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