[redacted]

From: Byrnes, Sue (Health)
Sent: Friday 13 September 2013 12:12
To: Chatham, Elizabeth (Health); Gniel, Stephen; Mitchell, Beth; Furner, Catherine (Health)
Subject: Healthcare Access at School meeting

Healthcare at Schools (HAAS) Meeting Notes

Date: 11 September 2013
Time: 4 -5pm
Venue 220 Northbourne Av
Present: Liz Chatham, Steven Gniel, Beth Mitchell, Cathy Furner, Sue Byrnes

Items for discussion: Actions to progress and Next steps

- Pressure to sustain current arrangements while awaiting decision to adopt HAAS model for children with complex health needs in all public schools.
- Discussion on blockers.
- Review of actions from last meeting.
    *Need to meet monthly
    *Desk top exercise on costing comparison for both models completed and attached
    *Beth has identified someone who can write up the business case and is sorting out a contract
    *Meeting with DET HR pending.

Actions

Action	Responsibility	Timeframe
Send documents describing HAAS model of care to members	Sue	Attached
Arrange meeting with DET HR to discuss level of HAAS worker or allowance	Beth	Before next meeting
Arrange next meeting	Cathy	This week
Develop joint Ministerial Brief informing Ministers of HAAS	Liz to develop and send to Steven	asap

program as collaborative venture.		
Cancel working group meeting until Brief is completed.	Sue	completed

Regards
Sue

Healthcare at Schools (HAAS) Meeting Notes

Date: 1 Aug 2013
Time: 12 -13.30
Venue 220 Northbourne Av
Present: Liz Chatham, Steven Gniel, Daina Neverauskas, Beth Mitchell, Kerrie Heath, Sue Byrnes

Items for discussion: MOU, Funding, Progress and Next steps

- A history of health care provision in schools is of a non-co-ordinated response to individual children's needs and a specialist school model which has been in existence for 40 years plus.
- The proposed new HAAS model of partnership has a framework of co-ordinated, equitable and clear processes, is health led and supportive to children, parents and schools.
- There is shared aim of having children who require complex or invasive health care attend school safety.
- Two parts are required. 1. Health attends to the intake and assessment process. 2. Education implements the model.
- An MOU document with HAAS as a detailed schedule is in draft.
- [redacted]children are at school and engaged with HAAS. The first child's experience has been evaluated (attached).
- [redacted]
- Both Health and DET have cost pressures to manage progress so far. A business case and budget submission to Govt may secure long term funding for the program.

Actions

1. Set up regular meetings with this group to progress work -**Beth**
2. Proceed with [redacted]school transition - **Sue**
3. Engage an expert to develop a government submission for the HAAS program – **Beth**
4. Detailed assessment to determine predictive costs and HAAS worker requirements for Woden and Black Mountain School students and compare to current model –**Sue**
5. Set up meeting with DET HR Manager to discuss LSA role -**Beth**

Sue Byrnes | Manager Nursing Services
Phone (02) 6205 2141 | Fax (02) 6205 1180 | [redacted] | sue.byrnes@act.gov.au

Division of Women, Youth & Children Community Health Programs | Health Directorate | **ACT Government**
1 Moore St Canberra ACT | GP Box 825 Canberra ACT 2601 |www.health.act.gov.au

Healthcare Access At School (HAAS)

Scope

Healthcare Access At School (HAAS) provides care to students with complex or invasive health care needs while they are at school under a nurse-led care model.

Complex or invasive health care generally refers to healthcare that involves a health procedure and/or use of equipment. This may include but is not limited to:

- Care of tracheotomy
- Provision of nutrition and/or medication via gastrostomy
- Catheterization at regular times during the day
- Oxygen therapy

Service provision includes all ACT Government Schools and pre schools for the pilot program.

Referral

Referrals are anticipated to come primarily from schools but could come from paediatric services or parent self referral of their child.

Each student referred to HAAS the will have an initial health assessment undertaken in collaboration with the family and other health professionals as necessary to ascertain suitability for the program as well as healthcare requirements at school. Suitability includes:

- health care is complex and invasive
- health care procedure is necessary to enable them to attend school
- school staff need extra training to provide this health care

Process

An intake meeting comprising the HAAS Clinical Nurse Consultant, Registered Nurse level 2 and a Pediatrician will use a validated risk assessment tool to assign the level of care required to meet the identified health care need. This level of care could be a Registered Nurse, Enrolled Nurse, a Learning and Support Assistant (LSA) 1:1 or an LSA periodically during the day.

In the event that the care level recommendation made by the intake team is not consistent with the expectation of the family, it will be elevated to the HAAS dispute panel for further consideration and a final decision. It is anticipated that this panel may consist of high level representation from Health, ETD, Human Rights and a paediatrician.

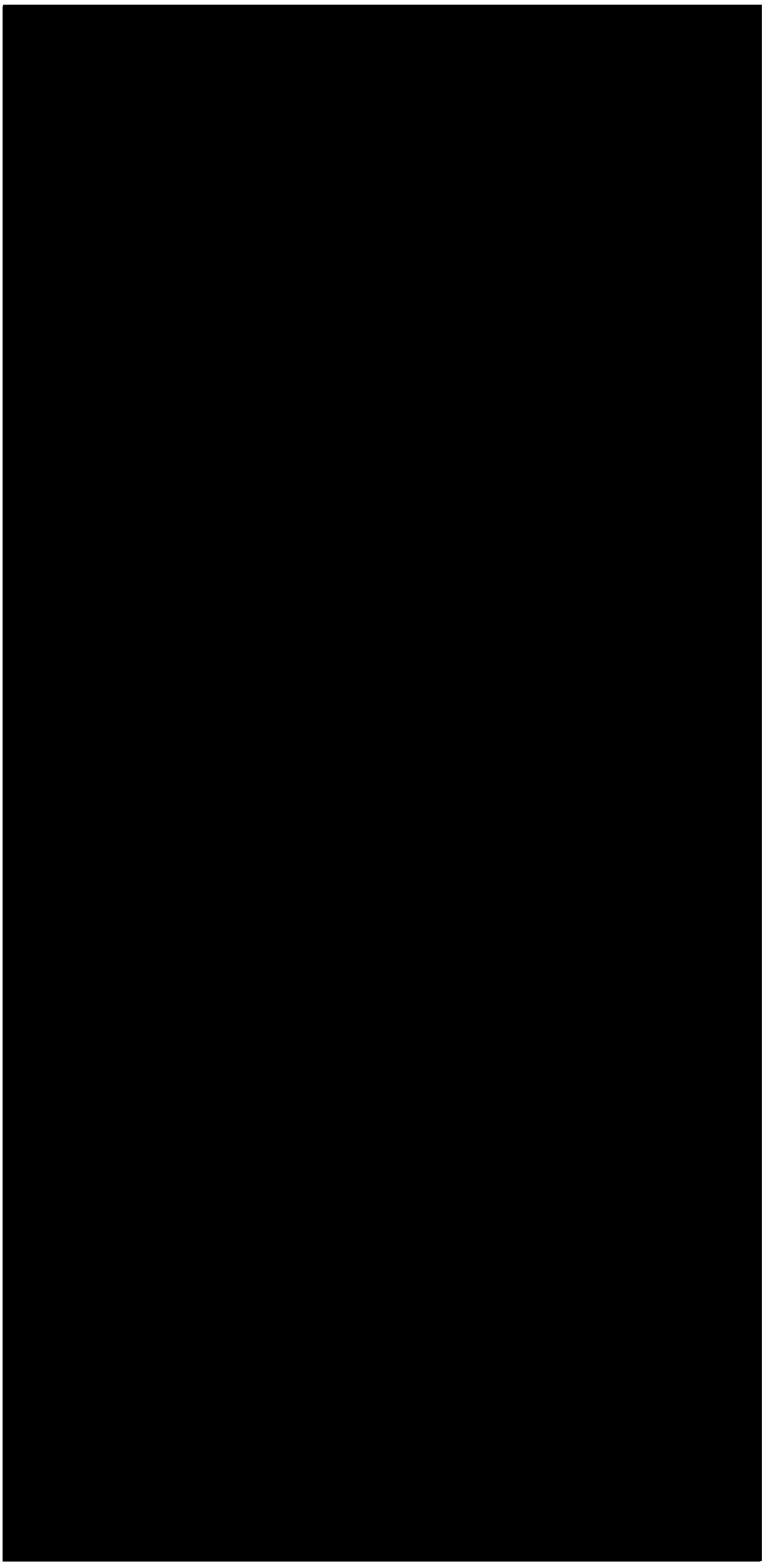
The HAAS Registered Nurse provides a link between parents and the school and ensures carers at the school have appropriate instruction and ongoing support.

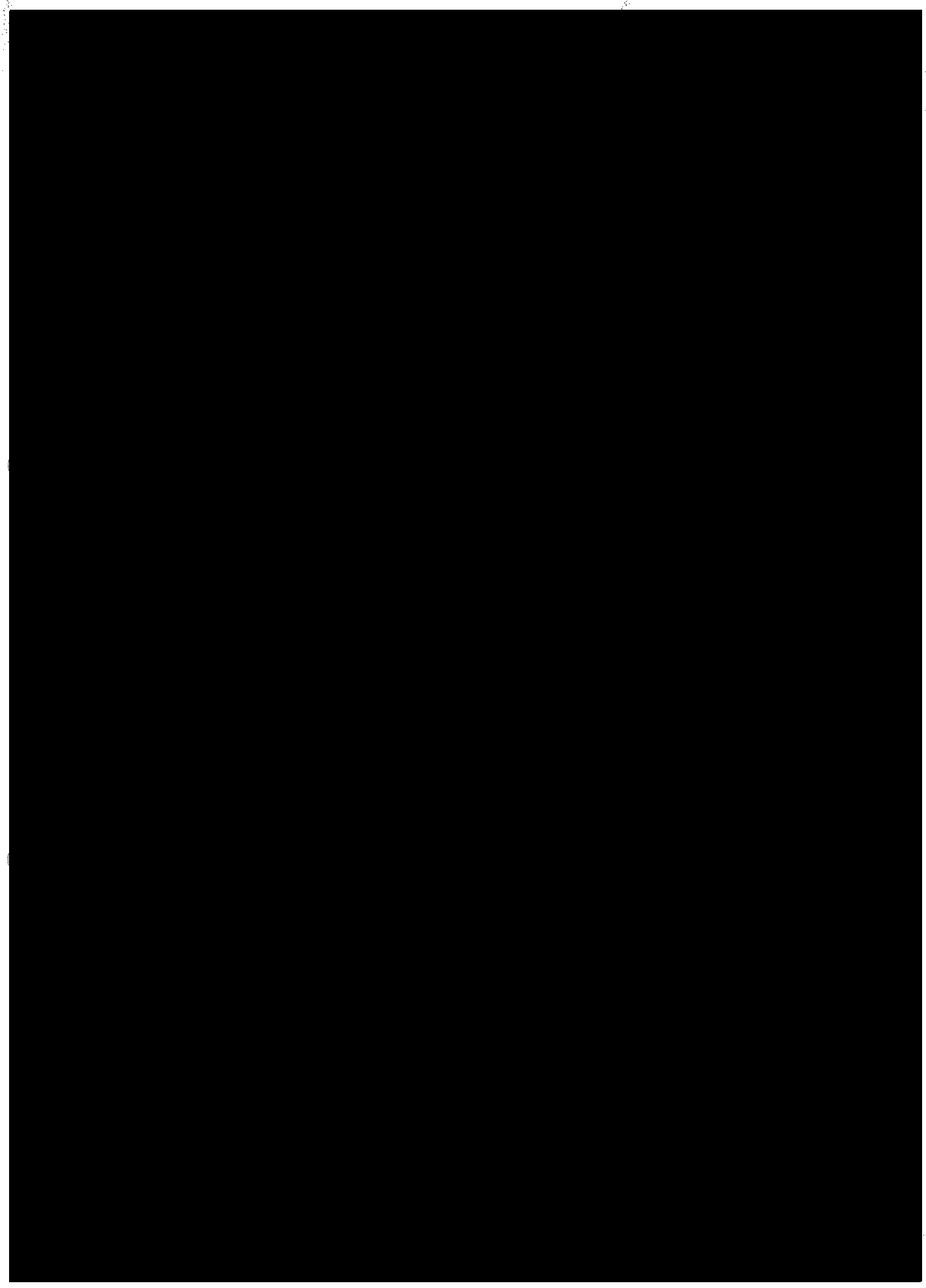
Governance

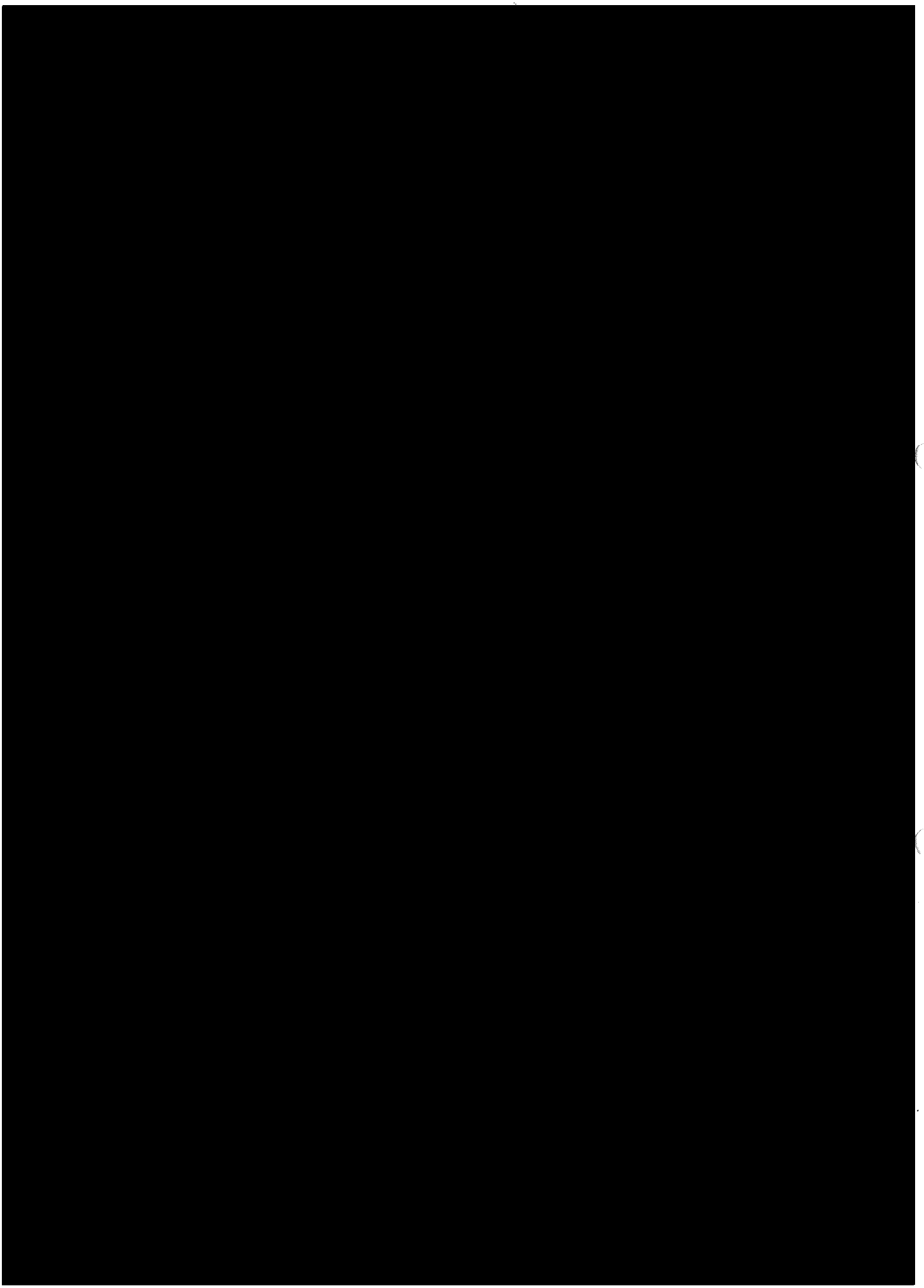
Learning Support Assistants will be employed by the Education and Training Directorate and governed by them for everything except the specific health care procedure identified. For this procedure the Nurse uses a delegation of care model.

In the event that a Registered or Enrolled Nurse is required they will be employed and governed by the Health Directorate.

An Interagency reference committee will be established (similar to the successful IRC established for the School Youth Health Nurse Program) to provide communication between Health and Education and Training Directorates.







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(Sticker)

Healthcare Support Plan

Confidential

The information contained in this document was written by a Registered Nurse and is specific to meet the healthcare support needs of the nominated student within the ACT Health Directorate's, Healthcare Access At School Program (HAAS). The Healthcare Support Plan for this student can only be altered or reviewed by a HAAS Registered Nurse in consultation with the family. The actions outlined in the document do not replace prescribed treatment by a Medical Practitioner or the implementation of first aid.

Name of student: _____

Date of birth: _____

Name of School: _____

CONTACT DETAILS:

Role	Name	Phone	Mobile phone
Parent			
Parent			
Registered Nurse			
Clinical Nurse Consultant			
Nurse Manager			

Health Support needs

Allergies / Sensitivities

"About me" – special considerations

Supporting Documents

☐ Individual healthcare plan

☐ Communication pathway

☐ Medication order

☐ Other

Healthcare Support Plan prepared by:

Name..... Designation.....

Signature..... Date.....

Name..... Designation.....

Signature..... Date.....

I have read and agree with this Healthcare Support Plan and any supporting documents indicated above.
I understand my child's care will be provided by the school staff nominated by the school principal who will be instructed and supported by a registered nurse.

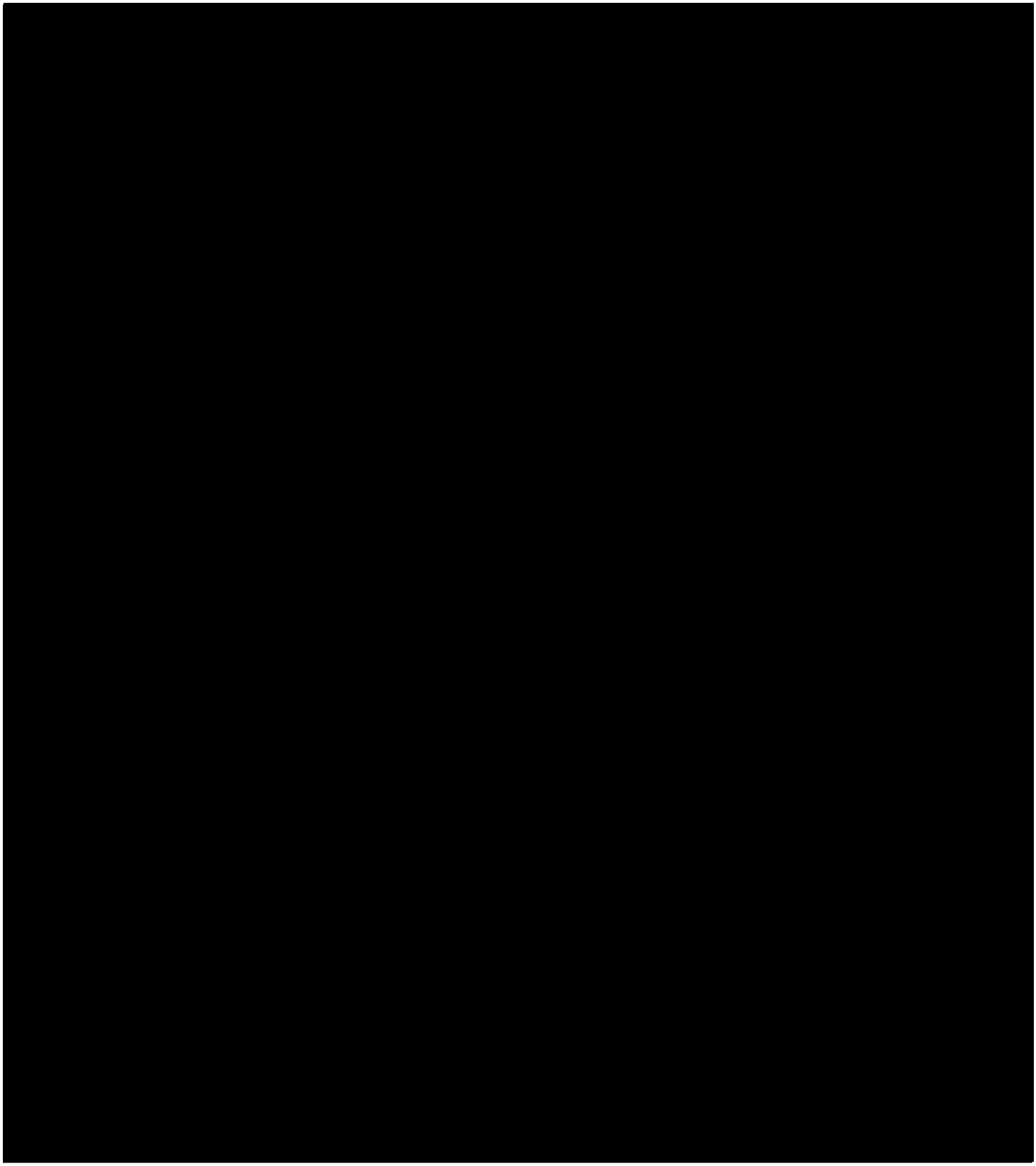
Parent/Guardian name		
Relationship to child		
Signature		Date:

AUTHORISED COPIES TO

☐ Student and/or parent/guardian.

☐ Student School File

☐ Student's Medical Practitioner



HEALTHCARE ACCESS AT SCHOOL (HAAS)

CLIENT ASSESSMENT

ASSESSMENT DETAILS		
INITIAL ASSESSMENT ☐		REASSESSMENT ☐
DATE :		TIME:
PERSONS PRESENT:		
HEALTH PROFESSIONALS AND SUPPORT SERVICES		
PROFESSION	**NAME**	**CONTACT DETAILS**
General Practitioner		
Paediatrician		
Immunologist		
Neurologist		
Cardiologist		
Oncologist		
Neurovascular specialist		
Respiratory Specialist		
ENT Specialist		
Intensive Care Unit Specialist		
Physiotherapist		
Endocrinologist		
Diabetic Nurse specialist		
Gastroenterologist		
Home Enteral Nutrition Service		
Dietician		
Speech Pathologist		
Urologist		
Renal Specialist		
Orthopaedic Surgeon		
Occupational Therapist		
Dermatologist		
Psychologist		
PSYCHIATRIST		
Behaviour therapist		
Palliative Care		
Family Contact details: Name:	**Address**	**Phone/email**

DIAGNOSIS / FAMILY HISTORY
DEVELOPMENT HISTORY
LIKES / DISLIKES
WEIGHT
ALLERGIES / SENSITIVITIES
FAMILY/ PSYCHOSOCIAL FACTORS
CULTURAL FACTORS
NEUROLOGICAL
Seizures / Convulsions
Hydrocephalus / Shunt
Level of Consciousness
Communication / Cognition
Pain Management

SENSORY: **Vision/Hearing/Touch/Taste/Smell**
CARDIOVASCULAR
Cardiac Condition
IMMUNE / LYMPHATIC SYSTEM
CIRCULATORY
Circulatory/Blood disorders
Intravenous / Central Venous Devices
RESPIRATORY
Asthma
Recurring Chest Infections / Pneumonia
Oxygen Requirements

Suction Requirements
Airway: Upper/ Lower
Tracheostomy
Non Invasive Positive Pressure Ventilation / Intermittent or continuous ventilation via tracheostomy
METABOLIC **Diabetes / thyroid function/pancreas/adrenal/electrolyte balance**
GASTROINTESTINAL
Bowel management
NUTRITION
Oral
Enteral Nutrition

ORAL / DENTAL HEALTH
RENAL / URINARY
REPRODUCTIVE HEALTH
MUSCULO-SKELETAL
SKIN CARE
MENTAL HEALTH/BEHAVIOUR
PALLIATIVE CARE
EQUIPMENT REQUIRED

ITEM	*MAINTENENCE*

MEDICATIONS

Pharmacy prepared blister pack Yes ☐ No ☐ If no, reason.....

Medication (not in a blister pack)

Medical Practitioners order for medication form given (non blister pack only)
to parent to be completed Yes ☐ No ☐ By When

HEALTH ISSUES IDENTIFIED

Complex and/or invasive (Managed through HAAS)

Not complex and/or invasive (Managed by school)

RN Name ..... **RN Signature .....**

RN Designation .....

Date for Review.....

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HEALTHCARE ACCESS AT SCHOOL - ASSESSMENT TABLE

Contributing Factors	RN 1:1	EN 1: 1	School Support Staff 1:1	School Support Staff
Physical Condition • Overall risk to airway/breathing and circulation • Specialist management required (tracheostomy etc) • Risk of infection or illness	Multiple, complex issues involving several systems - respiratory, cardiac, renal, central nervous system etc Deteriorating health/unstable general health Requires frequent observation / assessment and care based on observations Palliative - requiring significant input with child/family and/or service provider agencies. Changing situation.	Complex issue of one or more systems Deteriorating health Requires frequent observation/and some level of assessment. Increased risk of instability Palliative +/- end of life stage, established management protocols	Requires frequent observation but not assessment May require several procedures that are complex and time consuming. First Aid responses may include complex procedure for management e.g. Oxygen , Suction	Disability + minimal invasive procedures required Stable condition, nil deterioration of health First Aid management for emergencies definable and able to be managed by other staff members
Stability of Health • Frequency of hospitalisation, serious illnesses • unpredictable or deteriorating health • Frequency of events requiring intervention • Level of consciousness	Frequent complicated admissions to hospital Unstable and unpredictable health Frequent events requiring intervention Altered level of consciousness requiring frequent assessment	Level of instability with health needs Frequent hospital admissions or illnesses May have frequent events which are manageable with minimal assessment Level of consciousness manageable with minimal assessment / intervention	May have had previous complicated hospital admissions but now stable Health is predictable but requires several procedures that are complex and time consuming Events predictable and interventions defined in Health Plan Stable level of consciousness	Minimal hospital admissions with straight forward management, illness easily resolved Routine medical management and support Stable level of consciousness

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HEALTH ACCESS AT SCHOOL – ASSESSMENT TABLE

Contributing Factors	RN 1:1	EN 1: 1	School Support Staff 1:1	School Support Staff
Airway • Stability • episodes of collapse • episodes of apnoea • episode of aspiration	Respiratory events have occurred previously & continue to be likely Experiences severe respiratory illness with high risk of airway compromise Airway obstruction more than once & further high risk of obstruction Frequent aspiration, requires assessment & emergency management Ventilated client / unstable tracheostomy	Moderate to high risk of respiratory illness Moderate to high risk of respiratory compromise Some level of assessment required for airway management. Complicated tracheostomy care (Advanced EN only)	Increased risk of infection Previous respiratory events experienced but not for several months. May need complex/invasive interventions for care. e.g. Chest Physio / Suction / nebulised therapy/ oxygen which are both planned and PRN Stable & uncomplicated tracheostomy care	Nil respiratory events experienced May have difficulty managing secretions but has swallow gag and cough reflexes May need some interventions for care. e.g. Chest Physio / Suction / nebulised therapy all of which are planned events and not in response to emergency
Amount and Type of Invasive Procedures • Scope of practice required to perform	Multiple complicated procedures e.g. oxygen, suction- Naso pharyngeal, Oropharyngeal airway management, gastrostomy, medication High risk procedure e.g. complex tracheostomy management /ventilation	Several and /or complicated or high risk procedures	More than 3 "invasive" procedures e.g. gastrostomy, oxygen, medication	1 - 3 straight forward procedures e.g. gastrostomy, medication
Assessment / Decision Making Required • Scope of practice required	Requires frequent assessment and management	Requires some level of assessment and management	Requires observation of signs & symptoms, following of outlined responses in health plan Complex Health procedures, Additional training required but follows set plan.	No assessment required First aid responses Health plan outlines responses Simple procedures

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HEALTH ACCESS AT SCHOOL - ASSESSMENT TABLE

Contributing Factors	RN 1:1	EN 1: 1	School Support Staff 1:1	School Support Staff
Environmental Factors • Safety for child, support for Care Worker/EN/RN • Access to emergency assistance	Access to immediate phone or on site assistance Emergency procedures in place but require high level of complex health intervention & assessment prior to ambulance arriving	Access to immediate phone or on site assistance Emergency procedures in place, nursing interventions required prior to ambulance arriving	Access to immediate phone or on site assistance Designated person to assist in emergencies. Interventions required prior to ambulance arrival are straight forward , stepped out in Health plan and are a competency assessed procedure	Access to immediate phone or on site assistance Health procedures planned and predictable. Staff member able to leave site in between interventions
Equipment • Simple or complicated equipment • amount of equipment	Multiple equipment e.g. oxygen cylinder, suction, gastrostomy tubing or Complicated equipment e.g. tracheostomy, BiPAP, dialysis, ventilator	Multiple equipment e.g. oxygen cylinder, suction, gastrostomy tubing or Complicated equipment e.g. tracheostomy, BiPAP, dialysis	Multiple equipment and increased skill level e.g. oxygen, oximetry, suction unit, emergency Tracheostomy equipment	Standard equipment e.g. gastrostomy lines and feeding equipment, syringes for medication
Other Contributing Factors • Staff concerns re ability to care for child • difficult relationships with families • behaviour of child	High level of involvement with Palliative team. Extreme emotional distress within family unit. Child at high risk of harm	Emotional factors relating to client health deterioration.	Child at high risk of harming themselves or others due to behaviour Staff feel comfortable working with client and believe they are working within scope of practice.	Basic age appropriate level of independence Safe environment, independence appropriate to age level, capable of some decision making