

Policy
Compliance
Procedure



HNEkidshealth
Children, Young People & Families



Health
Hunter New England
Local Health District

Child and Family Health Nursing - Universal Health Home Visiting (UHHV) Procedure

Sites where PCP applies	HNELHD Child and Family Health Nursing Services
This PCP applies to:	
1. Adults	Yes
2. Children up to 16 years	Yes
3. Neonates – less than 29 days	Yes
Target audience	Child and Family Health Nurses, Aboriginal Health Workers, Administrative staff, and Managers working in or supporting Child and Family Health Nursing in HNELHD.
Description	The PCP outlines the procedure for the offer, provision and recording of the universal assessment by Child and Family Health Nursing Services

[Go to Procedure](#)

Keywords	Universal Health Home Visiting, Child and Family Health Nursing, Supporting Families Early
This PCP relates to NSW Ministry of Health Policy	PD2010_017 Maternal & Child Health Care Policy
PCP number	PD2010_017:PCP 1
Replaces existing document?	Yes
Document number and dates of superseded document/s	Child and Family Health Nursing: Primary Health Care PD2010_017:PCP 1 Version One from 9 December 2010
Related Legislation, Australian Standard, NSW Ministry of Health Policy Directive or Guideline, National Safety and Quality Health Service Standard (NSQHSS) and/or other, HNE Health Document, Professional Guideline, Code of Practice or Ethics:	
<ul style="list-style-type: none"> • Maternal & Child Health Primary Health Care Policy PD2010_017 • Domestic Violence - Identifying and Responding PD 2006_084 	
Tier 2 Director responsible for Policy to which the PCP relates. PCP authorised by	Executive Director CYPFS, Professor Trish Davidson
PCP contact person and Network or Service etc. responsible for the PCP	District Coordinator: Child and Youth Health Children Young People and Families services
Contact details	02 4924 6192
Date authorised	7 June 2018
This document contains advice on therapeutics	No
Issue date	21 June 2018
Review date	21 June 2021

PURPOSE AND RISKS

The purpose of the PCP is to reduce the risk that unwanted clinical variation in the offer, provision and documentation of Universal Health Home Visiting (UHHV) will continue. This PCP will support best practice for Child & Family Health Nurse (CFHN) services offering, providing and documenting a Universal Health Home Visit, or alternative service, by outlining the procedure required in HNELHD.

(Please note, this PCP only replaces, in part, the previous cited PCP. The remaining parts of the previous PCP will be addressed in the replacement PCP for the new NSW Health Maternal and Child Health PD in 2018-2019)

The Ministry of Health has set KPIs for the provision of these services. 100% of eligible babies are to be offered a UHHV, 75% of eligible babies will be provided with a UHHV within 2 weeks and 85% of eligible babies will be provided with a UHHV within 4 weeks.

- *All eligible babies will be offered a Universal Health Home Visit within the 34 day period following birth*
- *All families that have accepted an offer will be provided with a service of their choice*
- *The CFHN in the Child and family health service will aim to provide the UHHV within 2 weeks of birth*
- *The CFHN service will collect data and report on the offer and provision of services to the Ministry of Health*

Risk Category: *Clinical Care & Patient Safety;*

GLOSSARY

Acronym or Term	Definition
ACHP	Aboriginal Child Health Program
AHW	Aboriginal Health Worker
AMS	Aboriginal Medical Service
CAP	Clinical Applications Portal
CFHN	Child & Family Health Nurse
CHIME	Community Health Information Management Enterprise
CYPFS	Children Young People and Families Services
DNA	Did Not Attend
DVRS	Domestic Violence Routine Screening
EPDS	Edinburgh Post Natal Depression Scale
GP	General Practitioner
HNELHD	Hunter New England Local Health District
KPI	Key Performance Indicator

LHD	Local Health District
PCP	Policy Compliance Procedure
PD	Policy Directive
SNF	Sustaining NSW Families
SR	Service Request
UCV	Universal Clinic Visit
UHHV	Universal Health Home Visit
WHS	Workplace Health & Safety

PROCEDURE

Compliance with this PCP is mandatory.

This procedure outlines the necessary steps to provide a Universal Health Home visit to families by HNELHD Child and Family Health Nursing Services.

Health home visiting is not delivered in isolation but forms part of the continuum of care and network of services for families with young children, beginning in pregnancy. Comprehensive assessment and coordinated care provide the platform for health home visiting. There are a number of models of health home visiting. It is mandatory for LHDs to provide a Universal Health Home Visiting (UHHV) service. This includes the offer and provision of at least one universal contact in the client's home within two weeks of birth and may also include further home visiting. The CFHN from a CFHN service conducts the UHHV.

UHHV is based on universality of access, assessment and intervention in the context of the client's own environment, needs and the development of partnerships. It is important that child and family health clinicians be introduced early in the postnatal period to maximise engagement with the service and continue to optimize support. This is particularly important for families with identified vulnerabilities. Child and family health nurses adopt a holistic model of care which encompasses medical, physical, psychological, emotional, social and cultural aspects and are therefore able to identify the needs of families and facilitate access to the required supports.

The health disadvantage of the majority of Aboriginal and Torres Strait Islander people begins early in life and continues throughout their lives. Many Aboriginal people have had negative experiences with mainstream services and may carry a lot of mistrust and fear and may not readily open their homes to health workers they do not know. Service providers need to be sensitive to the needs of Aboriginal families. In order to deliver effective universal child and family health services including home visiting, it is essential that health staff engage with Aboriginal communities and Aboriginal health care providers in their Area.

Due to the large geographic area in HNELHD and the diversity of communities the process for receiving information and notification of births may vary. Flexibility is required to provide a safe and comprehensive service to all members of the community.

Maternal & Child Health Primary Health Care Policy PD2010_017

Minimum equipment required: Calibrated infant scales, Length measuring mat; Single use measuring tape or non-stretchable/wipe able measuring tape; pen torch; Hospital grade wipes for equipment; antiseptic hand gel and single use gloves.

It is best practice for vulnerable clients, including clients of the SNF program and the ACHP, or those identified through Safe Start, be introduced to CFHN services in the ante-natal period.

Procedure:

- Receipt of Birth notification (sources of notification can include Babies under 40 days Created on CHIME' daily email; self-referral, maternity units, community referrals, GPs and other clinicians. This is not an exhaustive list)
- Review discharge information and previous service contact to assess priority or additional needs (sources may include maternity discharge papers, CHIME, CAP, e-maternity)
- Review /Explore any known risks for Home Visiting
- Create CFHN CHIME service request for mother/carer and Infant
- Determine eligibility for UHHV services (see UHHV Flowchart Appendix 1)
- Client Assessed as Ineligible / Excluded – contact family, offer appropriate CFHN service (not recorded as UHHV) and complete the Families NSW Tool
- Client Assessed as Eligible – contact family, offer UHHV service

Where the service is available Central intake will make the offer of UHHV.

For families accessing the ACHP the initial contact will be made by an AHW to ensure the cultural safety of the programs. This contact may be initiated via phone or text, or when this is not successful a visit to the clients address for face to face contact may be required. In the ACPH flexibility in this approach is important to build rapport with families and to initiate contact. This may involve a number of attempts to contact families over an extended period of time

UHHV Offer Accepted

- Negotiate with parent/carer date and time for visit
- Discuss expectations of visit
- Complete Home /Facility Risk Assessment (if this is completed more than 24 hours prior to the planned visit, the home/facility risk assessment will need to be reviewed prior to the visit)
- Enter planned appointment in CHIME diary
- Document any clinical discussion in Clinical Notes

UHHV Declined

- Explore and document reasons for decline and offer UCV

UCV Accepted

- Negotiate with parent/carer date and time for visit
- Discuss expectations of visit
- Enter planned appointment in CHIME diary
- Document any clinical discussion in Clinical Notes

UCV or CFHN Service Declined

- Explore reason for decline (i.e. other services involved AMS/ GP)
- Document reason for decline in CHIME clinical notes
- Complete Families NSW Tool
- Close Service Request

Unable to Contact Family

A CFHN service request is required to enable appropriate documentation of these steps

- Leave phone message for client (if this facility is available) with contact details for service
- Make a second attempt by phone to contact ideally after a minimum of 24 hours
- Send Generic Feedback Letter to available address offering UHHV and CFHN services
- Document all attempts to offer UHHV in CHIME clinical notes
- Complete Families NSW tool with 'No response/Family could not be contacted'
- Close the CHIME service request

NOTE: Where there are known vulnerabilities or the client is a part of the ACHP a more assertive attempt to contact the family to offer the service should be made and documented.

An initial visit that occurs after the 34 day UHHV period is not a UHHV/UCV and should not be recorded as either in Families NSW Tool. Review the UHHV Flowchart prior to completing the Families NSW tool to ensure accuracy of information reported.

On the day of the UHHV / UCV / Initial Assessment

- For a planned UHHV review the Home / Facility Risk Assessment and update Home /Facility risk assessment tool as required
- Review available medical records including antenatal psychosocial screening
- Prepare information pack (minimum requirements: Privacy, Rights and Responsibilities, Compliments/ Complaints) may include approved pamphlets and site specific information
- Attend and complete visit
- Complete the following maternal /carer and infant assessment tools in CHIME

Maternal / Carer:

- Rights and Responsibilities (includes advocacy for the rights of the child)
- Psychosocial Assessment (in development in CHIME)
- Domestic Violence Routine Screening (DVRS)
- Edinburgh Postnatal Depression Scale (EPDS)
- Better Health

Infant:

- 1-4 weeks Child Health Check
 - Families NSW Reporting Tool (Appendix 1 UHHV Flowchart)
- Complete clinical note in both the Maternal / Carer and Infant CHIME files. As a minimum standard the information outlined in the Maternal / Carer and the Infant Initial Clinical Notes Templates is required.

While it is recognised that a number of assessments need to be completed at the UHHV, use professional judgement and Policy to determine how and when this will be done.

If unable to complete any assessment/screening tool the reason must be clearly documented in the clinical note.

IMPLEMENTATION, MONITORING COMPLIANCE AND AUDIT

1. The document will be communicated, implemented and reviewed through District CFHN Managers and meeting
2. Resources, education or training will be provided by the CNC/CNS2 group and CFHN managers
3. Compliance will be monitored via UHHV KPI performance and reporting and the annual District CFHN Clinical audit tool

APPENDICES

1 UHHV Flow chart

REFERENCES

FEEDBACK

Any feedback on this document should be sent to the Contact Officer listed on the front page.

Appendix 1

