
Safer Care for Kids refined ViCTOR chart implementation:

Frequently Asked Questions

OFFICIAL

Why include family/carers concern as a vital sign?

Delayed recognition of deterioration is a leading cause of preventable harm in hospitalised children. Research shows that parental concern is more strongly associated with critical illness than abnormal vital signs. Including it as a vital sign ensures concerns are heard and acted upon.

How do we meet the Ministerial mandate?

Health services are compliant if they use the following wherever paediatric patients have vital signs recorded:

- Age-based, colour-coded track and trigger charts with ViCTOR parameters and the family/carers concern question included
- An escalation process aligned with ViCTOR

Will this increase workload?

Concern is raised infrequently—only 2.9% of the time across pilot sites. While responding to these concerns may initially increase clinical workload, management changes were required in approximately 50% of cases. These interventions likely helped mitigate future workload by preventing further patient deterioration.

Why introduce this process if we already ask parents about concerns?

It formalises and documents concerns, making them visible to the whole treating team. It also empowers nursing staff to escalate if concerns aren't addressed.

Did the pilot demonstrate success in asking the family/carers concern question?

Yes. Within 1–2 months, 80% of vital sign sets included the question. Staff felt more confident in escalating concerns, and families appreciated being asked.

Do I need to ask the parent about concerns during procedures, MET calls or PIPER transfers?

No. If escalation is already underway, the question isn't necessary.

Do I need to ask at triage?

No. The question is meant to detect deterioration during the hospital stay. At triage, parental concern is already factored into the Australian Triage Scale.

When should I use the 'Unavailable' (U) option?

Use "U" if the parent is asleep, not present, or if escalation is already occurring.

How do I ask without causing anxiety?

Introduce the process clearly. Example: "You know your child best. If you notice changes, we want to hear from you. We'll ask this question regularly as part of routine care."

Posters and scripts from pilot sites can help with this and are found with the resources.

Who do we ask the question to?

Ask the parent or carer at the bedside during vital sign monitoring. Teenagers may also be included when appropriate.

What about families who do not speak English?

Use translated versions of the question (available on laminated cards or via apps like CALD Assist).

Microsoft Word's Translate feature is another option. If a parent expresses concern, engage an interpreter to explore further.

How can staff remember to ask?

The refined ViCTOR chart places the question field at the top as a visual prompt. EMR systems saw improved uptake when the field was similarly positioned at the top of the vital signs entry form. Clinicians are advised to periodically spot-check staff to ensure they are consistently asking the required question and retaining the practice.

Do we need to ask follow up questions?

Yes—if a parent says they're worried, ask "What are you worried about?". Only concerns about clinical deterioration should be marked as "Yes" on the chart and trigger escalation.

How is this better than REACH or other family-initiated systems?

This proactive approach removes barriers like language, hierarchy, and awareness which may disproportionately affect the most vulnerable families. It supports earlier recognition of deterioration and intervention, which improves outcomes. Family-initiated systems remain important as a secondary escalation system.

How can we integrate the refined ViCTOR chart with our Electronic Medical Record (EMR)?

- Work with your EMR vendor to insert the family/carer concern question alongside other vital signs, ideally in the flowsheets or observations section.
- Ensure the question appears at the top of the vital signs entry to improve visibility and uptake.
- Configure the EMR to graphically display responses (letters/numbers) on the ViCTOR chart for trend analysis.
- Make sure coloured escalation zones (orange/purple) are visible on the chart.
- Enable Best Practice Advisory alerts to trigger when vital signs fall within escalation zones.
- Collaborate with other health services using the same EMR vendor—they may have existing solutions or tips for embedding the ViCTOR chart effectively.

Are there any success stories?

Pilot sites reported parents felt more comfortable sharing concerns when asked directly. This is especially relevant at smaller sites, where the parent may personally know the health service staff, or for parents of chronically unwell children who have built relationships with the staff. These parents may be reluctant to be perceived as 'complaining' but are grateful to be invited to speak up if they are worried. In the pilot, nearly 50% of documented concerns led to changes in care, indicating that the process is useful.

A video of mum Kate talking about how the process would have been useful for her daughter Bella can be found [here](#).

What should we do with old ViCTOR charts?

Recycle them. Stickers aren't suitable and mixing old and new charts risks confusion. Stickers should not be placed on outdated or bottom of ViCTOR charts, as this may result in reduced uptake. Positioning the question at the top of the chart has demonstrated the highest level of engagement and is therefore recommended to use the refined ViCTOR chart.

Refined ViCTOR charts are available through Allenby Press. Please avoid bulk requests (e.g. 3–6 months' supply) as [Allenby Press](#) maintains readily available stock to support ongoing supply.