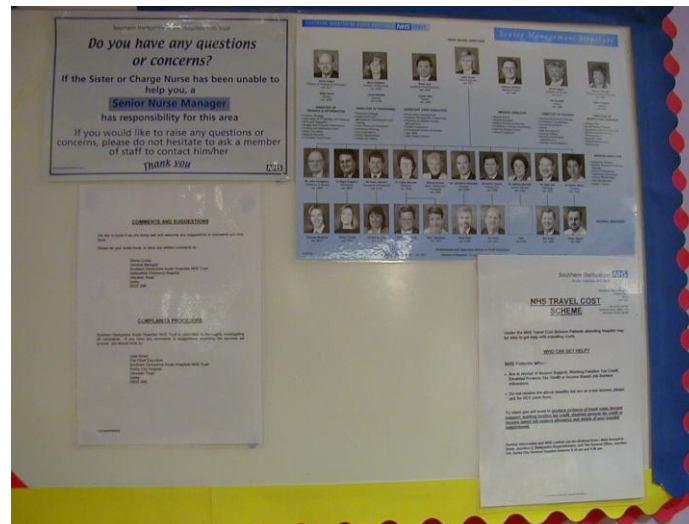


## STANDARD 2: Supporting and giving the 'best possible' healthcare

'Health care providers, organisations and individual health workers, share a responsibility to advocate for children and to reduce the fear, anxiety and suffering of children and their families by ensuring that they support the 'best possible' healthcare'.



*A board with information for parents/carers about how they can ask questions or share a concern. It gives information about who to contact and how, showing photographs of those responsible for the different aspects of management and healthcare.*

### Supporting criteria

#### 1. A transparent (open) management team for a health facility who delegate:

- The management of all the important support services to lead health workers who are accountable and responsible for the organisation, quality, budget and training for their service
- Important healthcare tasks (such as immunisation, infection control, breast feeding, resuscitation child protection, audit, lifelong learning and others) to lead health workers who have responsibility for the policies, job aides, quality of practice and training

#### 2. Open management of health workers that:

- Appoints and dismisses health workers, validates qualifications, assesses suitability for employment, has a health worker identification system, enables safe staffing levels, identifies and addresses intimidation (bullying) and has system for disciplining health workers
- Screens health workers for health problems, provides advice about the prevention of work related medical, psychological and emotional problems and supports those in individual health workers when these occur

3. Provision of **effective investigative and therapeutic health support services** relevant for the level of care given.

4. Provision of **effective general support services** (such as security, food preparation, laundry, cleaning and other services) relevant for the level of care given and the type of health care environment.

5. **Essential material resources** relevant for the level of care given and the type of health care environment, including:

- Health facilities that are suitable for the level of care given and needed
- Appropriate, effective, safe and sustainable clinical and non-clinical equipment (essential list of equipment compatible with WHO recommendations)
- A free or affordable, safe, secure supply of essential drugs and disposables with standardised policies for their use (essential lists compatible with WHO recommendations)

6. Appropriate **evidence-based systems of care, policies, clinical guidelines and other job aides** that are known about and used by all the health workers working in the same healthcare environment.

7. Lifelong (during and after training) **learning** (education/training) opportunities (self, internal and external) about the UNCRC and Child Friendly Healthcare and access to published research and other healthcare literature.

9. Effective management of written information (**data**) that includes the use and organisation of health records, coding systems for health problems and the collection and examination of reliable data for important key indicators about children's health.

10. Multidisciplinary clinical **audit** linked to evaluated change/s for all health workers (*See Section 5*).

11. Access to **ethical advice** on clinical and research issues for all health workers

12. **Risk management procedures** owned and run by local health workers linked to wider risk analysis at hospital and national level. *Covered in Standard 3*

## Discussion

'In order to give the best possible care to children and families, health workers need to integrate the highest quality scientific evidence with clinical expertise and the opinions of the family' (Moyer VA, Elliot EJ. Preface in 'Evidence Based Paediatrics and Child Health').

Health care of any type that is in a child and family's 'best interests' has to be balanced with what is possible, and with the needs of other children sharing the same health worker, health facility or health service.

It is the responsibility of health workers at an organisational level to ensure these services, structures, resources and activities are in place. It is the responsibility of the health workers who give the care in partnership with the child and family to access, use and participate in these. If this is not possible because they either do not exist, or are of low quality, health workers have a responsibility to advocate for these and to continually try to 'make it better'. Advocacy is an individual and collective responsibility inspired by strong, but open and accountable leadership that delegates.

There is evidence to show that support services and generic clinical tasks (such as immunisation, breastfeeding advice, infection control, child protection and others) are usually of higher quality when delegated, providing the nominated health workers are also given the authority to effectively coordinate the task and to develop, monitor and maintain the quality of its practice. When developing their services best practice for these coordinators is to:

- Follow any existing evidence-based recommendations made by WHO and other International and National Organisations
- Acquire and regularly update their skills and knowledge
- Consider the evidence-base for their actions and policies

Lifelong learning opportunities and access to the evidence that supports 'best possible' healthcare are essential requirements for health workers if they are to increase their skills. Best practice is therefore for all professional health workers to have access during working hours to a library that has up to date

medical and nursing books and journals, to the Internet, and to general and specialist professional continuing life-long education/training. However it is important to remember that access to evidence and other learning opportunities does not necessarily lead to a change from poor practice to good practice.

Policies, standardised systems of care, clinical guidelines and other job aides all contribute to supporting the best possible healthcare. However to be used successfully they need to be ‘owned’ and their value recognised.



**Job aides in Pakistan showing pathways of care to be followed in emergencies**



**Danger signs in pregnancy from Bangladesh**

Health workers, both professional and non-professional, are valuable. Striving to provide the ‘best possible’ healthcare is challenging and stressful, physically, intellectually and emotionally. It is therefore not surprising that health workers are more likely, than the general population, to develop work-related physical and mental health problems. Open terms of employment and being mentored and nurtured by employers helps prevent their loss to the country, health service and health facility. Systems for the support and care of the ‘care givers’ are essential if they are to provide the best possible service.

Good data management is also important as reliable and appropriate data are needed to support all aspects of health care planning and provision, audit and advocacy. This starts with the clinical record, includes the recording of high quality information, the effective organisation and management of records, the reliable coding of disease and the collection and examination of this information to produce reliable statistics for the key childhood indicators of health. All health workers have a vital part to play in this chain.

*Effective manual data management in Moldova reflected by this well organised low-cost storage system*



The final criterion for providing the 'best possible' health care is to have access to reliable independent advice on the many ethical issues associated with clinical practice and research.

However difficult, best practice is to allow and make time (without compromising patient care) for these important support activities during normal working hours. All these support activities are described in more detail in later sections of this book, especially in Section five which explains the best way to do these.

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