No parent wants to leave their child's hospital bedside when they're in their most vulnerable state. Sadly at the Victoria Hospital's Paediatric Ward parents often have no choice as the 125 year old facility does not have enough space to allow parents to stay with their children while they're hospitalised. One parent who had to face this distressing reality was Levona Lint

At 8 years of age, Courtney Lint has spent more time in hospital than most adults. When Courtney was born with a shrunken brain and cleft palate he was immediately referred to the Red Cross War Memorial Children's Hospital in Rondebosch, Cape Town, where specialist doctors performed corrective surgery for his cleft palate. CT scans identified a ‘shocking’ diagnosis; Courtney has Diamond-Blackfan Syndrome. This rare blood disorder means that his bone marrow fails to produce red blood cells resulting in a compromised immune system and an increased risk of developing Leukaemia.

His mom, Levona, arranged with doctors to transfer his treatment to Victoria Hospital in Wynberg as it is closer to their home. Courtney would have the benefit of receiving specialist care from doctors at both hospitals who would consult with each other on a ‘shared-care’ basis. Since his birth Courtney has been in and out of Hospital for days at a time and since Levona was adamant that she would not leave his side, when possible, doctors allowed her to sleep in the chair next to his bedside. There were however times when the ward was just too overcrowded and Levona was forced to leave her distraught son at night. The lack of appropriate ablution facilities for parents added to her trauma but Levona knew her son needed her nearby.

A bone marrow transplant would definitely improve Courtney’s condition but it is far too expensive for his family so, for the foreseeable future, Courtney will have to visit Victoria Hospital twice a month for blood transfusions. Levona says that Courtney is not anxious about being in the Hospital and despite the archaic facilities Levona could not be more grateful to the superb doctors and nursing staff who have become a second family to her son.
Upgrading the Victoria Hospital Paediatric Ward
Victoria Hospital, Wynberg, Cape Town

It will cost R10 million to upgrade the C3 Paediatric Ward at Victoria Hospital to increase space to accommodate parents at the bedsides of their children, provide isolation cubicles and make provision for critical areas including counselling, a parent’s restroom, procedure room, offices, ablutions and equipment storage space. R5 million has been committed by the Ackerman Foundation and the Children’s Hospital Trust needs to raise the remaining R5 million.

INTRODUCTION

Victoria Hospital provides vital specialist care for the southern sub-district, the largest sub-district in the Metro. There is a 24 hour emergency department where children are seen, as well as a daily paediatric outpatient department where children are referred for specialist input. The primary function of the C3 Paediatric Ward is to provide optimal specialist paediatric care for all children requiring admission, and to implement effective education and social support for the family during this time.

The vision of the Victoria Hospital Paediatric Ward is to care for children, in the context of family and their community. The long-term health and development outcomes of children are intricately affected by socio-economic factors, maternal health and the stability of the community they come from. Increasingly, patients are being treated with illnesses relating to malnutrition and neglect, which is often linked to substance abuse in their family and community.

Since it was built Victoria Hospital has grown from a small 38 bed unit into a busy 158 bed district hospital.

THE CHALLENGE

Built in 1888 Victoria Hospital has not been upgraded in 125 years. Their Paediatric Ward in particular is in desperate need of an upgrade to ensure that medical services are able to remain on par with modern, standard medical practise.

Ward C3 is a busy ward with an average of 80-100 admissions per month and at times as much as 140 – 200 per month. Average bed occupancy ranges between 80% and 130%. It cares for patients with a wide range of conditions including acute respiratory infections, malnutrition, diarrheal disease, infectious diseases and chronic non-communicable diseases. 65% to 70% of children are younger than a year old, and at least 15% are HIV positive. Many patients require isolation. The average length of stay is 3 days, although this can range from overnight to 8 weeks.

Caregivers
The current configuration of the Victoria Hospital General Paediatric Ward, together with the limited space, means that parents cannot stay with their children while they are in Hospital, creating tremendous separation anxiety. It also places an additional workload on nursing staff who have to tend to distraught and anxious patients whilst also managing duties that their mothers could assist with such as nappy changes and bottle feeding. Currently only mothers of breast feeding infants are able to stay overnight with their children. All other mothers must leave the Hospital at night. There are also no ablution, kitchen or relaxation facilities for caregivers where they can prepare meals and shower;
Accommodating a range of patient types
There is a wide spectrum of disease severity that ranges from stable, to critically ill and requires transfer to ICU or High Care at the Red Cross War Memorial Children's Hospital. Terminally ill children require palliative care in a sensitive and dignified manner. Whilst most patients are infants and toddlers, the ward needs to cater for older children and adolescents too. Patients requiring surgery or orthopaedic procedures (both usually for children older than 5 years) also need to be cared for in C3, with at least 5 beds available for this.

Space constraints
The small, cluttered procedure room is used for patient procedures, counselling, houses the Doctor’s computer to obtain blood results, is a storage area for books and equipment and is home to the X-Ray box which doctors need to consult when assessing x-rays. Two separate rooms are required for Procedures and Counselling.

Impact on staff
There is no nearby relaxation area or tea room for the staff. There is no counselling area and there is insufficient space for nurses and doctors to work. A dedicated doctor’s office is required, an Operational Manager and Clerk’s office, and a combined Ward Clerk, Reception and Nurses station. They also need more space to store equipment and ward stock.

Isolation Cubicles
At least 6 isolation cubicles are required for patients with infectious diseases or severe gastroenteritis. Each cubicle needs to be big enough to accommodate a mother/primary caregiver and must have its own hand washing facility and separate entrance.

THE SOLUTION
There is no doubt that any focus on child health must include the involvement, empowerment and education of primary caregivers. This is particularly true for malnourished or chronically ill children where maternal education and investment is crucial for children’s future health, development and potential to make a positive contribution to society in adulthood.

The new ward will be redesigned in such a way that mothers/caregivers will be able to stay overnight at the bedsides of their sick children, and also have access to necessary ablution and parent facilities to ensure that their stay is comfortable. Providing this support to mothers will address more than just an obvious practical and humane need. Involving caregivers in a child’s care is an opportunity to gain significant social benefit. These caregivers will learn and apply good healthcare practices in their own homes and through communication and shared ideas, this influence will be felt in the community at large.

In addition, dedicated space will be provided to address the shortage of space for doctors and nurses to attend to their administration, for necessary counselling to be managed privately and sensitively. More importantly, this upgrade will allow for a range of patient types to be catered for appropriately and efficiently. Isolation cubicles will be included to address the needs of patients with infectious diseases.

Upgrading the Victoria Hospital Paediatric Ward will improve the out-referral process between the Red Cross Children’s Hospital and Victoria, address the inequalities in resources for care of children between institutions, protect children from hospital acquired infections from overcrowding and ensure their continued approach of ‘putting the child first’.
CONCLUSION

Having a loving caregiver close by at a time when a child is sick or in pain is of major importance and benefit to a young patient.

A paediatric ward needs to provide a safe and supportive environment to treat children and provide care for their families. In addition, it must have the necessary space and equipment for doctors and nurses to manage illness in patients, whilst also addressing the issues around the family and community from which the patient comes. Upgrading the paediatric ward is a crucial step towards providing a better service to the vast community it serves.

DONOR RECOGNITION

Donors will be given commensurate recognition for their contribution to this project according to our donor recognition policy. This may include naming rights or part naming rights to the facility, mention on donor boards and in our annual report as well as opportunities for media coverage. Please see the naming rights document for details.

CONTACT DETAILS

Philippa Douglas
Fundraising Manager
021 686 7860
philippa.douglas@chtrust.org.za

BANK DETAILS

<table>
<thead>
<tr>
<th>Local donations</th>
<th>International donations</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Children’s Hospital Trust</td>
<td>The Children’s Hospital Trust</td>
</tr>
<tr>
<td>Bank:</td>
<td>Bank:</td>
</tr>
<tr>
<td>Standard Bank</td>
<td>Standard Bank</td>
</tr>
<tr>
<td>Branch:</td>
<td>Branch:</td>
</tr>
<tr>
<td>Rondebosch</td>
<td>Rondebosch</td>
</tr>
<tr>
<td>Account:</td>
<td>Account:</td>
</tr>
<tr>
<td>07144 3126</td>
<td>071 433 090</td>
</tr>
<tr>
<td>Branch code:</td>
<td>Branch code:</td>
</tr>
<tr>
<td>025-009</td>
<td>025 009 11</td>
</tr>
<tr>
<td></td>
<td>Swift code:</td>
</tr>
<tr>
<td></td>
<td>SBZAZAJJ</td>
</tr>
<tr>
<td></td>
<td>Bank telephone number:</td>
</tr>
<tr>
<td></td>
<td>+27 21 680 4729</td>
</tr>
</tbody>
</table>

Your favourable consideration to support this critical project would be greatly appreciated. 100% of all funds raised goes directly towards the upgrade of the C3 Paediatric Ward at Victoria Hospital

www.childrenshospitaltrust.org.za
The Children’s Hospital Trust was founded in 1994 as the independent Fundraising Arm of the Red Cross War Memorial Children’s Hospital when the Hospital was threatened with closure due to lack of funding. Since its inception the Trust has supported the Hospital through upgrading its buildings, purchasing vital equipment and funding critical training and research programmes.

Since 2011 the Children’s Hospital Trust has successfully expanded its funding reach beyond the Hospital’s doors. The Trust continues to assist the Hospital, as it has done for the past 19 years by funding the priority needs at the Hospital but now also funds key projects in the Western Cape, which broadly impact paediatric healthcare and indirectly impact patient outcomes and services to the Hospital.

The Trust is funded from an endowment, ensuring that 100% of all donations received are used towards the projects and programmes we fund. Not a cent is used for administration or operational expenses.

Victoria Hospital and the Red Cross War Memorial Children’s Hospital have a very strong link. With only one paediatrician, Victoria relies on their interaction with and support from the Red Cross Children’s Hospital to take on necessary referrals where more specialist care and treatment is required.

An upgrade of the Victoria Hospital Paediatric Ward will improve the out-referral process between the Red Cross War Memorial Children’s Hospital and Victoria, address the inequalities in resources for care of children between institutions and protect children from hospital acquired infections from overcrowding. In addition surgeries on children under 2 are done at Red Cross Children’s Hospital as Victoria Hospital theatre facilities are not equipped for small children.

Furthermore, Victoria Hospital does not have a high care facility so they refer their critically ill patients to Red Cross War Memorial Children’s Hospital ICU. With daily referrals of children between Victoria Hospital and the Children’s Hospital, there is a sense of being part of a broader clinical team, and all paediatricians are unified in their vision to provide excellent quality healthcare for children.