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AUSTRALIAN HEALTH AND COMMUNITY SERVICES STANDARDS

Maternal & Infant Care Services

M O D U L E

1999



AUSTRALIAN HEALTH & COMMUNITY SERVICES STANDARDS

**Maternal & Infant
Care Services
Module**

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For further information regarding State and other AHCSS programs contact:

QIC Secretariat
Australian Institute for Primary Care
Faculty of Health Sciences
La Trobe University
Bundoora Vic 3083
Telephone (03) 9479 5630
Fax: (03) 9479 5977
e-mail: qic@latrobe.edu.au

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Ms Barbara Dougan	Project Manager (PMG member)
Ms Anne Rauch	Quality Improvement Council (consortium & PMG member)
Dr Marjorie Pawsey (assisted by Elise Luderus and Colette Murray)	Australian Council on Healthcare Standards (consortium & PMG member)
Ms Lorraine Wilson	Australian College of Midwives Inc (consortium & PMG member)
Dr Linda Mann	Royal Australian College of General Practitioners (endorsed)(PMG member)
Ms Dianne Fraser	Department of Health and Aged Care (PMG member)

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Shirley Freeman
Quality Improvement Council
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INTRODUCTION

This Module addresses quality care issues specific to maternal care services and infant care services for infants up to 12 months of age. The spectrum of services that provide care to women and infants is vast. Services are provided within organisations such as hospitals and community health services. A number of services are also provided within women's homes. All services may be provided under a public or private umbrella.

The provision of services to women and infants has many unique features that place particular responsibilities and demands on care providers. In particular, most consumers of the service are healthy and require minimal or no intervention. Nevertheless, there is a minority group who have substantial health problems and require early identification with appropriate management and follow-up.

Services providing care may have a range of professionals who work within their parameters. Philosophies of care of different professional groups influence the type of service mix and the orientation of the service. For example, the professional training of midwives focuses on the normality of childbirth, not complications or abnormalities¹) On the other hand training for obstetricians focuses on problems, risk detection and management²

Many services that provide care in the antenatal period are not providers of care in the postnatal period and vice versa. This increases the possibility of fragmentation and duplication of service delivery, and reduces the potential for women and infants to receive the most appropriate services for their needs.

Maternal and Infant Care Module

The maternal and infant care module focuses on service delivery aspects and must be used in conjunction with the Health and Community Services Core Module. Within the module there is an emphasis on continuity of care, linkages and coordination between services.

The Maternal and Infant Care Services Module seeks to assist services in promoting maternal and infant health through the provision of high quality health care by encouraging best practice.

¹ Murray L Antenatal care: the midwives view. *The Practitioner* 1990; 234: 359 in Haertsch M Campbell E., Sanson-Fisher R., Important components of antenatal care: midwives and obstetricians views *Aust & NZ Jnl of O&G*, 1996; 36:4:411.

² James, DJ; Obstetricians should focus on problems. *BMJ* 1995 310:37-38 in Haertsch M Campbell E., Sanson-Fisher R., Important components of antenatal care: midwives and obstetricians views *Aust & NZ Jnl of O&G*, 1996; 36:4:411.

Walker, P Should obstetricians see women with normal pregnancies? *BMJ* 1995; 36:37 ; in Haertsch M Campbell E., Sanson-Fisher R., *Aust & NZ Jnl of O&G*, 1996; 36:4:411.

Within the Maternal and Infant Care Services Module there are four sections:

1. Assessment, Care and Intervention
2. Promoting Maternal and Infant Health
3. Participation in Research
4. Records

Each section is organised around a consumer and service **principle** that expresses the key **outcomes** and underlying rationale for the standards in that section. Within each section there is a set of standards that define and describe what is required for the service to achieve quality and effectiveness. Each standard has a list of **indicators** that serve as a guide to service development and as evaluation criteria for assessing a service's level of attainment of the standard.

The AHCSS Core Module

The Health and Community Services Core Module is organised in the following way:

Four sections of standards that relate to the service's infrastructure:

1. Management and Leadership
2. Planning, Quality Improvement and Evaluation
3. Training and Development
4. Work and its Environment

Two sections relate directly to the relationship with the community served and the need for a consumer focused culture within the organisation:

5. Consumer Rights
6. Consumer and Community Participation

These six sections are generic to all services regardless of their core business. The Quality Improvement Council (previously National CHASP) in collaboration with all regional programs and other stakeholders developed this Module.

How can the Standards be used?

These standards can be used in a number of ways, including:

- ◆ to facilitate and support the culture of a learning organisation
- ◆ to assist in implementing current models of quality into the service culture and operation
- ◆ to give a comprehensive and detailed assessment of the operation of a service
- ◆ as guidelines for service development
- ◆ as a quality management tool
- ◆ as evaluative criteria for accreditation
- ◆ as an educational tool for students and staff
- ◆ as a management tool to plan and evaluate services
- ◆ as best practice guidelines

The Australian Health and Community Services Standards aim to promote quality outcomes for clients, guide staff in service development and enable quality improvement, evaluation and accountability. Their purpose is to develop a consistent, high level of quality across services. They do not aim to impose uniformity, standardisation or a minimal level of quality.

Relationship with Current Models of Quality and Service Improvement

The standards are consistent with Total Quality Management or Continuous Quality Improvement. They promote teamwork, a focus on customers/ clients, and processes that contribute to outcomes, rather than outputs.

The model facilitates the development of a learning organisation, emphasising partnerships and collaboration within an organisation, empowerment of staff in decision making about work, improved communication processes to achieve a common vision and continuous quality improvement.

The standards and review process are designed to promote critical reflection and systems thinking. The model is about improving organisational capacity and continuous quality improvement, not just quality assurance.

The glossary included in this Module explains the terms that have been used, and an additional document *Notes and Examples of Current and Accepted Practice* provides further explanation of the meaning of each standard and indicator.

Maternal and Infant Care Services Core Concepts

- contributing to meeting the health needs of women and infants in a holistic way through the provision of continuity of care
- woman-centred care promoting informed decision-making and choice by women, recognising rights and responsibilities of all clients
- creating an environment which protects, promotes and supports breastfeeding according to WHO global initiatives and guidelines³
- recognising the need to include fathers, families and significant others
- promoting the understanding of health as a complete state of physical, social and emotional wellbeing, not merely the absence of disease
- protecting and promoting the rights of infants due to their physical, social and emotional dependency
- maximising the potential for growth and development of infants by providing appropriate developmental guidance and interventions at all stages of development
- accessible, available and affordable services based on principles of social justice and equity
- services are safe, flexible and responsive to the specific needs of different populations and consumer groups
- protection and promotion of health through working with individuals, families, communities, and government and non-government services, as appropriate, to address the social, economic, cultural and environmental factors that inhibit health and wellbeing
- evidence-based practice, appropriately based on qualitative and quantitative evidence
- organisational performance which is based on continuous quality improvement

³ **SPECIAL NOTE ‘The Ten Steps to Successful Breastfeeding’ are the foundation of the WHO/UNICEF Baby Friendly Hospital Initiative (BFHI). They summarise the maternity practices necessary to support breastfeeding. The WHO/UNICEF Baby Friendly Hospital Initiative provides globally-recognised standards of excellence with accreditation.**

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SECTION 1

ASSESSMENT, CARE AND INTERVENTION

CONSUMER PRINCIPLE

Women are full partners with service providers and are encouraged to exercise informed choice. Health status, quality of life and positive parenting are promoted through an increased understanding of the determinants of health.

SERVICE PRINCIPLE

Pregnancy, birth, breastfeeding and caring for infants are healthy life experiences. Services promote this concept and intervene when there are potentially adverse outcomes to promote the health and wellbeing of women, infants and families. This is done within a multidisciplinary framework that encourages a comprehensive approach across the continuum of care.

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Key outcomes

- Comprehensive and appropriate assessment, care and intervention for women, infants and families
- Improvement or maintenance of the health status and quality of life of women and infants
- Increased involvement of women in their own health care
- Women and parents of infants are satisfied with the service
- Collaborative approaches to facilitate continuity of care

STANDARDS

- | | |
|-----|---------------------------------------|
| 1.1 | Initial Consultation/Intake/Admission |
| 1.2 | Assessment |
| 1.3 | Informed Decision-Making |
| 1.4 | Comprehensive Care |
| 1.5 | Continuity of Care |
| 1.6 | Linkages/Multidisciplinary Approach |
| 1.7 | Inpatient Care (where applicable) |

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STANDARD 1.1

Initial Consultation/Intake/Admission

The service has an intake/admission system that ensures women and/or infants receive care that is appropriate and given in a timely manner.

Indicators

- 1.1.1 Competent persons are available to assist a woman and/or infant on their first contact with the service.
- 1.1.2 Women and families are provided with relevant, easily understood information at initial consultation/intake/admission.
- 1.1.3 Systems are in place to improve waiting lists and times.
- 1.1.4 Documentation supports the intake/admission system.

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STANDARD 1.2

Assessment

Women and infants participating in the service receive an accurate and comprehensive assessment of their health needs.

Indicators

- 1.2.1 The service provides opportunities for assessment of physical, emotional, cultural, social, economic and environmental factors in relation to women's and infants' health.
- 1.2.2 The service has processes to ensure women and infants are assessed in a timely manner.
- 1.2.3 Staff use validated tools to assist with the assessment and early identification of health issues and risks.
- 1.2.4 Staff may use an advocate for the woman or infant and local community knowledge to assist in the assessment of women and infants from culturally diverse backgrounds.

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STANDARD 1.3

Informed Decision-Making

The service facilitates informed decision-making by women for themselves and as parents for their infants through the provision of culturally appropriate information and skill development.

Indicators

- 1.3.1 Women are informed of the options for maternal and infant care in their region on first contact with the health care provider.
- 1.3.2 Women are offered the opportunity to discuss their plans for labour, birth, infant feeding and postnatal care and their decisions are recorded in their care plans and personal health record.
- 1.3.3 The service discusses with the woman the implications of potential decisions and the purpose, value and possible problems associated with their care in order to maximize the best health outcomes for the woman and her infant(s).
- 1.3.4 Parents/guardians are pivotally involved in decision-making about infants. The service supports them and maintains a role of protecting infants.
- 1.3.5 Language and culturally appropriate information on a range of maternal and infant care services and issues is given to women as part of care.
- 1.3.6 The service facilitates the education of women, fathers and significant others about maternal and infant care issues. This includes information for parents about parental rights and responsibilities. These are in relation to care for an infant as well as developmentally appropriate activities and environments for infants that will assist in the infant's development and learning.
- 1.3.7 The service supports women's and families' participation in self-help/support groups and supports the development of self-help/support groups where no appropriate group exists.

STANDARD 1.4

Comprehensive Care

The service ensures women's and infants' health care is comprehensively addressed.

Indicators

- 1.4.1 Staff providing services to the same woman and/or infant record their work in a way that facilitates comprehensive continuity of care.
- 1.4.2 Staff collaborate with women in the development of their comprehensive care plan.
- 1.4.3 Staff collaborate with parents in the development of a comprehensive care plan for their infant(s).
- 1.4.4 Care plans for the woman and her infant(s) are reviewed at appropriate/regular intervals, in consultation with the woman and other relevant participants.
- 1.4.5 The service promotes and supports the initiation and establishment of breastfeeding. Where it has been initiated the service supports the woman to sustain breastfeeding.
- 1.4.6 The service ensures that there is a range of parentcraft activities available to parents and other family members.
- 1.4.7 The service has systems to promptly inform women and parents of the results of all identification and intervention activities they undertake.
- 1.4.8 The service provides a range of early intervention activities linked to identified health problems. Where evidence-based research is available, it is used to inform practice.
- 1.4.9 Staff use protocols to assist in the comprehensive care of women and/or infant(s). Where evidence-based research is available, it is utilised in the development of protocols.
- 1.4.10 The service uses quantitative and qualitative measures to routinely monitor health outcomes for individual women and infants.

STANDARD 1.5

Continuity of Care

The service, women and other stakeholders work together to ensure women and infants receive the range of services they need to maintain or improve their health in a planned, timely and appropriate manner.

Indicators

- 1.5.1 The service facilitates access to a comprehensive range of services needed to address the physical, emotional, cultural, social and environmental factors that impact on women's and infants' health.
- 1.5.2 Where gaps in services are identified, the service assists women and infants to access the care they need.
- 1.5.3 The service ensures that there is a designated health care provider/team responsible for the coordination of care of women and/or infants where there are multiple providers of service.
- 1.5.4 Contact is made and maintained by the service with relevant health care providers regarding the care of the woman and/or the infant. The care plan is known to all relevant participants in care.
- 1.5.5 The service participates in activities addressing continuity of care.
- 1.5.6 The service is involved with other services in the development of agreed and consistent policies, protocols and information that facilitates continuity of care. The protocols will be consistent with the setting, taking into account the cultural diversity of the community served.
- 1.5.7 The service monitors its performance in supporting continuity of care and modifies and improves its activities as part of its quality improvement process.

STANDARD 1.6

Linkages/ Multidisciplinary Approach

The service develops and maintains links with the community of interest and other services and stakeholders to ensure continuity of care, a multidisciplinary approach and common goals in maternal and infant care.

Indicators

- 1.6.1 There are effective networks and communication mechanisms between the service, its community of interest and other stakeholders.
- 1.6.2 The service participates in mechanisms that ensure coordinated and complementary services.
- 1.6.3 The service supports staff working in a multidisciplinary, intersectoral and interagency manner.
- 1.6.4 Documentation supports the service and its staff working with other services.

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STANDARD 1.7

Inpatient Care (where applicable)

The service ensures high quality, safe and comfortable inpatient care for women and infants.

Indicators

- 1.7.1 The views of other current service providers are sought by the service when performing the admission assessment.
- 1.7.2 The service assists in the integration of the family unit when admission to a facility is required, in order to minimise the impact of admission on the family and significant others.
- 1.7.3 The service provides women with opportunities for choice about the management of their inpatient care.
- 1.7.4 The service provides a physical environment for inpatient care that ensures protection from harm, adequate indoor and outdoor space and privacy, as well as choice and control over personal space and effects.

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SECTION 2

PROMOTING MATERNAL AND INFANT HEALTH

CONSUMER PRINCIPLE

The client and community's capacity to protect and promote the community's health and wellbeing is enhanced through the provision of health promotion. Clients work in partnership with the maternal and infant care service in planning, implementing and evaluating health promotion.

SERVICE PRINCIPLE

The service is responsive to identified health issues using early identification, intervention, and health promotion strategies. This develops community capacity to protect and promote the community's health and wellbeing. The maternal and infant care service works in partnership with its community of interest and other stakeholders to achieve improved population health.

Key outcomes

- Improvement or maintenance of individuals' and families' health status and quality of life
- Increased community capacity to protect and promote health and wellbeing
- Improved health and social outcomes
- Viable partnerships for the promotion of health and wellbeing
- An infrastructure that enhances health promotion practice
- Improvement in breastfeeding initiation and increased duration of breastfeeding, especially among communities that are known to have low rates of breastfeeding

STANDARDS

- | | |
|-----|-------------------------------------|
| 2.1 | An Environment for Health Promotion |
| 2.2 | Comprehensive Approach |
| 2.3 | Coordinated Approach |

STANDARD 2.1

An Environment for Health Promotion

The service provides a supportive environment for health promotion practice.

Indicators

- 2.1.1 The service demonstrates a commitment to strategic health promotion and best practice.
- 2.1.2 Staff have access to internal and external information and appropriate equipment and resource materials to support their health promotion work.
- 2.1.3 The service has a range of strategies to support staff in their participation in health promotion. The service works to acquire, maintain, and improve the range of strategies available to provide a health promotion service.
- 2.1.4 Health promotion philosophy and practice is actively communicated and promoted with the community of interest and other stakeholders.
- 2.1.5 Health promotion is an integral component of all activities of the service.
- 2.1.6 Health promotion is included in service planning and evaluation.
- 2.1.7 The service involves clients and stakeholders in health promotion programs.
- 2.1.8 The service participates in funding opportunities to support health promotion practice.

STANDARD 2.2

Comprehensive Approach

The service promotes the health and wellbeing of its community of interest in a comprehensive way by using a range of strategies appropriate to the health issues being addressed.

Indicators

- 2.2.1 The service is involved in a diverse range of health promotion strategies for action that is based on recognised international health promotion models.
- 2.2.2 Interactive learning strategies that acknowledge and value participants' experience are used when conducting health promotion activities.
- 2.2.3 The service advocates for individuals and communities to overcome barriers to health.
- 2.2.4 The service's health promotion programs seek to modify behaviour and environments through a range of strategies.
- 2.2.5 Implemented health promotion strategies are evidence-based and appropriate to the health issue identified and the target group.
- 2.2.6 Sustainable health promotion programs are developed and implemented.

STANDARD 2.3

Coordinated Approach

The service contributes to the development and coordination of effective health promotion.

Indicators

- 2.3.1 The service obtains relevant information from a range of sources that is used to develop and inform planning.
- 2.3.2 The service has a system to coordinate internal health promotion programs.
- 2.3.3 The service works in partnership with other organisations to coordinate broader health promotion initiatives with the community of interest.
- 2.3.4 A relationship exists between health promotion programs and their contributions to improved health and social outcomes.
- 2.3.5 The service contributes information about health promotion to appropriate agencies who collect, analyse and disseminate health promotion information to the wider community and relevant stakeholders.

SECTION 3

PARTICIPATION IN RESEARCH

CONSUMER PRINCIPLE

Models of care and health outcomes for women, infants and their families are enhanced by participation in research.

SERVICE PRINCIPLE

The service contributes to research in order to improve models of care and health outcomes for women and infants.

Key Outcomes

- Improvement or maintenance of individuals' and families' health status and quality of life
- Knowledge of the community of interest is increased
- Research is conducted in an ethical manner
- Viable partnerships for the conduct of research
- Consumers participate in research
- Research findings are used to improve service delivery

STANDARDS

- 3.1 Participation in Research

SECTION 3

PARTICIPATION IN RESEARCH

STANDARD 3.1

Participation in Research

The service supports research that is ethical, uses appropriate methodology and is related to health needs of women and infants.

Indicators

- 3.1.1 The service supports research activities by allocating resources.
- 3.1.2 The service uses its data on interventions, records and record-keeping systems to support research activities.
- 3.1.3 The service has guidelines for research that are consistent with the ethical principles in NHMRC guidelines.
- 3.1.3 Consumers and the community of interest are informed that the service participates in research activities.
- 3.1.5 Research findings are communicated to participants, staff and the community of interest.
- 3.1.6 The service liaises with academic institutions and other agencies to facilitate joint research in maternal and infant issues.

SECTION 4

RECORDS

CONSUMER PRINCIPLE

Women and infants receive services and participate in programs that are coordinated and accurately reflect their needs and progress. This information is documented in records in a comprehensive and respectful manner. Confidentiality is maintained and records are made available to the woman for herself, and to parents for their infant(s) on request.

SERVICE PRINCIPLE

Client and program activities are documented in a systematic and consistent way to ensure accountability, evaluation and effectiveness.

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Key Outcomes

- Women's and infants' interests are fundamental in the record system
- Accurate transfer of information to ensure provision of integrated and accurate services
- Systems that protect the interests, including the confidentiality, of women, infants and health care provider.
- Ease of access to records by authorised staff
- Information recorded in a way that it can be imported into, and used by, a database/collection system
- Records ensure accountability to clients and funding bodies
- Accurate records of all activities that assist the service to demonstrate its outcomes
- Regular monitoring and evaluation of the service's work.

STANDARDS

- | | |
|-----|---------------------------|
| 4A | CLIENT RECORDS |
| 4.1 | Client Record System |
| 4.2 | Content of Client Records |
| 4B | PROGRAM RECORDS |
| 4.3 | Program Record System |

Standard 4.1 Client Record System

The service has a system that guides the allocation and processing of women's and infants' personal health records.

Indicators

- 4.1.1 The service complies with relevant legislation and regulations and the appropriate standards for client records.
- 4.1.2 The service has client registration and record systems that are compatible with other relevant record systems.
- 4.1.3 The service has access to advice and consultation about its client records system from an appropriately trained person.
- 4.1.4 Client records are readily available to authorised staff.
- 4.1.5 Clients have access to their records.
- 4.1.6 Women have a hand-held personal health records with an information resource attached.
- 4.1.7 Parents have a hand-held child health record.
- 4.1.8 Documentation exists that guides the client records system and its effective implementation.
- 4.1.9 The service monitors its client record systems and uses the data collected to improve performance as part of the quality improvement process.
- 4.1.10 The service contributes relevant data from client records to the appropriate agencies and authorities whose role it is to evaluate, analyse and disseminate health status information.

STANDARD 4.2

Content of Client Records

The client record contains sufficient information to identify the client and document assessment procedures, problems or issues, progress and outcomes.

Indicators

- 4.2.1 Every entry in the client record is legible, dated and signed, and has the designation of each health care provider.
- 4.2.2 Documentation in the client record is comprehensive, factual, sequential and objective.
- 4.2.3 Each client record contains demographic data, a problem list, management plans and progress notes.
- 4.2.4 Each page of the client record has identifying information.

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STANDARD 4.3

Program Record System

The service has a record system for the documentation of all programs and activities for groups or the community of interest.

Indicators

- 4.3.1 The service uses a uniform system of registration for program records.
- 4.3.2 The service uses a uniform format to assist staff to plan, implement, evaluate and document its programs.
- 4.3.3 Program records are readily available to authorised staff.
- 4.3.4 Documentation exists that guides the program record system.
- 4.3.5 The service monitors its program record systems and uses the data collected to improve performance as part of the quality improvement process.

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GLOSSARY

This glossary describes the meanings of some key terms used within the specific context of the standards.

Accountability

The requirement to give an explanation of funds spent and the extent to which goals and outcomes have been achieved.

Advocacy

The process of defending or promoting a cause. Advocacy for health means participating in public debate and activity in order to protect and/or promote the health of communities or large populations.

Advocate

A person chosen by a client or consumer to represent his/her interests when dealing with health professionals.

Antenatal

During pregnancy.

Assessment and Care

Services provided for individual clients. Assessment and care services include the appraisal of specific health issues with which clients request assistance, and the provision of the range of services and programs needed to address the client's health issues and improve their wellbeing.

The assessment and care of women's and infants' health aims to improve the health and wellbeing of clients through a comprehensive approach to each individual, using a multidisciplinary framework, with an emphasis on informing and involving clients in their health care.

Birth plan

A written record of a woman's preferences for her care and that of her unborn child during labour and childbirth. It also includes care for the infant following birth.

Birth Centre

A home-like environment where a woman can give birth within a maternity unit and receive care from midwives and doctors.

Baby Friendly Hospital Initiative (BFHI)

A global initiative developed by WHO/UNICEF to protect, promote and support breastfeeding. A Baby Friendly Hospital is one that achieved BFHI accreditation status by demonstrating successful implementation of the Global Criteria.

Care Plan

The plan of services and activities developed to address the health issues of individual clients who receive services. The care plan is developed by a practitioner with the client and/or advocate, and is documented in the client health record.

Case Conference

A meeting of a number of health professionals and other appropriate professionals who combine their knowledge and experience to:

- ◆ identify the health needs of a particular client
- ◆ review the effectiveness of services being provided
- ◆ determine or allocate specific roles of different health professionals or agencies who may be involved and to coordinate their activity
- ◆ suggest ways of improving service effectiveness and client wellbeing.

A structured format is often used to guide the presentation of information and issues to shape the subsequent discussion.

Case Manager

The person who has the main responsibility for providing and/or coordinating the range of services that an individual client receives from the community/primary health care service. Where more than one service provider is involved the case manager's role is to ensure that the client receives coordinated and complementary services.

Case Review

A meeting of a team of health workers and related professionals regarding either all or some of the clients for which the team is responsible. The meeting usually reviews progress, discusses effectiveness of the services being provided, and suggests or makes plans for action. A structured format is often used to guide discussion. Such meetings can also serve the purpose of continuing education for staff.

Some people use the terms 'case review' and 'case conference' interchangeably but 'case conference' usually refers to discussion about one particular client and may involve professionals from other agencies.

Client

A person using services provided to assess, treat and/or care for specific physical, emotional or social needs.

Community

People who live in a specific geographic locality, and/or who share a sense of identity or have common concerns.

Community Health Services

Part of the public sector, they usually consist of multidisciplinary teams of salaried health professionals who aim to protect and promote the health of defined communities. They vary in size, name, service mix and management structure.

Community of Interest

A specific group of people within a community who share a particular interest or a common need and are the specific target group of the service.

Continuous Quality Improvement (CQI)

Also referred to as Total Quality Management (TQM), is a method of leadership and management used to assess and improve quality. The CQI literature has many contributors, some of whom take different approaches, but generally these common elements emerge. CQI is a method of leadership and management which:

- ◆ defines quality in terms of customer perceptions of service
- ◆ analyses systems – not people
- ◆ promotes partnerships with internal and external suppliers
- ◆ uses accurate data to analyse processes and to measure improvement
- ◆ involves staff in system analysis and improvement
- ◆ sets up effective, collaborative meetings
- ◆ trains supervisors and managers in leading the improvement process
- ◆ engages staff in the improvement process
- ◆ incorporates strategic planning at the highest levels of management
- ◆ achieves improvement through small incremental steps.

Many private and public sector organisations, including home based care services, are implementing CQI/TQM methods in their organisations as a way of improving effectiveness and of controlling costs.

Comprehensive Model of Health

A way of conceptualising health as a complex interaction of physical, emotional, social and environmental factors. The model can be applied to the health problems of individuals and also to the health issues of communities.

Protecting and promoting the health of communities as a whole requires knowledge and skills from many different professions and perspectives to be drawn together. The comprehensive model of health is a way of thinking broadly about health and including physical, emotional, social and environmental factors in health planning and service provision.

Consumer

See Client.

Continuity of Care

The provision of care, coordinated among all care providers, in various settings, spanning all phases of the continuum of care.

Data

Facts from which information can be generated.

Early Discharge

Discharge from a facility within 48 hours of giving birth.

Early Identification

The attempt to detect health problems and/or their precursors at an early stage, and so enable effective early intervention and better management of health problems. Physical, emotional, cultural, social and environmental factors can all be part of the interaction that may lead to health problems.

A variety of approaches can be used for early identification:

- ◆ as part of assessment and care of individuals (e.g. taking a person's blood pressure because they have a stressful job and/or family history of high blood pressure)
- ◆ as part of individual client care but which may also form a systematic program in which data is collected concerning other possible areas for intervention (e.g. asking pregnant women their occupation and looking for possible occupational health problems)
- ◆ as part of a screening program (e.g. prenatal diagnosis).
- ◆ as part of an environmental assessment of the area (e.g. lead levels in children's playgrounds, backyards)
- ◆ as part of a survey of the community to identify levels of social isolation (e.g. patterns of social networks for adolescent women)
- ◆ as part of a health promotion program (e.g. promoting the benefits of breastfeeding)

The variety of approaches listed above can be used in the early identification of a particular early state of potential health problems. Increasingly, early identification programs are being planned with a built in early intervention component, to ensure that actions to improve health follows the process of identification.

Early Intervention

The attempt to address or deal with, at an early stage, the range of physical, emotional, cultural, social and environmental factors that can contribute to health problems, in order to circumvent or curtail the further development of health problems.

Effectiveness

An activity has had the desired results. Within care services, the term is generally used to describe programs and services that achieve their specified goals and meet with consumer expectations.

Efficiency

The ratio between the desired results or outcomes on one hand and the resources or inputs required to produce such results on the other. In recent times, many politicians and managers have sought 'greater efficiencies' in services by cutting or maintaining budgets, expecting greater productivity or specifying and/or limiting the range of services to be provided.

Environmental

Related to the surroundings or the encompassing context or the pattern of external influences that can affect an organism, person, organisation or community.

Ethical

Acknowledged set of principles that guide professional and moral conduct.

Evaluation

The process of making judgements about the worth of programs and services, usually by assessing the attainment of specified goals. Many different methods can be used to contribute to evaluation.

There is widespread debate over which evaluation methods are the most desirable. The early emphasis on statistical methods asking 'how many' (quantitative evaluation) has given way to a broader mix of methods, which ask questions about 'how' and 'why' (qualitative evaluation).

The terms 'quality assurance' and 'evaluation' are used, sometimes interchangeably, to refer to the assessment and review of services. Generally 'evaluation' is used more frequently, when programs have stated or overall goals, often specified before the programs begin. 'Quality assurance' activities have tended to be more process-oriented. (See also Quality Assurance).

Evidence-based

Practice based on a systematic review of scientific evidence. If this is not available it is preferable that practice is based on a consensus of expert opinion.

Family

A group of persons of common ancestry; or all persons living together in one household who define themselves as a primary social group; or a primary social group consisting of parents and their offspring.

Goals

Particular end points or achievements that are considered desirable in relation to the health of populations or communities. Planners and managers are increasingly using health goals to guide strategic planning, to allocate resources and to monitor and evaluate the impact of health services.

Health goals may be national or statewide in scope, and concerned with large segments of the population (e.g. reducing deaths from injuries and accidents in infants 0 - 2years). They can also be focused on smaller groups of people, such as regions or localities, or relate to the desired results or achievements of a particular health service or program. (See also **Health Outcomes**).

Health

The World Health Organisation's definition of health is a 'complete state of physical, mental and social wellbeing'. Health is seen as a resource for everyday life, so that people can identify and realise aspirations, satisfy needs, and change or cope with the environment.

Health Authority

Department or organisation within a State or Commonwealth government that is responsible for health policy and health services. Such services are usually titled 'Health Departments' but terms such as 'Health Commission' are also used.

Health care provider

A health professional who, in collaboration with the client, assumes responsibility for the delivery of care to the client.

Health Outcomes

A result, consequence or effect. The term 'health outcomes' has recent currency, and is being used by management (often interchangeably with 'health goals and targets') to refer to the impact services have on people's health status (e.g. reduction of injury rates in children 0 – 5 years), rather than to the outputs of process measures of a service (e.g. number of clients treated). 'Health outcomes planning' can also be used to specify and narrow the kinds of services being provided, to allocate resources between competing claims for funds and to provide a basis for strategic planning.

Health Promotion

The process of enabling people to increase control over and improve their health. Health promotion strategies include information, education, skill development, community and organisational development, mutual support, environmental change, legislation, public policy, advocacy and social action. (See also **Ottawa Charter**.)

Infant

A child from 0-12 months of age

Infrastructure

A basic framework or underlying foundation.

Informed Consent

Consent obtained freely, without coercion, threats or improper inducements, after questions asked by the client have been answered, after appropriate disclosure to the client, adequate and understandable information in a form and language demonstrably understood by the client. Such answers and disclosures must be sufficient to enable the client to make a fully informed decision based on all relevant factors including the nature of treatment involved, the range of options and the possible outcomes and implications for the client and others.

Inpatient

A person lodged and treated in a hospital.

Intake

The process associated with the referral of people to a health service, for them to be registered as clients and to receive assessment and/or care services. The intake process may be conducted by telephone, by letter or in person, and can include:

- ◆ receiving and recording information about the client and the services requested
- ◆ registering the client
- ◆ allocating the most appropriate health professionals to provide the necessary services
- ◆ organising appointments/consultations

Intrapartum

During labour.

Linkages

Formal and informal relationships between the service and other service providers, agencies or sectors.

Maternal

Being a mother.

Management Plan

See Care Plan.

Multidisciplinary Approach

The process where practitioners of different professional and disciplinary backgrounds combine their knowledge and skills in an interdependent and collaborative way, to provide service to and promote the wellbeing of a client.

The term 'multidisciplinary teamwork' was coined to describe the ideas that health and care practitioners of different professions, skills and perspectives should work in a coordinated and complementary way in order to meet a range of care needs of both individuals and communities.

Ottawa Charter

The World Health Organisation's Ottawa Charter for Health Promotion published in 1986 following an international conference on health promotion in Ottawa, Canada.

The Charter presents fundamental strategies and approaches to health promotion that the WHO considers vital for major progress. Drawing on the WHO's 'Health for All by the Year 2000' program and its policy development work on primary health care, the Charter places the actions of individuals within a social and environmental context, and promotes the use of multiple strategies.

The Charter lists five main strategies for promoting health. The strategies are:

- ◆ to promote public policies that support health
- ◆ to strengthen community action
- ◆ to develop personal skills
- ◆ to create supportive environments
- ◆ to reorient health systems

Planning

The process of thinking ahead in order to guide future actions. Plans are used to identify and specify desirable goals or results and to design methods or procedures to achieve those goals.

In services, planning is needed at a number of levels, including:

- ◆ overall or management level, to identify goals to improve the health of the community served and the mix of services and programs that will achieve the goals
- ◆ service component level, to identify goals and to guide and coordinate services
- ◆ program and activity level, so that health practitioners who run specific programs apply planning principles to their work

Policy

A framework of principles that guides decision-making and activity.

Postnatal

Usually pertains to the few weeks after birth; for the purposes of this document the term refers to the period up to 12 months after birth.

Prevention

Recognising and dealing with potential problems before they cause injury or illness to the client.

- Primary prevention – preventing ill health before it occurs.
- Secondary prevention – early identification of and intervention in problems to arrest or retard existing difficulties or disease.
- Tertiary prevention – maintenance of people with chronic problems at an optimum level of functioning.

Review

Assesses the extent to which a service has achieved the standards. A review takes from 1 to 4 days, depending on the size of the service being reviewed, is conducted by a multidisciplinary team of at least three staff and managers (one from the service being reviewed, two or three from other services). A consumer may also be a member of the review team. The review team collects information from a range of sources including documents; a schedule of interviews with staff, management, board/executive and consumers; telephone interviews; an inspection of the service's facilities; record audits and consumer and stakeholder questionnaires.

Review Report

A report written following a review. The review team uses the data gathered during the review, and writes a report that describes the service's attainment of the standards and includes suggestions for further improvement in attainment of the standards. The report is presented for discussion with the service at a feedback session.

Stakeholder

A person or group or agency with a legitimate interest.

Standards

Explicitly define and describe the characteristics of quality and effectiveness in relation to a particular activity.

Values

Principles and beliefs that guide a service and may involve social or ethical issues.

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