General Practice

Quality Improvement Toolkit

Children and Young People in Out-of-Home Care Toolkit

A practical guide to improve care coordination and management of children and young people in out-of-home care (OOHC) as a Continuous Quality Improvement activity (CQI), which can be utilised for a Practice Incentives Program (PIP) Quality Improvement (QI) Incentive or for Continuing Professional Development (CPD) purposes.

phn GOLD COAST

An Australian Government Initiative

Gold Coast Primary Health Network would like to acknowledge and pay respect to the land and the traditional practices of the families of the Yugambeh Language Region of South East Queensland and their Elders past, present and emerging.

Artwork: Narelle Urquhart. Wiradjuri woman.
Artwork depicts a strong community, with good support for each other, day or night. One mob.

Gold Coast Primary Health Network
ABN: 47 152 953 092

Level 1, 14 Edgewater Court, Robina 4226
PO Box 3576 Robina Town Centre Qld 4230
t 07 5635 2455 | f 07 5635 2466
info@gcphn.com.au | www.gcphn.org.au

Contents

Due to constant developments in research and health guidelines, the information in this document will need to be updated regularly. Please contact GCPHN if you have any feedback regarding the content of this document.

GCPHN would like to acknowledge that much of the source material was originally created by Brisbane South Primary Health Network.

Children's Health Queensland Hospital and Health Service

Australian Government

phn GOLD COAST

An Australian Government Initiative

About The Children and Young People in Out-of-Home Care Toolkit

Children and young people typically enter out-of-home-care (OOHC) because they have experienced abuse or neglect and require a more protective and stable environment. When compared to their peers, they are more likely to have unrecognised and/or unmet chronic and complex conditions (physical, neurological, developmental, psychological and behavioural), be socially and economically disadvantaged, and have very limited access to health resources.

Typically, from the time of placement in OOHC, a GP will be the first medical professional that the child/young person engages with, representing the first opportunity to address any immediate health, dietary, emotional, sensory and/or behavioural concerns (via measures or referrals). Early intervention, care coordination and continuity of care will prove crucial to the improvement and sustainment of the child/young person's current and future physical, mental, and social health and wellbeing.

This Toolkit provides a practical guide for general practice teams. It describes how to successfully implement the care coordination and management of children and young people in OOHC as a Continuous Quality Improvement (CQI) activity, which can be utilised for a Practice Incentives Program (PIP) Quality Improvement (QI) Incentive, or for Continuing Professional Development (CPD) purposes.

How to use the toolkit

There are six steps to implement the CQI activity for children and young people in OOHC.

STEP 1 Planning and preparation

STEP 2 Use data to set goals and identify suitable patients

STEP 3 Implement improvement actions

STEP 4 Regularly review your CQI activity

STEP 5 Sustain and maintain improvements

STEP 6 Document your CQI activity

Aim of the toolkit

To provide a simple and practical guide for general practices to implement the care coordination and management of children and young people in OOHC as a CQI activity, which can be utilised as a PIP QI Incentive or for CPD purposes.

The Toolkit supports general practice teams to:

- successfully implement care coordination and management of children and young people in OOHC.
- make best use of practice data.
- document the CQI activity for children/young people in OOHC.
- use the CQI activity for PIP QI and CPD purposes.
- make measurable and sustainable improvements in a feasible manner to patient care within the specific population group.
- increase knowledge of CQI principles and practical application.

Benefits of using the toolkit

The Toolkit provides:

- A structured, easy and quick approach to implement quality improvement activities.
- A step-by-step guide.
- Suggestions to identify patient groups using data extraction tools.
- Links to prefilled templates and resources.
- Flexibility, as activities can be started at any time of the year, and practice teams decide whether to implement a single improvement intervention, or a bundle of interventions.
- This Toolkit is especially relevant to Gold Coast because it was developed by GCPHN staff, in consultation with Qld PHNs, Children's Health Qld, Gold Coast Health, primary care staff and Kalwun Health Service.

Step 1 Planning and preparation

1.1 Team meetings

- To meet PIP QI requirements, you must demonstrate that you have undertaken your CQI activity as a team.
- It is important at the beginning of the CQI activity to arrange a practice meeting to agree, plan and prepare for its implementation. If it is not possible to have the whole team meet, each staff group should be represented. At a minimum, this would include a GP, the practice manager, a member of the administrative team and a practice nurse. In smaller practices, the same individual may have more than one role.
- You should continue to meet regularly to plan and review your CQI activities. It is especially important to meet at the conclusion of the activity and finalise the documentation.
- Meetings can be virtual or in person and can be scheduled at any time that suits the team, i.e. during or outside normal working hours.
- Practical considerations for your meetings:
    - You could add CQI as a standing agenda item on your usual team meetings or you could set up specific meetings for this purpose.
    - Schedule meetings with advance notice to ensure key team members can attend.
    - Examples of practice meetings and templates are available online.
    - Ensure that you have access to clinical information system reports, Primary Sense or other relevant practice data during meetings to inform your discussions and to support your planning and review of your CQI activity.
    - Consider using a CQI activity template during meetings to help guide the discussion and to document your plan, progress and learning. There is also a guide to assist in completing this.

***TIP -** Regular meetings help to maintain momentum and keeps the team on track to successfully complete the CQI activity.*

1.2 Agree to CQI roles and responsibilities

- It is important to define and delegate specific roles and responsibilities to each team member. Potential roles or different team members are included as an Appendix.
- Consider who in your team has the skills and ability to complete each task. To identify learning needs, you could ask staff to gauge their confidence out of 10 to complete an allocated task.
- Ensure all team members have access to practice software 'How To' guides.
- Identify and meet the training and education requirements of team members to fulfil their CQI role.
- Remember to share your CQI plan with the whole practice team to ensure that everyone is aware of the activity and their roles and responsibilities.

1.3 Set realistic timelines

- It is important to specify the specific steps and estimate how long each one will take to complete. It is also important to agree to dates in advance, when progress will be reviewed.
- Allow some flexibility with the timelines and expect and plan for delays.

Step 2 Use data to set goals and identify suitable patients

2.1 Current performance and future goals

- Ask the following questions to assess current and future performance using your practice data:
  - What is the current level of performance in the practice?
  - Is there an opportunity to improve performance? *If so, by how much? Express your goal or target as a number or percentage.*
  - Is your target realistic? *It is seldom possible to achieve 100% performance; most practice teams can achieve a 25 to 50% improvement in performance or reduce the gap between their current and desired performance by 25 to 50% with concerted effort.*
  - How long will it take to achieve this goal?
- A CQI activity is simply a structured, focused and coordinated attempt to close the quality gap between your current performance and a desired level of performance in the future.
- Practice teams that set SMART goals are more likely to be successful. The acronym SMART describes some of the desired characteristics of a goal: specific, measurable, achievable, relevant and timed.

SMART goal example

50% of patients identified as being in OOHC will receive a Comprehensive Health and Development Assessment (including a Health Management Plan), which will be shared with Child Safety, the carer and relevant others. They will: 1) identify the patients that are known to be in OOHC through a team meeting; and 2) the practice manager will change the new patient form. They calculate that they have 10 patients and they set recalls and reminders for these health assessments to occur over the next 6 months. They will achieve their goal if 5 attend.

2.2 Identifying children and young people in OOHC

- It is important to direct your improvement efforts at those patients who are most likely to benefit from them. The next step is therefore to identify children/young people in OOHC who are practice patients.
- GPs and Practice Nurses may know which children/young people attend the practice with foster carers or residential care providers.
- Best Practice users are able to conduct an *OOHC conditions* search in *Past History* or *Reason for Visit*.
- Communicate to the team those children/young people in OOHC who are a focus of the QI activity.
- Review new patient registration form to include care status and Child Safety details. This information is also needed for referrals to the hospital.

2.3 Recording care status in patient records

- Record “Out-of-Home Care” status in the patient’s file in the *Diagnosis* field (Best Practice), *Social History* field (Medical Director) as well as a warning, or on-screen comments.
- Record carer’s details and Child Safety details in P*atient Details, Family History* and *Social History* fields.
- Best Practice users are able to enter in the *Diagnosis* and *Reason for Visit* field as Out-of-home care.

Tip: It is important for GPs and practices to easily identify patients who are currently in OOHC. This is due to:

- ***Risk factors*** *– children/young people in OOHC have substantially poorer health outcomes than their peers.*
- ***Legal reasons*** *– knowing who has the authority to provide consent for the health and medical treatment of children and young people subject to child protection. Without knowing the child is in OOHC there are legal implications if the correct consent is not obtained. Despite the type of order, information can be shared that’s in the best interest of the child with the carer, child safety, parent and other health professionals.*
- ***Identification*** *– kinship carers may not articulate that the child is on a Child Protection Order without being prompted, and GPs may not ask if they assume the child is their own.*
- ***Referral to health services*** *- children/young people in OOHC may have dedicated priority access to services (e.g. mental health) that they can be referred to at the hospital and in the community.*

STEP 3 IMPLEMENT IMPROVEMENT ACTIONS

3.1. AGREE ON SPECIFIC IMPROVEMENT ACTIONS

- It is important to set a SMART goal and identify patients. It is equally important to decide what improvement actions or interventions will be required to reach your goal. In other words, what is it that needs to be done for every patient in your sample? Such as, an annual Comprehensive Health and Developmental Assessment.
- Decide whether your CQI activity requires a single intervention or multiple interventions.
- Consider creating *Topbar prompts* to automatically flag patients.

TIP - *A* ***care bundle*** *is a set or number of interventions that, when used together, synergistically improve patient outcomes.*

TIP - *Choose one distinct area to start e.g. Practice X will agree on a method to record children/young people in OOHC in the patient records and implement the system changes and staff training to enable this within 2 months.*

3.2 Examples of improvement actions in a CQI activity for children and young people in OOHC

- Use data to identify patients with one or more missing or overdue items of care e.g. annual health assessment, mental health care plans/reviews, immunisations, GP management plans.
- Use your practice reminder system to 'flag' patients with missing or outstanding items of care. Whenever possible, reminders should also be added during patient appointments.
- GCPHN has developed a prefilled CQI practical example.

Examples of potential improvement actions for identifying children and young people in OOHC

- Review new patient registration forms to include a tick box for asking if the child/young person is in OOHC and if so, obtain Child Safety details.
- Ensure child's care status is recorded in the patient's file in a consistent agreed field.

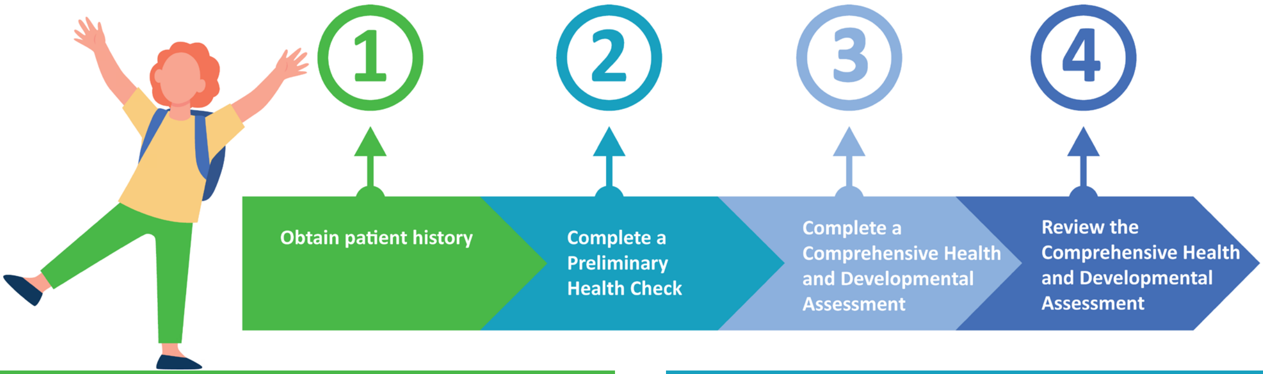
Examples of potential improvement actions for annual Comprehensive Health and Developmental Assessments

- Ensure all children and young people in OOHC have a Comprehensive Health and Developmental Assessment completed each year and a copy is provided to Child Safety.
- Ensure the practice has imported the assessment templates (see the OOHC Health Assessment Pathway).
- Review the 715 Aboriginal and Torres Strait Islander health check template in your software aligns to the NACCHO RACGP National Guide to a Preventive Health Assessment for Aboriginal and Torres Strait Islander People or use the NACCHO RACGP template.
- Set recalls and reminders for annual Comprehensive Health and Developmental Assessments and send to the carer and Child Safety.

Examples of potential improvement actions for care coordination and management

- Encourage practice team members to be familiar with the OOHC Health Assessment Pathway
- Identify any staff within the practice with a special interest in children/young people in OOHC.
- Set recalls and appointment reminders in the patient's file to prompt booking a long appointment each visit.
- Review practice's systems to ensure each patient has a comprehensive and up-to-date My Health Record.
- Identify MBS funding that is available for children and young people in OOHC.
- Ensure trauma informed care is evident in practice policies and procedures.

3.3 The OOHC health assessment pathway: Suggested activities



1. Obtain

- Familiarise yourself with the OOHC Health Assessment Pathway by visiting GCPHN's Children and Young People in Out-of-Home Care (OOHC) webpage.
- Prior to the assessment, check:
    - OOHC templates are uploaded into practice software
    - supporting information regarding child/young person's health and relevant family history
    - Medicare registration
    - My Health Record
- Register for Gold Coast Community HealthPathways and review the Children and Young People in Out-of-Home Care page, which was developed for GPs.

2. Preliminary Health Check

- Seek specialist advice as needed.
- Develop a shared health plan.
- Hold case conference with child safety and other health team members.
- Coordinate the care of the young person.
- Set reminders to prompt booking of longer appointments.
- Upload My Health Record Shared Health Summary.
- If the person identifies as Aboriginal or Torres Strait Islander origin, link in with relevant services.

TIP *- Complete a Preliminary Health Check within 30 days of entering OOHC. Complete a Comprehensive Health and Developmental Assessment within 3 months of entering OOHC.*

TIP *- As well as their health status, it is important to consider a child's developmental milestones and mental health. Screening tools are recommended in the Children and Young People in Care Patient Care Pathway for this.*

Refer to community child health nurses for developmental checks.

3. Comprehensive Health and Developmental Assessment

- Complete the Comprehensive Health and Developmental Assessment, which includes a Health Management Plan (HMP) for early intervention. Ensure to define the need for referrals, Team Care Arrangements, GP Management Plan, Mental Health Treatment Plan, paediatrics, etc.
- Upload shared health summary/event summary to My Health Record.
- Provide the Comprehensive Health and Developmental Assessment to the CSO and carer and include them when sending recalls and reminders.

4. Review

- Set recalls for 12 month review (or 6 monthly for < 5 year olds)
- Conduct the comprehensive health and developmental assessment and review the health management plan.

TIP - *Children in OOHC sometimes have Department of Child Safety funded services just for them. It's important to make the most of the right service at the right time by the right provider. Refer to the* ***Head to Health services*** *for these.*

Refer to the ***Early Childhood Approach NDIS partner*** *for any child under 7 with developmental delay.*

If determined that the child/young person has complex needs and a paediatric review is required, refer to the ***Gold Coast Health Child Protection Unit*** *for a one-off review.*

It is recommended that all children and young people in OOHC receive 6 monthly dental checks. This should commence from first tooth with ***Gold Coast Health Oral Health Service.***

Preliminary Health Check

- Complete within 30 days upon entering OOHC.
- Assists to identify and address immediate concerns.
- Builds rapport.

Comprehensive Health and Developmental Assessment

- Complete within 90 days of entering OOHC.
- Complete annually.
- Must be completed in conjunction with screening for development and mental health.
- Provides in-depth examination and assessment.

TIP - *Provide a copy of the completed Preliminary Health Check and Comprehensive Health and Developmental Assessment to Child Safety and the carer.*

Children's Health Qld has templates available for the Preliminary Health Check and the Comprehensive Health and Developmental Assessment. These OOHC templates are available in PDF and can also be uploaded as templates into Medical Director and Best Practice. For Aboriginal and Torres Strait Islander children in OOHC, the same templates may be used or alternately, the Aboriginal and Torres Strait Islander annual health check templates can be utilised. NACCHO RACGP National Guide to a Preventive Health Assessment for Aboriginal and Torres Strait Islander People is a practical resource with sections on children and young people and contains easy to use charts indicating the recommended screening by age.

3.4 Team based approach to children and young people in OOHC

It is important to collaborate and work with other team members involved in caring for and managing children and young people in OOHC. This includes the Child Safety Officer, other health professionals, carer, parent and young person. If everyone is involved with developing a shared plan, everyone is working towards the same goal. It's also important to share any non-routine health and referral information with the Child Safety Officer.

Contacting Child Safety

The carer can provide the contact details of the Child Safety Service Centre that holds case management. The contact details are available here and the administration staff will put you in contact with the current Child Safety Officer for the child or the Team Leader. Direct communication with Child Safety supports the health of the child/young person and greater outcomes. Health plans, as recommended by primary care, can be embedded into the case plan and goals for the child/young person.

3.5 MBS items to support implementation

Complete appropriate MBS item numbers:

- GP management plan
- Team care arrangements
- GPMP/TCA review x 3 times per year
- Nurse chronic disease item number
- Health assessment
- Mental health item numbers
- Aboriginal and Torres Strait Islander health assessment

TIP - *GPs are required to make sure each patient meets the MBS criteria prior to claiming each item number.*

TIP: *Refer to the* ***Fact Sheet for MBS items available for OOHC***

Children and young people may not have a separate Medicare card if entry into child protection system has been recent. Some children/young people in OOHC may not have a Medicare number as their birth may have not been registered.

Options are:

- If you are billing a patient that has been enrolled but do not have their Medicare card, your practice can call Medicare (132 150) to get the Medicare number. You can also look up the details in HPOS.
- If the patient isn't yet enrolled in Medicare, Child Safety can arrange this.
- If the patient is eligible for Medicare you can treat them and bulk bill later when you know their Medicare number.
- If the patient is not eligible for Medicare, you can invoice the Child Safety Service Centre for the child, however, the preference is for the practice to place billing on hold until Medicare options are fully pursued.

Step 4 Regularly review your CQI activity

- It is important to monitor your progress regularly.
- During the planning and preparation step you would have identified the timelines and activity review points which should now be implemented.

Practical considerations:

- Set the frequency of CQI progress reviews according to the timeline of your activity. For example, it would be reasonable to check the progress of a 12-week activity every fortnight.
- Use your practice data at each checkpoint (review) to determine your progress towards your goal. Remember to check that the data corresponds with the period being reviewed.
- Identify the barriers or challenges (if any) to your progress during the reviews. Consider whether and what corrective actions to take.
- The following questions may be helpful to work through during your CQI activity reviews:
    - What has worked well so far?
    - What were the challenges and barriers?
    - Were you able to overcome the challenges and barriers? If not, what do you need to do next?
    - If you were able to overcome challenges or barriers, what did you learn, and how can you use that in future?
- During the final review meeting, when you conclude your CQI activity, it is important to consider and document:
    - What worked well?
    - What could have worked better?
    - What were your learning points, learning needs and were they met?
    - What changes did you make to your practice policies and procedures or systems because of this CQI activity (if any)?
    - What CQI activity should we do next, that is related to children and young people in OOHC?

Step 5 Sustain and maintain improvements

- Once performance has been improved, it usually requires regular reviews to maintain the gains.
- It is therefore important to establish a reliable procedure to ensure your improved performance is sustained.
- New processes that are developed need to be documented and communicated to the wider team to ensure ongoing implementation is achieved.
- Agree to the intervals at which you will review your performance relating to this activity, decide who will be responsible for the review, and the actions that will be taken if performance falls short of your new standard.
- Consider potential topics for a new CQI activity, and how your experience with this activity can help you to be more efficient and effective.
- Share your CQI activity, its successful outcomes and learning points with everyone in the practice team.

***TIP:** Speak with GCPHN if you would like support to showcase your work and share with your Gold Coast peers.*

Step 6 Document your CQI activity

- Ensure you document your CQI activity to meet the PIP QI guidelines. Documentation is also a requirement for CPD purposes.
- Documentation must be kept for 6 years for evidence of PIP QI.
- It is especially important to document your baseline and improved performance, and list improvement actions and learning points.
- If your CQI activity has resulted in changes to your policies and procedures, they can be included in the documentation as attachments and evidence for accreditation purposes.
- There is no single 'right way' to document a CQI activity. The types of documents and templates we provide in this Toolkit are intended as examples. Practice teams can modify them to suit their own needs.
- There are three main types of documents that are required for a CQI activity. The fourth type of document is desirable but not essential. All documents are 'living' in the sense that they can be updated throughout the CQI process. The four types are:

1. Documents about meetings. A CQI activity requires at least two team meetings – one at the beginning and one at its conclusion. It is strongly recommended to also record your review meetings or 'check points'.

2. Documents about data. This type of documents could include reports from Primary Sense with aggregated performance data. It can also include lists of patient names that were sampled. These documents are not routinely shared and should be managed according to data privacy and governance procedures.

3. Documents about the CQI activity. GCPHN developed a CQI activity template that enables practice teams to document any CQI activity from beginning through to its conclusion. The template can also be utilised for PIP QI and CPD purposes. The template can be found here.

4. Documents about practice policies and procedures. Changes can be saved as evidence for PIP QI.

Additional support and information

PIP QI

- For your children and young people in OOHC CQI activity to be suitable for PIP QI purposes, you must ensure that all the requirements have been met.
    - See details of the PIP QI requirements on the GCPHN webpage.
- GCPHN can provide virtual/face to face meetings or access to recorded webinars that will provide:
    - Worked examples of CQI action plans to support implementation and meet PIP QI requirements.
    - Tips to support CQI implementation.

CPD

- If general practitioners would like to be eligible for CPD points for participating in the children and young people in OOHC CQI activity, further information can be found on RACGP and ACRRM webpages.
- Local and national training and education on children and young people in OOHC is available on the GCPHN Education and Training page.

Children and young people in OOHC

The GCPHN Senior Project Officer for the OOHC Health Assessment Pathway, can provide:

- Resources and training options on child protection and health of children/young people in OOHC.
- Assistance with navigating the pathway.
- Tips to support working with Child Safety.
- Advice on available specialist services.
- Avenue for addressing barriers, gaps and opportunities to improve health outcomes and integration with Child Safety and the health system.

Email jamesb@gcphn.com.au or PH (07) 5612 5473

Children and Young People in OOHC resources

- OOHC Health Assessment Pathway.
- Gold Coast Community HealthPathways - Children and Young People in Out-of-Home Care.
- National Clinical Assessment Framework for Children and Young People in Out-of-Home Care (OOHC).
- Out of Home Care toolbox.
- RACGP Aboriginal and Torres Strait Islander Health Check templates.
- CHQHHS Children and Young People in Out-of-Home Care.

General Information on the Child Protection System

- Department of Children, Youth Justice and Multicultural Affairs.
- Medical Decision-Making Guide for Health Professionals.
- Information Sharing Guidelines.
- Family and child connect.
- Queensland Child Protection Guide - tool to assist professionals' decision-making if concerns arise about a child/young person who appears to have experienced, or is likely to experience significant harm; and may not have a parent willing and able to protect them from harm.

*A **Gold Coast specific OOHC Health Assessment Pathway** for Children and Young People in Care has been developed in collaboration with Child Safety, Gold Coast Health and Hospital Service, general practices, Kalwun Health Service, allied health/private providers, Foster and Kinship Care Agencies, Department of Education and relevant community based services. It outlines each stakeholder's role and responsibilities for the health assessment of children/young people in OOHC.*

Other GCPHN CQI Toolkits

GCPHN has developed a range of toolkits which are available on the GCPHN website.

Appendix

Potential CQI roles and responsibilities of practice team members

General Practitioners

- Provide clinical oversight and governance of the CQI activity.
- Perform clinical review on each patient.
- Respond to recall/reminder systems.
- Check mental health status and offer support.
- Assess eligibility for MBS items.
- Review medications.
- Arrange referrals to relevant team members.
- Upload information to My health record.

Practice Nurses

- Support the implementation of the CQI activity.
- Provide support to generate data reports.
- Identify patients to provide opportunistic interventions.
- Update any relevant history, including: birth history, medical history, social and family history.
- Provide clinical support and assessments including recording preventative data measures such as height, weight, BMI, head circumference, immunisations, vision assessment.
- Obtain any immunisation history from AIR and ensure this information is incorporated into the patient's file at the practice.

Practice Manager

- Maintain up to date patient registers.
- Analyse practice data.
- Identify and support implementation of training for the CQI and practice team.
- Establish and oversee recall/reminder systems ensuring all recall/reminders are sent to the patient, carer and Child Safety.
- Monitor progress of the CQI activity.
- Review and update new systems to ensure sustainable change.
- Document policy and procedures and support implementation across the team.
- Provide copies of health assessments, referrals and any other relevant information to Child Safety following guidance from the GP.

Reception Staff

- Order and maintain supplies of resources (e.g. patient information).
- Add flags or clinician reminders for patients in the activity.
- Support the practice team to identify patients eligible for relevant reminders and contact patients either via letter, text message, phone call etc.
- Ensure children and young people in OOHC have a long appointment allocated at each visit.
- Ensure patient documentation is scanned and uploaded into the patient's file at each visit.
- Record care status in patient records.
- Assist GP to arrange case conferences.

Medical and Nursing students (if relevant)

- Consider tasks that medical or nursing students could implement during clinical placements to support your CQI activities phn GOLD COAST

An Australian Government Initiative

Level 1, 14 Edgewater Court Robina QLD 4226 | PO Box 3576, Robina Town Centre QLD 4230
P 07 5635 2455 | E info@gcphn.com.au | W www.gcphn.org.au

Gold Coast Primary Health Network (GCPHN) gratefully acknowledges the financial and other support from the Australian Government Department of Health. While the Australian Government Department of Health has contributed to the funding of this material, the information contained in it does not necessarily reflect the views of the Australian Government and is not advice that is provided, or information that is endorsed by the Australian Government. The Australian Government is not responsible in negligence or otherwise for any injury, loss or damage however arising from the use or reliance on the information provided herein.

Managed by:	**Approved by:**	**Version:**
Administration Officer	Program Manager (Primary Health Care)	1.0
Next Review Date:	**Date Approved:**	**Status:**
Date	**Version**	**Revision Description**