to develop transitioning systems that focus on the specific needs of young people taking into consideration the services they are exiting and those they are entering. Admission to an adult facility for the first time has been identified as stressful for all young people and even more so for those with developmental disabilities and chronic medical conditions. There are vast differences between paediatric and adult facilities in the services and support provided for the parents/carers of young people. The psychosocial needs of adolescents are frequently poorly understood and little is provided to address issues such as education and leisure.

The staff of POWH is committed to improving service delivery to all clients and recognizes the unique needs of adolescents.

This paper will describe the initiatives taken by the Transition Care Working Party to address the issues identified by adolescents, parents/carers and clinical staff as barriers to effective transitioning and affecting engagement with POWH.

The Transition Care Working Party aims to:

- Develop an understanding of the elements of hospital services and systems that enable effective transition and ongoing engagement.
- Implement an action plan for effective transitioning and explore the transferability of this across specialties and settings.
- Map the numbers of young people accessing POWH and the services/specialties managing their care.
- Develop and implement a Youth Care Plan, Pre-admission Medical Management Plan and Transition Care Clinical Guidelines.

BIOGRAPHICAL NOTE

Lif holds qualifications in general and mental health nursing. Prior to commencing as Transition Care Coordinator for the Greater Metropolitan Clinical taskforce Lif has worked in many varied roles including clinical instruction and patient flow management. Kirrily is the Nurse Manager for the Director of Nursing at the Prince of Wales Hospital which has a broad and diverse portfolio. Along with her nursing qualifications and nursing workforce background she also has project management experience

**EMAIL
SESSION**

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Session 15: Tuesday 18 November 11am through 12.30pm

**PRESENTER
ORGANISATION
CO-AUTHOR/
CO-PRESENTER/S**

Anna Rozario
The Children's Hospital at Westmead
Rose D , Jamal A , Harnett E on behalf of the Children's Orders Steering Committee, The Children's Hospital at Westmead.

PRESENTATION

Children's Orders: The Patient Journey Guiding Clinical Redesign.
Report on a clinical Redesign Project that aimed to identify and maximize opportunities for co-ordinating and streamlining the journey for patients who required booked investigations and achieve a timely and efficient investigation service.

ABSTRACT

Background: The Children's Orders project aimed to identify and maximise opportunities for co-ordinating and streamlining the journey for patients who require booked investigations and achieve an improved service for patients, their families and the staff who treat them. This project was funded through the NSW Health Healthcare Redesign program, a three-year, state-wide initiative which sought to apply the principles and practice of process redesign to healthcare. A key feature of the redesign methodology is to enable the families taking that healthcare journey to guide the direction of change and process improvement.

Method: In consultation with our Service Improvement Unit and Family Advisory Council, a retrospective sample of families who had used our clinical investigations services during September or October 2007 were identified through the hospital records. These families were invited to participate in an anonymous survey on their experience of the investigations process. Families were also able to opt in to participate in solution generation workshops to consider opportunities for service improvement. This process occurred concurrently with an extensive data collection and solution development strategy involving staff who were key stakeholders in this patient journey.

Results: The focus of the families' response was to encourage the Children's Hospital to consider ways to increase the families' capacity to facilitate their child's healthcare journey. The principle areas the families identified for improvement were:

- Communication: especially with respect of information that will assist the family play their role in preparing their child for the investigation.
- Wait time: interestingly families were principally concerned with reducing the wait time whilst at the hospital on the day of investigation.
- Care planning and coordination: lining tests up in one visit and avoiding admission.

There was a concordance between the families' recommendations and those of the nursing staff, whilst the staff that order and provide the investigations placed more emphasis on recommending strategies to reduce wait lists.

Conclusion: Focus on a particular healthcare journey from the patient's perspective presents a unique opportunity to reconsider aspects of our practice that have evolved through hospital tradition rather than developed through patient and family centred practice. This project highlighted that families want healthcare providers to increase the families' capacity to truly act as partners in their child's healthcare.

BIOGRAPHICAL NOTE

Anna Rozario has worked at The Children's Hospital at Westmead for 15yrs as a Registered Nurse; Clinical Nurse Consultant for Brain Injury; Health Services Manager – Rehabilitation Department and currently as a member of the Clinical Redesign Unit.

Donna Rose, Psychologist, Redesign Coordinator, Clinical Services Redesign Unit
Amal A Redesign Engineer and CPI Coordinator , Service Improvement Unit
Harnett E Coordinator, Service improvement Unit, The Children's Hospital at Westmead
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**EMAIL
SESSION**

Session 12: Tuesday 18 November 11am through 12.30pm

PRESENTER
ORGANISATION

Barbara Ryan
Ronald McDonald House Charities (RMHC)

PRESENTATION

Ronald McDonald House Charities – More Than Just The Bricks.

ABSTRACT

The presentation will outline the breadth of services offered by Ronald McDonald House Charities to both children and their families and will focus on the new program, Ronald McDonald Family Rooms that provides families attending a sick child a haven within the hospital. RMHC supports Ronald McDonald Houses (RMH) in Australia and other programs that directly help seriously ill children live happier, healthier lives. The main project of RMHC is the 12 Ronald McDonald Houses. Ronald McDonald Houses provide affordable accommodation for families of sick children being treated at hospitals. The Houses are more than just an accommodation service, these 'home away from homes' provide needy support to the families that stay.

The Charity provides many other programs including the following:

- Ronald McDonald Learning Program
- RMHC Cord Blood Bank Program
- Ronald McDonald Family Rooms
- Ronald McDonald Family Retreats
- RMHC Grants & Facilities

Many hospital administrators, clinicians and families are unaware of the numerous programs available to their hospital and their patients. These programs will be outlined.

It is accepted that the recovery process of sick children is enhanced by the proximity and involvement of their family during their illness. The primary focus of RMH is servicing rural families whereas the Family Room program is principally designed for family members who live in the local area. A Family Room is a secure area set aside inside a hospital serving paediatric patients and provides a home-like atmosphere when a parent needs a break from the "hospital environment".

The aim of the Charity is to help sick children; therefore it is expanding the Family Room program by offering this opportunity to all general hospitals with paediatric services. Therefore it is essential that clinicians from all hospitals are aware of these services.

BIOGRAPHICAL NOTE

Barbara Ryan is a physiotherapist that has worked for the last 12 years in health administration with both the Royal Flying Doctor Service and the South Eastern Sydney Division of General Practice. Barbara is now the program manager for RMHC and is developing new programs for the Charity.

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SESSION

Barbara.ryan@au.mcd.com
Interactive Poster Presentation Monday 17 November from 6pm to 7pm

S

PRESENTER
ORGANISATION
PRESENTATION

Miss Janine Sawford
Royal Hobart Hospital
The Dilemmas of providing a Paediatric Home Care Service to Children and Adolescents with complex medical needs in Hobart Tasmania.

Presentation will describe how we manage children and adolescents at home with complex medical conditions in a small centre.

ABSTRACT

Technological advances in Medicine such as Total Parenteral Nutrition (TPN), home oxygen, tracheostomies and home ventilation has meant that children with chronic and life limiting conditions now have more options to enhance their quality of life and enable them to live longer than they may have 10 years ago. Most notably it has provided the opportunity for these children and adolescents to be cared for at home and to attend school and integrate back in to the family and community.

Historically children and adolescents with complex health care needs were not able to be managed at home as it was seen as being too hard to co-ordinate all of the services that they requires to receive specialised medical care at home.

Paediatric centres in the larger states have been providing a home care service for children and adolescents with chronic health care needs for many years now and it is considered best practice for these patients to be managed in their own home, provided that there is adequate support for them to be cared for in a safe manner.

A challenge for a small state like Tasmania is that we do not have the critical mass to offer dedicated services for various categories of children and adolescents with complex medical needs such as a long term ventilator service,

a CPAP service and a hospital in the home service.

This paper will examine the issues we have faced as a small centre in trying to ensure that our patients receive the same quality of care as their counterparts in the larger states. It will also highlight the positive aspects of the program that has been running for the past 3 years in allowing children with complex medical needs to live at home with their families and to attend school. It will also demonstrate that the program is cost effective and has reduced hospital stays and frequency of admissions.

BIOGRAPHICAL NOTE Janine Sawford is the Nurse Unit Manager of Paediatric Services at the Royal Hobart Hospital. She has worked in Paediatrics for 17 years. She has a keen interest in ensuring that children and adolescents with complex health care needs are given the opportunity to lead as normal life as possible.

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SESSION Session 18: Tuesday 18 November 1.30pm through 3pm

PRESENTER **Mrs Sue Silveira**

ORGANISATION Children's Hospital at Westmead

PRESENTATION **A magpie, a stick and an eye injury – the Australian situation.**
This presentation will outline recent research which has identified the prevalence of childhood eye injuries treated at the Children's Hospital, Westmead, providing personal accounts from eye injured children and their families, and prevention programs being developed to combat childhood eye injury.

ABSTRACT Sadly the incidence of children seriously injuring their eyes is on the increase. Eye injuries occur from seemingly harmless situations like playing with sticks to accidental clashes with magpies. Losing vision holds lifelong consequences for children socially, emotionally and economically. A variety of environments can be classified as "eye safe" including school and child care, but the home and sporting venues are still failing children and their eyes.

The Children's Hospital, Westmead has been conducting research to update Australian knowledge on children's eye injury including which children are at highest risk, how they are injuring their eyes, how successful the treatment is and the final visual outcome for the child and family. To highlight and hopefully combat childhood eye injuries an eye health and eye injury prevention program called "Normal-eyes" has been developed.

"Normal-eyes" educates children, families and teachers about healthy lifestyles which promote vision for life, and eye safety. This presentation will provide real-life accounts from eye injured children and their families, highlighting their journey from injury to recovery. Also, details of the current Children's Hospital study into Australian childhood eye injuries and the eye injury prevention initiative "Normal-eyes" will be presented.

BIOGRAPHICAL NOTE Sue Silveira is currently the Head Orthoptist, the Eye Clinic, Children's Hospital, Westmead. She has an interest in using the current Australian research to reduce the incidence of childhood eye injury, by educating children and their families, and by modifying environments and situations which pose highest risk to children and their eyes.

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SESSION Session 03: Monday 17 November 11am to 12.30pm

PRESENTER **Peter Slattery**

PRESENTATION **People map and measure. Doing it all**
An interactive workshop about what research and common sense tells us are the elements of well being.

ABSTRACT When it comes to people we have some pretty solid data, backed up by sometimes deceptive but always-worth-considering common sense, about what helps people flourish in the world: a sense of purpose and belonging, good solid relationships, being in charge of your life, and even...yes...being nice to others. The very things we need to sustain us when the hard times arrive. This is called resilience. Although this idea is possibly a little too overworked these days, it still has a lot to offer. And our own Commission for the young has research that tells us the top three things that children themselves tell us about their well being are security, some sense of control and a sense of self.

If we then start to think about the map we can see that in some places at least, and some services, these are the very things that are being focused on as a way of starting to address things like damaging substance use, violence and depression..

As for the measure, how hard is it to get some sense at least minimally, of shifts in a person's sense of their relationships? The extent to which they believe they are more in charge of their lives? Whether they are acting more generously, compassionately and altruistically to those both close to them and further away? Their family? Their street? Their community?

So this workshop will take people through a process of how the elements of wellbeing can be actively enhanced in work with individuals, groups and families and how this can be measured. The workshop will actively explore people, map and measure through a blend of movement, drawing, discussion and theatre activities.

BIOGRAPHICAL NOTE Peter Slattery has worked in health and community work for some 30 years with those having a hard time of life. He continues to do this work freelance throughout Australia and overseas and

constantly finds himself on a quest both to understand more about what helps people flourish in life, and secondly to find exciting and unusual ways of doing this work.

EMAIL
SESSION

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Workshop B: 1/2 day optional workshop Wednesday 19 November 9am to 12.30pm

PRESENTER
ORGANISATION

Ms Felicity Sloman
Bloorview Kids Rehab, Toronto

PRESENTATION

Matchmaker, Facilitator, Negotiator: Skills required to complete the Transition puzzle.

A Canadian experience provided a practical opportunity for an Australian nurse to improve the pathways for adolescents with any chronic condition to move successfully from paediatric to adult health care.

ABSTRACT

A recent year in Toronto has equipped the presenter with the skills and practical experience gained when employed to implement a nurse led hospital wide 'preparation for transition' clinic for 16-18 year olds with a chronic condition to move smoothly to adult services. The aim of this presentation is to showcase the implementation of this program around an issue that has long been discussed yet has produced patchy activity world-wide. This instructional presentation will outline the necessary requirements to achieve a successful outcome; a smooth, well co-ordinated transition to appropriate services, that includes patient skills development, knowledge transfer and the essentials of the final transfer process to adult services. Worldwide there is similarity in the transition challenges that present themselves to both paediatric and adult health networks, despite the variances in the medical condition and treatments. An evaluation component has been fully integrated into this project looking at both outcomes and process. This presentation will be based on recent experience gained in Canada's largest paediatric rehab centre, Bloorview Kids Rehab, conducted in close collaboration with transition staff at the Hospital for Sick Children in Toronto.

BIOGRAPHICAL NOTE

Felicity Sloman RN, Grad Dip Ad Hlth has worked with Kids Help Line, Centre for Adolescent Health, Melbourne & Bloorview Kids Rehab, Toronto. Prior to this she coordinated Transition at the Royal Children's Hospital in Melbourne working to establish processes to create smooth transition pathways for young adult graduates of the RCH.

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SESSION

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Session 15: Tuesday 18 November 11am through 12.30pm

PRESENTER
ORGANISATION

Ms Katherine Stone
The Children's Hospital at Westmead

PRESENTATION

A Practical Approach to Supporting Carers.
An outline of the work of the Carer Support Program at the Children's Hospital at Westmead.

ABSTRACT

It is estimated that 25% of Australian carers are parents caring for children with a chronic illness or disability. Many parents caring for children with chronic illness or disability do not consider themselves carers, but see their caring role as one of normal parental responsibility. This makes them at higher risk of self neglect, medical problems and not getting the support needed. This is particularly evident when children are hospitalised for long periods of time.

To support this group The Children's Hospital at Westmead (CHW) has developed a comprehensive Carer Support Program (CSP). A key component of the CSP was the development of a Parent and Carer Resource Centre (the Centre). The Centre provides carers with the ability to take a break, access information, use the internet, catch up on the news, get something to read, or talk to someone without being too far from the child they are caring for and without leaving the Hospital. It is an easy and practical way for carers to get the information and support they need.

We will explore the ways in which we support parents and carers through the CSP, our successes as well as the challenges. We will describe the practical applications, and what parents and carers have told us about the program. We will also look at the broader issue of ensuring that the hospital environment overall is supportive of, and recognises carers needs. We will explore how this model of support may apply in other hospitals or health settings.

BIOGRAPHICAL NOTE

Katherine has been with the Children's Hospital at Westmead since March 2006, in the role of Carer Support Program Co-ordinator. Katherine has a background in sociology and social work, and has worked in a variety of roles including working with children with disabilities and their families, policy development, training and accreditation, both in Australia and internationally.

EMAIL
SESSION

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Session 17: Tuesday 18 November 1.30pm through 3pm

T

PRESENTER
ORGANISATION

Dr Vitor Teixeira
University of Porto – Faculty of Psychology and Educational Sciences.

PRESENTATION

Children's participation in organized extra-curricular activities: the Portuguese reality and developmental correlates.

ABSTRACT

A study about the developmental importance of child participation in organized extra-curricular activities. "Child and youth participation in organized extra-curricular activities have been the core of an intense debate in the child development scientific community. On one side are those who warn of for an hyper-parenting which leads to Over-Scheduled Child, potentially dangerous for children and their healthy development (Rosenfeld & Wise, 2001). On the other side are those that highlight bulk of research on organized activities showing positive consequences of participation for academic, educational, social, civic, and physical development (Mahoney, Harris & Eccles, 2006).

In this study we want to describe how Portuguese children participate in organized extra-curricular activities and understand the developmental correlates of a greater or a lesser participation.

Following the guidelines of the Harmonized European Time Use Surveys (HETUS) we collected time diaries (weekdays and weekend), with a sample of 317 children (157 boys; 160 girls) from the metropolitan area of Porto, aged 8 to 10 years.

Preliminary results show 23.3 percent of children not participating in any organized extra-curricular activity and that for 28.1 percent of children religious classes is the only activity in which they participate. Some developmental correlates of children's participation in organized extra-curricular, namely in sport and artistic activities, are also presented.

A over-scheduled routine seems to be a reality for a small proportion of children. Our attention should be focused on those that have a little involvement in organized extra-curricular activities, or that do not participate at all. Based on the literature and on the data from this study some recommendations are presented to promote children participation in organized extra-curricular activities in order to enhance developmental outcomes.

BIOGRAPHICAL NOTE

Dr Vitor Teixeira is a child psychologist and researcher at the Centre of Psychology at the University of Porto-Portugal. Currently working on a doctorate thesis about time-use and the development of social skills in school-age children. Member of the International Association for Time Use Research (IATUR) has already submitted work in several conferences in Portugal and abroad.

EMAIL
SESSION

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Interactive Poster Presentation Monday 17 November from 6pm to 7pm

PRESENTER
ORGANISATION
CO-AUTHOR/
CO-PRESENTER/S

Richard Thode
Greater Eastern & Southern NSW Child Health Network (GESCHN)

Dr Arjun Rao, GESCHN and Dr Jonny Taitz, Sydney Children's Hospital Randwick

PRESENTATION

The On-Line Paediatric Junior Medical Officer Orientation Program. We discuss the development, implementation and early outcomes of an On-Line orientation program that delivers common paediatric orientation modules to Junior Medical Officers (JMOs) attached to GESCHN (Greater Eastern & Southern Child Health Network) hospitals in NSW; these basic paediatric modules complement their face-to-face orientation to the Paediatrics Department of their hospital.

ABSTRACT

The Junior Medical Officer (JMO) Education Program Project, which began in September 2006, is responsible for developing a new orientation and training program for paediatric JMOs in the Greater Eastern and Southern Child Health Network (GESCHN) with an emphasis on the use of technology and the Internet. While the focus of the project is paediatric orientation, there has also been development of resources to assist GESCHN paediatric basic trainees in their preparation for the Royal Australian College of Physicians (RACP) examinations. The Project Officers have also been involved in feedback and implementation of the Clinical Excellence Commission interactive Paediatric Emergency Modules.

An anonymous baseline questionnaire conducted in JMO Term 1 of 2008 provided a general picture of existing paediatric orientation practices in an initial sample of GESCHN hospitals. The remainder of Network hospitals offering paediatric rotations were baseline surveyed in Term 2.

In March 2008, in time for introduction in Term 2, five web-based "common orientation modules" were delivered. These offered a standardised level of basic paediatric orientation to all JMOs in all hospitals within the Network. Individual web pages within the website were created for each hospital, comprising the common orientation modules plus local orientation material.

We provide a Project Report based on the findings from the first year of the project.

Dr Arjun Rao graduated from Sydney University in 1998, commencing paediatric training in 1999 in city and regional hospitals, then moving to Sydney Children's Hospital. Following a Masters degree in Bioinformatics, Arj joined the JMO Education Project in 2007 as project officer. He is presently completing his Fellowship in Emergency Paediatrics.

Richard Thode completed his Masters Degree in Community Health at UNSW in 1997. His previous commercial and project management experience in the microelectronics industry provided the grounding for a second career in health, including medical education. He joined the project in November 2007 after six years in radiation oncology e-learning.

EMAIL SESSION richard.thode@sesiahs.health.nsw.gov.au, Arjun.Rao@SESIAHS.HEALTH.NSW.GOV.AU, Session 03: Monday 17 November 11am to 12.30pm

PRESENTER Mrs Claire Thurgate
ORGANISATION Canterbury Christ Church University

PRESENTATION **Developing the child care workforce through collaboration: friend or foe? The aim of this presentation is to present the 'lived experience' of collaborative working between the Faculties of Health and Social Care and Education to deliver a Foundation Degree in Children and Families which facilitates the development of appropriate skills and knowledge to support role development within the children's workforce.**

ABSTRACT Current Government drivers in the UK (NHS Plan (2000), Working Together: Learning Together (2001), Agenda for Change and the NHS Knowledge and Skills Framework (2003), Every Child Matters (2004), Leitch Report (2006) and the RCN (2007)), are focused to modernising the National Health and Social Care services by improved education for employees and the development of new roles.

Specifically, in response to government directives for education provision within the children's services, a Higher Education Institute in the South East of England developed a programme to meet the needs of employees working with of children and their families. The Faculties of Health and Social Care and Education are working collaboratively with local employers to design, validate and deliver a children and families Foundation Degree to meet the changing needs of their workforce. This focus to collaborative education ensures that participants have an awareness of the role of others within children's services.

Child care workers from a range of backgrounds including residential care, foster care and ambulatory care within the National Health Service are taught together at level HE1. At level HE2 participants will attend 3 core modules and then choose from social care, management, foster care or generic modules as their workplace requires. It is at level 2 where specific modules that address the needs of roles specific to supporting child health nurses will be developed.

This presentation will:

- Analyse current directives in relation to developing the childcare workforce.
- Discuss the challenges and rewards of collaborative education.
- Debate the need for role development within children services.

BIOGRAPHICAL NOTE Claire is responsible for Foundation Degrees within the Faculty of Health and Social Care at Canterbury Christ Church University. These programmes allow workers within the Health and Social Care sector to receive academic recognition for learning in the workplace. Consequently, Claire has gained considerable experience in working with employers to provide bespoke programmes of study that enables skills and knowledge to be enhanced.

EMAIL SESSION claire.thurgate@canterbury.ac.uk
Interactive Poster Presentation Monday 17 November from 6pm to 7pm

PRESENTER Ms Danielle Tompson
ORGANISATION Paediatric HIV Service Sydney Children's Hospital
CO-PRESENTER/S Ms Stephanie Raper

PRESENTATION **Positive Kids Camp: The Australian Experience of HIV Positive Kids & Teens Camps**
ABSTRACT The Paediatric HIV Service at Sydney Children's Hospital is the only dedicated Paediatric HIV service in Australia. The service provides medical, nursing and psycho-social support to children, families and HIV positive pregnant women within metropolitan Sydney, regional and rural NSW, as well as interstate. Since 2000, the service has coordinated the Positive Kids Camps. There are around 100 HIV positive children / adolescents in Australia, and they are eligible to attend the camps if they are aware of their HIV status. The service conducts two camps per year - one for positive primary school aged children and one for positive adolescents. The main aims of camp are to:

- * Decrease isolation, foster peer support and enhance friendships.
- * Provide education and information about living with HIV.
- * Build self esteem via teaching new skills.
- * Provide respite.

For most participants, attending the camp is the only opportunity they have to meet and connect with other young people living with HIV. In addition to recreational activities (such as surfing, abseiling, horse-riding), daily support groups address the impact of living with HIV for this group of children / adolescents and discuss

strategies to cope with these issues.

BIOGRAPHICAL NOTE

Danielle Tompson: B.Soc.Sci, B.SW. Senior Social Worker with the Paediatric HIV Service.
Stephanie Raper: Stephanie has been HIV positive since birth. Stephanie presented at The National Association of People with AIDS conference at the age of 13. In 2007 she was the opening plenary speaker at the YWCA HIV/AIDS Conference in Nairobi. This year Stephanie has presented to the UN General Assembly in New York. Stephanie is the youngest board member of Positive Women (Vic) and a member of the Positive Speakers Bureau (Vic).

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SESSION

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Session 13: Tuesday 18 November 11am through 12.30pm

U

PRESENTER

ORGANISATION
CO-AUTHOR/
CO-PRESENTER/S

Ms Judy Underdown

Children, Youth & Women's Health Service

Ms Becky Hirst, Children, Youth & Women's Health Service

PRESENTATION

Family Support Volunteers – new volunteer role in CYWHS. This paper will outline the development and implementation of the Family Support Volunteer role in CYWHS and discuss the strategies used to overcome barriers and the benefits for families and children.

ABSTRACT

Having a child in hospital is a stressful experience for many parents, especially if they do not have family support or have to be away from home for long periods of time. Feedback from parents indicated that they would value additional support and would like someone to talk to or someone who could be with their child while they had a break.

The CYWHS Family Support Volunteer role was developed based on feedback from staff and consumers. The paper will highlight the approaches used in involving consumers in the project, the challenges in introducing a new volunteer role including recruitment and training of volunteers and working with nursing staff and social workers to overcome barriers and resistance.

The desired outcomes for the session will be that audience will have :

- an increased awareness of a program that supports parents
- increased understanding of the process of implementing a new program and
- the strategies to overcome barriers and resistance.
- Evaluation of the program –feedback from families and staff.

BIOGRAPHICAL NOTE

Judy is Director Community Engagement at CYWHS and has extensive experience in working in the acute care setting and in the community with children and families.

Becky has specialist experience of community involvement including consumer participation in health; working with 'hard-to-reach' groups; and program management in both the UK and Australia.

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SESSION

Session 17: Tuesday 18 November 1.30pm through 3pm

V

W

PRESENTER
ORGANISATION

Mrs Tracey Webster
Ronald McDonald House Charities (RMHC)

PRESENTATION

Saving MINDS and BODIES.
An overview of the educational implications for children recovering from serious illness and the work of the Ronald McDonald Learning Program in tailoring programs to address these issues.

ABSTRACT

The Ronald McDonald Learning Program (RMLP) is Australia's leading educational catch up program for children recovering from serious illness. Advances in medical treatments have improved the long term survival rates for many illnesses suffered by children e.g. cure rates for some childhood cancers have increased from 15% to upwards of 75% and children with cystic fibrosis can now expect to live well into their forties.

Fortunately more and more children are survivors of serious illness however advances in medical treatments have created a population of children living with educational disadvantage. Long term absences from school and the effects of medical treatments mean increasing numbers of children are falling behind in their education.

The specific outcomes of the Ronald McDonald Learning Program are to minimize the negative effects of illness and treatment on education by providing comprehensive assessment of students to determine their learning strengths and needs along with providing 1:1 tuition with a qualified teacher for up to one year.

More than 2000 children have been assisted by the program since its inception. Constant communication is maintained between the student, family, tutor, therapist and class teacher to ensure optimum learning is being achieved. This presentation will look at the projected numbers of children with serious illness by type and population, state by state. It will further discuss independent quantitative research findings on the overall effectiveness of the Ronald McDonald Learning Program intervention.

BIOGRAPHICAL NOTE

Tracey Webster is the National Learning Program Manager with Ronald McDonald House Charities. Tracey has had a career in Education specifically working with children who require additional support to achieve their true potential. Prior to joining RMHC Tracey was the School Age Services Director and Acting CEO at Learning Links.

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SESSION

Session 13: Tuesday 18 November 11am through 12.30pm

PRESENTER
ORGANISATION

Susan Webster
General Practice Victoria and University of Melbourne

PRESENTATION

Exploring general practice as a new partner in improving the health and well-being of children and young people entering out-of-home care in Victoria. This paper presents the findings of a qualitative study of General Practitioners' views about becoming involved in comprehensive health assessments for some of Victoria's most vulnerable children; those entering out-of-home care.

ABSTRACT

Rates of child abuse and neglect are higher in Australia than those of juvenile diabetes or cystic fibrosis. The impact of abuse and neglect on child health and well-being can be chronic and complex. Children and young people enter out-of-home-care at an increasing rate each year, mainly due to neglect or abuse. The Victorian Department of Human Services (DHS) is developing new systems for ensuring each child entering out-of-home care receives a comprehensive health assessment and is looking to general practice to play an important role in these systems. However little is known from published research about what factors might influence GPs to become involved.

The aim of this study has been to explore and describe factors that may influence GP involvement in health assessment of this vulnerable population group. In-depth interviews have been conducted with a sample of GPs across Victoria who have an interest in child or adolescent health.

The results point to several key factors that are important to general practice, including medical histories, legal consents for treatment, the role of practice nurses, continuity of primary medical care, the availability of specialist services at the local level for secondary consultation, medico-legal issues and the provision of IT based tools.

General Practitioners have not traditionally partnered with the child protection sector. New insights about general practice are needed at both a policy and practice level to enable child protection and GPs to work together effectively

BIOGRAPHICAL NOTE Susan Webster works is a senior staff member at General Practice Victoria (GPV) and received a Commonwealth Primary Health Care Research & Evaluation Development (PHCRED) Fellowship in 2007 to commence this study. Susan is currently completing a Master of Primary Health Care Research at University of Melbourne.
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SESSION Session 07: Monday 17 November 1.30pm through 3pm

PRESENTER Professor Les White
ORGANISATION Sydney Children's Hospital
CO-AUTHOR/
CO-PRESENTER/S Dr Sharon Chalmers, University of Western Sydney Centre for Cultural Diversity, Dr Bruce Lord and Clinical Professor David Bennett, The Children's Hospital at Westmead.

PRESENTATION **Cultural diversity at work: staff negotiating difference at two children's hospitals in Sydney. Findings from cultural research conducted as two children's hospitals in Sydney have important implications for policy and practice.**

ABSTRACT The diverse cultural backgrounds of patients in children's hospitals present significant challenges for staff in developing effective communication and collaborative relationships, especially given that staff also come from a wide range of cultural backgrounds. Working across cultures requires practitioners to reflect on their own cultural influences; demonstrate empathy for people from other backgrounds; and continuously develop new insights and interaction skills in clinical encounters. We will present findings from research at two children's hospitals in Sydney during 2005-2007 which sought the perspectives of a wide cross section of senior and front line staff - seventeen managers and over thirty health professionals - as well as families from culturally and linguistically diverse backgrounds, each having a child with a chronic/disabling illness. The focus of the research was on the interaction between staff and patients/families and included participant observations in the wards and at clinical meetings. While many staff negotiated cultural differences well, the research revealed that constraints in their ability to meet the needs of families were often related to broader systemic factors. These research findings have important implications for child and adolescent health policy, education and clinical practices.

BIOGRAPHICAL NOTE Professor Les White is Executive Director, Sydney Children's Hospital and the John Beveridge Professor of Paediatrics at UNSW; Dr Bruce Lord is Program Co-Chair, Ambulatory and Emergency; Clinical Professor David Bennett is Head, NSW Centre for the Advancement of Adolescent Health, The Children's Hospital at Westmead.
EMAIL les.white@sesiahs.health.nsw.gov.au, L.White@unsw.edu.au
SESSION Session 02: Monday 17 November 11am to 12.30pm

PRESENTER Ms Ruth Willis
ORGANISATION Flinders Medical Centre
CO-AUTHOR/
CO-PRESENTER/S Ms. Sharon Crowley Flinders Medical Centre, Ms. Joanne Young Southern Adelaide Health Services

PRESENTATION **Advancing Paediatric Risk, Safety and Quality Improvement Outcomes.**

ABSTRACT The journey in setting new standards by integrating risk, safety, quality and performance within a paediatric unit. This presentation describes the journey in setting new standards by integrating risk, safety, quality and performance within a paediatric unit. It is through collaborative leadership and governance partnerships and the driving force of the risk safety and quality improvement roles that are proving innovative in early intervention to:

- keep children safe and manage risks
- measure and improve the quality and success of health care
- target medication safety

Main ideas:

- Incorporation of "Risk" as part of a Risk, Safety and Quality Multidisciplinary Group
- Risk management reviews – 'risks' and risk management reports, risk assessments and risk analysis
- Risk Register administration and monitoring
- Risk auditing and risk management staff training program.
- Acceptance into the Clinical Practice Improvement program;
- To improve medication safety for the paediatric population (reducing prescribing and administration error variations).

The outcomes to staff, the unit and consumers:

- increased risk management leadership and staff awareness.
- increased staff involvement in risk management activities.
- increased risk management and systems improvement adverse event and near miss.
- request by medical and allied health staff to be more involved in unit risk management
- the unit is an effective role model in how to empower the team and learn from the process facilitating consumer participation

BIOGRAPHICAL NOTE Ruth Willis – Clinical Nurse on the Paediatric Unit of Flinders Medical Centre, Adelaide

Sharon Crowley – Clinical Nurse Consultant of the Paediatric Unit of Flinders Medical Centre, Adelaide
Joanne Young – Regional Risk Systems Co-ordinator of Southern Adelaide Health Service.
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Interactive Poster Presentation Monday 17 November from 6pm to 7pm

EMAIL
SESSION

PRESENTER
ORGANISATION
CO-AUTHOR/
CO-PRESENTER/S

Ms Maggie Wilson
Mater Children's Hospital Kids In Mind

Ms Catherine Renkin Princess Alexandra Hospital South Brisbane

PRESENTATION

KIDZ Club. An early Intervention and Educational Group for Primary Children living with a relative with a Mental Illness. This presentation will provide participants with a vignette of some creative group activities used in the Kidz Club holiday workshops.

ABSTRACT

AIM: To provide group participants with a snap shot of some of the games and activities used at Kidz Club. Participants will be encouraged to participate in the experiential sessions. The presentation will have a dual focus on safety and demystifying and de stigmatizing Mental Health - just two of the many topics covered at Kidz Club.

TOPICS: Coping with a family member with mental illness. Relaxation techniques, how do we cope?

METHOD:

- Round Robyn movement activity
- Musical Forces
- Support
- an art activity the Helping Hand
- Family Support Plans
- Family Matters Cartoon Booklet
- Role Plays
- Pass the Movement
- In small groups enact a charade depicting your 'Family Sketch'

BIOGRAPHICAL NOTE

Maggie Wilson is the KOPMI Program coordinator , she plans and facilitates groups for families living with a relative with a mental illness. Maggie an art teacher, trained at Goldsmiths London University in Art Psychotherapy. She has worked for eighteen years in drug and alcohol, homelessness, and child and youth mental health. Her private practice interests are currently cross-cultural Art Therapy group work, creative debriefing and supervision with mental health teams and practitioners. She lectures in the Masters of Mental Health Art Therapy program at the University of Queensland.

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SESSION

Session 09: Monday 17 November 1.30pm through 3pm

PRESENTER
ORGANISATION

Miss Ngaire Wood
Sydney Children's Hospital, Randwick

PRESENTATION

Creating a child friendly Emergency Department A poster presentation outlining newly introduced visual support resources to support children's understanding of common medical procedures.

ABSTRACT

One aim of play therapy in the Emergency Department is to provide the child with developmentally appropriate information. This is often in the form of procedure preparation prior to medical interventions. Currently calico dolls are a preferred method of disseminating this information. This is a highly successful technique, however, if we accept some children have difficulty transferring knowledge, a calico doll can be too abstract.

A visit to the Emergency Department can be a very confronting experience for children and parents alike. For a child with disabilities, this experience can be traumatic. For children with sensory issues, the bright lights, beeping machines and people rushing around can lead to sensory overload.

By providing parent/carers with specific resources to use with their child we hope to reduce the anxiety of the child and their family. At other times it may be the play therapist or nurse using these resources with the child.

The aim of this poster is to give examples of visual supports for three common procedures, cannulation, nitrous oxide administration and Xray. The visual supports are in the form of generic social stories. In addition sequence strips with short phrases and corresponding photos will be displayed.

BIOGRAPHICAL NOTE

Ngaire Wood is an early childhood teacher who has extensive experience in preschools. In addition she has worked as an Inclusive Education Teacher for children with disabilities. Ngaire is currently employed as a play therapist at Sydney Children's Hospital working mostly in the Emergency Department. She has a particular interest in supporting children with disabilities during medical procedures.

EMAIL
SESSION

Ngaire.Wood@sesiahs.health.nsw.gov.au, ngairewood@hotmail.com
Interactive Poster Presentation Monday 17 November from 6pm to 7pm

PRESENTER	Helen Woollett
ORGANISATION	Royal Children's Hospital & Health Service District
PRESENTATION	Effective feedback: An essential ingredient for success in building workforce capacity. Paying attention to quality by energising, engaging and developing the workforce.
ABSTRACT	<p>We have all been there. The giving and receiving of feedback. Unfortunately for many the process still strikes fear in the belly. Effective feedback is however a key ingredient if we are to keep the workforce energised; focused and engaged given the demands of today's health care environment. Effective feedback is also an enabler in terms of creating a solution focused culture of support, self awareness and critical thinking; all variables that impact on recruitment, retention and innovation.</p> <p>This presentation provides an insight into one imaginative program introduced at the Royal Children's Hospital and Health Service District Brisbane, to provide nursing staff with a set of tools and techniques as well as the opportunity to increase their confidence in providing feedback – "The skill, art & practice of effective feedback".</p> <p>The program is informed by Kolb's model of learning, the A.I.D. feedback model and coaching psychology while being couched in a framework of developing self management. The program aims to develop skills in participants to reduce the blame game; keep defensiveness in check and as a consequence maximise learning and development. This programs development and implementation will be discussed inclusive of the strategies utilised, learnings, successes, failures and outcomes.</p>
BIOGRAPHICAL NOTE	Helen Woollett is the District Director of Nursing Services at Royal Children's Hospital and Health Service District, Brisbane. She holds an Adjunct Associate Professor appointment with the School of Nursing QUT. Helen has thirty years experience in a range of health care roles. Helen completed paediatric and child health studies early in her nursing career before going onto complete a Masters in Health Care Planning and Post Graduate Diploma in Psychology. Helen's interest is in developing nursing practice and as such the development and implementation of strategies to energise and build capacity within the workforce.
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X

Y

Z

PRESENTER	Helen Zigmond
ORGANISATION	Creative Well & Clacia
PRESENTATION	Creativity – An Aspect of Health Engagement in the creative process/arts offers children and young people, facing serious illness with frequent disruption to their education and social development, the opportunity to be involved in continued development.
ABSTRACT	<p>This paper explores the outcomes for children and young people who have the opportunity to engage in the creative process as 'an aspect of their health and wellbeing'. As long term and recurrent admissions into the healthcare system, this engagement has an impact on the carers/staff and the families. It is concerned with accessing the child or young person beyond the illness and seeing the potential, a future moment.</p> <p>Engagement in the creative process/arts is skills based, offers a voice, continuous challenge, opportunity to use the imagination and a reflective language. The more opportunities there are to engage, the greater the development of skills in a safe and non-threatening environment.</p> <p>Material from the arts in health project 'Creative Well' established at the Children's Hospital at Westmead 1997, now in a national partnership, will show how those involved over a period of time, were engaged in 'continued development,' in spite of their health status.</p> <p>The community based program 'Clacia' 2003, developed the models which show the relationship between engagement in the creative process, resilience and wellbeing. Most importantly the paper will discuss how we support the creativity of children and young people with serious illness through collaborative protocols,</p>

understanding the community is its own resource, cross generational interaction and working on a continuum.

We can travel with them through their transitions offering continuity and support as they develop at their own pace and can still find a role, contributing back into the community through their creativity. It is a paper that celebrates a creative life.

BIOGRAPHICAL NOTE

Helen Zigmund, director of the Creative Well and Clacia programs has worked in the arts in health for over 10 years and continues to represent her work both nationally and internationally. Currently the Creative Well program is in national partnership with the Starlight Foundation. “

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SESSION

Session 15: Tuesday 18 November 11am through 12.30pm

PRESENTER

Dr Yvonne Zurynski

ORGANISATION

The Children’s Hospital at Westmead

PRESENTATION

**The burden of rare childhood diseases: How is Australia responding?
A review of international responses to the burden of rare childhood diseases, including research, policy and family support.**

ABSTRACT

Paradoxically, rare diseases are common. There are approximately 7000 rare diseases and collectively they affect an estimated 1.5 million Australians. Rare diseases often have onset in childhood, are incurable, lead to lifelong complex health problems and disability, and pose significant challenges to parents and caregivers, health professionals and educators.

We conducted a literature review to answer the question: “What are the impacts of rare diseases and how are we responding?”

The burden of rare diseases is considerable and extends beyond affected individuals. Diagnostic delays are common due to lack of specific diagnostic services and lack of knowledge among clinicians, often resulting in multiple investigations and visits to specialists. Opportunities for intervention and prevention are limited by such delays. Even when a diagnosis is reached, clinicians are faced with lack of appropriate health services, poor transition pathways to adult services, lack of appropriately trained staff, and a lack of parent support groups. Parents and carers face social isolation, financial burden associated with the provision of ongoing and complex health care, and lack of appropriate educational services.

The US and at least 18 countries in the EU have recognised the significant burden of rare diseases and are responding by providing information and support to clinicians and families, by allocating funds for research, and by developing coordinated national plans which provide important roadmaps to address the common issues facing families affected by rare diseases. We need a similar national response in Australia to improve the quality of life for children and families affected by rare diseases.

BIOGRAPHICAL NOTE

Dr Yvonne Zurynski is Deputy Director of the Australian Paediatric Surveillance Unit and Senior Lecturer, Discipline of Paediatrics and Child Health at University of Sydney. She is a passionate researcher and advocate in the area of rare childhood diseases and injuries.

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SESSION

Session 07: Monday 17 November 1.30pm through 3pm

ABSTRACTS – Child Health Conference 17 to 19 November 2008 Sydney

Hosted by Association for the Wellbeing of Children in Healthcare (AWCH)
www.awch.org.au

& Children's Hospitals Australasia (CHA)
www.wcha.asn.au

