

POLICY, PRACTICE AND HEALTH SERVICES RESEARCH **RELATING TO NSW CHILDREN AND FAMILIES**

AHI Research Symposium, Macquarie University

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Les White, NSW Chief Paediatrician

31 March 2015

Joanna Holt, Chief Executive NSW Kids and Families

- + About NSW Kids and Families
- + Evidence-driven policy development
- + Making it happen...

Les White, NSW Chief Paediatrician

- + Research Portfolio
- + Philosophy of partnership
- + An example: Caretrack Kids

ABOUT NSW KIDS AND FAMILIES

The Formation of NSW Kids and Families

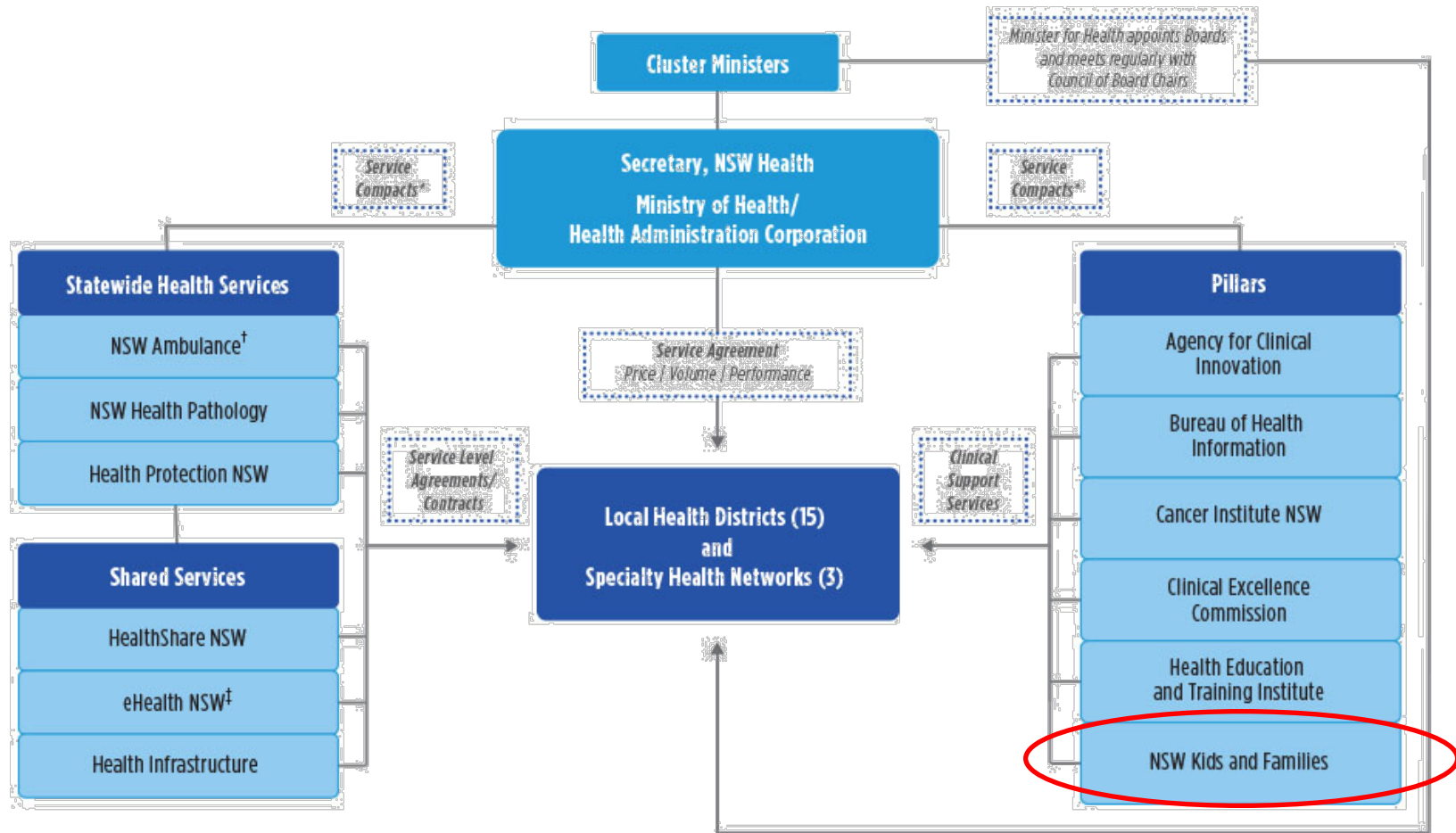


Emerging evidence about fetal origins of disease; neural development; cumulative adverse events

NSW Kids and Families

- + commenced operations November 2012
- + a broader scope than envisioned by Justice Garling – but no role in direct service delivery

NSW Kids and Families in context



*Service Compact – Instrument of engagement detailing service responsibilities and accountabilities

† No Service Compact between Ministry of Health and Ambulance Service of NSW

‡ To be formally established in 2014

As at 30 September 2013

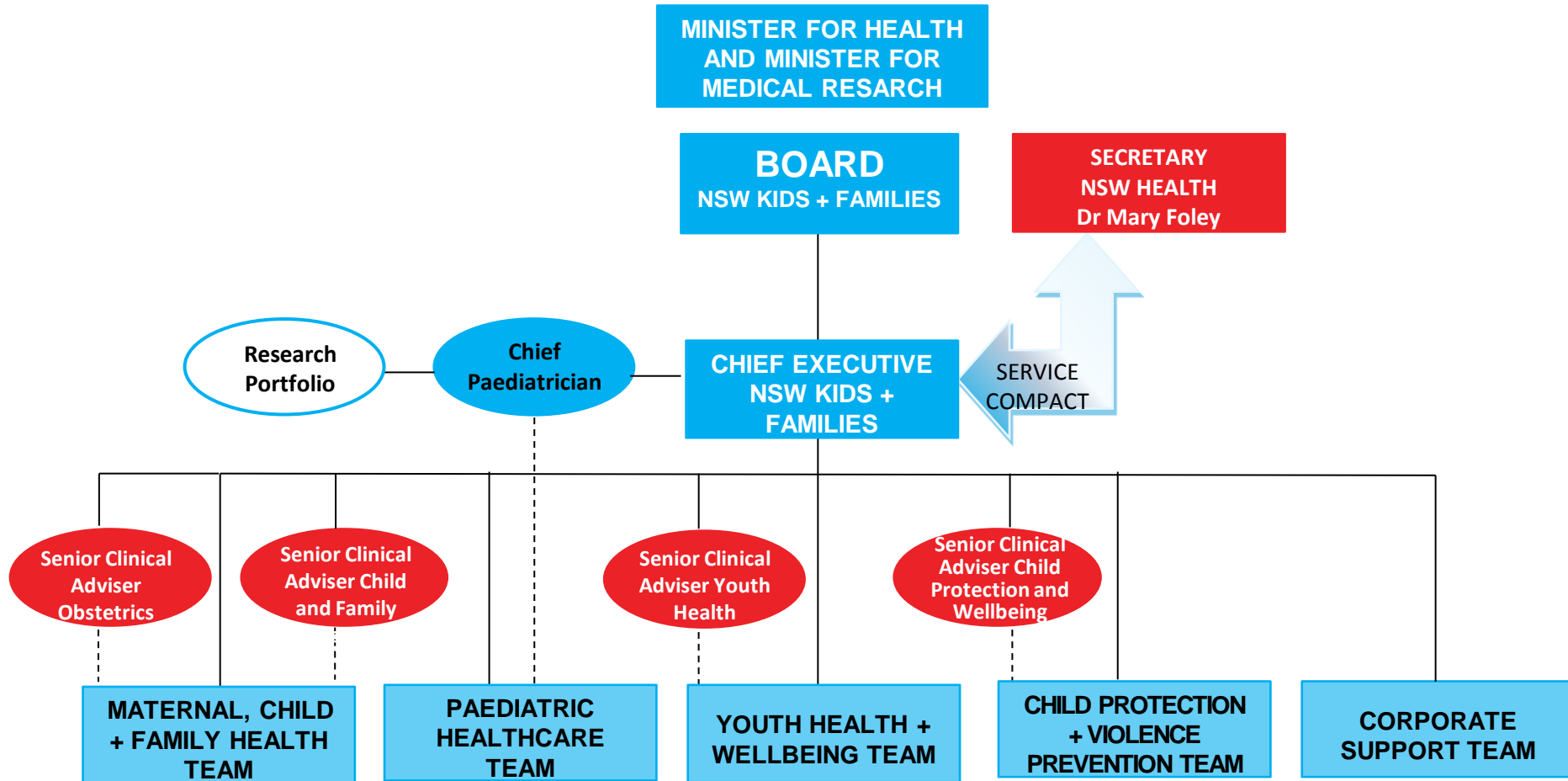
NSW Kids and Families Vision



That kids and families in NSW will be **healthy, safe and well**

- + Provide leadership to the NSW health system and partner with our stakeholders to champion outstanding health, wellbeing and healthcare for all children, young people and families
- + Reduce the health impact of sexual, domestic and family violence, child abuse and neglect

Organisational structure



ABOUT US



- + What we do
- + Our board
- + Our people
- + Corporate Governance and Organisational Structure
- + Strategic health plan 2014-2024
- + Research

CURRENT WORK



- + Maternal, child and family health
- + Paediatric healthcare
- + Child protection and violence prevention
- + Youth health and wellbeing
- + Programs

PUBLICATIONS



- + Media releases
- + Newsletters
- + Policy directives/ guidelines
- + Fact sheets/ brochures
- + Reports
- + Multimedia

TRAINING/EDUCATION



- + Events
- + Maternity and newborn training
- + Paediatric training
- + Child protection and violence prevention training
- + Youth health and wellbeing training

WHAT'S NEW

- + Keep Them Safe - a shared approach to child wellbeing

Online Mandatory Reporter Guide

- + *Healthy, Safe and Well: A Strategic Health Plan for Children, Young People and Families* launched

NEW PUBLICATIONS

- + NEW ISSUE! Read latest corporate newsletter News + Views
- + NSW Kids and Families first Year in Review 2013/14: First Steps now available

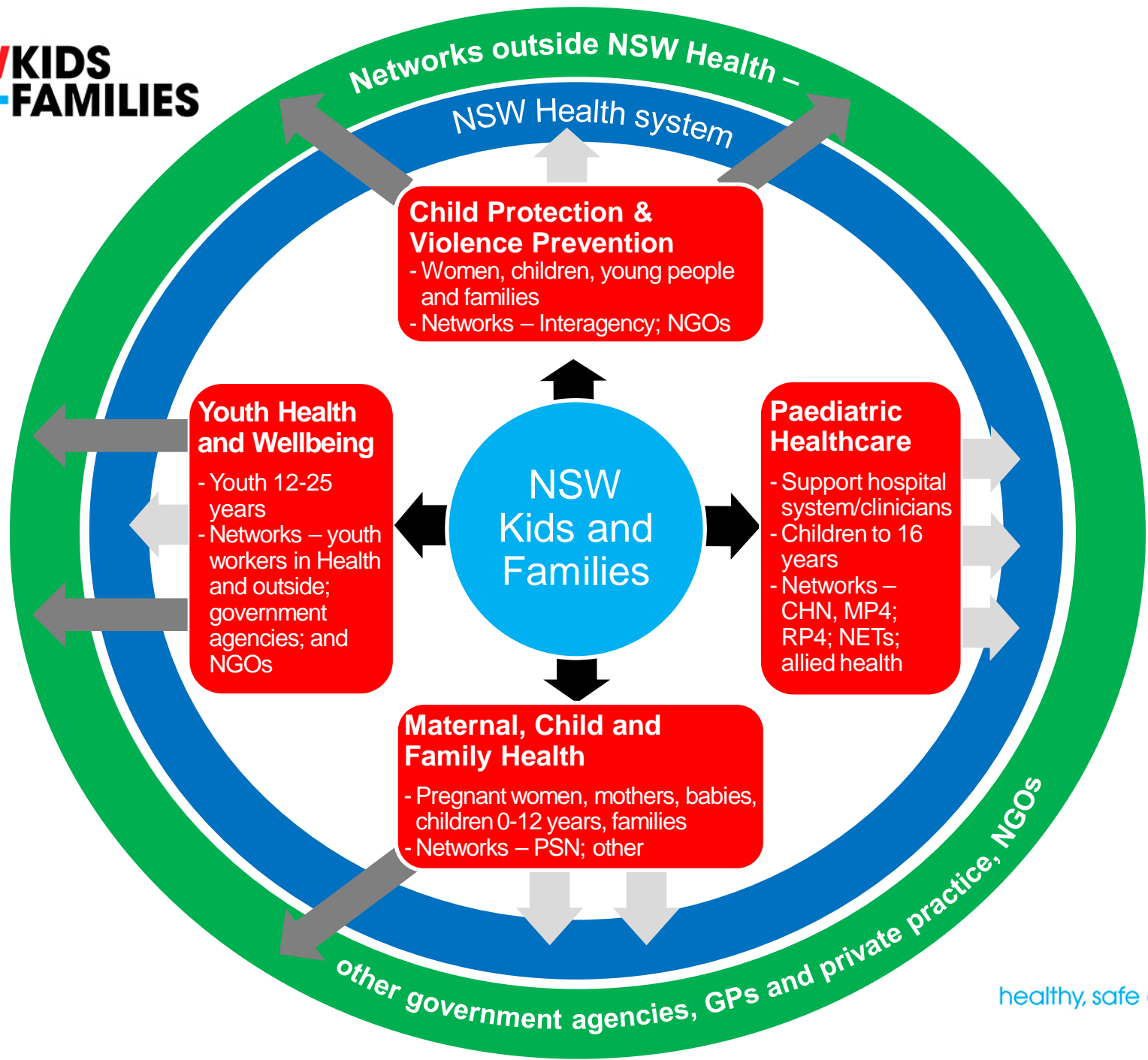
UPCOMING EVENTS

- + 100 Years of Child and Family Health Centres

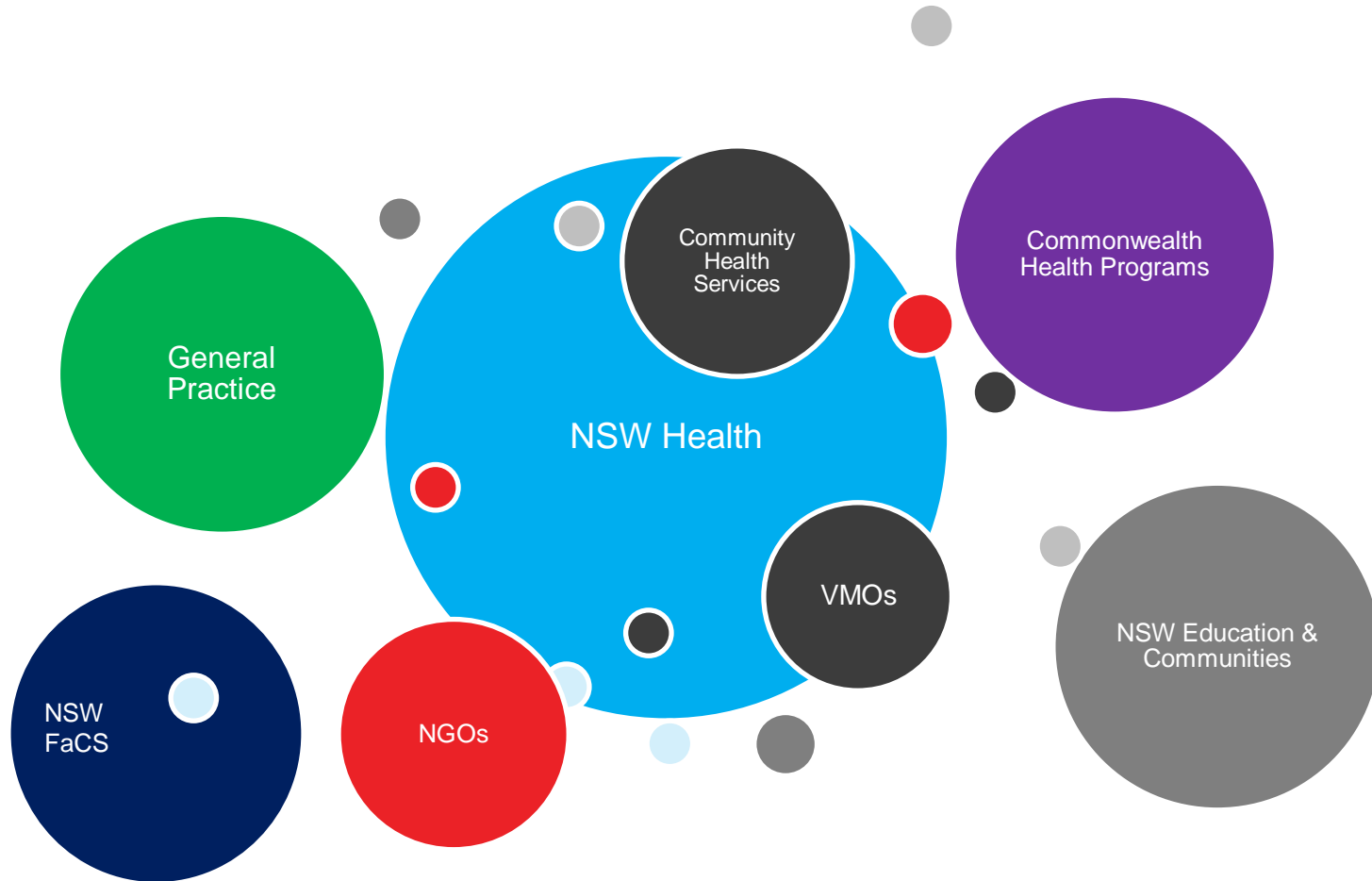


FOR PARENTS, CARERS + YOUNG PEOPLE

- + Having a baby book
- + 'The Blue Book' - child personal health record
- + Youth issues



The Health System for Children, Young People and Families



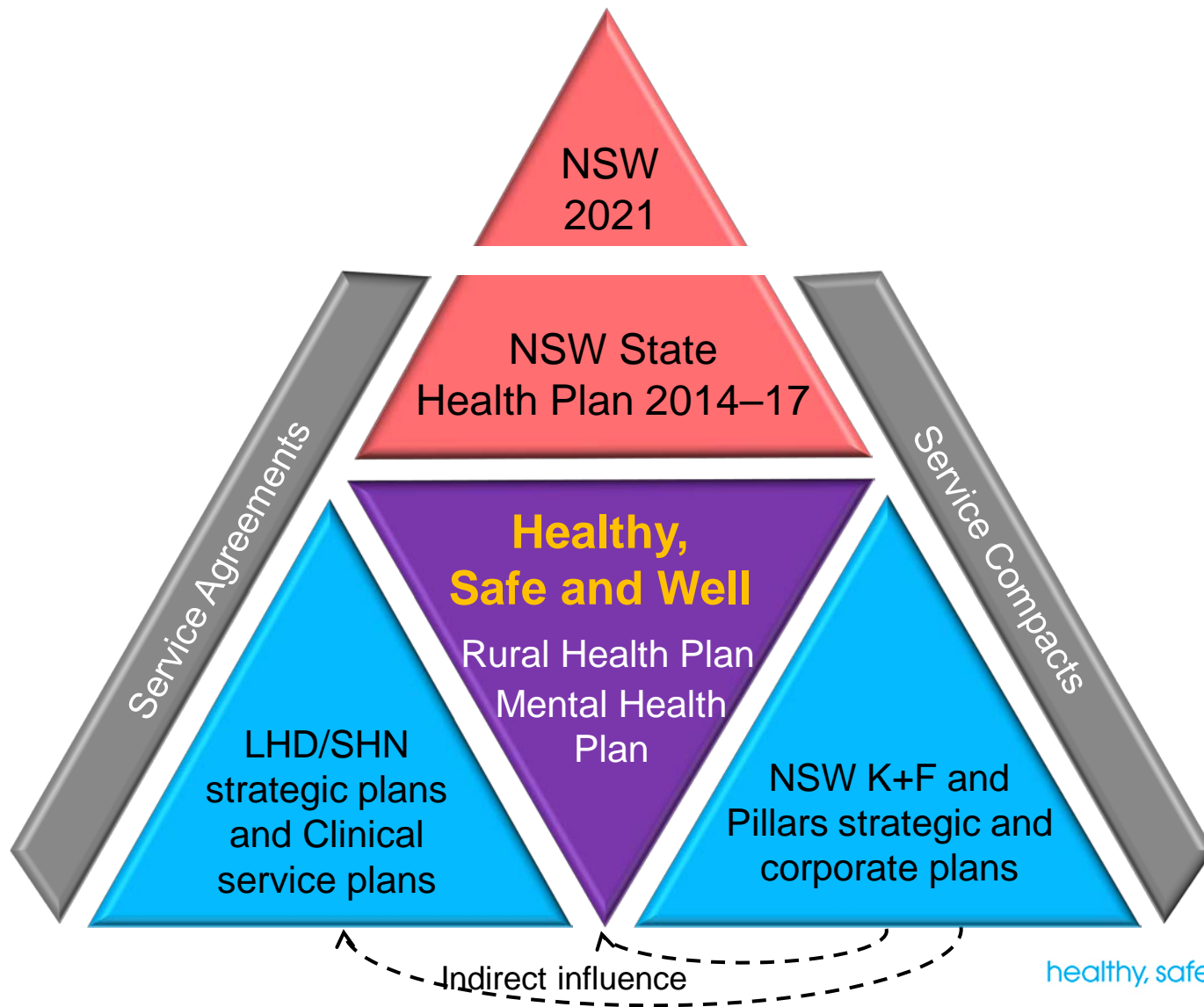
HEALTHY, SAFE AND WELL

A STRATEGIC HEALTH PLAN
FOR CHILDREN, YOUNG PEOPLE
AND FAMILIES

2014-2024



Context of *Healthy, Safe and Well*



The Purpose of this Plan

This 10 year Plan sets out an ambitious agenda to guide our collective efforts to:

- + Prevent harm and ill health (avoidable)
- + Intervene early to mitigate morbidity and mortality
- + Provide the best healthcare possible to mothers, babies, children and young people who need hospital care.

The Strategy Map

Vision Children, young people and families in NSW are healthy, safe and well

HEALTHY

SAFE

WELL

Strategic Directions

Objectives

- Prime responsibility of NSW Health
- Responsibility of NSW Health in collaboration with partners
- Influencing role for NSW Health

1. Caring for women and babies

- 1.1 Help parents prepare for pregnancy and improve their health
- 1.2 Improve access to high-quality, woman-centred care from early pregnancy
- 1.3 Strengthen provision of safe, evidence-based birth options
- 1.4 Support transition from postnatal care to parenthood

2. Keeping children and young people healthy

- 2.1 Boost community capacity to pursue good health
- 2.2 Improve screening, health checks and immunisation rates
- 2.3 Improve health literacy
- 2.4 Reduce risk taking and minimise harm

3. Addressing risk and harm

- 3.1 Increase awareness of violence, abuse and neglect on health over time
- 3.2 Improve identification and triage care for those at risk of harm
- 3.3 Build capacity to appropriately respond to victims of violence, abuse and neglect
- 3.4 Reduce the incidence and health impact of accidents, injuries and self-harm

4. Early intervention

- 4.1 Identify children who need extra support
- 4.2 Intervene early to prevent poor health, growth and development for children at risk
- 4.3 Act early to help children with chronic health conditions
- 4.4 Engage with young people at risk of poor health or absence from school

5. Right care, right place, right time

- 5.1 Deliver best-practice care as close to home as possible
- 5.2 Provide safe, high-quality, and effective healthcare
- 5.3 Deliver integrated, connected healthcare
- 5.4 Provide inclusive, family-centred, culturally respectful and age-appropriate care

MAKING IT HAPPEN

MAKING IT HAPPEN

Workforce

Evidence

eHealth

Leadership

Metrics

Partnerships

EVIDENCE-DRIVEN POLICY DEVELOPMENT

The Strategic Health Plan identified Evidence and Measurement as key enablers:

Workforce

We will ensure health professionals have the skills to deliver quality health care

Evidence

We will promote translation of evidence-based research to support delivery of quality health care

eHealth

Use of technology will improve information sharing and delivery of quality health care

Leadership

NSW Kids and Families and a guiding Council will coordinate strategies in relation to this Plan

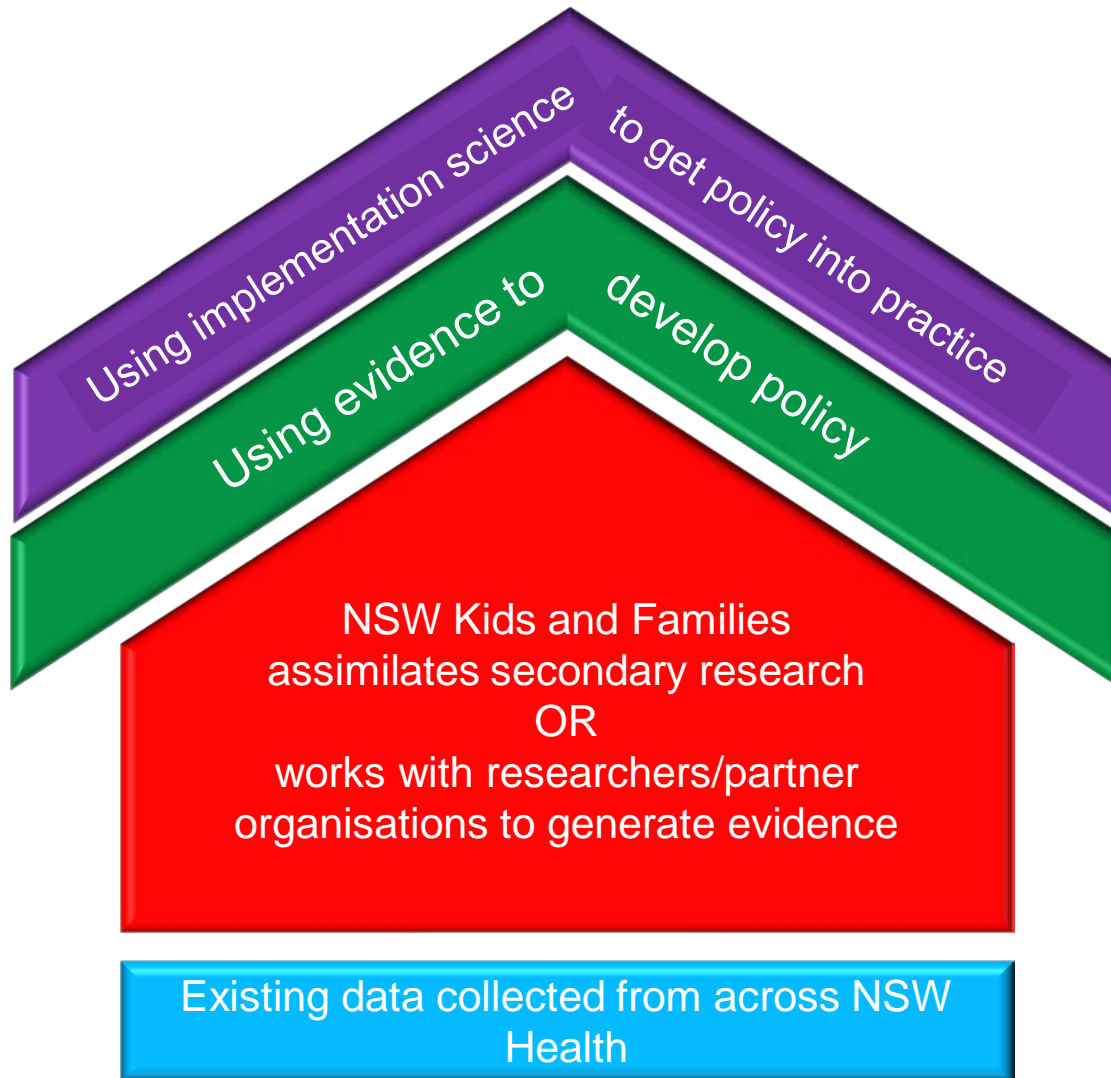
Measurement

We will monitor implementation, evaluate cost-effectiveness, measure and report on the outcomes

Partnership

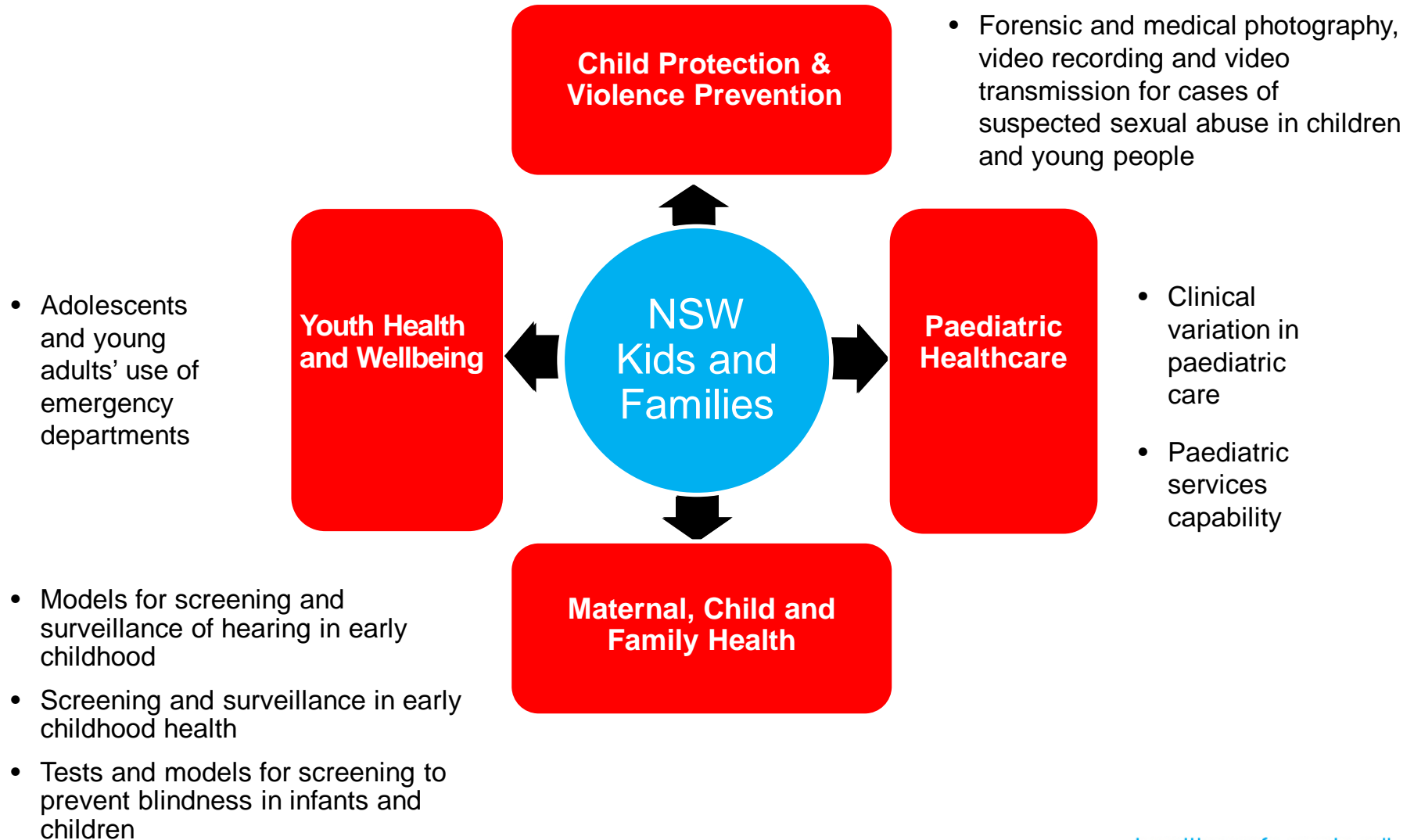
We will work collaboratively with partners, build services within communities, and partner with Aboriginal and other communities

From Evidence to Practice

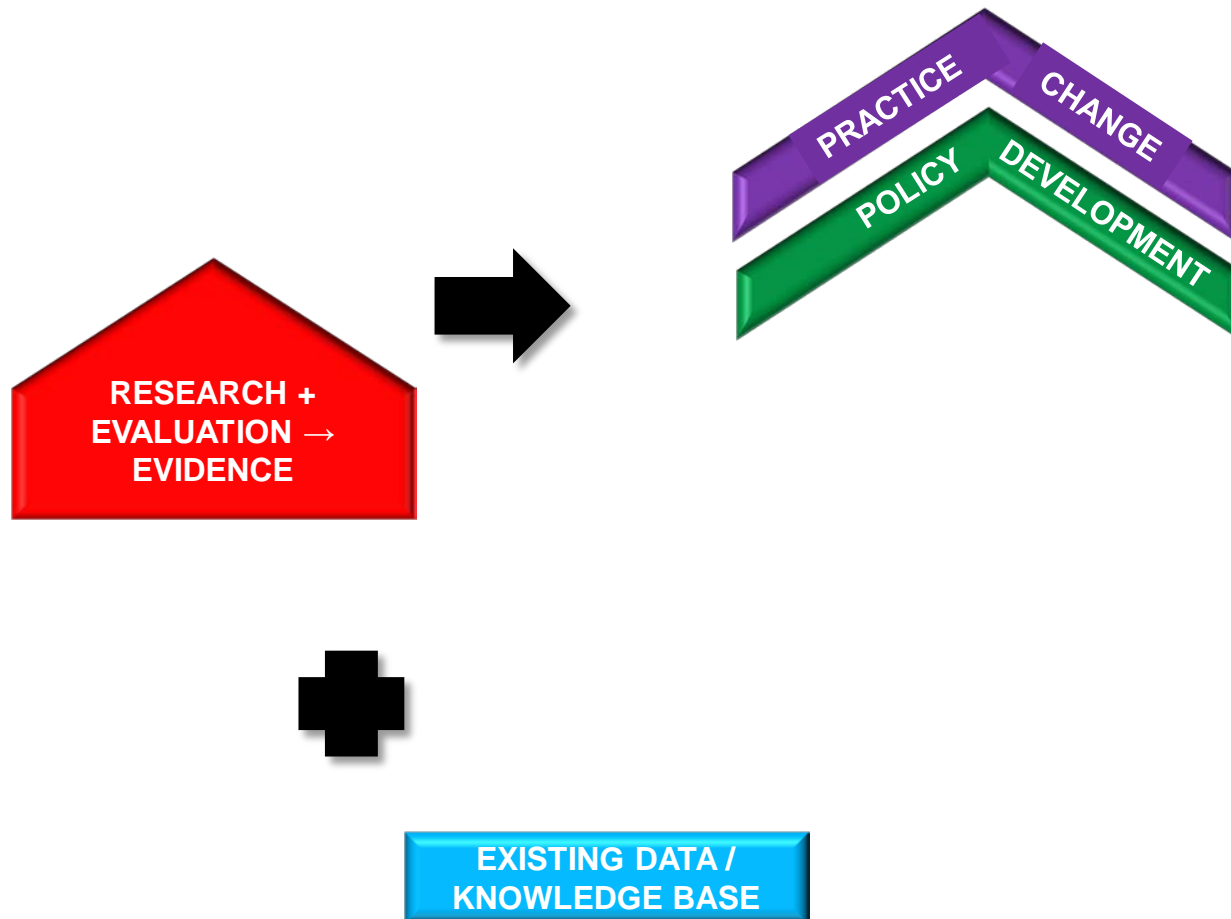


MAKING IT HAPPEN...

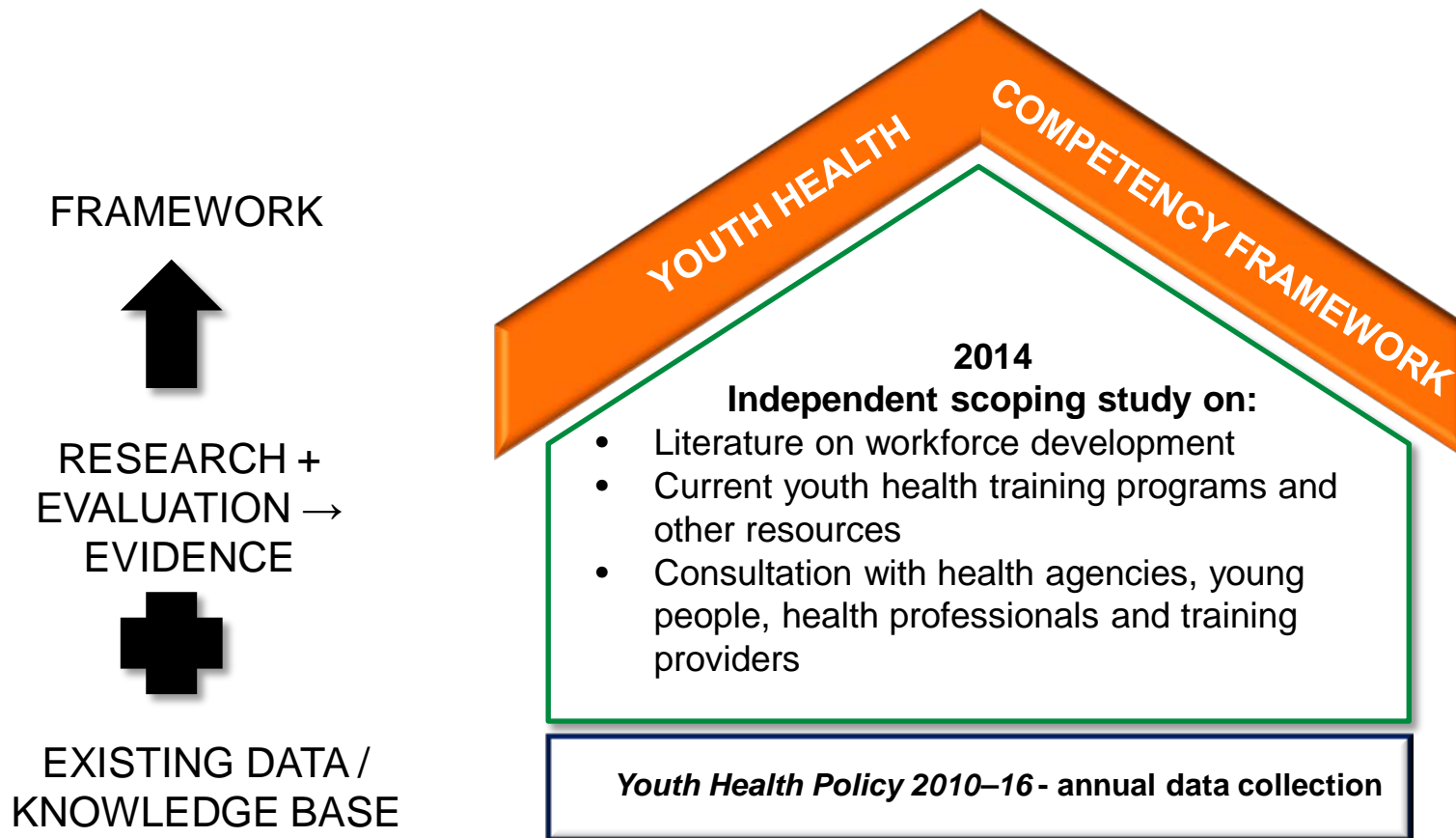
Examples of evidence assimilation



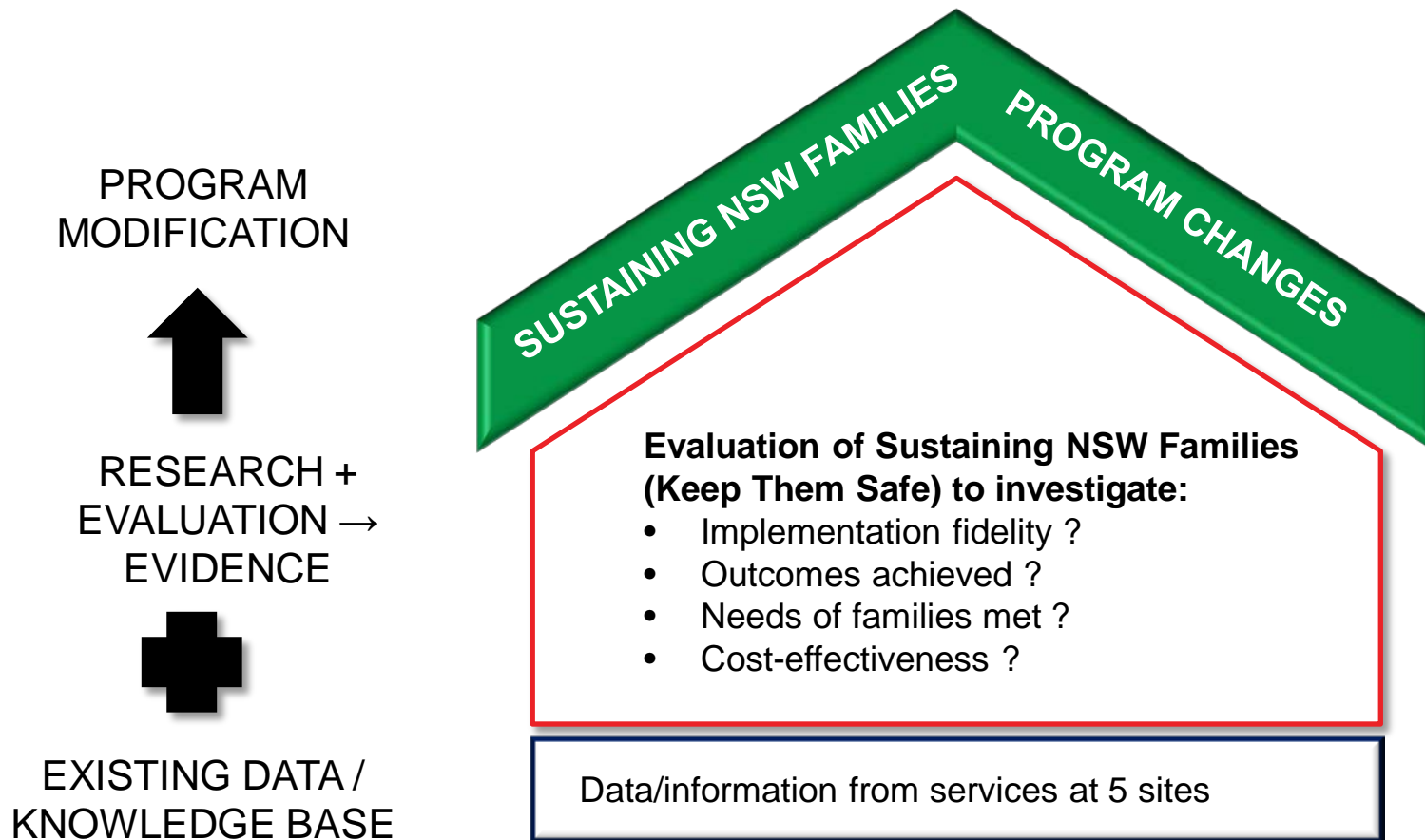
Using Evidence to Develop Policy



Example 1: Youth Health Competency Framework



Sustaining NSW Families (Keep the Safe)



Example 3: Standards for Paediatric IV Fluids

PRACTICE CHANGE



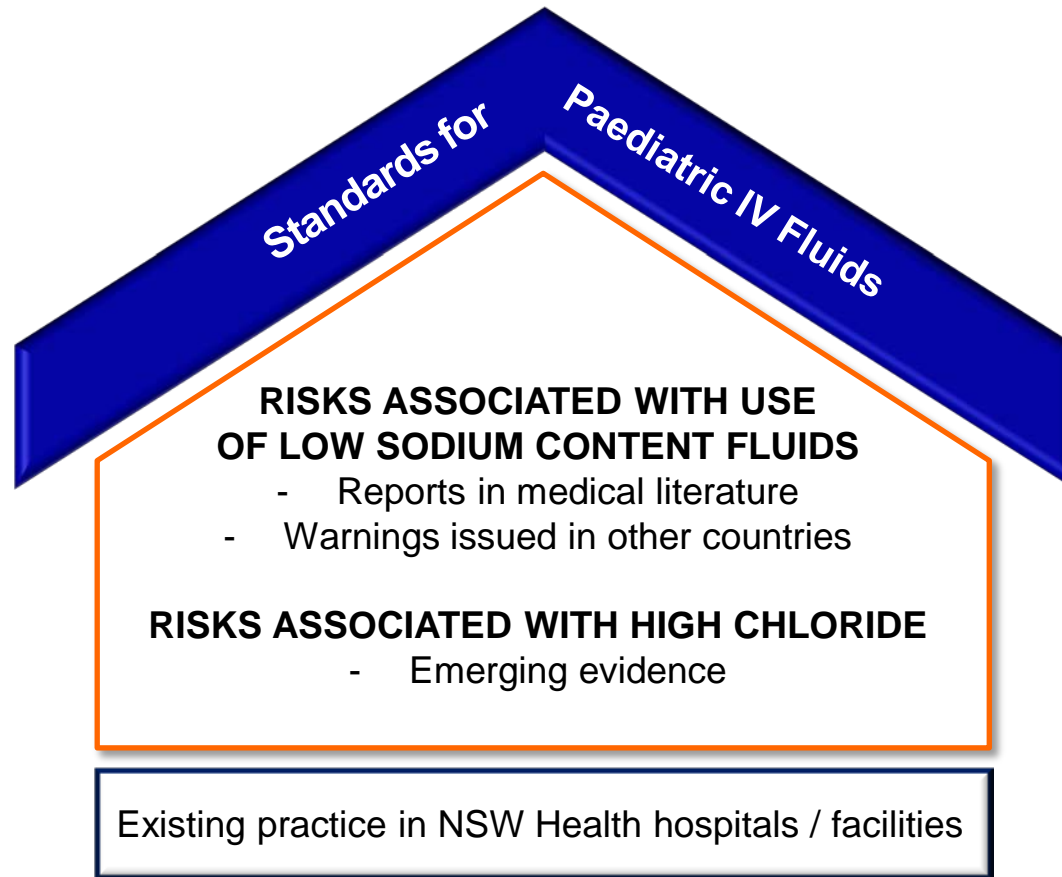
POLICY CHANGE



RESEARCH +
EVALUATION →
EVIDENCE



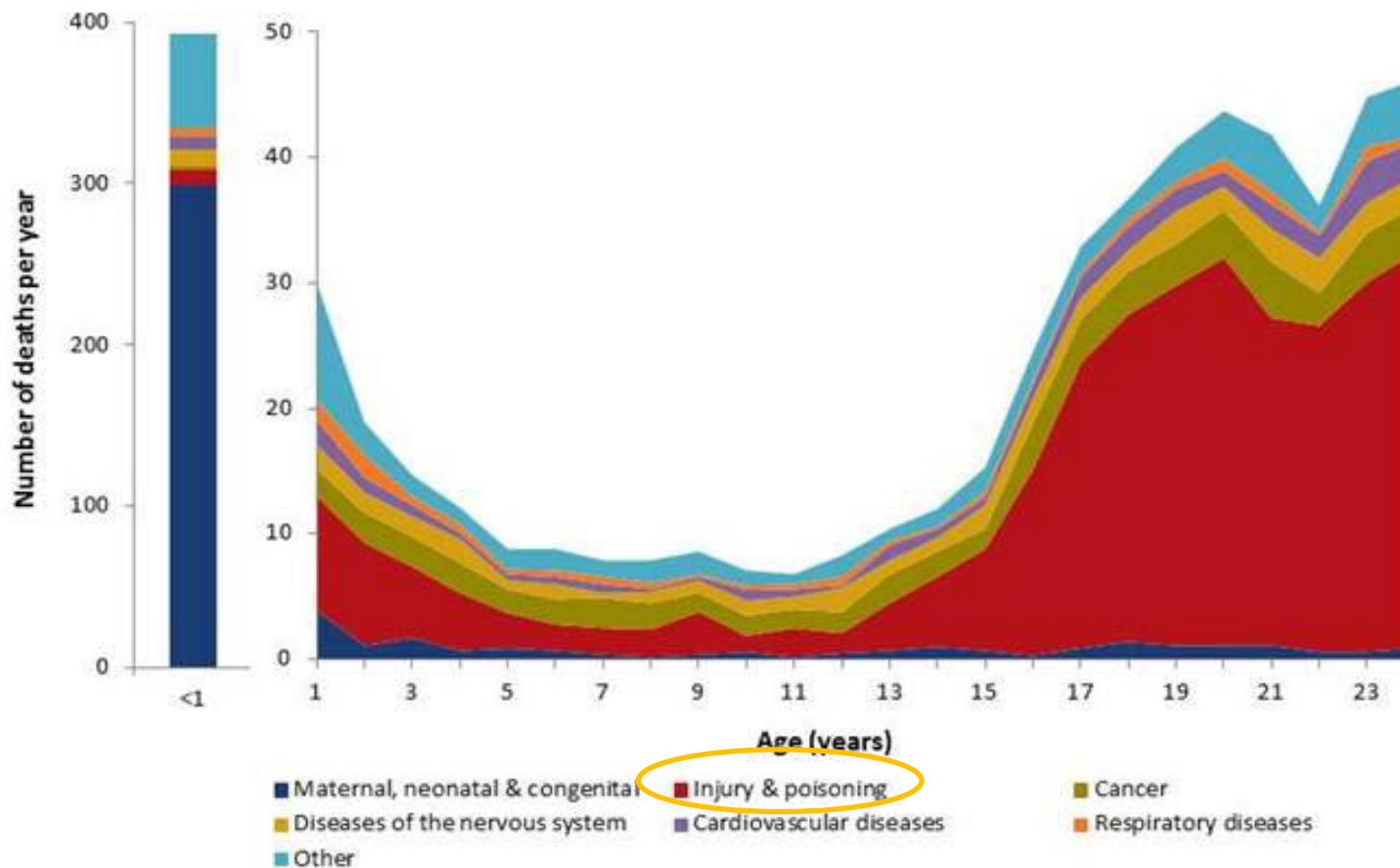
EXISTING DATA /
KNOWLEDGE BASE



RESEARCH PORTFOLIO

- + Coordinator position established in January 2014
- + Research Alliance for Children's Health
- + Systems to support and monitor research
- + Guidance: Research Leadership Group
- + Engagement: monthly Research & Evaluation Seminars
- + Networks; Partnerships; Participation
- + Joint venture with Sydney Children's Hospitals Network to co-host a forum on Paediatric Injury Research

Leading causes of mortality, NSW, 2002–2011



Source: NSW Ministry of Health. The Health of Children and Young People in NSW – Report of the Chief Health Officer 2014 (in press).

PAEDIATRIC INJURY PREVENTION + MANAGEMENT RESEARCH FORUM



A Research Forum Coordinated by

NSWKIDS
+FAMILIES

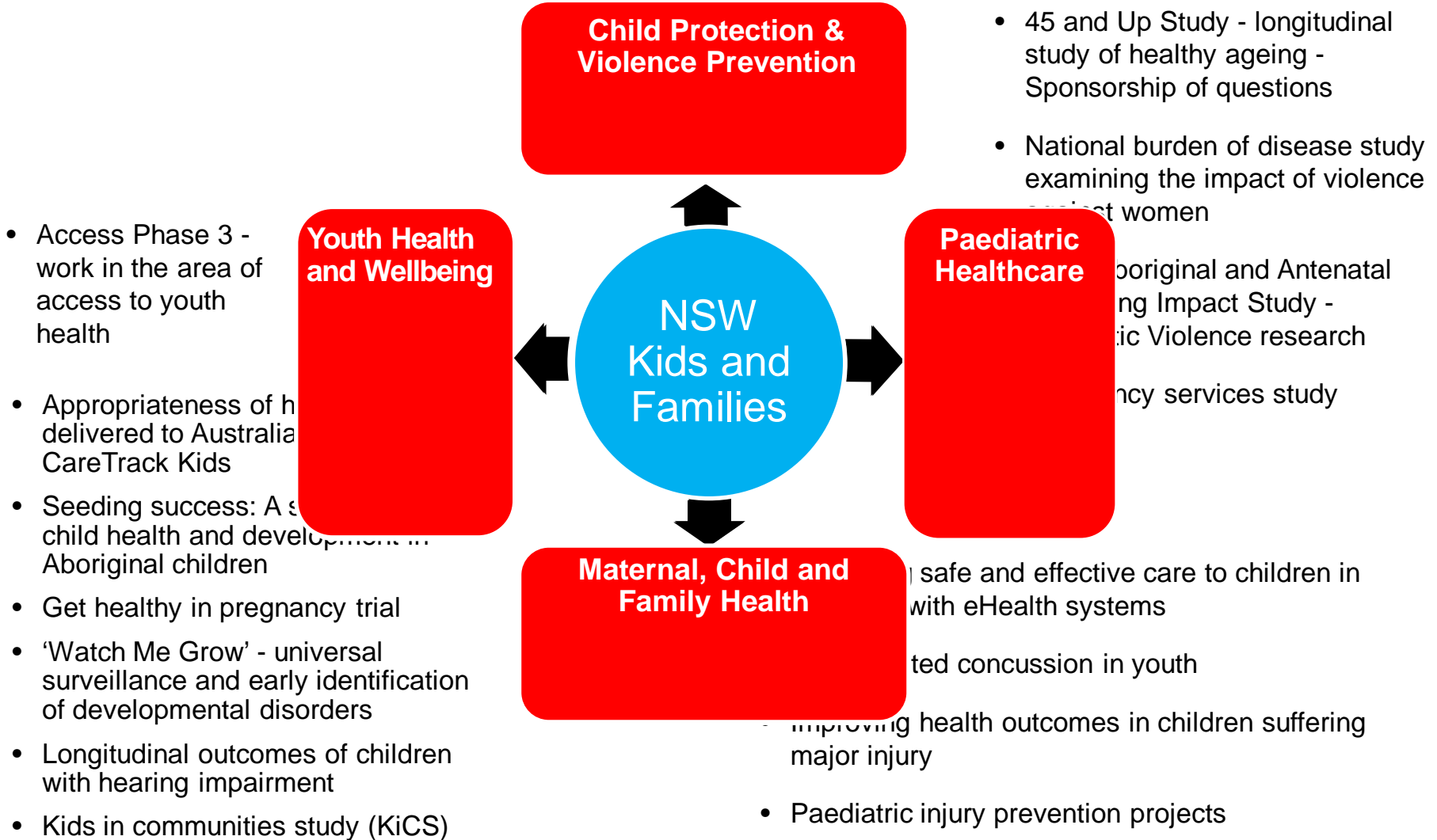
 The Sydney
children's
Hospitals Network
care, advocacy, research, education

Leadership / Partnership in Injury Research

- + Forum Report: setting direction
- + Reference Group; broad network
- + Surveillance: Advocate; NSW Kids and Families; Ombudsman
- + NGO relationships and coordination
- + Research funding: NHMRC, NSW K+F, industry

PHILOSOPHY OF PARTNERSHIP

Current projects – research focussed



Partnering on Research

- + NSW Kids and Families criteria for partnering
 - Alignment with our overall strategic priorities
 - Alignment with identified team workplan / priorities
 - Team capacity for involvement within the timeframe
 - Assessment of the project quality, feasibility, credibility, and importance
 - What involvement is requested over what time?
 - Are there risks in not being involved?

Levels of Participation

- 0 No participation
- 1 Link and facilitate
- 2 Contribute support/
approval
- 3 Contribute support/
approval & support in kind

- 4 Contribute support/
approval, support in
kind & contribute
funding
- 5 Contribute directly
to work
- 6 Initiate and
undertake the
research

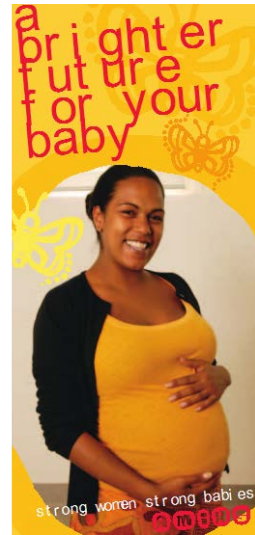
Example 1: Improving outcomes for severely injured children

- + **NHMRC Partnership Grant** which started in 2015
- + **Led by Chief Investigators:** Associate Professor Kate Curtis, Professor Andrew Holland, Dr Rebecca Mitchell, Professor Deborah Black
- + **In partnership with:** NSW Agency for Clinical Innovation (ACI), NSW Institute of Trauma and Injury Management (ITIM), Day of Difference Foundation, Ambulance Service of NSW and NSW Aeromedical and Medical Retrieval Service (AMRS), NSW Kids and Families, Australian Trauma Quality Improvement Program (AusTQIP)
- + **Aim:** To evaluate existing paediatric care pathways from time of injury to definitive care and their impact on health outcomes. Specifically:
 - + patient health-related quality of life at 6 and 12 months
 - + appropriateness of the processes and delivery of care
 - + Treatment costs including different modes of transport



Example 2: The Seeding Success Study

- + **Study population:** All children who started school in NSW in 2009 and 2012, followed from birth to school age
- + **Data:** linked, administrative health, community services, welfare and education data
- + **Aims:**
 - 1) To determine factors that predict positive early childhood health and development in Aboriginal children
 - 2) To investigate geographic variation in positive early childhood development in Aboriginal children and identify area-level characteristics that seed success
 - 3) To test the impact of two early childhood services (**Aboriginal Maternal and Infant Health Service** and Brighter Futures program) on early childhood health and development in Aboriginal children



Chief Investigators: Prof Louisa Jorm (UNSW), Dr Kathleen Falster (ANU, Sax Institute, UNSW), Prof Sandra Eades (Baker IDI), Prof John Lynch (University of Adelaide), Prof Emily Banks (ANU), A/Prof Marni Brownell (University of Manitoba, Canada), Prof Rhonda Craven (UWS), Dr Kristjana Einarsdottir (Telethon Kids Institute, Perth), Deborah Randall (UNSW). *Associate Investigators:* Prof Alastair Leyland (University of Glasgow, Scotland), Elizabeth Best (NSW Kids and Families), Marilyn Chilvers (NSW Family and Community Services) and A/Prof Sharon Goldfeld (The Royal Children's Hospital & Murdoch Children's Research Institute, Melbourne).

CARETRACK KIDS

- Mangione-Smith et al showed that **children** received 'recommended care' only **46%** of the time in the years 1999-2000
- No Australian paediatric study published
- NSW Health audit of CPG's
 - uptake: variables, challenges
 - messages: access, decision support
- NSW K+F: standardisation of care; studies



Mangione-Smith et al., NEJM
2006

- Project Team
 - 5 Chief Investigators, 9 Associate Investigators, 5 International Advisory Group, 5 operational team
 - Expertise: Paediatrics, General Practitioners, health services research methods, patient safety, project management
- Funding
 - NHMRC Partnership Grant
 - BUPA Health Foundation
 - Sydney Children's Hospitals Network, NSW Kids and Families, Children's Health Queensland, the South Australian Department of Health, NSW Clinical Excellence Commission.
 - Managed by Macquarie University and UniSA

1. Obtain ***national agreement*** on sets of indicators for the management of 16 common paediatric conditions (i.e. wiki).
2. Measure the ***appropriateness*** of health care delivered to children in Australia in acute, primary and community health care settings.
3. Measure the frequencies and types of ***adverse events*** encountered in Australian paediatric care.

- Modified Delphi panel to develop clinical indicators (internal / wiki review)
- Medical record review for appropriateness and adverse events (2012-2013)
- Appropriateness (as per the adult study): care in line with evidence- or consensus-based guidelines
- Children aged <16 years with one of the proposed conditions
- De-identified list (MRN, DOB) requested from hospitals of inpatient and ED presentations meeting the requirements above.
- Sample then randomised to provide a final list of 100 medical records to be reviewed
- Surveyors (RNs) employed to collect the data

- **Importance**
 - High prevalence of presentations
 - Burden of disease (BOD) data
 - National Health Priority Area (NHPA)
 - Impact in terms of cost and health outcomes
- **Feasibility, accessibility**
 - Multiple healthcare providers per condition
 - High frequency of encounters
 - Likely to be documented in medical record

Candidate conditions

Condition	
Acute abdominal pain	Fever
ADHD	Gastro – Oesophageal Reflux Disease (GORD)
Acute Bronchiolitis	Head injury
Acute Gastroenteritis	Obesity
Anxiety/Depression	Otitis media
Asthma	Preventive care
Autism	Seizures
Croup	Tonsillitis
Diabetes	Upper Respiratory Tract Infection
Eczema	Urinary Tract Infection

- Indicators have been derived from clinical practice guidelines
- Conditions ready for review available via the wiki website
- Recruitment of clinical experts
<https://www.caretrackaustralia.org.au/>



SEEKING CLINICIANS

with paediatric expertise to edit
condition indicators in a national online
survey for the CareTrack Kids project



Register online at:
www.caretrackaustralia.org.au

- Aim: to measure the frequency and type of adverse events (AEs) associated with healthcare encounters in Australian paediatric care
- Using a modified version of the IHI Global Trigger Tool – a 2 stage process
- Collect AEs from all types of healthcare providers pending feasibility results from pilot study
- Undertaken simultaneously to the collection of appropriateness data

Further information

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