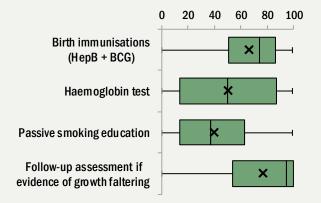# Child Health (based on feedback from 60+ stakeholders)

1. Priority Evidence - Practice Gaps

Aggregate CQI data (2012 - 2013)
Percent delivery to eligible clients
(n=94 health centres; 3,654 clients; x = mean)

Delivery & recording of key aspects of care:

- all scheduled immunisations, in particular, those scheduled at birth & at 2 years & older
- key health measures, including weight, haemoglobin & developmental milestones
- risk factor enquiry, in particular familial use of alcohol, tobacco & other drugs
- brief interventions for child nutrition & development, passive smoking, infection prevention, injury prevention, domestic/social & environmental conditions

Follow-up planning & action:

- for abnormal findings, in particular developmental delay, anaemia, chronic ear infections, identified risks related to domestic environment, financial situation & food security

Develop health centre systems:

- more effective links with community & systems to support regional health planning

Other specific priorities:

- availability of appropriate referral services in remote areas

2. Barriers & Enablers

Staff recruitment & retention:

- lack of adequate staff numbers, particularly A&TSIHPs & to a lesser extent doctors
- inadequate systems to ensure PHC staff have support from experienced staff (limited by high staff turnover)

Staff capability (training & development):

- insufficient systems to support inter-/ intra- organisational learning
- priority competency areas include working effectively in teams, patient centred care, principles of population health & client self-management, use of CQI tools, best practice guidelines & decision support resources

Community capacity/engagement/mobilisation:

- insufficient systems to support community health literacy & leadership with respect to quality health care delivery

Clinical information systems:

- lack of training & support for staff to effectively use information systems for supporting & providing best practice care

3. Strategies

Workforce:

- build staff confidence & skills in areas relevant to practice gaps (including immunisation, community engagement, risk factor enquiry & provision of interventions for children identified at risk). This will require access to experienced, qualified staff & flexibility in training options such as inter-agency rotations & trans-disciplinary work practices

Community development:

- work with communities to build understanding of child health issues (involve A&TSIHPs)
- identify local child health champions to assist with education & provision of practical support for families to develop strategies to reduce risks to child health

Health systems:

- aim for less siloed service delivery, better interagency coordination & opportunities for staff across agencies to share relevant knowledge
- improve clinical information systems for sharing records across providers to facilitate follow-up (reminders), completeness of records & efficiency of care
- continue to use CQI processes to identify gaps & the staff skill mix needed in communities

A&TSIHP - Aboriginal & Torres Strait Islander Health Practitioners; PHC – primary health care; CQI – continuous quality improvement