

Improving the Child Health Clinic Experience

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Special thanks

Background

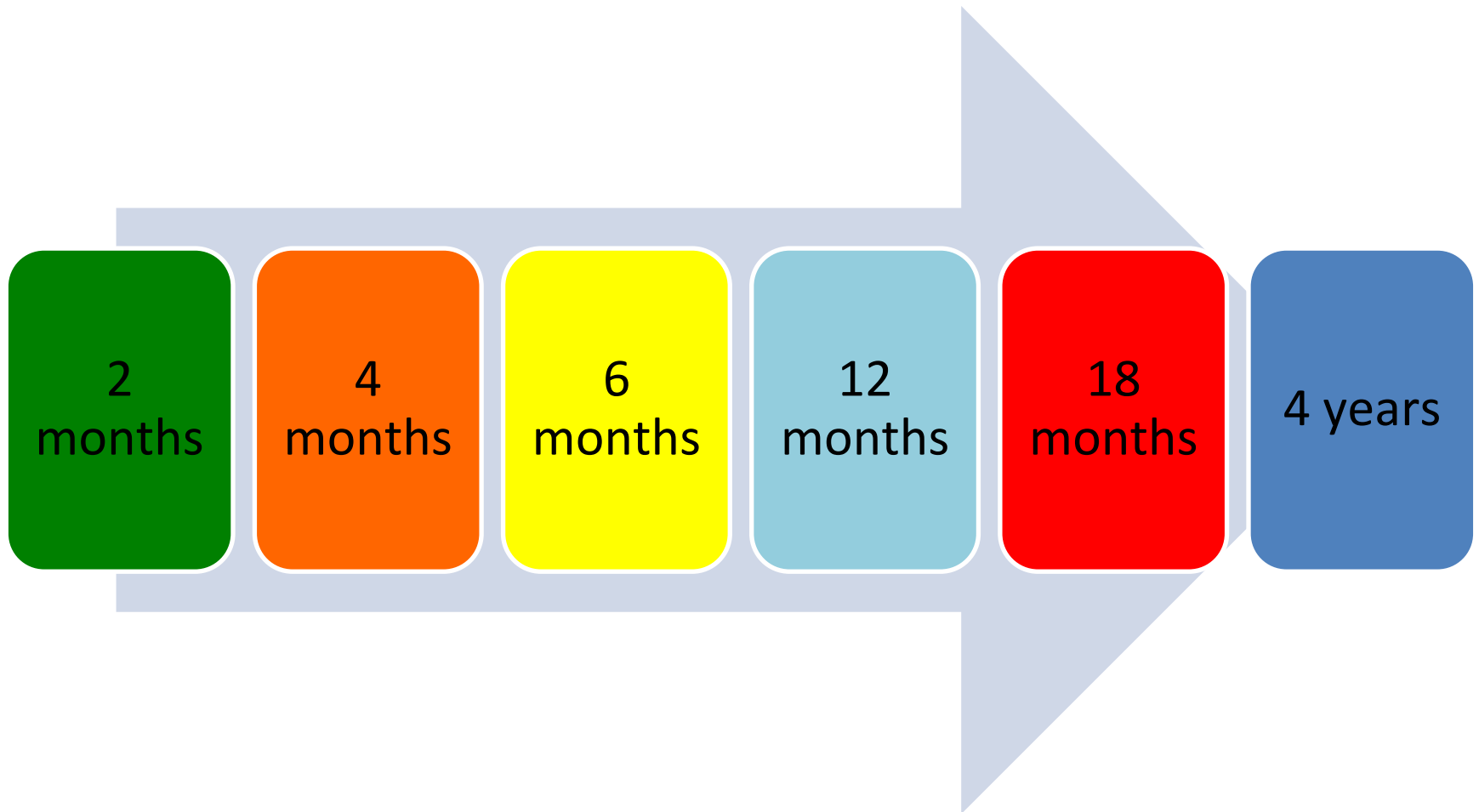
CHILD HEALTH CLINICS

What are child health clinics?

All
parents/Caregivers
with children age 0
- 5 years living in
Saskatchewan are
invited to attend.

- Immunizations
- Child abuse and prevention
- Child development and behaviour assessment and guidance
- Oral screening
- Fluoride varnish
- Feeding and nutrition advice
- Child growth (height and weight) assessment
- Various other parental concerns (injury prevention, smoking cessation, e.t.c.)

Routine Saskatchewan Schedule CHCs



Routine Saskatchewan Schedule for Immunization

2 months

- Rotavirus
- Diphtheria
- Tetanus
- Polio
- Pertussis
- Haemophilus influenzae type B
- Pneumococcal disease

4 months

- Rotavirus
- Diphtheria
- Tetanus
- Polio
- Pertussis
- Haemophilus influenzae type B
- Pneumococcal disease

6 months

- Rotavirus
- Diphtheria
- Tetanus
- Polio
- Pertussis
- Haemophilus influenzae type B

12 months

- Pneumococcal disease
- Meningococcal disease
- Measles
- Mumps
- Rubella
- Varicella (chicken pox)

18 months

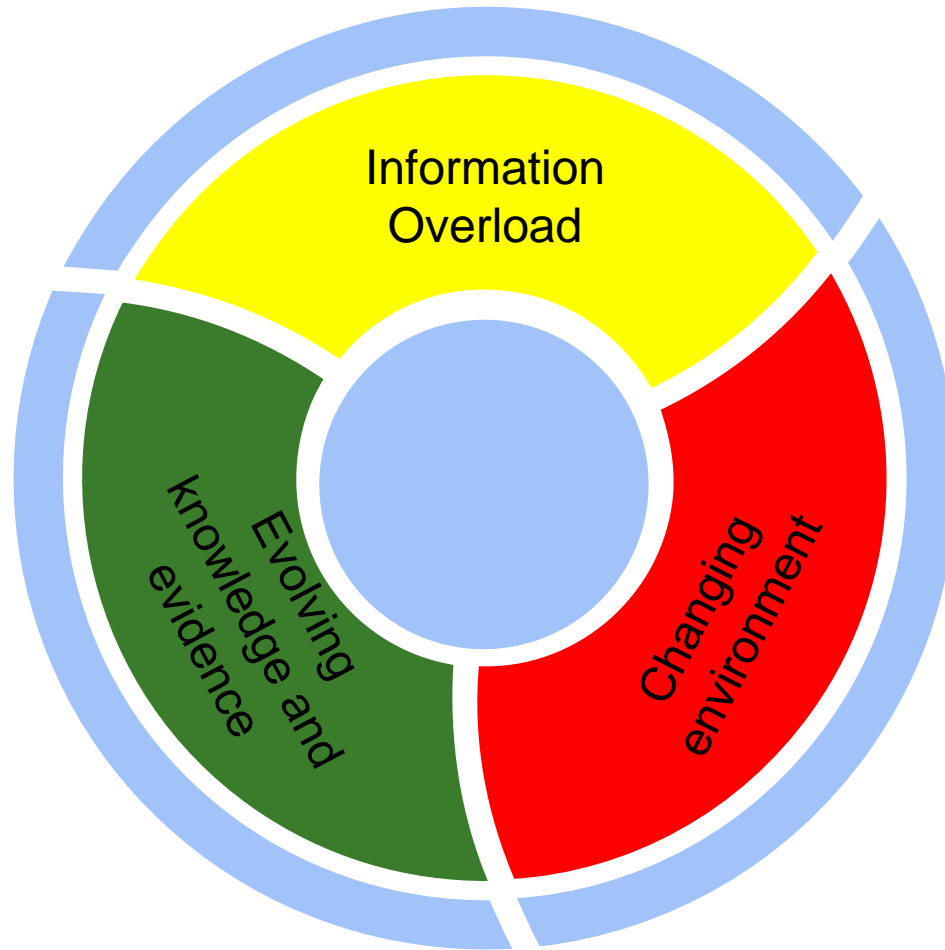
- Diphtheria
- Tetanus
- Polio
- Pertussis
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- Measles
- Mumps
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Varicella (chicken pox)

4 years

- Diphtheria
- Tetanus
- Polio
- Pertussis

Today's Context



Making the Best of Your Time

- Interactions with public health nurses are often rated as highly valuable, but
 - Is it as valuable as it can be for those bringing in children to CHCs?
 - Are needs really being met?
 - Are we providing patient and family centered care or just ticking off our own task lists?

Responding to These Questions

- In an effort to better understand, a continuous quality improvement project was undertaken :

Client Led Child Health Clinic (CHC) Pilot Study

PREFACE

- In 2016 PPH we took a close look at how Child Health Clinic (CHC) services were delivered with the main aim to seek improvements in quality and safety for both the clients and providers
- Goal was to find ways to improve quality of service for clients.
- Health equity (HE) and client and family centered-care (CFCC) were key guiding principles of the work through all phases

METHODS

Close observations of client-provider interactions were completed in 2016 in all Saskatoon area public health clinics

Ideas were prioritized and a top 10 list was made (prioritization)

A pilot was designed based on the highest priority and most feasible action



Ideas for improvement were generated from what was observed

This list was set against a 12 months timeline (feasibility assessment)

Pilot OBJECTIVES

Goal:

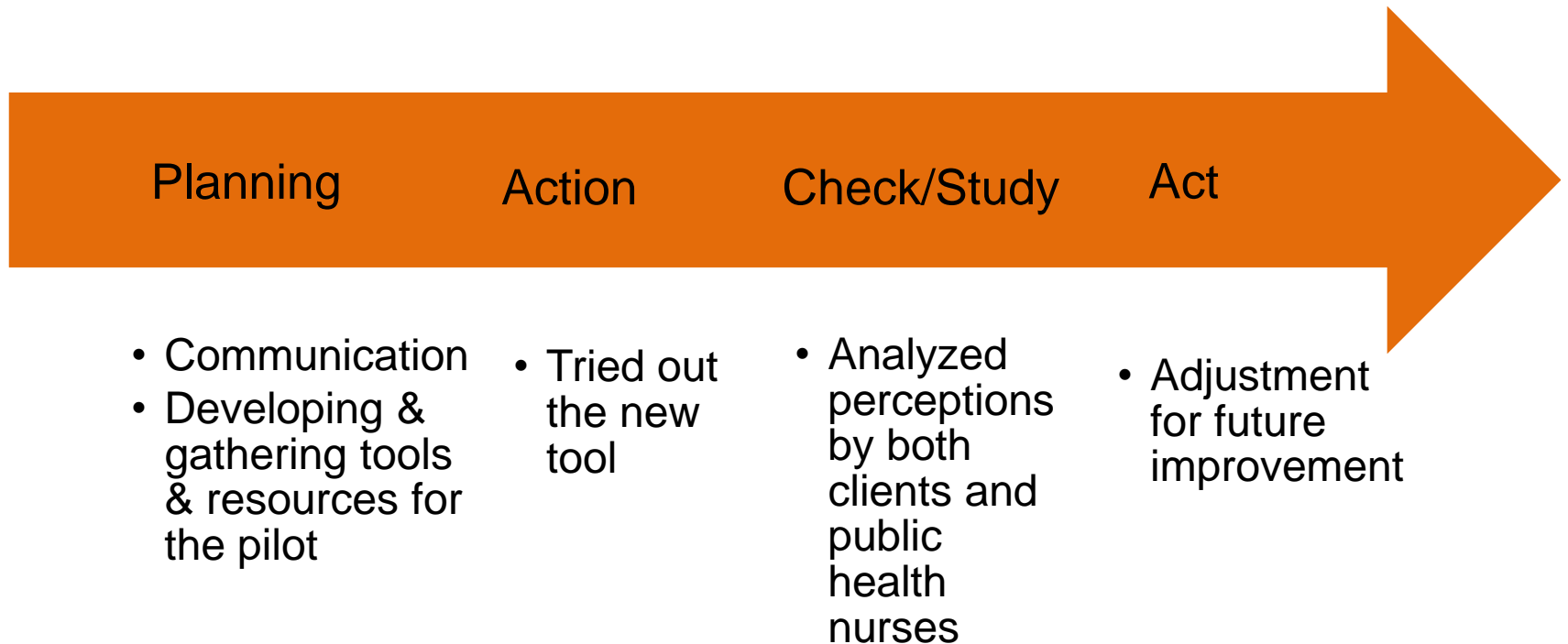
Improve quality of CHC service provision by empowering the client and improving efficiencies guided by a client driven process

Objectives:

- To investigate whether providing CHC services in client driven manner led to improvement in quality and reduced inefficiencies in CHC service delivery
- To adapt and improve ongoing service delivery based on findings and recommendations

PILOT PLANNING AND ACTIONS

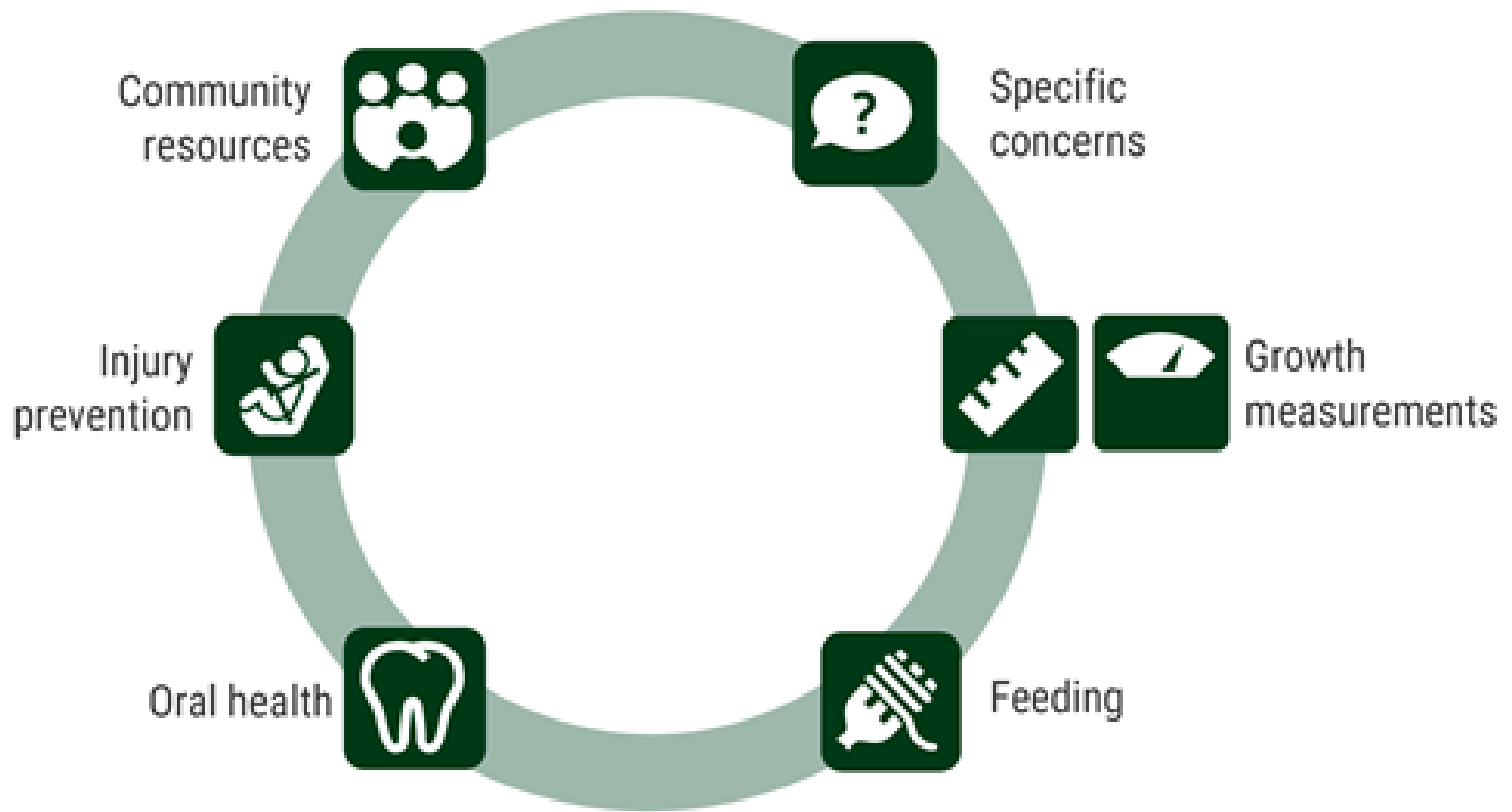
- Implemented the pilot (January to March 2017)
- Involved 6 public health clinic sites



What would you like to talk about today?

12 months

Pick the **top 3 things** you'd like to talk about:



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