



GUIDELINE	
Intake meeting management	
Scope (Staff):	Community health staff
Scope (Area):	CAHS-CH
Child Safe Organisation Statement of Commitment	
The Child and Adolescent Health Service (CAHS) commits to being a child safe organisation by meeting the National Child Safe Principles and National Child Safe Standards. This is a commitment to a strong culture supported by robust policies and procedures to ensure the safety and wellbeing of children at CAHS.	

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

Aim

Intake meetings aim to promote collaborative team-based working to provide an efficient and timely review of unallocated clients to child health services within Community Health. Client's profiles will be reviewed, along with the waitlists, to ensure client needs are met in a timely manner with equitable workloads being maintained.

Risk

Failure to support collaborative work practices may prevent identification of timely and appropriate service delivery for clients.

Background

Intake meetings provide a mechanism to ensure child health service delivery workload is shared equitably across teams in regions and/or local areas. Additionally, the meetings support a standardised review of the client profile at point of entry Community Health for clients that have not been seen. This will ensure that allocation into the appropriate service delivery pathway to support the needs of the clients is met. This may be the Universal level of services or the Universal Plus and/or Partnership levels of service to support the needs of clients identified as having higher needs.

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

Nurses may identify clients with previously unknown complex concerns during a Universal contact 0-14 days or subsequent contact. In these instances, 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 if required.

The inclusion of the Clinical Nurse Specialists (CNS) at Intake meetings will support the Clinical Nurse Manager (CNM) and the Community Health Nurses (nurses) with appropriate care planning and allocation to Partnership level of service as required.

Intake meeting management

The inclusion of an AHT nurse at Intake meetings will support the Clinical Nurse Manager (CNM) and the Community Health Nurses (nurses) with culturally appropriate care planning and as required.

Equipment

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

Process

Steps	Additional information
<p>Frequency and duration</p> <ul style="list-style-type: none"> • Intake meetings should occur in line with client needs and staff resourcing. <p>Intake meetings should use a platform, such as MS Teams, and last no more than an hour.</p>	<ul style="list-style-type: none"> • The meeting frequency is to be determine by the region CNM using allocated calendar time of one hour per fortnight, e.g. 4 x 25 minute per fortnight to support client needs. (minimum fortnightly) • In order to use time efficiently, meetings are to be held electronically versus face-to-face.
<p>Attendance</p> <ul style="list-style-type: none"> • All available nurses should attend the meetings inclusive of: <ul style="list-style-type: none"> ○ CNM ○ CNS ○ Nurses ○ AHT member (if there is a high cohort of Aboriginal families in the area) 	<ul style="list-style-type: none"> • 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. • Where there is not a high cohort of Aboriginal families in the area, an AHT team member may be invited to attend when required.
<p>Allocation of Clients</p> <ul style="list-style-type: none"> • Consideration will be given to the following items: <ul style="list-style-type: none"> ○ Birth Notifications and any associated SRCH or ISOBAR forms ○ Waitlisted clients 	<ul style="list-style-type: none"> • Factors to inform client allocation include: <ul style="list-style-type: none"> ○ Initial contact of unbooked birth notifications to be undertaken within 5 days ○ Client vulnerability ○ Skills and experience of the clinician ○ Any request/preferences already expressed by the client ○ Appointment availability across the region. ○ This information will be provided by the CNM and nurses.

Intake meeting management

Steps	Additional information
<ul style="list-style-type: none"> • Clients will be added to the calendar of the appropriate nurse to conduct the initial 0-14 day home visit as agreed 	<ul style="list-style-type: none"> • Where clients have been added to the calendar of a nurse not present at the meeting, this information will be provided by email. • Where clients are identified as being outside the local region, including into WACHS, appropriate clinical handover will be undertaken.
<p>Leave issues</p> <p>When nurses are on leave, and a designated reliever is not available, another member of the team will undertake the initial 0-14 Day Contact.</p>	<p>The subsequent client management is to remain with the centre (and nurse) to which the BN was originally attached.</p>
<p>Documentation</p> <ul style="list-style-type: none"> • An Agenda, using the template in Appendix A, will be prepared and circulated by the Chair prior to the meeting. • Notes will be taken at each meeting and maintained on W:Drive. 	<ul style="list-style-type: none"> • An electronic version is on HealthPoint forms page titled Intake Meeting Agenda/Notes. • Client details are not to be documented. <p>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.</p>


Related policies, procedures and guidelines
<p>The following documents can be accessed in the Clinical Nursing Manual via the HealthPoint link, Internet link or for WACHS staff in the WACHS Policy link</p>
<p>Universal contact guidelines</p>
<p>The following documents can be accessed in the CAHS-CH Operational Manual</p>
<p>CDIS Client Information Management</p>
Related CAHS-CH forms
<p>The following forms can be accessed from the CAHS-Community Health Forms page on HealthPoint</p>
<p>Aboriginal Health referral flowchart</p>
<p>Clinical Handover/Referral Form (CHS663)</p>
<p>Intake Meeting Agenda/Notes</p>

Appendix A: Template for Intake Meeting Agenda/Notes

Intake Meeting Agenda/Notes

Region:
Date:
Time:
Note Taker:
Attendees:
Birth Notifications (BNs):
Special Referrals/ISOBAR forms:
Waitlists:
Leave/Cover:

This document can be made available in alternative formats on request for a person with a disability.

Document Owner:	Nurse Co-Director, Community Health		
Reviewer / Team:	Clinical Nursing Policy Team		
Date First Issued:	27 August 2020	Last Reviewed:	
Amendment Dates:		Next Review Date:	27 August 2023
Approved by:	Community Health Clinical Nursing Policy Governance Group		
Endorsed by:	Executive Director, Nursing	Date:	Not required
Standards Applicable:	NSQHS Standards:  1.7, 1.27 Child Safe Standards: 1, 3, 4, 7, 10		

Printed or personally saved electronic copies of this document are considered uncontrolled



Healthy kids, healthy communities

Compassion Excellence Collaboration Accountability Equity Respect

Neonatology | Community Health | Mental Health | Perth Children's Hospital