Discharge Summaries

An accurate Discharge Summary, or synopsis of the inpatient episode, must be completed for all inpatient separations, regardless of length of stay or discharge outcome. The Discharge Summary or discharge documentation should be completed:

- electronically (using the Electronic Discharge Summary application via the Clinical Portal, or other approved Clinical Information System)
- On discharge/transfer, or within 48 hours of discharge, to facilitate a smooth transition of care to the GP and / or facility and to finalise the inpatient clinical record documentation requirements.

For more information refer to the Discharge Summary SOP.

Draft Forms

Draft forms being trialled should be approved by the Clinical Record Forms Committee prior to trial commencement as per the Clinical Record Forms Design and Approval Policy.

Electronic Clinical Record Entries

Where clinical record information is captured electronically or directly entered into a Clinical Information System, a minimum of unique two-stage user authentication (e.g. unique username ***and*** a unique password) is required to meet legal electronic signature requirements. General clinical record documentation principles still apply. These include:

- take care to ensure the entry is being made in the correct patient's record;
- entries should be sequential and be able to be viewed/displayed sequentially;
- entries should be real time or as close to real time as possible to avoid the need for retrospective entries;
- only use approved abbreviations;

Electronic Signatures or Authorisation

Documents electronically authorised, that is, where the author's identity can be verified via a two-stage user authentication process, system audit trails or other electronic means, will be accepted as meeting clinical record signature requirements.

Email Correspondence

Clinical correspondence or consultations between a clinician and a patient or carer, or another member of the treating team, that occur via email, where clinical information is provided or management strategies discussed, must be included in the patient's clinical record. These can be imported and scanned into CRIS, or printed and filed in the hard copy clinical record.

NB the transmission of unencrypted emails containing patient identifiable data outside of the ACTGOV network e.g. to external hotmail or gmail accounts, is prohibited. However, there is now a secure transmission link between the ACTGOV network and NSW Health network which means that emails from ACTGOV accounts to GSAHS email accounts is now permitted.

eNotes

An e-Note is an electronic record entry or notation i.e. an *electronic* progress note. Pre-formatted WORD documents or templates approved by the Clinical Record Forms Committee can be used as e-notes by directly importing them into CRIS, by the health professional (author) if the following conditions are met:

- The eNote must include the name and designation of the health professional
- It must be imported by the named health professional (author).

The identity of the user who imported the document can be obtained from the system audit trail and verified against the documented "author" to confirm or prove the identity of the author. This process will adequately meet legal clinical record signature verification requirements.

Entries by non-Health Directorate Personnel

Entries can be made in the clinical record by non-Health Directorate staff, when relevant to the episode of care such as: intervention by the Community Advocate, Interpreters, student health professional, external health professionals (e.g. GPs) and the patient if required. The date and time of the entry, and the author must be clearly identified. Written directives or written statements by the patient can also be added to the clinical record.

Errors

To correct a written error in a clinical record:

1. Draw a single line through the erroneous entry;
2. Write the words "Written in Error" beside it;
3. Note the date and time of the correction
4. Sign (or initials if insufficient space) and include designation

Erroneous entries must not be totally obliterated and the use of liquid paper is prohibited. Principle 7 of *The ACT Health Records (Privacy and Access) Act 1997* stipulates that information in a health record cannot be deleted even where it is later found or claimed to be inaccurate.

Written statements dated and signed by the clinician or patient concerning correction or addition of information can be added to the clinical record if necessary.

Information Given in Confidence

To prevent subsequent disclosure of sensitive information that was provided "in confidence" to the treating team, when there is a request to access the record by the patient or delegate at a later date, the recorder must make a notation stating that "*this information was given in confidence*", at the time of writing the entry. E.g. if a member of the patient's immediate family provided information to the Social Worker about the patient's emotionally abusive relationship with another family member which they believe may have a bearing on the patient's current mental state, and asks the Social Worker not to divulge the disclosure or the source of the information to the patient, the Social Worker should mark the entry as "information given in confidence" to prevent subsequent disclosure.

Integrated Clinical Records

The Health Directorate actively discourages the maintenance of decentralised records and is progressing towards a single, *integrated* clinical record, where all clinicians record and access a single, centralised clinical record. All new hard copy clinical record documentation should be sent to the Clinical Record Service for digitisation so it can be stored centrally within the Clinical Record Information System (CRIS). .

Medical Staff Documentation Requirements

Clinical documentation by medical staff must be:

- Recorded sequentially in chronological order with date and time noted for every entry
- Recorded as close to real time as possible and not in advance
- Signed, with the author's printed name and designation

Clinical documentation by medical staff must include:

- An initial assessment including:
  - Reason for the referral (when relevant)
  - The provisional **diagnosis**
  - Relevant medical, family and social history
  - Evidence of a physical examination completed within the relevant timeframe e.g. within 24 hours of admission and prior to a procedure for inpatients
  - Any known allergies or adverse drug reactions
  - Assessment detail and treatment plan
- Regular notation of the patient's progress against the treatment plan recorded sequentially and in date/time chronological order
- Entries made as close to real time as possible and not charted in advance under any circumstances
- Evidence of informed consent to treatment or denial of consent
- The date and time the entry was made and the signature, printed name and designation of author
- Evidence of planned, coordinated patient care
- Reasons for changes in treatment and responses to treatment
- Discharge planning and follow-up arrangements
- Reasons for referral to other practitioners
- Comprehensive discharge documentation or a Discharge Summary including a **discharge diagnosis** and follow up plan, completed within 48 hours of discharge

Medications

Medication and therapeutic orders must be clearly written, dated, timed and signed by a medical officer or entered into an approved Clinical Information System. The bracketing (for single signature) of more than one drug is not permitted. Dispensing details of all medications must be recorded on an approved Medication Chart or approved Clinical Information System.

Nursing Staff Documentation Requirements

Clinical documentation by nursing staff must be:

- Recorded sequentially in chronological order with date and time noted for every entry
- Recorded as close to real time as possible and not in advance
- Signed, with the author's printed name and designation

Clinical record entries by nursing staff should include:

- A Patient Assessment completed within the relevant timeframe for the service e.g. within 24 hours of admission for inpatients
- Evidence of planned nursing care
- Evidence of discharge planning
- Observation regarding the patient's condition and response to treatment and or changes in the patient's condition
- Regular notation of the patient's progress recorded sequentially and in date/time chronological order
- Entries made as close to real time as possible and not charted in advance under any circumstances. Any event/s that may contribute to injury or harm to the patient (in addition to completion of a patient accident/incident (Riskman) form)

Original Documents for Scanning

Original clinical record documents, rather than copies, to ensure that optimal image quality is achieved through the scanning/digitisation process.

Patient Identification

The patient must be clearly identified on all clinical record forms.

1. Bar-coded patient identification labels should be placed on the top right hand corner of all clinical record forms.
2. Where labels are not available, the patient's full name, date of birth and URN (Unit Record Number or Patient Identifier) should be written on the top right hand corner of the form. DO NOT recycle unused clinical record forms by fixing another patient's identification label over the top of the original form.

Patient Written Entries or Correspondence

In accordance with Principle 7 of *The ACT Health Records (Privacy and Access) Act 1997*, where it is deemed necessary to preserve the accuracy and currency of the clinical record a patient's can request to add a written statement to the record. The written statement must be signed by the author (including printed name) and should indicate the date and time of the entry and should indicate which entries in the record the patient believes to be inaccurate.

Photocopies of Records from other Hospitals/Services

Photocopies of entire records from other hospitals/services will not be retained in the patient's clinical record held by the Health Directorate, with the exception of Discharge Summaries or referral correspondence. Where necessary, relevant facts should be gleaned from the photocopies and documented in the patient progress notes including details of the source of the information.

Progress Notes

Health Directorate progress notes are multidisciplinary e.g. contain sequential entries from all medical, nursing and allied health staff on the treating team, to facilitate a coordinated approach to patient care. .

Every progress note entry:

- Should be recorded sequentially in date/time chronological order
- Must include date using the dd/mm/yy format

- Must in include Time using e.g. 24 hour clock (hh:mm)
- Should be completed at the time of the event or as soon as practicable after
- Must include full signature details (Signature, Printed name and Designation)
- Should not be made on behalf of another person
- If retrospective or written out of sequence, must clearly identify the date and time that the entry was made and the date and time of the event being described
- Should not be documented in advance.

Retrospective Entries

Where it is not possible or practical to make the clinical record entry when the event occurred, the retrospective entry, made out of sequence, must clearly identify the date and time that the entry was made *and* the date and time of the event being described.

Signatures, Printed Name and Designation/Role

Every patient progress note entry in the clinical record must include the Signature, Printed name and the Designation/role of the person making the entry. The "treating team" encompasses a wide variety of health professionals and it is imperative that the identity and authority of those making entries in the clinical record can be easily determined. The use of stickers to indicate designation e.g. Physiotherapy, are acceptable but must be approved by the Clinical Record Forms Committee. Electronic documents directly imported into CRIS e.g. Pathology and Medical Imaging reports, should have adequate user authentication procedures in place to allow the identity of the author to be verified.

Student Entries and Access to Clinical Records

Medical, nursing and allied health students are considered to be part of the "treating team" while on placement at Health Directorate facilities and may access clinical records (including obtaining logins to electronic clinical record systems) and record entries in clinical records for the purpose of providing patient care. Student entries should be countersigned by a supervising clinician.

Telemedicine or Telephone Consultations

Video, telemedicine or telephone consultations between a clinician and a patient or carer, or another member of the treating team, where clinical information is provided or management strategies discussed, constitutes clinical involvement and should be included in the patient's clinical record. Evidence of these consultations can be recorded on progress notes, e-notes or a relevant clinical record form and should be imported or scanned into the Clinical Record Information System (CRIS), or filed into the hard copy clinical record.

Tracking of Clinical Records

The existence and location of clinical records should be identified and tracked within the Patient Administration System (ACTPAS).

Trial forms

See Draft forms

Unapproved Forms

Unapproved forms will not be retained in the clinical record but will be returned to the ward or originating area. To seek approval, forms should be submitted to the Clinical Record Forms Committee as per the Clinical Record Forms Design and Approval Policy.

Working Notes

The Health Records (Privacy and Access) Act 1997 does not make a distinction between "working notes" and the permanent "legal" record. For practical application of the law, working or draft notes used as the basis for final clinical documentation, e.g. rough notes prior to final report, should be securely destroyed after completion of the final reports or immediately following the episode of care.

Evaluation

Outcome Measures

Compliance of Health Directorate clinical records with relevant policies, procedures, standards and legislation.

Method

- Annual clinical record documentation audits as per the Essential Clinical Record Documentation Audit SOP with findings reported to the Tier 1 Safety and Quality Committee.
- Periodic audit of Health Directorate clinical records by the Clinical Record Service to assess compliance with relevant policies, SOPs, standards and legislation with findings provided to the Health Records Advisory Committee and the Quality and Safety Unit

Related Legislation, Policies and Standards

Legislation

- *Human Rights Act 2004*
- *Territory Records Act 2002*
- *Public Sector Management Act 1994*
- *Health Records (Privacy & Access) Act 1997*

Policies

- Clinical Record Management Policy
- Discharge Planning Policy
- Discharge Summary SOP
- Essential Clinical Record Documentation Audit SOP
- Medical Officer Clearance SOP
- Medication Supply on Discharge SOP
- Patient – Ward admission, Discharge and Transfer SOP

Standards

- Australian Standard (AS2828-1999) Paper-based health care records
- the *Territory Records Office Standards for Records Management;*
- *Territory Records Office Guideline – number 1*

Definition of Terms

ACTPAS
ACT Health Directorate Patient Administration System

EDS
Electronic Discharge Summary

Patient
In this document the term 'patient' refers to patients, consumers and clients under the care of the Health Directorate.

Two-stage user authentication process
Is where a combination of 2 or more authentication processes are employed to verify user identity e.g. a unique user name and a unique password

Notes for Community Consultation Presentation November 2012

Slide 1:

Will Mollison Facilitator the Executive Officer for Families ACT.
(Families ACT aim to represent the interests of children, young people and families and the continuum of services which support them, in the ACT and surrounding region).

Introduces Natalie Bennett (Education and Training Directorate)

Introduces Daina Neverauskas; Director Community Health Programs in the Division of Women, Youth & Children, Health Directorate is the presenter. At the end of the presentation we will breakup into groups to answer your questions and get your thoughts and ideas.

Slide 2: Our Aim

To build capacity and sustainability with enhanced healthcare services, providing best practice healthcare that is equitable with all students having access to the appropriate supports in ACT schools.

Slide 3: Background

- There is an increasing demand for healthcare in all schools
  - ✓ The research is indicating nationally that one third of students have at any one time a health condition or healthcare need that is either short or long term. This data suggests that the need is increasing in number and complexity.
  - ✓ This trend has been acknowledged in the ACT with discussion taking place between the Health and Education and Training Directorates during 2011.
- The introduction of the United Nations Convention on the Rights of the Child 1989, Disability Discrimination Act 1992, Convention on the Rights of a Person with Disability 2007 and the ACT Children's Plan has created challenges to provide evidenced based, equitable and sustainable healthcare in schools.
- Globally there is concern with the declining numbers of health professionals and the possible negative impact it may have on healthcare. Nationally it has been predicted higher numbers of people will require care and support that will not be sustainable with the current workforce. The ACT is part of the national workforce reform program.

Slide 4: Currently in ACT Schools

- At enrolment a student maybe identified as having a complex healthcare needs with a Management and Emergency Treatment Plan.
- However once this need is identified there is no cross government framework to fund, staff or resource the student's needs.
- The ACT does not have sufficient data for identifying the extent of complex healthcare needs in schools or the way in which the care is being provided to the students.

Slide 5: Currently in ACT Schools

- The Health Directorate provides nurses in various roles in some ACT Schools:
  - ✓ three specialists schools
  - ✓ four nurses providing an adolescent health promotion and brief intervention/referral service for eight mainstream high schools. This pilot program is currently being evaluated
  - ✓ some isolated individual situations
- Other services provided in a school environment by the Health Directorate include the universal kindergarten screening and immunisation programs.

Slide 6: Work to date

- A partnership with Education and Health was established at the end of 2011
- A health project officer appointed in February 2012
- There has been an analysis and collation of the research from overseas and national information
- A Steering Committee was established in April 2012
- Site visits to South Australia and Victoria where undertaken in May 2012 to establish networks and to observe their models in practice.
- A Working group established in July 2012
- The consultation process consists of face to face sessions over the four education regions in the ACT with a discussion paper available on the Health and Education websites.

Slide 7:

A literature search was the first step in the project. A number of health data bases and e-journals were sourced producing 24 papers that were relevant to the project. In summarising the research findings it found;

- **Families** want clear communication and realistic indications of support that is available without having to fight for their child/young person's healthcare needs.
- **Children and young people** want to do the same as their peers in school and community settings. They want to receive quality healthcare and learn how to manage and understand their healthcare needs as part of their individual education plan.
- **Education staff** reported that they experienced less anxiety when they received comprehensive training for student's healthcare needs prior to them starting school. They want formal recognition of the healthcare support that they provide.
- **Nurses** want a contemporary role in providing complex healthcare within a holistic model of care that provides ongoing support in partnership with the school and family.

To provide care that is:

- ✓ evidence based,
- ✓ equitable and sustainable
- ✓ has standardised processes and tools
- ✓ a comprehensive assessment of the healthcare needs and the environment
- ✓ care providers would receive education, guidance with nurse led support and follow up.

Slide 8: Analysis of Models

- The United Kingdom initiated major changes for the inclusion of students in education settings and developed guidance policies that have been widely used in the UK and Australia. The key to the success of these programs is a well established partnership with Education and Health whether they are Government or Non Government agencies.
- South Australia was the first to develop their model for complex healthcare in childcare, preschool, schools and community settings. Victoria followed using the work done by South Australia to develop their model. Both have a well established partnership between Health and Education.

Slide 9: Victoria - School Care Program

- ✓ part of the Royal Children's Hospital 'RCH @Home' program
- ✓ clients are children and adolescents with ongoing medical care needs
- ✓ registered nurses provide task specific training and competency assessment for staff that has been selected by the school
- ✓ minimal ongoing monitoring/support for school staff if they have concerns or questions
- ✓ there are some follow up visits to the school at various intervals to assess competency of the school staff, this is dependent on the complexity of the task and staff changes

Slide 10: South Australian Model - Involves two frameworks

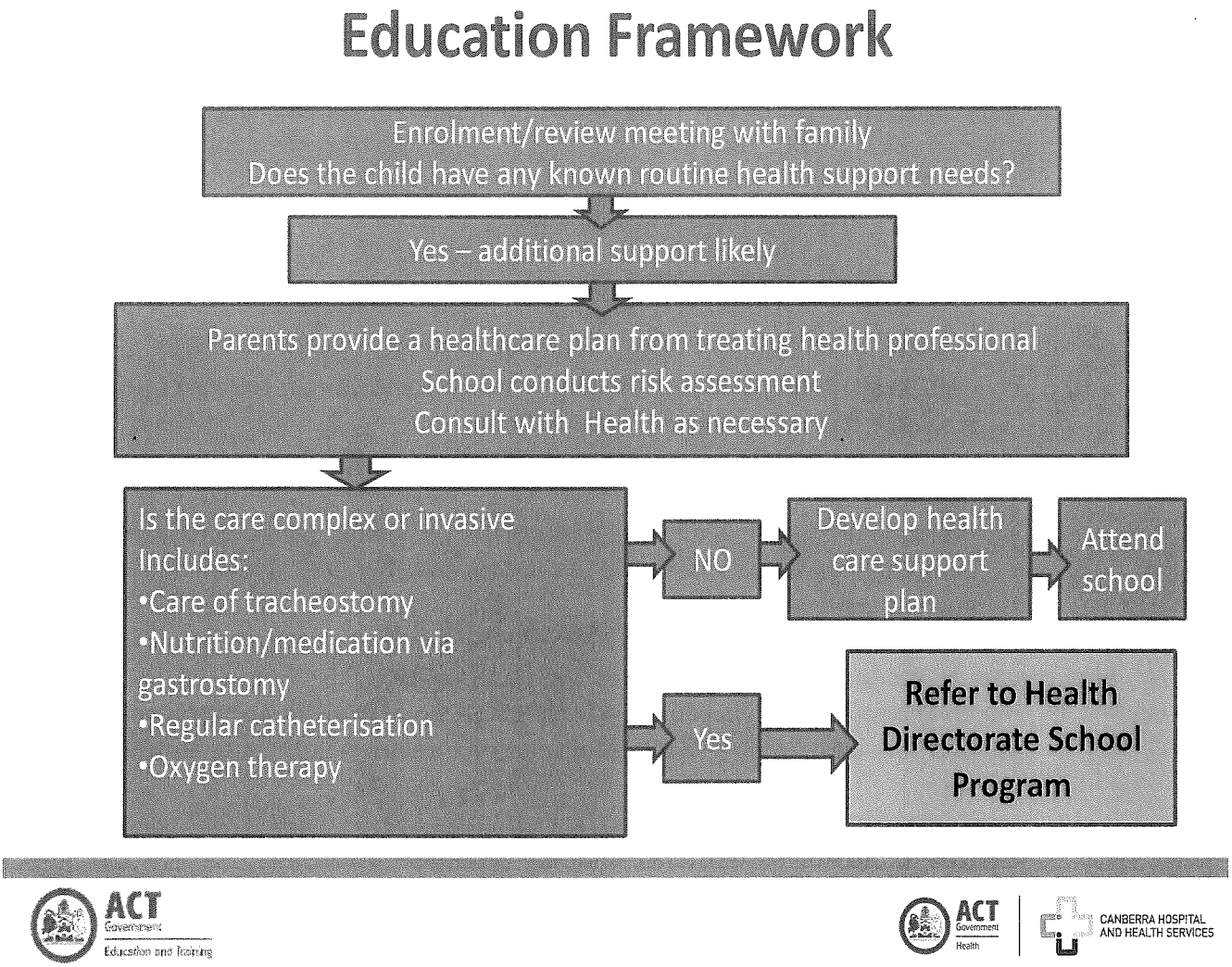
1. The *Child Health Education Support Service* (CHESS) with a strong interagency commitment with funding that is interdepartmental from both State and Federal monies.
2. Once a student is identified as requiring complex/invasive healthcare they are referred to the Access *Assistance Program* (established 1993).
    - ✓ Registered Nurses carry out comprehensive assessments with program guidelines and policies
    - ✓ a health plan is completed with the families and their health professional using a comprehensive risk assessment tool
    - ✓ a clinical team decision is made to establish the type of care required, this includes one to one care, intermittent care and whether the care needs to be delivered by a Registered Nurse, an Enrolled Nurse or Health Support Worker
    - ✓ in the Nurse led model the Health Support workers receive individual training and competency assessments with ongoing support, training and re-assessment

Slide 11: PROPOSAL FOR CONSIDERATION

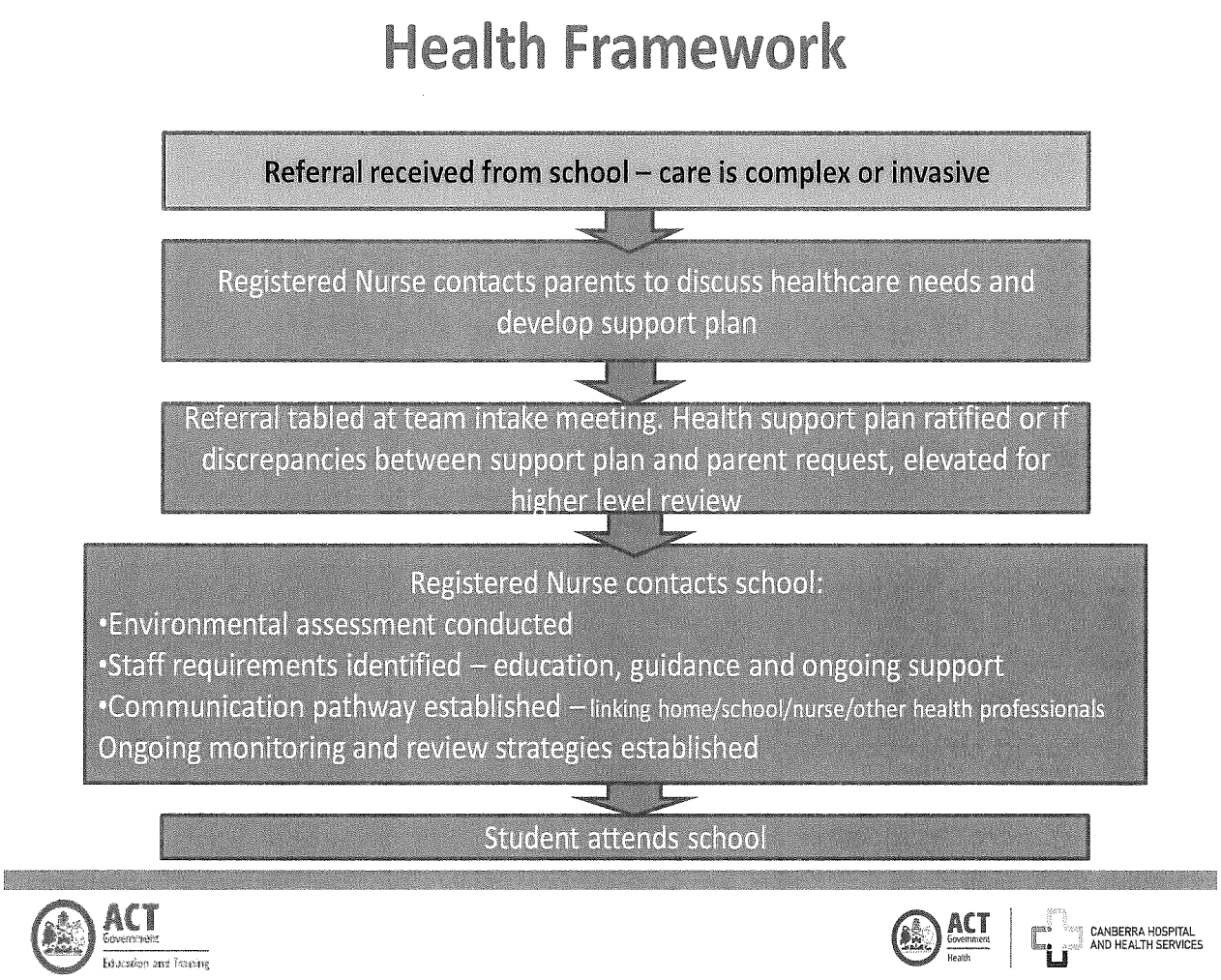
The ACT is in the fortunate position able to draw from a range of well established models in developing a best practice approach to the provision of healthcare in schools.
At the foundation of this model is a partnership between Education and Health with two interlinking frameworks:

1. EDUCATION: manage every day health care needs in schools
2. HEALTH: manage complex/invasive care

Slide 12: Education Framework Flow chart



Slide 13: Health Framework Flow chart



These two frameworks are to be bought together in a partnership to achieve our aim. This will provide clear pathways for the provision of healthcare in schools.

Slide 14: This framework will be supported by:

- a comprehensive, integrated model linking schools, students, parents and their health professional
- consistent responses to complex healthcare needs with
  - ✓ clear definition of roles and responsibilities
  - ✓ standardised assessment tools
  - ✓ levels of care required and who will provide the services

Slide 15: Useful websites

Slide 16: References

Slide 17: Where to from here

- Handout the 'Comparison of Various Models to meet Complex Healthcare in Schools'
- Break into groups for discussion
- Fact sheet with feedback section
- This is the email address for feedback; Feedback can be made until 5pm on Friday 30 November 2012

Depending on the feedback the working group receive our thoughts are we maybe in a position to pilot an enhanced process next year.

Requirements:	**Who is responsible**	**Comments**
Overhead projector/laptop	Health /Helen	
Screen	Education/ Natalie	
Extension cord/power board	Health /Helen	
Handouts 'Comparison Table' 'Fact Sheet'	Health /Helen	
Paper and pens	Health/ Helen	
Questions from fact sheet to guide discussion	Health/ Helen	
Feedback box	Health/ Helen	
Tables/ chairs	Education/ Natalie	3 sessions in classroom and one in auditorium.
Welcome at door, need to sign in, given handouts and taken to venue.	Health/ Education	Helen will have sign in sheets.

MEETING HEALTHCARE NEEDS IN ACT SCHOOLS DISCUSSION PAPER 2012

Our Aim

To provide evidence based healthcare so all students have access to the appropriate supports in ACT schools. The enhanced health services will be equitable capacity building and sustainable.

Background

All organisations endeavour to provide fair, equitable and appropriate care to all young people whether it is related to a disability or their healthcare needs. Since the introduction of the United Nations Convention on the Rights of the Child 1989, Disability Discrimination Act 1992, Convention on the Rights of a Person with Disability 2007 and the ACT Children's Plan, professionals described their commitment to these principles. The challenges they face due to the lack of adequate frameworks that may lead to inconsistent, unfair and inequitable decision making (Young et al 2004).

Research indicates the demand for healthcare in schools is increasing nationally with one third of students having a health condition or healthcare need that is either short or long term. This data is dependent on the definition and criteria used but it suggests that the need is increasing in number and complexity (Chris Robinson, Chief Executive for the South Australian Department of Education and Children's Services 2006).

This trend has been acknowledged in the ACT with discussion taking place between the Health and Education and Training Directorates during 2011 on need to provide complex healthcare in schools that is evidenced based, equitable and sustainable. A project to enhance current services for students with healthcare needs is now underway.

Globally there is concern with the declining numbers of health professionals and the possible negative impact it may have on timely access and quality of care. Nationally it has been predicted higher numbers of people will require long term care and support that will not be sustainable in the future with the current workforce. The ACT is part of the national workforce reform program and has aligned their strategies with the National Health Workforce Innovation and Reform Strategic Framework for Action 2011 -2015.

Currently in ACT Schools

At enrolment a student maybe identified as having a complex healthcare needs with a Management and Emergency Treatment Plan, however once this need is identified there is no cross government framework to fund, staff or resource the student's needs. The current ACT policy is available on http://www.det.act.gov.au/publications_and_policies/policy_a-z

The ACT does not have sufficient data for identifying the extent of complex healthcare needs in schools or the way in which the care is being provided to the students.

The Health Directorate provides nurses in various roles in some ACT Schools:

- three specialists schools
- four nurses providing an adolescent health promotion and brief intervention/referral service for eight mainstream high schools. This pilot program is currently being evaluated
- some isolated individual situations

Other services provided in a school environment by the Health Directorate include the universal kindergarten screening and immunisation programs.

What has happened to date?

- A partnership between the two Directorates of Education and Health was established at the end of 2011
- A health directorate project officer was appointed in February 2012
- A review of relevant research from international and national sources has been undertaken
- A Steering Committee was established in April 2012
- Site visits to South Australia and Victoria were undertaken in May 2012 to establish networks and to observe their models in practice.
- A Working Group established in July 2012
- A consultation process commenced in early August 2012 and is being rolled out to professional bodies, community groups and individuals. This includes face to face sessions and this discussion paper being available on government websites.

SUMMARY OF PROJECT FINDINGS

A literature search was the first step in the project. A number of health data bases and e-journals were sourced producing 24 papers that were relevant to the project.

What does the Research say?

Families want clear communication and realistic indications of support that is available without having to fight for their child/young person's healthcare needs (McConkey et al 2007).

Children and young people want to do the same as their peers in school and community settings. They want to receive quality healthcare and learn how to manage and understand their healthcare needs as part of their individual education plan (De Plessis Erickson et al 2006).

Education staff reported that they experienced less anxiety when they received comprehensive training for student's healthcare needs prior to them starting school. They want formal recognition of the healthcare support that they provide (Clayton Barrett 2001).

Nurses want a contemporary role in providing complex healthcare within a holistic model of care that provides ongoing support in partnership with the school and family (McConkey et al 2007).
The care would be evidence based, equitable and sustainable with eligibility criteria. Standardised processes and tools would be used to do a comprehensive assessment of the healthcare needs and the environment where the healthcare will be provided. The care providers should receive training and competency assessments with nurse led support and follow up as required (Moore et al 2003, McConkey et al 2007).

Analysis of Models
The United Kingdom (UK) initiated major changes for the inclusion of students in education settings and developed guidance policies that have been widely used in the UK and Australia. The key to the success of these programs is a well established partnership with Education and Health whether they are Government or Non Government agencies.
South Australia was the first to develop their model for complex healthcare in childcare, preschool, schools and community settings. Victoria followed using the work done by South Australia to develop their model. Both have a well established partnership between Health and Education.

Victoria's School Care Program is part of the Royal Children's Hospital 'RCH @Home' program. Their clients are children and adolescents who have ongoing medical care needs in community settings. The registered nurses provide child/adolescent and task specific training and competency assessment for staff that has been selected by the school. There is minimal ongoing monitoring/support for school staff if they have concerns or questions. There are some follow up visits to the school at various intervals to assess competency of the school staff, this is dependent on the complexity of the task and staff changes. See Guidelines
http://www.education.vic.gov.au/healthwellbeing/wellbeing/disability/programsupp.htm

South Australia's model involves two frameworks.

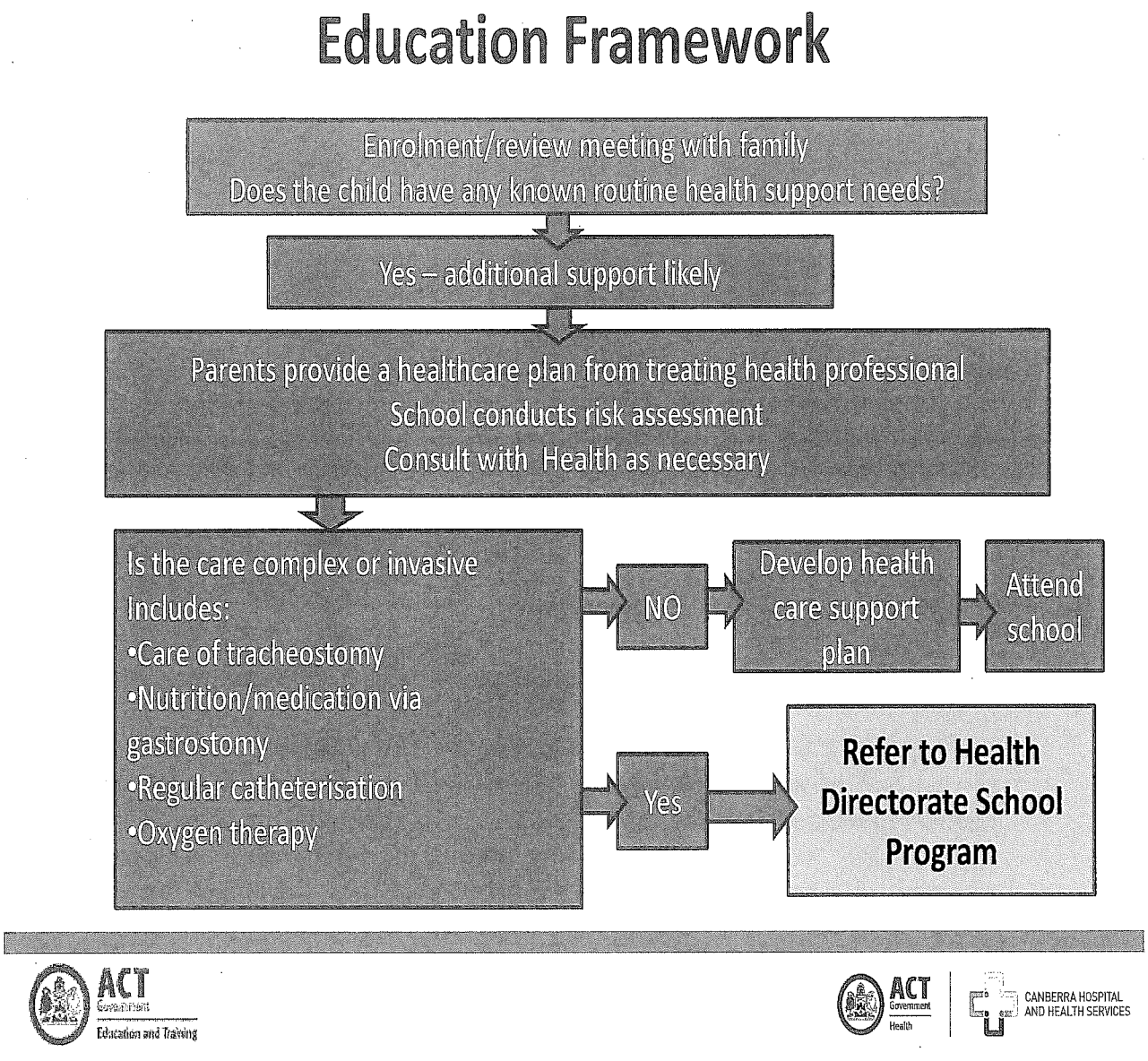
1. The *Child Health Education Support Service* (CHESS). This is a strong interagency commitment with funding that is interdepartmental from both State and Federal monies.
2. Once a student is identified as requiring complex healthcare they are referred to the second part of this framework, the Access *Assistance Program* (established 1993). Registered Nurses carry out comprehensive assessments with program guidelines and policies. A health plan is completed with the families and their health professional using a comprehensive risk assessment tool. A clinical team decision is made to establish the type of care required. This includes one to one care, intermittent care and whether the care needs to be delivered by a Registered Nurse, an Enrolled Nurse or Health Support Worker. In the Nurse led model the Health Support workers receive individual training and competency assessments with ongoing support, training and re-assessment. See website for more information http://www.chess.sa.edu.au/Pathways/hspfactsheetfinal.pdf

PROPOSAL FOR CONSIDERATION

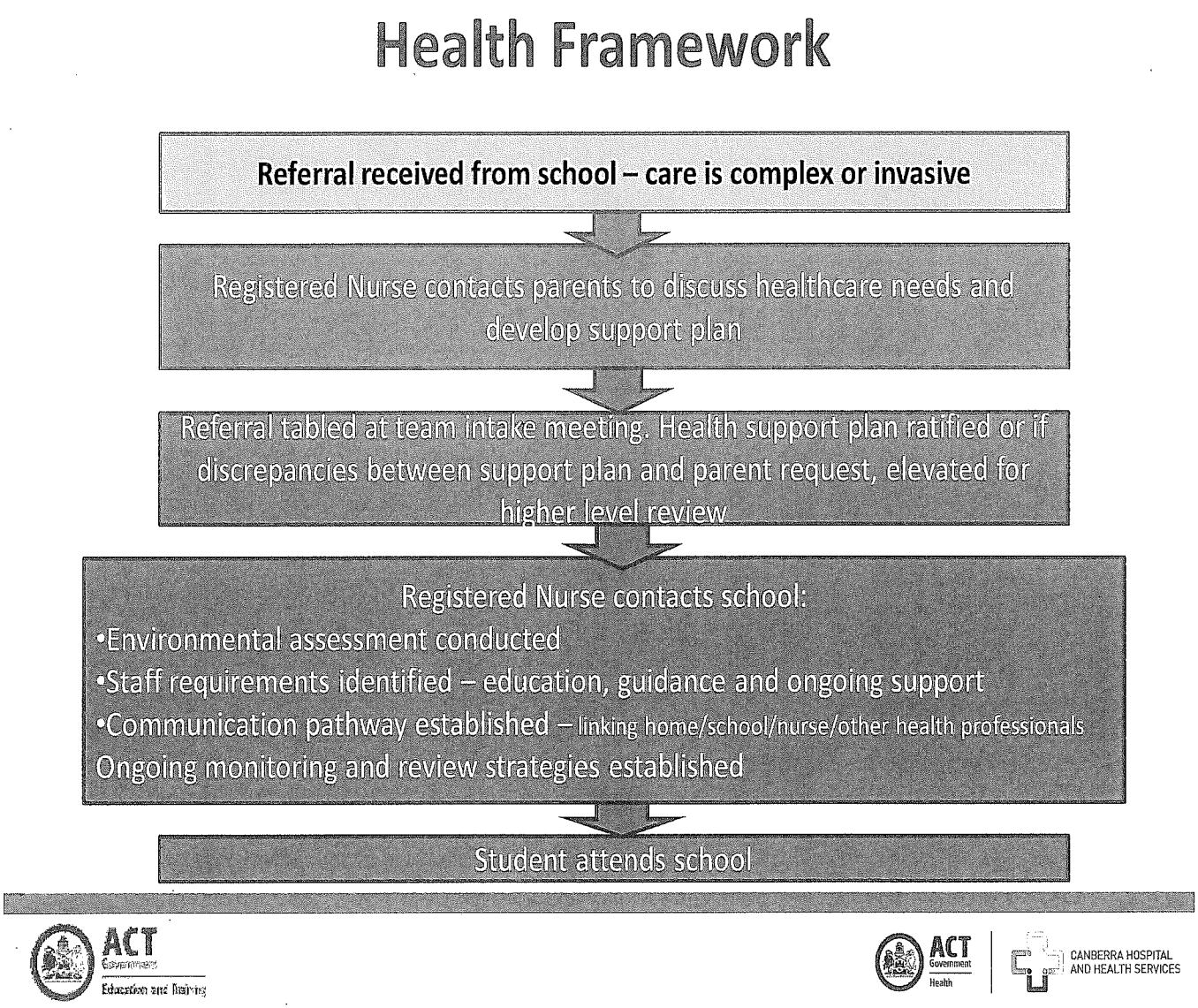
The ACT is in the fortunate position able to draw from a range of well established models in developing a best practice approach to the provision of healthcare in schools.

At the foundation of this model is a partnership between Education and Health with two interlinking frameworks:

1. EDUCATION: manage every day health care needs in schools



2. HEALTH: manage complex/invasive care



These two frameworks are to be bought together in a partnership to achieve our aim. This will provide clear pathways for the provision of healthcare in schools.

This framework will be supported by:

- a comprehensive, integrated model linking schools, students, parents and their health professional
- consistent responses to complex healthcare needs with standardised assessment tools, clear definition of roles and responsibilities, levels of care required and who will provide the services

Feedback

We really welcome your feedback. Your might like to use this question as a guide for your feedback.

What makes you feel confident that your child/young person is having their healthcare needs met while they are at school?

1. Always included in talks about my child/young person's health care at school

☐ very important ☐ somewhat important ☐ not important

.....

.....

2. Skilled staff

☐ very important ☐ somewhat important ☐ not important

.....

.....

3. Registered Nurse support for staff

☐ very important ☐ somewhat important ☐ not important

.....

.....

4. Regular team of care givers

☐ very important ☐ somewhat important ☐ not important

.....

.....

5. Have consistent contact person/s to discuss my child/young person's care

☐ very important ☐ somewhat important ☐ not important

.....

.....

Is there anything else you believe should be included?

.....

.....

.....

To provide your feedback please e-mail to healthcareinschools@act.gov.au your feedback will be treated as confidential and will not be made publicly available without your permission.

Feedback can be made until 5pm on Friday 30 November 2012

To help you gain further information here are some useful websites and list of references with web links to the full document.

WEBSITES

- http://www.chess.sa.edu.au/index.htm
- http://www.education.vic.gov.au/management/governance/spag/default.htm
- http://www.education.vic.gov.au/healthwellbeing/wellbeing/disability/programsupp.htm
- http://www.det.act.gov.au/publications_and_policies/policy_a-z

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- Moore Gordon, McConkey Roy, Duffy Margo, 2003, *The role of the school nurse in special school for pupils with severe learning difficulties,* International Journal of Nursing Studies, Volume 40, Issue 7, Pages 771 – 779. http://www.sciencedirect.com/science/journal/00207489/40/7

- Shurrock Gillian, West Fiona, 2011, *Protocol for Managing Children with Complex Health care needs in Community Settings (including schools, children's centres and other settings*), *Multi Agency Guidance,* Melton- Keynes Council, United Kingdom. http://www.milton-keynes.gov.uk/inclusion/documents/Managing_Healthcare_Needs_-_June_11.pdf

- Young Wendy, Earle Jasmin, Dadebo Mark, 2004, *An Intersectoral Response to Children with Complex Health Care needs,* Canadian Journal of Educational Administration and Policy, Issue #29, March 5. http://www.umanitoba.ca/publications/cjeap/articles/edhealth.html

ACT Government Health | CANBERRA HOSPITAL AND HEALTH SERVICES

AUSTRALIAN CAPITAL TERRITORY
Education and Training

ACTION STATEMENT

Title	Working Group: Complex Health Care needs in Schools	**Meeting No**	6
Location	1 Moore street , conference Room level 2	**Chair**	Daina Neverauskas
Date/Time	1/11/2012 1600-1700hrs	**Secretariat**	Helen Jackson

Attendees	Initials	Division / Service / Title	Present	Apologies
Daina Neverauskas		Health WYCCHP Director	✓	
Sue Byrnes		Health WYCCHP Manager of Nursing Services	✓	
Helen Jackson		Health WYCCHP Project CNC	✓	
Narelle O'Connor		Health WYCCHP Schools CNC		✓
Carolyn Thomas		Health WYCCHP Central Manager	✓	
Beth Mitchell		DET Director Aboriginal & Torres Strait islander and student engagement.		✓
Kerrie Heath		DET Manager of disability education		✓
Natalie Bennett		DET Project officer	✓	

ACTIONS ARISING

Completed | **Underway** | **Overdue**

No	Recommendation	Action	Action Officer	Date Action Due	Outcome / Decision / New Action	Status
1	Preliminary work needed by ETD to investigate a model and role description for worker at schools.	Natalie will follow up with Beth/Kerrie and progress following the community consultations.	Natalie	Ongoing	Follow correct processes to scope role for new model	Underway

2	Presentation for consultations	Power point completed and notes can be adapted as require.	Helen			Completed
3	Invite principals of the special schools (and Woden?) to a meeting to discuss proposal prior to community consultation	Determine an appropriate day/time/venue Natalie to follow up with Kerrie/Beth	Kerrie	Before community consultations	Natalie will follow up	
4	Community Consultation	Venues booked for 5.30 – 8.30pm • Monday 5th November Erindale College • Tuesday 6th November Gungahlin College • Wednesday 7th November Canberra College Phillip • Thursday 8th November Dickson College Will Mollison from Families ACT to facilitate community consultations.	Natalie Daina			Completed
5	Brief relevant ministers	Kerrie and Daina will work on ministerial briefs with the aim of a collaborative approach.	Daina / Kerrie	ongoing	Kerry and Daina will meet to progress this	**Underway**
6	It was recommended that the working group prepare a key message media release/positive news stories etc that are ready to go at a moment's notice.	Involve media & marketing from both directorates in planning a communication strategy. Invite media representatives Health - Alexander Kellar DET - Stephen Guilford/Sean Benet To the next meeting (date TBC)	Daina/ Kerry	ongoing	Daina and Kerry will remind their relevant directorate media people regarding a communication strategy. Daina will clarify with both parties who is acting in what roles and facilitate communication.	**Underway**
7	It was recommended that we aim to begin 2013 with a pilot of the new model	No action as yet	NA	ongoing		

8	Budget brief 'concept'	It was discussed to submit a budget brief around the 'concept' of the new model proposition. More detailed information can be given at a later date.	Daina/Kerry	underway	Kerry and Daina will work together this and attach it to the ministerial	**Underway**
9	Discussion paper	Complete final draft to send for approval to go on website.	Helen	2 Nov 2012	Discussion paper available on Health and Education websites for consultation.	underway
10	community consultation : • Media • Fact sheet	Natalie completing letter for inclusion in school newsletters and distribution through schools Finalising fact sheet and feedback questions	Natalie Helen	By Monday 5 Nov 2012	To be used as handouts and feedback forms at consultation sessions	**Underway**
11	DET project manager	Natalie Bennett appointed				**Completed**

Next meetings:
Venue: ACT Health Building Level 2
Time: 4.00pm to 5.00pm
Dates: Tuesday 13 November 2012
Tuesday 27 November 2012

Hagan, John (Health)

From: Jackson, Helen
Sent: Friday, 2 November 2012 2:37 PM
To: Thomas, Carolyn; Neverauskas, Daina; Byrnes, Sue; Heath, Kerrie; Mitchell, Beth; Bennett, Natalie; O'Connor, Narelle
Subject: Action Statement for Complex healthcare in schools working group 1 Nov 2012
Attachments: Working Group Action Statement 1 November 2012.doc

Categories: Red Category

Hi all,
Please find attached the actions from yesterday's meeting.
Thank you
Helen

Helen Jackson | Clinical Nurse Consultant
Project Position: Children at School with Complex Healthcare Requirements
Phone (02) 6207 7631
e-mail: helen.jackson@act.gov.au
Central Team| **Division of Women, Youth & Children Community Health Programs**
Health Directorate| ACT Government
1 Moore St Canberra ACT| GPO Box 825 Canberra ACT 2601| www.health.act.gov.au
Care ▲ Excellence ▲ Collaboration ▲ Integrity

ACT Government Health | CANBERRA HOSPITAL AND HEALTH SERVICES

AUSTRALIAN CAPITAL TERRITORY
Education and Training

ACTION STATEMENT

Title	Working Group: Complex Health Care needs in Schools	**Meeting No**	7
Location	1 Moore street , conference Room level 2	**Chair**	Daina Neverauskas
Date/Time	13/11/2012 1600-1700hrs	**Secretariat**	Helen Jackson

Attendees	Initials	Division / Service / Title	Present	Apologies
Daina Neverauskas		Health WYCCHP Director	✓	
Sue Byrnes		Health WYCCHP Manager of Nursing Services	✓	
Helen Jackson		Health WYCCHP Project CNC	✓	
Narelle O'Connor		Health WYCCHP Schools CNC		✓
Carolyn Thomas		Health WYCCHP Central Manager	✓	
Beth Mitchell		DET Director Aboriginal & Torres Strait islander and student engagement.		✓
Kerrie Heath		DET Manager of disability education		✓
Natalie Bennett		DET Project officer	✓	

ACTIONS ARISING

Completed | **Underway** | **Overdue**

No	Recommendation	Action	Action Officer	Date Action Due	Outcome / Decision / New Action	Status
1	Media advertisement to be put in Canberra Times re consultation period and feedback process.		Daina	ASAP		underway
2	Preliminary work needed by ETD to	Natalie will follow up with Beth/Kerrie and	Natalie	Ongoing	Follow correct processes to	Underway

	investigate a model and role description for worker at schools.	progress following the community consultations.			scope role for new model	
3	Meetings with Nursing and Education Unions	To organise meetings to provide information on pilot and seek advice on the best processes to keep staff and clients safe.	Health/Education			Underway
4	Brief relevant ministers	Need to provide a progress report on the pilot and implementation of the project.	Daina / Natalie in consultation with Kerrie	ongoing	Natalie to follow up	Underway
5	Invite principals of the special schools (and Woden?) to a meeting to discuss proposal.	Discussion occurred around organising this meeting.	Natalie to follow up			
6	Discussion paper	Completed and available on Health website for consultation. Consultation period to end on 30 November 2012. Notice of consultation period and how to access website will be put on Canberra Connect	Natalie			Underway
5	MOU between Health and Education	Daina to send copy to Natalie for her to follow up with Kerrie and Stephen	Daina and Natalie			Underway
7	Discussion on the pilot of the new model and how to implement the changes.			ongoing		

Next meetings:

Venue: ACT Health Building Level 2

Time: 4.00pm to 5.00pm **Date:** Tuesday 27 November 2012

Hagan, John (Health)

From: Jackson, Helen
Sent: Friday, 2 November 2012 10:33 AM
To: Neverauskas, Daina
Cc: Thomas, Carolyn; Byrnes, Sue; O'Connor, Narelle
Subject: Community Consultation Presentation Power Point and notes
Attachments: Notes for Community Presentation Nov 2012.doc; Presentation for Community Consultation Nov 2012.ppt

Hi Daina,
This is the final Power Point and Notes for the presentations next week.
I have made all the suggested changes.
Thank you Helen

Helen Jackson | Clinical Nurse Consultant
Project Position: Children at School with Complex Healthcare Requirements
Phone (02) 6207 7631
e-mail: helen.jackson@act.gov.au
Central Team| **Division of Women, Youth & Children Community Health Programs**
Health Directorate| ACT Government
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Notes for Community Consultation Presentation November 2012

Slide 1:

Will Mollison Facilitator the Executive Officer for Families ACT.
(Families ACT aim to represent the interests of children, young people and families and the continuum of services which support them, in the ACT and surrounding region).

Introduces Natalie Bennett (Education and Training Directorate)

Introduces Daina Neverauskas; Director Community Health Programs in the Division of Women, Youth & Children, Health Directorate is the presenter. At the end of the presentation we will breakup into groups to answer your questions and get your thoughts and ideas.

Slide 2: Our Aim

To build capacity and sustainability with enhanced healthcare services, providing best practice healthcare that is equitable with all students having access to the appropriate supports in ACT schools.

Slide 3: Background

- There is an increasing demand for healthcare in all schools
  - ✓ The research is indicating nationally that one third of students have at any one time a health condition or healthcare need that is either short or long term. This data suggests that the need is increasing in number and complexity.
  - ✓ This trend has been acknowledged in the ACT with discussion taking place between the Health and Education and Training Directorates during 2011.
- The introduction of the United Nations Convention on the Rights of the Child 1989, Disability Discrimination Act 1992, Convention on the Rights of a Person with Disability 2007 and the ACT Children's Plan has created challenges to provide evidenced based, equitable and sustainable healthcare in schools.
- Globally there is concern with the declining numbers of health professionals and the possible negative impact it may have on healthcare. Nationally it has been predicted higher numbers of people will require care and support that will not be sustainable with the current workforce. The ACT is part of the national workforce reform program.

Slide 4: Currently in ACT Schools

- At enrolment a student maybe identified as having a complex healthcare needs with a Management and Emergency Treatment Plan.
- However once this need is identified there is no cross government framework to fund, staff or resource the student's needs.
- The ACT does not have sufficient data for identifying the extent of complex healthcare needs in schools or the way in which the care is being provided to the students.

Slide 5: Currently in ACT Schools

- The Health Directorate provides nurses in various roles in some ACT Schools:
  - ✓ three specialists schools
  - ✓ four nurses providing an adolescent health promotion and brief intervention/referral service for eight mainstream high schools. This pilot program is currently being evaluated
  - ✓ some isolated individual situations
- Other services provided in a school environment by the Health Directorate include the universal kindergarten screening and immunisation programs.

Slide 6: Work to date

- A partnership with Education and Health was established at the end of 2011
- A health project officer appointed in February 2012
- There has been an analysis and collation of the research from overseas and national information
- A Steering Committee was established in April 2012
- Site visits to South Australia and Victoria where undertaken in May 2012 to establish networks and to observe their models in practice.
- A Working group established in July 2012
- The consultation process consists of face to face sessions over the four education regions in the ACT with a discussion paper available on the Health and Education websites.

Slide 7:

A literature search was the first step in the project. A number of health data bases and e-journals were sourced producing 24 papers that were relevant to the project. In summarising the research findings it found;

- **Families** want clear communication and realistic indications of support that is available without having to fight for their child/young person's healthcare needs.
- **Children and young people** want to do the same as their peers in school and community settings. They want to receive quality healthcare and learn how to manage and understand their healthcare needs as part of their individual education plan.
- **Education staff** reported that they experienced less anxiety when they received comprehensive training for student's healthcare needs prior to them starting school. They want formal recognition of the healthcare support that they provide.
- **Nurses** want a contemporary role in providing complex healthcare within a holistic model of care that provides ongoing support in partnership with the school and family.

To provide care that is:

- ✓ evidence based,
- ✓ equitable and sustainable
- ✓ has standardised processes and tools
- ✓ a comprehensive assessment of the healthcare needs and the environment
- ✓ care providers would receive education, guidance with nurse led support and follow up.

Slide 8: Analysis of Models

- The United Kingdom initiated major changes for the inclusion of students in education settings and developed guidance policies that have been widely used in the UK and Australia. The key to the success of these programs is a well established partnership with Education and Health whether they are Government or Non Government agencies.
- South Australia was the first to develop their model for complex healthcare in childcare, preschool, schools and community settings. Victoria followed using the work done by South Australia to develop their model. Both have a well established partnership between Health and Education.

Slide 9: Victoria - School Care Program

- ✓ part of the Royal Children's Hospital 'RCH @Home' program
- ✓ clients are children and adolescents with ongoing medical care needs
- ✓ registered nurses provide task specific training and competency assessment for staff that has been selected by the school
- ✓ minimal ongoing monitoring/support for school staff if they have concerns or questions
- ✓ there are some follow up visits to the school at various intervals to assess competency of the school staff, this is dependent on the complexity of the task and staff changes

Slide 10: South Australian Model - Involves two frameworks

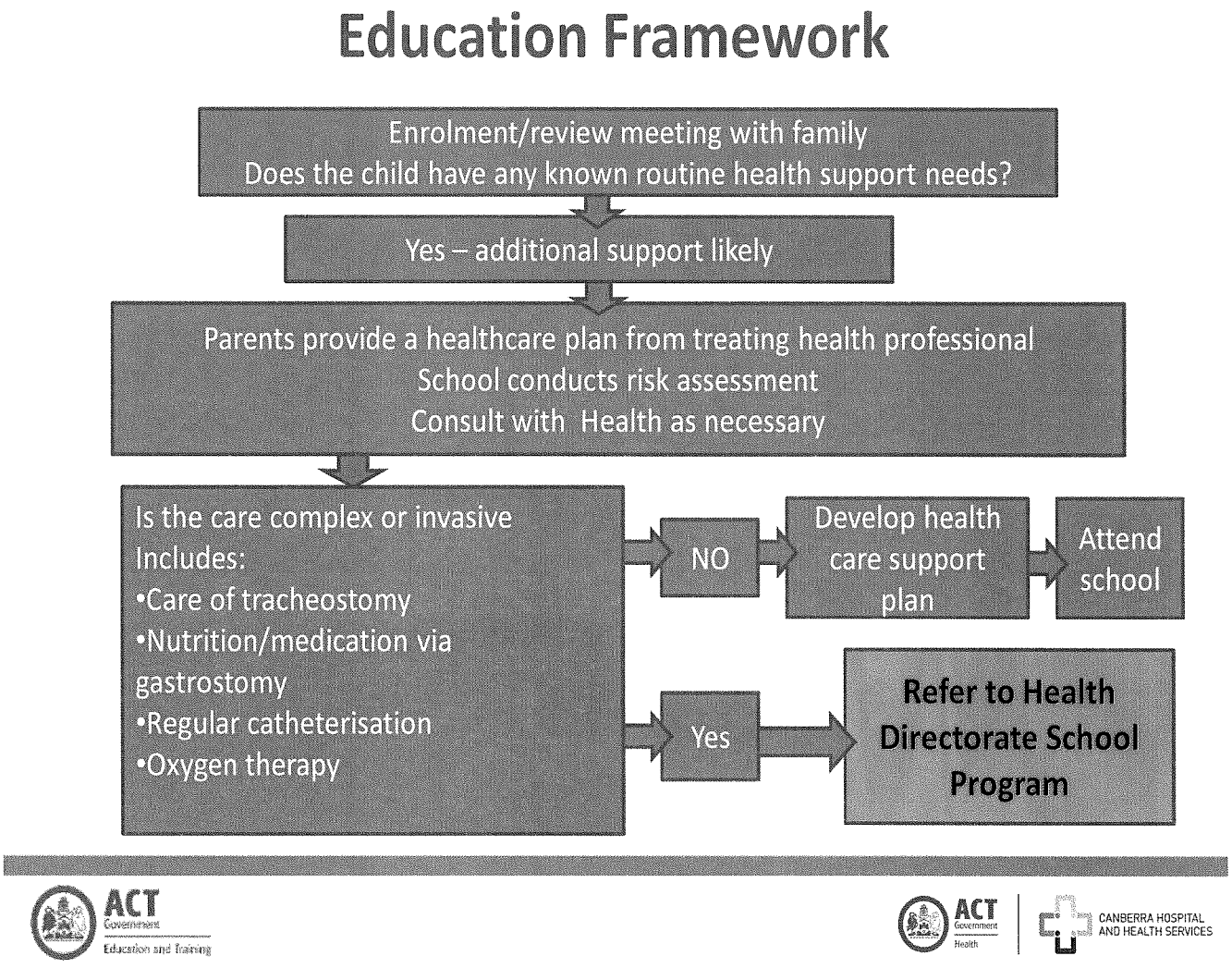
1. The *Child Health Education Support Service* (CHESS) with a strong interagency commitment with funding that is interdepartmental from both State and Federal monies.
2. Once a student is identified as requiring complex/invasive healthcare they are referred to the Access *Assistance Program* (established 1993).
    - ✓ Registered Nurses carry out comprehensive assessments with program guidelines and policies
    - ✓ a health plan is completed with the families and their health professional using a comprehensive risk assessment tool
    - ✓ a clinical team decision is made to establish the type of care required, this includes one to one care, intermittent care and whether the care needs to be delivered by a Registered Nurse, an Enrolled Nurse or Health Support Worker
    - ✓ in the Nurse led model the Health Support workers receive individual training and competency assessments with ongoing support, training and re-assessment

Slide 11: PROPOSAL FOR CONSIDERATION

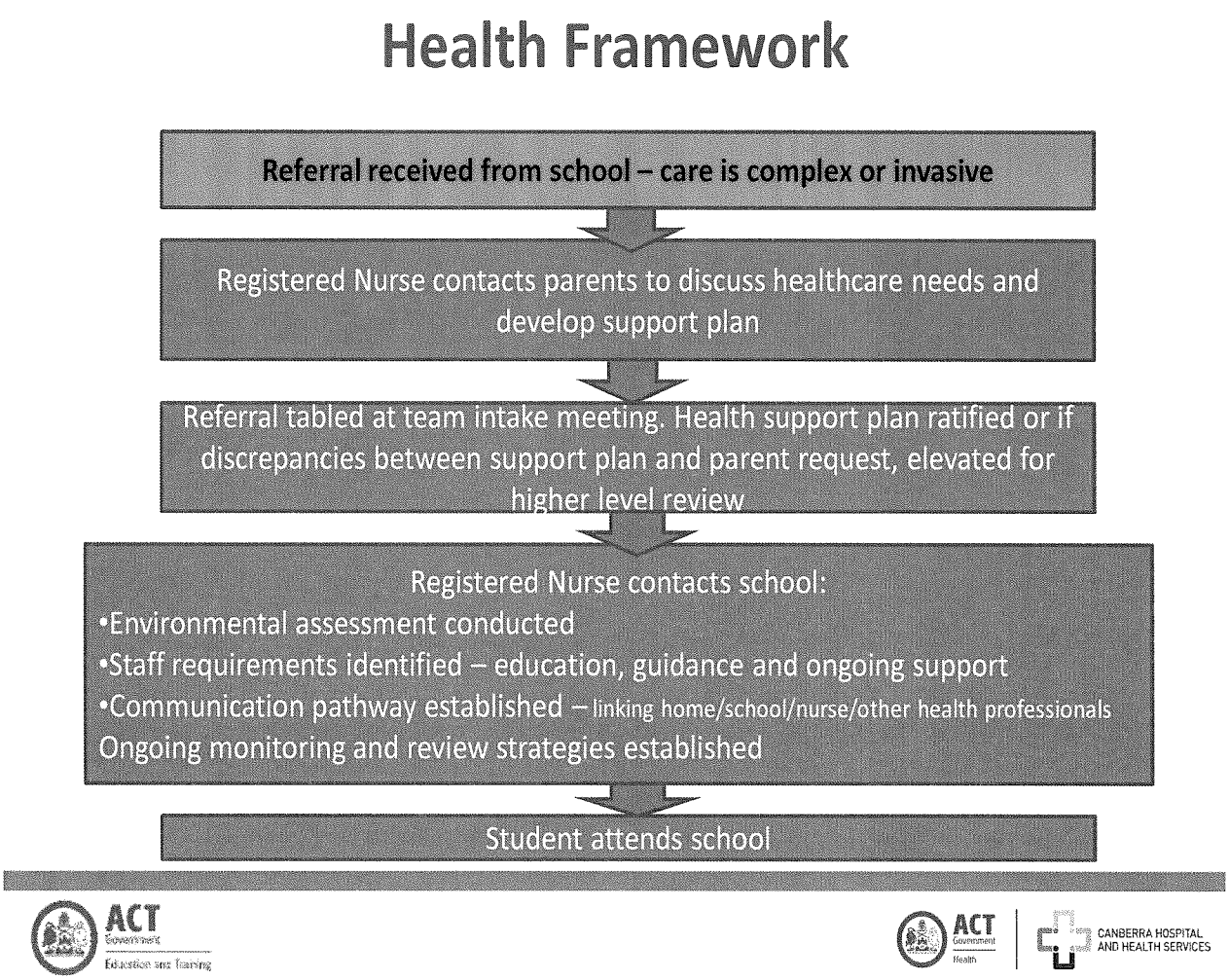
The ACT is in the fortunate position able to draw from a range of well established models in developing a best practice approach to the provision of healthcare in schools.
At the foundation of this model is a partnership between Education and Health with two interlinking frameworks:

1. EDUCATION: manage every day health care needs in schools
2. HEALTH: manage complex/invasive care

Slide 12: Education Framework Flow chart



Slide 13: Health Framework Flow chart



These two frameworks are to be bought together in a partnership to achieve our aim. This will provide clear pathways for the provision of healthcare in schools.

Slide 14: This framework will be supported by:

- a comprehensive, integrated model linking schools, students, parents and their health professional
- consistent responses to complex healthcare needs with
  - ✓ clear definition of roles and responsibilities
  - ✓ standardised assessment tools
  - ✓ levels of care required and who will provide the services

Slide 15: Useful websites

Slide 16: References

Slide 17: Where to from here

- Handout the 'Comparison of Various Models to meet Complex Healthcare in Schools'
- Break into groups for discussion
- Fact sheet with feedback section
- This is the email address for feedback; Feedback can be made until 5pm on Friday 30 November 2012

Depending on the feedback the working group receive our thoughts are we maybe in a position to pilot an enhanced process next year.

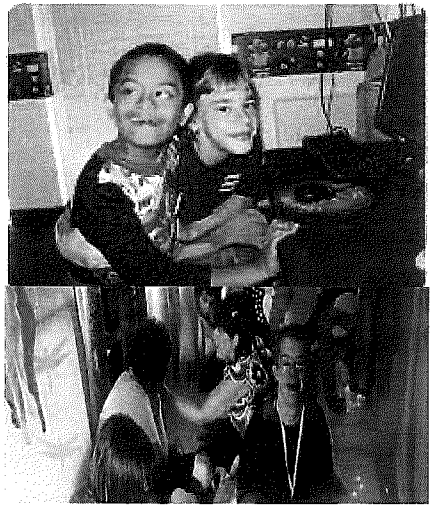
Requirements:	**Who is responsible**	**Comments**
Overhead projector/laptop	Health /Helen	
Screen	Education/ Natalie	
Extension cord/power board	Health /Helen	
Handouts 'Comparison Table' 'Fact Sheet'	Health /Helen	
Paper and pens	Health/ Helen	
Questions from fact sheet to guide discussion	Health/ Helen	
Feedback box	Health/ Helen	
Tables/ chairs	Education/ Natalie	3 sessions in classroom and one in auditorium.
Welcome at door, need to sign in, given handouts and taken to venue.	Health/ Education	Helen will have sign in sheets.

ACT Government
Health

CANBERRA HOSPITAL
AND HEALTH SERVICES

ACT Government
Education and Training

Meeting Healthcare Needs in ACT Schools



Our Aim

- build capacity and sustainability with enhanced healthcare services
- provide best practice healthcare that is equitable with all students having access to the appropriate supports in ACT schools.

Background

- increasing demand for healthcare in schools
  - ✓ nationally one third of students will require healthcare
  - ✓ Similar trends in ACT
- increasing challenges to provide evidence based, equitable and sustainable care
- declining numbers of health professionals

Currently in ACT Schools

- student maybe identified requiring complex healthcare
- once identified there is no cross government framework
- Lack of sufficient data for identifying the extent of complex healthcare needs or the way in which the care is provided

Currently in ACT Schools

- The Health Directorate provides nurses in various roles in some ACT Schools:

✓ three specialists schools

✓ four nurses providing adolescent health promotion

✓ some isolated individual situations

- other services

✓ universal kindergarten screening

✓ School immunisation program

Work to date

- A partnership with Education and Health
- A health project officer appointed
- Research incorporating overseas and national information
- Steering Committee established
- Site visits to South Australia and Victoria
- Working group established
- Consultation process

What does the Research say?

Families - clear communication and realistic indications of support available

Children/young people - to do the same as their peers

Education staff – formal recognition of the healthcare they provide

Nurses - a contemporary role in providing complex care in schools

Analysis of Models

- UK has taken the lead with a partnership model between Education and Health
- Two successful Australian models stem from the UK model: Victoria and South Australia

Victoria – School Care Program

- Training and competency assessment for Education staff is provided by Registered Nurses
- Follow up at various intervals depending on need
- Minimal ongoing monitoring/support for school staff

South Australia

1. *Child Health Education Support Service* (CHESS)

2. Complex/invasive care is referred to the *Access Assistance Program* – Registered Nurses

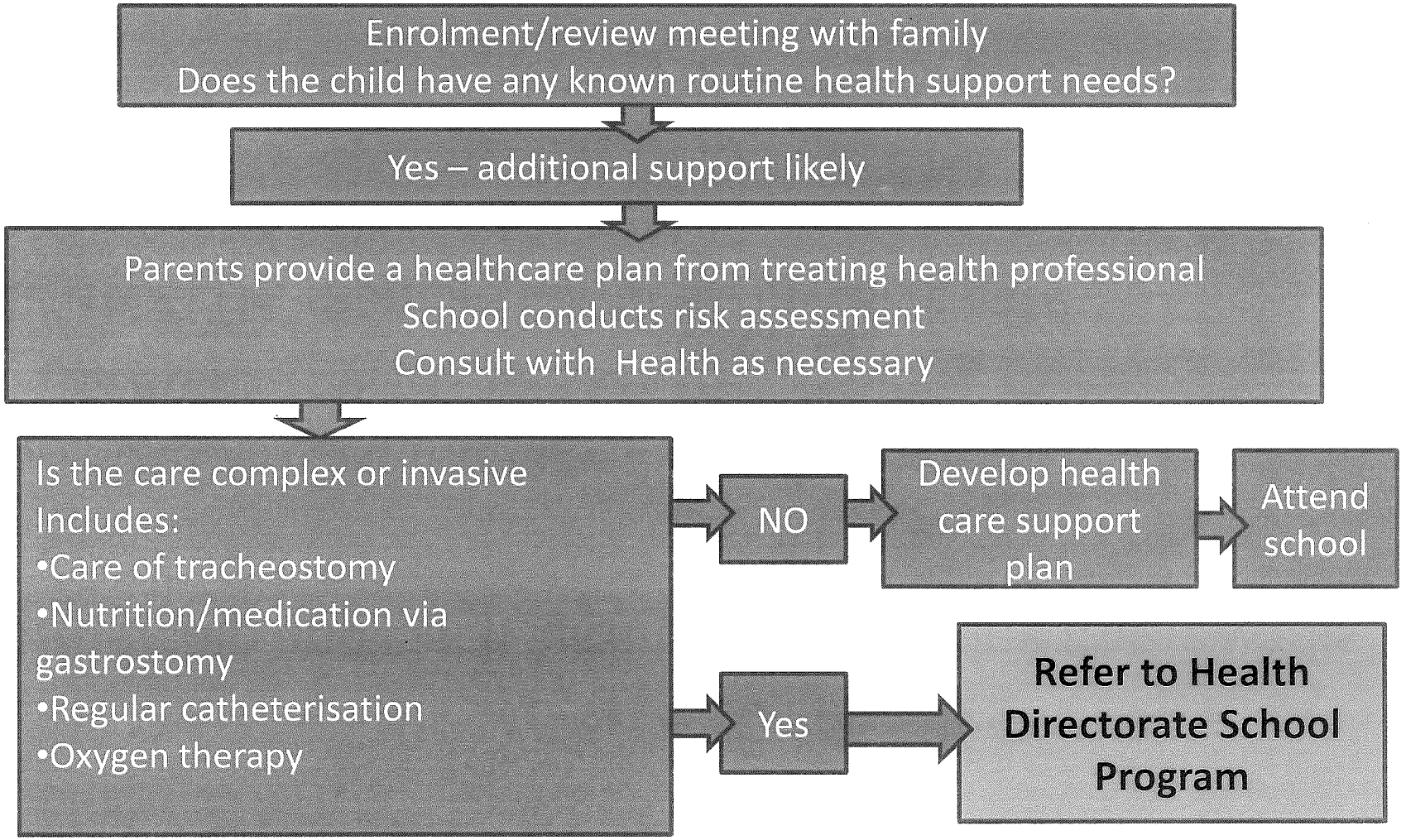
- ✓ comprehensive assessment
- ✓ health plans and risk assessment
- ✓ clinical team decision on the type of care required
- ✓ individual training and competency assessments with ongoing support, training and re-assessment

Proposal for Consideration

A partnership approach with two interlinking frameworks

1. EDUCATION: manage every day healthcare needs in schools
2. HEALTH: manage complex/invasive care

Education Framework



Health Framework

Referral received from school – care is complex or invasive

Registered Nurse contacts parents to discuss healthcare needs and develop support plan

Referral tabled at team intake meeting. Health support plan ratified or if discrepancies between support plan and parent request, elevated for higher level review

Registered Nurse contacts school:

- Environmental assessment conducted
- Staff requirements identified – education, guidance and ongoing support
- Communication pathway established – linking home/school/nurse/other health professionals

Ongoing monitoring and review strategies established

Student attends school

Models of Care

The framework will be supported by:

- a comprehensive, integrated model
- consistent responses with
  - ✓ clear definition of roles and responsibilities
  - ✓ standardised assessment tools
  - ✓ levels of care required

Useful websites

- http://www.chess.sa.edu.au/index.htm
- http://www.education.vic.gov.au/management/governance/spag/default.htm
- http://www.education.vic.gov.au/healthwellbeing/wellbeing/disability/programsupp.htm
- http://www.det.act.gov.au/publications_and_policies/policy_a-z

List of References

- Include me. Managing complex health needs in school and early years settings Jeanne Carlin. Council for Disabled Children, London 2005
- www.chess.sa.edu.au Health Support Planning for Children and Students with Complex and/or invasive Health Care Needs:
- Student medical and health care. Administration of Medication. Training and Credentialling of staff http://www.education.tas.gov.au/school/health/students
- Protocol for Managing Children with Complex Health care needs in Community Settings (including schools, children's centres and other settings) http://www.milton-keynes.gov.uk/inclusion/documents/Managing_Healthcare_Needs_-_June_11.pdf
- An Intersectoral Response to Children with Complex Health Care needs Canadian Journal of Educational Administration and Policy, Issue #29, March 5, 2004. http://www.umanitoba.ca/publications/cjeap/articles/edhealth.html
- Complex Needs. The Nursing Response to Children and Young people with Complex Physical Healthcare Needs. Health, Social Services and Public Safety.\university of Ulster June 2007. http://www.dhsspsni.gov.uk/complex_needs_report.pdf
- http://www.dhsspsni.gov.uk/appendices_1-7_report_on_complex_phc_needs_3_.pdf
- The role of the school nurse in special school for pupils with severe learning difficulties. School of Nursing, University of Ulster N. Ireland June 2003.

  http://www.sciencedirect.com/science/journal/00207489/40/7
- The Healthy Learner Model for Student Chronic Condition Management – Part 1. The Journal of School Nursing. 2006.22:310 http://jsn.sagepub.com/content/22/6/310
- Teaching Teachers About School Health Emergencies. The Journal of School Nursing. 2001.172:316 http://jsn.sagepub.com/content/17/6/316

Where to from here?

healthcareinschools@act.gov.au

Hagan, John (Health)

From: Jackson, Helen
Sent: Friday, 2 November 2012 10:49 AM
To: Byrnes, Sue
Cc: Thomas, Carolyn; O'Connor, Narelle
Subject: Final Drafts of paperwork for project to go to Liz Chatham e-mail 2 of 2
Attachments: Final Draft Fact sheet November 2012.doc; Final Draft Table Comparison of various Models to meet complex healthcare in schools Nov 2012.doc

Hi Sue,
This is the remaining paperwork.
Thank you Helen

Helen Jackson | Clinical Nurse Consultant
Project Position: Children at School with Complex Healthcare Requirements
Phone (02) 6207 7631
e-mail: helen.jackson@act.gov.au
Central Team| **Division of Women, Youth & Children Community Health Programs**
Health Directorate| ACT Government
1 Moore St Canberra ACT| GPO Box 825 Canberra ACT 2601| www.health.act.gov.au
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* 2 5 1 4 5 *

ACT Health
Referral Information
Community Health Intake
CHI Phone: 6207 9977 **Fax:** 6205 2611

Complete details or affix label

URN: _____

Surname: _____

Given name: _____

DOB: _____ Gender: _____

Consumer Details:

Title: _____ Given Names: _____ Surname: _____

Usual Address: _____

Phone: H: _____ Mob: _____

Message authorisation: ☐ Home ☐ Mobile ☐ SMS

Service Address and Phone (if different from above):

Address: _____

Phone / Mob: _____

Baby's Details

Name: _____ Gender: ☐ M ☐ F D.O.B.: ____/____/____

☐ **Next of Kin** ☐ **Emergency Contact Details** ☐ **Power of Attorney**

Name: _____ Relationship: _____

Phone: H: _____ Mob: _____

Message authorisation: ☐ Home ☐ Mobile

Name: _____ Relationship: _____

Phone: H: _____ Mob: _____

Message authorisation: ☐ Home ☐ Mobile

Demographic Details:

Country of Birth: _____

Interpreter: ☐ Yes ☐ No Language Spoken: _____

Identifies as: ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither

Living Arrangements

☐ Alone
☐ Family
☐ Other: _____

Accommodation Setting

☐ Private Own
☐ Private Rental
☐ Public Housing
☐ Other (specify): _____

Funding type (if applicable)

Medicare number: _____
☐ Centrelink Pension
☐ Health Care Card
☐ Vets Affairs GOLD
Number: _____
☐ Compensable
Claim No: _____
☐ Aged Care Support Package
Level: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Medical Practitioner:

GP (name): _____ Phone: _____

Specialist (name): _____ Phone: _____

Alerts / Allergies:

Other Alerts: (Behavioural, Environmental)

Referral Information

ACT Health
Referral Information
Community Health Intake
CHI Phone: 6207 9977 **Fax:** 6205 2611

Complete details or affix label

URN: _____

Surname: _____

Given name: _____

DOB: _____ Gender: _____

Hospital Admission Date: ___/___/___ **Expected Discharge Date:** ___/___/___

Reason for hospital admission / Clinical issue: _____

	Services Requested	Clinical Reason for Services
1.		
2.		
3.		
4.		

Consent from consumer obtained? ☐ Yes ☐ No

Waterlow Risk Assessment Score: ☐ At Risk = 10 ☐ High Risk = 15 ☐ Very High Risk = 20+

☐ **Specific Medical Instructions:** _____

☐ **Additional Documentation Attached**

☐ Treatment Orders ☐ Medical Officer Orders for Medication Administration

☐ Catheter Management ☐ Other: _____

Referrers Details (*please print clearly*):

Referral Agency: _____ Contact Name: _____

Phone/Mobile: _____ Fax: _____

Email: _____

Signature: _____ Date: ___/___/___

Referral Information

ACT Health
Referral Information
Community Health Intake
CHI Phone: 6207 9977 **Fax:** 6205 2611

Complete details or affix label

URN: _____

Surname: _____

Given name: _____

DOB: _____ Gender: _____

Current Relevant Clinical History:

Past Medical History:

Social Details:

Other Services:

Was the consumer receiving any services prior to hospital admission? ☐ Yes ☐ No ☐ N/A
If yes please list services below

Other Services (not provided by ACT Health)	**Agency**

Have referrals been made to other services post discharge? ☐ Yes ☐ No
If yes please list services below

Other Services (not provided by ACT Health)	**Agency**

Referral Information

HAAS

Sample communication plan for *(name of school)*

Target audience: ***Who do we want to inform?***	***Key messages:*** ***What do we want to tell them?***	***Communication methods:*** ***How are we going to tell them?***	***Who is responsible for doing it?***	***Deadline:*** ***By when does this need to happen?***	***Date completed***
Parents Families Carers Respite care providers	A change in policy will mean a change in who administers care to some students with complex or invasive health care needs in 2014.	• Letters to each family nominated for or seeking a HAAS assessment • Meetings • PowerPoint • One on one meetings • Newsletter (later) • Website (later)	Principal, HAAS Nurse, Registered Nurse at school	Example Week 7/8/9 Term 4 2013 Week 2/3 /4/5/6 Term 1 2014	
	Nurse led model Comprehensive information is available before and following individual HAAS assessment	• Letter • Phone calls • One on one meetings	HAAS nurse and team	Series of scheduled assessments	

Target audience: Who do we want to inform?	*Key messages: What do we want to tell them?*	*Communication methods: How are we going to tell them?*	*Who is responsible for doing it?*	*Deadline: By when does this need to happen?*	*Date completed*
Students	?	• Face to face •	Principal, with familiar staff	?	
Teachers	A change in policy will mean a change in who administers care to some students with complex or invasive health care needs in 2014	• Staff meeting • PowerPoint • Pamphlet FAQ •	Principal HAAS Nurse, Registered Nurse at school	Week 7/8/9 Term 4 2013	
School Assistants	A change in policy will mean a change in who administers care for some students with complex or invasive health care needs in 2014	• Meetings to outline HAAS volunteer principle • HAAS training overview • One on one meetings • Invite expressions of interest			

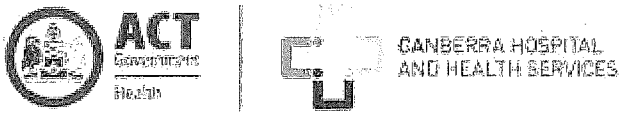
Target audience: Who do we want to inform?	*Key messages: What do we want to tell them?*	*Communication methods: How are we going to tell them?*	*Who is responsible for doing it?*	*Deadline: By when does this need to happen?*	*Date completed*
Union reps	A change in policy will mean a change in who administers care for some students with complex or invasive health care needs in 2014	Meeting • Meetings to outline HAAS volunteer principle • HAAS training overview • One on one meetings	• Principal • Director Aboriginal and Torres Strait Islander Education and Student Engagement? • Director HR?	ASAP	
Wider school community eg school board	A change in policy will mean a change in who administers care for some students with complex or invasive health care needs receive care in 2014	• Meeting/s • HAAS PowerPoint • Newsletter • Website	Principal HAAS Nurse to attend		

Hagan, John (Health)

From: Jackson, Helen
Sent: Wednesday, 12 December 2012 12:38 PM
To: Neverauskas, Daina; Byrnes, Sue; Thomas, Carolyn; O'Connor, Narelle
Subject: Report from Community Consultation
Attachments: Supporting Students at School who have complex Healthcare Needs Community Consultation Report 2012.doc

Hi all,
This is the report for the Community Consultations for the Complex Healthcare in Schools.
If you are happy I can send to Education for discussion at the meeting.
I will get the referral paperwork and process to you by the end of the week.
Thanks Helen

Helen Jackson | Clinical Nurse Consultant
Project Position: Children at School with Complex Healthcare Requirements
Phone (02) 6207 7631
e-mail: helen.jackson@act.gov.au
Central Team| **Division of Women, Youth & Children Community Health Programs**
Health Directorate| ACT Government
1 Moore St Canberra ACT| GPO Box 825 Canberra ACT 2601| www.health.act.gov.au
Care ▲ Excellence ▲ Collaboration ▲ Integrity



Supporting Students at School who have Complex Healthcare Needs
Community Consultation Report 2012

Background:
Research indicates the demand for healthcare in schools is increasing nationally. This trend has been acknowledged in the ACT with discussions taking place between the Health and Education and Training Directorates on the need to provide appropriate, evidence based, equitable and sustainable healthcare.

The Community Consultation occurred during the month of November including face to face sessions and a web based discussion paper, fact sheet and comparison table. The community where given the opportunity to seek further information via the two project officers from Health and Education. The community were able to provide feedback at the face to face forums orally and/ or by completing the questionnaire. The web based information allowed for feedback using the questionnaire, writing a submission or sending an e-mail or letter to the project mail boxes.

Community Forums:
The face to face forums focused on sharing information by giving the community a greater understanding of the healthcare in schools project and providing participants with the opportunity to expresses their views, ideas and concerns for consideration in the development of the ACT model for complex and invasive healthcare in schools.

The forums were promoted in the media and via the Education and Training Directorate's website, school e-mail system and notes sent home by individual schools.

Each of the community consultation sessions were approximately one hour long and led by an independent facilitator with a short PowerPoint presentation by the Director of Community Health Programs (see appendix 1). Participation was invited from attendees through an open-format, to share their thoughts and experiences. Discussion however was not limited to the issue of complex and invasive healthcare in schools. All attendees received a copy of the Fact Sheet and Comparison table with the questionnaire that could be completed at the time or sent in by e-mail or post at a later time (see appendix 2).

Notes and attendance details were recorded for each forum.

Participation rate:
10 people attended the Erindale College forum
3 people attended the Gungahlin College forum
5 people attended the Canberra College forum
5 people attended the Dickson College forum

Results:
The project officers and the Directorate's representatives were able to gauge the level of interest, the number of questions and whether the feedback was positive or negative during the sessions. The majority of people were found to be positive and accepting of the project with some concerns and a small minority to be more negative about the project. The main area of concern was around the nurses in the Specialist schools and nurses providing direct care. In addition there were a number of concerns and issues raised during the forums in regard to specific service delivery not directly related to complex and invasive healthcare in schools. These included therapies, personal care and student's who were away from school for long periods.

Written Submission Process:
In addition to the community forums, written submissions were also invited from the public, interested organisations and individuals. To facilitate the written submission process, a discussion paper, a fact sheet with questionnaire to guide feedback and a comparison table were placed on the ACT Health website (see appendix 2 & 3).

This provided the public with information, presenting new ideas, particularly those that are well-researched and supported by evidence and how it could be used to develop a model for complex and invasive healthcare in ACT schools. The public were provided with the opportunity to comment on the key issues and complete the questionnaire in relation to *what makes them feel confident that their child/young person is having their healthcare needs met while at school.*

The opportunity to make a written submission was promoted during the community forums, media releases and through various organisations and directorates.

Analysis of Community Consultation information:
Identification of common themes that emerged during the community consultation process related mainly to the fact that the public welcomed the opportunity to be involved and present their experiences and what they would like to see in the ACT schools.

<u>Comments from Community forums:</u>

- Will you be taking nurses out of Special School?
- A concern expressed about Learning Support Assistants and Healthcare Workers providing healthcare in schools.
- A belief that families don't send their young person to a particular school because it doesn't have a nurse.
- A concern that when a student requires therapies at school (Physiotherapy, Occupation Therapy etc that it is not incorporated in the school. It was suggested that Education and Training needs links with Therapy ACT.
- A suggestion was made to have a referral loop to incorporate a Health referral to school following hospitalisation etc. Health > School > Health.
- What will be the process for existing clients who are already receiving care via the Caring For Kids Program in the school environment?