



PROCEDURE

Standby list management

Scope (Staff):	Community health staff
Scope (Area):	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

This procedure outlines the process, roles and responsibilities for the management of the standby list for Universal client appointments.

Risk

Failure to record and maintain the standby list may prevent timely and appropriate service delivery for clients.

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.

Background

The standby list is a record of clients waiting for an appointment in community health.

Clients on standby lists are either:

- awaiting an appointment in accordance with the child health schedule, or
- have expressed a preference for a specific nurse or child health centre and, having declined alternative options, wish to remain on a particular standby list.

Standby lists are not comparable to acute wait lists which do not offer a choice of appointment or practitioner.

Clients will be added to the standby list if:

- Child and Adolescent Community Health (CACH) cancel their appointment, and it is not rescheduled at the time of cancellation
- the appointment is cancelled by the parent/carer and it is not rescheduled at the time of cancellation
- the parent/carer has requested a universal contact, but no suitable appointments were available at time of request.

Clients **should not** be added to the standby list if:

- they are ineligible for a Universal contact within eight weeks
- the family has current concerns which require follow up as a Universal Plus appointment
- they are on the Universal Plus pathway.

Non-engagement

Clients may not engage with CACH for many reasons, including:

- lack of accessibility of services
- poor previous experiences or client preference for other providers
- lack of awareness of need for services
- illness/disability in the family, client distress of competing priorities
- family domestic violence, abuse or coercive control.

While family choice to decline services should be respected, it is important that staff assess the risk and act accordingly.

Roles

Child Health Booking Service (CHBS) role

- Review the standby list weekly.
- Call clients on the standby list and attempt to book appointments in accordance with the [Process](#) described below.

Clinical Nurse Manager (CNM) role

- Review the 'Community Health Child Health Standby Report' on Power BI for their region on a weekly basis.
- Monitor emails sent from the CHBS regarding clients who cannot be contacted.
- Review emails sent from CHBS regarding clients removed from the list at the clients' request. Use clinical judgement to determine if further action is required.
- Provide support to CHNs with appointment/calendar access issues.
- Ensure standby lists are discussed at intake meetings.

Community Health Nurse (CHN) role

- Action standby list emails from the CNM and/or CHBS as per the [Process](#) described below.

Process

Steps - CHBS	Additional information
<p>1. Call clients on the standby list and attempt to book an appointment</p> <p>If an appointment is booked, no further action is required.</p> <p>A client cannot be booked when:</p> <ul style="list-style-type: none"> • They are not eligible for a Universal contact within eight weeks. If the parent/carer has current concerns: <ul style="list-style-type: none"> ○ CHBS to email region distribution list with a copy to the CNM. • The parent/carer requests removal from the standby list. <ul style="list-style-type: none"> ○ CHBS to remove and email region with a copy to the CNM. 	<p>Clients will be automatically removed from the standby list when the appointment booked matches the appointment type the client was waitlisted for (e.g. if the client is listed for an eight-week appointment and an eight-week appointment is booked, they will automatically be removed from the list).</p> <p>If the appointment booked does not match the appointment type they have been waitlisted for, they will need to be removed manually.</p> <p>See Child Health CDIS Guide Manual (Version 7) for more information.</p> <p>Note: 'Standby list' is called the 'waitlist' in CDIS.</p>

<ul style="list-style-type: none"> • Contact is made and a suitable appointment cannot be found, including at another site <ul style="list-style-type: none"> ○ CHBS to email the region with a copy to CNM. <p>Attempt to contact parent/carer twice over a one-week period (phone, text and/or email).</p> <p>CHBS to enter 'client not present' for each attempt.</p> <ul style="list-style-type: none"> • If parent/carer cannot be contacted after two attempts: CHBS to escalate to the region and CNM via email. • Escalate any appointment/calendar access issues to CNM and Coordinator of Nursing (CoN). 	
Steps - CHN	Additional information
<ul style="list-style-type: none"> • Action standby list emails from CNM and/or CHBS. • Attempt to contact parent/carer using various methods at different times (phone, text and email). Record each attempt on CDIS. • If no contact is made after reasonable attempts, nurses must consider concerns and risk, including: <ul style="list-style-type: none"> ○ clinical history ○ previous engagement ○ client's family circumstances and supports, risk and protective factors ○ parent/caregiver family history ○ existence of a clients of concern record. • Nurse to use clinical judgement to determine if referral to internal (e.g. Partnerships) or external (e.g. Child Protection and Family Services) 	<p>Clients will be automatically removed from the standby list when the appointment booked matches the waitlisted appointment type (e.g. if the client is listed for an eight-week appointment and an eight-week appointment is booked, they will automatically be removed from the list).</p> <p>If the appointment booked does not match the appointment type originally waitlisted for, manual removal is required.</p> <p>See Child Health CDIS Guide Manual (Version 7) for more information.</p> <p>Note: 'Standby list' is called the 'waitlist' in CDIS.</p>

<p>services is required. Consult with the CNM or Aboriginal staff where applicable.</p> <ul style="list-style-type: none"> • If no referral required, then CHN to remove client from the standby list and document in CDIS. • If contact is made and a suitable appointment cannot be found, including at another site, parent/carer to be informed they will be removed from the list. Document in CDIS. • When relevant, and with consent to share information, other relevant parties (e.g. client's GP) are notified of standby list removal. <p>Escalate to CNM where required.</p>	
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Documentation

Nurses maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making and evaluations according to CACH 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 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 CACH Clinical Nursing Manual: HealthPoint link or Internet link
Aboriginal child and school health
Child health services
Intake meeting management

Universal contact guidelines
The following documents can be accessed in the CACH Operational Policy Manual
CDIS Client Health Record Management
The following documents can be accessed in the CAHS Policy Manual
Language Services
The following documents can be accessed in the Department of Health Policy Frameworks
Integrity Policy Framework
Related external legislation, policies, and guidelines
Health Services Act 2016 (WA)
Related internal resources (including related forms)
Child Health CDIS Guide Manual (Version 7)
Related external resources
Nursing and Midwifery Board AHPRA Decision-making framework

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

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