



Northern
Regional Alliance
He Hononga o te Raki

Northern Youth Health Network

STANDARDS FOR QUALITY CARE FOR ADOLESCENTS AND YOUNG ADULTS

In Secondary or Tertiary Care Part 1

Version 0.1
September 2018

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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

These standards have been developed by the Northern Regional Youth Health Network to assist with quality improvement initiatives in secondary and tertiary health care for AYA. They were developed due to concerns that young people do not always have their developmental needs met in secondary and tertiary services. This includes hospital stays, outpatient visits and community based specialist care.

These standards have been developed based on existing local and international work. The standards, particularly the youth and family or whanau indicators, draw very heavily on the work from the Royal Children's Hospital (RCH) in Melbourne.

Many of the currently developed standards of care documents and quality improvement frameworks focus on youth in primary care, or combine primary, secondary and tertiary care. These standards were developed specifically to ensure maximum relevance to secondary and tertiary care and remove aspects that are less of a focus to these services.

Why this Quality Standard is needed

It is increasingly recognised, locally, nationally and internationally, that adolescents and young adults (AYA) have health needs which are distinct from children and adults ¹⁻⁷.

Current systems of health care delivery do not meet these needs ⁵⁻¹¹. Young people with long term health conditions suffer poor emotional health and social outcomes with high rates of health compromising behaviours ^{11,12}. Young people and their families are aware that the needs of AYA are not being met and they report valuing more developmentally appropriate care ¹³⁻¹⁶.

Developmentally Appropriate Care

Developmentally appropriate care engages young people. It is comprehensive and holistic, based on the developmental needs of young people, and is coordinated and uninterrupted ¹⁻²². This breadth of care is important for all ages, but due to the distinct developmental needs of young people, care to AYA must be planned and delivered with a good understanding of young people and their developmental needs.

Health professionals report many issues with provision of developmentally appropriate care to young people. These include existing systems that are inflexible and non-youth focused, inappropriate facilities, lack of training and time constraints⁴⁻⁶.

There is emerging evidence that the delivery of developmentally appropriate health care to AYA can improve access to services and disease management, leading to increased satisfaction with the healthcare provided^{10, 17-19}. This includes those AYA with long term health and developmental conditions. Improved care has the potential to reduce inequality.

The United Nations Convention on the Rights of the Child²³, to which New Zealand is a signatory, clearly articulates that professionals working with young people must be responsive to their holistic needs at a legislative, policy and programme level. Based on this, an Australasian Child and Youth Code of Rights document was written (2011)²⁴, for use within health settings in Australia and New Zealand. Ministry of Health Service Specifications state that care should be provided in a developmentally appropriate environment for young people²⁵.

Guidelines underpinning this Quality Standard

New Zealand Standards

In New Zealand, there have been efforts to identify and address the health needs of AYA. Two central government documents from 2002 form the basis of initial work in the area of AYA health. The Youth Development Strategy Aotearoa New Zealand²⁶ supports holistic models of practice, which are consistent with Maori and Pacific models of health and wellbeing. It acknowledges that young people's wellbeing is interrelated with healthy connections to whanau, schools, peers, work and training, culture and the environment. The Ministry of Health's Youth Health – 'A Guide to Action' proposes a plan of action for improving AYA health by engaging young people to actively participate in their own care²⁷. Other centrally supported documents include a manual for skill enhancement in primary care²⁸ and an online training module in youth health for appropriate practitioners²⁹, and a tool for continuous quality improvement for secondary school based services³⁰. The Ministry of Health did preliminary work towards developing standards for quality improvement of youth health care in primary care in 2016, however this is now on hold.

There have been New Zealand and Australian standards developed for Children and Adolescents in health services, with input from the Paediatric Society of New Zealand, the Royal Australasian College of Physicians, and Children's Hospitals Australasia³¹⁻³³. These combine child and youth services.

The Paediatric Society of New Zealand have also developed a position statement on care for young people with "complex and chronic health and disability needs"³⁴.

International Standards

Internationally, identification of unmet needs and solutions to these issues, has led to the development of standard of care guidelines, assessment tools and quality improvement tools for health care delivery for young people. These include the World Health Organisation Quality standards ^{20,35,36}, the NHS 'You're Welcome' standards ³⁷⁻⁴⁰, the Irish National Health Service quality assessment tools ⁴¹ and the Australian Youth Access tool ^{42,43}. The 'You're Welcome' tool in the UK, assesses and certifies as 'Youth Friendly', those services achieving the required standards.

The Royal Children's Hospital in Melbourne has developed a measurement framework for Quality Health Care for Adolescents in Hospital ^{44,45}. This framework is based on earlier studies into the health needs of young people in secondary care, evidence of what works, and development with young people and their families or whanau (whanau). The framework offers suggestions of questions that have been validated by young people, which can be answered by young people and their whanau to measure the quality of care received.

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