



The New Crumlin Hospital Group

Parents Lobby for the redevelopment of
Our Lady's Hospital for Sick Children

Briefing Paper – February, 2003

This document was compiled by The New Crumlin Hospital Group following correspondence with a wide cross-section of the consultants at Our Lady's Hospital for Sick Children, Crumlin.

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Introduction:

Our Lady's Hospital for Sick Children, Crumlin, is Ireland's largest child health facility and is responsible for the provision of the vast majority of tertiary care services for children in the Republic of Ireland as well as providing care to some children from Northern Ireland and children referred from other countries.

For many children it is the only institution in this country with the expertise required to treat their illness. It is, therefore, a national multi-disciplinary children's hospital, rather than a regional resource.

The New Crumlin Hospital Group (NCHG) has compiled the following list of issues facing Our Lady's Hospital for Sick Children. These issues need to be addressed as, in the main, they relate to physical limitations in relation to the existing hospital campus.

The list was compiled from primary research commissioned by the NCHG in the shape of The Pollock Report as well as from correspondence with a large cross-section of the hospital's consultant staff on areas of individual concern they have with regard to service delivery.

The list is a sincere effort to highlight problems within the hospital attributable to space restrictions.

This document does not seek to address space problems as they impact on issues other than delivery of care, such as administrative office space and teaching facilities.

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The Wards

Wards at Crumlin Children's Hospital were designed for a different era in health care and are, in the main, incapable of being adapted to a modern acute paediatric facility. The majority of ward accommodation is seriously below accepted standards. Key issues include lack of bed space in cubicles, poor configuration of nurse's stations, insufficient toilet facilities, long narrow corridors accommodating too much through traffic and no privacy.

1. The long, narrow-ward configuration is ineffective in that it maximises nursing travelling times from one end to the other and minimises the opportunity for observation of children by nurses.
2. The presence of a parent or guardian is of key importance to the psychological well-being of children. However, parents' facilities are almost non-existent when it comes to the provision of overnight stays beside ill children. There are virtually no personal hygiene facilities for parents who sleep on mattresses on the floor next to beds or sleep in chairs.
3. Parents of children on kidney dialysis often sleep in chairs because there isn't room to fit a mattress on the floor of most available cubicles. These parents must spend nights with their children as part of the learning process associated with using dialysis equipment. Parents of children fed intravenously find it difficult to even find space for a chair to sit in for the night.
4. Clinical disciplines, that should have their own distinct area or ward, are scattered throughout the hospital. Examples include:
 - a. Renal services are scattered across five ward areas.
 - b. The dermatology service is spread across no fewer than seven locations.
 - c. Urgent admissions to the National Airways Service can be housed on any of the hospital's wards.
 - e. The Cardiology Service, one of the busiest services in the hospital, has no defined space and even outpatients clinics are held in different rooms depending on the day of the week.
 - f. The hospital has no distinct psychiatric ward or area where children who are suicidal or suffer from depression, severe obsessionality, psychosis or Eating Disorders can be treated. The hospital would significantly benefit from an independent psychosomatic ward with a distinct therapeutic environment for psychiatric patients.
5. The Haematology/Oncology Unit needs more bed space as its beds are 100% occupied all of the time.
6. Teenage children attending the hospital as inpatients have very little in the way of recreational space.

Infection control and Isolation

The lack of isolation facilities for immuno-suppressed children or children carrying harmful organisms which could cross-infect others was raised by a large number of consultants.

1. No ward in the hospital offers cubicles with en-suites which is a cause of widespread concern amongst staff about the risk of immuno-suppressed children becoming cross-infected. Oncologist, Dr Fin Breathnach says this poses an unacceptable risk to patients who are immuno-compromised and susceptible to infection.
2. Children with Cystic Fibrosis attending out-patients are exposed to potential infections which, for them, could be life threatening as only curtains separate one family from another, according to consultant respirologist, Dr Gerard Canny. He says the ability to isolate children carrying viruses and bacteria on the wards is, at the present time, very poor due to the lack of proper isolation facilities.
3. The lack of isolation beds also impacts on children who are post renal transplant and in-stay dermatology patients.
4. Lack of isolation facilities makes it very difficult to manage acute post-transplant patients on-site. As some of the smaller and sicker children in need of renal transplantation are unsuitable for transfer to the Transplant Unit at Beaumont Hospital, transplants have been carried out on two children at OLHSC. This is a very difficult situation to maintain safely without appropriate facilities.
5. With the exception of two dedicated intensive care rooms, there are no isolation facilities for acutely ill children with infectious diseases of appropriate standard. None of the wards in the hospital is currently capable of being used as a dedicated contagious diseases ward. Infectious diseases consultant Dr Karina Butler says there is a 'critical void' in the country's preparedness to cope with a bioterrorism attack like Anthrax or an outbreak of viral haemorrhagic diseases such as Ebola or Lassa Fever.

Clinical Facilities

Space constraints mean that key facilities, standard in acute paediatric hospitals elsewhere, are absent at Crumlin.

1. The Day Unit of the National Haematology/Oncology Centre is chronically overcrowded and lacks sufficient beds to meet the demand placed upon it. Frequently, parents and their children wait in public hallways for a bed to be vacated so that their child may receive treatment. Not infrequently, essential chemotherapy treatments for these young children are delayed or postponed as a

- result of these inadequacies. Such delays result in deviations from international best practice.
2. The hospital has no electrically screened room where advanced inner ear hearing tests can be performed on neonates, infants and small children.
 3. The Cleft Lip and Palate Service requires a clinic room large enough to house a dental chair, nasendoscopy facilities and facilities for video recording of speech in children. As there is no availability for such a facility within the current out patient department, the service is forced to compete for space at St James's Hospital, which is an adult environment
 4. The hydrotherapy unit, which is a vital part of the physiotherapy services at Crumlin, is too small. It is only two-thirds of the acceptable standard size.
 5. The National Paediatric Airways Service (NPAS) has no treatment room where children can have their ears examined with a microscope. Similarly, the NPAS has no endoscopy room where doctors can look at children's airways using flexible nasendoscopes.
 6. There is no soundproof room in the hospital which is a basic requirement for an audiological service provided by an Ear Nose & Throat (ENT) department.
 7. Clinic rooms used to examine skin conditions have substandard lighting.
 8. The Phlebotomy unit, which obtains blood samples from children for laboratory tests, is only 40% of the normally accepted size compared to other hospitals.
 9. The occupational therapy department is only one third the size it should be compared to acceptable international standards.
 10. The Nuclear Medicine Room is too small to house modern gamma camera equipment. The existing camera will shortly need to be replaced.
 11. Insufficient laboratory space means that permanent overtime arrangements operate in Microbiology to complete routine lab work.
 12. There is no en-suite bathroom in the 'long-stay' EEG Telemetry Unit (For 24-hour or long term EEG studies). The lack of an en-suite means that children must go out of video cover in order to leave the unit and use the bathroom, defeating the object of the exercise.
 13. The hospital needs additional rooms with sufficient clean air handling facilities to satisfactorily cope with more than one large infected burns case. There is currently only one room with sufficient clean air handling facilities in the hospital for serious burns patients.

14. The non-invasive investigative facilities for cardiology patients such as electrocardiography and echocardiography, which cater for 10,000 children per year, are remote from the outpatient clinics. This generates obvious inefficiencies. Secretarial support is divorced from the main area of the hospital and is housed in a prefab building.
15. Retinal photography, which is the standard method of monitoring retinal changes in patients with diabetes, is not available at the hospital, again due to space restrictions.
16. Clinic rooms available to the Ophthalmology service are unsuitable in terms of size and layout for testing visual acuity (sharpness) or orthoptic (correct and normal use of the eyes) assessment. In relation to visual acuity, the service should avail of fixed mirrors but lack of space means inappropriate freestanding ones are used instead.
17. The hospital's ultrasound rooms are small and restrictive to the extent that it is difficult to accommodate older children who are handicapped and children with Spina Bifida children. The rooms are also too small to accommodate procedures requiring anaesthesia, such as abscess drainage under ultrasound guidance.
18. Bone marrow processing equipment is housed in an area without the clean air facilities that are demanded by international standards for such work.

Intensive Care Unit

One of the most important pieces of acute paediatric infrastructure in the country, Crumlin's ICU urgently requires investment.

1. The Intensive Care Unit is in two different locations within the hospital because of failure to properly invest in an intensive care infrastructure. International 'best practice' bodies, including the Task Force of the European Society of Intensive Care Medicine, urge that a Paediatric Intensive Care Unit should be in a geographically distinct area within the hospital.
2. In ICU, parents have no facilities such as a bathroom. There is one tiny room available to parents but this could not reasonably be thought of as a facility in any meaningful way. The room is completely separated from the Unit.
3. The 'bed areas' in the ICU at Crumlin are far smaller than recommended standards. The current clinical space area is approximately 12.4 square meters whereas guidelines suggest an area of 20 square meters per bed space.
4. There is no X-ray viewing area near the ICU. A separate room or distinct area near each ICU or ICU cluster with illuminated viewing box is needed.

Accident and Emergency Department

1. The A&E department is less than half the size that it should be, being 400 square meters whereas it should be 900 square meters.
2. Crumlin's A&E Department should have an Observation Ward where patients can be observed for a period of time without having to be admitted to an inpatient ward. These would typically be patients with minor head injuries, abdominal pains and fevers of unknown origin. Admitting A&E patients to acute inpatient beds has knock-on consequences for the planning of elective admissions.
3. The A&E has no Grieving Room where bad news can be broken to parents. There are no baby changing facilities or facilities for nursing mothers.
4. There is no dedicated resuscitation room and no decontamination room, basic requirements for a modern A&E facility.

Privacy

There is a distinct lack of Privacy at Crumlin Children's Hospital across a wide cross section of departments.

1. Doctors have to discuss the condition of seriously ill children who are in the Intensive Care Unit (ICU) with parents and guardians in the public thoroughfare outside the Unit. Gastroenterologist, Professor Brendan Drumm says discussions with parents about liver transplants for their critically ill children who are in ICU take place in the public corridor. Cardiologist Dr Desmond Duff, says that sensitive communications may have to be relayed to families on the corridor or the main concourse outside the ICU.
2. There is no facility for assessing children referred for an urgent neurological opinion other than in the Emergency Department. The neurology team usually assesses newborn infants referred from the Coombe and the National Maternity Hospital in the corridors of the EEG Unit and the X-ray department.
3. The majority of consultant staff who conduct Out Patients Clinics said there was little opportunity for privacy for parents and patients attending the Out Patients department at Crumlin. Reasons include insufficient rooms, insufficient space and poor facilities for ancillary staff. This means that parents must suffer the indignity of having sensitive conversations conducted by clinical, nursing and other specialist staff in routinely crowded public corridors, thoroughfares and waiting rooms.
4. Dieticians review children with nutritional disorders in the corridor of outpatients while liaison nurses discuss detailed treatment regimes for children with patients and their families in public corridors. Discussions regarding children with

Anorexia Nervosa, with all the complex psycho-social issues that surround the condition, happen in public corridors.

5. In some outpatients' clinics, patients rely on curtains for privacy, as this is the only separation between cubicle beds. Modesty for children who must remove clothing to be examined is difficult to respect in such an environment.
6. There is no private area in outpatients for dermatologists to advise teenage girls on the absolute imperative to avoid pregnancy while being treated with acne drugs and this has to be done in open clinic areas. Such conversations require parents to be separated from teenagers.
7. The Neurology Liaison Nurse assesses patients in the waiting area of neurology outpatients because she has no alternative accommodation. There are five outpatient clinics per week.
8. Doctors needing to talk with parents who have just been bereaved often find it difficult to locate a suitable quiet room in which the families can grieve and their mourning be treated sensitively. Cardiologist, Dr Paul Oslizlock says that he has had to break tragic news to parents in corridors, a situation which he finds is totally unacceptable.

Prefabricated buildings and Portacabins

The hospital relies on Prefabs and Portacabins to house some essential services.

1. Bone marrow harvest material, vital to the health and well being of children with cancer is housed in a Portacabin. It should be housed in a permanent structure.
2. The Aseptic Compounding Unit, where the chemotherapy treatments are prepared for every child in Ireland with cancer, is housed in a Portacabin. The Portacabin is hepa-filtered and air-conditioned. However, oncologist, Dr Fin Breathnach says he cannot guarantee aseptic preparation conditions because of overcrowding.
3. The preparation and storage of radioactive material, such as radioactive isotopes, takes place in a Portacabin. Radioactive materials, which are by their very nature hazardous, should be handled in purpose-built laboratory facilities.

General Matters

1. The hospital lacks provision of clean air facilities throughout a range of departments that require a sterile environment for patients. For instance, the Haematology and Oncology Unit is not hepa-filtered (removal of dust and fungal spores) which is important for cancer patients who are immuno-suppressed.
2. Many clinical teams say they work in temperatures of 30 degrees Celsius and above due to lack of air conditioning in the hospital. The high temperatures are

- exacerbated by heat generating equipment being used in rooms that are too small. There is a history of inpatients with eczema being discharged by their parents as they felt the itchiness of their child's condition was being made worse in the hot ward environment.
3. Lack of dedicated day ward space available to the renal service mean staff have to waste time searching the hospital for suitable beds to house recent transplant patients who present in need of urgent review.
 4. The Out Patients Department at Crumlin is one-third its acceptable size in terms of gross square footage. It is currently housed in approximately 1,000 square meters. It needs to be 3,000 square meters. Lack of space in Out Patients is one of the key areas of concern amongst doctors seeking to deliver a compassionate health care system. Meanwhile, the layout of much of the space that is available is inappropriate ensuring that some clinical areas are seriously inadequate.
 5. There is no consultant immunologist, essential for treating children with poor resistance to infections, at Crumlin Hospital. A limited number of sessions in the year is provided by a consultant who travels to Dublin from the UK. However, the urgency of establishing a Dublin-based service was evidenced by the fact that during the three-month period from November 2002 to February 2003 there have been no immunology clinics scheduled because of changes to flight schedules. Waiting times are inordinate and some parents now travel with ill children to the UK for treatment. There have been repeated requests for funding for such a service to the Department of Health.
 6. Crumlin Hospital still does not have an MRI scanner in place. The Government has given approval for its purchase but according to consultant radiologist, Dr Roisin Hayes, there are difficulties finding a suitable location in the hospital to house it. At present children are taken by taxis and ambulances, with the necessary staff, to other hospitals to have their MRI scans.
 7. The hospital has visual field testing equipment but it is unused because there is no space to house it.
 8. Two of three candidates interviewed for recent paediatric cardiologist appointments told the interview board they would have difficulty taking appointments in the hospital without substantial and concrete promises of investment in the cardiology service in the hospital. The consequence of this is the potential for an inevitable crisis within the delivery of paediatric cardiology services in Ireland to relieve long waiting lists. There is a worldwide shortage of paediatric cardiologists and Ireland must make itself attractive to secure expertise.

Ends 25th February