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Head of School and Dean

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10th September 2018

Mr John Melliush

Day of Difference Foundation

13/225 George St

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Dear John,

We write to extend our deepest gratitude to you and the Day of Difference Foundation for supporting the Paediatric Critical Injury Research Program between 2013 and 2017.

The Paediatric Critical Injury Research Program aims to reduce the incidence and impact of the largest cause of death and disability in Australian children by addressing three major gaps in paediatric trauma: 1) Describing the incidence of severe paediatric trauma Australia-wide; 2) Identifying the unmet needs of the parents of injured children; and 3) Exploring outcomes of children following injury, linked to their journey from injury to discharge. This research is essential to establishing effective and sustainable interventions to prevent injuries, ensuring the delivery of the most appropriate care, and assisting parents of injured children as they navigate their way through the trauma journey.

The incredible gift of \$479,072 from the Day of Difference Foundation has funded four of the seven studies that make up the Paediatric Critical Injury program and these have been successfully completed (see attached). This work has always focussed on planning for maximum impact and translation into policy and practice. The completed studies have all been published in open access peer reviewed journals, presented at national and international conferences (list attached) and disseminated through twitter, Facebook and media releases.

The first ever national report of Australian childhood injury that outlined the causes, characteristics, treatment costs and survival rates of childhood hospitalised injury was a direct result of Day of Difference Foundation funding.

This report brought the facts of childhood injury in Australia to the attention of the national media, generating 159 news stories over four days and reaching a cumulative audience of 840,000 nationally. Key findings of this report include:

- The cost of treating more than 680,000 injured Australian children was \$2.1 billion
- Child injury hospitalisation rates have *not* changed over a 10-year period
- Child deaths following injury hospitalisation have *increased*
- Children have a higher risk of dying from their injuries if they live in regional/remote Australia



- A higher proportion of injured children reside in areas of socioeconomic disadvantage

As a result of the significant outcomes of this study, a high profile team of clinicians, researchers, industry partners and funders have collaborated to form the Childhood Injury Prevention Alliance (CHiPA). Established in 2017, the mission of CHiPA is to reduce the incidence and impact of childhood injury across Australia. We are pleased to inform you that CHiPA has made considerable headway, with determined lobbying from the CHiPA team resulting in the Federal Government pledging \$0.9 million over three years from 2018-19 to develop a new [National Injury Prevention Strategy](#).

Further outcomes from the national survey, and the evaluation of the implementation of a Major Trauma Family Support Coordinator at Women and Children's Hospital Adelaide identified that access to and coordination of services for injured children and their families remains poor. This detailed examination of the way paediatric trauma care is provided in Australia has informed the development of an extended paediatric support service at Lady Cilento Children's Hospital, in collaboration with the Children's Hospital Foundation. The support service was established in July 2017, has been well received by families and staff alike, and is currently being evaluated.

There is still a lot of work to do, but together we have achieved a great deal so far - all of which would not have been possible without the support of the Day of Difference Foundation. Therefore, on behalf of the CHiPA team and children all over Australia, we would like to extend our sincere thanks to the Foundation for supporting and funding the Paediatric Critical Injury Research Program and wish the Foundation all the very best for the future.

Yours sincerely

Professor Donna Waters

Professor Kate Curtis

(Attachments follow)



The seven studies of the Paediatric Critical Injury Research Program

1. A review of international research examining the impact of models of care that have been implemented for families of critically ill children (COMPLETE)

The aim of this review was to examine the impact of models of care that have been implemented for families of critically ill children, to extend understandings of, and inform future care delivery for, this group. Specifically, the review sought to describe:

- i. The models of care for families of critically ill children have been evaluated
- ii. The outcomes of models of care that have been implemented for families of critically ill children

2. The incidence and outcomes of paediatric injury in Australia 2002-2012 (COMPLETE)

With data collected over a ten year period, this study aimed to:

- i. Determine the number of children injured each year and the extent of their injuries
- ii. Examine the changes in incidence and severity over time
- iii. Determine the hospital length of stay for injured children
- iv. Ascertain the primary causes of childhood injury in Australia to inform injury prevention strategy

3. Determining the levels of emotional distress, contributing factors and unmet needs of parents of injured children throughout the trauma journey

The aim of this study is to investigate the experiences, unmet needs and outcomes of parents of severely injured children 0-12 years over the 2 year period following injury. The specific objectives are to:

- i. Explore parents' experiences of parenting an injured child in the acute hospitalisation phase, and at 6, 12, and 24 months following injury.
- ii. Identify parents' unmet needs and factors that contribute to, or impede, needs being met during the 24 months following injury.
- iii. Measure parental quality of life, emotional distress, parenting stress, and resilience during the acute hospitalisation phase, and 6, 12 and 24 months following injury

4. Paediatric trauma centre staff opinions on the availability of resources to provide trauma care to children and their families (COMPLETE)

This study explored the context in which care is provided for severe paediatric trauma at paediatric trauma hospitals. The specific objectives were to:

- i. Describe the model of care and resource availability in each paediatric trauma hospital providing care for paediatric trauma patients



- ii. Seek clinical staff opinion on the suitability of resources available to provide paediatric trauma care and any perceived gaps in care for the injured child and their families

5. Evaluation of a family support coordinator role for injured children (COMPLETE)

This study described and evaluated the implementation of a trauma support role at the Women's and Children's Hospital Adelaide. Specifically to:

- i. Document the activities and processes associated with the trauma support role
- ii. Describe the satisfaction and experience of staff, parents of injured children with the role
- iii. Document the contextual factors at the hospital (i.e. political, social, organisational and individual) that support or hinder implementation, conduct of trauma support role

6. Evidence to change policy and improve health outcomes of severely injured children

The aims of this study are to:

- i. Systematically evaluate existing paediatric care pathways from time of injury to definitive care and their impact on health outcomes. Specifically:
 - a. patient health-related quality of life at 6 and 12 months post-injury;
 - b. the appropriateness of the processes and delivery of care;
 - c. health service delivery costs and the relative costs of different modes of pre-hospital and inter-hospital patient transport – rotary, fixed wing, and road;
- ii. Identify and prioritise aspects of the paediatric trauma care system that require change, and develop recommendations and a strategy to implement effective, acceptable, feasible change;
- iii. Implement & evaluate impact of implemented changes on select outcomes

7. Determining the needs of severely injured children

The primary aim of this study is to assess the prevalence of parental clinically-relevant distress in the months after their child sustains an injury



Impact and translation: publications

1. Curtis, K., Mitchell, R., McCarthy, A., Wilson, K., Van, C., Kennedy, B., Tall, G., Holland, A., Foster, K., Dickinson, S., et al (2017). Development of the major trauma case review tool. *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine*, 25(1), 1-8.
<https://sitrem.biomedcentral.com/articles/10.1186/s13049-017-0353-5>
2. Foster, K., Young, A., Mitchell, R., Van, C., Curtis, K. (2017). Experiences and needs of parents of critically injured children during the acute hospital phase: A qualitative investigation. *Injury*, 48(1), 114-120.
<https://www.sciencedirect.com/science/article/pii/S0020138316305964>
3. Curtis, K., Foster, K., Mitchell, R., Van, C. (2016). How is care provided for patients with paediatric trauma and their families in Australia? A mixed-method study. *Journal of Paediatrics and Child Health*, 52(8), 832-836.
<https://onlinelibrary.wiley.com/doi/pdf/10.1111/jpc.13189>
4. Curtis, K., Foster, K., Mitchell, R., Van, C. (2016). Models of Care Delivery for Families of Critically Ill Children: An Integrative Review of International Literature. *Journal of Pediatric Nursing*, 31(3), 330-341
<https://www.sciencedirect.com/science/article/pii/S0882596315003656?via%3Dihub>
5. Curtis, K., McCarthy, A., Mitchell, R., Black, D., Foster, K., Jan, S., Burns, B., Tall, G., Rigby, O., Gruen, R., Kennedy, B., Holland, A. (2016). Paediatric trauma systems and their impact on the health outcomes of severely injured children: Protocol for a mixed methods cohort study. *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine*, 24(1), 1-8.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4866432/>
6. Foster, K., Curtis, K., Mitchell, R., Van, C., Young, A. (2016). The experiences, unmet needs and outcomes of parents of severely injured children: A longitudinal mixed methods study protocol. *BMC Pediatrics*, 16(1), 1-7.
<https://bmcpediatr.biomedcentral.com/articles/10.1186/s12887-016-0693-8>



Impact and translation: conference presentations

1. Foster, K., Young, A., Mitchell, R., Van, C. & Curtis, K. 'It's turned our world upside down': support needs of parents of critically injured children during ED admission. 3rd Global Conference on Emergency Nursing & Trauma Care, Noordwijkerhout, 4-6 October 2018.
2. Curtis, K., Mitchell, R., Foster, K. Childhood Injury in Australia – a 10-year review of the characteristics and health outcomes of injury-related hospitalisations. ICEN 15th International Conference for Emergency Nurses, Sydney, 11-13 October 2017.
3. Curtis, K., Mitchell, R., McCarthy, A., Wilson, K., Van, C., Kennedy, B., Tall, G., Holland, K., Foster, K., Dickinson, S., Stelfox, H. T. Development of the Major Trauma Case review tool. ICEN 15th International Conference for Emergency Nurses, Sydney, 11-13 October 2017.
4. Foster, K., Young, A., Mitchell, R., Curtis, K., Van, C. 'It's turned our world upside down': support needs of parents of critically injured children during ED admission. ICEN 15th International Conference for Emergency Nurses, Sydney, 11-13 October 2017.
5. Foster, K., Young, A., Mitchell, R., Van, C., Curtis K. There's a lot of strength in yourself and people around you – resilience-promoting processes for parents of critically injured children. Pathways to Resilience IV Conference: Global South Perspectives, Cape Town, 14-16 June 2017.
6. Curtis, K., Mitchell, R., McCarthy, A., Wilson, K., Van, C., Kennedy, B., Tall, G., Holland, K., Foster, K., Dickinson, S., Stelfox, H. T. Development of the major trauma case review tool. Trauma 2017, Melbourne, 21-23 April 2017.
7. Curtis, K., Foster, K., Mitchell, R., Van, C. How is care provided for paediatric trauma patients and their families in Australia? Trauma 2015, Gold Coast, 2-4 October 2015.
8. Curtis, K., Foster, K., Van, C., Mitchell, R. A review of the evidence on ways to deliver care for severely injured children and their families. Paediatric Injury Prevention and Management Research Forum, Sydney, 1 August 2014.