

Assessing the respect of children's rights in the hospitals of Georgia



2015

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Acknowledgement

The report was written based on the results of the paediatric hospitals surveys in Georgia that aimed to identify and assess the gaps between the full respect of children's rights in hospitals and the actual practice. The assessment was supported by the National Center for Disease Control and Public Health of Georgia (NCDC) and the WHO Regional Office for Europe.

The original set of tools developed by the Task Force on Health Promotion for Children and Adolescents in and by Hospitals and Health Services (Task Force HPH-CA) was adapted to the country context. In overall, a process of the assessment and report writing was coordinated by Lela Sturua, a head of Non-communicable Disease Department (NCDC), Aigul Kuttumuratova from Child and Adolescent Health programme of WHO Regional Office for Europe and Nino Mamulahsvili from the WHO country office. The report was prepared by Lela Shengelia a head of Maternal and Child Health Division (NCDC) with close collaboration with the expert pediatricians Ivane Chkhaidze MD., PhD; Kate Sharangia MD., PhD and Maia Kherkheulidze MD., PhD.

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Executive Summary

The assessment of children's rights in the children's hospitals of Georgia carried out according to the recommendation by WHO Regional Office for Europe with the aim to strengthen the evidence and overall recommendations to the Ministry of Labor, Health and Social affairs on improving quality of care for children in hospitals in Georgia. The assessment was done in 8 children's hospitals. The main goal of the project is to reduce child mortality and morbidity through strengthening national health systems capacity by improving area of children's ad partners'/carers' rights. The specific tools were used for the assessment and improvement of the respect of children's rights in hospitals.

The findings identified in the assessment of the children's rights in hospitals in Georgia related mostly to the inputs provided by the self-evaluation teams, patients and parents/carers.

Concerning the respect of specific rights in hospitals, the main findings include the following: Georgia has not adapted a Charter on children's rights in hospitals at national level. Accordingly it has not been adapted by the hospitals. Almost all medical doctors and nurses working in participant hospitals have a specialization in paediatrics. Inputs from the self-evaluation teams demonstrate that all hospitals ensure children's rights to access health care services without discrimination; Some national guidelines and protocols for children's health care are worked out based on international standards and evidences but more are needed; relevant statistical data is collected and submitted to the National Center for Disease Control and Public Health of Georgia. Areas that need more attention in hospitals in Georgia include quality of care in terms of protocols and continuous training of health professional.

It was also found that in future children and parents/careers should play a more significant role in decision making and other processes connected with child care. The average answer of provided by the parents/careers in all hospitals was "we received the best care".

The assessment identified the main gaps, like: the lack of attention to children's right to play, information and participation; There is problems with geographical accessibility with palliative care. The main recommendations include enacting monitoring and evaluation mechanism on protection children's rights to information and participation, to food and to play.

Introduction

Children's rights should be recognized in all of their life settings including healthcare services. Establishment of children's rights in healthcare services, particularly in hospitals, is essential for their healthy development, growth and well-being.

The General Comment No. 15 of the 'Committee on the Rights of the Child' on the rights of the children to the enjoyment of the highest attainable standard of health interprets children's rights to health "as an inclusive right, extending not only to timely and appropriate prevention, health promotion, curative, rehabilitative and palliative services, but also to a right to grow and develop their full potential and live in conditions that enable them to attain the highest standard of health through implementation of the programmes that address the underlying determinants of health".

Children's stay in hospital can be regarded as an opportunity to enhance children's rights and to address the underlying determinants of health; thereby, contributory to children's overall well-being.

This study aimed to evaluate the status of the children's right in the hospitals of Georgia. It

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was carried out upon the recommendation of the WHO Regional Office for Europe and as a part of Biennial Collaborative Agreement between the Ministry of Health of Georgia and the Regional Office for Europe of the World Health Organization for 2014-2015. The ultimate goal of this study was to bring evidence-based recommendation to the MOLHSA and hospitals to strengthen and improve the Children's right-based quality of care. During the analysis of the study results the specificity of the Georgian healthcare system should be taken into consideration, namely; Georgian Child hospitals are more focus on care and treatment of the acute cases and hospital stay is no longer than 5-7 days; Only one hospital provides long term care for oncological and chronic patients. The State healthcare programs for children cover the following: diagnosis, treatment, medications, doctors and hospital services but not eating. Palliative care is provided only by the one facility (NC) because of shortage of hospital beds hospital in the region are not providing palliative care services and they are referring to the NC.

Methodology

Eight hospitals in Georgia are mainly providing care for the population aged 6-18 years as well as for the children 0-5 years. These 8 hospitals were approached to participate in the study (Annex 1). From each of the hospital the following groups of respondents were asked for focus group discussion followed by individual interviewing of all respondents of FGDs: hospital managers, doctors and nurses, parents/care-givers, and children aged 6-18 years (the summary chart below shows general information on the self-evaluation process and work methodologies). Informed oral consent was taken from all participants.

The "Task Force on Health Promotion for Children and Adolescents in and by Hospitals and Health Services, International Network of Health Promoting Hospitals and Health Services, 2012" was used as the tool to assess the respect of children's rights in the hospitals. For the local implication the English version of this set of tools was translated into Georgian.

Each of the five tools was prepared for a specific group of stakeholder namely: (a) hospital management, (b) health professionals, (c) children aged 6-11 years, (d) children and adolescents aged 12-18 and (e) parents and care-givers.

Standard 1 evaluates the 'best quality possible care' delivered to all children, understood as a care that takes into account the clinical evidence available, the respect of children's rights and patient and family's views and wishes.

Standard 2 evaluates to what extent the health care services respect the principles of equality and non-discrimination of all children.

Standard 3 evaluates how play and learning are planned and delivered to all children.

Standard 4 evaluates the rights of all children to information and participation in health care decisions affecting them and the delivery of services.

Standard 5 evaluates to what extent health care services are delivered in a safe, clean and appropriate environment for all children.

Standard 6 evaluates the right of all children to protection from all forms of physical or mental violence, unintentional injury, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.

Each of the tools contains seven standards and each of the standards consists of several sub-standards including specific questionnaires for different group of stakeholders to assess children's right in hospitals. The questionnaires were adapted with minor changes.

The national focal point was responsible for the overall process of distribution of questionnaires among consultants of the study, explaining on how to work with them and present the information, as well as, for the data collection, but in every hospital the director was responsible for the coordination of the process at facility level. The field work was conducted from 1st of May to 29th of May 2015. Based on necessity, the investigation team worked in hospitals for collecting data for 2-4 days. In every hospital, both work group discussions and individual interviews took place to assess the respect of children's rights.

Summary Chart 1. General information on the self-evaluation process and work methodologies

N	Abbr.	# of participants	Type of participants	# of meetings	Methodology
Regional hospitals					
1	ZU		Hospital management, doctors and nurses, mothers and other carers, children	1	Joint group discussion and Individual interviews
2	KU		Hospital management, doctors and nurses, mothers and other carers, children	2	Joint group discussion and Individual interviews
3	GO		Hospital management, doctors and nurses, mothers and other	3	Joint group discussion and Individual interviews

			carers, children		
4	TE		Hospital management, doctors and nurses, mothers and other carers, children	2	Joint group discussion and Individual interviews
5	BA		Hospital management, doctors and nurses, mothers and other carers, children	1	Joint group discussion and Individual interviews
National hospitals					
6	IC		Hospital management, doctors and nurses, mothers and other carers, children	2	Joint group discussion and Individual interviews
7	NC		Hospital management, doctors and nurses, mothers and other carers, children	2	Joint group discussion and Individual interviews
8	ZC		Hospital management, doctors and nurses, mothers and other carers, children	2	Joint group discussion and Individual interviews

Findings:

All eight hospitals participated in the study. A total 9 managers, 52 health professionals (doctors and nurses), 55 parents / care-givers, 29 children and adolescents (aged 12-18) and 40 children (aged 6-11) participated in the study.

Standard 1: Quality services for children

All pediatric services provides aim at delivering the best quality possible care, by taking into account clinical evidence available, the respect of children's rights and patient and family's views and wishes.

- The hospital ensures that all institutional activities are based on the best evidence available and that staff are adequately trained.

It was found that the participant facilities are giving significant attention providing quality services for children. All hospitals deliver healthcare based on national and international guidelines that have been developed nationally through healthcare professional association in close collaboration with the MoLHSA. However, some doctors and nurses have not adequate training on paediatric care. The main gap identified has been that some of the national guidelines do not exist and thus should be worked out, based on evidence-based medicine principles. In some cases health care staff mostly nurses are not aware about existed protocols and guidelines.

Majority of children and parents/carers favored the provision of either good or the best care in the hospital. They also mentioned that doctors did everything possible. Children aged 12-18 years of age stated that "the hospital have modern equipment". Often some children aged 6-11 years stated that "I don't like to be in the new environment" others told that they like the environment.

See Annexes 2 and 3, for summary of inputs on Standard 1, point 1.1. by self-evaluation team and children and parents/carers, respectively.

- The hospital ensures that all types of services provided within the organization are regularly monitored and evaluated.

5 hospitals out of 8 have in place monitoring and evaluation activities to ensure quality of care for children and only some of them are collecting relevant statistical data. Only limited statistical data are collecting by them and reported to the National Center for Disease Control and Public Health monthly and annually.

It was found that 5 hospitals conduct patient satisfaction surveys. Before discharged from the hospital, the patients/carers were asked to fill-up a prescribed questionnaire about their satisfaction of healthcare quality. Only limited number of patients/carers mentioned their participation in this survey; however, the impact of the clients' feedback were not assessed.

The main actions for improvement identified by the self-evaluation teams were following: to promote audits to ensure that health care services are in line with the organizational policy and to establish an effective system for collecting and presenting patient-satisfaction surveys. It is important to mention that validity and reliability of patient-satisfaction survey are adequate or not.

See Annex 4, for summary of inputs on Standard 1, point 1.2. by self-evaluation team.

- The hospital has no a Charter on Children's Rights in Hospital in line with the United Nations Convention on the Rights of the Child.

Georgia has not adopted a Charter on Children's rights in hospitals at national level, *See Annex 5, for summary of inputs on Standard 1, point 1.3. by self-evaluation team*

- The hospital provides the possibility for parents/carers to stay with their child at all times during hospitalization.

It was found that parents/carers are allowed to stay with the child during procedures; for example, during anesthesia induction. All participant children and parents conformed that parents can accompany children during procedures. The parents also confirmed that they are allowed to stay with children overnight.

Maximum hospitals are not supplying food for children. Only one hospital provides free food to the admitted children preparing food according to the dietician instruction.

See Annex 6, for summary of inputs on Standard 1, point 1.4. by self-evaluation team

- The hospital pays special attention to the rights of adolescents to health care.

All hospitals pay special attention to the rights of adolescents to health care and are implementing an adolescent-friendly health service, like: privacy, confidentiality, respect their opinion, special corner for adolescent consultancy monitor growth and development; identify and assess problems and problem behaviour, managing these where possible or, referring young

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people if they cannot; offer information and counseling on developmental changes, personal care and ways of seeking help; provide immunization.

See Annex 7, for summary of inputs on Standard 1, point 1.5. by self-evaluation team.

The assessment of Standard 1 on quality services for children in the participating hospitals show adequate attention to the children's health care in Georgia. The main areas for the improvement of Standard 1 are as follows:

- **To review existing monitoring and evaluation system:**

It is needed to revise current data reporting system. The data submitted mandatory by the hospitals to the National Center for Disease Control and Public Health of Georgia should be focused on the assessments of specific and objectively measured service quality of paediatric care.

- **To establish effective systems for collecting and presenting data from children's and parents'/ carers' satisfaction surveys**

Surveys to assess children's and parents'/carers' satisfaction of the services received should be done on a regular basis to contribute to the decision-making processes at facility as well as national levels. It is essential that children and parents/carers participating in patient satisfaction surveys are fully informed about the process including how their opinions will be implemented and that they receive information about the outcomes.

- **Ensure that the Charter on Children's rights in hospital is adopted by facilities:**

All hospitals should make visible the Charter publicly. Each hospital should have motivation to implement the Charter. It is important to disseminate the Charter by promoting awareness building activities for health professionals.

Standard 2: Equality and non-discrimination

All children should be able to access health care and undergo any type of treatment without discrimination of any kind, irrespective of the child's or his or her parents/carers' or legal guardians' race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

- The hospital fulfils the rights of access of all children without discrimination of any kind. Inputs from the self-evaluation teams in all hospitals demonstrate that all children have equal access to health services, based on non-discrimination principles, as well as, equal access to treatment.

The results showed that in all participating hospitals, stated that all children are treated with respect, and All hospitals stated that everyone in the hospitals is treated equally., Due to implementation of the universal healthcare coverage (UHC), hospital services for children and adolescent are free, but often geographic accessibility appears as a problem of indirect cost relating to long transport in Georgia.

See Annexes 8 and 9, for summary of inputs on Standard 2, point 2.1. by self-evaluation team and children and parents/carers, respectively.

- The hospital delivers a patient-centred care, which recognizes not only the child's individuality and diverse circumstances and needs, but also those of his or her parents/carers.

It was found that not all hospital staff is trained to respect and care for patients with cultural differences, but all of them try to understand and respect culture-specific parenting beliefs and expectations. Only 6 hospitals out of 8 provide for interpreters. The interpreters are medical staff of the hospital, mostly nurses. It should be mentioned that the main problem in Georgian reality is Azeri minorities because they don't understand Georgian or Russian Languages.

See Annex 10, for summary of inputs on Standard 2, point 2.2. by self-evaluation team.

- The hospital ensures the respect of children's privacy at all times.

In most hospitals, children are informed about their health condition privately. But due to space constraint it is not possible in some hospitals. In 6 out of 8 hospitals children could stay in single or double rooms. They also mentioned that the privacy is maintained during examinations as well as communicating the results of treatment and diagnosis.

See Annex 11 and 12, for summary of inputs on Standard 2, point 2.3. by self-evaluation team and children and parents/carers, respectively.

It is recommended that to ensure privacy for all children each hospital should have provision for specified privet space.

The assessment of this standard shows that some actions are needed for the improvement of services in all hospitals, including:

- **To ensure that children's privacy is respected at all times:**

All hospitals must ensure, that every child's right to privacy is respected. This includes the availability of private areas to examine and inform children and parents/carers, to provide children with the possibility to be examined by a doctor of the same gender and the availability of single and/or double rooms.

Standard 3: Play and Learning

All children have opportunities for play, rest, leisure, recreation and their rights to education protected, suited to their age and condition, in spite of their health needs.

- *The hospital ensures the right to play for all children without discrimination of any kind.*
In 3 out of 8 participating hospitals, there is a play-space for children. Mostly the play-space is designated in the corridor or there is only one play-room in the whole hospital that makes barriers for the implementation of the standard. It was found that overall children's right to play is ignored. Play is not guaranteed by all hospitals' policy; there is no hospital strategy focused on involving play during procedures and treatment. Children's play specialists or other properly trained staff to assist children during play is a challenge for the hospitals in Georgia. Health care providers are not trained on how to lead different forms of play during therapeutic care. Children's and parents' stated that their child plays with other children in the hospital corridor. Most of the children mentioned that they are playing alone or with their mom or parents.

See Annex 13 and 14, for summary of inputs on Standard 3, point 3.1. by self-evaluation team and children and parents/carers, respectively.

- *The hospital planning takes into account children's views of what is needed.*
In most participating hospitals there has been no engagement with children for the improvement of play spaces.

See Annex 15, for summary of inputs on Standard 3, point 3.2. by self-evaluation team

- *The hospital provides complementarily play and educational activities.*

There are no complementarily play and educational activities in any of the participating hospitals except IC. As IC is provided long term treatment for the chronic patients, for example patients with various type of leukemia, the hospital provides educational and play activities

See Annex 16, for summary of inputs on Standard 3, point 3.3. by self-evaluation team.

The main areas identified for the improvement of children's right to play are:

- **Making available a play-space for children**

Play and learning have an important role for children's development and, while in hospital, it is an added value to therapeutic care, which should be recognized by policy. All hospitals should have provision of play-space for children. Where hospitals ensure children's playroom, children and adolescents should have opportunity for active participating the policy making and implementation process.

- **Guarantee Play Specialists and other adequately trained staff to accompany children during their stay in hospital**

Raise awareness of hospital managers and society on importance of play for child development, like play-room with toys and all necessary things.

Play Specialists play an important role in therapeutic care by preparing play activities in the Play room or by the child's bedside, helping children to reduce their anxieties, supporting health staff by using play in the preparation of procedures, among other important activities.

- **Introduce training of staff on how to use different forms of play within therapeutic care**

Medical staff across countries is using different forms of play within therapeutic care to help children during their stay in hospital. Play is used to alleviate anxiety and stress, to enable children to cope with pain and to help in the management and outcomes of procedures. All hospitals are encouraged to provide training for their health staff on how to use different forms of play within therapeutic care.

Standard 4: Information and participation

All children receive information about their health problem, in ways that are understandable to them, can express their views and participate in decision-making about their care and treatment, in a manner consistent with their evolving capacities.

- *The hospital ensures an environment based on trust, information-sharing, the capacity to listen and sound guidance that is conducive to the child's effective participation.*

The findings demonstrate that a little attention is paid to children's right to information and participation. In all hospitals, health care staff introduces themselves to children and families and wear name badges, but most of them are not using badges.

Children do not have the right to informed consent and the inputs also suggest that there is little involvement of patients in the decision-making processes regarding their care. There are no complaints' procedures or other mechanisms where children and adolescents can voice concerns about their health care.

Children's and parents' mentioned that their mothers informed them about health condition, and verbal consent is usually ensured.

See Annex 17, for summary of inputs on Standard 4, point 4.1. by self-evaluation team.

- The hospital ensures that all appropriate staff has the skills to engage with dialogue and information sharing with children of all ages and maturity.

In all participating hospitals, majority of health care providers have been trained on effective communication with children and families about the condition and proposed treatments.

See Annex 18, for summary of inputs on Standard 4, point 4.2. by self-evaluation team.

- The hospital engages with children for the development and improvement of health care services.

The findings showed that child's opinion does not influence decision-making process.

See Annex 19, for summary of inputs on Standard 4, point 4.3. by self-evaluation team.

Following actions are recommended for the improvement of children's right:

- **Ensure the respect of every child's right to information**

Children's right to information and participation is essential to their health education and well-being. Children of all ages should be informed, in accordance to their cognitive capacity. Health professionals should be able to explain fully to children about their condition, including what is happening to them, which treatments are proposed, options that are available, implications of all the options, treatment side effects, likelihood of discomfort and how to convey 'bad news'.

- **To provide awareness raising and continuous training for staff on the importance of communicating with children of all ages and how to do this skills**

It is essential to provide children and parents/carers with the necessary information, creating trust between professionals and patients, facilitating children's participation in health decisions, but also in reducing both parents'/carers' and children's anxiety ensuring their understanding of

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and compliance with treatments and enjoyment of overall positive hospitalization experience.
Establish criteria on children's right to informed consent.

- **Promote children's and parents' participating in the improvement of health care services**

It is important for hospitals to start engaging with children in decision-making processes concerning the improvement of health care services. Children of different age groups can provide important information about how the services are being implemented, in the identification of good practices and gaps, as well as, patient expectations about the services being provided to them. Children can provide key information about health challenges, behaviours and risks; health issues influenced by gender-based differences, cultural norms and socioeconomic status; and needs and expectations of services.

Standard 5: Safety and environment

All services for children are provided in an environment designed, furnished, staffed and equipped to meet their needs. Safety also includes aspects of cleanliness and food.

- The hospital infrastructure is designed, furnished and equipped to meet children's safety and mobility needs.

All hospitals is designed, furnished and equipped to meet children's safety and mobility needs. In most hospitals, safety norms for equipment and materials are maintained; and all hospitals' infrastructure ensures that children with mobility restrictions are able to access all safe areas of the buildings.

See Annex 20, for summary of inputs on Standard 5, point 5.1. by self-evaluation team.

- The hospital policies and practice support the best possible nutrition for children.
There is not giving attention to children's right to food in all participating hospitals. As already was mentioned not all hospitals provide free food to all hospitalized children; the hospitals have not specially trained staff that is responsible for the development of the menu or monitoring served food in the hospitals. Suggested improvements include monitoring of the quality of products used, as well as, enhancement of their diversity.

See Annex 21, for summary of inputs on Standard 5, point 5.2. by self-evaluation team.

- The hospital policies and practices ensure effective and strict cleaning services.

All participant hospitals have adequate attention to ensure effective and cleaning services. However, some hospitals lack sufficient sanitation facilities, hot water and bathrooms for mothers and children.

See Annex 22, for summary of inputs on Standard 5, point 5.3. by self-evaluation team.

The mains actions towards the improvement of this standard are:

Consolidate the efficiency of cleaning services and practices:

All hospitals are encouraged to continue to maintain high standards of cleaning services and practices and to address the gaps identified by the self-evaluation teams, which were mentioned above.

- **Ensuring that the hospitals' infrastructure is appropriate to all children visiting and staying in the hospital.**

Actions must be undertaken to ensure that hospitals' infrastructures meet children's safety and mobility needs. Implement safety norm-related standards at the National level and assess all hospitals to learn whether safety norms for equipment and materials are followed, if not, to improve.

- Implement external and internal monitoring system for the hygiene and water sanitation in the hospitals.

Standard 6: Protection

Children are protected from all forms of physical or mental violence, unintentional injury, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.

- The hospital has in place a system that ensures protection of the right of the child against all forms of violence.

MoLHSA and WHO's protocol is activated upon a child's admission to hospital. All hospitals adhere to this common mechanism and, in addition, have put in place referral mechanisms with social services, police and other authorities. There is lack of effective system of identifying children who have been a victim of abuse and in protecting them against further violence. The hospitals have not the system recording and monitoring any cases of child abuse any type.

See Annex 23, for summary of inputs on Standard 6, point 6.1. by self-evaluation team

- The hospital ensures that all appropriate staff has the adequate skills to protect, treat and refer children who have been a victim of any kind of abuse.

Most of the health professionals working in hospitals have not received training on how to identify and examine children who have been abused. But most of them received information about referral mechanisms.

See Annex 24, for summary of inputs on Standard 6, point 6.2. by self-evaluation team.

- Clinical research and trials are strictly regulated by hospital policy.

Only a half of medical staff knows how to contact with the Ethics Committee for clinical research and trials. In most hospitals there is not available the teaching activities. Only one out of 8 hospitals provides teaching activities. The children and families have the option to refuse or not to be involved in such activities.

See Annex 25, for summary of inputs on Standard 6, point 6.3. by self-evaluation team.

The main improvements towards the respect of the right to protection from all forms of violence needed:

- **Consolidation of the existing system of child protection in all hospitals**

The effective protection of children, once they reach a hospital, depends on a number of services being available to them. The medical staff must receive training and be able to identify a child, who has been a victim of abuse and how to treat them, but also to know applicable legislation, hospital policy and how to activate the necessary mechanisms, such as referral systems.

- **Ensure that no clinical research and trials are carried out without adequate regulations.**

All hospitals must ensure that any clinical research and trials carried out within the hospital are clearly regulated by and follow national legislation and hospital policy.

- **Ensure the protection of every child participating in clinical research or trials**

Children participating in clinical research and trials and their parents/carers should be properly informed about what the research entails, their informed consent should always be conformed and they should be given the option to refuse or not to be involved in the teaching activities of the hospital and/or to drop out of the research at any time.

Standard 7. Pain management and palliative care

Palliative care for children is provided by the State health care program. It is vertical program and covers all needs of the patients. Only one facility that situated in the capital, provides the palliative care for the children. Other facilities avoid to provide such services due to lack of hospital beds. That creates problems with geographical accessibility. According to the situation evaluation of Standard 7 was done. All children have the right to individualized, culturally and age appropriate prevention and management of pain and palliative care.

- The hospital policy ensures the prevention and management of pain.

There implemented protocols and procedures for the prevention and management of pain in hospitals The protocols were currently prepared at national level by the professional associations under the guidance of MoLHSA. The most health professionals working in hospitals have received training on evidence based pain management.

See Annex 26, for summary of inputs on Standard 7, point 7.1. by self-evaluation team.

- The hospital's policy and practice ensure that palliative care is provided to all children who face life-threatening illness.

In NC the palliative care includes psychological support to the child's family (parents/carers). There are no partnerships in place to ensure that palliative care can continue within community services or at home.

See Annex 27, for summary of inputs on Standard 7, point 7.2. by self-evaluation team.

All medical staff should be educated in the areas of protocols and procedures on prevention and management of pain. Following initiatives should be implemented by hospitals:

- Introduce a continuous training programme for health care staff in the area of pain management

Medical staff in all hospitals should be trained in the area of pain management, including assessment and management of children's pain conditions.

The following actions should be implemented by hospitals:

- **Set up a Unit for Psychological/ Psychiatric Support within hospital that provides palliative services for hospitalized children and their parents/careers**

Hospitals are encouraged to set up a unit for Psychological/Psychiatric support within hospitals or in partnership with services at community level.

- **Building partnerships to provide palliative care in the community services or at home:**

Establishing partnerships between hospitals and services in the community is essential to prevent the unnecessary hospitalization of children. This may be particularly important for children in vulnerable situations such as children receiving palliative care.

Recommendations for hospitals and Ministry of Health in Georgia

This section aims to draw recommendations for the MoLHSA and hospitals in Georgia with specific actions to improve the respect of children's rights in hospital.

Recommendations for the MoLHSA:

There is no any policy or protocol that assesses the respect of children's rights in hospitals in Georgia. Charter on Children's Rights in Hospitals is not ratified by the country.

- To ratify of Charter on Children's Rights in Hospitals and implementation in the whole country
- To implement of the protocols for the management and prevention of pain and palliative care in hospitals.
- To establish of policies and practices to improve monitoring and evaluation of health systems on child's rights in hospitals.
- To implement of mechanisms for the improving of child health and rights in the hospitals; like accreditation and quality of care
- To integrate of children's rights to the doctors and nurses educational curricula
- To encourage of implementation in the quality of adolescent-friendly Adolescent Friendly Health Services.
- To implement the standards and monitoring mechanisms for hospital infrastructure, hygiene and water- sanitation in partnership with other Ministries,
- To enhance a national cultural on the respect for the views of the child, including providing relevant health-related information to children in different life settings (home, school, hospital), involving children in decision-making processes influencing their health (including treatment.

Recommendations for the hospitals:

To enhance participation of children and parents/carers in assessing and improving hospital services, by means of patient surveys, complaints procedures and suggestions. The feedback from children and parents/carers should be used to inform hospital management in drawing hospital policies and planning;

- To promote continuous training and awareness raising activities for health professionals on specific aspects related to the management of child care.

- To promote continuous training and awareness raising activities for health professionals on aspects, identification of a child who has been a victim of abuse and neglect, communicating with children of different ages, ensuring the respect of children's privacy at all times and playing activities
- To develop a "home care" programme for children with terminal illness in order to offer palliative care to the dying child and support his/her family for a long period during and after death In the whole country
- To implement the internal audit system
- To implement user friendly services for the disable children
- To implement the system for monitoring and evaluation of clients satisfaction.
- To fulfill children's right to play by allocating budgets. Hospitals must setting up a play room or space for children to play that is properly equipped, hiring Play Specialists to assist children, train health professionals how to use play within therapeutic care and engaging with organizations in the community to provide alternative forms of play, such as music, pet and other therapies;
- To ensure an environment based on trust, information-sharing, the capacity to listen and sound guidance that is conducive to the child's effective participation, including information about their health and treatment, involving them in the decision-making process; the possibility to give consent to treatment; and participation in the improvement of health care services;

Annexes

Annex 1. Hospital names and abbreviation

	Hospital names	Abbreviation
Regional Hospitals		
1	Regional Hospital from Zugdidi	ZU
2	Regional hospital from Kutaisi	KU
3	Regional Hospital from Gori	GO
4	Regional Hospital from Telavi	TE
5	Regional Hospital from Batumi	BA
National Hospitals (Tbilisi)		
6	National Institute – Iashvili Clinic	IC
7	National Institute – New Clinic	NC
8	National Institute –Zhvania Clinic	ZC

Annex 2.

Standard 1: Quality services for children: 1.1. The hospital/health service ensures that all institutional activities are based on the best evidence available and that staff are adequately trained: inputs from the self-evaluation teams

Examples of Good Practices	Areas that need improvement	Examples of actions for improvement
<ul style="list-style-type: none"> Health care service delivered to children is based on national and international guidelines (all hospitals); The national guidelines are developed by professional organizations 	<ul style="list-style-type: none"> A number of guidelines have to develop depend on best evidence and should be adjusted with the international guidelines 	<p>A number The national guidelines are increased. They are updated and adjusted</p> <p>to international guidelines based on Evidence-based Medicine (EBM) principles;</p>
In all facilities are available adjusted to facility level's national protocols and guidelines		
Majority of medical doctors and nurses working in paediatric department have a specialization in pediatrics'	Training of all medical staff in paediatric care	A number of medical staff trained in paediatric care

Annex 3.

Standard 1: Quality services for children: 1.1. The hospital/health service ensures that all institutional activities are based on the best evidence available and that staff are adequately trained: Children's and parents'/carers' views and evaluation

Examples of Good Practices	Areas that need improvement	Examples of actions for improvement
<p>Children "I received good/best care</p> <p>- ZU, KU, GO, TE, BA, IC, NC, ZC</p>	<p>Parents/carers</p> <p>Average answer from All hospitals "We received the best care within the existing conditions - ZU, KU, GO, TE, BA, IC, NC, ZC</p> <p>Advice on child's health care support were given verbally in all hospitals</p> <p>Information about children's rights is not provided – all hospitals</p>	<p>Ensure that children and parents/carers participate in patient satisfaction survey.</p> <p>Ensure that the outcomes of patient satisfaction surveys contribute to the decision-making and communicated back to the survey participants</p> <p>Undertake actions to make children's rights in hospitals</p>

Annex 4.

Standard 1: Quality services for children: 1.2. The hospital/health service ensures that all types of services provided within the organization are regularly monitored and evaluated: inputs from the self-evaluation teams.

Examples of Good Practices	Areas that need improvement	Examples of actions for improvement
<p>At facility level exist the registry of clients 'opinion in the following hospitals: GO, TE, BA, IC, ZC</p> <p>The services assessment to ensure quality of the treatment process in the place in most hospitals</p>	<p>The promotion of survey to assess children's and parent's of care's satisfaction is not done on regular base</p> <p>The facility needs improvement of setting and introduction of an effective system of patient satisfaction survey (All hospitals)</p>	<p>Improve the process of setting and introduction of an effective system of patient satisfaction surveys</p> <p>Ensure that the outcomes of patients' satisfaction survey contribute to the decision-making at facility level.</p> <p>Facilitate in carrying out of audit to meet health care services in line with the organizational policy</p>

Annex 5.**Standard 1: Quality services for children: 1.3. The hospital/health service has a Charter on Children's Rights, in line with the United Nations Convention on the Rights of the Child: inputs from the self-evaluation team**

Examples of Good Practices	Areas that need improvement	Examples of actions for improvement
The Charter on Children Rights' in the hospitals is not ratified by the country	<p>Approval of the Charter on Children Rights' at country level</p> <p>Approval of the Charter on Children Rights' at facility level</p> <p>Training for hospital staff on Charter on Children's Right (all hospitals);</p>	<p>To approve the Charter Children's right, inform patients about and to place it in the facility (All hospitals)</p> <p>Develop a child friendly version of the Charter on Children's Rights; Adopt, disseminate and make a Charter on Children's Rights available in the wards;</p> <p>Educate all health care service staff on the Charter on Children's Right;</p>

Annex 6.

Standard 1: Quality services for children: 1.4. The hospital provides the possibility for parents/carers to stay with their child at all times during hospitalization: inputs from the self-evaluation teams.

Examples of Good Practices	Areas that need improvement	Examples of actions for improvement
<p>Parents/carers are allowed to stay with the child during procedures, including anaesthesia induction;</p> <p>Parents/carers are always allowed to stay with the child overnight for free (all hospitals)</p> <p>Free food is provided only in one hospital to the hospitalized children</p>	<p>To allow parents/carers to stay with their children during medical procedures in ICU</p> <p>To monitor the quality and diversity of the food provided within the hospital for children;</p>	<p>Ensure that parents/carers are always allowed to stay with the child during procedures, including injections, blood extraction;</p> <p>To prepare the qualified staff, dieticians, check quality of the menus for hospitalized children</p>

Annex 7.

Standard 1: Quality services for children: 1.5. The hospital/health service pays special attention to the rights of adolescents to health care: inputs from the self-evaluation teams

Examples of Good Practices	Areas that need improvement	Examples of actions for improvement
There is adolescent-friendly health services in all hospitals	<p>To develop the information materials special oriented to children</p> <p>The promotion of surveys to assess children's and parents' or carers' satisfaction with the services is not done on regular base;</p>	<p>Improve the process of setting and introduction of an effective system of patient satisfaction surveys;</p> <p>Ensure that the outcomes of patient satisfaction survey contribute to the decision making at facility level</p>

Annex 8.

Standard 2: Equality and non-discrimination: Right 2.1. The hospital/health service fulfils the rights of access of all children without discrimination of any kind: inputs from the self-evaluation teams.

Examples of Good Practices	Areas that need improvement	Examples of actions for improvement
	N/A	N/A

Annex 9. Standard 2: Equality and non-discrimination:

2.1. The hospital/health service fulfils the rights of access of all children without discrimination of any kind: inputs from the self-evaluation teams: Children's and parents'/carers' views and evaluation.

Examples of Good Practices	Areas that need improvement	Examples of actions for improvement
All children are treated with respect – all hospitals No one refused in care – all hospitals Everyone in the hospitals are treated equally		Guarantee competent interpreters in need of case. To use preferred children names

Annex 10.

Standard 2: Equality and non-discrimination: 2.2. The hospital/health service delivers a patient-centred care, which recognizes not only the child's individuality and diverse circumstances and needs, but also those of his or her parents or carers: inputs from the self-evaluation teams.

Examples of Good Practices	Areas that need improvement	Examples of actions for improvement
Six hospitals provide qualified interpreter	<p>Hospital staff is not trained on respect and care of patients with cultural differences (all hospitals);</p> <p>Health professionals are not trained to try to understand and respect culture specific parenting beliefs and expectations(all hospitals);</p>	<p>Special trainings for staff on respect and care of patients with cultural differences (all hospitals);</p> <p>Develop or enhance the program on continuous cultural competence training for staff;</p>

Annex 11. Standard 2: Equality and non-discrimination:

2.3. The hospital/health service ensures the respect of children's privacy at all times: inputs from the self-evaluation teams.

Examples of Good Practices	Areas that need improvement	Examples of actions for improvement
<p>In most hospitals children are informed in private areas or in doctor's office</p> <p>In all hospitals, it is possible to hospitalize children in single or double rooms</p>		<p>To organize more single rooms to respect the privacy, culture, religious beliefs;</p> <p>To organize more single or double rooms as to provide more privacy for hospitalized children;</p> <p>Ensure the right of children to be hospitalized in single or double rooms, upon request;</p> <p>Ensure the right of children to be informed in private areas;</p>

Annex 12.***Standard 2: Equality and non-discrimination:******2.3. The hospital/health service ensures the respect of children's privacy at all times: Children's views and evaluation.***

Examples of Good Practices	Areas that need improvement	Examples of actions for improvement
Privacy during the examinations Privacy when the results of the examinations/treatment are communicated	Limited possibility to be hospitalized in the single or double rooms	Ensure the right of children to be hospitalized in single or double rooms, upon request;

Annex 13.**Standard 3: Play and Learning:****3.1. The hospital/health service ensures the right to play for all children without discrimination of any kind: inputs from the self-evaluation teams.**

Examples of Good Practices	Areas that need improvement	Examples of actions for improvement
There is a space for play for children (IC, TE, ZC)	<p>Not all hospitals' policy guarantees the right to play for children;</p> <p>Play Specialists or properly trained staff to assist children during play are not available in most hospitals</p> <p>Health care providers were not trained on how to use different forms of play within therapeutic care in most hospitals;</p> <p>No clinical protocols or guidelines on playing with children or game activities for children depends on their age in hospitals (all hospitals);</p> <p>No special staff to play and do different activities with children while staying most in hospital</p> <p>No training for health staff to support the playing activities with children;</p>	<p>To improve the conditions for playing for children with limited ability;</p> <p>Develop a hospital policy to guarantee the right to play for children;</p> <p>Designate and properly equip (toys, games, music, etc.) the play rooms for children;</p> <p>Assign a Play Specialists/volunteers or properly trained staff to assist children during play;</p> <p>Develop a hospital strategy involving play during procedures and treatment, including clown, music, art, pet therapy for children in the hospital;</p> <p>Equip and supply a play room with toys and games according to age; organize a separate space for play and rest of adolescents (computers, chess, etc.),</p> <p>organize games in the hospital relevant for the age of children/adolescents;</p>

Annex 14. Standard 3: Play and Learning:

3.1. The hospital/health service ensures the right to play for all children without discrimination of any kind: inputs from the self-evaluation teams: Children's and parents'/carers' views and evaluation.

Examples of Good Practices	Areas that need improvement	Examples of actions for improvement
<p>I played with other children, mostly in corridors</p> <p>In the hospital there is nowhere to play, me and my husband brought toys from home</p>	<p>Playing rooms availability</p> <p>Free access to playing room</p> <p>Doctors apply games for assessment procedures and treatment</p> <p>The games and toys have to available for children of different ages</p> <p>Do possible for children to continue the education while in hospital in case of chronic diseases</p> <p>To organize supportive activities such as clown, music, art, pet therapy are provided for children in the hospital</p>	<p>Doctors have to use paying techniques during assessment and treatment procedures</p> <p>The paying rooms have to be organized in all hospitals</p> <p>Toys have to be for children of all ages</p> <p>Organize a play room and leisure hours for children in the hospital;</p> <p>Equip and supply a play room with toys and games;</p> <p>Organize a separate space for play and rest of adolescents (computers, chess, etc.)</p> <p>Organize a hospital based school;</p> <p>Organize games in the hospital relevant for the age of children/adolescents</p>

Annex 15. Standard 3: Play and Learning:

3.2. The hospital/health service planning takes into account children's views of what is needed: inputs from the self-evaluation teams.

Examples of Good Practices	Areas that need improvement	Examples of actions for improvement
	No counselling with children for the improvement of play spaces	view for the improvement of play spaces; Equip and supply a play room with toys and games; organize a separate space for play and rest of adolescents Organize games in the hospital relevant for the age of children/adolescents;

Annex 16. Standard 3: Play and Learning:**3.3. The hospital/health service provides complementary play and educational activities: inputs from the self-evaluation teams.**

Examples of Good Practices	Areas that need improvement	Examples of actions for improvement
	At the moment is not possible in hospitals in the regions to assure the continuity of the educational process within hospital premises,	Organize a hospital based School for children with long-term care;

Annex 17. Standard 4: Information and participation: 4.1. The hospital/health service ensures an environment based on trust, information-sharing, the capacity to listen and sound guidance that is conducive to the child's effective participation: inputs from the self-evaluation teams.

Examples of Good Practices	Areas that need improvement	Examples of actions for improvement
<p>Health care staff introduce themselves to children and families and not all of them wear name badges</p> <p>Children's and adolescent's complaints are investigated and addressed</p>	<p>The inform consent is taken only from adults mostly after the intervention</p> <p>The mechanism on information of children/carer on complaints' investigation is not in place</p> <p>The process by which children and adolescents can voice concerns about their health care is not designed and implemented</p>	<p>To include parents and children in decision making over their children health</p> <p>The process by which children and adolescents can voice concerns about their health care have to be developed and implemented</p> <p>Ensure that children are informed about the medical condition and have the right to give consent to treatment and ask questions</p>

Annex 18.

Standard 4: Information and participation: 4.2. The hospital/health service ensures that all appropriate staff has the skills to engage in dialogue and information-sharing with children of all ages and maturity: inputs from the self-evaluation teams.

Examples of Good Practices	Areas that need improvement	Examples of actions for improvement
Health care providers have been trained on how to effectively communicate with children and families to explain the condition, proposed treatments, etc.		Training for staff in children's psychology and behaviours; Ensure awareness raising and continuous training for staff on the importance of communicating with patients of all ages and ways to do this

Annex 19.

Standard 4: Information and participation: 4.3. The hospital/health service engages with children for the development and improvement of health care services: inputs from the self-evaluation teams

Examples of Good Practices	Areas that need improvement	Examples of actions for improvement
	Children do not participate or don't influences decision making process in relation to improvement of health care services	Training for staff in children's psychology and behaviours; Ensure awareness raising and continuous training for staff on the importance of communicating with patients of all ages

Annex 20.

Standard 5: Safety and environment: 5.1. The hospital/health service infrastructure is designed, furnished and equipped to meet children's safety and mobility needs: inputs from the self-evaluation teams.

Examples of Good Practices	Areas that need improvement	Examples of actions for improvement
<p>The hospital infrastructure is designed, furnished and equipped to meet children's safety and mobility needs (all hospitals);</p> <p>The hospital ensures that equipment and materials follow safety norms</p> <p>Hospital practice ensures effective and cleaning services, but the situation is not uniform some hospitals are lacking sufficient number and adequate WC, hot water, bathrooms for mothers and children</p>		<p>Monitor that equipment and materials follow safety norms;</p>

Annex 21. Standard 5: Safety and environment: 5.2. The hospital/health service policies and practice support the best possible nutrition for children: inputs from the self-evaluation teams.

Examples of Good Practices	Areas that need improvement	Examples of actions for improvement
Free food is provided only for hospitalized children in one hospital	<p>To monitor the quality of products used for the children's eating;</p> <p>To include in the State Children Healthcare program free food for hospitalized children</p>	<p>All hospitals have specially trained staff (often nurses) or dietician who is responsible for the health menu development;</p> <p>Children are getting food timely in all hospitals;</p> <p>To prepare the qualified staff, dieticians, in development of the health menus for hospitalized children;</p>

Annex 22.

Standard 5: Safety and environment: 5.3. The hospital/health service policies and practice ensure a clean environment for children at all times: inputs from the self-evaluation teams

Examples of Good Practices	Areas that need improvement	Examples of actions for improvement
Hospital practice ensures effective and cleaning services	Some hospitals are lacking sufficient number and adequate WC, hot water bathrooms for mothers and children	

Annex 23.

Standard 6: Protection: 6.1. The hospital/health service has in place a system that ensures protection of the right of the child against all forms of violence: inputs from the self-evaluation teams

Examples of Good Practices	Areas that need improvement	Examples of actions for improvement
<p>The policy on protection of children who have been victims of any kind of abuse or violence is partly in place</p> <p>The common mechanism to solve the violence case between hospitals and MoLHSA is in place and implemented starting with admission to the hospital</p> <p>The child protective referral mechanisms with social services, police, other authorities in place</p>	<p>Health professionals from hospitals were not trained on how to identify and examine children who have been abused</p>	<p>To include social assistants in hospital staff with clear duties and responsibilities;</p> <p>Organize and implement a continuous awareness raising/training courses for staff on how to identify and examine children who have been abused, and on existing protocols</p> <p>Ensure regular assessment of effectiveness in protecting children of any kind of abuse in the hospital</p>

Annex 24.

Standard 6: Protection: 6.2. The hospital/health service ensures that all appropriate staff has the adequate skills to protect, treat and refer children who have been a victim of any kind of abuse or unintentional injury: inputs from the self-evaluation teams.

Examples of Good Practices	Areas that need improvement	Examples of actions for improvement
	Health staff did not receive some special training;	Organize and implement a continuous awareness raising/training courses for staff on how to identify and examine children who have been abused, and on existing protocols

Annex 25.

Standard 6: Protection: 6.3. Clinical research and trials are strictly regulated by hospital/health policy: inputs from the self-evaluation teams.

Examples of Good Practices	Areas that need improvement	Examples of actions for improvement
Children and families have the option to refuse or not to be involved in teaching activities of the hospital	The clinical research and trials are not regulated by hospital policy in every hospital: no specific protocols regulating clinical research and trials	

Annex 26.

Standard 7: Pain management and Palliative care: 7.1. The hospital/health service policy ensures the prevention and management of pain: inputs from the self-evaluation teams.

Examples of Good Practices	Areas that need improvement	Examples of actions for improvement
	There is no continuous training for staff on pain management	

Annex 27.

Standard 7: Pain management and Palliative care: 7.2. The hospital's/health service's policy and practice ensure that palliative care is provided to all children who face life-threatening illness: inputs from the self-evaluation teams.

Examples of Good Practices	Areas that need improvement	Examples of actions for improvement
Palliative care includes psychological support to the child's family (parents and carers) – some elements are in place in one hospital	Ensure geographical accessibility of palliative care for children	<p>Set up Psychological/Psychiatry Support within hospitals for hospitalized children and their families, as well as to any other child/adolescent in the community;</p> <p>Build partnerships to provide palliative care on the community services or at home;</p> <p>Develop a “home care” programme for children with terminal illness in order to offer palliative care to the dying child and support his/her family for a long period during and after death In the whole country;</p> <p>The hospital has to develop partnerships to provide palliative care on the community services or at home.</p>

