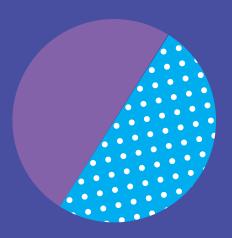


Connecting voices for child-friendly healthcare in hospital









Report

A joint initiative by the Children's Hospital Group Board and the Ombudsman for Children Office

June 2018



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List of abbreviations

CHGB - Children's Hospital Group Board
OCO - Ombudsman for Children's Office

NPHDB - National Paediatric Hospital Development Board

YAC - Youth Advisory Council

SEMT - Self-Evaluation Model and Tool on the Respect of Children's Rights

in Hospital

HPH-CA - Health Promotion for Children and Adolescents

in and by Hospitals and Health Services'

CHI - Children in Hospital Ireland

Foreword

We would like to thank the 2,530 children, young people, parents/guardians, as well as staff and management in the three children's hospitals in Dublin, who took part in the Joining the Dots survey between July and August 2017.

There are three children's hospitals in Dublin: Our Lady's Children's Hospital in Crumlin, Temple Street Children's University Hospital, and the National Children's Hospital at Tallaght University Hospital.

Every year, these three hospitals care for thousands of children and young people. Some children and young people are treated in Emergency Departments (ED). Others go to hospital for an appointment with a doctor, nurse or a health and social care professional or go for treatment where they need to be in hospital for the day. And some children and young people need to stay in hospital for a while to get the care and treatment they need.

In 2017, the three children's hospitals took part in a project called *Joining the Dots*. This project was a joint initiative by the Children's Hospital Group Board, which is working to transform children's health care through the integration of services in Dublin and the development of a new children's hospital, and the Ombudsman for Children's Office, which works to promote the rights and welfare of children and young people in Ireland.

The overall aim of *Joining the Dots* was to use a child rights framework to hear and take account of the views of children and young people, as well as parents/guardians, staff and management in the three children's hospitals on a range of issues concerning the delivery of services to children and young people in hospital.

The issues participants were asked for their views on relate to children's rights under the UN Convention on the Rights of the Child, which Ireland ratified in 1992, and concern different rights that children have in healthcare settings, including hospitals.

These rights include children's right to be heard, to information, to privacy, to rest and play, to adequate nutrition, and to be safe and protected from harm.

Joining the Dots has been a really valuable opportunity to hear the opinions and ideas of children and young people in hospital in this regard about what is working well and where there is room for improvement.

By hearing the opinions of children, young people, parents/guardians and people working in the three hospitals, this project will help these hospitals to find out more about what's working well and what changes could give children and young people a better experience of being in hospital. The views shared will also help the Children's Hospital Group Board in planning the transformation and development of services within the new children's hospital and the Paediatric Outpatient and Urgent Care Centres at Connolly and Tallaght University Hospitals.

We would like to thank Children in Hospital Ireland (CHI), and their wonderful volunteers for all their help with the survey.

We would also like to thank the Youth Advisory Council (YAC) for the children's hospitals for their help with developing the questionnaire for young people.

The Children's Hospital Group is working with the HSE to explore the feasibility of rolling out Joining the Dots in acute paediatric health services outside of Dublin.

The Children's Hospital Group Board would like to assure everyone who took part in Joining the Dots that their comments will be taken on board in continued work to develop children's healthcare in Ireland.

Ms Eilísh HardimanChief Executive, Children's
Hospital Group

Dr Niall MuldoonOmbudsman for Children



Top Scoring Responses & Room for Improvement - Children, Young People

1. Getting Good Quality of Care

Top Scoring Responses:

A parent or guardian is allowed to be with their child while their child is in hospital - Children (97%).

Hospital staff are friendly to children - Young People (98%).

Room for Improvement:

Clear information is given about children's rights as patients

- Children (49%), Young People (65%).

2. Being Treated Equally & Fairly

Top Scoring Responses:

Staff looking after children in hospital treat children with respect

- Children (92%), Young People (96%).

Room for Improvement:

Children have enough privacy when they are being examined by medical staff

- Children (65%).

Children can be examined by a doctor of the same sex if they or their parents/guardians request this - Young People (39% always, 9% most of the time, 45% don't know).

3. Rest, Play, Leisure & Learning

Top Scoring Responses:

There are things for children to do and play with in hospital - Children (88%).

There is a separate place for play and leisure that patients can use - Young People (88%).

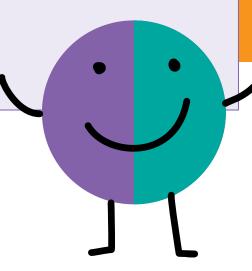
Room for Improvement:

Children have the opportunity to rest in hospital

- Children (60%).

There are things to do in hospital for young people

- Young People (55%).



4. Information & Participation

Top Scoring Responses:

Doctors and nurses looking after children ask children what they think and listen to what they have to say - Children (75% - yes, 18% - ask and listen a bit).

A doctor, nurse or therapist explains to young people why they are sick and what treatment they might need - Young People (83%).

Room for Improvement:

Hospital staff who look after children tell children what their name and job is - Children (49%).

Hospital staff explain to young people that they have a right to express their views and how they can be helped to do this - Young People (49%).

5. Protection

Top Scoring Responses:

I have seen information (e.g. posters) in this hospital about keeping children safe from harm - Children (83%).

The hospitals would help a child or young person who said they were being harmed - Young People (91%).

Room for Improvement:

There were no areas for improvement indicated by children and young people.

Safety and Environment

Top Scoring Responses:

Staff always wash/sterilise their hands - Children (80%).

The hospital is clean - Young People (86%).

Room for Improvement:

If children don't like a particular meal, they are offered an alternative meal

- Children (60%), Young People (66%).

7. Managing Pain

Top Scoring Responses:

Hospital staff looking after children ask children if any pain they have has gone away or got better - Children (90%).

Hospital staff looking after young people ask them if they have pain - Young People (96%).

Room for Improvement:

There were no areas for improvement indicated by children and young people.

Top Scoring Responses is based on highest scores (75% and above). Room for improvement is based on lowest scores (below 75%).

Top Scoring Responses & Room for Improvement - Parents/Guardians, Staff, Management

1. Getting Good Quality of Care

Top Scoring Responses:

A parent or guardian is allowed to be with their child while their child is in hospital - Staff (96%) and Management (99%).

Hospital staff are friendly to children - Parents/Guardians (98%).

Room for Improvement:

Clear information is given about children's rights as patients

- Management (68%).

Children and their parents/guardians have an input into planning children's care in hospital - Staff (25% always, 48% sometimes).

This hospital gives clear information about how to make a complaint

- Parents/Guardian (46%).

2. Being Treated Equally & Fairly

Top Scoring Responses:

Staff looking after children in hospital treat children with respect - Parents/Guardians (97%), Staff (99%) and Management (100%).

Room for Improvement:

Children have enough privacy when they are being examined by medical staff - Management (28% always, 52% most of the time).

Children can be examined by a doctor of the same sex if they or their parents/guardians request this - Parents/Guardians (32% always, 9% most of the time, 56% don't know), Staff (28% always, 28% most of the time, 37% don't know).

3. Rest, Play Leisure & Learning

Top Scoring Responses:

Children have the opportunity to rest in hospital when they need to

- Parents/Guardians (85%).

Children are supported to continue with their school work during their stay in hospital - Staff (85%) and Management (97%).

Room for Improvement:

There are things to do in hospital for patients of different ages - Staff (62%), Parents/Guardians (74%).

Responses from Management indicated no areas for improvement in this area.

4. Information & Participation

Top Scoring Responses:

Hospital staff introduce themselves to children by their name - Parents/Guardians (83%), Staff (88%) and Management (98%).

Room for Improvement:

Hospital staff explain to young people that they have a right to express their views and how they can be helped to do this - Parents/Guardians (69%), Staff (68%).

Responses from Management indicated no areas for improvement in this area.

5. Safety and Environment

Top Scoring Responses:

Staff always wash/sterilise their hands - Management (99%).

The hospital is clean - Parents/Guardians (85%), and Staff (87%).

Room for Improvement:

If children don't like a particular meal, they are offered an alternative meal

- Management (52%), Parents/Guardians (66%).

The food patients get includes healthy options - Staff (42%).

6. Protection

Top Scoring Responses:

The hospitals would help a child or young person who said they were being harmed - Parents/Guardians (90%) and Staff (91%).

There is a hospital policy that provides a clear system of protection, treatment and referral of children who have been a victim of any kind of abuse - Management (100%).

Room for Improvement:

The hospital measures its effectiveness in relation to child protection - Staff (48%).

There is information (e.g. posters or notices) in hospital that is about protecting children and young people from harm - Parents/Guardians (71%), Management (60%).

7. Managing Pain

Top Scoring Responses:

Hospital staff looking after children give children medicine or treatment for any pain they have - Parents/Guardians (94%).

There is a special pain team/department that can advise relevant staff about pain management - Staff (96%).

There are hospital protocols and procedures in place for the prevention of pain - Management (99%).

Room for Improvement:

The hospital assesses the effectiveness of its pain management service - Staff (39%).

Parents/Guardians and Management indicated no areas for improvement.

Top Scoring Responses is based on highest scores (75% and above). Room for improvement is based on lowest scores (below 75%).

Snapshot of Comments

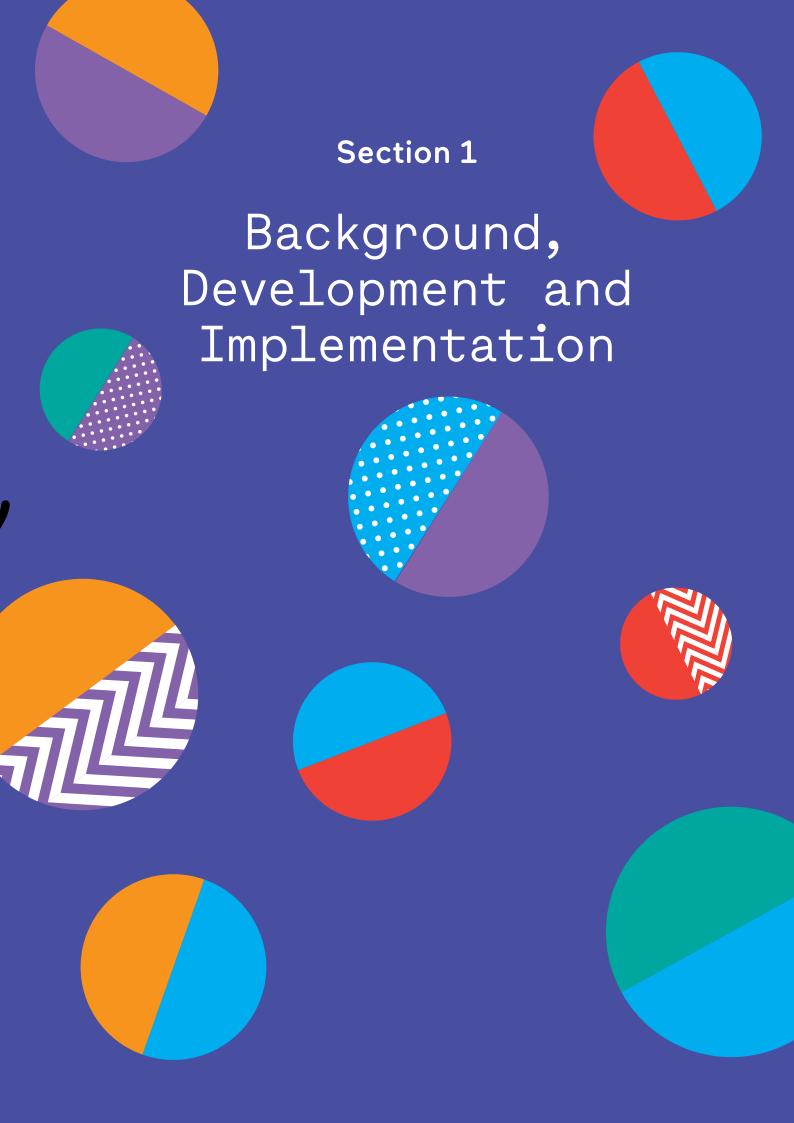
Over 3000 comments were received from children, young people and parents/guardians

- 65% of the comments were positive (2,036)
- 35% of the comments suggested areas where improvements could be made (1,119)

84% of the positive comments acknowledged the staff (62%) and care received (22%).

Among the issues raised in comments about room for improvement were: waiting time for treatments and procedures (26%), building infrastructure (16%), parking (14%) and food (9%).





1.1. Initiative Partners

Joining the Dots is a joint pilot initiative by the Children's Hospital Group Board (CHGB) and the Ombudsman for Children's Office (OCO) with Our Lady's Children's Hospital in Crumlin; Children's University Hospital, Temple Street; and the National Children's Hospital, at Tallaght University Hospital.

Children's Hospital Group Board (CHGB)

The new children's hospital is the largest, most complex and significant capital investment project ever undertaken in healthcare in Ireland. It is the catalyst that will enhance how acute health services are delivered and will result in better clinical outcomes for children and young people for generations to come. It will bring together into one entity the three Dublin children's hospitals - Our Lady's Children's Hospital Crumlin, Temple Street Children's University Hospital, and the National Children's Hospital at Tallaght University Hospital. It will be tri-located on a campus shared with St James's Hospital, a planned maternity hospital and will be supported by two paediatric outpatient and urgent care centres at Connolly Hospital and Tallaght University Hospital. This tri-location model of service delivery is being undertaken to ensure the best outcomes for our children and young people, for mothers and for infants. The new children's hospital will be a world-class facility providing secondary paediatric services to care for children and young people from all over Ireland who are in need of specialist and complex care. It will be an academic health sciences hospital that values world-class research, education and innovation, which in turn will drive excellence in clinical care.

The Children's Hospital Group Board was established in August 2013 with initial remits to integrate the three children's hospitals, develop clinical and corporate governance structures for a 'virtual hospital' well before transitioning to the new hospital, and to act as client for the National Paediatric Hospital Development Board (NPHDB). There are other remits currently held by the NPHDB that are to transfer to the Children's Hospital Group Board (CHGB), following relevant amendments to the Development Board's Statutory Instrument.

The governance and management structures of children's hospitals with well recognised international standing all place a strong value on ensuring that the needs and views of children, young people and staff are at the forefront of decision-making in these hospitals. This includes

at Board level. The CHGB recognises and supports the need to ensure that the views of children, young people and staff are heard and taken into account in its deliberations on planning paediatric services and in designing the two paediatric outpatient and urgent care centres and the new children's hospital.

An existing Youth Advisory Council (YAC) is operating as a mechanism to facilitate young people to contribute their views and ideas on a range of issues, including the design of the new hospital. In partnering with the Ombudsman for Children's Office to develop and implement the *Joining the Dots* initiative, the CHGB is seeking to hear and take account of the views of children and young people attending the three children's hospitals as well as other stakeholders as part of its work to plan services for the new children's hospital.

Our Lady's Children's Hospital, Crumlin

Our Lady's Children's Hospital, Crumlin is Ireland's largest paediatric hospital. It has been caring for Ireland's youth since 1956. The hospital's mission is to constantly improve the health and wellbeing of children and adolescents in a safe environment, which is driven by quality healthcare and supported by excellence in knowledge, education and research. During 2017, the hospital had 37,517 emergency attendances; 19,366 day cases; 10,313 in-patient admissions; 78,697 outpatient attendances; and performed 13,835 surgical procedures. It has a staff of almost 1,200 and 243 beds all dedicated to the care of children.

Temple Street Children's University Hospital

Temple Street, founded in 1872, is an acute paediatric hospital serving some of Ireland's sickest children and providing a referral and care service on both a regional and national basis. Seven major specialities at Temple Street today include neonatal and paediatric surgery, neurology, neurosurgery, nephrology, orthopaedics, ENT and plastic surgery. The hospital is also the national centre for paediatric ophthalmology, the national craniofacial centre, the national airway management centre, the national meninogococal laboratory, the national centre for inherited metabolic disorders and the national screening centre. Temple Street cares for 145,000 children per year. Over 45,000 of these children attend the Emergency Department every year, making it one of the busiest in Europe. A staff of 85 consultants and over 950 other full-time and part-time nursing, paramedical and other staff deliver care. In 2016 the hospital had 15,658 inpatient admissions and 7,508 day case procedures.

National Children's Hospital at Tallaght University Hospital

The National Children's Hospital is the oldest of the three children's hospitals in Dublin. It is located in Tallaght since 1998 but was founded in 1821, almost 200 years ago. It was first known as the "Pitt Street Institution" and it was the first hospital in Ireland and Britain established specifically for the care and treatment of children. Dr Charles West, who worked in the hospital, went on to found Great Ormond Street Hospital 1852. In 1875 the National Orthopaedic and Children's Hospital was established which was formally joined with the Pitt Street Institution in 1884. In 1887 they both moved to Harcourt Street.

The stated objective of the hospital at that time was, "to educate mothers and nurses regarding the proper management of children in both health and disease" The paediatric hospital in Harcourt Street remained until 1998 when the move to Tallaght took place.

The paediatric hospital is embedded within the adult hospital but has complete separation of services with a paediatric specific directorate. There are three paediatric wards with separate Paediatric Radiology, Out Patient Departments, Theatre and Emergency Departments. Tallaght hospital has the first paediatric dedicated Short Stay Observation unit in the country. The Emergency Department saw 34,000 children in 2017. It has three high dependency beds. The hospital provides a secondary general paediatric service to south-west, west and central Dublin, Kildare and Wicklow and also has specialists in respiratory medicine, cystic fibrosis, diabetes and endocrinology, gastroenterology, developmental medicine and neuro-disability.

Tallaght University Hospital is in partnership with the University of Dublin, Trinity College and St. James's Hospital as the Trinity Health (Ireland) academic medical centre which affords an exciting yet challenging opportunity to collaborate as an academic medical centre to deliver enhanced healthcare services, research and education that will result in better, safer care for patients.

Ombudsman for Children's Office (OCO)

The Ombudsman for Children's Office (OCO) is an independent statutory body, which was established in 2004 under the Ombudsman for Children Act, 2002 (as amended). The OCO has two core statutory functions:

- to promote the rights and welfare of children up to 18 years of age living in Ireland
- to examine and investigate complaints made by or on behalf of children in relation to the administrative actions of public bodies that have, or may have, adversely affected a child.

The Ombudsman for Children is directly accountable to the Oireachtas in relation to the exercise by the OCO of these statutory functions.

The OCO's statutory function to promote children's rights and welfare comprises a range of duties, which are set out in Section 7 of the 2002 Act. Among these duties are:

- to encourage public bodies to develop policies, practices and procedures, which are designed to promote children's rights and welfare
- to consult with children and to highlight issues relating to their rights and welfare that are of concern to children themselves
- to promote awareness among members of the public, including children, of matters relating to children's rights and welfare, including the UN Convention on the Rights of the Child.

The OCO's decision to develop and implement *Joining the Dots* with the CHGB and the three children's hospitals is underpinned by these statutory obligations and builds on the OCO's extensive experience of facilitating children and young people to express their views on matters affecting them. Participation in this joint initiative complements the OCO's other work across its statutory functions on issues relating to children's healthcare in Ireland and is a constructive opportunity to progress findings and recommendations emerging from research on children's rights in healthcare, which was undertaken for the OCO by University College Cork and published in 2013.

1.2. Overall Aim and Objectives

Ireland ratified the *UN Convention on the Rights of the Child* (UNCRC) in 1992, thereby making a commitment under international law to respect, protect and fulfil the rights of the child set out in the UNCRC for all children and young people under 18 years of age in Ireland.¹

Under Article 12, which is one of four general principles of the UNCRC and a core right of children, every child who has the capacity to form a view has the right to express their views freely in all matters affecting them and to have due weight given to their views, in accordance with their age and maturity.

The UN Committee on the Rights of the Child monitors the progress being made by States that have ratified the UNCRC as regards fulfilling their obligations to children and provides guidance to States

¹ United Nations General Assembly (1989), UN Convention on the Rights of the Child.

on how children's rights under the UNCRC can be realised in practice. In its General Comment on the right of the child to be heard, this UN Committee has emphasised that "including children should not only be a momentary act, but the starting point for an intense exchange between children and adults on the development of policies, programmes and measures in all relevant contexts of children's lives."²

Health care is among the contexts identified by the UN Committee in which children's right to be heard must be respected, protected and realised. In this regard, the Committee advises that:

"State parties [to the UNCRC] should also introduce measures enabling children to contribute their views and experiences to the planning and programming of services for their health and development. Their views should be sought on all aspects of health provision, including what services are needed, how and where they are best provided, discriminatory barriers to accessing services, quality and attitudes of health professionals, and how to promote children's capacities to take increasing levels of responsibility for their own health and development."

Against the backdrop of the UNCRC and other relevant guidelines and policies at European and national level:⁴

The overall aim of the Joining the Dots joint initiative was to use a child rights framework to hear and take account of the views of children, young people, parents/guardians, and staff and management in the three children's hospitals on matters relating to the delivery of services to children and young people in hospital.

Corresponding objectives of Joining the Dots were to:

- support children and young people attending hospital, together with parents/guardians, hospital staff and management, to express their views on a range of matters relating to the delivery of services to children and young people in hospital
- promote child-friendly healthcare and children's rights in hospital by supporting participants to share their views on matters relating to children's rights under the UN Convention on the Rights of the Child, as they arise in hospital

² UN Committee on the Rights of the Child (2009), General Comment No. 12: The right of the child to be heard, para. 13. Available at: http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fGC%2f12&Lang=en

³ Ibid, para.104.

⁴ Among these guidelines and strategies are the Council of Europe's Guidelines on Child-Friendly Healthcare (2011) and, at national level, Better Outcomes: Brighter Futures, the national policy framework for children and young people 2014-2020 (2014), National Strategy on Children and Young People's Participation in Decision-Making 2015-2020 (2015), and Healthy Ireland, A Framework for Improved Health and Wellbeing 2013-2025 (2013).

- illuminate good practices and identify any areas where improvements may be needed or merited
- support decision-making by the CHGB and the three children's hospitals on matters relating to the planning and delivery of services to children and young people in the three children's hospitals and in the new children's hospital.

1.3. Approach

Research on Child-Friendly Healthcare

In 2013, the Ombudsman for Children's Office published research on *Child-Friendly Healthcare*, which was undertaken for the OCO by Professor Ursula Kilkelly and Professor Eileen Savage of University College Cork (UCC).⁵ The overall purpose of this research was to identify how children's rights in healthcare - 'child-friendly healthcare' - can be fostered in and across healthcare settings attended by children and young people under 18 years of age in Ireland.

With reference to international standards, and in particular to the UNCRC and the Council of Europe's *Guidelines on Child-Friendly Healthcare*, this research highlighted that a child-friendly approach to healthcare policy and service provision involves not only the progressive realisation of children's right to healthcare, but also respect for the inherent dignity and worth of every child and the protection and fulfilment of children's rights in healthcare settings.

Among these rights are core children's rights principles, namely: children's right not to be discriminated against on any grounds (Article 2, UNCRC); children's right to have their best interests treated as a primary consideration in all actions and decisions concerning them (Article 3, UNCRC); children's right to life, survival and development (Article 6, UNCRC); and children's right to express their views freely in all matters affecting them and to have due weight given to their views, in accordance with their age and maturity (Article 12, UNCRC).

As the research findings emphasise, many other children's rights are engaged in the context of children's healthcare, including: children's

Kilkelly, U. & Savage, E. (2013), Child-Friendly Healthcare. A Report Commissioned by the Ombudsman for Children. Available at: www.oco.ie/wp-content/uploads/2014/03/ ChildFriendlyHealthcareOCO.pdf

right to enjoy regular contact with their parents unless it is contrary to their best interests; the right to privacy; the right to be protected from all forms of harm and abuse; the right to seek, obtain and share information; the right to education; the right to rest, play and leisure; and children's right to know what their rights are.

The research identified a range of practice initiatives that have been implemented in and across other jurisdictions as models of good practice for promoting and upholding children's rights in healthcare. In broad terms, these initiatives were:

- a self-evaluation model and tool on respecting children's rights in hospital (international)
- standards for the care of children and young people in health services (Australia)
- a charter on the rights of children and young people in healthcare services (Australia and New Zealand)
- a children's rights awareness campaign focused on healthcare (Canada)
- a resource pack on children and young people's healthcare rights (Scotland).

Arising from their analysis of these initiatives and taking into account relevant public policy developments and corresponding initiatives in respect of children, healthcare and children's healthcare in Ireland, Kilkelly and Savage identified several 'building blocks' for progressing the promotion, protection and fulfilment of children's rights in healthcare settings in Ireland:

- developing a national policy framework on child-friendly healthcare
- setting standards on children's rights in healthcare settings
- raising awareness of children's rights in healthcare settings among children, parents, healthcare professionals, managers and policy-makers as well as providing training on children's rights in healthcare to healthcare professionals
- conducting situational analyses of current practices in healthcare settings with a view to highlighting and sharing good practices, which are consistent with child-friendly healthcare
- building collaborative networks and taking a collaborative, coordinated and integrated approach that involves leadership at different levels of the healthcare system and within different healthcare settings

 taking into account the views and experiences of children and establishing this practice as a core value of the healthcare system.

The approach taken to hearing the views of children and young people for the *Joining the Dots* joint initiative involved adapting the self-evaluation model and tool that was highlighted in the research by Kilkelly and Savage as a model of good practice.

Self-Evaluation Model and Tool on the Respect of Children's Rights in Hospital (SEMT)

The Self-Evaluation Model and Tool on the Respect of Children's Rights in Hospital (SEMT) was developed by a Task Force on 'Health Promotion for Children and Adolescents in and by Hospitals and Health Services' (HPH-CA), which was established as an initiative of the International Network of Health Promoting Hospitals and Health Services (WHO).⁶

Initiated following an exploratory survey involving 114 children's hospitals and departments in 22 European countries, which highlighted gaps in existing charters on children's rights in hospital and a lack of tools to assess children's rights in those hospitals that had adopted such charters, the SEMT was developed by the Task Force in collaboration with experts from relevant agencies and with reference to relevant standards and documents, including the UNCRC.

The SEMT was designed to facilitate a cyclical process of quality improvement by and in hospitals attended by children. This process involves four phases, whereby a hospital (i) uses the SEMT to map existing practices as regards respect for children's rights; (ii) plans for improvements in light of the findings and using a set of standards for respecting children's rights in hospital; (iii) makes improvements through the implementation of specific actions; and (iv) evaluates corresponding change, by monitoring progress and gaps.

17 hospitals in Europe and Australia piloted this SEMT in 2009, with the results of the pilot indicating that it was a useful approach to assessing, evaluating and improving practices as regards strengthening respect for children's rights in hospital settings. In addition to highlighting the feasibility of implementing comparable

Simonelli, F., Guerreiro, A., & Task Force on Health Promotion for Children and Adolescents in and by Hospitals and Health Services (2010), The Respect of Children's Rights in Hospital: An Initiative of the International Network of Health Promoting Hospitals and Health Services (Final Report of the implementation process of the implementation of the Self-evaluation Model and Tool on the Respect for Children's Rights in Hospital). International Network of Health Promoting Hospitals and Health Services – WHO Collaborative Centre. Available at: http://www.hphnet.org/index.php?option=com_content&view=article&id=1551%3Ahp- for-children-a-adolescents-in-a-by-hospitals-&catid=20<emid=95

self-evaluation processes across countries and across health systems, the findings of this pilot initiative also underscored the merits of a collaborative approach, with more significant results generated where good practices, challenges and methodologies are shared than would be the case for single hospital initiatives.

Following the 2009 pilot, the Task Force prepared a set of self-evaluation tools (questionnaires) on children's rights in hospital for children (6-11 years old), young people (12-18 years old), parents/guardians, healthcare practitioners and healthcare managers. These tools are intended to be used in "an improvement programme cycle within hospitals and health services, aimed at advancing the respect, promotion and fulfilment of children's rights within those institutions". In this regard, it was envisaged that the tools would be adapted by hospitals and health services to best fit their specific needs and features.

The SEMT was selected for adaptation for the purposes of *Joining the Dots* on the basis that it offered an approach to quality assurance that is:

- child-centred the model recognises children as rights– holders, whose inherent dignity and evolving capacities must be respected.
- rights-respecting and promoting the model and tools translate children's rights under the UNCRC into policies, procedures and practices in hospital settings that can be evaluated in the interests of promoting the protection and fulfilment of children's rights in these settings.
- inclusive while it is focused on children and young people
 under 18, the model recognises the vital roles played by
 parents/guardians, staff and management in children's
 healthcare and seeks to include their perspectives accordingly.
- **sustainable** the model and tools support a cyclical approach to quality assurance and improvement.

As regards hearing and taking account of children's and young people's views, the SEMT is a model that:

- supports engagement with a larger, more diverse cohort of children and young people than is practicable through the use of mechanisms such as focus groups
- places less demands on individual children and young people's time than mechanisms like advisory panels and can be engaged

⁷ International Network for Health Promoting Hospitals and Healthcare Services (2012), Children's Rights in Hospitals and Health Services: Manual and Tools for Assessment and Improvement, edited by A. Guerrerio, p.4.

- with by individual children and young people as and when appropriate during or after their time hospital
- supports children and young people to express their views anonymously and, as such, offers them considerable privacy to share their views freely
- gives children and young people concrete issues to comment on, which relate directly to their rights and enable them to draw on and speak to their experiences as service users
- recognises children and young people as key stakeholders
 while at the same time supporting them to express their views
 in an inclusive context where the views of other important
 stakeholders (parents/guardians, staff and management) are
 also sought and heard
- facilitates individual children and young people to participate on a once-off basis, but in the context of a sustainable, cyclical process of quality assurance and improvement.

1.4. Development and Implementation

Support structures

A number of structures were put in place to support work to develop, plan and implement *Joining the Dots*. Principal among these were the establishment of a steering committee for the initiative as well as a local implementation group in each of the three children's hospitals. A number of sub-groups were also set up to progress specific activities relating to the initiative, including the adaptation of the SEMT questionnaires, the design of materials belonging to the initiative, and the organisation of an event to launch the initiative as well as events in the three hospitals to raise awareness of and mark their participation in the initiative.

Steering Committee

Co-chaired by representatives from the CHGB and the OCO, the steering committee included representatives from the OCO, the CHG executive, each of the three children's hospitals as well as parents and independent experts on children's rights and quality assurance (see Appendix 1). The role and responsibilities of the steering committee included:

- guiding and supporting the development and delivery of the initiative
- championing support for and participation in the initiative by key stakeholders, and
- reviewing the status and progress of actions belonging to the initiative.

The steering committee held 13 meetings between January 2016 and April 2018.

Local implementation groups

A local implementation group was set up in each of the three children's hospitals. Including members of hospital management and staff (see Appendix 1), each implementation group supported the development and implementation of the initiative in a number of ways, including by:

- raising awareness of and growing support for the initiative among management and staff in their respective hospitals
- facilitating management and staff to take part in the initiative by completing questionnaires
- supporting hospital staff and volunteers from Children in Hospital Ireland to assist children, young people and parents to complete questionnaires
- ensuring that completed questionnaires were collected and stored safely.

Methodology

A sub-group of the initiative's steering committee adapted the content and format of the SEMT questionnaires in light of a number of pertinent factors, including:

- relevant frameworks relating to healthcare and paediatric care in Ireland, including the national model of care for paediatric healthcare services in Ireland developed by the National Clinical Programme for Paediatrics and Neonatology and HIQA's National Standards for Safer, Better Healthcare
- existing procedures, practices and facilities in the three children's hospitals and the hospitals' capacity to participate in the initiative
- circumstances of the five participant groups that the questionnaires were targeted at.

Initial adaptations to the SEMT questionnaires by the sub-group were reviewed by a wider group of stakeholders, including members of the Youth Advisory Council (YAC) who reviewed the questionnaire for young people. This review process was both informative and constructive and additional amendments were made to each of the questionnaires in light of the feedback received.

The content of the final questionnaires facilitated participant groups to share their views on a diverse range of matters concerning the delivery of services to children and young people in hospital and relevant to children's rights under the UNCRC, including:

- children's right to non-discrimination
- children's right to have their best interests treated as a primary consideration in all actions and decisions affecting them
- children's right to enjoy regular contact with their parents unless it is contrary to their best interests
- children's right to be heard and to have their views taken into account in decisions affecting them
- · children's right to information
- children's right to privacy
- children's right to adequate nutrition
- children's right to rest, play and leisure
- · children's right to education, and
- children's right to be safe from all forms of harm and abuse.

As regards the format of the questionnaires, consideration was given at an early stage to mobilising technology to facilitate all participant groups to complete the questionnaires in an electronic format and, in the case of children and young people, to gamify the questionnaires in the interests of making the process of sharing their views more enjoyable and engaging. However, the feasibility of pursuing these approaches was curtailed by a number of factors, including the resources available, limitations with regard to Wifi access, logistical and data protection considerations. In the event, children, young people and parents/guardians were facilitated to participate by completing printed questionnaires while hospital management and staff had the option of filling out an electronic or a printed version of their respective questionnaires. While the formats used may have been less than optimal, the status of Joining the Dots as a pilot initiative made for a valuable opportunity to test the structure of the questionnaires as well as the number and wording of the topics covered in each of the questionnaires. Lessons learned from the pilot in this regard can be harnessed to adapt the materials for future use

and in circumstances where it may be feasible to mobilise technology to strengthen the accessibility, efficiency and effectiveness of the overall approach.

It was initially envisaged that the questionnaires might be supplemented by a number of follow-up focus groups, including with children and young people, to explore themes covered in the questionnaires in further depth and to discuss overall results emerging from questionnaires completed by participants. Efforts were made in this regard. However, the response rate from those approached to take part in follow-up focus groups was very low and it was decided that, as an alternative, stakeholders might be invited to take part in focus groups to share their views and ideas in the context of prospective future work to further develop the approach taken and materials developed for the *Joining the Dots* initiative.

Ethical approval

Although *Joining the Dots* was not a research project, an application was made for ethical approval to implement the initiative in the three children's hospitals on the basis that the initiative entailed engaging directly with children and young people receiving care and treatment in the hospitals. This application was considered and approved by the Ethics Committee in each of the three children's hospitals. We convey a special thanks to Aoife Coughlan Temple Street Research Manager and Dr Suja Somanadhan, Audit and Nursing Research Facilitaton for their contribution.

Profile of participants

The steering committee agreed that the initiative would seek to engage with children, young people, parents/guardians, hospital staff and management over a six-week period in three settings in each of the hospitals, namely: emergency departments (ED), outpatients and inpatients. It was anticipated accessing responses in EDs would be limited due to the stressful nature of the ED environment.

As regards the prospective number of participants, it was agreed that the initiative would endeavour to engage with approximately:

- 10% of children and young people between 6 and 17 years of age attending across the three hospitals and across the three hospital settings over the six-week period
- 10% of parents/guardians attending with their children across the three hospitals and across the three hospital settings over the six-week period
- 10% of hospital management and staff across the three hospitals.

Working with 2015 data regarding attendances at the three hospitals and data concerning numbers of hospital staff and management in the three hospitals, the corresponding number of participants that it was proposed the initiative would seek to engage with was:

- 2,000 children and young people aged 6-17 years
- 2,000 parents/guardians
- 240 hospital staff
- 60 hospital management.

In identifying these proposed participation rates, the steering committee was mindful that the process of quality assurance is not undertaken on a purely quantitative basis and cognisant that it was challenging to accurately predict what participation rates might be given that this initiative was the first of its kind in paediatric hospital settings in Ireland. As such, although potential participation rates for each of the five groups were identified, they were not set or approached as targets.

In the event, the total number of participants was as follows:

	Proposed number of participants	Actual number of participants	Actual response rate as % of proposed response rate (rounded to nearest % point)
Children and young people aged 6-17 years	2000	944	47%
Parents/guardians	2000	1090	55%
Hospital staff	240	366	153%
Hospital management	60	130	217%
Overall	4,300	2,530	59%

Further details regarding the number of participants from each group that took part in the initiative in each of the three hospitals are as follows:

Children's University Hospital, Temple Street

	ED	Outpatients	Inpatients	Other *	Unmarked **	Total
Children 6-11 yrs	5	106	48	-	6	165
Young People	5	95	30	-	12	142
12-17 yrs						
Parents/Guardians	49	217	149	_	11	426
Staff	15	33	58	37	1	144
Management	3	9	11	24	0	47
Total	77	460	296	61	30	924

Our Lady's Children's Hospital, Crumlin

	ED	Outpatients	Inpatients	Other *	Unmarked **	Total
Children 6-11 yrs	9	97	16	-	5	127
Young People	4	113	15	-	2	134
12-17 yrs						
Parents/Guardians	27	273	31	-	5	336
Staff	10	43	43	87	1	184
Management	4	9	19	39	4	75
Total	54	535	124	126	17	856

National Children's Hospital at Tallaght University Hospital

	ED	Outpatients	Inpatients	Other *	Unmarked **	Total
Children 6-11	21	111	46	-	7	185
Young People 12-17	16	109	61	-	5	191
Parents/Guardians	37	155	125	-	11	328
Staff	3	10	15	8	2	38
Management	2	0	4	2	0	8
Total	79	385	251	10	25	750

Total participants across the three hospitals

	ED	Outpatients	Inpatients	Other*	Unmarked**	Grand Total
Children 6-11	35	314	110	-	18	477
Young People 12-17	25	317	106	-	19	467
Parents/Guardians	113	645	305	-	27	1090
Staff	28	86	116	132	4	366
Management	9	18	34	65	4	130
Grand Total	210	1,380	671	197	72	2,530

^{* -} Applicable only to questionnaires for staff and management working in more than one setting in the hospital.

Implementation

Joining the Dots was implemented in the three children's hospitals over a six-week period in July and August 2017. Volunteers with Children in Hospital Ireland (CHI) and staff in the three children's hospitals worked to raise awareness of the initiative among children, young people and parents/guardians attending the hospitals and supported children, young people and parents/guardians who wished to take part to complete the questionnaires, as necessary and appropriate. In this regard, a briefing was held for CHI staff and volunteers in advance of implementing the initiative to provide them with information about Joining the Dots and the questionnaires, to

^{** -} Applicable to respondents who did not answer 'Which part of the hospital is your child getting care or treatment in today - A&E, Inpatients, Outpatients

clarify their roles as volunteers and to respond to their queries in relation to fulfilling these roles.

During the six-week implementation period, weekly telephone meetings were held to share information about progress, to respond to questions arising and to discuss emerging issues and how they might be addressed. Completed questionnaires were collected and stored securely in each hospital and, on a weekly basis, completed questionnaires from each hospital were collected and stored centrally and securely in one location.

1.5. Collation of Results and Report Writing

The responses to the questionnaires were inputted, collated and analysed during the autumn of 2017 by M.CO, which was contracted following a tendering process to undertake this work and to prepare a corresponding report. Due to the number of questionnaires completed, the amount of data generated and the fact that the responses in a significant majority of the questionnaires needed to be inputted manually, the work to input, collate and analyse the responses was considerable.

Towards the end of 2017, meetings were held between M.CO and members of CHG and OCO staff to share the preliminary results emerging from the responses to the questionnaires and to consider how these results might be presented appropriately in a report, with a view to providing for accuracy, transparency and accessibility. A number of options were explored in this regard and work to complete the current report was undertaken during the first quarter of 2018. An executive summary to accompany this overall report and to highlight key results emerging from the *Joining the Dots* initiative was also prepared, in particular for the purposes of providing accessible information to participants in the initiative who indicated that they would like to receive feedback about the results.

1.6. Next Steps

The CHGB and the three children's hospitals will work with the results set out in this report in the context of ongoing work to plan the development and delivery of services for the new children's hospital.

Similarly, each of the three children's hospitals will consider the results pertaining to their hospital to identify improvements to service delivery that may be needed or merited and that can be achieved.

The CHGB is also considering how the approach and materials devised and implemented in the context of the *Joining the Dots* pilot initiative can be developed and refined with a view to mainstreaming this consultative process with children, young people, parents/guardians and hospital staff and management in the context of its future work in relation to quality assurance.

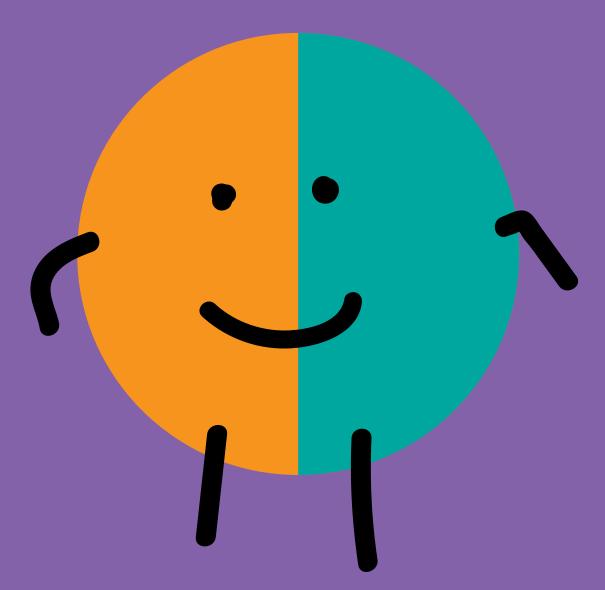
The Director of Quality and Patient Safety and the Cross Hospital Quality Group will take responsibility for the development of a quality improvement action plan based on the areas of improvement.

The Children's Hospital Group is working with the HSE to explore the feasibility of rolling out this initiative in acute paediatric health services.



Jeining the Dets

Connecting voices for child-friendly healthcare in hospital



Results

Questionnaire for Children (6-11 years old)

General Overview:

This section of the report outlines the results from the *Joining the Dots* questionnaire for children aged 6-11 years old. The questionnaires were filled out by children in three settings in the three children's hospitals in Crumlin, Tallaght, and Temple Street: the Emergency Department (ED), outpatients and inpatients. The total number of questionnaires returned from this age group was 477.

The split across the hospitals, by setting, is outlined below.

	ED	Outpatients	Inpatients	Unmarked ¹	Total
Temple Street (TSCUH)	5	106	48	6	165
Crumlin (OLCHC)	9	97	16	5	127
Tallaght (NCHT)	21	111	46	7	185
Grand Total	35	314	110	18	477

The questionnaire for children comprised of 24 statements, which were categorised under seven sections. The seven sections were:

- 1) Getting good quality care
- 2) Being treated equally and fairly
- 3) Rest, play and learning
- 4) Getting information and being listened to
- 5) Cleanliness and food
- 6) Being safe
- 7) Getting help with pain

An eighth section allowed for additional comments, which have been incorporated in each section overview that follows.

¹ Applicable to respondents who did not tick any of the required boxes on page one of the 'Joining the Dots' survey relating to the care received in hospital.

1. Getting good quality care

In this section of the questionnaire, children were asked about the quality of care provided by the hospital they were attending. They were asked if they were well looked after, if they received useful information about looking after their health and about their rights as patients, if their parents/guardians could stay with them in the hospital, and if the people working in the hospital were friendly to them.

Among the *positive results* emerging from the children's responses were:

- Q. 1.1. I am being looked after very well in this hospital, with scores of between 78% and 84%.
- Q. 1.4. My Mam or Dad is allowed to be with me while I am in this hospital, with scores of between 93% and 99%.
- Q. 1.6. The people who work in this hospital are friendly to me, with scores of between 88% and 91%.

Potential *areas for improvement* highlighted by the children's responses included:

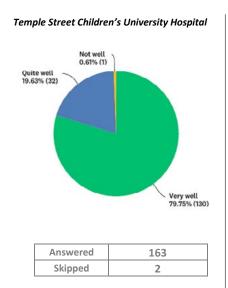
- Q. 1.2. I get helpful information here about things I can do to look after my health, with scores of between 64% and 72%.
- Q. 1.3. This hospital gives me information I can understand about my rights as a child in hospital, with scores of between 46% and 52%.

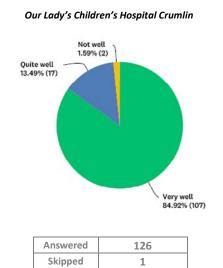
Taking into account the *children's responses* and *additional comments* from this section, key points emerging are:

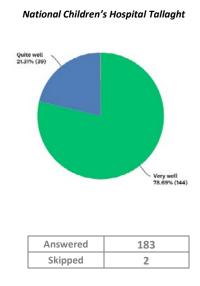
- Children state that their parents/guardians are allowed to be with them while they are in hospital.
- Children feel that the nurses and doctors looking after them are friendly, kind and helpful.
- Children feel that the care provided to them is of a high standard.
- Children feel that they should receive more helpful information on how to look after their health.
- Children feel that they should get more information to help them understand their rights as patients in hospital.

1. Getting good quality care - Responses

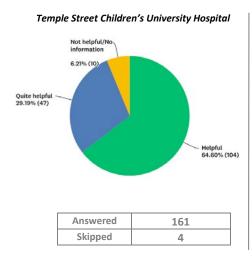
1.1. I am being looked after very well in this hospital.

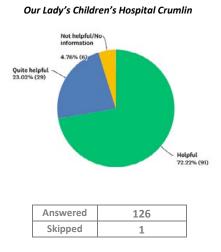


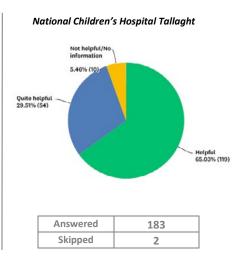




1.2. I get helpful information here about things I can do to look after my health.

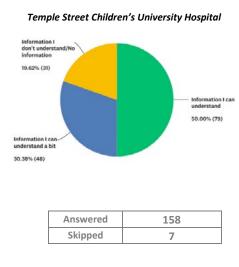


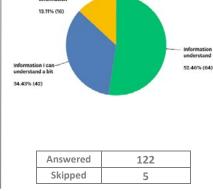




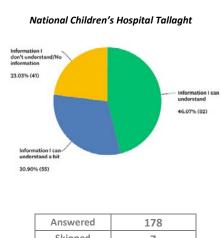
1.3. This hospital gives me information I can understand about my rights as a patient in hospital.

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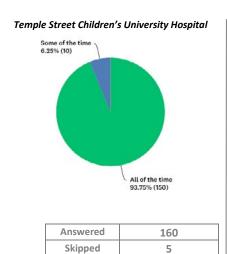


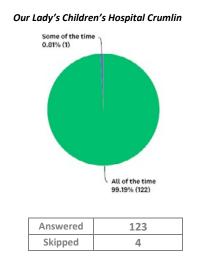
Our Lady's Children's Hospital Crumlin

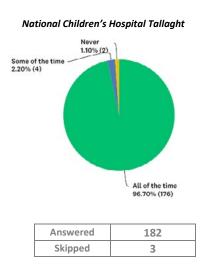


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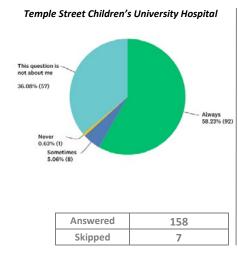
1.4. My Mam or Dad is allowed to be with me while I am in this hospital.

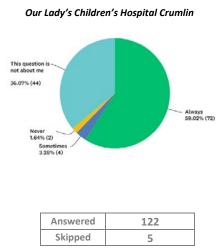


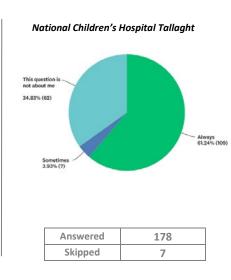




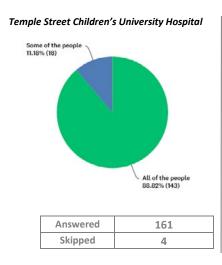
1.5. My Mam or Dad is allowed to be with me in this hospital at night.

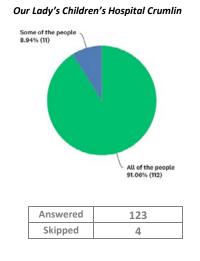


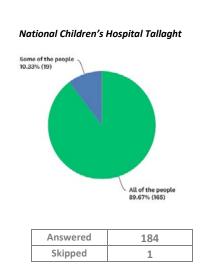




1.6. The people who work in this hospital are friendly to me.







2. Being treated equally and fairly

In this section of the questionnaire, children were asked if they are treated with respect, if the staff looking after them call them by their names, and if they have enough privacy while being examined.

Among the *positive results* emerging from the children's responses were:

- Q. 2.1. All the people looking after me in this hospital treat me with respect, scored between 91% and 97%.
- Q. 2.2. All the people looking after me here call me by my name, scored between 75% and 83%.

Potential *areas for improvement* highlighted by the children's responses included:

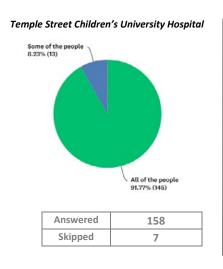
• Q. 2.3. When the doctor or nurse is examining me, other people and patients can't hear or see (privacy), scored between 57% and 70%.

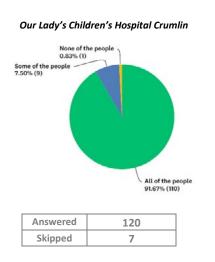
Taking into account the *children's responses* and *additional comments* from this section, key points emerging are:

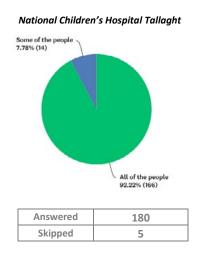
- Children feel that they are treated with respect.
- Staff looking after children call them by their names.
- Children's privacy can be an issue, due to multi-occupancy wards.

2. Being treated equally and fairly - Responses

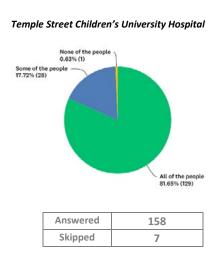
2.1. All the people looking after me in this hospital treat me with respect.

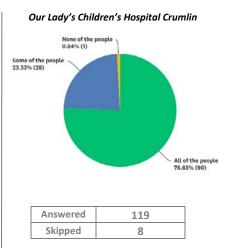


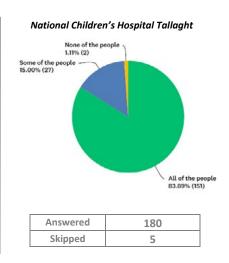




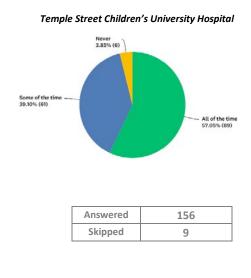
2.2. All the people looking after me here call me by my name.

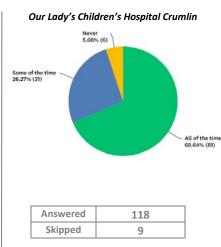


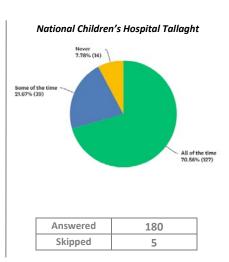




2.3. When the doctor or nurse is examining me, other people and patients can't hear or see. (privacy)







3. Rest, play and learning

This section of the questionnaire was about rest, play and learning. Children were asked if they have the opportunity to rest in hospital, if they have things to do and play with in hospital, and if they can do their school work during their stay in the hospital.

The three statements concerned were not applicable to a large portion of the children who took part in the survey. This is the reason for the overall low scores for these questions. For details please see the following pages.

Areas which had positive results were:

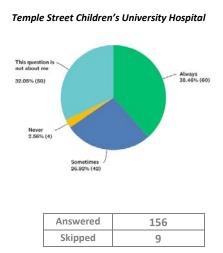
• Q. 3.2. There are things for me to do and play with in this hospital.

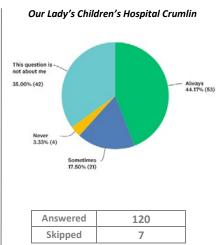
Potential areas for improvement were:

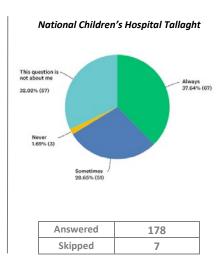
- Q. 3.1. I am able to have a rest in this hospital when I need to.
- Q. 3.3. I can do my school work in this hospital.

3. Rest, play and learning - Responses

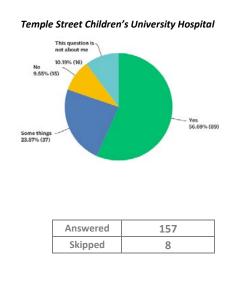
3.1. I am able to have a rest in this hospital when I need to.

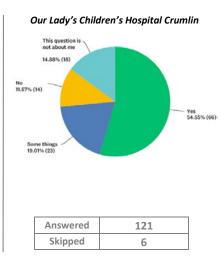


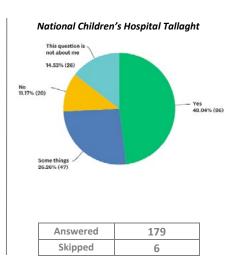




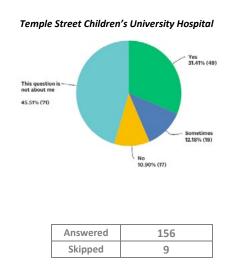
3.2 There are things for me to do and play with in this hospital

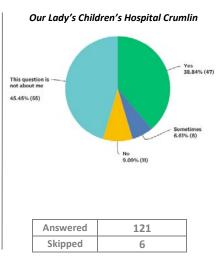


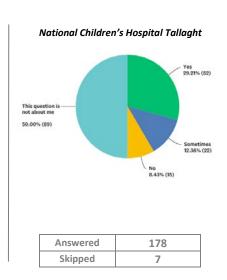




3.3 I can do my school work in this hospital.







4. Getting information and being listened to

In this section of the questionnaire, children were asked if the staff looking after them tell them their names and about their jobs, if they can ask questions about being in the hospital, if the staff tell them why they are sick, and if the doctors and nurses looking after them ask them what they think and listen to what they have to say.

Among the *positive results* emerging from the children's responses were:

- Q. 4.2. A person looking after me here has told me that I can ask questions about being in hospital, scored between 71% and 77%.
- Q. 4.3. The doctor and nurses who are looking after me tell me why I am sick and what they want to do to help me feel better, scored between 73% and 77%.
- Q. 4.4. The doctor and nurses who are looking after me ask me what I think and listen to what I have to say, scored between 73% and 78%.

Potential *areas for improvement* highlighted by the children's responses included:

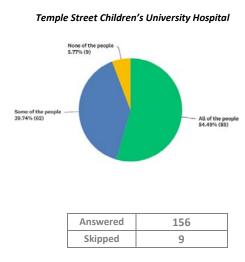
• Q. 4.1. All the people who are looking after me in this hospital tell me their name and their job, scored between 43% and 54%.

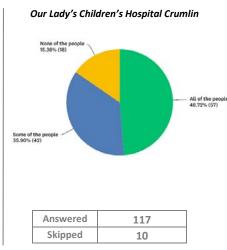
Taking into account the *children's responses* and *additional comments* from this section, the key emerging points are that children feel:

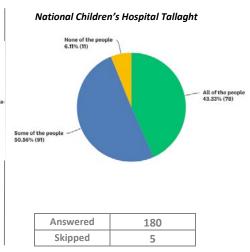
- they are asked what they think and are being listened to
- doctors and nurses provide them with information and explain why they are sick
- encouraged to ask questions about being in hospital
- sometimes not all the staff tell them their name and their job.

4. Getting information and being listened to - Responses

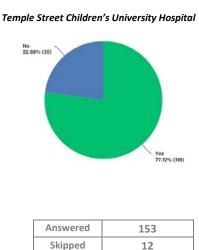
4.1. All the people who are looking after me in this hospital tell me their name and their job.

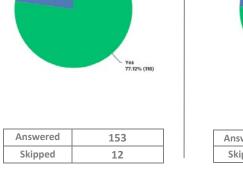


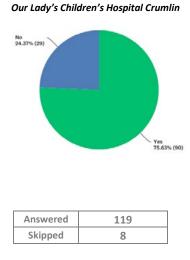


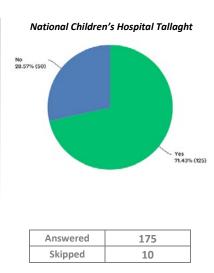


4.2. A person looking after me here has told me that I can ask questions about being in hospital.

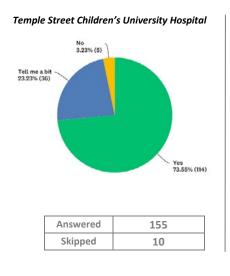


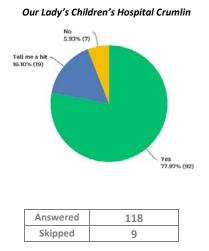


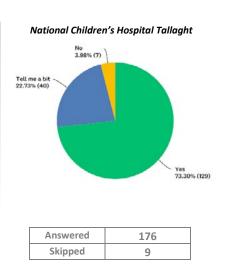




4.3. The doctor and nurses who are looking after me tell me why I am sick and what they want to do to help me feel better.

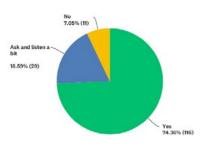






4.4. The doctor and nurses who are looking after me ask me what I think and listen to what I have to say.

Temple Street Children's University Hospital



Answered	156
Skipped	9

Our Lady's Children's Hospital Crumlin

No
4.49% (8)

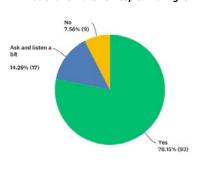
Ask and listen a bit

21.91% (39)

Yes
73.60% (131)

Answered	119
Skipped	8

National Children's Hospital Tallaght



Answered	178
Skipped	5

5. Cleanliness and food

This section of the questionnaire was about hospital cleanliness and meals. Children were asked if the staff looking after them clean their hands before and after examining them, if the food they get includes healthy options, and if they are able to get a different meal in cases where they don't like the meal they are offered.

The three statements relating to cleanliness and food were not relevant to a large number of the children who took part in the survey. This is the reason for the low scores for these questions. For details please see the following pages.

Areas which had positive results were:

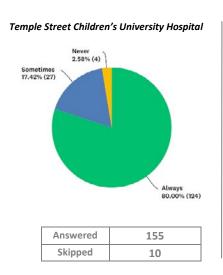
- Q. 5.1. The people looking after me here always clean their hands before and after they examine me.
- Q. 5.2. The food I get here includes healthy food choices.

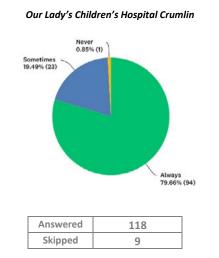
Potential areas for improvement are:

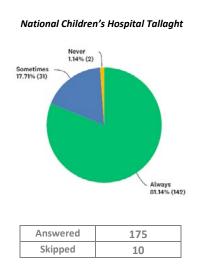
• Q. 5.3. If I don't like a meal, the hospital gives me a different meal.

5. Cleanliness and food - Responses

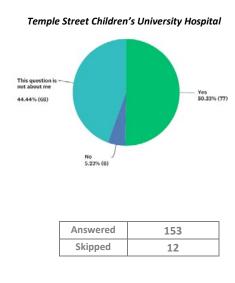
5.1. The people looking after me here always clean their hands before and after they examine me.

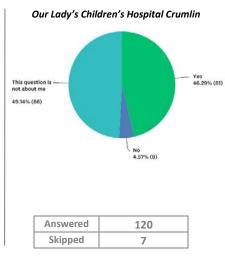


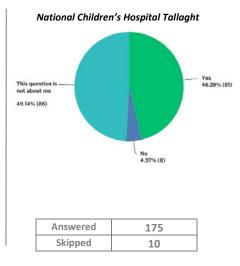




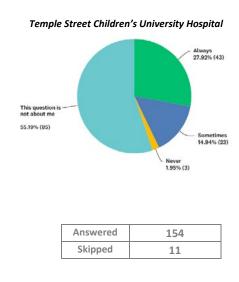
5.2. The food I get here includes healthy food choices.

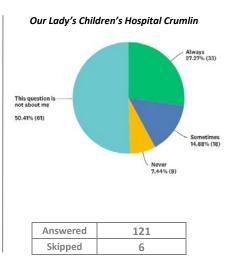


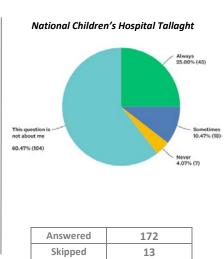




5.3. If I don't like a meal, the hospital gives me a different meal.







6. Being Safe

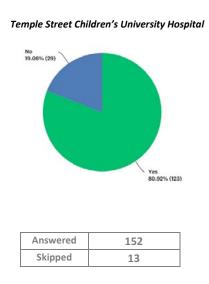
In this section of the questionnaire, children were asked whether they had seen information in the hospital they were attending about keeping them safe from harm.

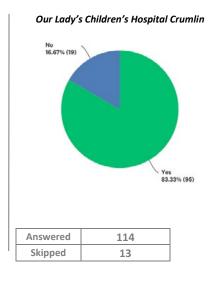
Results emerging from the children's responses are *positive*, with over *80%* of children stating that they have seen information (mainly posters) about keeping children safe from harm.

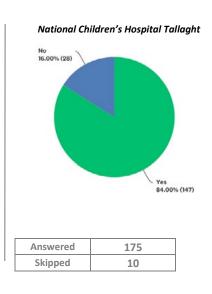
Taking into account *additional comments* from this section, some children feel that there may be room for improvement, as they indicated that they have noticed posters about washing hands, but not about keeping them safe from harm.

6. Being Safe - Responses

6.1. I have seen information (e.g. posters) in this hospital about keeping children safe from harm.







7. Getting help with pain

This section of the questionnaire was about getting help with pain. Children were asked if the staff looking after them asked them if they are in pain, if they are encouraged to tell staff about any pain they have, if staff looking after them give them help with pain and ask them if the pain has gone away or got better.

Among the *positive results* emerging from the children's responses were:

- Q. 7.1. The people looking after me in this hospital ask me if I have pain, with scores of between 73% and 76%.
- Q. 7.4. The people looking after me ask me if the pain has gone away or gotten better, with scores of between 67% and 72%.

Potential *areas for improvement* highlighted by the children's responses included:

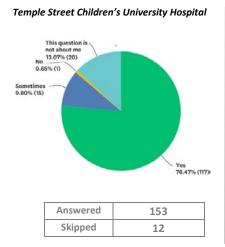
• Q. 7.2. The people looking after me here help me to tell them about pain I have, with scores of between 65% and 70%.

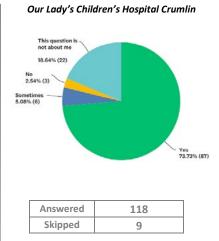
Taking into account the *children's responses* and *additional comments* from this section, key points emerging are that children feel:

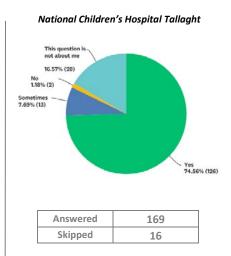
- they are being asked if they have pain
- they receive assistance in dealing with pain
- staff looking after them help them to tell them about pain they have
- children feel that staff looking after them ask them if any pain they have has gone away or got better.

7. Getting help with pain - Responses

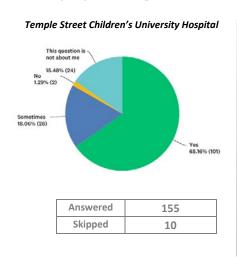
7.1. The people looking after me in this hospital ask me if I have pain.

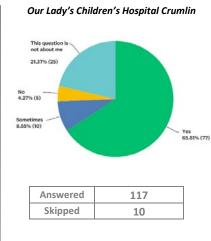


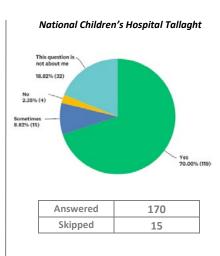




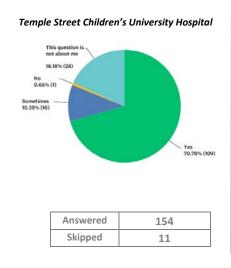
7.2. The people looking after me here help me to tell them about pain I have.

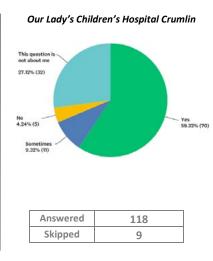


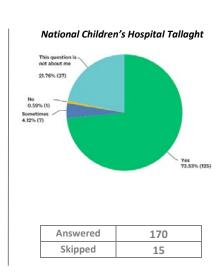




7.3. The people looking after me give me help with pain.

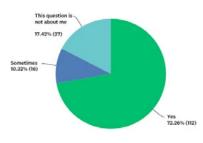






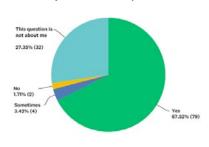
7.4. The people looking after me ask me if the pain has gone away or got better.

Temple Street Children's University Hospital



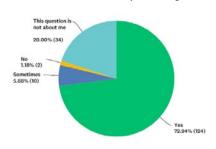
Answered	155
Skipped	10

Our Lady's Children's Hospital Crumlin



Answered	117
Skipped	10

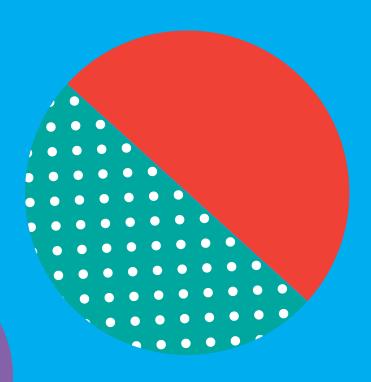
National Children's Hospital Tallaght

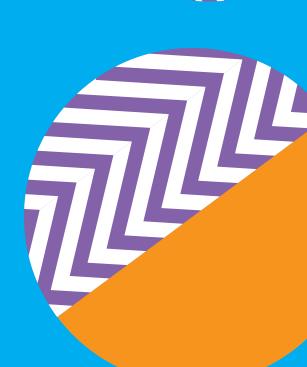


Answered	170
Skipped	15

Jeining the Dets

Connecting voices for child-friendly healthcare in hospital





Results

Questionnaire for Young People (12-17 years old)



General Overview

This section of the report outlines the results from the *Joining the Dots* questionnaire for young people aged 12-17. The questionnaires were filled out by young people in three settings in the three children's hospitals in Crumlin, Tallaght, and Temple Street: the Emergency Department (ED), outpatients, and inpatients.

The total number of questionnaires returned from this age group was 467.

The split across the hospitals, by setting, is outlined below.

	ED	Outpatients	Inpatients	Unmarked ¹	Total
Temple Street (TSCUH)	5	95	30	12	142
Crumlin (OLCHC)	4	113	15	2	134
Tallaght (NCHT)	16	109	61	5	191
Grand Total	25	317	106	19	467

The questionnaire for young people comprised of 49 statements, which were categorised under seven sections. The seven sections were:

- 1) Getting good quality care
- 2) Being treated equally and fairly
- 3) Rest, play, leisure and learning
- 4) Information and participation
- 5) Safety and environment
- 6) Protection
- 7) Managing pain

An eighth section allowed for additional comments, which have been incorporated in each section overview that follows.

¹ Applicable to respondents who did not tick any of the required boxes on page one of the 'Joining the Dots' survey relating to the care received in hospital.

1. Getting Good Quality Care

In this section of the questionnaire, young people were asked about the quality of care provided by the hospital they were attending. Young people were asked if they receive the best care, if they have an input into planning their care, if they are being provided with information about their rights as patients, if they receive useful information about looking after their health, if their parents/guardians can stay with them while they are in hospital and during aspects of their treatment, if their privacy and confidentiality is protected, if they know about and would feel comfortable making a complaint, and if they have been asked for their views as a patient before.

Among the *positive results** emerging from the young people's responses were:

- Q. 1.1. I feel I am getting the best care in this hospital, with scores of between 86% and 93%.
- Q. 1.3. I get useful information in this hospital about looking after my health, with scores of between 85% and 91%.
- Q. 1.7. My parent/guardian is allowed to be near me when I am having things like injections, X-rays and blood tests done, with scores of between 87% and 92%.
- Q. 1.10. The staff who work in this hospital are friendly to me, with scores of between 97% and 99%.

Potential areas for improvement* highlighted by the young people's responses included:

- Q. 1.2. I have an input into the planning of my care in this hospital, with scores of between 68% and 69%.
- Q. 1.4. This hospital gives me clear information about my rights as a patient here, with scores of between 60% and 72%.
- Q. 1.13. This hospital gives me clear information about how I can make a complaint about something in the hospital, with scores of between 48% and 57%.
- Q. 1.14. I would feel comfortable making a complaint to this hospital if I was unhappy about something in the hospital, with scores of between 65% and 70%.

Taking into account the *young people's responses* and *additional comments* from this section, key points emerging are that young people feel:

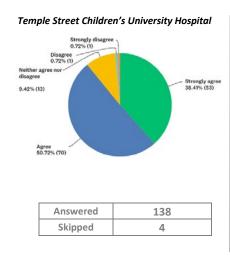
- doctors and nurses looking after them are friendly, kind and helpful
- they receive the best care in the hospital they are attending
- they receive useful information about looking after their health
- their parents/guardians are allowed to be with them while they are in hospital and during aspects of their treatment
- they do not have enough input into planning their care in hospital
- they do not have clear information about how they can make a complaint
- they should be provided with clearer information about their rights as patients.

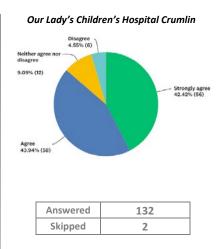
It is interesting to note that a majority of the young people who had been in hospital before indicated that this survey was the first time they were asked for their views as patients on the care and services provided to them in hospital.

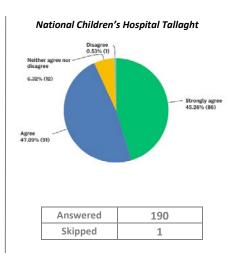
^{*}For concision purposes, percentage statistics have been merged for 'strongly agreed' and 'agreed', as well as 'always' and 'most of the time' answers.

1. Getting Good Quality Care - Responses

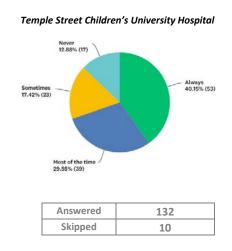
1.1. I feel I am getting the best care in this hospital.

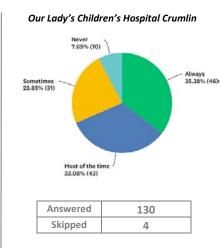


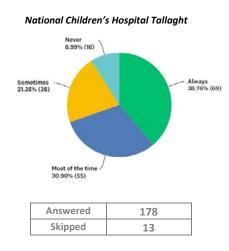




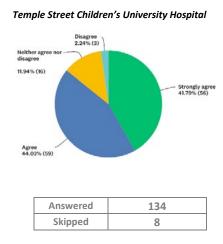
1.2. I have an input into the planning of my care in this hospital.

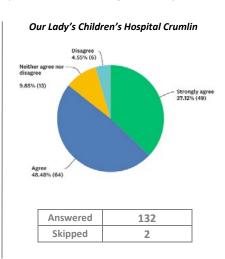


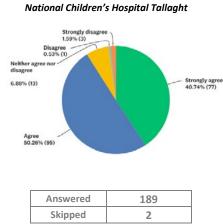




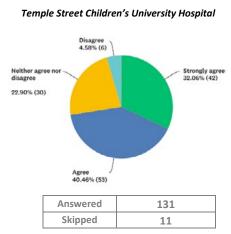
1.3. I get useful information in this hospital about looking after my health.

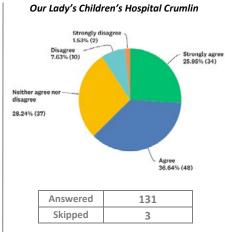


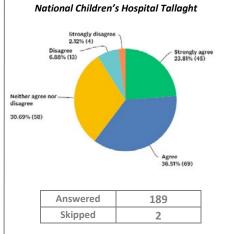




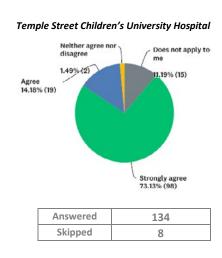
1.4. This hospital gives me clear information about my rights as a patient here.

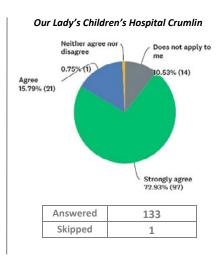


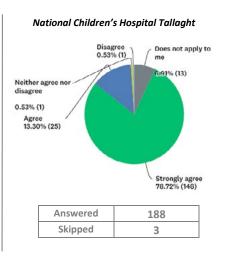




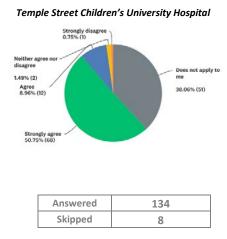
1.5. My parent/guardian is allowed to be with me while I am in this hospital.

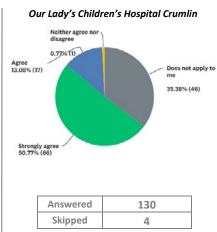


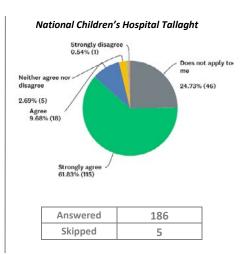




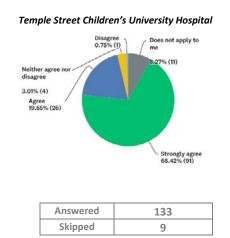
1.6. My parent/guardian is allowed to be with me in this hospital at night.

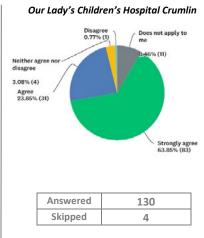


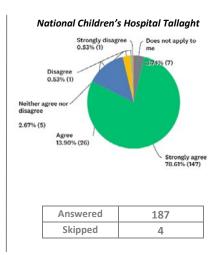




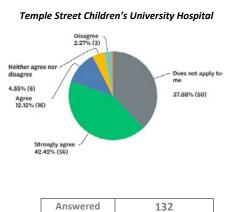
1.7. My parent/guardian is allowed to be near me when I am having things like injections, X-Rays and blood tests done.

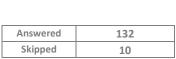


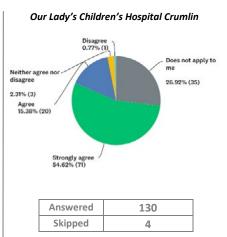


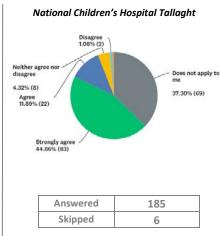


1.8. My parent/guardian is allowed to stay with me until I go to sleep (am anaesthetised) before my operation.

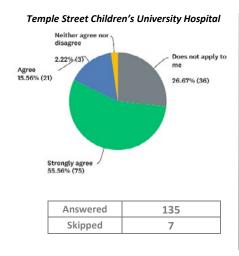


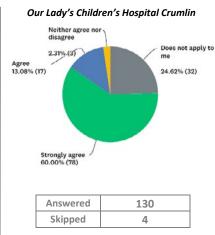


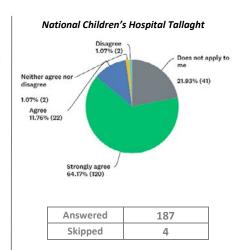




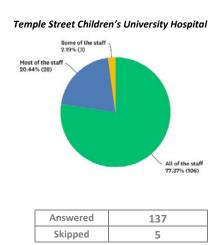
1.9. This hospital allows me to keep in contact with my parent/guardian while I am here.

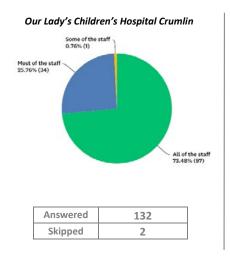


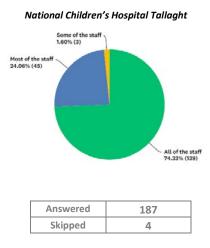




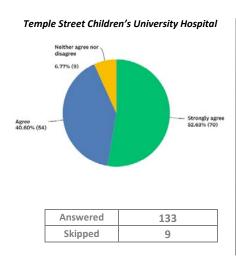
1.10. The staff who work in this hospital are friendly to me.

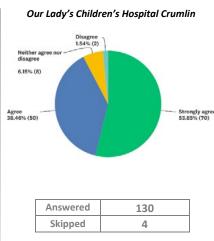


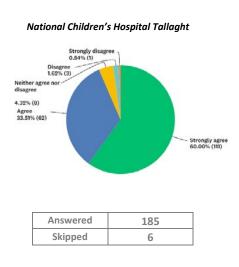




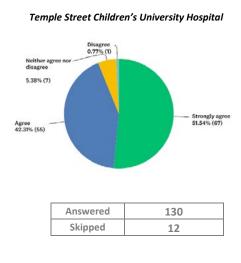
1.11. My privacy is respected in all aspects of my care and treatment in this hospital.

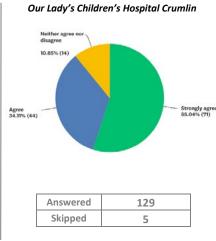


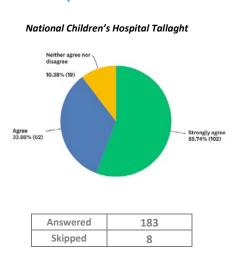




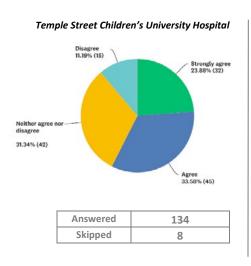
1.12. My confidentiality is protected in all aspects of my care and treatment in this hospital.

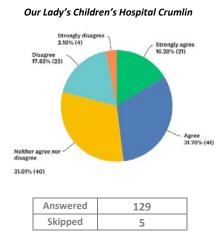


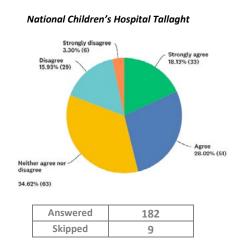




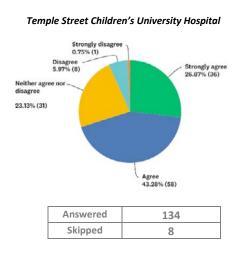
1.13. This hospital gives me clear information about how I can make a complaint about something in the hospital.

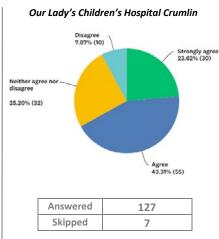


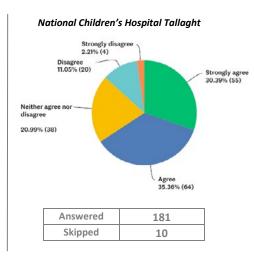




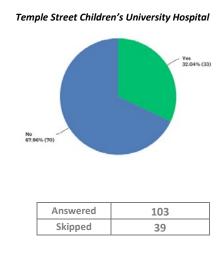
1.14. I would feel comfortable making a complaint to this hospital if I was unhappy about something in the hospital.

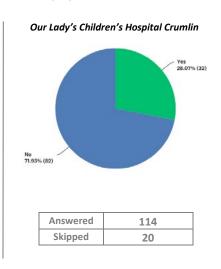


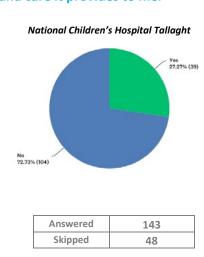




Responses to statements specifically for young people who have been in hospital before: 1.15. This hospital has asked me before for my opinions about the services and care it provides to me.

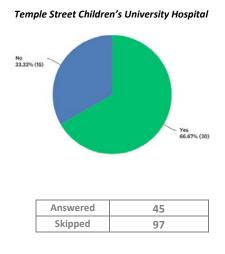


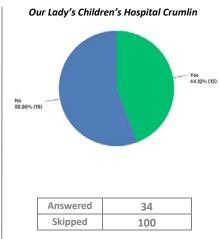


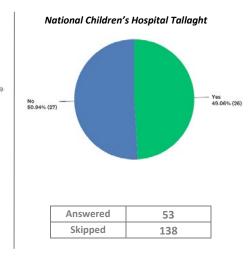


When answer 'Yes' was provided to the previous question:

1.16. This hospital told me how it used my feedback on the services and care I got here.







2. Being Treated Equally and Fairly

In this section of the questionnaire, young people were asked if hospital staff treat them with respect, if staff call them by their name, if they can be examined by a doctor of the same sex if they or their parent/guardian requests this, and if they have enough privacy while being examined.

Among the *positive results** emerging from the young people's responses were:

- Q. 2.1. All the staff looking after me in this hospital treat me with respect, with scores of between 95% and 96%.
- Q. 2.2. All the staff looking after me in this hospital call me by my name, with scores of between 91% and 96%.

Potential *areas for improvement** highlighted by the young people's responses included:

• Q. 2.3. I can be examined by a doctor of the same sex as me, if I or my parent/guardian ask for that, with scores of between 47% and 49%.

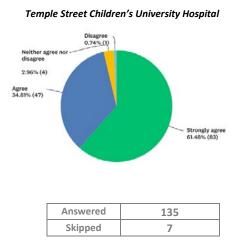
Taking into account the *young people's responses* and *additional comments* from this section, key points emerging are:

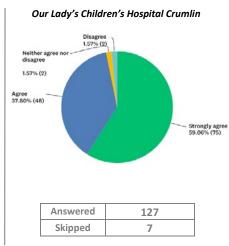
- Young people feel they are being treated with respect by the staff who are looking after them.
- Staff looking after young people call them by their names.
- Young people do not know that they can ask to be examined by a doctor of the same sex as them.
- Young people feel they have enough privacy when being examined.

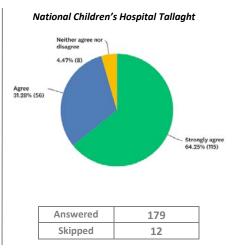
^{*}For concision purposes, percentage statistics have been merged for 'strongly agreed' and 'agreed', as well as 'always' and 'most of the time'.

2. Being Treated Equally and Fairly - Responses

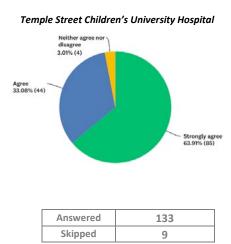
2.1. All the staff looking after me in this hospital treat me with respect.

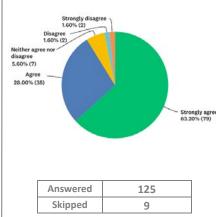




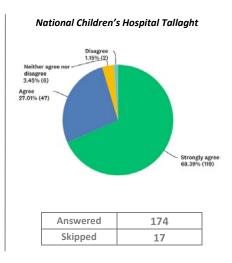


2.2. All the staff looking after me in this hospital call me by my name.

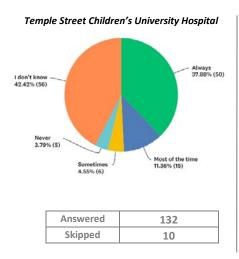


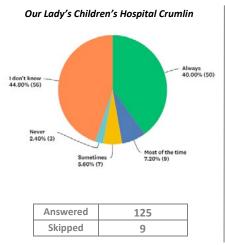


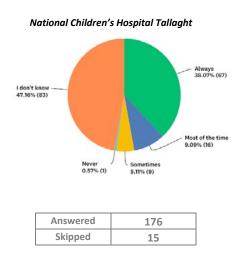
Our Lady's Children's Hospital Crumlin



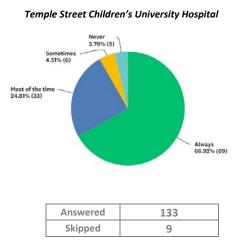
2.3. I can be examined by a doctor of the same sex as me, if I or my parent/guardian ask for that.

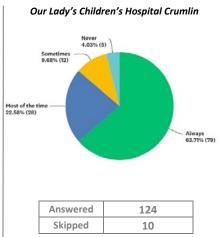


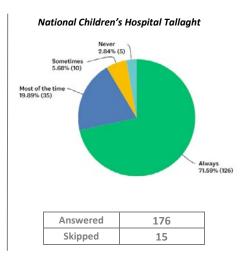




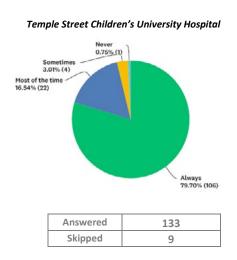
2.4. I am given information about my health and treatment in private (where other people/patients can't hear or see).

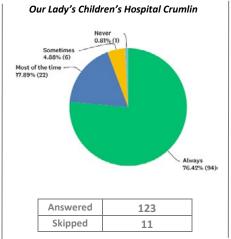


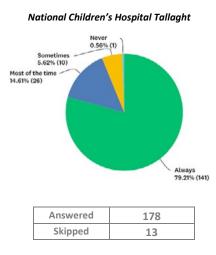




2.5. I have enough privacy when I am being examined by medical staff in this hospital (other people/patients can't hear or see).







3. Rest, Play, Leisure and Learning

In this section of the questionnaire, young people were asked if they have the opportunity to rest in hospital, if there are things to do in hospital for young people their age, if they have access to art, music or play therapies, and if they can do their homework and keep developing and learning during their stay in hospital.

The six statements were not relevant to a large portion of the young people who took part in the survey. This is the reason for the overall low scores for these questions. For details please see the following pages.

Areas which had *positive results** were:

- Q. 3.1. I have the opportunity to rest in this hospital when I need to.
- Q. 3.2. There is a separate place in this hospital for play and leisure that patients can use.
- Q. 3.6. The hospital supports me to keep developing and learning during my stay here.

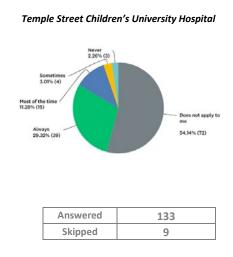
Potential areas for improvement* are:

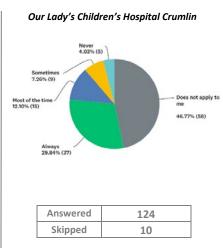
- Q. 3.3. There are things to do in this hospital for a young person of my age.
- Q. 3.4. If I need play, music or art therapy, a therapist works with me during my stay in hospital.
- Q. 3.5. I am able to continue with my school work during my stay in this hospital.

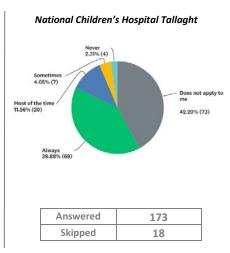
^{*}For concision purposes, percentage statistics have been merged for 'strongly agreed' and 'agreed', as well as 'always' and 'most of the time' answers.

3. Rest, Play, Leisure and Learning - Responses

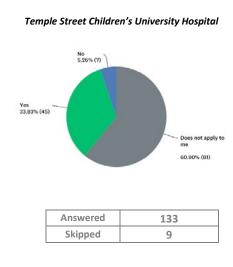
3.1. I have the opportunity to rest in this hospital when I need to.

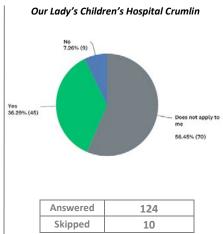


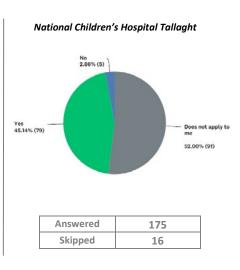




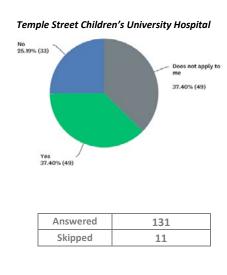
3.2. There is a separate place in this hospital for play and leisure that patients can use.

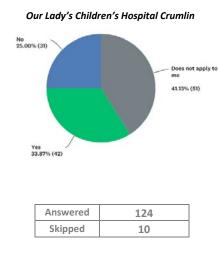


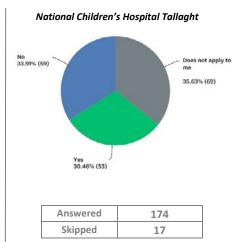




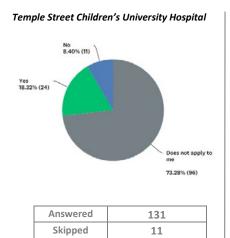
3.3. There are things to do in this hospital for a young person of my age.

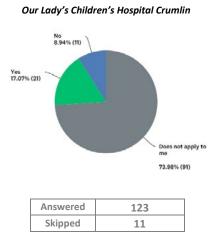


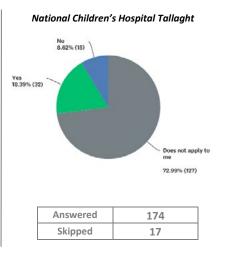




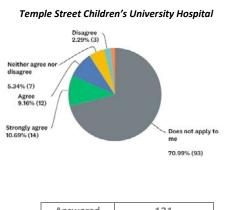
3.4. If I need play, music or art therapy, a therapist works with me during my stay in hospital.



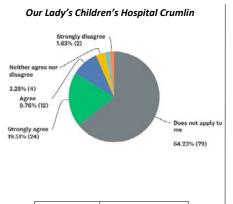


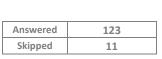


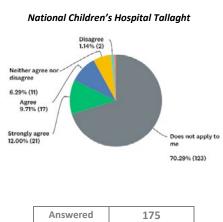
3.5. I am able to continue with my school work during my stay in this hospital.



Answered	131
Skipped	11



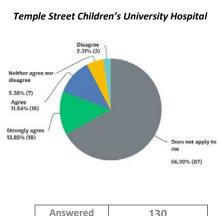




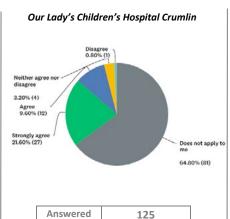
16

Skipped

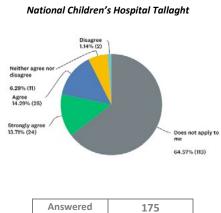
3.6. The hospital supports me to keep developing and learning during my stay here.



Answered	130
Skipped	12



Answered	125
Skipped	9



4. Information and Participation

In this section, young people were asked if the staff looking after them introduce themselves and tell them about their jobs, if doctors and nurses explain to them why they are sick and what treatment they need, and if the people looking after them ask them what they think and take their opinions into account.

Among the *positive results** emerging from the young people's responses were:

- Q. 4.1. All the staff who are caring for me in this hospital introduce themselves to me by their name, with scores of between 79% and 85%.
- Q. 4.6. A doctor, nurse or therapist has explained to me clearly why I am sick and what treatment I might need, with scores of between 82% and 86%.

Potential *areas for improvement** highlighted by the young people's responses included:

• Q. 4.3. A member of staff in this hospital has explained to me that I have a right to express my views and how I can be helped to do this, with scores of between 40% and 57%.

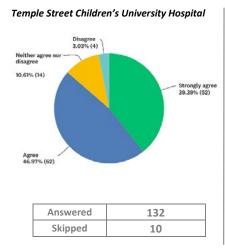
Taking into account the *young people's responses* and *additional comments* from this section, key points emerging are that young people feel:

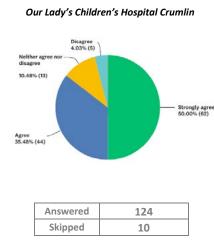
- they are provided with a clear explanation as to why they are sick and what treatment they will need
- hospital staff looking after them introduce themselves by their name
- they are not encouraged enough to express their views
- their opinions are not always taken into account.

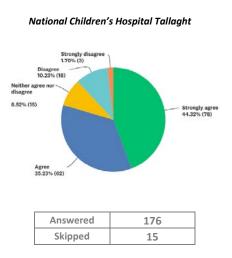
^{*}For concision purposes, percentage statistics have been merged for 'strongly agreed' and 'agreed', as well as 'always' and 'most of the time' answers.

4. Information and Participation - Responses

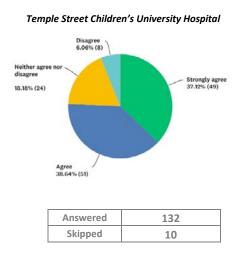
4.1. All the staff who are caring for me in this hospital introduce themselves to me by their name.

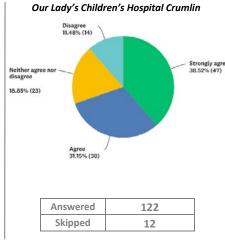


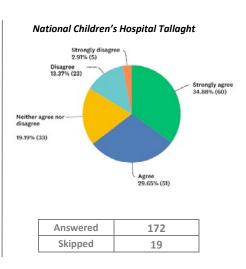




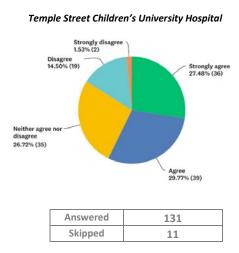
4.2. All the staff who are caring for me in this hospital tell me what their job is.

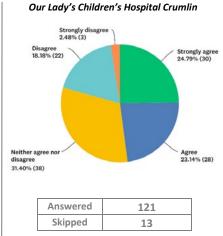


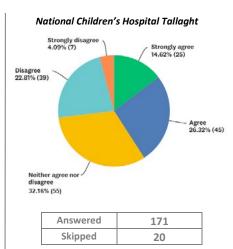




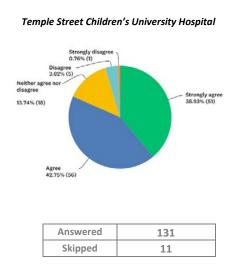
4.3. A member of staff in this hospital has explained to me that I have a right to express my views and how I can be helped to do this.

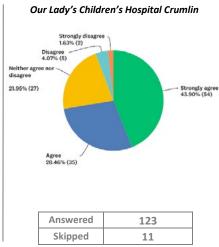


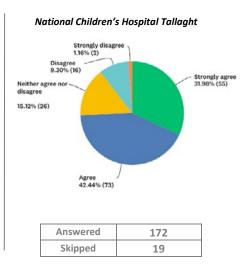




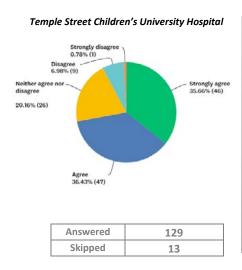
4.4. A member of staff in this hospital has explained to me that I can ask questions about my care and treatment.

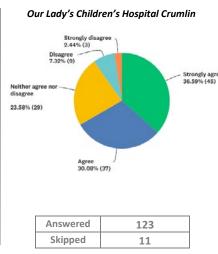


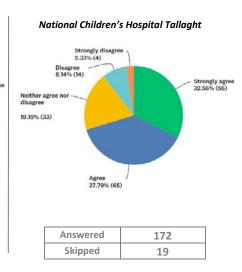




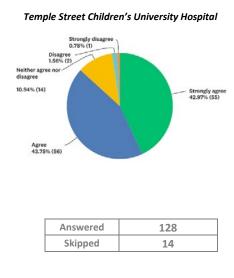
4.5. A member of staff in this hospital has explained to me that it is alright to tell staff here how I am feeling.

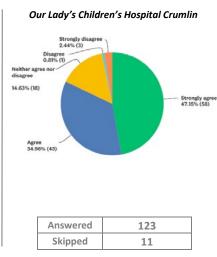


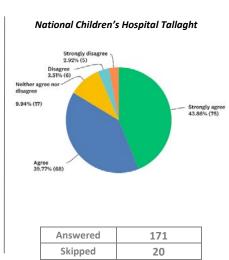




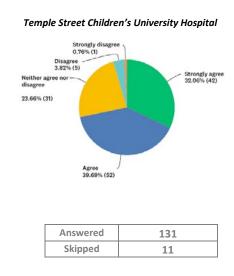
4.6. A doctor, nurse or therapist has explained to me clearly why I am sick and what treatment I might need.

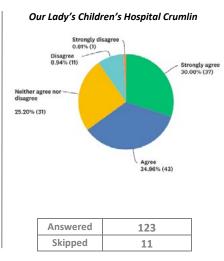


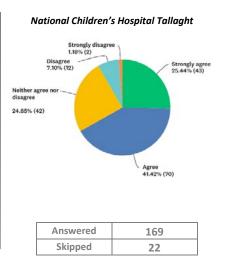




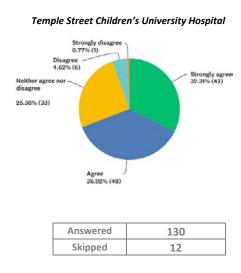
4.7. If there is something I need to talk about, I feel I can talk to one of the staff in this hospital about it.

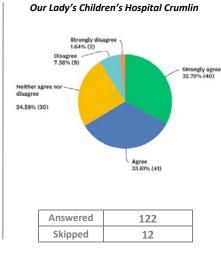


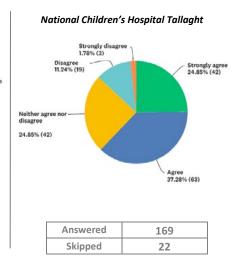




4.8. The staff (doctor, nurse, therapist, social worker) looking after me in this hospital ask me what I think and take my opinions into account.







5. Safety and Environment

In this section of the questionnaire, young people were asked about the physical safety of the hospital environment they were in, with young people with restricted mobility also asked if they found it easy to move around areas of the hospital they needed to be in. Young people were also asked if the hospital was clean and if meals were served at the right time and included healthy options.

Among the *positive results** emerging from the young people's responses were:

- Q. 5.1. I think the layout, furniture and equipment in this hospital helps to make it a physically safe place for children and young people, with scores of between 76% and 82%.
- Q. 5.3. The hospital is clean, with scores of between 81% and 95%.

In this section, the three statements relating to food and meals were not relevant to a large portion of the young people who took part in the survey. This is the reason for the overall low scores for these questions. Please see details provided on the following pages.

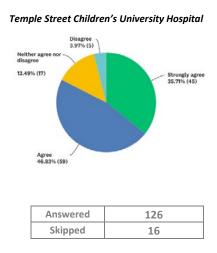
A potential *area for improvement** highlighted by the young people's responses was:

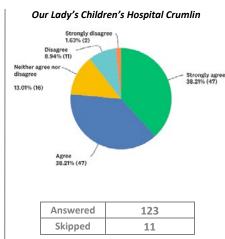
• Q. 5.7. If I don't like a particular meal, the hospital offers me an alternative meal.

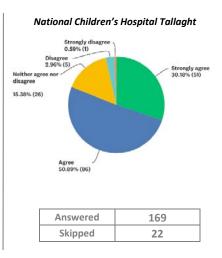
^{*}For concision purposes, percentage statistics have been merged for 'strongly agreed' and 'agreed', as well as 'always' and 'most of the time' answers.

5. Safety and Environment - Responses

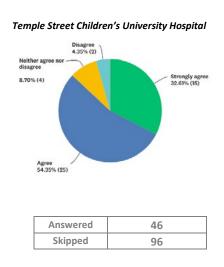
5.1. I think the layout, furniture and equipment in this hospital help to make it a physically safe place for children and young people.

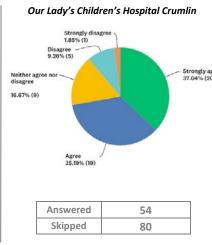


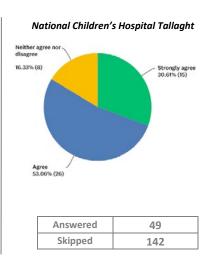




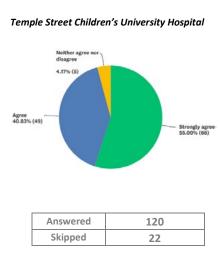
5.2. Responses from the young people with restricted mobility to the statement: I find it easy to move around all the areas of this hospital building that I need to be in.

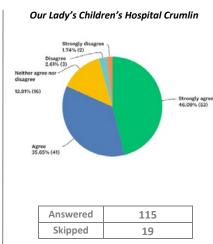


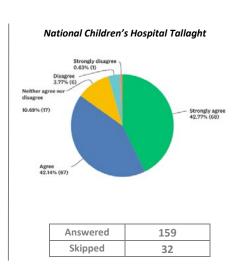




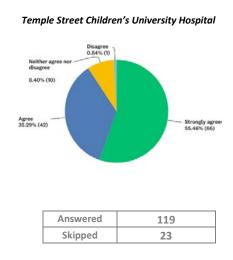
5.3. The hospital is clean.

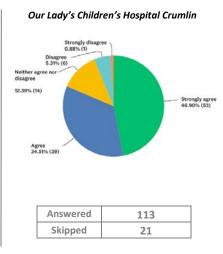


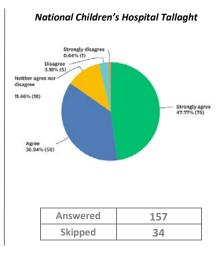




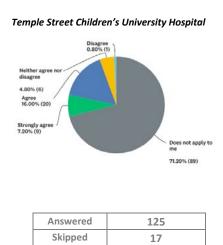
5.4. The staff looking after me always sterilise their hands before and after they examine or treat me.

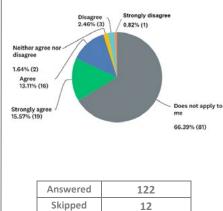




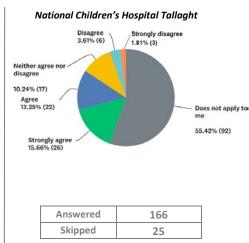


5.5. My food comes at good times for me.

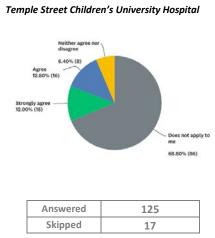


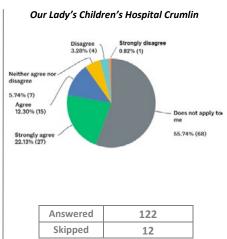


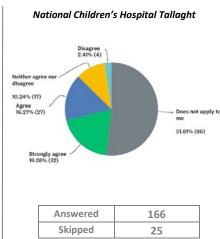
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5.6. The food I get in this hospital includes healthy options.

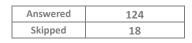


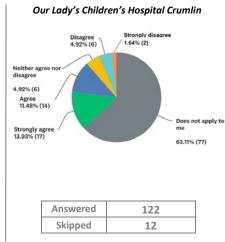


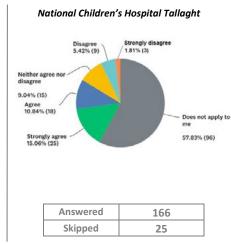


5.7. If I don't like a particular meal, the hospital offers me an alternative meal.

Neither agree nor disagree 6.45% (8) Agree 9.68% (12) Does not apply to me 71.77% (89)







6. Protection

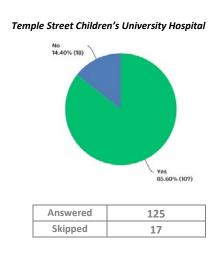
In this section of the questionnaire, young people were asked if there are posters or notices in the hospital relating to the protection of children and young people from harm and if they thought the hospital they were attending would help a child or a young person who said they were being harmed.

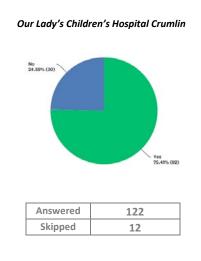
Taking into account the *young people's responses* and *additional comments* from this section, key points emerging are:

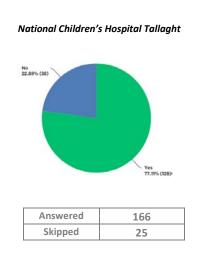
- Young people have seen information about protecting children and young people from harm.
- Young people feel that the hospital they were attending would help a child or young person if the child or young person said they were being harmed.

6. Protection - Responses

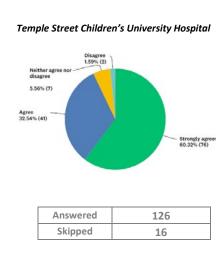
6.1. I have seen information (e.g. posters or notices) in this hospital that is about protecting children and young people from harm.

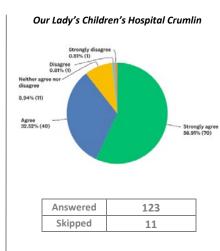


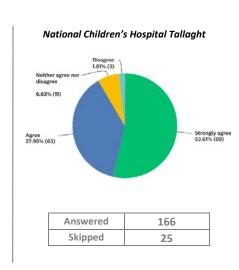




6.2. I think this hospital would help a child or young person if the child or young person said they were being harmed.







7. Managing Pain

In this section of the questionnaire, young people were asked if the staff looking after them ask if they have pain, if the staff help them to tell them about any pain they have, if they receive any medicine or treatment for pain they have, if staff do other things to help them to feel more comfortable, and if staff ask them if any pain they have has gone or got better.

The five statements in this section of the questionnaire were not relevant to a large portion of the young people who took part in the survey. This is reflected in the overall low scores for the statements. For details, please see the following pages.

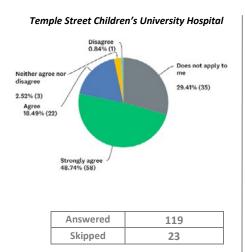
Areas which had *positive results** were:

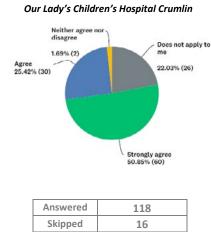
- Q. 7.1. The staff looking after me in this hospital ask me if I have pain.
- Q. 7.2. Staff looking after me in this hospital help me to tell them about any pain I have.
- Q. 7.5. Staff looking after me in this hospital ask me if any pain I have has gone away or got better.

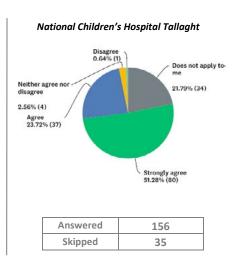
^{*}For concision purposes, percentage statistics have been merged for 'strongly agreed' and 'agreed', as well as 'always' and 'most of the time' answers.

7. Managing Pain - Responses

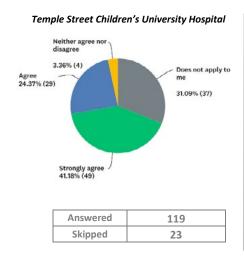
7.1. Staff looking after me in this hospital ask me if I have pain.

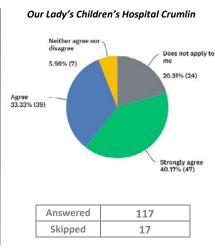


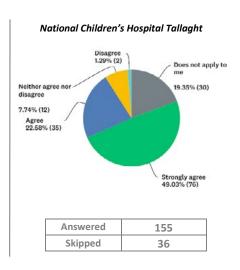




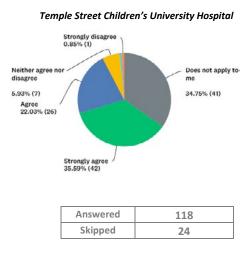
7.2. Staff looking after me in this hospital help me to tell them about any pain I have.

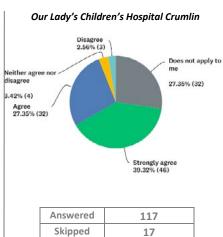


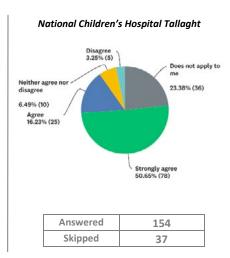




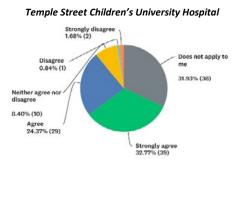
7.3. Staff looking after me in this hospital give me medicine or treatment for any pain I have.







7.4. Staff looking after me in this hospital do other things to help me feel more comfortable if I have pain.

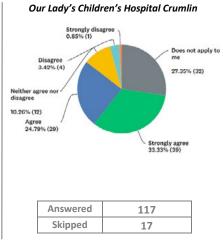


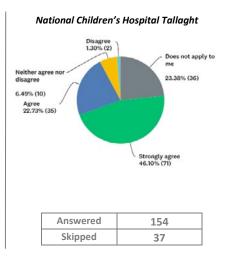
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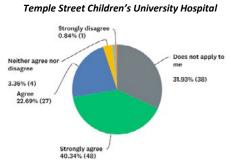
Answered

Skipped

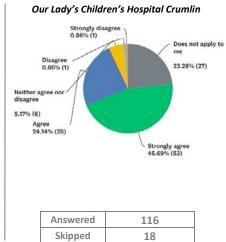


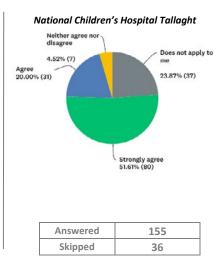


7.5. Staff looking after me in this hospital ask me if any pain I have has gone away or got better.



Answered	119
Skipped	23





Jeining the Dets

Connecting voices for child-friendly healthcare in hospital

Results

Questionnaire for Parents/Guardians

General overview

This section of the report outlines the results from the *Joining the Dots* questionnaire for parents/guardians of children and young people receiving care and treatment in hospital. The questionnaires were filled out by parents/guardians in three settings in the three children's hospitals in Crumlin, Tallaght and Temple Street: the Emergency Department (ED), outpatients and inpatients. The total number of questionnaires returned from this group was *1090*.

The split across the hospitals, by setting, is outlined below.

	ED	Outpatients	Inpatients	Unmarked ¹	Total
Temple Street (TSCUH)	49	217	149	11	426
Crumlin (OLCHC)	27	273	31	5	336
Tallaght (NCHT)	37	155	125	11	328
Grand Total	113	645	305	27	1090

The questionnaire for parents/guardians comprised of 49 questions, which were categorised under seven sections. The seven sections were:

- 1) Getting good quality care
- 2) Being treated equally and fairly
- 3) Rest, play, leisure and learning
- 4) Information and participation
- 5) Safety and environment
- 6) Protection
- 7) Managing pain

An eighth section allowed for additional comments, which have been incorporated in each section overview that follows.

¹ Applicable to respondents who did not tick any of the required boxes on page one of the 'Joining the Dots' survey relating to the care their child was receiving in hospital.

1. Getting Good Quality Care

In this section of the questionnaire, parents and guardians were asked about the quality of care provided to their children in hospital. They were asked if their children receive the best care, if they have an input into planning their children's care, if they are provided with information about their children's rights as patients, if they receive useful information about looking after their children's health, if they can stay with their children in hospital and during aspects of their children's treatment, and if their children's privacy and confidentiality is protected at all times while being in the hospital. Parents/guardians were also asked if they knew about and would feel comfortable making a complaint and, in cases where their children had previously been in hospital, whether they had been asked for their views as parents/guardians before.

Among the *positive results** emerging from the responses were:

- Q. 1.1. I feel my child is getting the best care in this hospital, with scores of between 91% and 93%.
- Q. 1.10. The staff who work in this hospital are friendly to my child, with scores of between 95% and 96%.
- Q. 1.11. My child's privacy is respected in all aspects of his/her care and treatment in this hospital, with scores of between 93% and 94%.
- Q. 1.12. My child's confidentiality is protected in all aspects of his/her care and treatment in this hospital, which scored of between 90% and 92%.

Potential *areas for improvement** highlighted by parents'/guardians' responses included:

• Q. 1.8. I am allowed to stay with my child until my child goes to sleep (is anaesthetised) before his/her operation, with scores of between 44% and 52%.

Taking into account *parents'/guardians' responses* and *additional comments* from this section, key points emerging are that parents/guardians feel:

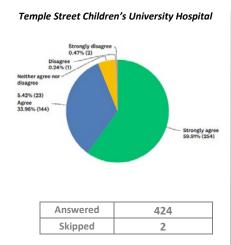
- the doctors and nurses looking after their children are friendly, kind and helpful
- their children receive the best care in the hospital they are attending
- they receive useful information about looking after their children's health
- they should get clearer information about their children's rights as patients
- the privacy and confidentiality of their children is being protected in all aspects of their children's care and treatment
- they should be allowed to stay with their children before their operation
- comfortable in making a complaint to the hospital if they were unhappy with something
- the communication between them and the hospital could be improved.

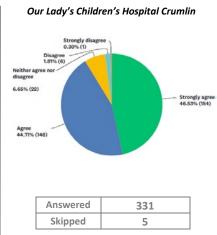
It is interesting to note that a majority of parents/guardians whose children had been in hospital before indicated that this survey was the first time they were asked for their views as parents/guardians on the care and services provided to their children in hospital.

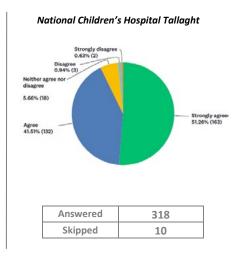
^{*}For concision purposes, percentage statistics have been merged for 'strongly agreed' and 'agreed', as well as 'always' and 'most of the time' answers.

1. Getting Good Quality Care - Responses

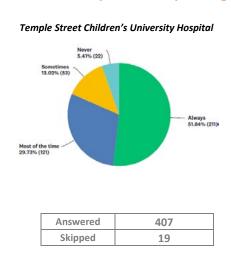
1.1. I feel my child is getting the best care in this hospital.

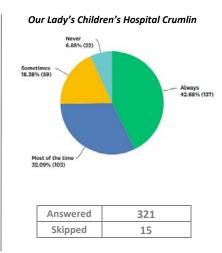


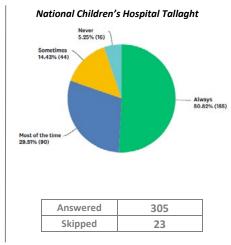




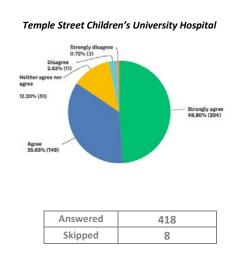
1.2. I have an input into the planning of my child's care in this hospital.

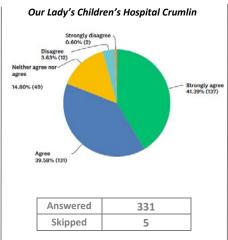


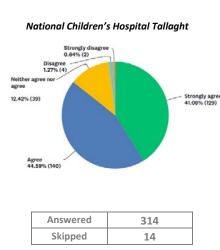




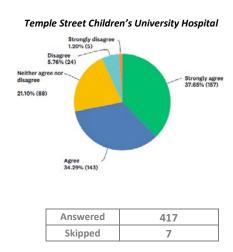
1.3. I get useful information in this hospital about looking after my child's health.

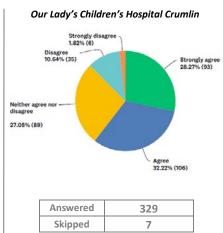


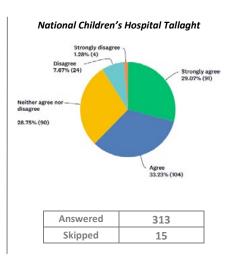




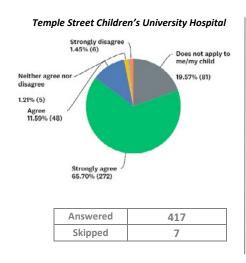
1.4. This hospital gives me clear information about my child's rights as a patient here.

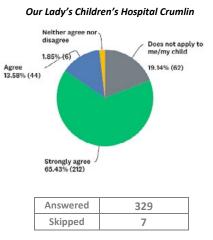


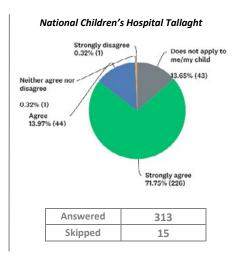




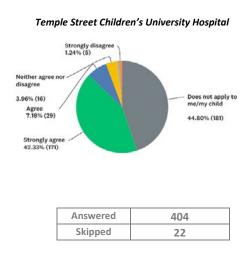
1.5. I am allowed to be with my child while my child is in this hospital.

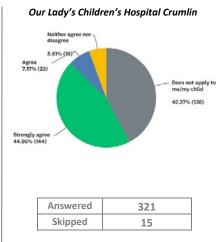


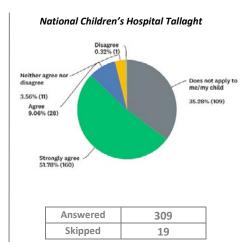




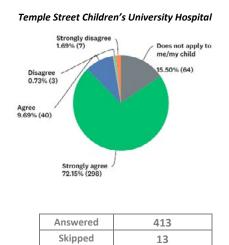
1.6. I am allowed to be with my child in this hospital at night.

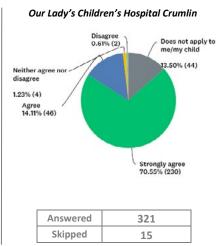


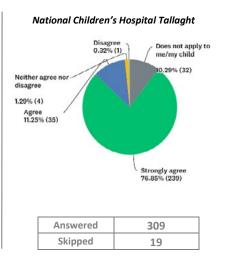




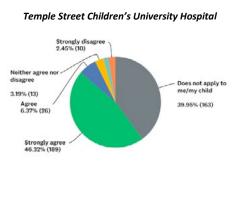
1.7. I am allowed to be near my child when my child is having things like injections, X-Rays and blood tests done.







1.8. I am allowed to stay with my child until my child goes to sleep (is anaesthetised) before his/her operation.

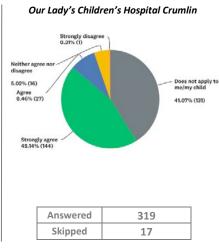


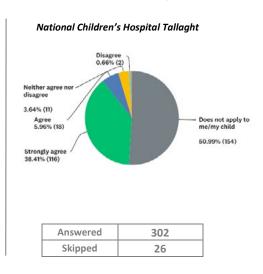
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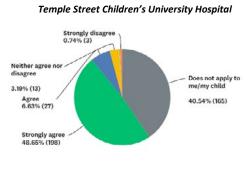
Answered

Skipped

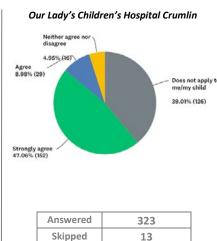


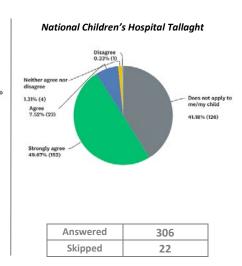


1.9. This hospital allows my child to keep in contact with me while he/she is here.

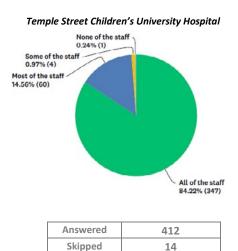


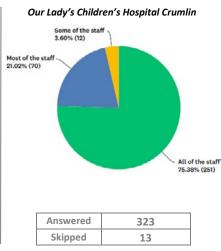
Answered	407
Skipped	19

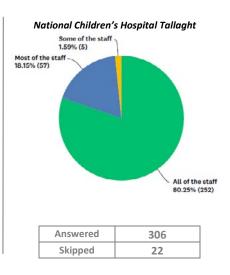




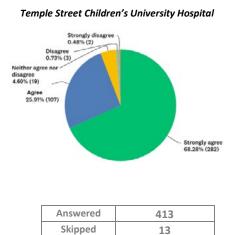
1.10. The staff who work in this hospital are friendly to my child.

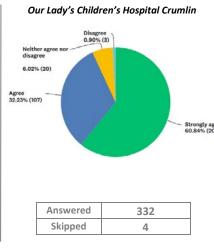


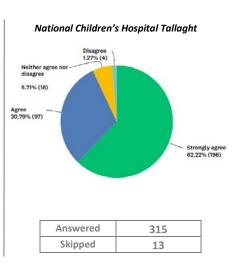




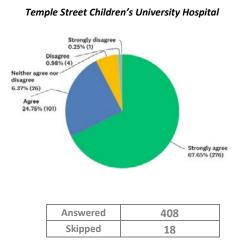
1.11. My child's privacy is respected in all aspects of his/her care and treatment in this hospital.

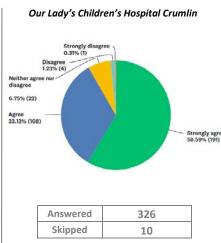


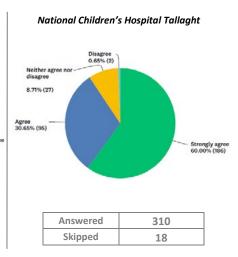




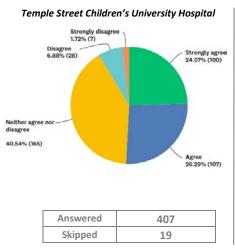
1.12. My child's confidentiality is protected in all aspects of his/her care and treatment in this hospital.

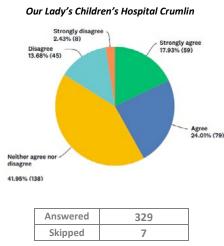


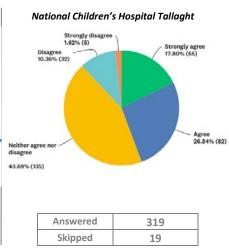




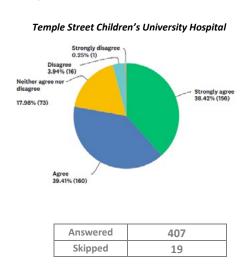
1.13. This hospital gives me clear information about how I can make a complaint about something in the hospital.

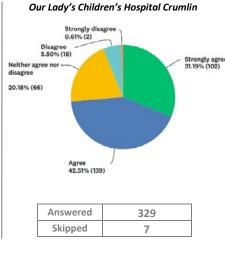


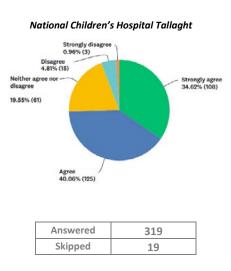




1.14. I would feel comfortable making a complaint to this hospital if I was unhappy about something in the hospital.

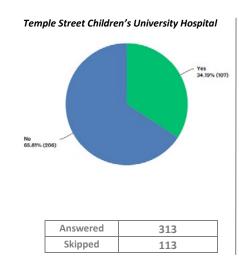


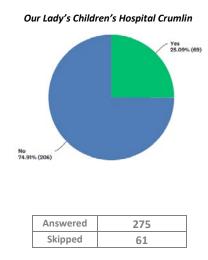


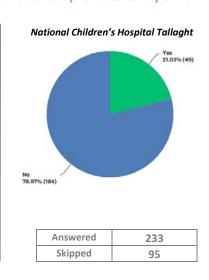


Responses to statements for parents/guardians whose children had been in hospital before:

1.15. This hospital has asked me before for my opinions about the services and care it provides to my child.

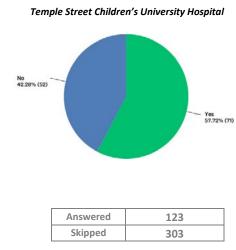


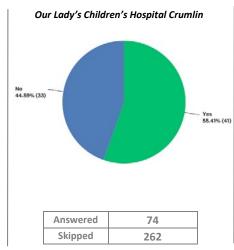


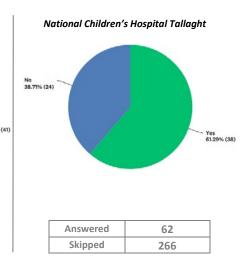


When answered 'Yes' to the previous question:

1.16. This hospital told me how it used my feedback on the services and care my child got here.







2. Being Treated Equally and Fairly

In this section of the questionnaire, parents/guardians were asked if they felt staff treated their children with respect and called them by their name, if their children could be examined by a doctor of the same sex if they or their children requested this, and if their children have enough privacy while being examined.

Among the *positive results** emerging from the responses were:

- Q. 2.1. All the staff looking after my child in this hospital treat my child with respect, with scores of between 96% and 97%.
- Q. 2.2. All the staff looking after my child in this hospital call my child by his/her name, with scores of between 92% and 95%.

Potential areas for improvement* highlighted by parents'/guardians' responses included:

• Q. 2.3. My child can be examined by a doctor of the same sex as him/her, if my child or I ask for that, with scores of between 39% and 44%.

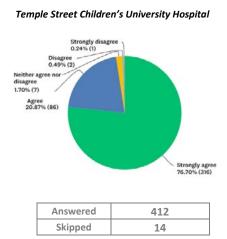
Taking into account *parents'/guardians' responses* and *additional comments* from this section, key points emerging are:

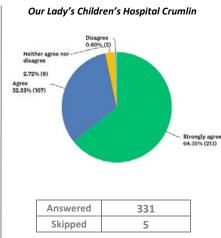
- Parents/guardians feel that their children are treated with respect.
- Staff looking after children call them by their names.
- Parents/guardians feel that their children should have more privacy when being examined.
- Parents/guardians did not know that they can ask for their child to be examined by a doctor of the same sex.

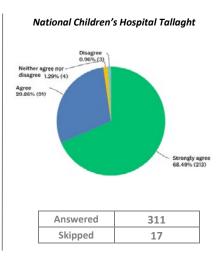
^{*}For concision purposes, percentage statistics have been merged for 'strongly agreed' and 'agreed', as well as 'always' and 'most of the time' answers.

2. Being Treated Equally and Fairly - Responses

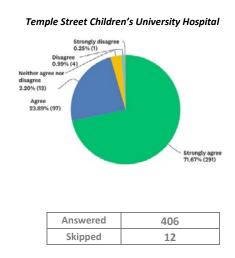
2.1. All the staff looking after my child in this hospital treat my child with respect.

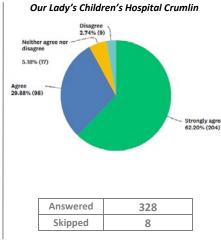


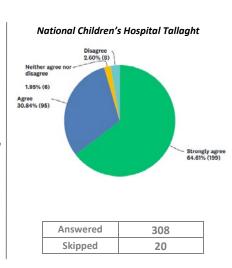




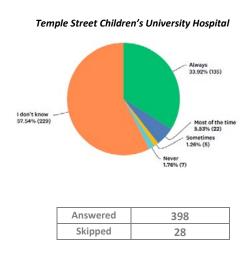
2.2. All the staff looking after my child in this hospital call my child by his/her name.

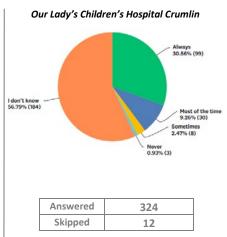


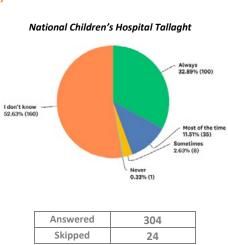




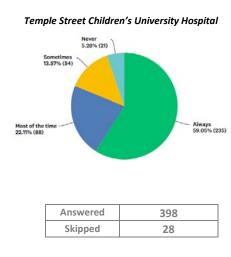
2.3. My child can be examined by a doctor of the same sex as him/her, if my child or I ask for that.

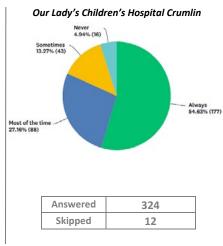


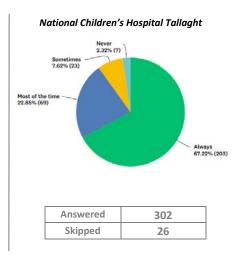




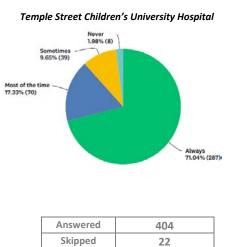
2.4. My child is given information about his/her health and treatment in private (where other people/ patients can't hear or see).

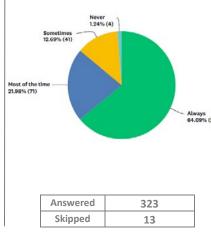




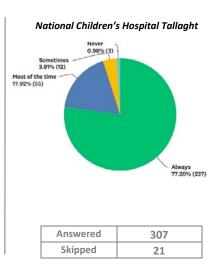


2.5. My child has enough privacy when he/she is being examined by medical staff in this hospital (other people/patients can't hear or see).





Our Lady's Children's Hospital Crumlin



3. Rest, Play, Leisure and Learning

In this section of the questionnaire, parents and guardians were asked if their children have opportunities to rest and play in hospital, if their children have access to art, music or play therapies, and if they can do their school work or keep developing and learning during their stay in hospital.

The six statements in this section of the questionnaire were not relevant to a large portion of parents/guardians surveyed. This is the reason for the overall low scores for these questions. For details, please see the following pages.

Areas which had *positive results** were:

- Q. 3.1. My child has the opportunity to rest in this hospital when he/she needs to.
- Q. 3.2. There is a separate place in this hospital for play and leisure that patients can use.

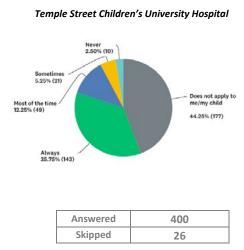
Potential *areas for improvement** are:

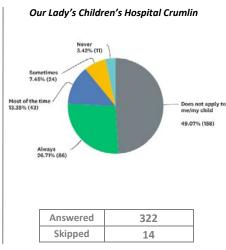
- Q. 3.3. There are things to do in this hospital for patients of my child's age.
- Q. 3.6. The hospital supports my child to keep developing and learning during his/her stay here.

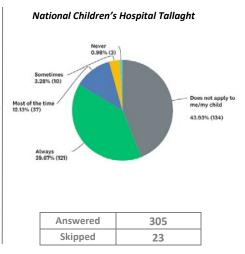
^{*}For concision purposes, percentage statistics have been merged for 'strongly agreed' and 'agreed', as well as 'always' and 'most of the time' answers.

3. Rest, Play, Leisure and Learning - Responses

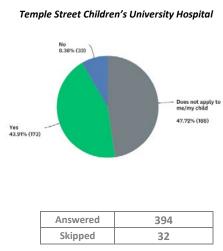
3.1. My child has the opportunity to rest in this hospital when he/she needs to.



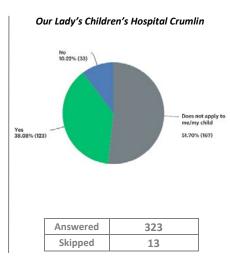


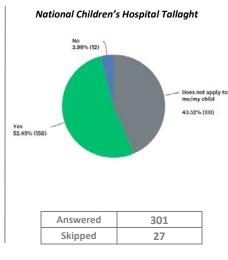


3.2. There is a separate place in this hospital for play and leisure that patients can use.

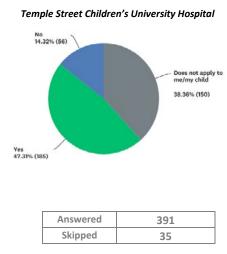


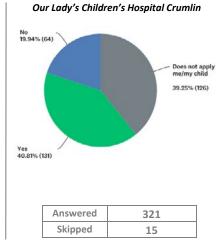


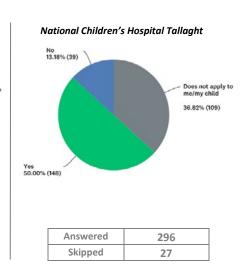




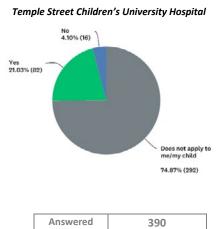
3.3. There are things to do in this hospital for patients of my child's age.





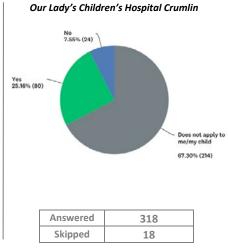


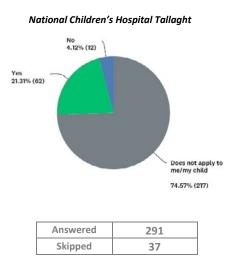
3.4. If my child needs play, music or art therapy, a therapist works with my child during his/her stay in hospital.



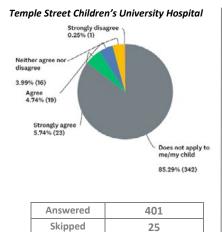
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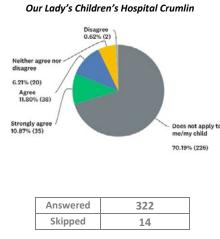
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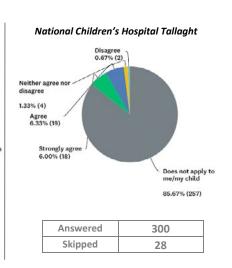




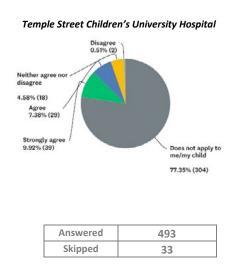
3.5. My child is able to continue with his/her school work during his/her stay in this hospital.

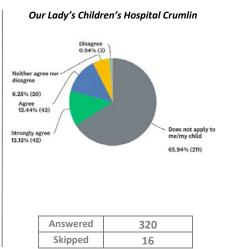


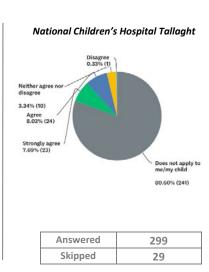




3.6. The hospital supports my child to keep developing and learning during his/her stay here.







4. Information and Participation

In this section, parents and guardians were asked if the staff looking after their children introduce themselves, if they tell them about their jobs, if the doctors and nurses explain to their children why they are sick and what treatment they may need, and if staff looking after their children ask their children what they think and take their opinions into account.

Among the *positive results** emerging from the responses were:

• Q. 4.1. All the staff who are caring for my child in this hospital introduce themselves to my child by their name, with scores of between 71% and 76%.

Potential areas for improvement* highlighted by the parents'/guardians' responses included:

• Q. 4.4. A member of staff in this hospital has explained to my child that he/she can ask questions about his/her care and treatment, with scores of between 43% and 51%.

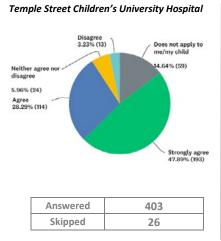
Taking into account *parents'/guardians' responses* and *additional comments* from this section, key points emerging are that parents and guardians feel:

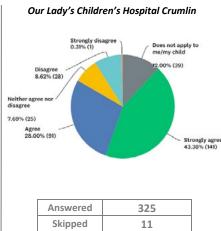
- the staff looking after their children introduce themselves to them by name
- the staff caring for their child tell them what their job is
- the staff explain to children what treatment they need, but there is not enough time for their children to ask questions or for staff to consider children's opinions due to the busy environment.

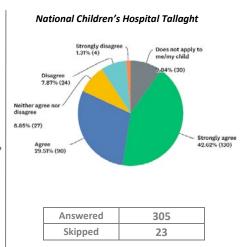
^{*}For concision purposes, percentage statistics have been merged for 'strongly agreed' and 'agreed', as well as 'always' and 'most of the time' answers.

4. Information and Participation - Responses

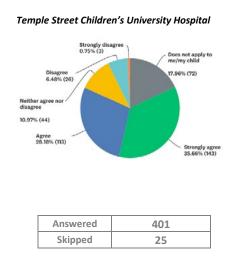
4.1. All the staff who are caring for my child in this hospital introduce themselves to my child by their name.

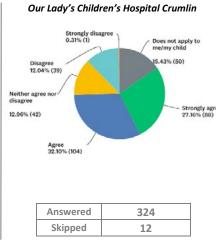


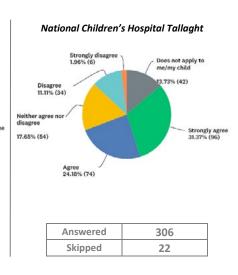




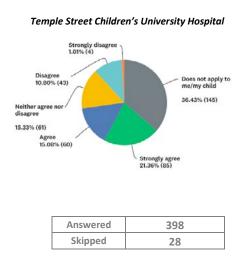
4.2. All the staff who are caring for my child in this hospital tell my child what their job is.

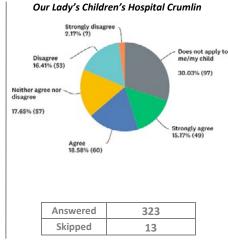


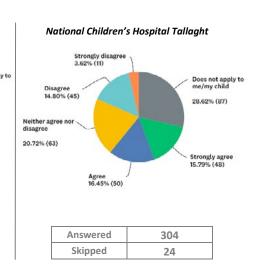




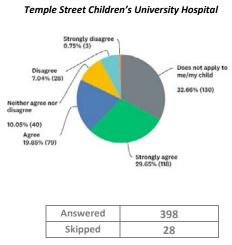
4.3. A member of staff in this hospital has explained to my child that he/she has a right to express his/her views and how he/she can be helped to do this.

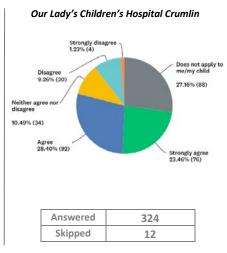


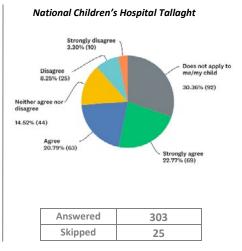




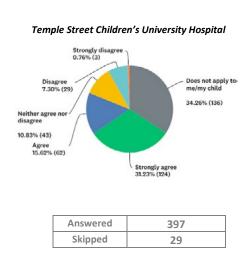
4.4. A member of staff in this hospital has explained to my child that he/she can ask questions about his/her care and treatment.

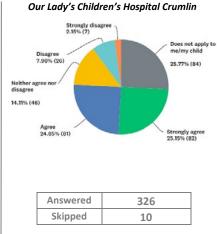


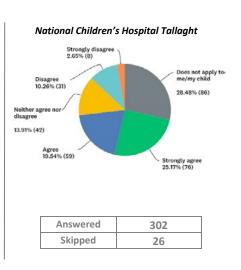




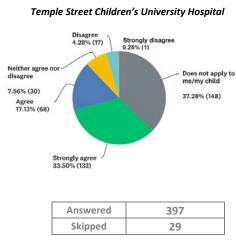
4.5. A member of staff in this hospital has explained to my child that it is alright to tell staff here how he/she is feeling.

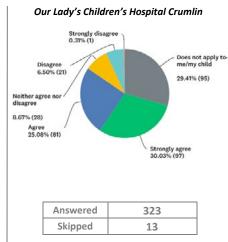


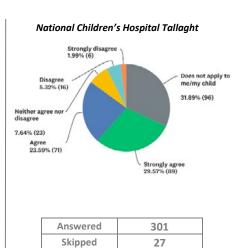




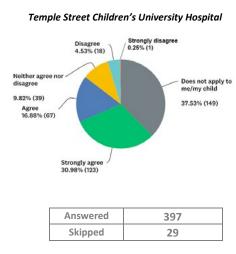
4.6. A doctor, nurse or therapist has explained to my child clearly why he/she is sick and what treatment he/she might need.

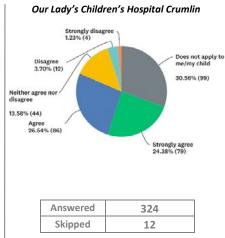


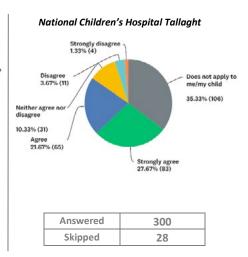




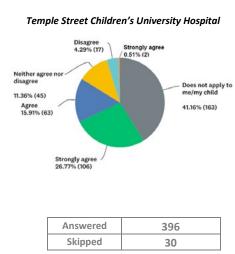
4.7. If there is something my child needs to talk about, I feel he/she can talk to one of the staff in this hospital about it.

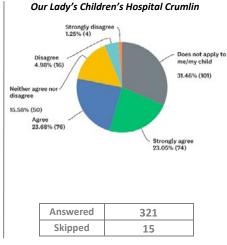


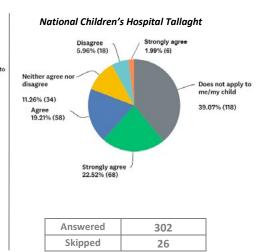




4.8. The staff (doctor, nurse, therapist, social worker) looking after my child in this hospital ask my child what he/she thinks and take his/her opinions into account.







5. Safety and Environment

In this section of the questionnaire, parents and guardians were asked about the physical safety of the hospital environment their children were in, with parents/guardians of children with restricted mobility also asked if their children found it easy to move around areas of the hospital they needed to be in. Parents/guardians were also asked if the hospital was clean and if the meals were served at the right time and included healthy options.

Among the *positive results** emerging from the responses were:

- Q. 5.1. I think the layout, furniture and equipment in this hospital help to make it a physically safe place for children and young people, with scores of between 61% and 81%.
- Q. 5.3. The hospital is clean with scores of between 78% and 92%.

The three statements relating to food and meal times were not relevant to a large portion of the parents/guardians surveyed. This is the reason for the low scores for these questions. For details, please see the following pages.

Areas which had *positive results** were:

• Q. 5.5. My child's food comes at good times for him/her.

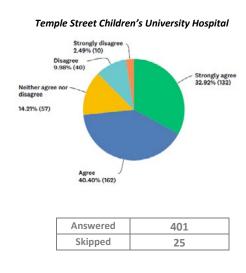
Potential areas for improvement* are:

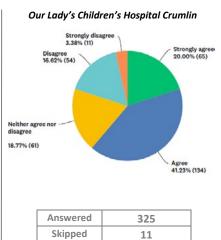
- Q. 5.6. The food my child gets in this hospital includes healthy options.
- Q. 5.7. If my child doesn't like a particular meal, the hospital offers him/her an alternative meal.

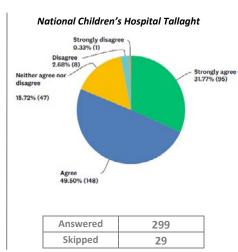
^{*}For concision purposes, percentage statistics have been merged for 'strongly agreed' and 'agreed', as well as 'always' and 'most of the time' answers.

5. Safety and Environment - Responses

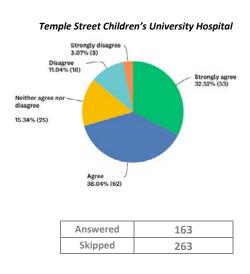
5.1. I think the layout, furniture and equipment in this hospital help to make it a physically safe place for children and young people.

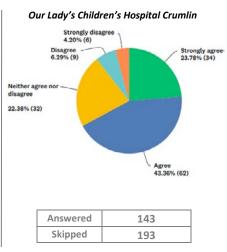


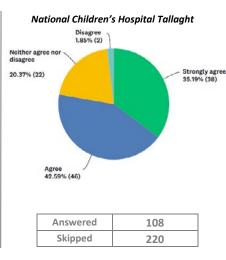




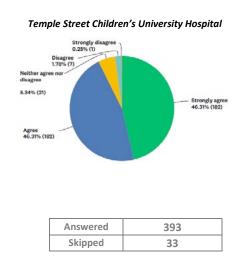
5.2. Responses to a statement specifically for parents/guardians of children with restricted mobility: My child finds it easy to move around all the areas of this hospital building that he/she needs to be in.

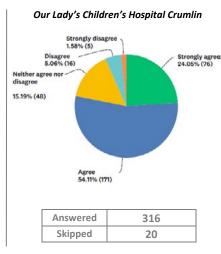


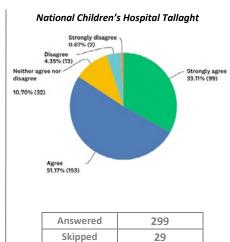




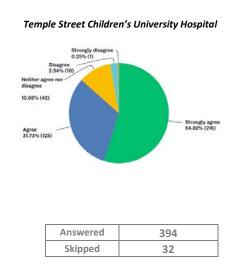
5.3. The hospital is clean.

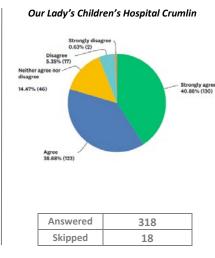


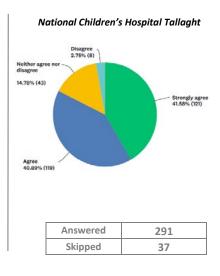




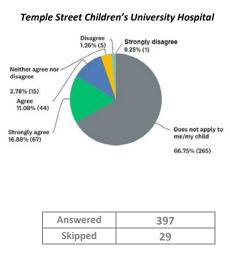
5.4. The staff looking after my child always wash/sterilise their hands before and after they examine or treat my child.

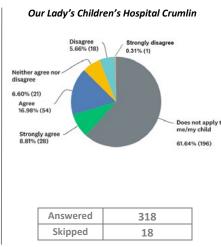


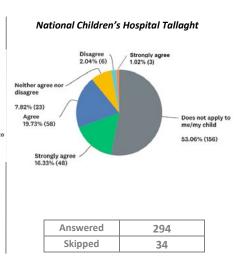




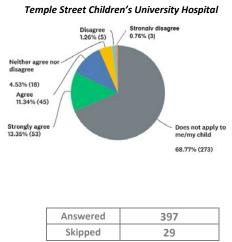
5.5. My child's food comes at good times for him/her.

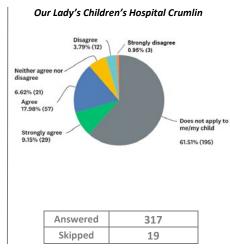


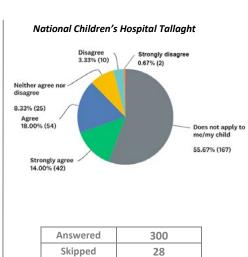




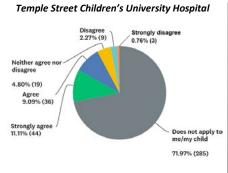
5.6. The food my child gets in this hospital includes healthy options.



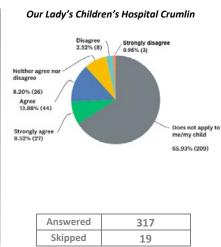


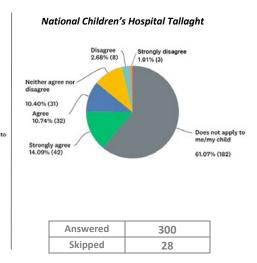


5.7. If my child doesn't like a particular meal, the hospital offers him/her an alternative meal.



Answered	396		
Skipped	30		





6. Protection

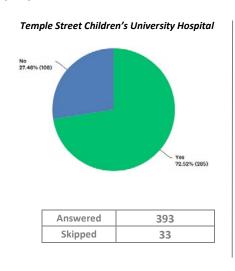
In this section, parents and guardians were asked if there are posters or notices in the hospital relating to the protection of children and young people from harm and if they thought the hospital would help a child or a young person who said they were being harmed.

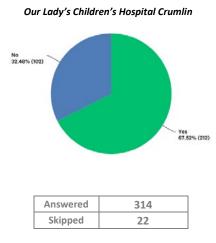
Taking into account *parents'/guardians' responses* and *additional comments* from this section, key points emerging are:

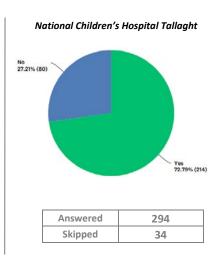
- Parents and guardians have seen information about the protection of children and young people from harm.
- Parents and guardians feel that hospital would help a child or young person if a child or young person said they were being harmed.

6. Protection - Responses

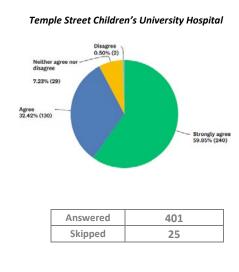
6.1. I have seen information (e.g. posters or notices) in this hospital that is about protecting children and young people from harm.

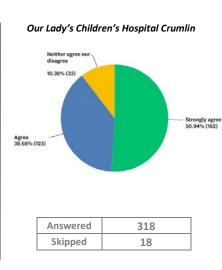


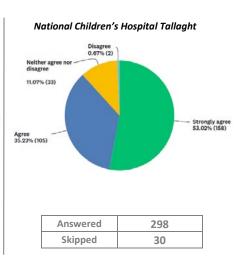




6.2. I think this hospital would help a child or young person if the child or young person said they were being harmed.







7. Managing Pain

In this section of the questionnaire, parents and guardians were asked whether the staff looking after their children ask if they have pain, if the staff help their children to tell them about any pain they have, if their children receive medicine or treatment for any pain they have, if staff do other things to help their children to feel more comfortable, and if staff ask their children if the pain is gone away or got better.

The five statements in this section of the questionnaire were not relevant to a large portion of the parents/guardians surveyed. This is the reason for the lower scores for these questions. For details, please see the following pages.

Areas which had *positive results** were:

- Q. 7.1. Staff looking after my child in this hospital ask my child if he/she has pain.
- Q. 7.3. Staff looking after my child in this hospital give my child medicine or treatment for any pain he/she has.

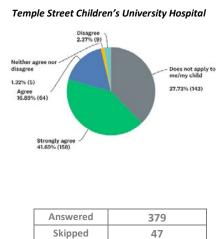
Potential *areas for improvement** are:

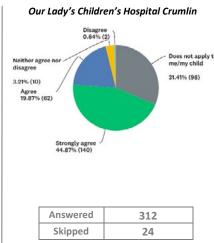
- Q. 7.4. Staff looking after my child in this hospital do other things to help my child feel more comfortable if he/she has pain.
- Q. 7.5. Staff looking after my child in this hospital ask my child if any pain he/she has gone away or got better.

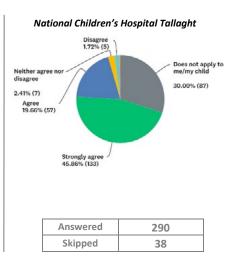
^{*}For concision purposes, percentage statistics have been merged for 'strongly agreed' and 'agreed', as well as 'always' and 'most of the time' answers.

7. Managing Pain - Responses

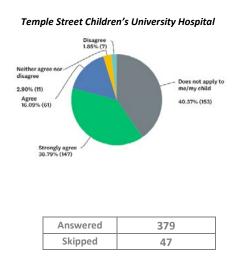
7.1. Staff looking after my child in this hospital ask my child if he/she has pain.

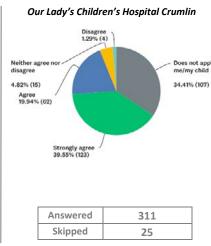


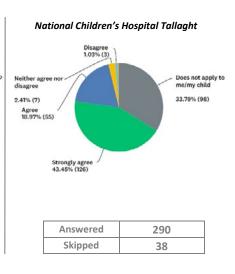




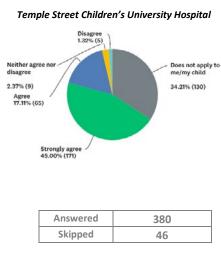
7.2. Staff looking after my child in this hospital help my child to tell them about any pain he/she has.

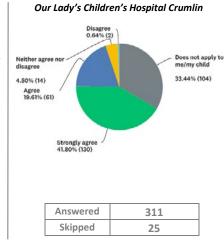


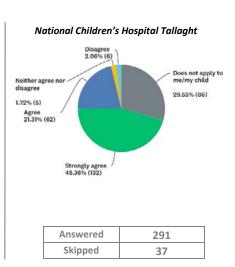




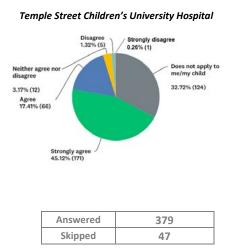
7.3. Staff looking after my child in this hospital give my child medicine or treatment for any pain he/she has.

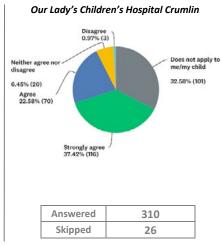


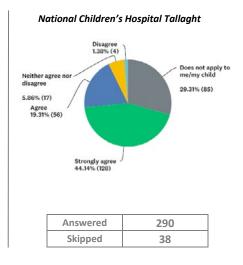




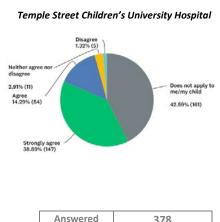
7.4. Staff looking after my child in this hospital do other things to help my child feel more comfortable if he/she has pain.

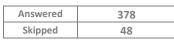


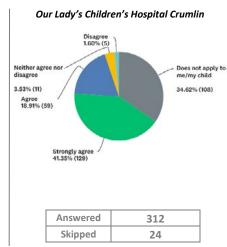


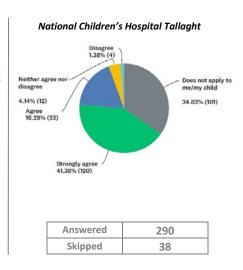


7.5. Staff looking after my child in this hospital ask my child if any pain he/she has gone away or got better.



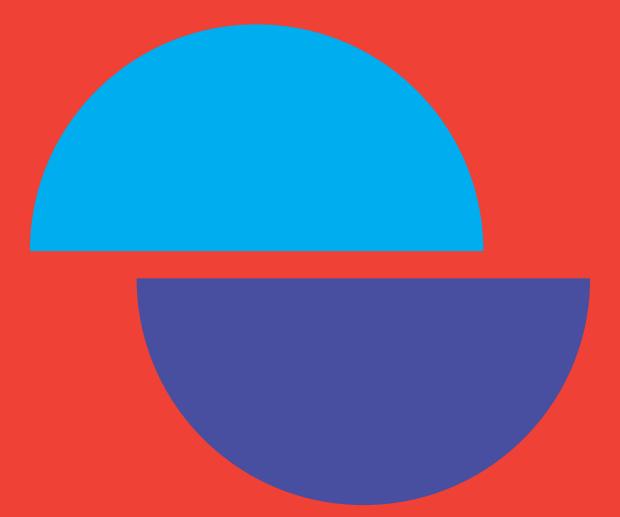






Jeining the Dets

Connecting voices for child-friendly healthcare in hospital



Results

Questionnaire for Hospital Staff

General Overview

This section of the report outlines the results from the *Joining the Dots* questionnaire for hospital staff. The questionnaires were filled out by hospital staff working in one or more of three settings in the three children's hospitals in Crumlin, Tallaght, and Temple Street: the Emergency Department (ED), outpatients and inpatients. The total number of questionnaires returned from this group was *366*.

The split across the hospitals, by setting, is outlined below.

	ED	Outpatients	Inpatients	Other Dept. ¹	Unmarked ²	Total
Temple Street (TSCUH)	15	33	58	37	1	144
Crumlin (OLCHC)	10	43	43	87	1	184
Tallaght (NCHT)	3	10	15	8	2	38
Grand Total	28	86	116	132	4	366

The questionnaire for hospital staff comprised of 55 questions, which were categorised under seven sections. The seven sections were:

- 1) Getting good quality care
- 2) Being treated equally and fairly
- 3) Rest, play, leisure and learning
- 4) Information and participation
- 5) Safety and environment
- 6) Protection
- 7) Managing pain

An eighth section allowed for additional comments, which have been incorporated as relevant in each section overview that follows.

¹ Applicable to questionnaires for hospital staff working across multiple sections of the hospital or in different areas in the hospital.

² Applicable to respondents who did not tick any of the required boxes on page one of the 'Joining the Dots' survey relating to the area of the hospital they work in.

1. Getting Good Quality Care

In this section of the questionnaire, hospital staff were asked if the hospital they work in provides good quality care, if children and parents/guardians have an input in planning into their/their children's care, if children and their parents/guardians receive useful information about looking after their/their children's health, if the hospital they work in provides information about children's rights as patients, if parents/guardians can stay with their children while they are in hospital and during aspects of their treatment, and if children's privacy and confidentiality is protected at all times while being in the hospital. Staff were also asked about complaints handling by the hospital they work in and if they had ever been asked for their opinions about the services and care provided to children by the hospital they work in.

Among the *positive results** emerging from hospital staff responses were:

- Q. 1.1. I feel this hospital provides the best care to children, with scores of between 91% and 92%.
- Q. 1.5. A parent/guardian is allowed to be with their child while their child is in this hospital, with scores of between 95% and 97%.

Potential *areas for improvement** highlighted by staff responses included:

• Q. 1.2. A child and his/her parent/guardian have an input into planning the child's care in this hospital, with scores of between 64% and 78%.

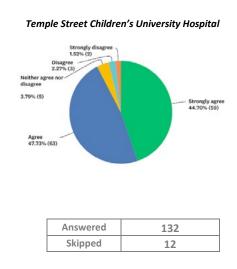
Taking into account **staff responses** and **additional comments** from this section, key points emerging are that staff feel:

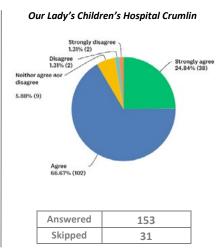
- parents/guardians are allowed to be with their children in hospital, where possible
- the hospital they work in provides the best possible care to children and young people
- children and their parents/guardians are given useful information about looking after their/their children's health
- parents/guardians do not have enough input into planning their children's care
- children's privacy and confidentiality is protected, despite multi-occupancy wards
- the hospitals they work in provide children and parents/guardians with clear information on how to make a complaint
- that children and their parents/guardians would feel comfortable in making a complaint if they were unhappy about something happening in the hospital they work
- the communication between them and parents/guardians could be improved if they had more time.

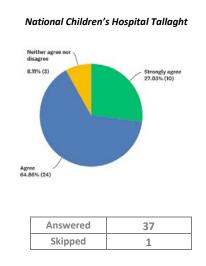
^{*}For concision purposes, percentage statistics have been merged for 'strongly agreed' and 'agreed', as well as 'always' and 'most of the time' answers.

1. Getting Good Quality Care - Responses

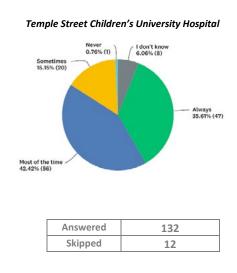
1.1. I feel this hospital provides the best care to children.

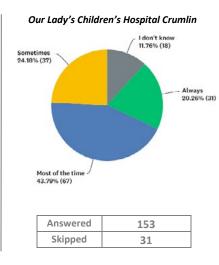


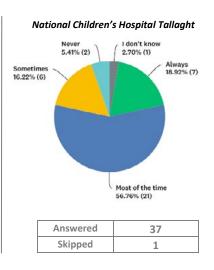




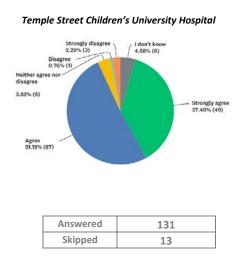
1.2. A child and his/her parent/guardian have an input into planning the child's care in this hospital.

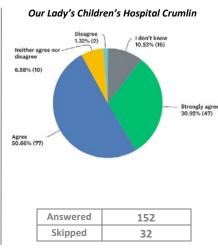


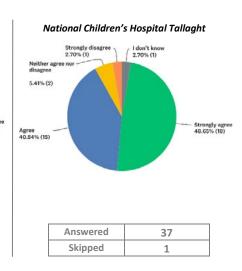




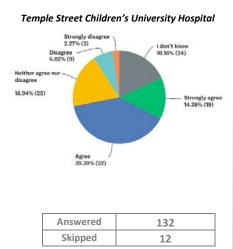
1.3. Children and their parents/ guardians are given useful information in this hospital about looking after them/their child's health.

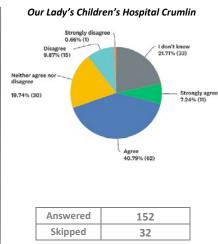


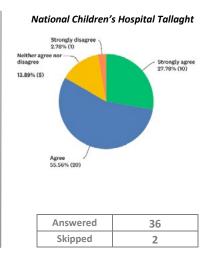




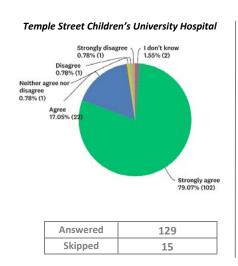
1.4. This hospital gives children, parents/guardians and staff clear information about children's rights as patients here.

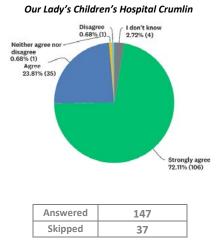


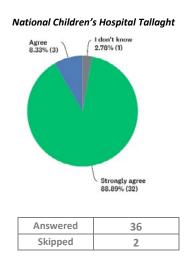




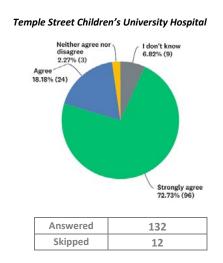
1.5. A parent/guardian is allowed to be with their child while their child is in this hospital.

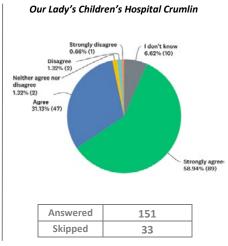


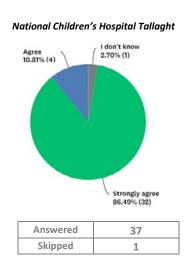




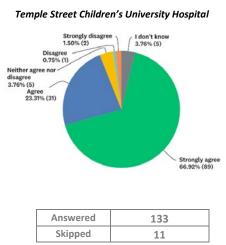
1.6. A parent/guardian is allowed to be with their child in this hospital at night.

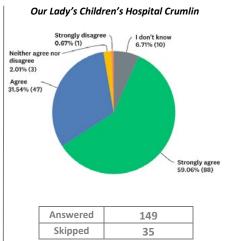


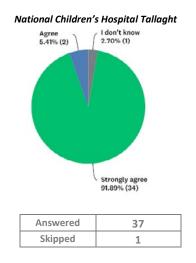




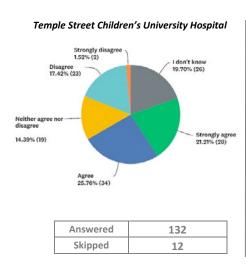
1.7. A parent/guardian can be near their child when their child is having things like injections, X-Rays and blood tests done.

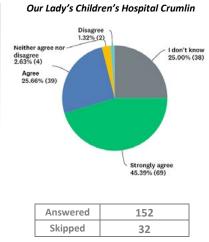


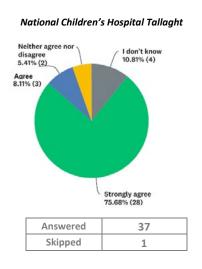




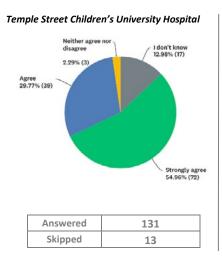
1.8. A parent/guardian is allowed to stay with their child while their child is being anaesthetised before his/her operation.

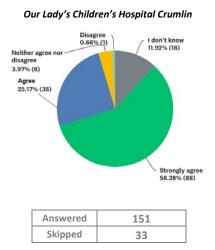


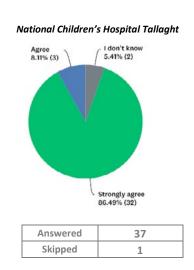




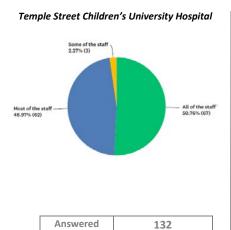
1.9. This hospital allows children to keep in contact with their parents/guardians while the children are patients here.





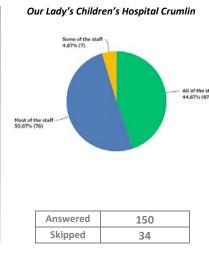


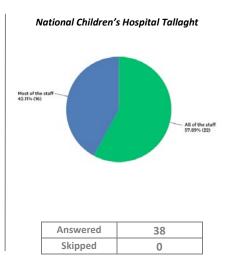
1.10. The staff who work in this hospital are friendly to children.



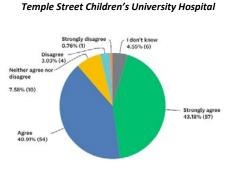
12

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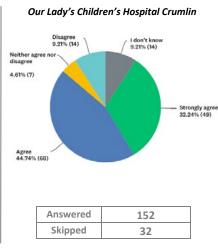


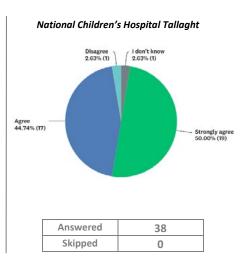


1.11. Children's privacy is respected in all aspects of their care and treatment in this hospital.

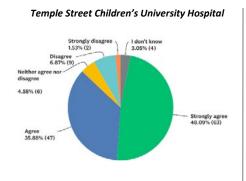


Answered	132
Skipped	12

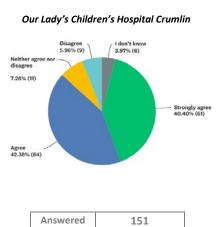




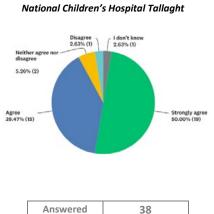
1.12. Children's confidentiality is protected in all aspects of their care and treatment in this hospital.



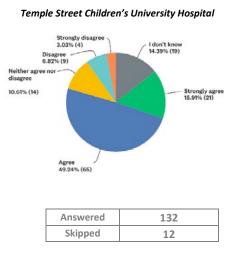
Answered	131
Skipped	13

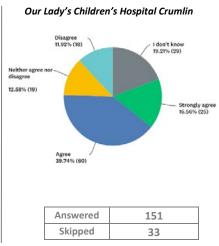


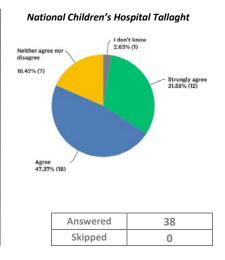
Answered	151
Skipped	33



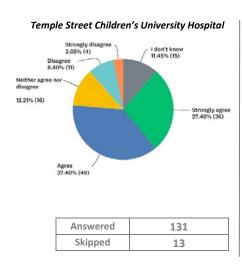
1.13. This hospital gives children and parents/guardians clear information about how to make a complaint about something in the hospital.

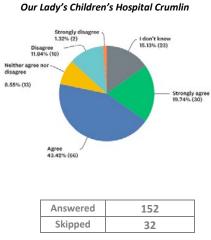


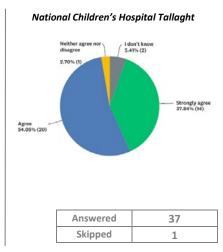




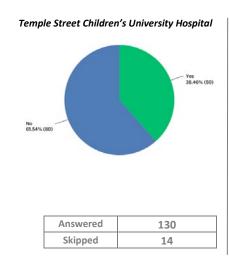
1.14. I feel children and parents/guardians would feel comfortable making a complaint to this hospital if they were unhappy about something in the hospital.

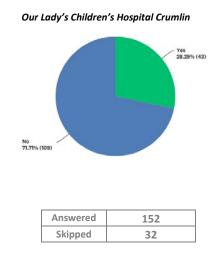


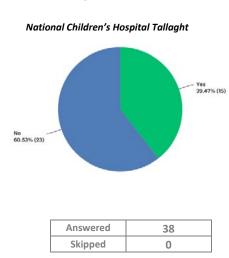




1.15. This hospital has asked me before for my opinions about the services and care it provides to children.

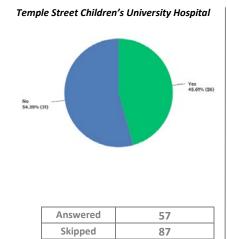


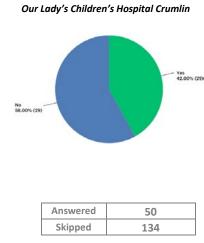


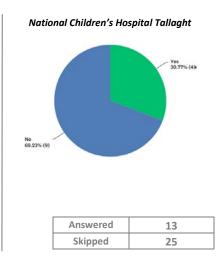


Answer 'Yes' provided to the previous question:

1.16. This hospital told me how it used my feedback on the services and care it provides to children here.







2. Being Treated Equally and Fairly

In this section of the questionnaire, hospital staff were asked if every child has access to health services and treatment in the hospital they work in without discrimination, if staff are expected to treat children with respect and to call children by their name, if children can be examined by a doctor of the same sex if they or their parents/guardians request this, and if children have enough privacy while being examined.

Among the *positive results** emerging from staff responses were:

- Q. 2.2. All staff in this hospital are expected to treat all children with respect, with scores of between 97% and 100%.
- Q. 2.3. All staff looking after children in this hospital are expected to call children by their names with scores of between 91% and 93%.

Potential *areas for improvement** highlighted by staff responses included:

• Q. 2.4. A child can be examined by a doctor of the same sex as him/her if the child or his/her parent/guardian asks for that, with scores of between 45% and 65%.

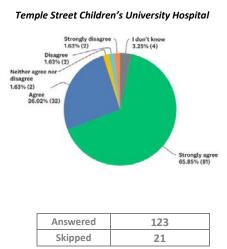
Taking into account **staff responses** and **additional comments** from this section, key points emerging are that staff feel:

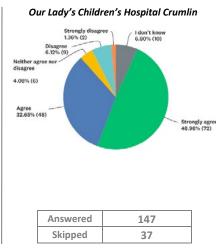
- children are treated with respect and are called by their names
- children have access to the health services and treatment they need, without discrimination
- it is sometimes difficult to ensure privacy on wards due to multi-occupancy wards
- it is sometimes difficult to facilitate children to be examined by doctors of the same sex in cases where children or their parents/guardians request this.

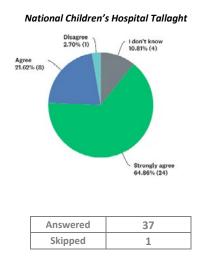
^{*}For concision purposes, percentage statistics have been merged for 'strongly agreed' and 'agreed', as well as 'always' and 'most of the time' answers.

2. Being Treated Equally and Fairly - Responses

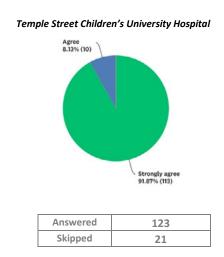
2.1. This hospital ensures that every child has access to the health services and treatment they need in the hospital, without discrimination.

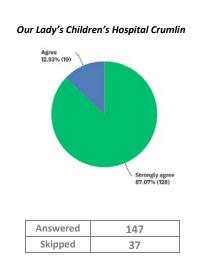


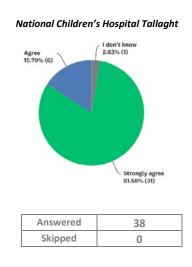




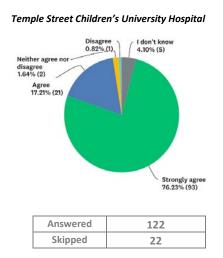
2.2. All staff in this hospital are expected to treat all children with respect.

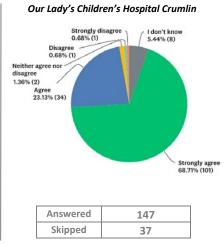


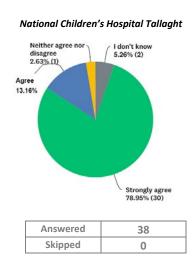




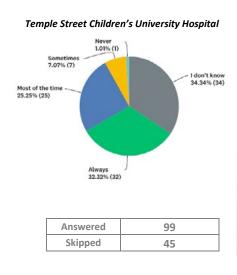
2.3. All staff looking after children in this hospital are expected to call children by their names.

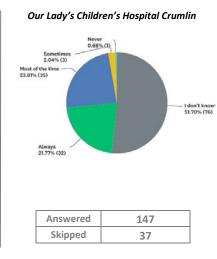


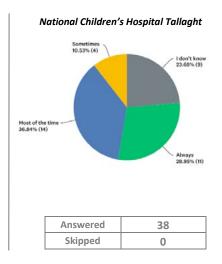




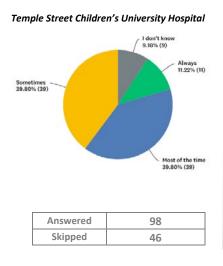
2.4. A child can be examined by a doctor of the same sex as him/her, if the child or his/her parent/guardian asks for that.

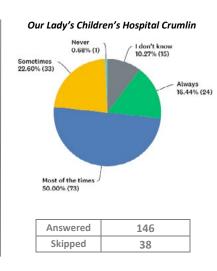


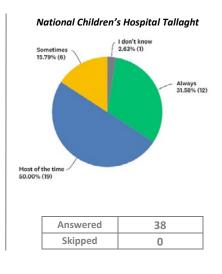




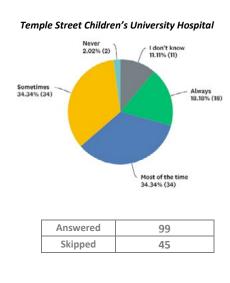
2.5. Children are given information about their health and treatment in private (where other people/ patients can't hear or see).

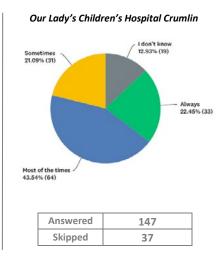


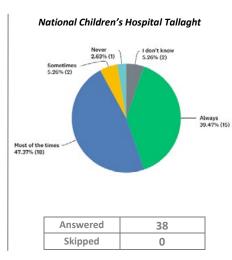




2.6. Children have enough privacy when they are being examined by medical staff in this hospital (other people/patients can't hear or see).







3. Rest, Play, Leisure and Learning

This section of the questionnaire was about rest, play, leisure and learning. Staff were asked if children have opportunities to rest and play in hospital, if children have access to art, music or play therapies, and if children can do their homework and keep developing and learning during their stay in hospital.

Among the *positive results** emerging from the responses were:

- Q. 3.5. This hospital supports children to continue with their school work during their stay here, with scores of between 88% and 97%.
- Q. 3.6. This hospital supports children to keep developing and learning during their stay here, with scores of between 80% and 91%.

Potential *areas for improvement** highlighted by staff responses included:

• Q. 3.3. There are things to do in this hospital for patients of different ages, with scores of between 56% and 69%.

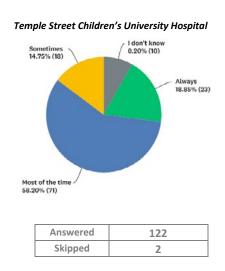
Taking into account **staff responses** and **additional comments** from this section, key points emerging are that staff feel:

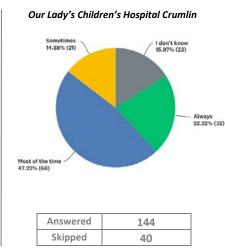
- the hospital they work in supports children to continue their school work and supports their development and learning while in hospital
- there are not enough facilities for children of different ages
- there is limited access to music, art and play therapies.

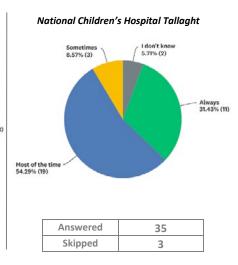
^{*}For concision purposes, percentage statistics have been merged for 'strongly agreed' and 'agreed', as well as 'always' and 'most of the time' answers.

3. Rest, Play, Leisure and Learning - Responses

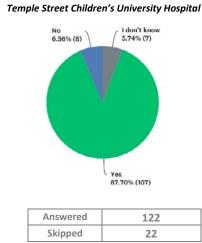
3.1. Children have the opportunity to rest in this hospital when they need to.

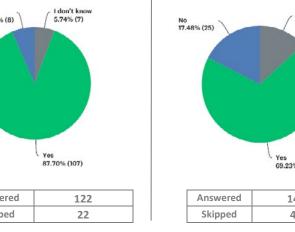


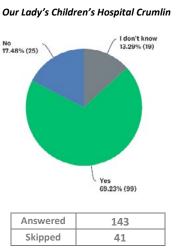


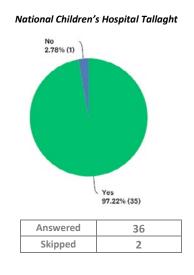


3.2. There is a separate place in this hospital for play and leisure that patients can use.

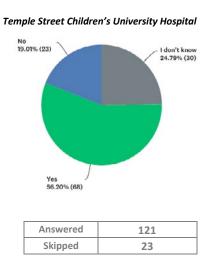


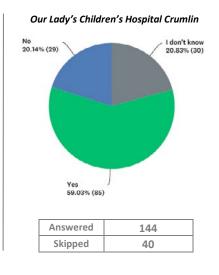


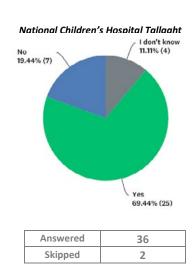




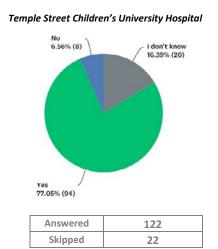
3.3. There are things to do in this hospital for patients of different ages.

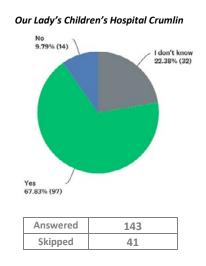


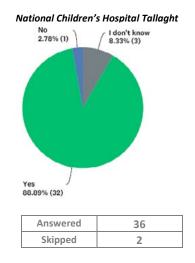




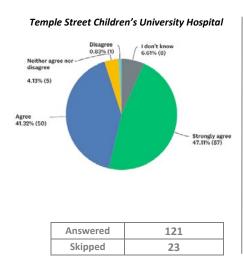
3.4. If any child needs play, music or art therapy, a therapist works with the child during his/her stay in hospital.

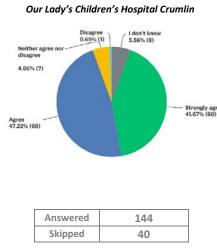


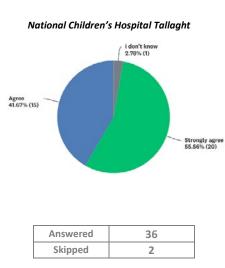




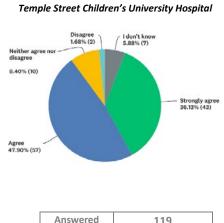
3.5. This hospital supports children to continue with their school work during their stay here.

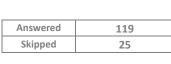


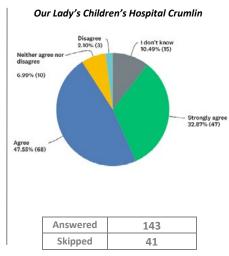


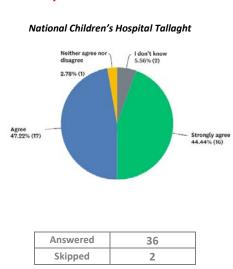


3.6. This hospital supports children to keep developing and learning during their stay here.









4. Information and Participation

In this section of the questionnaire, hospital staff were asked if they introduce themselves to children, if they tell them about their jobs, if they inform children that they have a right to express their views, if the doctors and nurses explain to children why they are sick and what treatment they may need, and if they ask children they are looking after what they think and take their opinions into account.

Among the **positive results*** emerging from the responses were:

- Q. 4.1. I introduce myself to children in this hospital by my name, with scores of between 82% and 90%.
- Q. 4.7. If a child needs to talk about something, I think they would feel they can talk to me or a colleague about it, with scores of between 72% and 82%.

Potential *areas for improvement** highlighted by staff responses included:

• Q. 4.3. I explain to children that they have a right to express their views and how they can be helped to do this, with scores of between 60% and 73%.

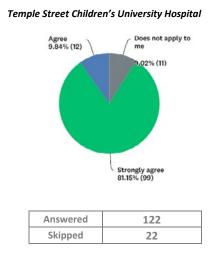
Taking into account staff responses and additional comments from this section, key points emerging are:

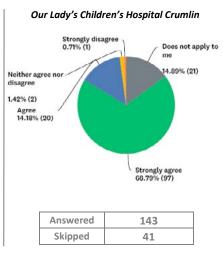
- Staff introduce themselves to children and explain to them what their job is.
- Staff feel that children can talk to them about something if need to.
- Staff feel that, due to workload, they do not always explain to children that they have a right to express their views.
- Staff feel that, due to workload, they sometimes cannot explain to children in detail why they are sick and what treatment they may need.

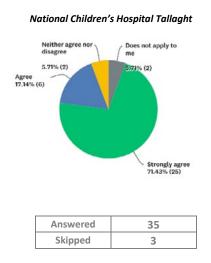
^{*}For concision purposes, percentage statistics have been merged for 'strongly agreed' and 'agreed', as well as 'always' and 'most of the time' answers.

4. Information and Participation - Responses

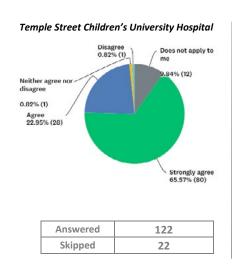
4.1. I introduce myself to children in this hospital by my name.

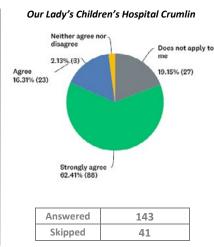


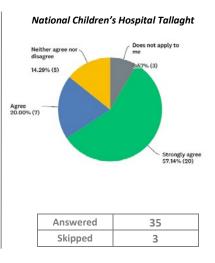




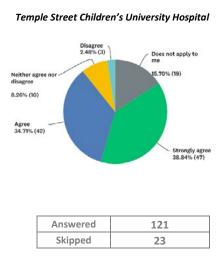
4.2. I tell children in this hospital what my job is.

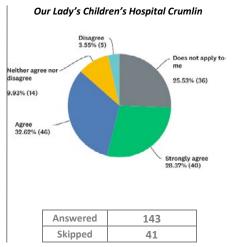


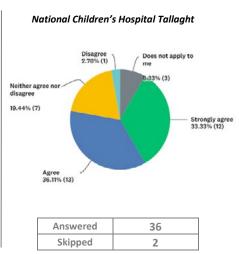




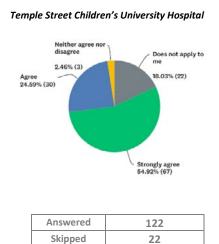
4.3. I explain to children that they have a right to express their views and how they can be helped to do this.

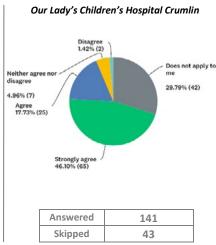


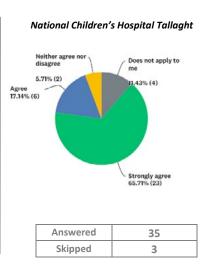




4.4. I explain to children that they can ask me questions about their care and treatment.







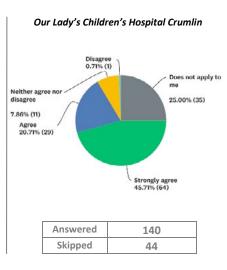
4.5. I explain to children that it is alright to tell me or another member of staff here how they are feeling.

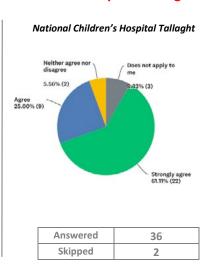
Neither agree nor diagree 2.50% (3)

Agree 22.50% (27)

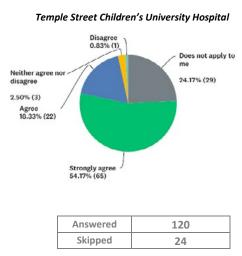
Answered 120

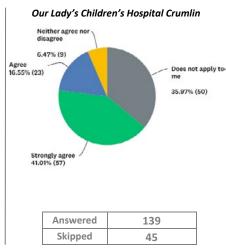
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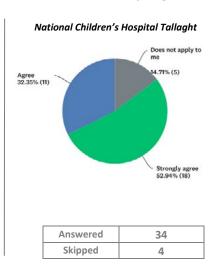




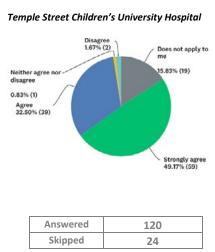
4.6. As a doctor/nurse/therapist, I explain to children why they are sick and what treatment they might need.

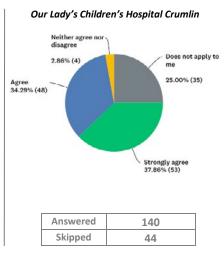


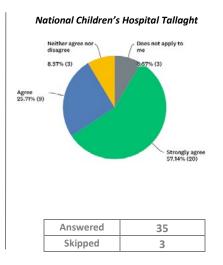




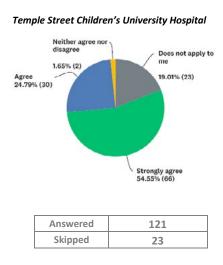
4.7. If a child needs to talk about something, I think they would feel they can talk to me or a colleague about it.

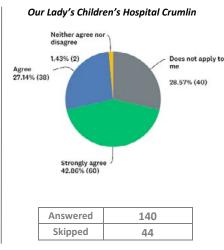


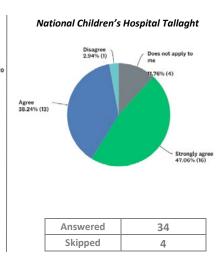




4.8. As a doctor/nurse/therapist/social worker, I ask children I am looking after what they think and take their opinions into account.







5. Safety and Environment

In this section of the questionnaire, hospital staff were asked about the physical safety of the hospital environment, if children with restricted mobility could easily move around areas of the hospital they need to be in, if the hospital they work in is clean, and if meals are served to children at the right time and include healthy options.

Among the *positive results** emerging from the responses were:

- Q. 5.3. This hospital provides a clean environment for children at all times, with scores of between 81% and 93%.
- Q. 5.4. I always wash/sterilise my hands before and after I examine or treat a child, with scores of between 65% and 88%.

Potential *areas for improvement** highlighted by staff responses included:

- Q. 5.5. Food is provided to children at appropriate times for them, with scores of between 50% and 64%.
- Q. 5.6. The food patients get in this hospital includes healthy options, with scores of between 28% and 51%.

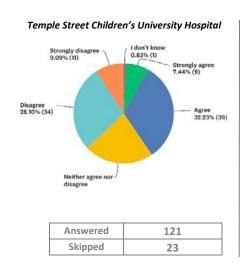
Taking into account **staff responses** and **additional comments** from this section, key points emerging are that staff feel:

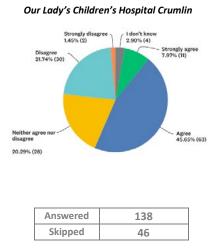
- the hospital they work in provides a clean environment for children
- staff sterilise their hands before and after examining or treating children
- the hospital they work in is not easy for children with restricted mobility to move around in
- the infrastructure of the hospital they work in is not fit for purpose
- the food provided to children is not at appropriate times
- there should be more food choices for children, which include healthy options
- it is not always possible to offer an alternative meal, if a child doesn't like a particular meal.

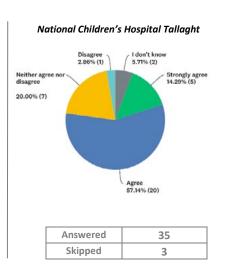
^{*}For concision purposes, percentage statistics have been merged for 'strongly agreed' and 'agreed', as well as 'always' and 'most of the time' answers.

5. Safety and Environment - Responses

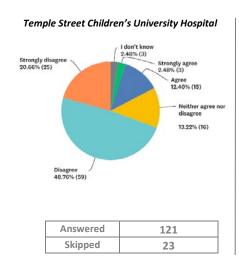
5.1. The infrastructure, furniture and equipment in this hospital help to make it a physically safe place for children and young people.

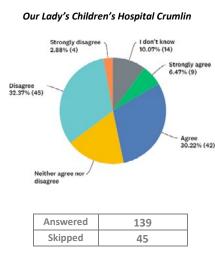


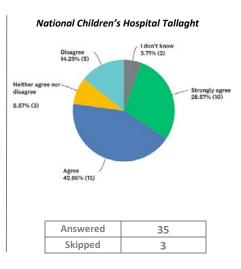




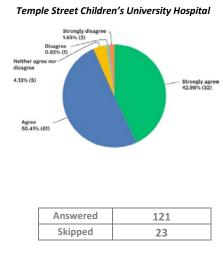
5.2. It is easy for children with restricted mobility to move around all the areas of this hospital building that they need to be in.

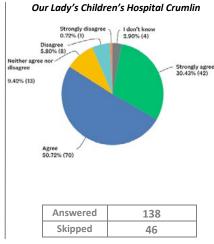


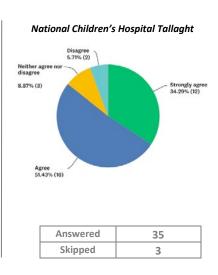




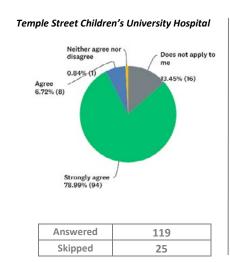
5.3. This hospital provides a clean environment for children at all times.

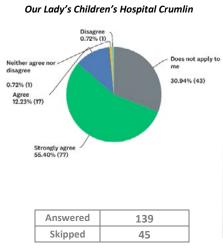


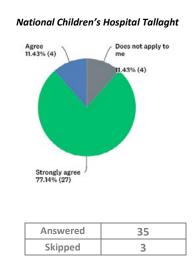




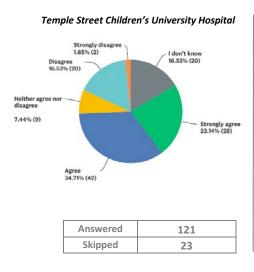
5.4. I always wash/sterilise my hands before and after I examine or treat a child.

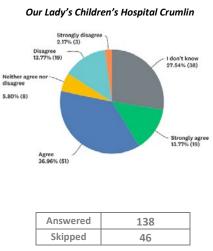


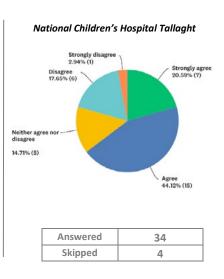




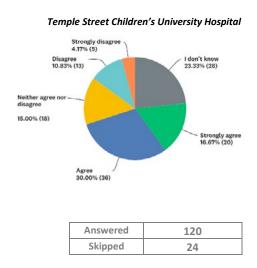
5.5. Food is provided to children at appropriate times for them.

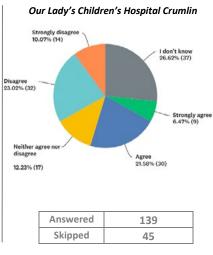


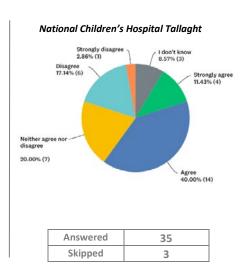




5.6. The food patients get in this hospital includes healthy options.

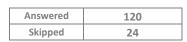




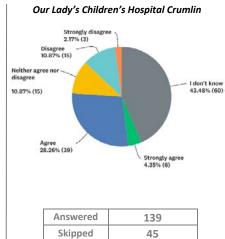


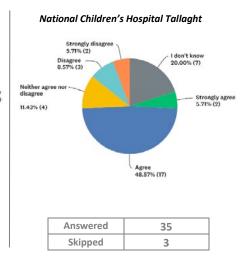
5.7. If a child doesn't like a particular meal, the hospital offers him/her an alternative meal.

Temple Street Children's University Hospital Strongly disagree 0.83% (1) Disagree 15.70% (19) Neither agree nor disagree 15.70% (19)



Agree 26.45% (32) Strongly agree 9.09% (11)





6. Protection

In this section of the questionnaire, hospital staff were asked if there are policies and protocols relating to protection of children and young people from harm or abuse, if they know who is the hospital's designated person to deal with child protection issues, if they know how to identify signs and symptoms of possible child abuse, if they received training on current child protection protocols and referrals, if the hospital they work in assesses its effectiveness in relation to child protection, and if the hospital they work in would help a child or a young person who said they were being harmed.

Among the **positive results*** emerging from the responses were:

- Q. 6.1. I know this hospital's child protection policy, with scores of between 89% and 94%.
- Q. 6.2. I know what to do if alleged abuse of a child is disclosed to me, with scores of between 82% and 97%.
- Q. 6.8. I think this hospital would help a child if the child said they were being harmed, with scores of between 99% and 100%.

Potential *areas for improvement** highlighted by the staff responses included:

- Q. 6.4. I have received training on how to identify signs and symptoms of possible child abuse, with scores of between 66% and 85%.
- Q. 6.6. This hospital assesses its effectiveness in relation to child protection, with scores of between 38% and 52%.

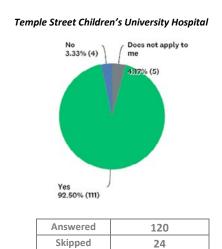
Taking into account staff responses and additional comments from this section, key points emerging are:

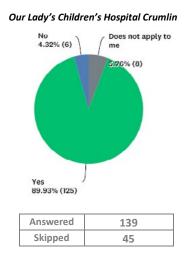
- Staff are aware of their hospital's child protection policies and protocols.
- Staff think the hospital they work in would help a child, if the child said they were being harmed.
- Staff feel they would know what to do if alleged child abuse was disclosed to them.
- Staff feel they should receive more training on current child protection protocols and referral mechanisms.
- Staff feel that they should be more aware of their hospital's assessment of its effectiveness in relation to child protection.

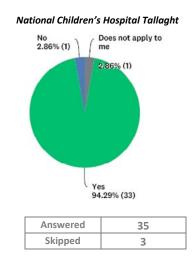
^{*}For concision purposes, percentage statistics have been merged for 'strongly agreed' and 'agreed', as well as 'always' and 'most of the time' answers.

6. Protection - Responses

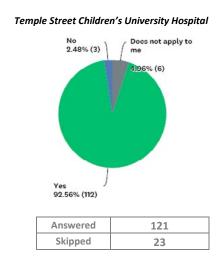
6.1. I know this hospital's child protection policy.

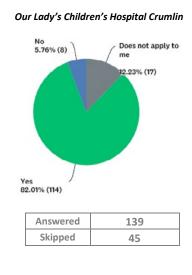


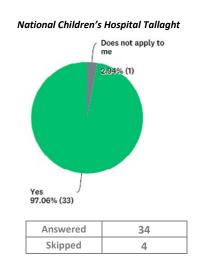




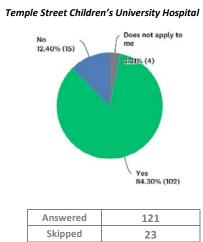
6.2. I know what to do if alleged abuse of a child is disclosed to me.

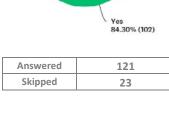


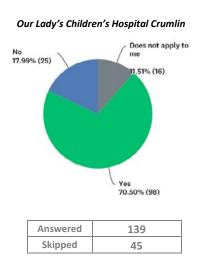


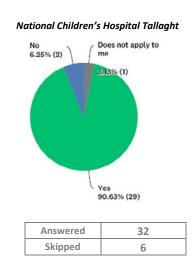


6.3. I know who this hospital's designated people are to deal with child protection issues.



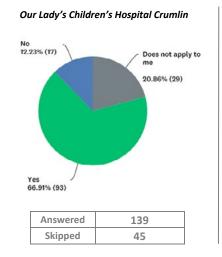


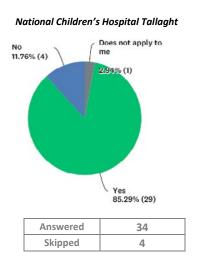




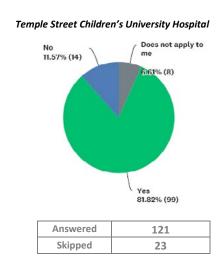
6.4. I have received training on how to identify signs and symptoms of possible child abuse.

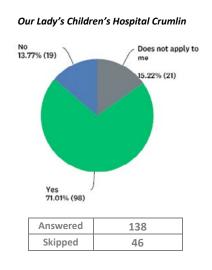
No 9.09% (11) Pes 85.95% (104) Answered 121 Skipped 23

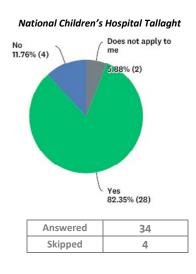




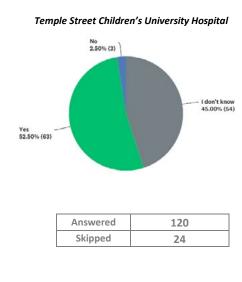
6.5. I receive information and/or training on current child protection protocols and referral mechanisms.

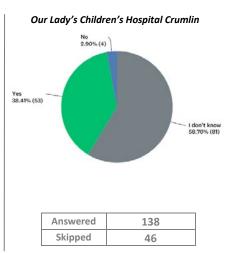


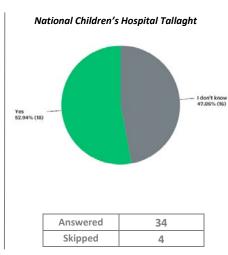




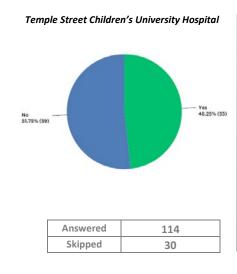
6.6. This hospital assesses its effectiveness in relation to child protection.

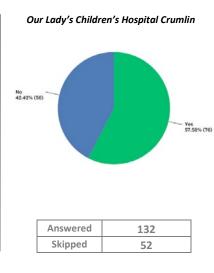


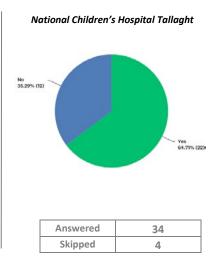




6.7. There is information (e.g. posters or notices) in this hospital that is about protecting children and young people from harm.







6.8. I think this hospital would help a child if the child said they were being harmed.

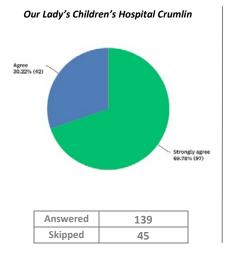
Temple Street Children's University Hospital

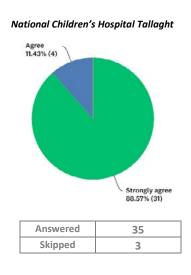
Disagree 0.83% (1)

Agree 21.49% (26)

Strongly agree 77.69% (94)

Answered	121	
Skipped	23	





7. Managing Pain

In this section of the questionnaire, hospital staff were asked whether they are aware of the hospital's protocols and procedures for preventing and managing pain, if there is a special team or department in the hospital they work in that could advise about pain management, if they receive training in pain management, and if the hospital they work in assesses its effectiveness in relation to pain management.

Three statements in this section were not relevant to a large portion of staff who took part in the survey. This is the reason for the lower scores for these questions. For details, please see the following pages.

Areas which had *positive results* were:

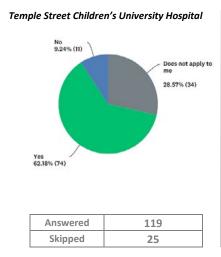
- Q. 7.1. I am aware of this hospital's protocols and procedures for preventing and managing pain.
- Q. 7.2. There is a special pain team/department in this hospital that can advise relevant staff about pain management.

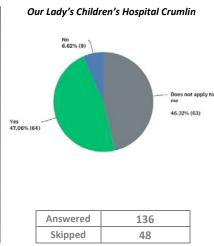
Potential *areas for improvement* are:

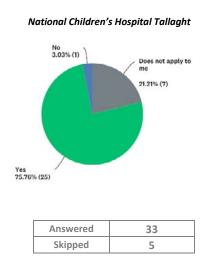
- Q. 7.3. I receive training in pain management.
- Q. 7.4. This hospital assesses the effectiveness of its pain management services.

7. Managing Pain - Responses

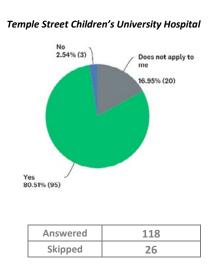
7.1. I am aware of this hospital's protocols and procedures for preventing and managing pain.

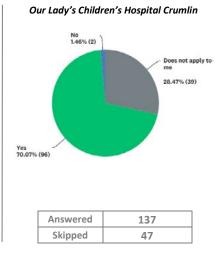


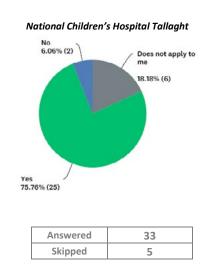




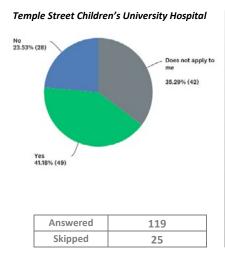
7.2. There is a special pain team/department in this hospital that can advise relevant staff about pain management.

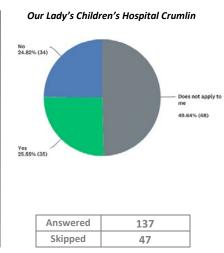


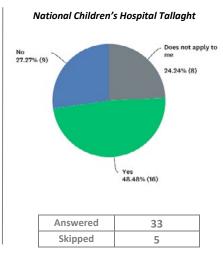




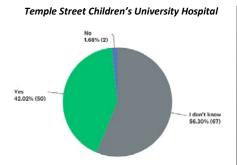
7.3. I receive training in pain management.

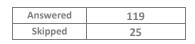


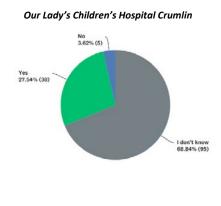




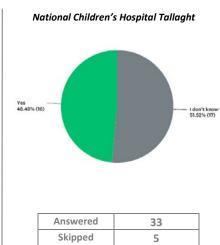
7.4. This hospital assesses the effectiveness of its pain management services.







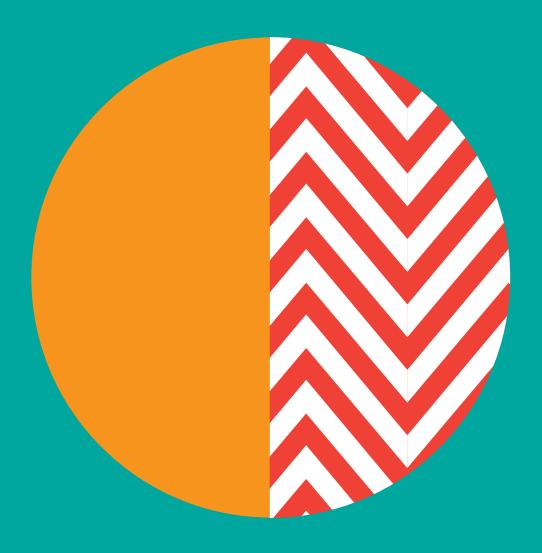
Answered	138
Skipped	46



5

Jeining the Dets

Connecting voices for child-friendly healthcare in hospital



Results

Questionnaire for Hospital Management

General Overview

This section of the report outlines the results from the *Joining the Dots* questionnaire for hospital management. The questionnaires were filled out by hospital management working in one or more of three settings in the three children's hospitals in Crumlin, Tallaght, and Temple Street: the Emergency Department (ED), outpatients, and inpatients. The total number of questionnaires returned from this group was **130**.

The split across the hospitals, by setting, is outlined below.

	ED	Outpatients	Inpatients	Other Dept. ¹	Unmarked ²	Total
Temple Street (TSCUH)	3	9	11	24	0	47
Crumlin (OLCHC)	4	9	19	39	4	75
Tallaght (NCHT)	2	0	4	2	0	8
Grand Total	9	18	34	65	4	130

The questionnaire for hospital management comprised of 53 questions, which were categorised under seven sections. The seven sections were:

- 1) Getting good quality care
- 2) Being treated equally and fairly
- 3) Rest, play, recreation and learning
- 4) Information and participation
- 5) Safety and environment
- 6) Protection
- 7) Managing pain

An eighth section allowed for additional comments, which have been incorporated as relevant in each section overview that follows.

¹ Applicable to questionnaires for hospital management, working across multiple sections of the hospital or in different areas in the hospital.

² Applicable to respondents who did not tick any of the required boxes on page one of the 'Joining the Dots' survey relating to the area of the hospital they work in.

1. Getting Good Quality Care

In this section of the questionnaire, hospital management was asked if the hospital they work in provides quality care, if children and parents/guardians have an input into planning their/their children's care, if children and their parents/guardians receive useful information about looking after their/their children's health, if the hospital they work in provides information about children's rights as patients, if their parents/guardians can stay with their children while they are in hospital and during aspects of their treatment, and if children's privacy and confidentiality are protected at all times while being in hospital. Hospital management were also asked about complaints handling by the hospital they work in.

Among the *positive results** emerging from management responses were:

- Q. 1.1. I feel this hospital provides the best care to children, with scores of between 95% and 100%.
- Q. 1.6. A parent/guardian is allowed to be with their child in this hospital at night, with scores of between 97% and 100%.

Potential *areas for improvement** highlighted by management responses included:

• Q. 1.4. This hospital gives children, parents/guardians and staff clear information about children's rights as patients here, with scores of between 62% and 75%.

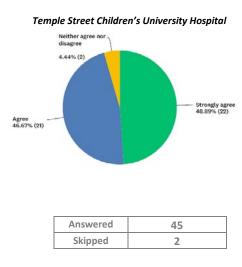
Taking into account *management responses* and *additional comments* from this section, key points emerging are that hospital management feels:

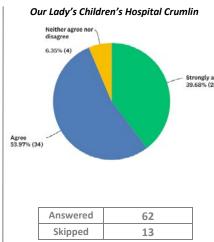
- the hospital they work in provides the best care to children and young people
- children and their parents/guardians have an input into planning their/their children's care
- children and their parents/guardians are given useful information about looking after their/their children's health
- parents/guardians can be near their children when their children are having things like injections, X-rays and blood tests done
- parents/guardians are encouraged to be with their children while they are being treated in hospital, but that due to other patients' safety, it is not always possible for them to be with their children when they are receiving general anaesthesia before their operation
- the hospital they work in should give children, parents/guardians and hospital staff clearer information about children's rights as patients
- hospital staff are friendly to children
- it is not always possible to ensure privacy for children due to multi-occupancy wards
- better communication with patients and families could be improved.

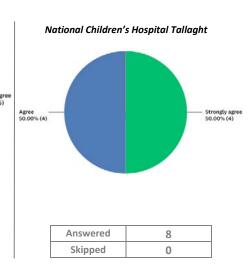
^{*}For concision purposes, percentage statistics have been merged for 'strongly agreed' and 'agreed', as well as 'always' and 'most of the time' answers.

1. Getting Good Quality Care - Responses

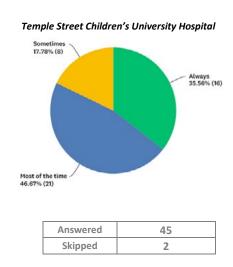
1.1. I feel this hospital provides the best care to children.

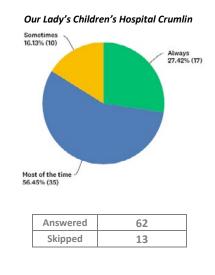


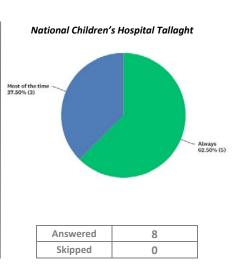




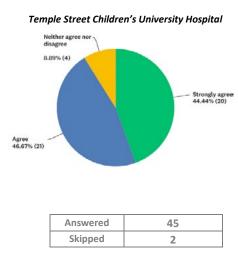
1.2. A child and his/her parent/guardian have an input into planning the child's care in this hospital.

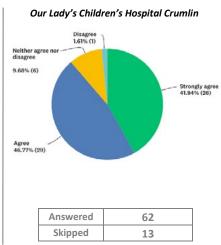


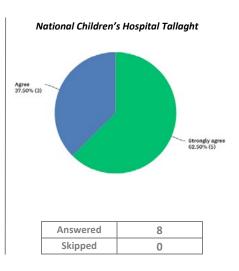




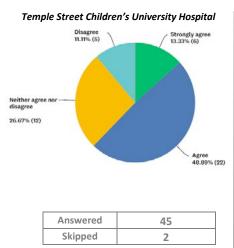
1.3. Children and their parents/guardians are given useful information in this hospital about looking after their/their child's health.

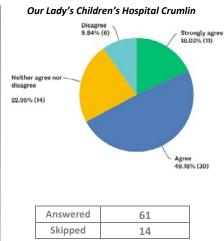


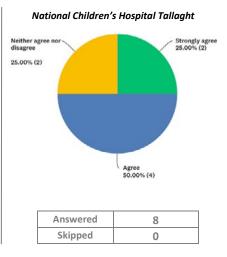




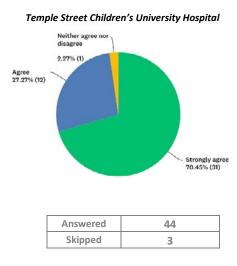
1.4. This hospital gives children, parents/guardians and staff clear information about children's rights as patients here.

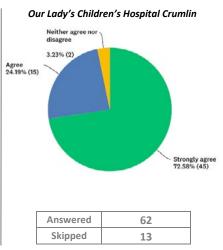


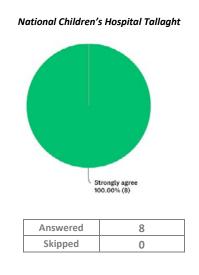




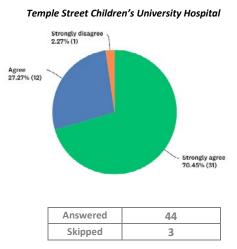
1.5. A parent/guardian is allowed to be with their child while their child is in this hospital.

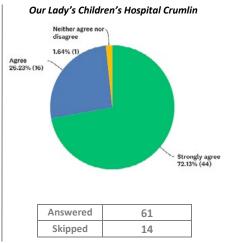


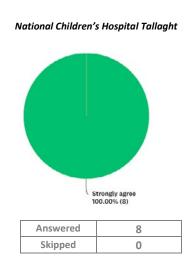




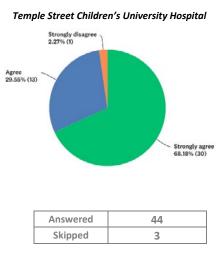
1.6. A parent/guardian is allowed to be with their child in this hospital at night.

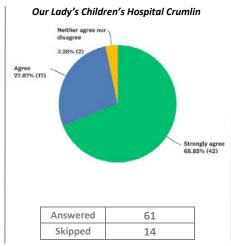


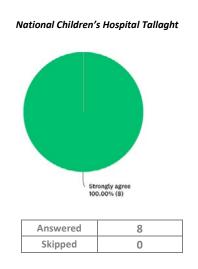




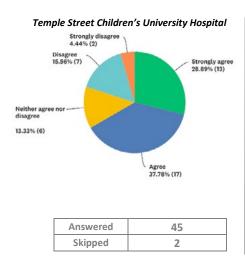
1.7. A parent/guardian can be near their child when their child is having things like injections, X-Rays and blood tests done.

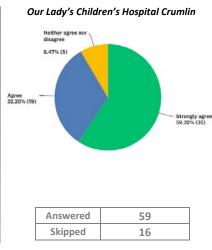


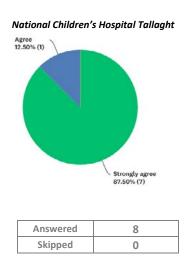




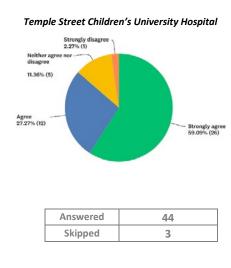
1.8. A parent/guardian is allowed to stay with their child while their child is being anaesthetised before his/her operation.

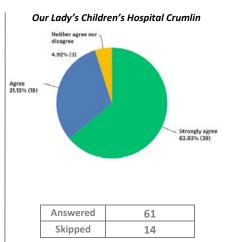


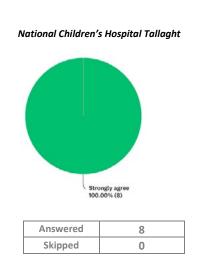




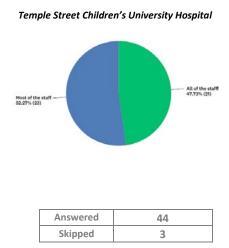
1.9. This hospital allows children to keep in contact with their parents/guardians while the children are patients here.

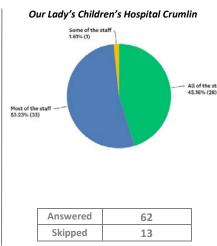


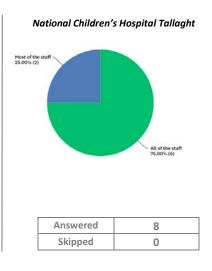




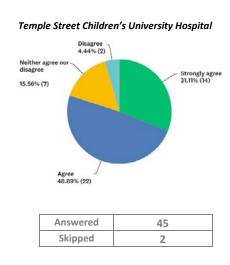
1.10. The staff who work in this hospital are friendly to children.

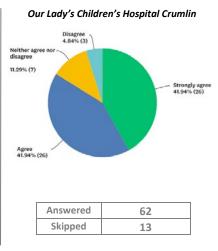


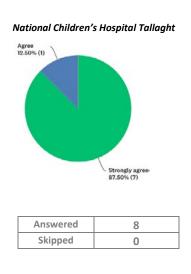




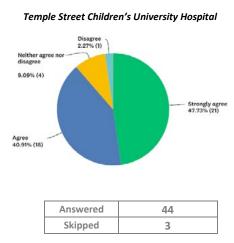
1.11. Children's privacy is respected in all aspects of their care and treatment in this hospital.

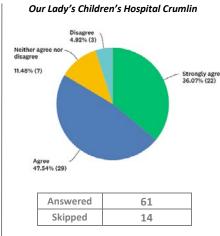


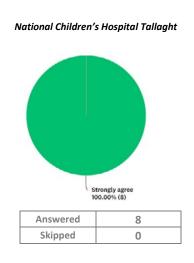




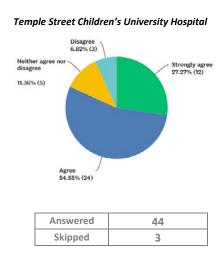
1.12. Children's confidentiality is protected in all aspects of their care and treatment in this hospital.

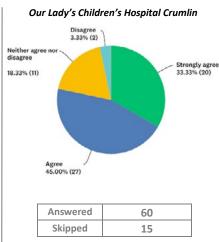


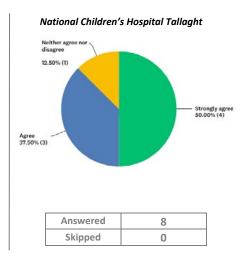




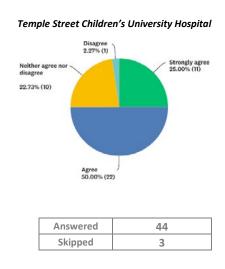
1.13. This hospital gives children and parents/guardians clear information about how to make a complaint about something in the hospital.

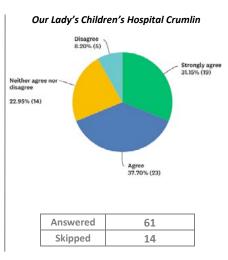


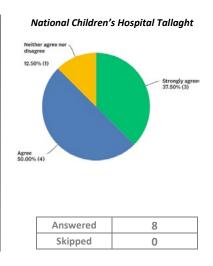




1.14. I feel children and parents/guardians would feel comfortable making a complaint to this hospital if they were unhappy about something in the hospital.







2. Being Treated Equally and Fairly

In this section of the questionnaire, hospital management was asked if every child has access to health services and treatment in the hospital they work in without discrimination, if staff are expected to treat children with respect and to call children by their name, if children can be examined by a doctor of the same sex if they or their parents/guardians so request, and if children have enough privacy while being examined.

Among the *positive results** emerging from the responses were:

- Q. 2.1. This hospital has a policy and procedures to ensure that every child has access to the health services and treatment they need in the hospital, without discrimination, with scores of between 86% and 100%.
- Q. 2.2. All staff in this hospital are expected to treat all children with respect, with a score of 100%.

Potential areas for improvement* highlighted by management responses included:

• Q. 2.5. Children are given information about their health and treatment in private (where other people/patients can't hear or see) with scores of between 70% and 75%.

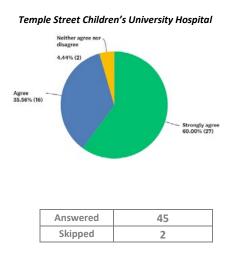
Taking into account *management responses* and *additional comments* from this section, key points emerging are that hospital management feels:

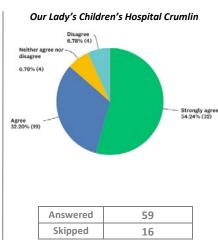
- the hospital they work in has policies and procedures to ensure that every child has access to the health services and treatment they need, without discrimination
- hospital staff treat the children with respect and call children by their names
- children can be examined by a doctor of the same sex as them, if the child or his/her parent/guardian asks for that
- children may not have enough privacy and confidentiality.

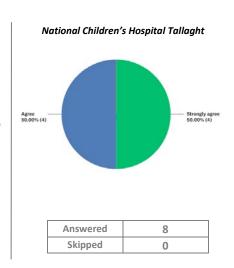
^{*}For concision purposes, percentage statistics have been merged for 'strongly agreed' and 'agreed', as well as 'always' and 'most of the time' answers

2. Being Treated Equally and Fairly - Responses

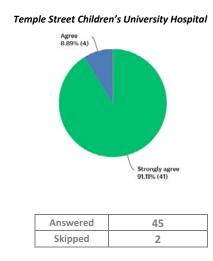
2.1. This hospital has a policy and procedures to ensure that every child has access to the health services and treatment they need in the hospital, without discrimination.

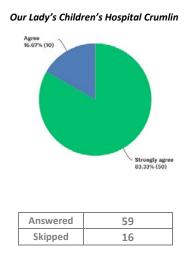


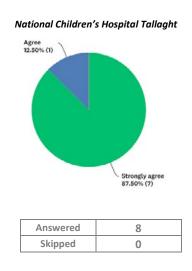




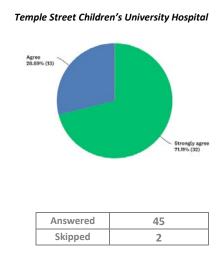
2.2. All staff in this hospital are expected to treat all children with respect.

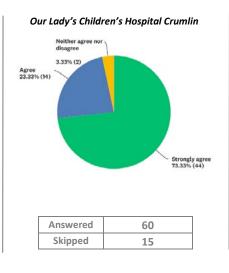


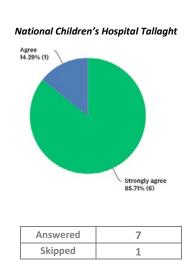




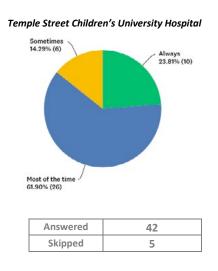
2.3. All staff looking after children in this hospital are expected to call children by their names.

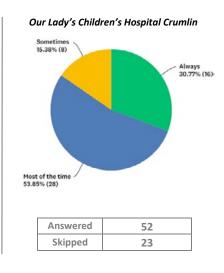


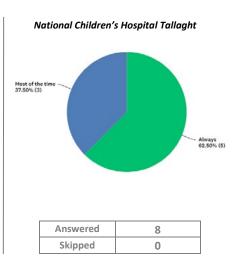




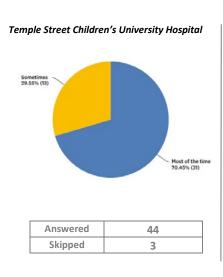
2.4. A child can be examined by a doctor of the same sex as him/her, if the child or his/her parent/guardian asks for that.

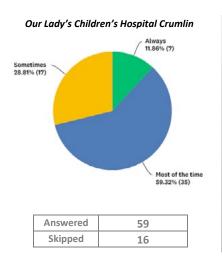


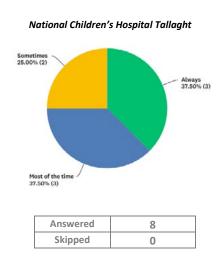




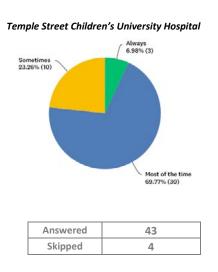
2.5. Children are given information about their health and treatment in private (where other people/patients can't hear or see).

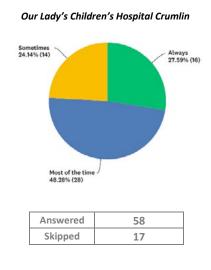


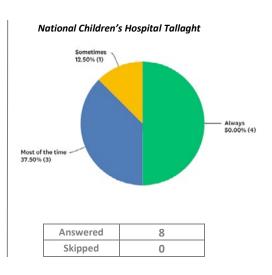




2.6. Children have enough privacy when they are being examined by medical staff in this hospital (other people/patients can't hear or see).







3. Rest, Play, Leisure and Learning

This section of the questionnaire was about rest, play, leisure and learning. Hospital managers were asked if children have opportunities to rest and play in the hospital they work in, if children have access to art, music or play therapies, and if children can do their homework and continue developing and learning during their stay in the hospital.

Among the *positive results** emerging from the responses were:

- Q. 3.5. This hospital supports children to continue with their school work during their stay here, with scores of between 94% and 100%.
- Q. 3.6. This hospital supports children to keep developing and learning during their stay here, with scores of between 91% and 100%.

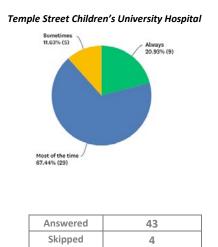
While the high scores in response to the statements did not highlight any potential areas for improvement, comments made by managers suggest that there may be scope for improvement in some areas. Key points emerging are that management feels:

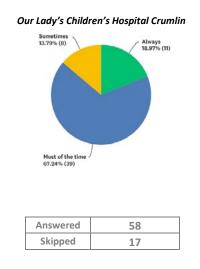
- children and young people are supported in continuing their school work while in hospital
- children and young people have the opportunity to rest in hospital and that there are separate places for them to play
- children and young people can continue developing and learning during their stay in hospital
- there is not enough access to music, art and play therapies for children and young people due to lack of resources
- due to space limitations in wards, children and young people may not have access to playrooms.

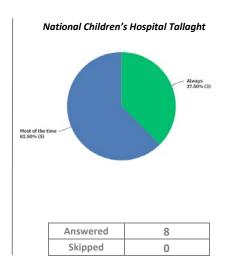
^{*}For concision purposes, percentage statistics have been merged for 'strongly agreed' and 'agreed', as well as 'always' and 'most of the time' answers

3. Rest, Play, Leisure and Learning - Responses

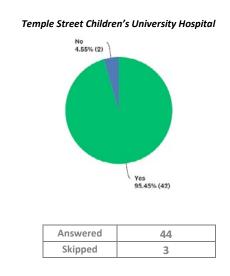
3.1. Children have the opportunity to rest in this hospital when they need to.

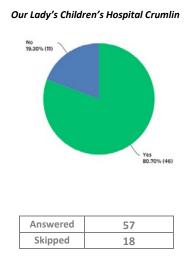


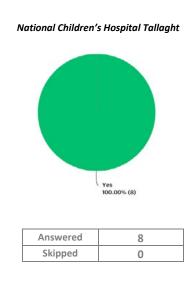




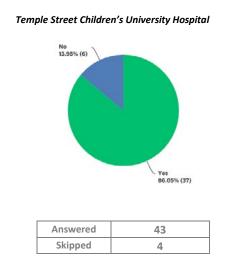
3.2. There is a separate place in this hospital for play and leisure that patients can use.

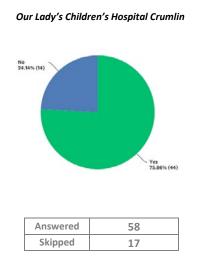


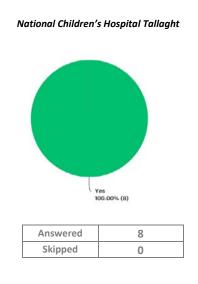




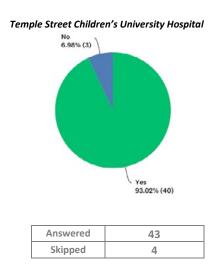
3.3. There are things to do in this hospital for patients of different ages.

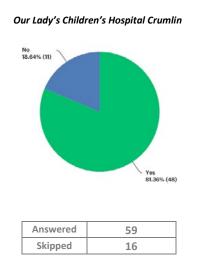


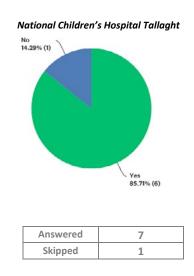




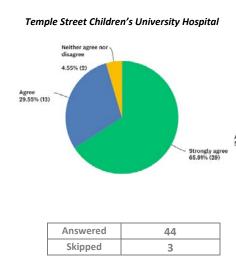
3.4. If any child needs play, music or art therapy, a therapist works with the child during his/her stay in hospital.

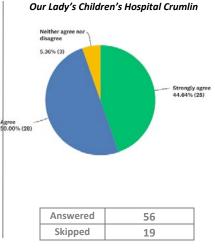


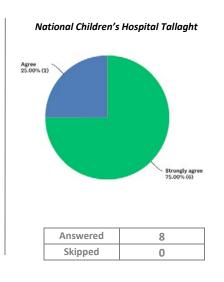




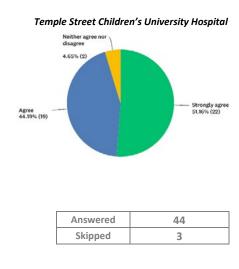
3.5. This hospital supports children to continue with their school work during their stay here.

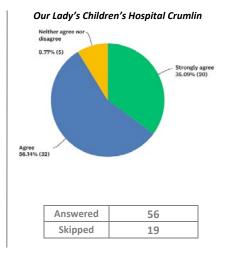


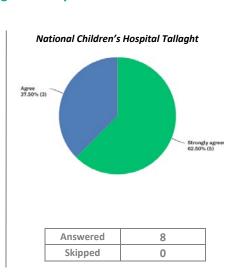




3.6. This hospital supports children to keep developing and learning during their stay here.







4. Information and Participation

In this section of the questionnaire, hospital management was asked if staff are expected to introduce themselves to children by name and to tell children about their jobs, if staff are expected to inform children that they have a right to express their views, if the doctors and nurses are expected to explain to children why they are sick and what treatment they may, and if the hospital they work in encourages staff to ask children what they think and to take their opinions into account.

Among the *positive results** emerging from management responses were:

- Q. 4.1. All staff caring for children in this hospital are expected to introduce themselves to children by their name, with scores of between 98% and 100%.
- Q. 4.4. This hospital expects relevant staff to explain to children that they can ask questions about their care and treatment, with scores of between 90% and 100%.

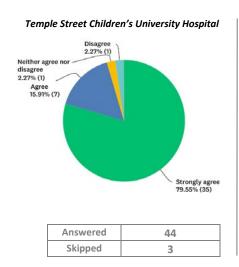
The high scores in response to the statements did not highlight any potential areas for improvement from a management perspective. Taking into account these responses as well as additional comments made by management, key points emerging are that management feels:

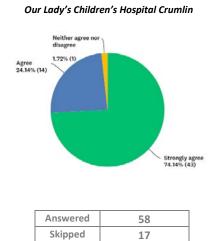
- staff caring for children and young people introduce themselves to children and tell them what their job is
- staff encourage children and young people to express their views and they help them in doing so
- communication with children and young people with an intellectual disability, communication difficulties or autism could be improved
- doctors and nurses explain to children why they are ill and what treatment they may need
- doctors, nurses, therapists and social workers ask children what they think and take their opinions into account.

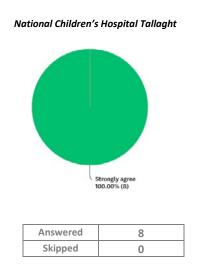
^{*}For concision purposes, percentage statistics have been merged for 'strongly agreed' and 'agreed', as well as 'always' and 'most of the time' answers.

4. Information and Participation - Responses

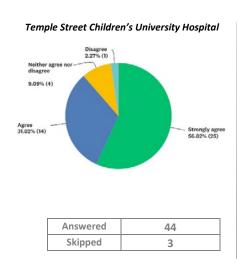
4.1. All staff caring for children in this hospital are expected to introduce themselves to children by their name.

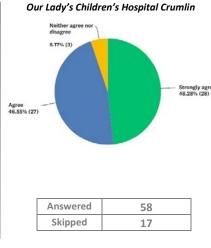


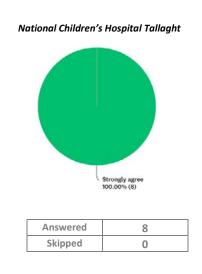




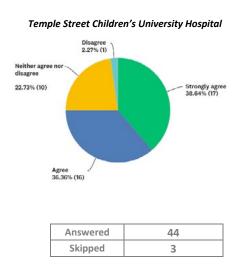
4.2. All staff caring for children in this hospital are expected to tell children what their job is.

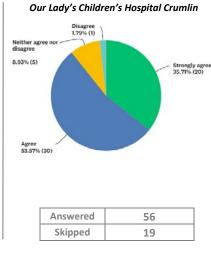


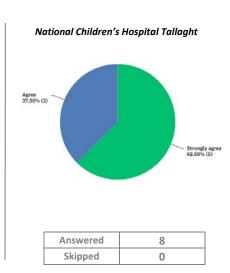




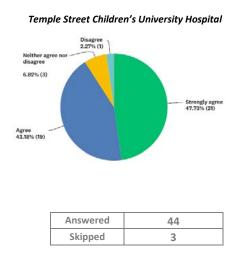
4.3. This hospital expects relevant staff to explain to children that they have a right to express their views and how they can be helped to do this.

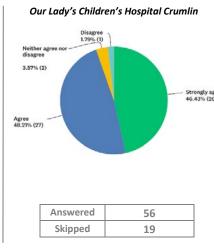


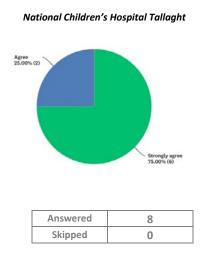




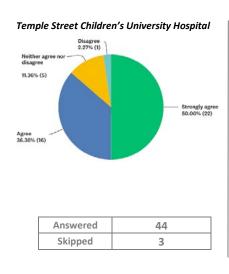
4.4. This hospital expects relevant staff to explain to children that they can ask questions about their care and treatment.

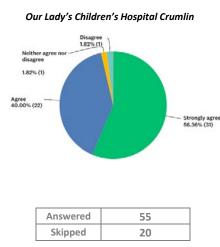


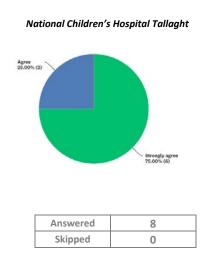




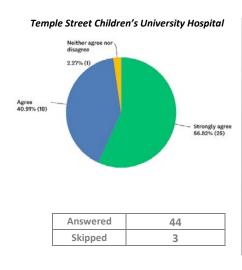
4.5. This hospital expects relevant staff to explain to children that it is alright to talk to a staff member about how they are feeling.

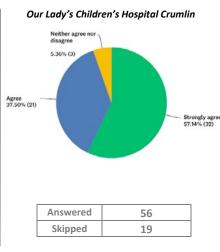


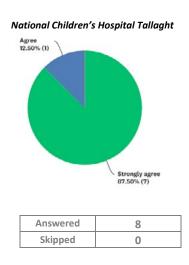




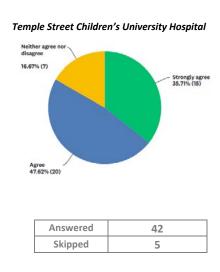
4.6. This hospital expects doctors, nurses and therapists to explain to children why they are sick and what treatment they might need.

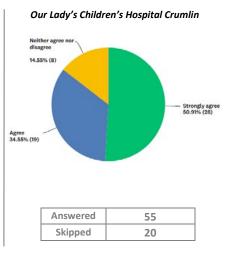


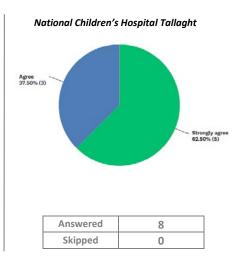




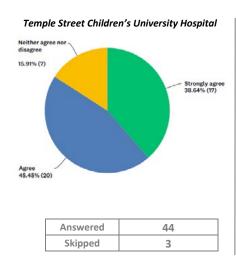
4.7. If a child needs to talk about something, I think they would feel they can talk to a staff member of this hospital about it.

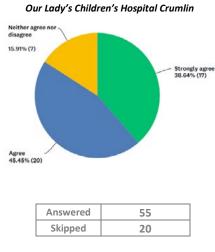


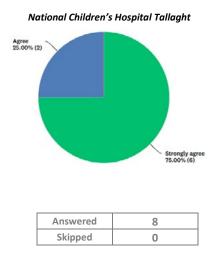




4.8. This hospital encourages doctors, nurses, therapists and social workers to ask children what they think and to take their opinions into account.







5. Safety and Environment

In this section of the questionnaire, hospital managers were asked about the physical safety of the hospital environment they are working in, if children with restricted mobility could easily move areas of the hospital they need to be in, if the hospital they work in is clean and if meals are served at the right time for children and include healthy options.

Among the *positive results** emerging from the responses were:

• Q. 5.4. This hospital expects staff to always wash/sterilize hands before and after they examine or treat a child, with scores of between 97% and 100%.

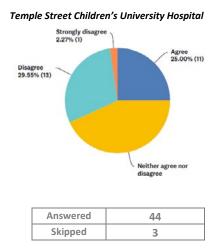
The high scores in response to the statements did not highlight any potential areas for improvement from a management perspective. Taking into account these responses as well as additional comments made by management, key points emerging are:

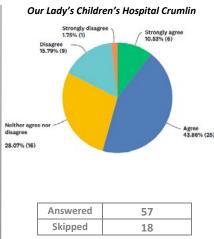
- Management expects all staff to wash/sterilise their hands before and after they examine or treat a child.
- Management feels that the hospital they work in is a physically safe place for children and young people, but that current infrastructure may not be fit for purpose and that the new children's hospital building would help eliminate challenges in this regard.
- Management feels that children with restricted mobility cannot easily move around all areas of the hospital they need to be in.
- Management feels that hospital policies and practices ensure a clean environment for children and young people at all times.
- Management feels that meals are served at appropriate times and include healthy options, although the provision of alternative meals or meals outside working hours can be difficult.

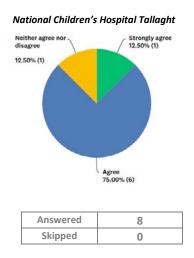
^{*}For concision purposes, percentage statistics have been merged for 'strongly agreed' and 'agreed', as well as 'always' and 'most of the time' answers.

5. Safety and Environment - Responses

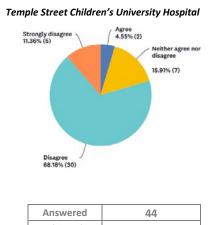
5.1. The infrastructure, furniture and equipment in this hospital help to make it a physically safe place for children and young people.

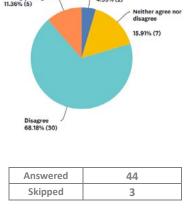


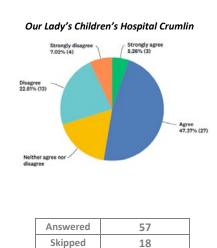


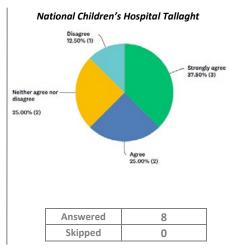


5.2. It is easy for children with restricted mobility to move around all the areas of this hospital building that they need to be in.

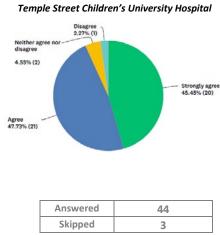


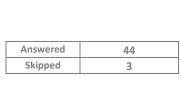


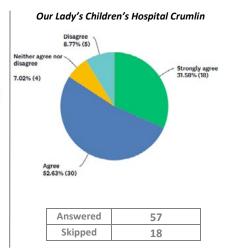


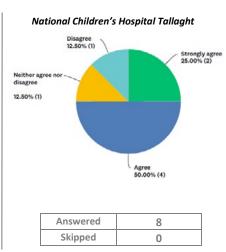


5.3. This hospital's policies and practices ensure a clean environment for children at all times.

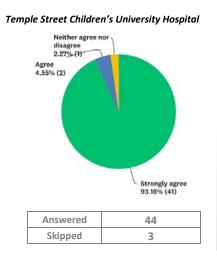


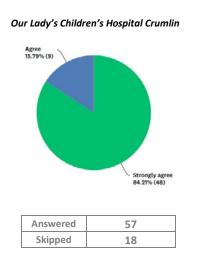


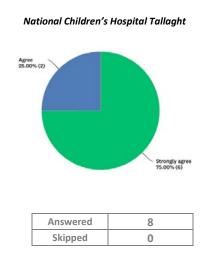




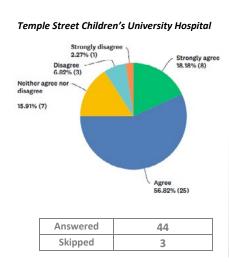
5.4. This hospital expects staff to always wash/sterilise their hands before and after they examine or treat a child.

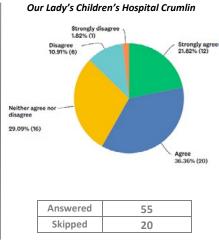


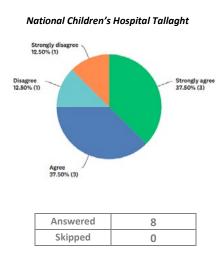




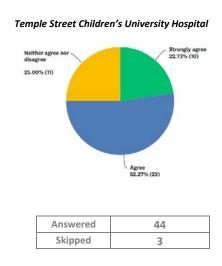
5.5. Food is provided to children at appropriate times for them.

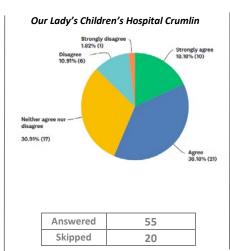


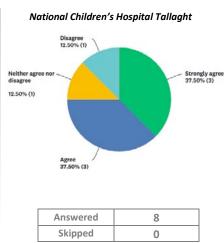




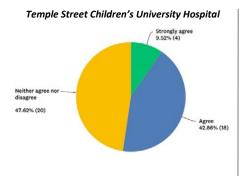
5.6. This hospital has a policy/guidelines to ensure that the food patients get here includes healthy options.



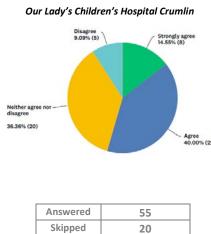


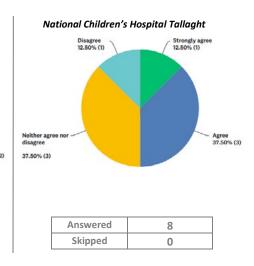


5.7. If a child doesn't like a particular meal, the hospital offers him/her an alternative meal.



Answered	42
Skipped	5





6. Protection

In this section of the questionnaire, hospital managers were asked if the hospital they work in has policies and protocols relating to child protection, if there is a unit/team in the hospital that deals with matters relating to child protection, if staff receive training on how to identify signs and symptoms of possible child abuse, child protection protocols and referral mechanisms, if the hospital they work in assesses its effectiveness in relation to child protection, and if the hospital would help a child or young person who said they were being harmed.

Among the *positive results* emerging from management responses were:

• Q. 6.1. This hospital has a policy that provides for a clear system of protection, treatment and referral of children who have been a victim of any kind of abuse, with a score of 100%.

A potential *area for improvement* highlighted by management responses was:

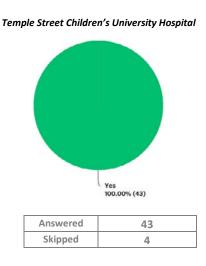
• Q. 6.7. There is information (e.g. posters or notices) in this hospital about protecting children and young people from harm, with scores of between 57% and 66%.

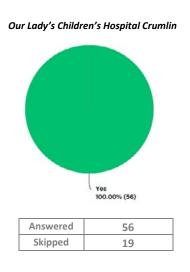
Taking into account *management responses* and *additional comments* from this section, key points emerging are:

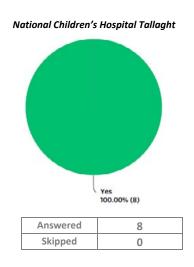
- Management is certain that the hospitals they work in provide a clear system for dealing with child protection concerns and the treatment of children who have been a victim of any form of abuse.
- Management feels the hospitals they work in have clear referral mechanisms with social work services, the police, the courts and other authorities in relation to child protection.
- Management feels hospital staff receive training on how to identify signs and symptoms of possible child abuse.
- Management feels that the hospitals they work in would help a child if the child said they were being harmed.
- Management feels that the hospitals they work in assess their effectiveness in relation to child protection.

6. Protection - Responses

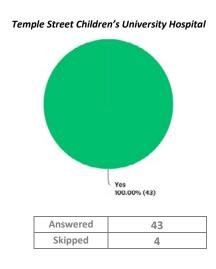
6.1. This hospital has a policy that provides for a clear system of protection, treatment and referral of children who have been a victim of any kind of abuse.

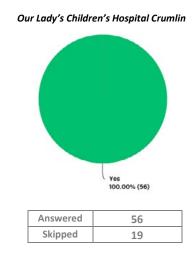


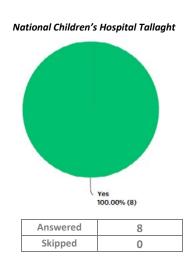




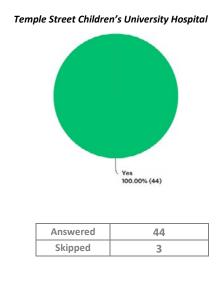
6.2. This hospital has clear child protection referral mechanisms with social work services, the police, the courts and other relevant authorities, which are activated by health professionals.

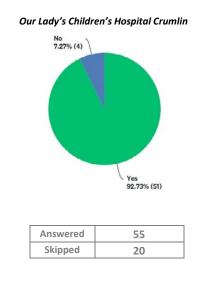


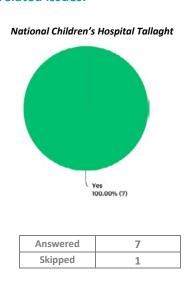




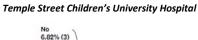
6.3. There is a unit or team in this hospital, which deals with child protection-related issues.

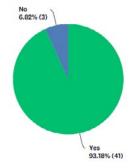




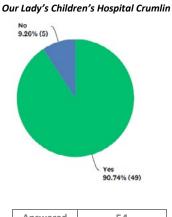


6.4. Staff receive training on how to identify signs and symptoms of possible child abuse.

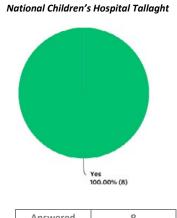




Answered	44
Skipped	3



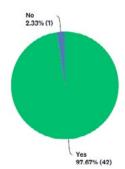
Answered	54
Skipped	21



Answered	8
Skipped	0

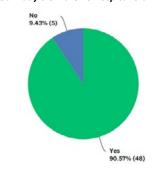
6.5. Staff receive information/training on current child protection protocols and referral mechanisms.

Temple Street Children's University Hospital



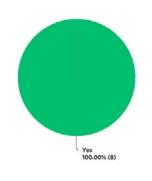
Answered	43
Skipped	4

Our Lady's Children's Hospital Crumlin



Answered	53
Skipped	22

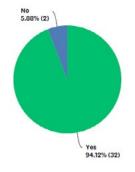
National Children's Hospital Tallaght



Answered	8
Skipped	0

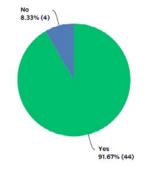
6.6. This hospital assesses its effectiveness in relation to child protection.

Temple Street Children's University Hospital



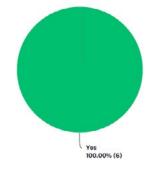
Answered	34
Skipped	13

Our Lady's Children's Hospital Crumlin



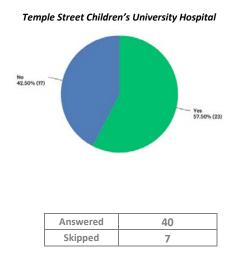
Answered	48
Skipped	27

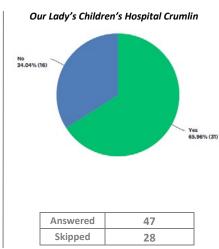
National Children's Hospital Tallaght

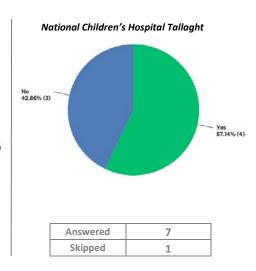


Answered	6
Skipped	2

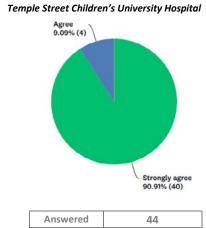
6.7. There is information (e.g. posters or notices) in this hospital that is about protecting children and young people from harm.

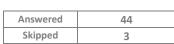


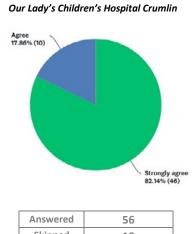


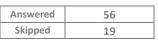


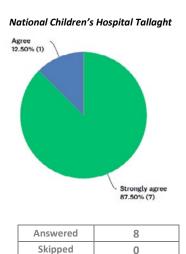
6.8. I think this hospital would help a child if the child said they were being harmed.











7. Managing Pain

In this section of the questionnaire, hospital managers were asked whether the hospital they work in has protocols and procedures for preventing and managing pain, if there is a special team or department in place in that can advise staff about pain management, if relevant staff receive training in pain management, and if the hospital they work in assesses its effectiveness in relation to pain management.

Among the *positive results* emerging from the responses to the topics raised in this section were:

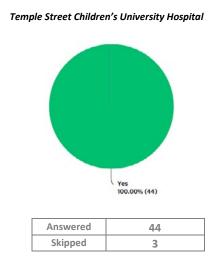
• Q. 7.1. This hospital has protocols and procedures in place for the prevention and management of pain, with scores of between 98% and 100%.

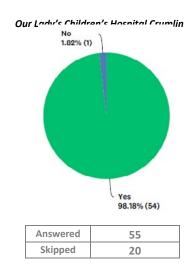
The high scores in response to the statements did not highlight any potential areas for improvement from a management perspective. Taking into account these responses as well as additional comments made by management, key points emerging are that management feels:

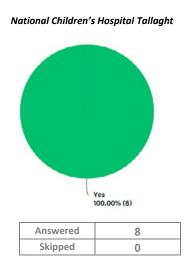
- the hospital they work in has protocols and procedures for managing pain
- there is a special team/department in the hospital they work in that can advise staff about pain management
- relevant staff receive training in relation to pain management
- pain management teams should have more dedicated staff in place
- the hospital they work in assesses the effectiveness of its pain management services.

7. Managing Pain - Responses

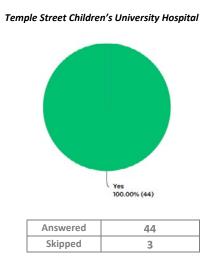
7.1. This hospital has protocols and procedures in place for the prevention and management of pain.

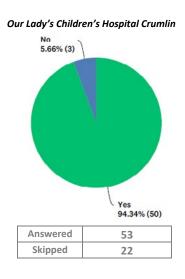


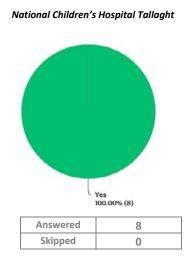




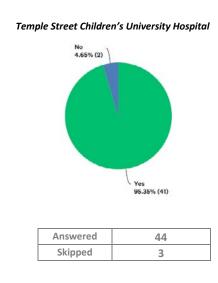
7.2. There is a special pain team/department in this hospital that can advise relevant staff about pain management.

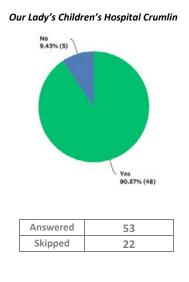


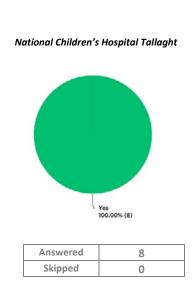




7.3. Relevant staff in this hospital receive training in pain management.

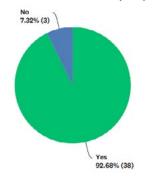






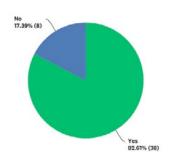
7.4. This hospital assesses the effectiveness of its pain management services.

Temple Street Children's University Hospital



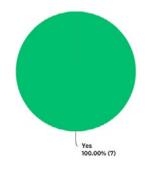
Answered	41
Skipped	6

Our Lady's Children's Hospital Crumlin



Answered	46
Skipped	29

National Children's Hospital Tallaght



Answered	7
Skipped	1



Membership of the Steering Committee for Joining the Dots

Ms Marian Quinn (Co-Chair)	Children's Hospital Group Board
	· · ·
Ms Nuala Ward (Co-Chair)	Ombudsman for Children's Office
Ms Suzanne Dempsey	Chief Director of Nursing, Children's Hospital Group
Ms Audrey Lewis	Executive Support, Children's Hospital Group
Dr Karen McAuley	Head of Policy, Ombudsman for Children's Office
Ms Caroline Duggan	Parent
Mr Kevin Jolley	Parent
Mr David Vaughan	Director of Quality and Patient Safety, Children's Hospital Group
Dr Peter Greally	National Children's Hospital at Tallaght University Hospital & Group Clinical Director, Children's Hospital
Rotating on Steering Committee:	Director of Nursing,
Ms Grainne Bauer	Temple Street Children's University Hospital
Ms Rachel Kenna Ms Marian Connolly	Director of Nursing, Our Lady's Children's Hospital Crumlin
The Fiding Commonly	Directorate Nurse Manager, National Children's Hospital Tallaght
Prof Ursula Kilkelly	Head of the College of Business and Law, University College Cork
Ms Avilene Casey	Director of Nursing, Health Service Executive

Membership of Local Implementation Groups for Joining the Dots

Our Lady's Children's Hospital Crumlin

Ms Rachel Kenna	Director of Nursing
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Children's University Hospital, Temple Street

Ms Grainne Bauer	Director of Nursing
Ms Clara Murtagh	Nursing Administration

National Children's Hospital, Tallaght

Ms Marian Connolly	Directorate Nurse Manager
Ms Orla O'Shea	CNM3 OPD, now Business Manager
	Paediatric Directorate





Joining the Dots

Connecting voices for child-friendly healthcare in hospital