Northern Youth Health Network

STANDARDS FOR QUALITY CARE FOR ADOLESCENTS AND YOUNG ADULTS

In Secondary or Tertiary Care

PART 2 – Organisational Standards

Version 0.1

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Contents

How to use the Standards

The Standards comprise 4 separate documents which can be used together or separately to strengthen standards of quality health care for adolescents and young adults.

Part 1 - Overview sets out the scope of the Standards, the rationale for Standards and the guidelines – both New Zealand and international – that underpin them.

Part 2 - Organisational Standards are designed to be applied at an organisational level and should be used to gain a broad overview of the quality of adolescent and young adult care within an organisation, for example a DHB or division.

Part 3 - Service Standards are designed to be used by individual secondary or tertiary services. This goes into greater detail about specific activity.

Part 4 – Resources is a collection of surveys that can be adapted for use in assessing organisational or service achievement of the standards.

How the Standards will be measured

Measurement against the standards is by self- assessment via a toolkit which will generate a report highlighting areas for improvement. *The tool can be found on the pages for the Kidz First Centre for Youth Health, link: https://www.healthpoint.co.nz/download,693186.do*

Each standard is rated on a 4 part scale: Not applicable, Not yet started, Getting there or Meets Criteria.

Once the self-assessment is complete a report will be provided showing areas which meet and do not meet the criteria. These can then form part of the quality improvement process.

There are examples in the Organisational Standards (page X-X) and the Service Standards (pages X-X) of appropriate evidence that may be used to validate self-assessment. These include local policies and procedures, training documents, checklists and surveys providing feedback from staff, young people or whanau.

It is envisaged that organisations and services may start by initially selecting components of these standards for self-assessment, and incorporate these into their quality improvement and service development plans, eventually extending this to all components of the standards .

Introduction

The Organisational Standards are designed to be applied at an organisational level. It should be used to gain a broad overview of the quality of adolescent and young adult care within an organisation for example a DHB or division.

The Organisational Standards has the following sections:

- **The Standards** – The standards are organised around 6 themes recognised as being key to the quality care for AYA. They are:
    1. Leadership
    2. Evaluation
    3. Youth Participation
    4. Workforce
    5. Transition
    6. Cultural Identity

    Organisations may choose to focus on one - or a few - themes to prioritise for review and improvement, noting that the numbering of the list above does not denote ranking or hierarchy.

- **Goal** – A description of what these standards are aiming to achieve.

- **Rationale** – An expansion of the standards including the evidence/ academic rationale underlying the standards.

- **References/ Source Guidance** – References related to the standards.

- **Guidance for Implementation and Assessment against Standards** – Pulls together examples of organisational structures/ processes which provide evidence of the standard in practice and suggests potential indicators which may indicate effectiveness of implementation.

Organisational Standards

1 Leadership Standards

1.1.   There is a clear organisation wide governance structure for issues related to AYA care which provides governance on issues related to delivery of care and outcomes for AYA patients.

1.2   There is a clearly designated person or people providing clinical leadership in the area of AYA care for the organisation.

1.3   The organisation has a strategy for improving health care delivery to and the health outcomes of the AYA group.

2 Evaluation Standards

2.1.   The organisation can measure improved health care delivery and relevant health outcomes for the AYA group

2.2   The organisation can demonstrate use of quality indicators to improve service delivery and outcomes.

3 Youth Participation Standards

3.1.   The organisation has identified youth advisory groups (YAG) who participate in service development and quality improvement for care of AYA.

4 Workforce Standards

4.1.   The organisation can identify a youth champion in each service providing care to AYA.

4.2   The organisation supports workforce training and development for all staff engaging with AYA. This includes being aware of and promoting available training opportunities, making them accessible to all staff.

4.3   The organisation promotes the use of appropriate youth health competencies for all staff working with AYA.

5 Transition Standards

5.1.   The organisation has a clear policy about transition of care between services both within and beyond the organisation.

6 Cultural Identity Standards

6.1.   The organisation requires services to be delivered in a manner consistent with the Treaty of Waitangi principles of participation, partnership and protection.

6.2   The organisation requires services to address the cultural support needs of young people to foster positive cultural identity.

Goal

Organisations have a strategy to improve the care delivered to and health outcomes of young people. They should recognise young people's unique developmental needs and the opportunities available when working with young people.

Rationale

Young people have a right to high quality health care. The Ministry of Health service specifications state that "Eligible young people between the ages of 14-24 who require assessment or treatment for a medical or surgical condition or are in transition to adult services (especially those with long term conditions or disability or requiring palliative care) must be able to access developmentally appropriate services" [1].

Secondary and tertiary care of AYA need to encompass both paediatric and adult services. The Child and Youth Compass Report, November 2013 [2] found many DHBs were aware of the need for local leadership and training to support the development of services for young people and improve youth health, but were not providing this. Very little central funding is directly targeting AYA patients; therefore access to opportunities for quality improvement have been limited.

Evaluation is critical. Data collection is essential to inform quality improvement. It should include appropriate patient feedback mechanisms aimed at the AYA group. Current patient feedback surveys tend to focus on adults or children. Data on service use and outcomes needs to be disaggregated by age, gender and ethnicity.

Meaningful youth participation in service development to understand the needs of AYA is integral to delivery of effective youth health care [3,4].

Workforce development is also recognised as a critical part of service development. The need for improved workforce capacity and capability has been recognised by a number of bodies including Health Workforce New Zealand and the Royal Australasian College of Physicians. Training pathways and knowledge and skills frameworks have been developed for medical and nursing trainees and workforce [5-8].

References/ Source Guidance

1.　　 Ministry of Health (July 2014). Service for Children and Young People Tier Level One Service Specification. New Zealand: Ministry of Health Retrieved from https://nsfl.health.govt.nz/service-specifications/current-service-specifications/child-and-youth-health-service-specifications; tier 1: Services for Children and Young People

2.　　 The Office of the Children's Commissioner (2013). The child and youth health compass update. New Zealand. Retrieved from http://www.occ.org.nz/assets/Upload/Reports/Health/Compass-factsheet.pdf

3.　　 Ambresin et al. (2013). Assessment of Youth-Friendly Health Care: A systematic Review of indicators drawn from young people's perspectives. *Journal of Adolescent Health*, 52(6), 670-81.

4.　　 Ministry of youth affairs. (2002). *Youth Development Strategy Aotearoa. Action for Child and Youth Development*. MOH, New Zealand. Retrieved from http://www.myd.govt.nz/documents/resources-and-reports/publications/youth-development-strategy-aotearoa.html

5.　　 National youth health nurses reference group. (2014). National Youth Health Nursing Knowledge and Skills Framework. New Zealand Retrieved from http://www.schoolnurse.org.nz/Attachments/pdf_files/bestpractice/Best_Practice_National%20Youth%20Health%20Nursing%20Knowledge%20and%20Skills%20Framework.pdf

6.　　 Blum R Academic Medicine 1087; Blum, R. (1987). Physicians' assessment of deficiencies and desire for training in adolescent care. Journal of Medical Education, 62(5), 410-7.

7.　　 Kekus M et al. (2011). Report *on the Youth Health Workforce Service Review*. Health Workforce New Zealand. Retrieved from http://www.health.govt.nz/our-work/health-workforce/workforce-service-forecasts/youth-health-workforce-service- forecast

8　　 Advanced Training Pathway in AYAM. RACP website, Retrieved from https://www.racp.edu.au/about/college-structure/paediatrics-child-health-division/adolescent-and-young-adult-medicine

Guidance for Implementation and Assessment against Standards

Ref	Standard	Self-Assessment Tool: Possible Evidence that could be provided
1.1	There is a clear organisation wide governance structure for issues related to AYA care which provides governance on issues related to delivery of care and outcomes for AYA patients.	• The organisational structure including evidence of AYA governance groups plus governance groups; TOR and minutes of meetings • The proportion of staff aware of the organisational structure and outcomes from governance groups as reported via the staff survey.
1.2	There is a clearly designated person or people providing clinical leadership in the area of AYA care for the organisation.	• The organisational structure with clearly identified clinical lead for AYA • The proportion of staff aware of the organisational structure and identity of clinical leads via the staff survey.
1.3	The organisation has a strategy for improving health care delivery to and the health outcomes of the AYA group.	• Planning documents including Quality Improvement plans • Service use of Youth Health QI standards
2.1	The organisation can measure improved health care delivery and relevant health outcomes for the AYA group	• Planning documents including Quality Improvement plans. • Quality Indicators to demonstrate the ability to measure improved outcomes • Quantitative data from youth appropriate feedback tools
2.2	The organisation can demonstrate use of quality indicators to improve AYA service delivery and outcomes.	• Planning documents including Quality Improvement plans. • Quality Indicators to demonstrate the ability to measure improved outcomes. • Data used to demonstrate improvements in health outcomes.
3.1	The organisation has identified youth advisory groups (YAG) who participate in service development and quality improvement for care of AYA.	• The organisational structure including evidence of Youth Advisory Groups, TOR and minutes of meetings • The proportion of staff aware of how to access the YAG via the staff survey.
4.1	The organisation can identify a youth champion in each service providing care to AYA.	• The organisational structure identifying the Youth Champion for each service, service development plans and quality improvements plan. • The proportion of staff aware of the Youth health champion on their service via the staff survey.
4.2	The organisation supports workforce training and development for all staff engaging with AYA. This includes being aware of and promoting available training opportunities,	• The organisational planning documents including quality and workforce development plans • The proportion of staff aware of and attending education

	making them accessible to all staff.	programmes via the staff survey.
4.3	The organisation promotes the use of appropriate youth health competencies for all staff working with AYA.	• The organisation wide policy documents for staff competency with specific reference to youth. Basic youth competency records and level it was attained i.e. under grad, post grad, workshop, online other. • The proportion of staff who work with youth and have attained basic competency as determined by the staff survey and CPD or CME records.
5.1	The organisation has a clear policy about transition of care between services both within and beyond the organisation.	• The organisation wide policy document for transition of care with specific reference to youth. • The proportion of staff who are aware of and have used the policy as determined by the staff survey.
6.1	The organisation requires services to be delivered in a manner consistent with the Treaty of Waitangi principles of participation, partnership and protection.	• The organisation wide policy documents stating Tikanga training is required for all staff every 3 years, with CPD records to support the ongoing practice. • The proportion of staff who work with youth undergoing Tikanga training on a 3 yearly basis from CPD/CME records.
6.2	The organisation requires services to address the cultural support needs of young people to foster positive cultural identity.	• The institution facilitates access to staff training in cultural competence and understanding for other cultural groups common or challenging in the population served. • The proportion of staff who work with youth undergoing training in cultural competence and understanding for other cultural groups on a regular basis from CPD/CME records.