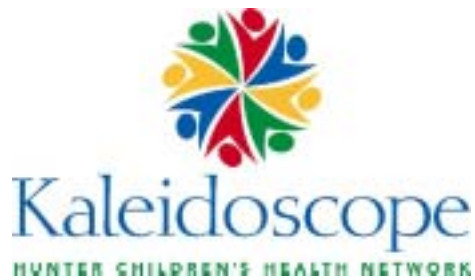


# Kaleidoscope Area Guidelines Acute Sector Needs Assessment Report

August 2004



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Standards and Protocols

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# Acknowledgements

We would like to acknowledge the following staff who agreed to be interviewed.

## Upper Hunter Sector:

Judy Bernasconi	Wilson Memorial Hospital, Murrurundi
Maeve Brooks	Muswellbrook Hospital
Kim Riley	Scott Memorial Hospital, Scone
Michelle Turnbull	Merriwa Hospital
Felicity Williams	Denman Multipurpose Site

## Lower Hunter Sector:

Joy Berry	Dungog Hospital
John Boorman	Cessnock Hospital
Jon Caban	Kurri Kurri Hospital
Tess Capsanis	Singleton Hospital
Kevin Crosdale	Cessnock Hospital
Deborah Kerz	The Maitland Hospital
Natalie Law	The Maitland Hospital
Jenny Pinch	Singleton Hospital
Elizabeth Smith	The Maitland Hospital

## Greater Newcastle Sector:

Karen Berry	Belmont Hospital
Cathy Grahame	John Hunter Children's Hospital
Billie Gibbins	Nelson Bay Polyclinic
Sarah Haddon	John Hunter Children's Hospital
Peter Hudson	Belmont Hospital
Sue Johnston	Royal Newcastle Hospital
Chris May	John Hunter Children's Hospital
Teena Pattison	Mater Misericordiae Hospital
Elizabeth Radcliffe	John Hunter Hospital
Sandy Stone	John Hunter Children's Hospital

# Executive Summary

## Background

A needs assessment was conducted throughout all Hunter Health Sectors to assess current guidelines, to identify concerns/gaps with guidelines, to identify barriers to guideline implementation and to assess quality management/patient safety processes used to improve care. Non-pilot sites were also informed of the Children's Emergency Care Project. A total of 24 staff working in areas where children receive care, were interviewed during July 2004.

## Results

### Current Guidelines

A wide variety of guidelines, policies and protocols are in place in the majority of workplaces (96%), though one unit stated they had none in place at all. Ninety six percent (n=23) of staff have concerns about current guidelines and state they are ineffective (52%), difficult to access (26%), out of date (22%) and not used by staff (17%). Reasons why guidelines are ineffective include: too wordy, haven't been localised, duplicated (eg different manuals contain different versions of the same guideline), multidisciplinary approach was not used in the writing of the guideline or there were multiple copies of the same guideline (within the same manual) with different revision dates.

### Guideline Gaps

Eighty three percent of staff (n=20) considered there were gaps and these relate to admission and/or transfer, medications, restraint, cannulation and pain management. Following recent discussions with members of the Northern Child Health Network, several of these gaps can readily be filled, while a working party is currently developing a restraint guideline.

### Unit Specific Guidelines

Seventy one percent of staff (n=17) have problems with developing and effectively implementing unit specific guidelines. They have particular difficulties with writing and evaluating guidelines due to a lack of time, staff and skills. Only one hospital stated they have a designated admin assistant to help with word processing and formatting of procedure/clinical practice manuals.

### Quality Improvement Processes

All units have quality improvement systems in place and three are also involved in Perfecting Healthcare Delivery Projects. Improvements could be made with the management of verbal complaints, the completion of AIMS forms and feedback from Patient Safety Officers about AIMS reports.

### What Concerns Managers?

Managers have concerns with education (38%), MO/GP compliance and/or skill level (25%), computer/HAL issues (25%) and the lack of guidelines (13%).

### Recommendations

A communication plan has been developed and will aim to increase awareness of the Northern Child Health Network, increase access to appropriate clinical practice guidelines (cpg's) and web sites and make HAL more "user friendly".

Other recommendations include:

- Increasing education and secondment opportunities
- Area wide implementation of appropriate cpg's and
- Improving skills of Medical Officers/GP's

# Background

In June, 2004, a Project Officer was employed by Kaleidoscope on a 12-month secondment. The Project Officer with experience in quality management and research has been given the responsibility to identify, coordinate and develop area wide guidelines, standards and protocols relating to the care of children. Following consultation with senior managers, it was decided that a needs assessment was required throughout the three Hunter Health sectors. The Project Officer through discussions with members of the Northern Child Health Network and Kaleidoscope Management identified key staff in the Upper and Lower Hunter sectors and the Greater Newcastle Sector.

The Project Officer made contact by telephone or email with the key staff members and appointments were made to visit them at their workplace. A brief needs assessment questionnaire was developed with input from both Northern Child Health Network and Kaleidoscope staff. The questionnaire was refined after pilot testing with three staff members from Kaleidoscope at John Hunter Children's Hospital. As only minor changes were made to the wording of the questionnaire, pilot data has been included in the following report. The data collection period was from June 30 to August 4.

Apart from completion of a questionnaire and becoming familiar with key staff the visit also aimed to:

1. Assess what guidelines, policies and protocols were currently in use
2. Assess willingness for units to modify guidelines (both existing and future) to ensure they are suitable for area wide ratification and use
3. Identify concerns and/or gaps with existing guidelines, policies and protocols
4. Discuss actual/potential barriers to dissemination/implementation/use
5. Assess quality management/patient safety processes currently used to improve practice
6. Briefly discuss the Children's Emergency Care Project to non-pilot site areas

A letter of introduction (Appendix 1) was given to staff outlining the aims of the visit and Project Officer's contact details. Staff were also informed that completed questionnaires (Appendix 2) would be identified by number only, and verbal permission was gained prior to commencing the interview. Interviews took approximately 30 minutes to complete but 90 minutes was allowed at each site (if required) to enable the Project Officer to review manuals, photocopy guidelines or meet with frontline staff. Several managers asked to be shown the Northern Child Health Network site, which was added to "favourites" to allow for quicker access.

# Results

## Demographics

Twenty-four interviews have been conducted throughout the three sectors. Interviews have been conducted with Nursing Unit Managers (n=15), Service Managers/Directors of Nursing (n=5), Deputy Director of Nursing (n=1), Nurse Manager (n=1), Nurse Educator (n=1) and Clinical Improvement Facilitator (n=1). Figure 1 shows the number of interviews conducted across the 3 sectors.

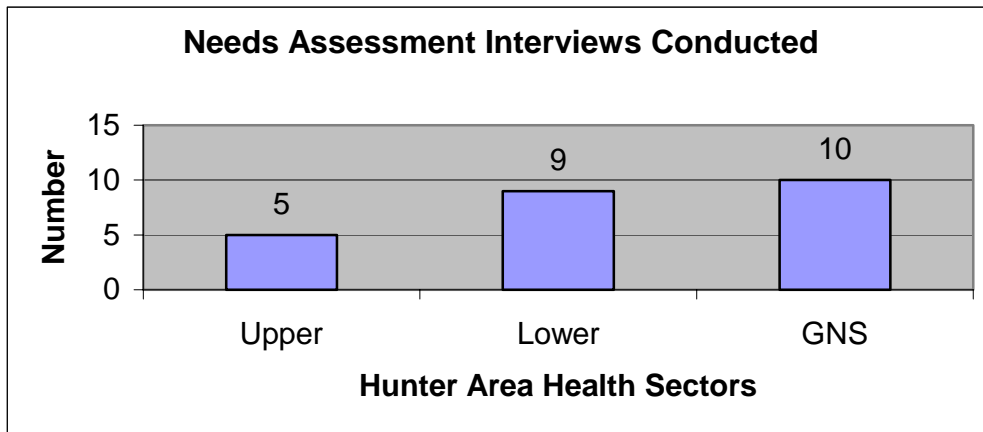


Figure 1 Number of Completed Interviews by Sector

The majority of interviews have been conducted with Nursing Unit Managers (63%), who manage either the Emergency Department or in-patient areas where children are cared. Figure 2 shows the variety of roles undertaken by the interviewees.

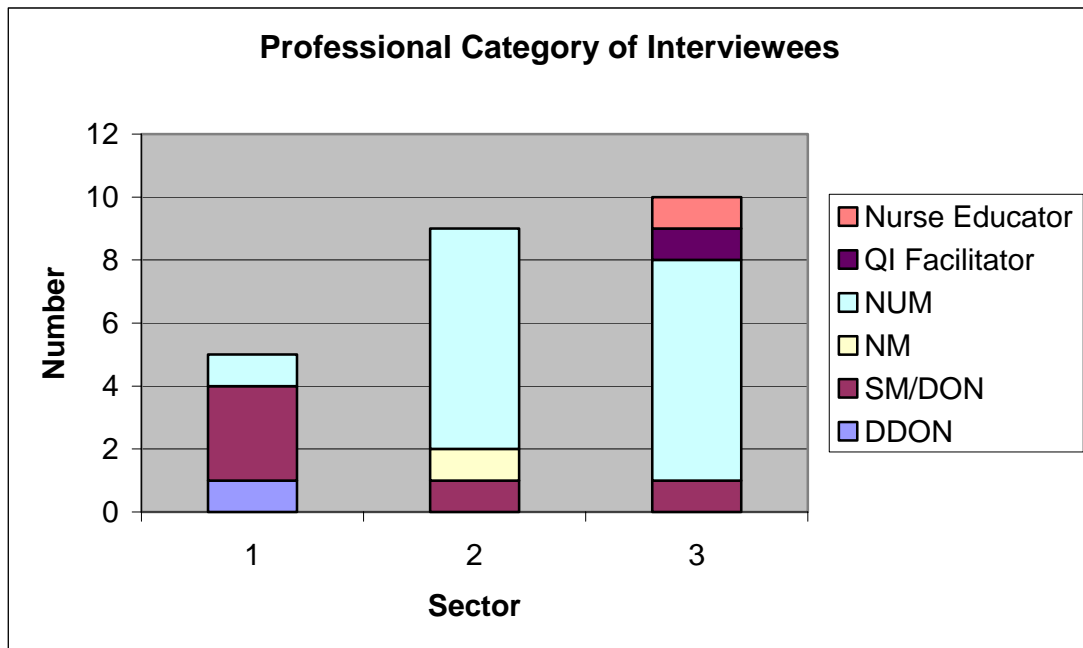


Figure 2 Professional Category of Staff Interviewed

## What Guidelines are Currently Used?

During the interview staff were asked to show the Project Officer any policies, guidelines or procedures relating to the care of children that were in the workplace. Twenty-three workplaces (96%) had documents they could show the Project Officer and one workplace stated they had none. A wide variety of resources were in use (and available to staff) to guide clinical practice and included the following:

- State and area health polices
- Sector and unit specific guidelines, flowcharts, procedures and competencies
- NSW DOH Clinical Practice Guidelines (sourced from NCHN website)
- New Children's Hospital Handbook 1999
- JHH Junior Medical Officer Paediatric Handbook
- NH&MRC Immunisation Handbook 2003
- Codes of Conduct and Ethics
- Job descriptions
- Protocols from other area health services

Only 2 interviewees from the Upper Hunter Sector stated that they used the Northern Child Health Network website and had accessed the paediatric clinical practice guidelines.

## What Are Managers' Concerns with Current Guidelines?

Although the majority of sites (96%) had printed resources, 23 staff (96%) expressed concerns regarding current polices/guidelines etc. It was also obvious that some sites had multiple manuals or manuals without an index which would make it difficult for staff to access with ease. In addition, only one hospital stated they have assistance from a designated admin assistant with word processing and formatting of procedure/practice manuals.

Figure 3 outlines the main issues regarding current guidelines.

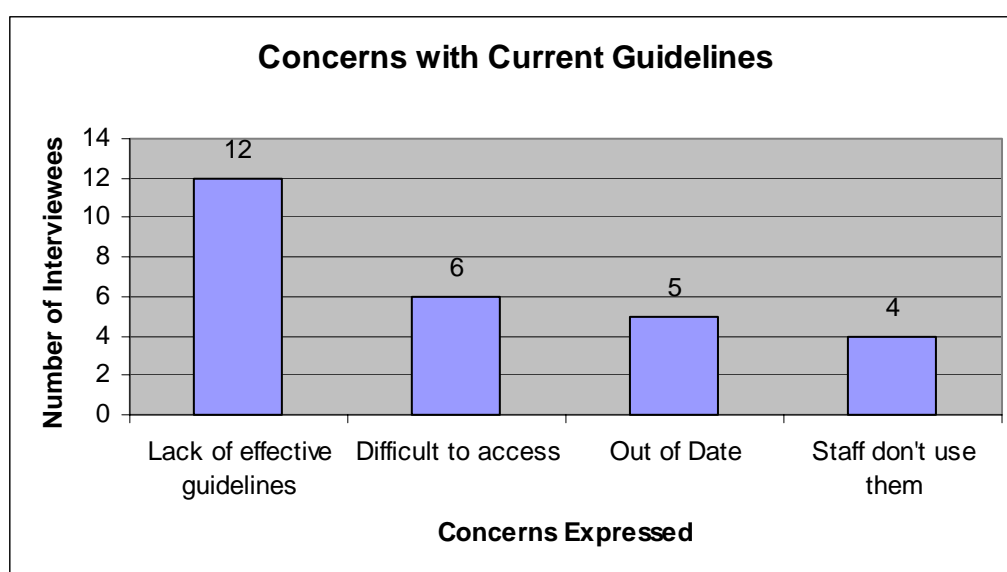


Figure 3 Concerns Expressed with Current Guidelines

## Why Are Guidelines Ineffective?

Staff interviewed state that guidelines are ineffective for the following reasons:

1. Not concise, too “wordy”
2. Haven’t been “localised” and are not appropriate eg for rural areas
3. Contain a lack evidence
4. Duplicated (eg different manuals contain different versions of same topic)
5. Difficult to keep up with changing client needs as the writing and implementation is time consuming
6. Multiple copies of the same guideline (within the same manual) with different revision dates
7. Need multidisciplinary input (eg if written by a Senior MO, GP’s are more likely to follow them)

Other issues identified include:

1. Staff don’t know what is available
2. Staff aren’t interested
3. Guidelines are not updated as there is no one allocated to do so, or staff who are responsible are not completing the task

Units would benefit from following NH&MRC<sup>1</sup> recommendations regarding guideline development, which includes using the best available evidence and a multidisciplinary approach, and ensuring adaptation to local conditions.

## What Gaps Exist?

When asked if they considered there were gaps in policies, guidelines, standards or protocols, 83% of Managers (n=20) answered in the affirmative, 13% (n=3) replied in the negative while 4% (n=1) was not sure. Eleven Managers could describe the gaps within their unit or hospital and the common gaps are outlined in Figure 4. Other topics that were identified by a single response include: resuscitation, post-op care, telephone advice, co-sleeping, asthma, croup, bronchiolitis, fever and febrile convulsions. Following discussions with members of the Northern Child Health Network, it has been identified that several of these “gaps” can readily be filled, as guidelines currently exist on several of the topics.

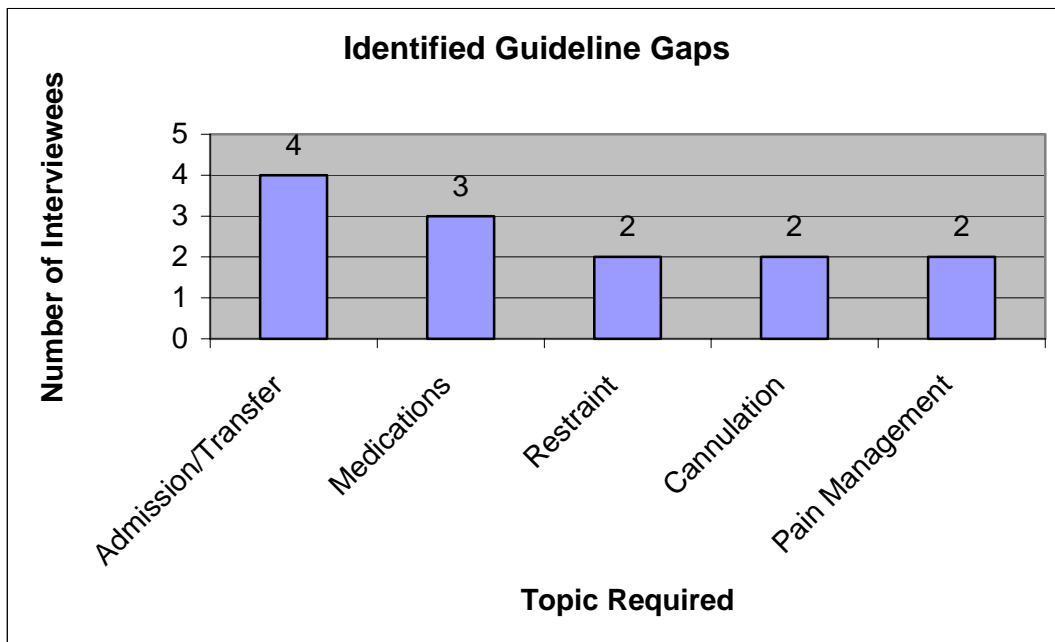


Figure 4 Identified Guideline Gaps

## How Are Managers Informed of NSW DOH and HAHS Policy Changes?

Managers were asked to describe how they were made aware of new or updated policies, circulars or bulletins from NSW DOH or HAHS. Twenty-three staff (96%) could describe the process, while one manager stated they are not informed in any way. Figure 5 describes the various ways that managers are made aware of new/updated policies.

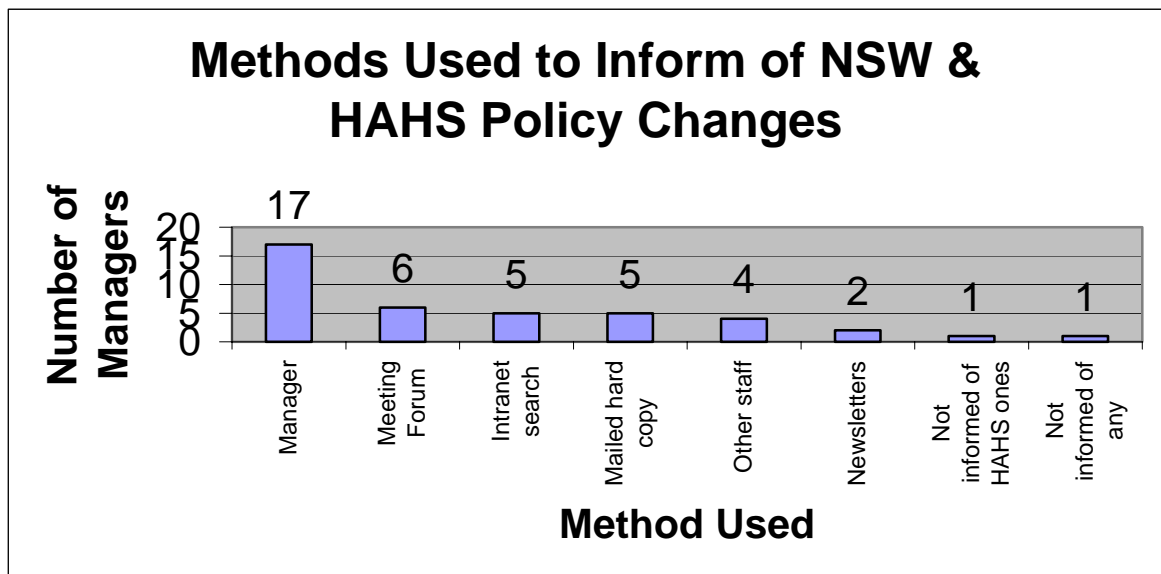


Figure 5 Methods Used to Inform of Policy Changes

## **How are Responsibilities Allocated?**

With regards unit/hospital specific guidelines or procedures, Managers were asked who was responsible for the following:

- Writing
- Ratification
- Dissemination
- Implementation
- Evaluation
- Revision

They were also asked if they had any problems with carrying out the above steps. It was interesting to note that only 3 units within the Greater Newcastle Sector and 1 Lower Hunter Sector unit used a multidisciplinary approach to the writing of guidelines. Table 1 on following page shows how responsibilities are allocated across the three sectors, while problems are outlined in Figure 6.

### Upper Hunter Sector

ID	Writing	Ratification (Committee)	Dissemination	Implementation	Evaluation	Revision
01001	DON	Executive	DON	DON	DON	Executive
01002	DON	Guide Line	DON	DON	DON/QIC	DON
01003	NM	Quality or Executive	NM	NM	No one	Quality or Executive
01004	NUM	Executive or Quality	NUM	NUM	NUM	NUM
01005	DDON	Executive or Health Care Review (HCR)	DDON	DDON	DDON	HCR

### Lower Hunter Sector

02001	CNS/NUM	Guide Line	NUM	CNS/NUM	CNS	CNS
02002	CNS	Integrated Care	NUM	CNS	CNS	CNS
02003	NUM	Clinical/Quality	NUM	NUM	NUM	NUM
02004	NUM	Clinical/Quality	NUM	NUM	NUM	NUM
02005	NUM/RN	Clinical/Quality	NUM	NUM	No one	NUM
02006	RN or MO	Patient Safety	NUM/MO	No one	No one	NUM/MO
02007	CNS	Patient Safety or Quality	NUM	NUM	NUM	Delegated by NUM
02008	NUM	Patient Safety or Quality				
02009	Multidisciplinary	Guide Line	NUM	NUM	NUM	Guide Line

### Greater Newcastle Sector

03001	Multidisciplinary	Clinical Practice or KEAG	CNC/NUM	CNC/NUM	No one	CNC
03002	Multidisciplinary	Clinical Practice	NUM/Educators	NUM/Educators	NUM	CNC
03003	CNC/RN	Clinical Practice	CIF	CIF	CIF	CIF
03005	CNC/CNS	Clinical Practice or Quality	CIF	NUM/CNC	No one	Not stated
03006	Multidisciplinary	Patient Safety, Quality or Guide Line	NUM	NUM/Medical Director	NUM	NUM/CNC/ Med. Dir.
03007	Senior MO	ED Executive	Team	Team	NUM/Senior MO	Senior MO
03008	NUM	Executive	NUM	NUM/DDON	NUM/DDON	NUM
03009	NM	Appropriate Committee	NM	NM	NM	NM
03010	Senior RN	Policy	Policy	NUM	Senior RN	Senior RN
03011	Various Nurses	ED Executive	NM	Various Nurses	Various Nurses	Various Nurses

Table 1 Allocation of Responsibilities

## What Problems Exist with the Effective Use of Unit Specific Guidelines?

The majority of sites have problems with the steps needed to ensure that staff are able to develop and appropriately and effectively implement unit specific guidelines. Seventy-one percent (n=17) of Managers stated that they had problems, while 17% (n=4) have none, 4% (n=1) are not sure and 8% (n=2) are unable to describe any problem as they have never tried to implement a unit specific guideline. Of the 17 staff with problems, 13 of them could specify the actual problem(s) and these are outlined in Figure 6.

Although the NH&MRC<sup>1</sup> states that evaluation of clinical practice guidelines to assess effectiveness of dissemination and implementation is essential, evaluation is not done in 38% of units. Guideline writing also appears to be difficult for Managers, due to the fact that many units either lack more senior staff (eg a CNS, CNC or educator), or the NUM also has a clinical load and time constraints make writing difficult.

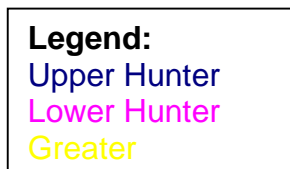
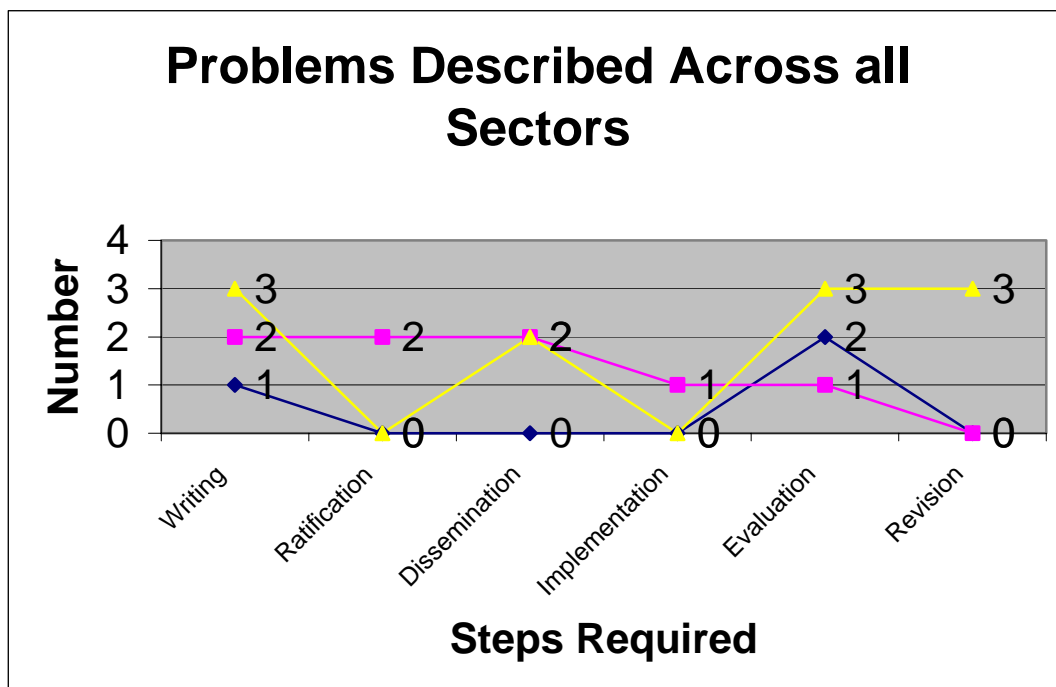


Figure 6 Problems Expressed by Managers

## What Guidelines Do Managers Consider are Appropriate for Area Wide Use?

Managers were asked if they considered that their current guidelines, standards or protocols should be made area wide and if so, would they be willing to have them modified to enable them to be used throughout the Hunter Area Health Service. Figures 7-8 outlines responses given. Unit specific guidelines that Managers considered should be used area wide are those relating to:

1. Use of Entonox
2. Oxygen Therapy
3. Use of Nebulised Adrenaline
4. Guidelines for Admission
5. Use of Traction
6. Continence Management
7. Burns
8. Croup
9. Wound Management
10. Insertion of NG Tube
11. Tonsillectomy Post-Op Care
12. Use of TAC (tetracaine, adrenaline and cocaine) for Lacerations
13. Paediatric Guidelines for Consultation with and Transfer to JHH

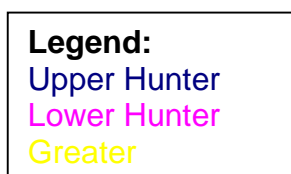
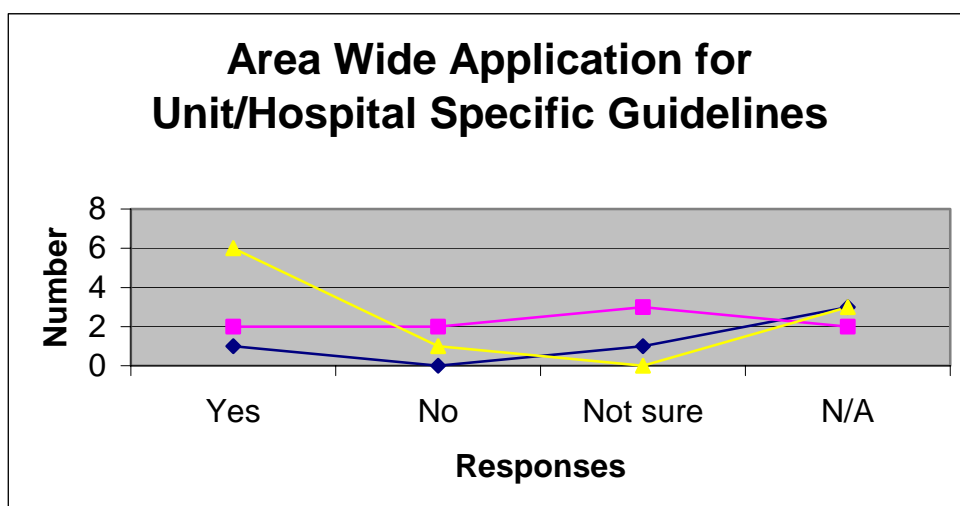
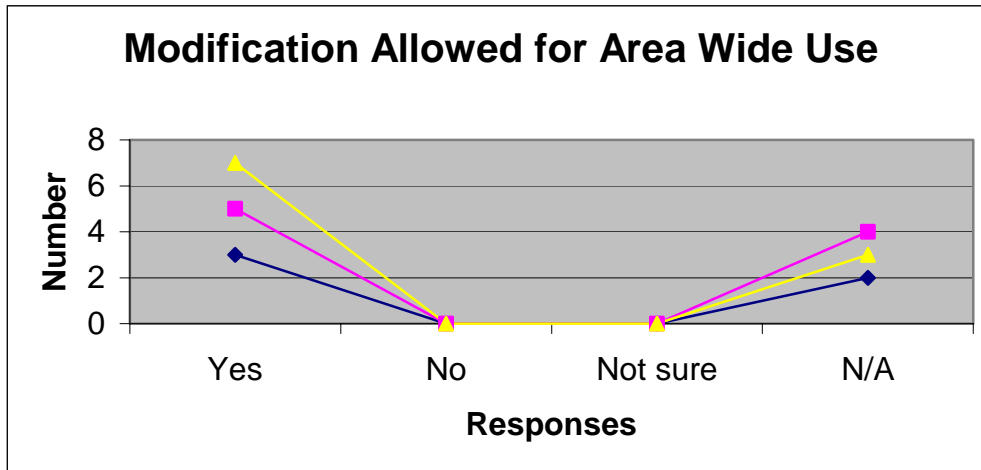


Figure 7 Number of Managers who Consider that Unit Specific Guidelines Should be Area Wide

The majority of Managers (63%) agreed to allow their unit specific guidelines to be modified to allow for area wide use. All Managers could see the benefits of the three sectors working together to standardise guidelines relating to the care of children. The following figure shows the number of Managers who agree to have their guidelines modified for area wide application.



**Legend:**  
 Upper Hunter  
 Lower Hunter  
 Greater

Figure 8 Managers Approval of Modification of Unit Guidelines for Area Wide Application

## **What Quality Improvement Processes are in Place?**

All Managers could describe within their units a system whereby issues are identified and discussed formally, where recommendations are made and changes to clinical practice implemented. However, 7 Managers stated that verbal complaints are not routinely documented, 3 stated that completion of AIMS forms by staff could be improved and 3 stated that feedback from Patient Safety Officers about AIMS reports could also be improved. Policies and standards exist in relation to complaints management (including verbal complaints) and Hunter Health has implemented a clinical risk management framework in relation to adverse event monitoring<sup>2-6</sup>. Units may need to put additional effort into effectively implementing these policies.

Three Managers also stated that their unit had been involved in a Perfecting Healthcare Delivery project that had assisted in quality improvement initiatives.

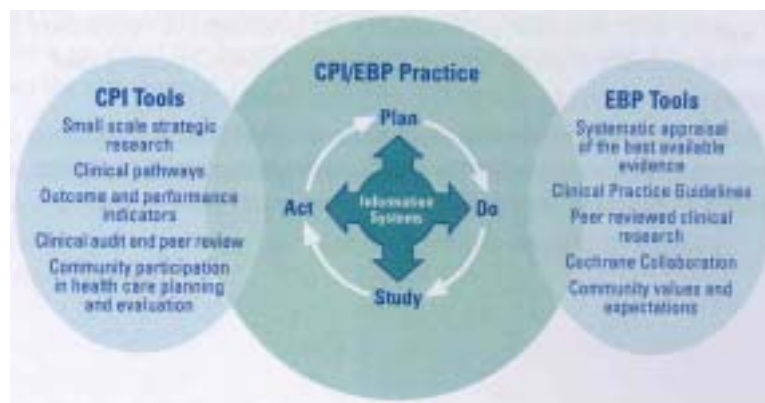
Additional comments made by Managers related to the use of part time staff (up to 90% of staff in some units), frequent rotation of RMO's and Interns and difficulty in getting staff to meetings. These issues contribute to making communication, the ability to implement change effectively and maintenance of skills a challenge for Managers.

## How Can the Balanced Scorecard Assist Managers?

All Hunter Area Health Service Units are currently implementing the Balanced Scorecard (BSC) approach to performance management and measurement. One of the three strategic themes for all units is the delivery of high quality patient care. The BSC also contains six focus areas, of which one relates to partnerships.

Managers need to ensure that a coordinated and multidisciplinary approach to clinical practice improvement is incorporated in their BSC. This can be assisted by the use of appropriate tools relating to clinical practice improvement and evidence-based practice as illustrated in Figure 9<sup>7</sup>.

In addition, those Managers who have expressed concerns relating to GP guideline compliance and skill level (n=6) may wish to develop appropriate objectives and achievable measures within their BSC relating to this issue.



Ref: Toward Clinical Excellence An Introduction to Clinical Audit, Peer Review and other Clinical Practice Improvement Activities New Zealand Ministry of Health, April 2002

Figure 9 Relationship Between Clinical Practice Improvement and Evidence Based Practice

## What are Other Issues for Managers?

As indicated by Table 2 on the following page, Managers have concerns with education (n=9), MO/GP compliance and/or skill level (n=6), computer/HAL issues (n=6) and lack of guidelines (n=3).

**KEY:**                                      **Upper Hunter 01**                      **Lower Hunter 02**                      **GNS 03**

<b>ID</b>	<b>Issue</b>	<b>Solution Requested</b>
01001	Computer “downtime” Staff computer illiteracy Staff lack confidence on paed issues such as taking of neuro obs, administration of nebulised adrenaline, care of children with diarrhoea and vomiting	Not stated
01002	Distance Guideline development too time consuming	Teleconferences Admin support Computer training
01003	Hard to locate information on HAL	All policy/procedures to be on HAL and easily found by “key word”
01004	Lack of paediatric qualified nurses	Secondments to JHH paed ED
01005	Lack of computers and internet access Improved access to education, including for GP’s	Video education (esp. for night staff) Teleconferences
02001	Lack of GP compliance with guidelines	None requested
02002	EN’s caring for children need upskilling Improved information flow to frontline staff	Education Assistance with health information management
02003	GP’s don’t transfer soon enough	None requested
02004	NUM’s have clinical loads No CNS’s	Improved links with JHH
02005	None stated	
02006	No educator, too few CNS’s, no AIMS feedback	Assistance with dissemination, implementation and evaluation of guidelines
02007	None stated	
02008	Lack of paediatric qualified nurses Very concerned about quality of care provided GP’s need upskilling but hard to do this	Not stated
02009	GP’s require education in drug dosages, intubation, use of intraosseus needles, CIAP	Education for GP’s
03001	None stated	
03002	Education	Kids Kare line staff require more guidelines Would like education on how to implement and evaluate guidelines
03003	Improved access to information Poor communication with Nexus	Kaleidoscope information bulletin (guidelines, case study)
03005	Time constraints	Additional clerical support
03006	Lack of guidelines	Assistance with guideline writing/revision
03007	Staff education Lack of practice eg in paed cannulation	NCHN Education CD’s Secondments to JHH paed ED
03008	Lack of pain management guidelines Staff need upskilling Area not secure for children Lack paed emergency equipment and facilities eg toilets MO’s don’t admit within guidelines	More education sessions from Kaleidoscope CNC’s Paed trained recovery nurse
03009	Hard to find staff on HAL (need to know name)	User friendly HAL staff address book
03010	Lack paed emergency equipment Staff education Lack guidelines/policies	Education in paed resusc for nurses and anaesthetic registrars, ENT issues, adolescent psychosocial needs Paed specific guidelines/policies
03011	Time constraints	Assistance with evaluation/revision of guidelines

Table 2 Issues and Stated Solutions

## References

1. National Health and Medical Research Council A Guide to Development, Implementation and Evaluation of Clinical Practice Guidelines, 1999
2. Hunter Health Policy 01/07 Complaints Management,
3. Complaints Handling Procedures and the Quality Agenda in the NSW Health System Background Paper NSW Health, March 2004
4. Better Practice Guidelines for Frontline Complaints Handling, NSW Health, 1998
5. Australian Standard AS 4269-1995 Complaints Handling
6. Hunter Area Health Service Clinical Risk Management Framework and Patient Safety Process Clinical Governance Unit, Second Edition, 2003
7. Toward Clinical Excellence An Introduction to Clinical Audit, Peer Review and other Clinical Practice Improvement Activities New Zealand Ministry of Health, April 2002

### What are our Recommendations?

No.	Issue	Action	Champion	By When	Action(s) Completed	Date Completed
1	Communication	Develop a communication plan (refer to next page)	L Evans	August 10		
2	Area wide guidelines	Discuss with KEAG: <ul style="list-style-type: none"> <li>Identified gaps</li> <li>Guidelines applicable for area wide use</li> </ul>	L Evans	23/8/04		
3	Education	Discuss identified needs with CNC's at Aug 19 CNC meeting	L Evans	19/8/04		
4	Secondments	Secondment opportunities to be tabled and discussed at appropriate forums	P Way/NCHC	On track		
5	Clinical Practice Guidelines (CPG's)	<ul style="list-style-type: none"> <li>Provide assistance with localising guidelines, dissemination and evaluation</li> <li>Provide education on CPG's (including the need for a multidisciplinary approach)</li> <li>Area Wide Guidelines PO (L Evans) to be involved in working parties to facilitate area wide application</li> <li>Circulate guidelines to Managers where "gaps" have been identified</li> </ul>	L Evans/L Crittenden/ R Winskill	Ongoing		
6	Health Information Management	Encourage all units to allocate responsibility for maintaining manuals	L Evans	Sept 10		
7	GP Needs	Discuss with GP liaison officer- Helen Milne	L Evans/L Crittenden	Sept 15		

### Communication Plan

No.	Issue	Action	Champion	By When	Action(s) Completed	Date Completed
1	Lack of awareness of NCHN	Identify child health service providers (to include Taree)	L Crittenden	13/8/04		
		Email information monthly to all Managers using "opt off" system	L Austin	ongoing		
		Develop a system whereby new Managers are identified and added to mailing list	All staff	ongoing		
		All staff to inform L Austin of any staffing changes	All staff	ongoing		
		L Austin to continue to mail out (email and hard copy), NCHN newsletter each 3/12 and include a statement asking that she is notified of any staff changes	L Austin	3/12		
		Staff to distribute business cards	All staff	ongoing		
2	Not aware of available guidelines	Inform L Austin of appropriate CPG sites	All staff	ongoing		
		Produce list of websites that contain CPG's, update regularly and circulate to all Managers via NCHN newsletter	L Austin	3/12		
		L Austin to circulate monthly update of new/revised polices from NSW DOH and HAHS	L Austin	monthly		

Communication Plan Page 2 of 2

No.	Issue	Action	Champion	By When	Action(s) Completed	Date Completed
		When NSW DOH booklets are available for Paed CPG's, order boxes and personally deliver to Managers	L Crittenden and R Winskill	Early 2005		
3	HAL not "user friendly"	Discuss with appropriate staff how to improve this. For example: <ol style="list-style-type: none"> <li>1. Kaleidoscope site does not clearly state where CPG's are situated)</li> <li>2. Difficult for new Managers to the area to know what staff are available to assist (need to know their name first)</li> </ol>	L Austin	Sept 24		
4	Increase sites available to all staff who do not have internet access	All staff to inform L Austin of appropriate sites and L Austin to negotiate their availability on HAL	L Austin	ongoing		
5	CEO weekly message	Discuss with H Stephens the possibility of inclusion in CEO weekly message to staff a statement about CPG's and include appropriate link	L Evans	10/8/04		
6	Guideline Promotion on HAL	Ask re possibility of inclusion of a statement on HAL home page about the roll out of the 10 NSW DOH CPG's	L Austin	17/8/04		
		Check if 10 NSW DOH CPG's can be located on HAL with other clinical protocols	L Austin	17/8/04		

## Appendix 1 Letter of Introduction

C/- Northern Child Health Network  
The Maitland Hospital, High St  
Maitland NSW 2323  
Ph: 02 4939 2469 Fax: 0249 392274  
Mobile: 0400 328 696  
Email: [Louise.Evans@hunter.health.nsw.gov.au](mailto:Louise.Evans@hunter.health.nsw.gov.au)



Dear Manager

Re: Needs Assessment Questionnaire

I am Kaleidoscope's Project Officer for Guidelines, Standards and Protocols. During my 12-month secondment I am responsible for the identification, coordination and development of area wide guidelines relating to the care of children. I am visiting Managers of Hunter Area Health Service Units in all sectors that care for children. The aim of this visit is to also:

1. Identify key staff responsible for guidelines, quality and safety
2. Assess what guidelines, policies and protocols are currently used
3. Assess willingness for units to modify guidelines (both existing and future) to ensure they are suitable for area wide ratification and use
4. Identify concerns and/or gaps with existing guidelines, policies and protocols
5. Discuss actual/potential barriers to dissemination/implementation/use
6. Assess quality management/patient safety processes currently used to improve practice
7. Briefly discuss the Children's Emergency Care Project to non-pilot site areas

To ensure that this visit effectively identifies areas of need, I would like to invite you to participate in a voluntary and confidential needs assessment questionnaire to be completed during my visit. The questionnaire should take approximately 30 minutes to complete. After completion of data collation and analysis, a report will be produced and a copy will be provided to all units.

If you have any queries or would like to provide additional information please do not hesitate to contact me on the above number or by email.

Yours sincerely

Louise Evans  
Project Officer  
Guidelines Standards Protocols



2. Have you any concerns about existing policies, guidelines, standards, or protocols that you use?

Yes

No

Not sure

*If "yes" please describe*

---

---

---

3. Do you consider there are gaps eg do you need additional or improved policies, guidelines, standards, or protocols?

Yes

No

Not sure

*If "yes" please describe*

---

---

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4. How are you made aware of new policies, circulars or bulletins issued by HAHS or NSW DOH?

Intranet search

Meeting forum

Manager advises me

Newsletter

Not made aware

Other  *please describe* \_\_\_\_\_



7. Do you consider that some of your current guidelines, standards or protocols should be made area wide?

Yes

No

Not sure

*If "yes" which ones?*

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8. Would you be willing to have unit/hospital guidelines modified to enable them to be used area wide?

Yes

No

Not sure

*If "no" please describe*

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9. Who is your?  
Quality Manager/Coordinator \_\_\_\_\_

Patient Safety Officer \_\_\_\_\_

Accreditation Coordinator \_\_\_\_\_



