



## GUIDELINE

### Intake meeting management

<b>Scope (Staff):</b>	Community health
<b>Scope (Area):</b>	CACH

#### Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

### Aim

Intake meetings aim to provide efficient and timely allocation of clients to appropriate child health services within Community Health and ensure collaboration across nursing teams to maintain equitable workloads.

### Background

Intake meetings support a standardised review of the client profile at point of entry to Community Health. Meetings aim to ensure allocation into an appropriate service delivery pathway which supports the needs of the client. This may be a Universal, or Universal Plus level of service to support clients with higher needs.

The majority of clients enter child health services on receipt of a Birth Notification (BN). The BN list includes all clients for whom a 0-14 day universal contact has not yet been booked. All relevant information from BNs, Neonatal Special Referrals to Child Health Services (NSRCHS) (where provided), or any other available information, should be considered at the Child Health Intake meeting to ensure the appropriate level of service is offered to the client. Allocation of appointments should be prioritised according to client need.

Nurses may identify clients with additional risk factors during a Universal contact 0-14 days or subsequent contact. Nurses will provide Universal Plus appointments or follow processes outlined in the [Partnership - child health service](#) guideline for referring into the Partnership level of service where required. For guidance related to additional risk and protective factors which may impact a client's service delivery pathway, see [Factors impacting on child health and development](#).

Clinical Nurse Specialists (CNS), Clinical Nurse Managers (CNM) and Community Health Nurses (nurses) should attend all Intake meetings where feasible, to support appropriate care planning and client allocation.

Where indicated, an Aboriginal Health Team (AHT) member can be included at Intake meetings to support the nursing team with culturally appropriate care planning.

### Key points

- All nurses will refer to the [Nursing and Midwifery Board AHPRA Decision-making framework](#) in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, person-centred and evidence-based.
- Nurses need to provide a culturally safe service delivery which demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of all clients.

### Equipment

- Relevant teleconference equipment as required (e.g., camera, headset)
- Electronic access to CDIS calendars across the region

## Child Health Intake Process

Steps	Additional Information
<p><b>Frequency and duration</b></p> <ul style="list-style-type: none"> <li>• Meetings are planned by the region CNM using allocated calendar time.</li> <li>• Meeting frequency is determined by the CNM in accordance with client needs and staff resourcing and should be held no less than fortnightly.</li> </ul>	<ul style="list-style-type: none"> <li>• To use time efficiently, meetings are to be held electronically via MS Teams.</li> </ul>
<p><b>Attendance</b></p> <ul style="list-style-type: none"> <li>• All available nurses should attend the meetings inclusive of:             <ul style="list-style-type: none"> <li>○ CNM.</li> <li>○ CNS.</li> <li>○ Nurses.</li> <li>○ AHT member (if there is a high cohort of Aboriginal families in the area).</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• The CNM may delegate a Level 2 nurse to organise and chair the meetings on a rotational basis, or to hold this as a portfolio responsibility.</li> <li>• Where there is not a high cohort of Aboriginal families in the area, an AHT team member may be invited to attend when required.</li> </ul>
<p><b>Allocation of Clients</b></p> <ul style="list-style-type: none"> <li>• Consideration will be given to the following items:             <ul style="list-style-type: none"> <li>○ Birth Notifications on the CDIS BN list (specific to clinic) to ensure allocation within 14 days where applicable and any associated NSRCHS or ISOBAR forms.</li> <li>○ Clients on the standby list</li> <li>○ Clients will be added to the calendar of the appropriate nurse to conduct the initial 0-14 day home visit as agreed.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• For allocating appointments for clients on the standby list see <a href="#">Standby list management</a>.</li> <li>• Factors to inform client allocation include:             <ul style="list-style-type: none"> <li>○ Where possible nurses will make contact with clients by day 5 after birth (this may be extended if infant is premature).</li> <li>○ Client risk factors</li> <li>○ Skills and experience of the clinician.</li> <li>○ Any request/preferences already expressed by the client.</li> </ul> </li> </ul>

Steps	Additional Information
	<ul style="list-style-type: none"> <li>○ Appointment availability across the region.</li> <li>○ This information will be provided by the CNM and nurses.</li> <li>● Where clients are identified as being outside the local region, including referrals to WACHS, appropriate clinical handover will be undertaken.</li> <li>● Nurses must consider timing of clinical handover for families living in the metropolitan area, noting period residing outside of their WACHS home address.</li> </ul>
<p><b>Leave issues</b></p> <ul style="list-style-type: none"> <li>● Leave will be clearly marked in nurse calendars in advance. Leave arrangements and staffing levels will be discussed at Intake meetings.</li> <li>● Clients will be allocated to nurses who are available to conduct the initial 0-14 Day Contact in the timeliest manner.</li> </ul>	<ul style="list-style-type: none"> <li>● The subsequent client management is to remain with the centre (and nurse) to which the BN was originally attached.</li> </ul>
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>● An agenda, using the template will be prepared and circulated by the Chair prior to the meeting.</li> <li>● Notes will be taken at each meeting and stored and maintained via an appropriate electronic storage system.</li> </ul>	<ul style="list-style-type: none"> <li>● An electronic version is on HealthPoint forms page titled <a href="#">Intake Meeting Agenda/Notes</a>.</li> <li>● Client details are not to be documented.</li> <li>● Nurses who work part-time or miss a meeting for other reasons are responsible for reading the notes from the missed meeting upon their return to work.</li> </ul>

## Documentation

Nurses maintain accurate, comprehensive, and contemporaneous documentation of assessments, planning, decision making and evaluations according to CAHS-CH processes.

## Compliance monitoring

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 the [Health Services Act 2016](#) (WA) and is binding on all CAHS and WACHS staff as per section 27 of the same act.

Compliance monitoring methods may include observation of clinical practice, clinical incident review, client health record documentation audit and/or attendance at identified training sessions.

Related internal policies, procedures, and guidelines
The following documents can be accessed in the CH Clinical Nursing Manual: <a href="#">HealthPoint link</a> or <a href="#">Internet link</a>
<a href="#">Clinical handover - Nursing</a>
<a href="#">Factors impacting on child health and development</a>
<a href="#">Partnership – child health services</a>
<a href="#">Universal contact initial interaction guidelines</a>
The following documents can be accessed in the <a href="#">CAHS-CH Operational Policy Manual</a>
<a href="#">CDIS client information management</a>

Related internal resources (including related forms)
<a href="#">Aboriginal health referral flow chart</a>
<a href="#">CHS663 Clinical handover/referral form</a>
<a href="#">CHS434 Intake meeting agenda/notes</a>
<a href="#">Mother and Baby Unit Flowchart – WNHS</a>
<a href="#">Mother and Baby Unit Flowchart - FSH</a>

This document can be made available in alternative formats on request.

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