Child Digital Health Record Initiative

Child Health & Development Checks Analysis for Harmonisation

Current State Analysis
23 May 2018

National Children's Digital Health COLLABORATIVE

Executive summary

High level findings

- **The overarching themes**, both locally and internationally, are the same, there is a lot of similarity in the content; the variation is mainly in presentation, style and level of detail. Some books are more detailed, others more simple; some more clinically focused; and others more consumer oriented.
- **The Health Check Schedule**….. Has been harmonised into age ranges (newborn; 0-4Wks; 6-8Wks; 4-9Mths; 12Mths; 18Mths; 2Yrs; 3Yrs; 4Yrs). Further harmonisation work is required if a minimum set of Health Checks is to be agreed.
- **The Health Check Assessments**…..Analysis indicates there is common ground across all age ranges. The breakdown of the information includes Child Demographic (Identifying) Data; Child Measurements; Assessment Elements; Examiner Details. There is greater detail in the assessments from Newborn to 8 weeks; and from 4 months the assessments the variations are minimal eg oral health; gait; BMI; Head circumference; and the change from length to height.
- **Hearing Screen……**Although different names are used for the hearing screens across the jurisdictions it appears that all jurisdictions undertake an hearing screen shortly after birth; where possible. Some jurisdictions include the outcomes of the screen in the book; others don't reference the screen.
- **Growth Charts…….**All jurisdictions include growth charts for 0-2Yrs based on the World Health Organisation (WHO) Standard. The majority use the Centre for Disease Control (CDC) standard for 2-20yrs. The variations include two jurisdictions using WHO for 2-5Yrs and three other jurisdictions using different age ranges eg 2-5Yrs or 2-18Yrs.
- **Development Tracking/Milestones**……The variations in language used to describe the milestone and the age in which it occurs are so vastly different that it seems counter productive to do the full harmonisation process in the same way as the rest of the data in this report. Another option might be to agree a common source for the development tracking indicators and harmonise any variations required across jurisdictions.

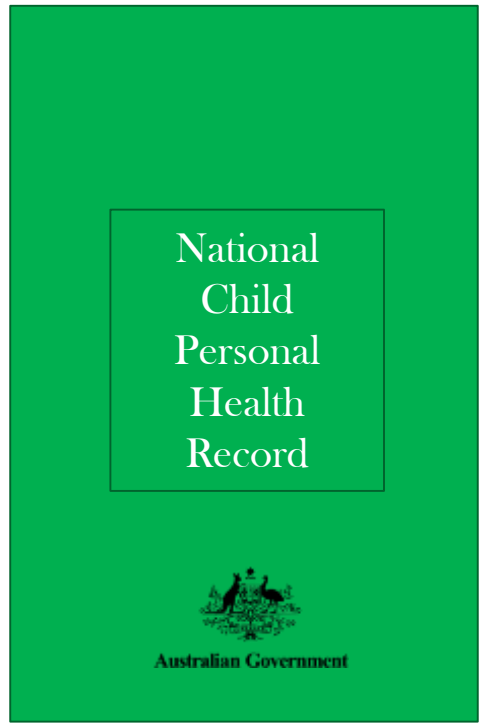
Child health record - current state

Issues relating to varying data sets and/or lack of electronic data

- 8 individual versions of a Child Health Record equals 8 possible variations of data
- Inability to upload information into a national system
- Not supportive of secondary use of information
- Expensive to maintain and reproduce
- Differing standards
- Lack of consolidation and availability of immunisation information
- Inability to analyse long term impacts of childhood events
- Difficulty for parents and clinicians who cross borders

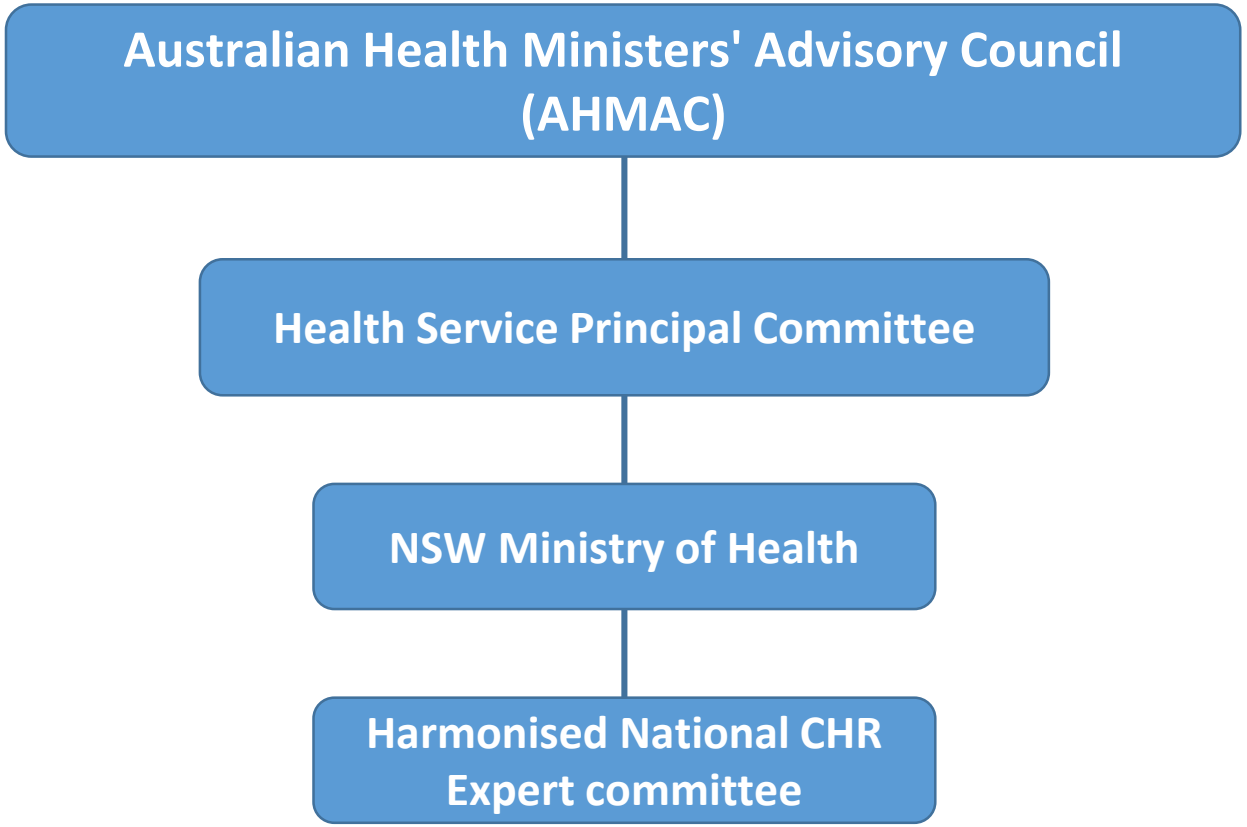
Child Health Record - Target State

8 State & Territory Child Personal Health Records



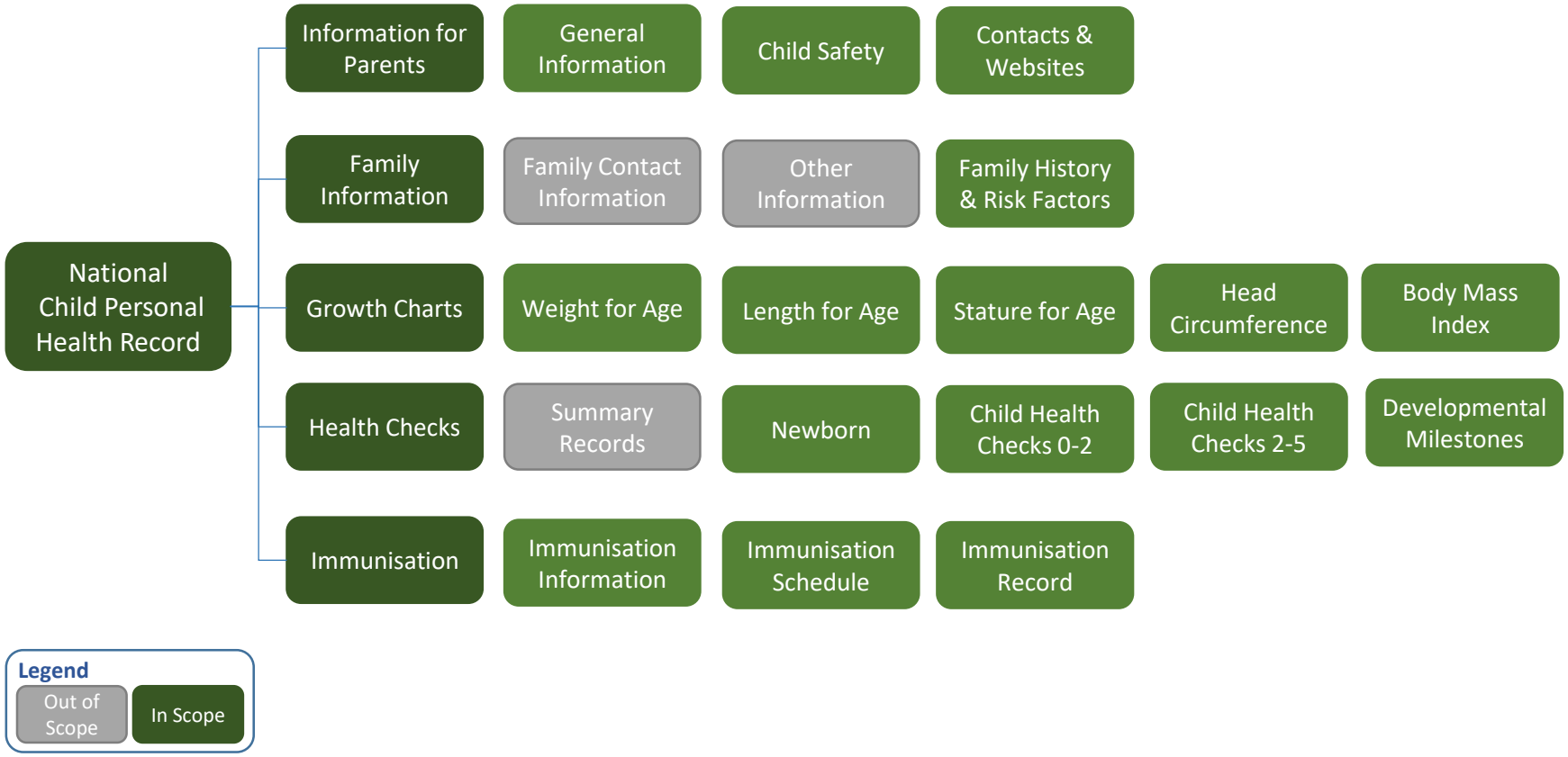
1 National Child Personal Health Record

Governance model



Data analysis model

The following diagram illustrates the high level view of the groupings of data contained in all Child Health Records (Baby Books). The language used to describe each component is an attempt to provide a common ground suitable for the harmonisation of the child health records. The language and the model have not been shared nor agreed.



Detailed data analysis model

The following diagram is a more comprehensive view of the data contained in each of the groupings of data contained in all Child Health Records (Baby Books). The language used to describe each component is an attempt to provide a common ground suitable for the harmonisation of the child health records. The language and the model have not been shared nor agreed.

Information for Parents

General Information
- Register your Baby Overview
- Language/ Interpretation Services
- Measuring & Monitoring Overview
- Before School Starts
- Healthy Teeth
- Healthy School Lunch Box
- Primary & Secondary School Health
- Healthy Weight
- Steps Overview
- Immunisation Overview
- CPR Chart

Child Safety
- Safe Sleeping
- Pool/Water Safety
- Car Safety
- General Safety Concerns (by stage)

Contacts & Websites
- Personal & Emergency Phone Nos
- Children's Health websites
- Healthy Kids, Kidsafe
- Breastfeeding
- Immunisation Register
- MyGov

Family information

Family Contact - Demographics
- Child
- Mother
- Father
- Siblings
- Other Carers

Other Information
- Child's Sex
- Child's DOB
- Child's Birth Weight
- Main Language Spoken at Home
- Aboriginal/Torres Strait Islander

Family History & Risk Factors
- Hearing
- Eyes / Vision
- Pregnancy Illnesses
- Birth Weight <1500gms
- Intensive care >24hrs
- Oxygen at birth >=48hrs
- Born with any Physical Problems
- Dysplasia of the Hips
- Breech Birth

Growth Charts

Weight for Age
- Birth-2yrs (Girl)
- Birth-2yrs (Boy)
- 2-20yrs (Girl)
- 2-20yrs (Boy)

Length for Age
- Birth-2yrs (Girl)
- Birth-2yrs (Boy)

Stature for Age
- 2-20yrs (Girl)
- 2-20yrs (Boy)

Head Circumference
- Birth-2yrs (Girl)
- Birth-2yrs (Boy)

Body Mass Index
- 2-20yrs (Girl)
- 2-20yrs (Boy)

Health Checks

Summary Records
- Progress Notes
- Record of Illness & Injuries
- Summary of Routine Health Checks

Newborn
- Birth Details (maternal, neonatal & discharge info)
- Newborn Exam
- Questions for Parents (hearing)
- Hearing Screen

Child Health Checks 0-2
- Health Check Schedule
- Discussion Topics
- Questions for Parents
- Health Assessment

Child Health Checks 2-4
- Health Check Schedule
- Discussion Topics
- Questions for Parents
- Health Assessment

Developmental Milestones
- Consumer Recorded Achievements
- Clinically Relevant Observations
- Key Milestone Alerts

Immunisation

Immunisation Information
- General Immunisation Information
- Australian Immunisation Registry (AIR)

Immunisation Schedule
- National Immunisation Schedule (eg Birth; 6Wks; 4Mths; 6Mths; 12Mths; 18Mths; 4Yrs)
- Unscheduled Vaccinations

Immunisation Record
- Record of Vaccination
- Child's Name
- Date of Birth
- Vaccine
- Date of Vaccination
- Batch Number
- Signature

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Legend: Out of Scope | In Scope

Sample detailed data analysis

(Newborn birth details - child & maternal information)

The following diagram is a subset of the Newborn Birth Details (as found in the data analysis spreadsheet). This is the initial step in the harmonisation of the clinical and consumer content. Items in red are contained in at least 50% of the baby books.

	Newborn Birth Details Form	NSW	QLD	VIC	TAS	NT	SA	WA	ACT	Nat % Use	UK	Canada	Nat&Int % Use
Birth Details	This section is to be completed by a health professional	1	0	1	0	0	0	0	1	38	0	Unavailable	30
Child Info	Baby's Given Name/s	1	1	0	1	0	0	0	0	38	1	0	40
Child Info	Baby's Family Name	1	1	0	1	0	0	0	0	38	1	0	40
Child Info	Baby's Name	0	1	0	0	1	1	1	1	63	0	0	50
Child Info	Address	0	1	0	1	1	0	0	0	38	1	0	40
Child Info	Name of Birth Facility	1	1	1	1	1	1	1	1	100	1	0	90
Child Info	UR (Unique Reference)	0	1	0	0	0	0	0	0	13	0	0	10
Child Info	Examiner Name	0	1	1	0	0	0	0	0	25	0	0	20
Child Info	Date of Birth	1	1	1	1	1	1	1	1	100	1	0	90
Child Info	Time of Birth	1	1	1	0	0	1	1	1	75	0	0	60
Child Info	Sex (Male)	1	1	0	1	0	1	1	1	75	1	0	70
Child Info	Sex (Female)	1	1	0	1	0	1	1	1	75	1	0	70
Child Info	Baby's Blood Group	0	1	0	0	1	1	0	0	38	0	0	30
Maternal Info	Mother's Given Name	1	0	0	1	0	0	0	0	25	0	0	20
Maternal Info	Mother's Family Name	1	0	0	1	0	0	0	0	25	0	0	20
Maternal Info	Mother's Name	1	0	0	1	0	1	1	1	63	0	0	50
Maternal Info	Father's Name	0	0	0	0	0	1	0	0	13	0	0	10
Maternal Info	Mother's Date of Birth	0	0	0	1	0	0	0	0	13	0	0	10
Maternal Info	Mother's Home & Mobile Phone	0	0	0	1	1	0	0	0	25	0	0	20
Maternal Info	MRN (medical record number)	1	1	0	0	0	0	0	0	25	1	0	30
Maternal Info	Pregnancy Complications	1	0	1	0	0	1	1	1	63	1	0	60
Maternal Info	Mother's Blood Group	1	1	0	0	1	1	0	1	63	0	0	50
Maternal Info	Anti D Given (Yes / No)	1	1	0	0	0	0	0	1	38	0	0	30
Maternal Info	Labour (Spontaneous)	1	1	1	0	0	1	0	1	63	0	0	50
Maternal Info	Labour (Induced)	1	1	1	0	0	1	0	1	63	0	0	50
Maternal Info	Labour (Induced - Reason)	1	1	1	0	0	1	0	1	63	0	0	50

Sample consolidated data analysis

Newborn birth details - child & maternal information

The following diagram illustrates the Newborn Birth Details, separated into the levels of data consistency (inclusion of the information) across all child health records (baby books). Participation 90% - NSW, QLD, VIC, SA, ACT, TAS, NT WA & UK (excludes Canada)

High (≥50% Use)

Child Information	Nat % Use	Nat&Int % Use
Baby's Name	63	50
Name of Birth Facility	100	90
Date of Birth	100	90
Time of Birth	75	60
Sex (Male)	75	70
Sex (Female)	75	70

Maternal Information	Nat % Use	Nat&Int % Use
Mother's Name	63	50
Pregnancy Complications	63	60
Mother's Blood Group	63	50
Labour (Spontaneous)	63	50
Labour (Induced)	63	50
Labour (Induced - Reason)	63	50
Type of Birth (Normal/Vaginal)	75	60
Type of Birth (Breech)	75	60
Type of Birth (Forceps)	75	60
Type of Birth (Caesarean)	75	60
Type of Birth (Vac Ext)	75	60

Medium (30-49% Use)

Child Information	Nat % Use	Nat&Int % Use
This section is to be completed by a health professional	38	30
Baby's Given Name/s	38	40
Baby's Family Name	38	40
Address	38	40
Baby's Blood Group	38	30

Maternal Information	Nat % Use	Nat&Int % Use
Anti D Given (Yes / No)	38	30
Labour Complications	38	40
Type of Birth (Home)	38	30
Type of Birth (Other)	38	30
Type of Birth (Other, Specify Details)	38	30
Postpartum issues	38	30

Low (<30% Use)

Child Information	Nat % Use	Nat&Int % Use
UR (Unique Reference)	13	10
Examiner Name	25	20

Maternal Information	Nat % Use	Nat&Int % Use
Mother's Given Name	25	20
Mother's Family Name	25	20
Father's Name	13	10
Mother's Date of Birth	13	10
Mother's Home & Mobile Phone	25	20
MRN (medical record number)	25	30
Type of Birth (write)	25	30
Type of Birth (Water)	25	20
Delayed cord clamp (Yes / No)	13	10
Birth Complications	25	20
Maternal GBS Status	13	10
Maternal GBS Status - Antibiotics given?	13	10
Maternal rubella TITRE	13	10
Mother has had in pregnancy (CMV / Toxoplasmosis / Rubella	13	10

National harmonisation workshop outcomes

Data Analysis Findings → National Harmonisation Workshop 23 May 2018 → Workshop Outcome

High (≥50% Use)

- All of the items in this category appeared in at least 50% of Australian Child Health Records (Baby Books)
- The assumption is that this information would be "Agreed" for continued use in the National Child Health Record

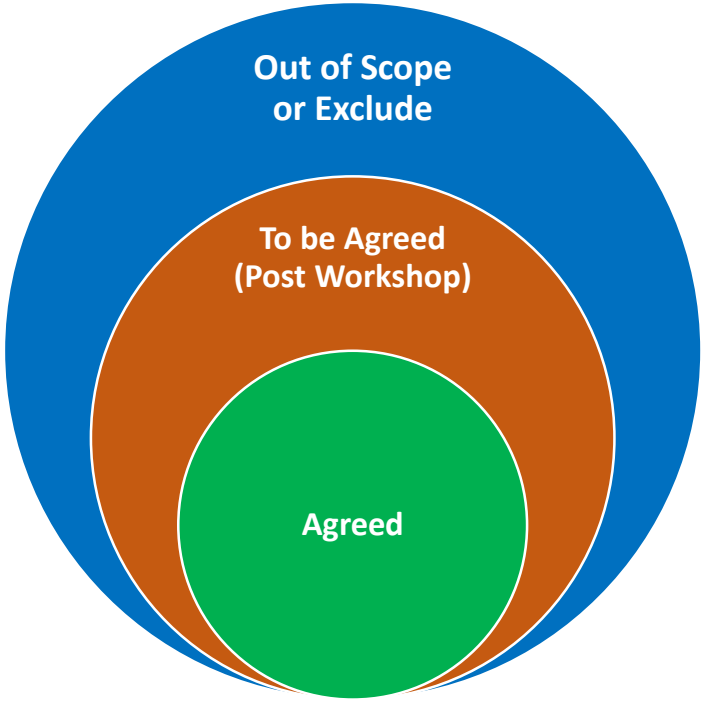
Medium (30-49% Use)

- All of the items in this category appeared in 30-49% of Australia Child Health Records (baby books)
- The assumption for this category is that agreement would need to be reached on its inclusion in the National Child Health Record

Low (<30% Use)

- All of the items in this category appeared in less than 30% of Australia Child Health Records (baby books)
- The assumption for this category is that these items will not be included unless a good case is made

- Workshop participants will review the data analysis findings prior to the workshop and come prepared to make decisions on content inclusion/ exclusion.
- Following the workshop an updated pack will be distributed for final agreement.
- Items decided to be "out of scope" will not be included in the current harmonisation project. Those marked "exclude" will be removed completely.



Newborn birth details

Sample workshop outcome

Jurisdictions' responses. To be agreed in the harmonisation workshop.

High (≥50% Use)

Child Information	Nat % Use	W/S Outcome
Baby's Name	63	A
Name of Birth Facility	100	A
Date of Birth	100	A
Time of Birth	75	A
Sex (Male)	75	A
Sex (Female)	75	A

Maternal Information	Nat % Use	W/S Outcome
Mother's Name	63	A
Pregnancy Complications	63	A
Mother's Blood Group	63	A
Labour (Spontaneous)	63	A
Labour (Induced)	63	A
Labour (Induced - Reason)	63	A
Type of Birth (Normal/Vaginal)	75	A
Type of Birth (Breech)	75	A
Type of Birth (Forceps)	75	A
Type of Birth (Caesarean)	75	A
Type of Birth (Vac Ext)	75	A

Medium (30-49% Use)

Child Information	Nat % Use	W/S Outcome
This section is to be completed by a health professional	38	A
Baby's Given Name/s	38	A
Baby's Family Name	38	A
Address	38	E
Baby's Blood Group	38	O

Maternal Information	Nat % Use	W/S Outcome
Anti D Given (Yes / No)	38	
Labour Complications	38	
Type of Birth (Home)	38	
Type of Birth (Other)	38	
Type of Birth (Other, Specify Details)	38	
Postpartum issues	38	

Workshop Identified	Nat % Use	W/S Outcome

Low (<30% Use)

Child Information	Nat % Use	W/S Outcome
UR (Unique Reference)	13	
Examiner Name	25	

Maternal Information	Nat % Use	W/S Outcome
Mother's Given Name	25	
Mother's Family Name	25	
Father's Name	13	
Mother's Date of Birth	13	
Mother's Home & Mobile Phone	25	
MRN (medical record number)	25	
Type of Birth (write)	25	
Type of Birth (Water)	25	
Delayed cord clamp (Yes / No)	13	
Birth Complications	25	
Maternal GBS Status	13	
Maternal GBS Status - Antibiotics given?	13	
Maternal rubella TITRE	13	
Mother has had in pregnancy (CMV / Toxoplasmosis / Rubella	13	

Legend

A	Agreed (Include)	AA	Agreed for ATSI
T	To be Agreed	C	Core Data
O	Out of Scope	E	Exclude

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Pre workshop instructions

	Item	Activity to complete prior to workshop
1	Child Health Check schedule (slide 15)	• Correct any current errors. • Are there any current checks that you feel are not required or are optional for the CHR?
2	Newborn Birth details – • Child and maternal information (Slide 17) • Neonatal information (slide 18) • Discharge information (slide 19) • Breastfeeding (slide 20) Newborn Examination (Slide 21-22) Hearing screening (slide 23-25)	• In your jurisdiction what information should be included / excluded etc According to the Legend: A - Agreed (Include) T - To be Agreed O - Out of Scope E - Exclude C - Clinically Relevant AA - Agreed for ATSI
3	Child Health Checks for each age group (Slide 28-35)	• In your jurisdiction what information should be included / excluded etc Birth-4wks, 6-8wks, 4-9mths, 12mths, 18mths, 2yrs, 3yrs, 4yrs
4	Family Risk Factors (slide 36)	• What needs to be recorded in CHR?
5	Observation (slide 38)	• How should the results of observations be recorded in the CHR? Eg normal - review - refer
6	Growth Charts (slide 40-41)	• Which growth chart is needed nationally for children over 2yrs of age (CDC–WHO)
7	Surveillance and Screening Tools (slide 42-43)	• Provide information on what guidelines, assessment tools and parent led tools are used for the child and families
8	Information for Parents (slide 47)	• Categories for parent discussion and information. Websites
9	Immunisation (slide 48-50)	• Recording of results preferences
Notes	• Content Assessment (% of CHRs containing this information): Green ≥50% Brown 30-49% Blue <30% • "Nat % Use" - "Nat" = National • "W/S Outcome" – "W/S" = Workshop	

Newborn Birth Details & Examination

Child health checks schedule (birth-5yrs)

Health check frequency by jurisdiction

Workshop Note/Outcome:
The Committee agreed that a minimum schedule would not be established at this time. Each jurisdiction will continue to undertake health checks according to their current schedule. The CDHR system will cater for the variations in the schedules.

The following diagram illustrates the number of health checks undertaken by each Jurisdiction from birth to 5 years, within the given age range.
Note: Some of the Health Checks listed below are specifically listed as optional.

Health Checks Birth-5Yrs (incl Newborn Exam)	New-born	0-4Wks	6-8Wks	4Mths	6Mths	9Mths	12Mths	18Mths	2-3Yrs	3-4Yrs	4-5Yrs	Total
Victoria	NB	2 & 4	8	4	×	8	12	18	2	3.5	×	**10**
Tasmania	NB	2 & 4	6 & 8	×	6	×	12	×	2	×	4-5	**9**
Western Australia	NB	0-14(D)	8	4	×	×	12	×	2	×	4-5	**7**
Australian Capital Territory	NB	0-4	6-8	4	6	×	12	18	2	3	4	**10**
New South Wales	NB	1-4	6-8	4i	6	×	12	18	2	3	4	**10**
Queensland	NB	0-4	6-8	4	6	×	12	18	×	2.5-3.5	4-5	**9**
Northern Territory	NB	10(D) & 4	6-8	4	6	9	12	18	2 & 2.5	3 & 3.5	4 & 4.5	**15**
South Australia	NB	1-4	6-8	×	6-9	×	×	18-24	×	3	4	**7**
National Total	**8**	**11**	**9**	**6**	**6**	**2**	**7**	**6**	**7**	**7**	**8**	**77**
United Kingdom	NB	10-14D	6-8	×	×	×	12	×	2-2.5	×	4-5	**6**
Canada	NB	2 & 4	8	4	6	9	12-13&15	18	2-3	×	4-5	**12**
International Total	**2**	**3**	**2**	**1**	**1**	**1**	**3**	**1**	**2**	**0**	**2**	**18**

Legend
(4i) Immunisation (health check at the same time, if required)
Green Text represents ≥50% usage
Brown Text represents 30-49% usage
Blue Text represents <30% usage
(D) Equals days
NB Equals Newborn

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Newborn birth details

Birth details This section is to be completed by a health professional

Given name of child — Family Name

Name of birth facility

Date of birth / / — Time of birth — Sex ☐ Male ☐ Female

Maternal Information
Mother's name — MRN

Pregnancy complications

Blood group

Labour ☐ Spontaneous ☐ Induced – rea

Labour complications

Type of birth ☐ Normal ☐ Breech ☐ For
☐ Other If yes, please specify details

Neonatal Information
Estimated gestation

Abnormalities noted at birth

Problems requiring treatment

Birth weight (kg) — Birth length (

☐ Newborn Hearing Screen (SWISH) co

☐ Newborn Bloodspot Screen Test
☐ Other (specify)

☐ Vitamin K given ☐ Injection ☐ Oral

☐ Hep B immunisation given
☐ Hep B immunoglobin given

Discharge Information
Post partum complications

Feeding at discharge ☐ breast ☐ bot

Difficulties with feeding

Date of discharge / / — Discharge

Print Name

Designation

Original (White) PHR **Duplicate** (Yellow) ECHC

My birth

This information will be completed by the maternity staff

Birth information	
Baby's name	
Place of birth	
Date/time of birth	
Male or female	

Maternal information	
Mother's name	
Birth type	Vaginal, breech, vac… caesarean, home bir…
Pregnancy and Birth complications	maternal GBS status… antibiotics given in la…

Neonatal information	
Gestation	
Apgar	1 minute
Infant variations noted at birth	
Birth complications and treatment	
Birth weight	Birth length

Name

Signature

Top copy is for My Purple Book, middle one for my nurse, …
Form CHS620 (Feb 2017) My birth

My birth details

Weight (kg)

Length (cm)

Head circumference (cm)

Gestation (weeks)

Labour

Method of delivery

Delayed cord clamp

Apgar … /10 … /10

My blood group

Mother's blood group

Vitamin K given

Hepatitis B given

BCG given

Comments

Newborn birth details analysis

Child & maternal information

Workshop Note/Outcome:
Core demographic data (eg name, sex, DOB) will persist across all areas of the system. It will be driven by the data rules applied in technology systems. Delayed cord clamp is clinically relevant.

The following diagram illustrates the Newborn Birth Details, separated into the levels of data consistency (inclusion of the information) across all child health records (baby books). Participation 90% - NSW, QLD, VIC, SA, ACT, TAS, NT WA & UK (excludes Canada)

High (≥50% Use)

Child Information	Nat % Use	W/S Outcome
Baby's Name	63	C
Name of Birth Facility	100	C
Date of Birth	100	C
Time of Birth	75	C
Sex (Male)	75	C
Sex (Female)	75	C

Maternal Information	Nat % Use	W/S Outcome
Mother's Name	63	A
Pregnancy Complications	63	A
Mother's Blood Group	63	E
Labour (Spontaneous)	63	A
Labour (Induced)	63	A
Labour (Induced - Reason)	63	A
Type of Birth (Normal/Vaginal)	75	A
Type of Birth (Breech)	75	A
Type of Birth (Forceps)	75	A
Type of Birth (Caesarean)	75	A
Type of Birth (Vac Ext)	75	A

Medium (30-49% Use)

Child Information	Nat % Use	W/S Outcome
This section is to be completed by a health professional	38	E
Baby's Given Name/s	38	C
Baby's Family Name	38	C
Address	38	E
Baby's Blood Group	38	E

Maternal Information	Nat % Use	W/S Outcome
Anti D Given	38	E
Labour Complications	38	E
Type of Birth (Home)	38	E
Type of Birth (Other)	38	E
Type of Birth (Other, Specify Details)	38	E
Postpartum issues	38	E

Workshop Identified	Nat % Use	W/S Outcome
Fathers Given & Family Names		A
Sex Other		T
Other Parent		A

Low (<30% Use)

Child Information	Nat % Use	W/S Outcome
UR (Unique Reference)	13	E
Examiner Name	25	E

Maternal Information	Nat % Use	W/S Outcome
Mother's Given Name	25	A
Mother's Family Name	25	A
Father's Name	13	A
Mother's Date of Birth	13	E
Mother's Home & Mobile Phone	25	E
MRN (medical record number)	25	E
Type of Birth (write)	25	E
Type of Birth (water)	25	E
Delayed cord clamp	13	T
Birth Complications	25	E
Maternal GBS Status	13	E
Maternal GBS Status - Antibiotics given?	13	E
Maternal rubella TITRE	13	E
Mother has had in pregnancy (CMV / Toxoplasmosis / Rubella	13	E

Legend

A	Agreed (Include)	AA	Agreed for ATSI
T	To be Agreed	C	Core Data
O	Out of Scope	E	Exclude

Newborn birth details analysis

(Neonatal information)

Workshop Note/Outcome:
Newborn Hearing screen was not discussed here as there is a dedicated slide later in the pack

The following diagram illustrates the Newborn Birth Details, separated into the levels of data consistency (inclusion of the information) across all child health records (baby books). Participation 90% - NSW, QLD, VIC, SA, ACT, TAS, NT WA & UK (excludes Canada)

High (≥50% Use)

Neonatal Information	Nat % Use	W/S Outcome
Estimated Gestation	100	A
Apgar 1 Minute	100	A
Apgar 5 Minutes	100	A
Abnormalities Noted at Birth	75	A
Birth Complications & Treatment	75	A
Birth Weight (kg)	100	A
Birth Length (cm)	100	A
Birth Head Circ (cm)	100	A
Newborn Hearing Screen	75	A
Newborn Bloodspot Screen Test	100	A
Newborn Bloodspot Screen Test Date	63	A
Vitamin K given	88	A
Vitamin K Date	50	A
Vitamin K given (Injection)	75	A
Vitamin K given (Oral)	75	A
Vitamin K Given (1st Dose Date)	75	A
Vitamin K Given (2nd Dose Date)	63	A
Vitamin K Given (3rd Dose Date)	63	A
Hep B Immunisation Given	88	A
Hep B Immunisation Given (Date)	75	A
Hep B Dose / Batch / Given by	100	A

Medium (30-49% Use)

Neonatal Information	Nat % Use	W/S Outcome
Newborn Hearing Screen	38	
Hearing Test (date)	38	
Hep B Immunoglobin Given	38	A

Low (<30% Use)

Neonatal Information	Nat % Use	Outcome W/S
Hearing Test Name & Signature	13	E
Newborn Bloodspot Screen Other (specify)	13	E
Bloodspot test results	13	E
Newborn Bloodspot Screen Test Card Number	13	E
Birthmarks	13	E
Other (specify)	13	E
Other (Specify) Date	13	E
Place Given	13	E
Vitamin K Dose	13	E
Vitamin K given (Specify)	0	E
Vitamin K given by (Name & Date)	13	E
Vitamin K Comments	13	E
Hep B Comments	13	E
Hep B Immunoglobin Given (Date)	25	E
TB advice to chest clinic	13	E
BCG Given/Indicated	13	E
Pentavite	13	E
Severe jaundice	13	E
Exchange transfusion for jaundice	13	E

Legend

A	Agreed (Include)	AA	Agreed for ATSI
T	To be Agreed	C	Core Data
O	Out of Scope	E	Exclude

Newborn birth details analysis

(Discharge information)

Workshop Note/Outcome:
Breastfeeding for the entire pack will be according to the new breastfeeding framework currently being reviewed.
Family history will become a section of its own.
CDHR needs to capture multiple discharge weights

The following diagram illustrates the Newborn Birth Details, separated into the levels of data consistency (inclusion of the information) across all child health records (baby books). Participation 90% - NSW, QLD, VIC, SA, ACT, TAS, NT WA & UK (excludes Canada)

High (≥50% Use)

Discharge Information	Nat % Use	W/S Outcome
Admission to Special Care Nursery or ICU	50	A
Admission to Special Care Nursery (Specify)	50	A
Feeding at Discharge (Breast)	75	A
Feeding at Discharge (Bottle)	50	A
Date of Discharge (date)	75	A
Discharge weight (kg)	100	A
Head Circumference (cm)	63	A
Signature	63	E

Medium (30-49% Use)

Discharge Information	Nat % Use	W/S Outcome
Difficulties with Feeding	38	T
Age at Discharge (days)	38	A
Print Name	38	E
Designation	38	E

Low (<30% Use)

Discharge Information	Nat % Use	W/S Outcome
Baby's name	13	E
Post Partum Complications	13	E
Newborn conditions requiring treatment	13	E
Admission to Special Care Nursery (Length of stay)	25	E
Antenatally diagnosed fetal abnormality	13	E
Family history (including deafness)	13	A
Feeding at Discharge (specify)	13	E
Feeding at Discharge (Expressed Breast)	13	E
Feeding at Discharge (Formula)	25	E
Feeding at Discharge (Combination)	25	E
Breastfeeding aids (specify)	13	E
Additional feeding Info	13	A
Referred to GP	25	E
Date of Referral	13	E
Other Issues	13	E
Discharge Notes	13	E
Mother's medications/supplements	13	E
Baby's medications/supplements	13	E
Date of Examination	13	E
Name of examiner	13	E
Discharge length (cm)	25	A
Discharge Date	25	E
Copies Required	25	E

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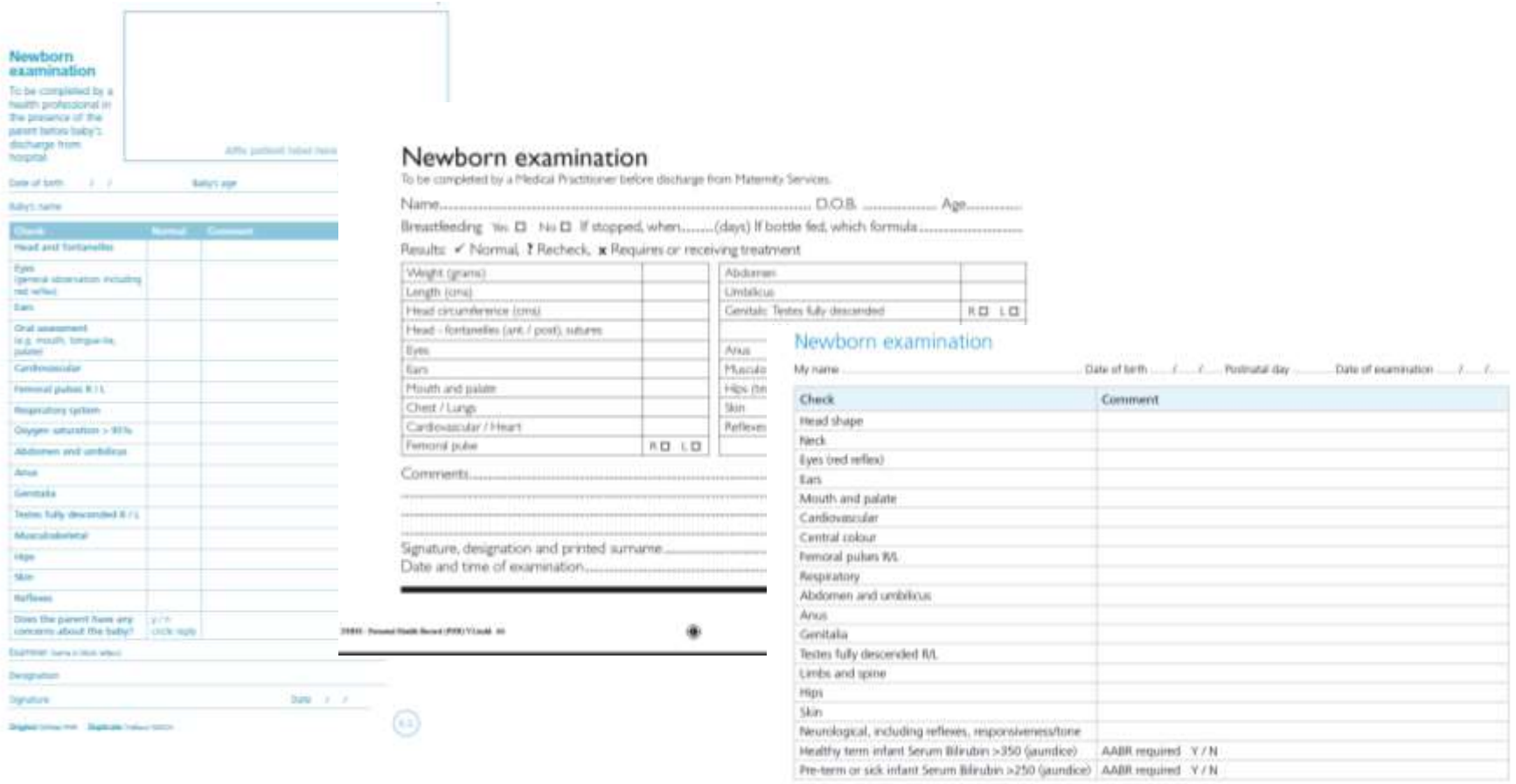
Legend

A	Agreed (Include)	AA	Agreed for ATSI
T	To be Agreed	C	Core Data
O	Out of Scope	E	Exclude

Newborn Examination



Newborn examination

To be completed by a Medical Practitioner before discharge from Maternity Services.

Name..... D.O.B. ..... Age.....

Breastfeeding Yes ☐ No ☐ If stopped, when.....(days) If bottle fed, which formula.....

Results: ✓ Normal, ? Recheck, x Requires or receiving treatment

Weight (grams)		Abdomen	
Length (cms)		Umbilicus	
Head circumference (cms)		Genitals: Testes fully descended	R ☐ L ☐
Head - fontanelles (ant. / post), sutures			
Eyes		Anus	
Ears		Muscul	
Mouth and palate		Hips (te	
Chest / Lungs		Skin	
Cardiovascular / Heart		Reflexes	
Femoral pulse	R ☐ L ☐		

Comments.....

Signature, designation and printed surname.....

Date and time of examination.....

Newborn examination

My name ..... Date of birth ... / ... / ... Postnatal day ..... Date of examination ... / ... / ...

Check	Comment
Head shape	
Neck	
Eyes (red reflex)	
Ears	
Mouth and palate	
Cardiovascular	
Central colour	
Femoral pulses R/L	
Respiratory	
Abdomen and umbilicus	
Anus	
Genitalia	
Testes fully descended R/L	
Limbs and spine	
Hips	
Skin	
Neurological, including reflexes, responsiveness/tone	
Healthy term infant Serum Bilirubin >350 (jaundice)	AABR required Y / N
Pre-term or sick infant Serum Bilirubin >250 (jaundice)	AABR required Y / N

Newborn examination analysis

The following diagram illustrates the Newborn Examination, separated into the levels of data consistency (inclusion of the information) across all child health records (baby books). Participation 90% - NSW, QLD, VIC, SA, ACT, TAS, WA, UK & Canada

Workshop Note/Outcome:
Add Right and Left to eyes and ears
Include Palate with Mouth

High (≥50% Use)

Newborn Exam	Nat % Use	W/S Outcome
This section is to be completed by a health professional in the presence of the parent/s before baby's discharge from the hospital	50	E
Baby's Name	75	C
Date of Birth	63	C
Baby's Age	75	C
Head and Fontanelles	75	A
Head and Fontanelles (Comment)	50	A
Eyes Right/Left	75	A
Eyes Right/Left (Comment)	63	A
Ears Right/Left	75	A
Ears Right/Left (Comment)	63	A
Mouth & Palate	63	A
Cardiovascular/heart	75	A
Cardiovascular (Comment)	63	A
Femoral pulses R / L	50	A
Femoral pulses R / L (Comment)	63	A
Respiratory Rate	50	A
Respiratory Rate (Comment)	50	A
Abdomen & Umbilicus	75	A
Abdomen & Umbilicus (Comment)	63	A
Anus	75	A
Anus (Comment)	63	A

High (≥50% Use)

Newborn Exam	Nat % Use	W/S Outcome
Genitalia	63	A
Genitalia (Comment)	75	A
Testes fully Descended R / L	50	A
Testes fully Descended R / L (Comment)	63	A
Musculo-skeletal	75	A
Musculo-skeletal (Comment)	63	A
Limbs & Spine (Comment)	63	A
Hips/Gait	75	A
Hips/Gait (Comment)	63	A
Skin	50	A
Skin (Comment)	63	A
Reflexes	63	A
Reflexes / Neurological (Comment)	75	A
Examiner	63	C
Designation	50	C
Signature	50	E
Date	50	C

Medium (30-49% Use)

Newborn Exam	Nat % Use	W/S Outcome
Mouth & Palate (Comment)	38	A
Copies required	38	E

Low (<30% Use)

Newborn Exam	Nat % Use	W/S Outcome
UMRN (unit medical record number)	13	E
Consent for newborn exam	0	N/A
Date of Examination	25	E
Sex (Male)	25	E
Sex (Female)	25	E
Breastfeeding	13	E
First Feed Breast/Formula	0	N/A
Breastfeeding (if stopped when - Days)	13	E
Breastfeeding (if bottlefed which formula)	13	E
Weight (gms)	25	E
Length (cms)	25	E
Head Circumference	25	E
Head Shape	13	E
Neck	13	E
Tongue, Palate & Suck	13	E
Chest	25	E
Central Colour	13	E
Oxygen saturation above 90%	13	E
Anus	13	E
Vulva	25	E
Meconium passed	13	E
Urine passed	13	E
Limbs	13	E
Jaundice	13	E
Antibiotic	13	E
Phototherapy	13	E
Proven Infection	13	E
Investigations	13	E
Healthy Term Infant Serum Bilirubin >350 (jaundice) (AARB Required)	13	E
Preterm or sick infant Serum Bilirubin >250 (jaundice) (AARB Required)	13	E
Other (specify)	13	E
Does mother have concerns about her baby	25	E
Does mother have concerns about her baby (Comment)	25	E
Time	13	E
Referral Required (who to & reason)	0	N/A

Note: Some of the items in the Low column are low because for most of the books the information exists in birth details, not newborn exam

Legend

A	Agreed (Include)	AA	Agreed for ATSI
T	To be Agreed	C	Core Data
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National Children's Digital Health COLLABORATIVE

28 May 2018

Newborn hearing screen

My personal health record

Statewide Infant Screening – Hearing

SWIS-H
STATEWIDE INFANT SCREENING - HEARING

Name

Date of Birth

Local Health District

Screened at

Screened by (Print Name)

Outcome (Please circle) RIGHT Pass / Refer LE

Direct Refer to Audiologist ☐ Yes

Repeat screen ☐ Required

Screened at

Screened by (Print Name)

Outcome (Please circle) RIGHT Pass / Refer LE

Refer to Audiologist ☐ Yes

SWISH aims to detect babies with significant hea
Hearing screening is outlined in the parent infor
does my baby need a hearing screen? There is a
screening may not detect an existing hearing pr
child may develop a hearing problem later in life
this screening test are normal. Please continue t
milestones. Seek advice from your health profess
about your child's hearing at any age. (**http://w**
kidsfamilies/MCFhealth/child/pages/hearing-se

Hearing risk factor identified ☐ Yes

When yes is ticked please consult your health prof
appropriate hearing test at 10-12 months (correcte

Coordinator telephone:

Healthy Hearing

If hearing screen was not undertaken, indicate reason:

Hearing screen results

(If result reversed in screens 1&2)

Screen 1 Date / /	**Screen 2** Date / /	**Screen 3** Date / /
Right ear ☐Pass ☐Refer	Right ear ☐Pass ☐Refer	Right
Left ear ☐Pass ☐Refer	Left ear ☐Pass ☐Refer	Left
2nd screen required... ☐Yes ☐No	**Action: Audiology testing referral**	
	Family Support referral	
Signature	Signature	Sign

Follow-up audiology retesting required before child's first birthday? ☐Yes ☐No
(Paediatrician or GP may request earlier audiology test)

List risk factors

☐ For Aboriginal and Torres Strait Islander children, discussed ear infections and import

Audiology testing centre

Date: / / Test/s Result:

Date: / / Test/s Result:

Actions following audiology testing

☐ ENT recommended ☐ Advised Australian Hearing ☐ Ea
☐ Discharged ☐ GP/paediatrician advised of results ☐ Ot

Further audiology review: ☐Yes ☐No Date/clinic:

ENT findings

A VIHSP hearing screen can be done up to 6 months after your baby is born (although younger is better).

My hearing screen	**Screener ID**
Repeat hearing screen required	VIHSP will arrange ☐
Hearing screen result	Pass ☐ Refer ☐ Date: __/__/__
Hearing screen declined	☐ Date: __/__/__

Please contact VIHSP on **9345 4941** if you change your mind.

Hearing screening programs

Workshop Note/Outcome:
Each jurisdiction to confirm the name of the hearing screen being used.

The following table lists the Hearing Screening programs used by each Jurisdiction. The information was found in the baby book for NSW, QLD, VIC, SA, ACT & UK; other sources were used to determine the screening programs for TAS, NT, WA & Canada

Jurisdiction	Hearing Screen	Hearing Screen Confirmed
Victoria	Victorian Hearing Screening Program	
Tasmania	Not present in book; (Tasmanian Newborn Hearing Screening Program)	
Western Australia	Not present in book; (Newborn Hearing Screening Program)	
Australian Capital Territory	ACT Newborn Hearing Screening Program	
New South Wales	SWISH (StateWide Infant Screening – Hearing)	
Queensland	Healthy Hearing	
Northern Territory	Not present in book; (NT Newborn Hearing Screening Program)	
South Australia	Universal Neonatal Hearing Screening	
United Kingdom	Newborn Hearing Screening Programme	
Canada	Not present in book	

Newborn hearing screen analysis

Hearing record

Workshop Note/Outcome:
ATSI identified patients should automatically include ATSI specific information.

The following diagram illustrates the Hearing Screen analysis, separated into the levels of data consistency (inclusion of the information) across all child health records (baby books). Participation 60% - NSW, QLD, VIC, SA, ACT & UK (excludes TAS, NT, WA & Canada)

High (≥50% Use)

Hearing Screening	Nat % Use	W/S Outcome
Hearing Screening Test	63	A
Screening Date	63	A
Signature	50	E
Outcome RIGHT	50	A
Outcome LEFT	50	A
Refer to Audiologist	63	A

Medium (30-49% Use)

Hearing Screening	Nat % Use	W/S Outcome
Screened by (Name)	38	
1st Repeat screen required/not required	38	
Hearing Risk Factor Identified	38	
Hearing Risk Factor Identified (Comment)	38	

Low (<30% Use)

Hearing Screening	Nat % Use	W/S Outcome
Hearing Screening Test declined	13	E
Reason for not undertaking Screen	13	E
First Name	0	N/A
Last Name	0	N/A
NHS Number	0	N/A
Address	0	N/A
Sex	0	N/A
Consent	0	N/A
Name	25	E
Date of Birth	25	E
Local Health District - Heading	13	E
Screened at	25	E
2nd screen required	13	E
Outcome RIGHT Ear OAE / AABR	13	E
Outcome LEFT Ear OAE / AABR	13	E

Low (<30% Use)

Hearing Screening	Nat % Use	W/S Outcome
Risk factors listed	13	E
Refer to Audiologist If Yes reason	25	E
SWISH Information	13	E
2nd Repeat screen required	25	E
Screened at, date, by, signature, outcome	25	E
When yes is ticked please consult your health professional to arrange an age appropriate hearing test at 10-12 months (corrected)	25	E
Co-ordinator Telephone	25	E
For ATSI children, discussed ear infections and importance of hearing for development	13	E
Audiology Testing Centre tests and results	13	E
Actions following audiology testing	13	E
ENT Findings	13	E

Legend

A	Agreed (Include)	AA	Agreed for ATSI
T	To be Agreed	C	Core Data
O	Out of Scope	E	Exclude

Child Health Check Categories

For the purposes of this analysis the Child Health Check is broken into the following categories:

- Child Health Assessment (tables to be completed by you)
- Discussion Topics
- Questions for Parents
- Developmental Milestones

Child Health Assessments Birth – 5 Years

Child health assessment birth-4wks

The following diagram illustrates the Health Check analysis, separated into the levels of data consistency (inclusion of the information) across all child health records (baby books). Participation 70% - NSW, QLD, SA, ACT, TAS, NT, & Canada (excludes VIC, WA & UK)

High (≥50%)

Health Check 0-4Wks	Nat % Use	W/S Outcome
Child's Age	50	C
Health Assessment		
Weight kg %	75	A
Length/Height cm %	75	A
Head circumference cm %	75	A
Fontanelles, sutures	50	A
Eyes Right/Left	56	A
Cardiovascular (Dr only)	56	A
Abdomen/Umbilicus	50	A
Femoral pulses	56	A
Hips/Gait	63	A
Testes fully descended R / L	50	A
Genitalia	56	A
Skin	50	A
Health Protective factors		
Comments	63	E
Signature	50	E
Date of Check (and time)	75	E

Medium (30-49% Use)

Health Checks 0-4Wks Schedule	Nat % Use	W/S Outcome
Name	38	C
Date of Birth	38	C
Health Assessment		
Mouth & Palate	31	A
Anal region	38	A
Reflexes	38	A
Health Protective factors		
Age Appropriate Immunisation completed as per schedule (Hep B Only)	38	E
Name of Dr/Nurse	38	E

Low (<30% Use)

Health Checks 0-4Wks Schedule	Nat % Use	W/S Outcome
Completion Instructions	13	E
Health Assessment		
Head Control	6	E
Head Shape	19	E
Tongue Mobility	0	N/A
Hearing Screen Completed	25	E
Ears Right/Left	6	A
Neck/Chest	6	E
Male urinary stream/foreskin care	0	N/A
Vulva	13	E
Development	19	A
Musculoskeletal	25	E
Muscle tone	0	N/A
Neurological	13	E
Social & emotional	13	E
Other	13	E
Health Protective factors		
Parent questions completed	25	E
Are there any risk factors?	25	E
Hearing	25	E
Vision	25	E
Hip	25	E
Oral Health	25	E
Outcome	25	E
Appropriate health info discussed	25	E
Action Taken	25	E
Designation & Printed Surname	13	E
Venue	25	A

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Legend

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T	To be Agreed	C	Core Data
O	Out of Scope	E	Exclude

Child health assessment 6-8wks

Workshop Note/Outcome:
All Checks should include an ear assessment.
All Checks should include Development.
Head Symmetry should be replaced with Head Shape.

The following diagram illustrates the Health Check analysis, separated into the levels of data consistency (inclusion of the information) across all child health records (baby books). Participation 90% - NSW, QLD, SA, ACT, TAS, NT WA, UK & Canada

High (≥50% Use)

Health Checks 6-8Wks	Nat % Use	W/S Outcome
Completed by a child and family health nurse, GP or Paediatrician	63	E
Name	50	C
Child's Age	75	C
Health Assessment		
Weight kg %	94	A
Length/Height cm %	94	A
Head circumference cm %	100	A
Fontanelles, sutures	50	A
Mouth & Palate	56	A
Eyes Right/Left	88	A
Ears Right/Left	50	A
Cardiovascular (Dr only)	75	A
Abdomen/Umbilicus	50	A
Femoral pulses	50	A
Hips/Gait	75	A
Testes fully descended R/L	63	A
Genitalia	56	A
Skin	63	A
Health Protective factors		
Age Appropriate Immunisation completed as per schedule	69	A
Comments	75	A
Name of Dr/Nurse	63	A
Signature	63	E
Date of Check (and time)	88	A

Medium (30-49% Use)

Health Checks 6-8Wks	Nat % Use	W/S Outcome
Date of Birth	38	C
Health Assessment		
Head Shape	44	A
Development	31	A
Musculoskeletal	44	E
Health Protective factors		
Designation & Printed Surname	31	E

Low (<30% Use)

Health Checks 6-8Wks	Nat % Use	W/S Outcome
Sex M/F	25	C
Health Assessment		
Head Lift when prone/head control	19	E
Hearing Screen Completed	25	E
Neck/Chest	13	E
Vulva	13	E
Anal region	6	E
Groin area/Inguinal region	13	E
Posture	13	E
Muscle tone / tone	25	E
Moro Reflex	6	E
CNS	13	E
Manipulation	0	N/A
Neurological	13	E
Reflexes	6	E
Health Protective factors		
Parent questions completed	25	E
Are there any risk factors?	25	E
Hearing	25	E
Vision	25	E
Hip	13	E
Oral Health	13	E
Outcome	25	E
Appropriate health info discussed	25	E
Action Taken	25	E
Venue	25	E
Follow-up required (reason etc)	0	N/A

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Legend

A	Agreed (Include)	AA	Agreed for ATSI
T	To be Agreed	C	Core Data
O	Out of Scope	E	Exclude

Child health assessment 4-9mths

Workshop Note/Outcome:
Oral Health – remove lift the lip.

The following diagram illustrates the Health Check analysis, separated into the levels of data consistency (inclusion of the information) across all child health records (baby books). Participation 80% - NSW, QLD, SA, ACT, TAS, NT WA, & Canada (Excludes VIC [4 & 9Mth Health Checks but no assessments]; & UK)

High (≥50% Use)

Health Checks 4-9Mths	Nat % Use	W/S Outcome
Child's Age	63	C
Health Assessment		
Weight kg %	88	A
Length/Height cm %	88	A
Head circumference cm %	88	A
Eyes Right/Left	75	A
Testes full descended R/L	63	A
Health Protective factors		
Age Appropriate Immunisation completed as per schedule	75	A
Comments	63	A
Name of Dr/Nurse	50	A
Signature	50	E
Date of Check (and time)	88	A

Medium (30-49% Use)

Health Checks 4-9Mths	Nat % Use	W/S Outcome
Name	38	C
Date of Birth	38	C
Health Assessment		
Head Shape	38	A
Oral Health	44	A
Hips/Gait	38	A
Ears Right/Left	38	A
Genitalia	31	E
Development	31	A
Musculo skeletal	38	E
Skin	38	A
Health Protective factors		

Low (<30% Use)

Health Checks 4-9Mths	Nat % Use	W/S Outcome
Completed by a child and family health nurse, GP or Paediatrician	25	E
Sex	25	C
Health Assessment		
Iron Testing gms/ltr	4	AA
Deworming, Medication, Dose	8	AA
Fontanelles, sutures	25	E
Mouth & Palate	25	E
Hearing Screen Completed	13	E
Cardiovascular (Dr only)	13	E
Neck/Chest	13	E

Low (<30% Use)

Health Checks 4-9Mths	Nat % Use	W/S Outcome
Abdomen/Umbilicus	25	E
Femoral pulses	13	E
Hip Test for dislocation	25	E
Inguinal area	13	E
Vulva	13	E
Muscle tone	0	N/A
Haemoglobin	0	N/A
Blood lead level	0	N/A
TB Screen	0	N/A
Social & emotional	13	E
Other	6	E
Health Protective factors		
Parent questions completed	25	E
Family health history & risk factors completed	13	E
HBSag +ve parent Sibling HepB vaccine given	0	N/A
Are there any risk factors?	25	E
Hearing	25	E
Vision	25	E
Hip	13	E
Oral Health	25	E
Outcome	25	E
Appropriate health info discussed	25	E
Action Taken	25	E
Designation & Printed Surname	25	E
Venue	25	E

National Children's Digital Health COLLABORATIVE

Legend

A	Agreed (Include)	AA	Agreed for ATSI
T	To be Agreed	C	Core Data
O	Out of Scope	E	Exclude

Child health assessment 12mths

Workshop Note/Outcome:
All Checks - Change Hips to Hips/Gait

The following diagram illustrates the Health Check analysis, separated into the levels of data consistency (inclusion of the information) across all child health records (baby books). Participation 80% - NSW, QLD, ACT, TAS, NT WA, UK & Canada (excludes SA; VIC has a 12 Mth Health Check but no assessment)

High (≥50% Use)

Health Checks 12Mths	Nat % Use	W/S Outcome
Child's Age	50	C
Health Assessment		
Weight kg %	75	A
Length/Height cm %	75	A
Head circumference cm %	75	A
Eyes Right/Left	63	A
Oral Health	50	A
Testes fully descended R/L	50	A
Health Protective factors		
Age Appropriate Immunisation completed as per schedule	50	A
Comments	63	A
Name of Dr/Nurse	50	A
Signature	50	E
Date of Check (and time)	75	A

Medium (30-49% Use)

Health Checks 12Mths	Nat % Use	W/S Outcome
Name	38	C
Date of Birth	38	C
Health Assessment		
Hips/Gait	38	A
Health Protective factors		

Low (<30% Use)

Health Checks 12Mths	Nat % Use	W/S Outcome
Completed by a child and family health nurse, GP or Paediatrician	25	E
Sex	25	C
Health Assessment		
Deworming (medication, dose)	13	AA
Fontanelles, sutures	13	E
Head Shape	25	A
Mouth & Palate	13	E
Tonsil size, sleep disordered breathing	0	E
Hips/Gait	13	A
Hearing Screen Completed	13	E
Ears Right/Left	25	A
Abdomen/Umbilicus	13	E
Hip Test for dislocation	25	E
Vulva	13	E

Low (<30% Use)

Health Checks 12Mths	Nat % Use	W/S Outcome
Development	25	A
Iron Testing	0	AA
Blood lead levels if at risk	0	N/A
Musculo skeletal	13	E
Skin	25	A
Social & emotional	13	E
Other	13	E
Health Protective factors		E
Parent questions completed	13	E
Family health history & risk factors completed	13	E
HBSag Positive parent sibling HepB vaccine given	0	N/A
Are there any risk factors?	25	E
Hearing	25	E
Vision	25	E
Hip	13	E
Oral Health	38	E
Outcome	25	E
Appropriate health info discussed	25	E
Action Taken	25	E
Designation & Printed Surname	25	E
Venue	25	E
Follow Ups	0	N/A

National Children's Digital Health COLLABORATIVE

Legend

A	Agreed (Include)	AA	Agreed for ATSI
T	To be Agreed	C	Core Data
O	Out of Scope	E	Exclude

Child health assessment 18mths

The following diagram illustrates the Health Check analysis, separated into the levels of data consistency (inclusion of the information) across all child health records (baby books). Participation 60% - NSW, QLD, ACT, NT, SA & Canada (excludes TAS, WA & UK; VIC has an 18 Mth Health Check but no assessment)

High (≥50% Use)

Health Checks 18Mths	Nat % Use	W/S Outcome
Health Assessment		
Weight kg %	63	A
Length/Height cm %	63	A
Eyes Right/Left	50	A
Oral Health	50	A
Health Protective factors		A
Age Appropriate Immunisation completed as per schedule	50	A
Comments	50	A
Date of Check (and time)	50	A

Medium (30-49% Use)

Health Checks 18Mths	Nat % Use	W/S Outcome
Child's Age	38	C
Health Assessment		
Hips/Gait	38	A
Health Protective factors		
Name of Dr/Nurse	38	E
Signature	38	E
Venue	38	E

Low (<30% Use)

Health Checks 18Mths	Nat % Use	W/S Outcome
Completed by a child and family health nurse, GP or Paediatrician	25	E
Name	25	E
Date of Birth	25	E
Sex	25	E
Health Assessment		
Head circumference cm %	25	A
Iron Testing gms/litre	13	AA
Deworming (medication, dose)	13	AA
Fontanelles, sutures	0	N/A
Mouth & Palate	13	E
Tongue Mobility	13	E
Fluoride varnish	13	AA

Low (<30% Use)

Health Checks 18Mths	Nat % Use	W/S Outcome
Tonsil size, sleep disorder breathing	0	N/A
Hearing Screen Completed	13	E
Ears Right/Left	13	A
Testes fully descended R/L	13	E
Vulva	13	E
Development	13	A
Other	13	E
Health Protective factors		E
Parent questions completed	25	E
Family health history & risk factors completed?	13	E
haemoglobin if at risk	0	N/A
blood lead if at risk	0	N/A
Are there any risk factors?	25	E
Hearing	25	E
Vision	25	E
Hip	0	N/A
Oral Health	25	E
Outcome	25	E
Appropriate health info discussed	25	E
Action Taken	25	E
Designation & Printed Surname	25	E

National Children's Digital Health COLLABORATIVE

Legend

A	Agreed (Include)	AA	Agreed for ATSI
T	To be Agreed	C	Core Data
O	Out of Scope	E	Exclude

Child health assessment 2yrs

The following diagram illustrates the Health Check analysis, separated into the levels of data consistency (inclusion of the information) across all child health records (baby books). Participation 70% - NSW, ACT, TAS, NT WA, UK & Canada (excludes QLD & SA; VIC has a health check but no assessment)

High (≥50% Use)

Health Checks 2Yrs	Nat % Use	W/S Outcome
Health Assessment		
Weight kg %	63	A
Length/Height cm %	63	A
Eyes Right/Left	63	A
Oral Health	63	A
Evaluate gait	50	E
Health Protective factors		
Age Appropriate Immunisation completed as per schedule	50	A
Comments	50	A
Date of Check (and time)	63	A

Medium (30-49% Use)

Health Checks 2Yrs	Nat % Use	W/S Outcome
Name	38	C
Date of Birth	38	C
Child's Age	38	C
Health Assessment		
Health Protective factors		
Name of Dr/Nurse	38	E
Signature	38	E

Low (<30% Use)

Health Checks 2Yrs	Nat % Use	W/S Outcome
Completed by a child and family health nurse, GP or Paediatrician	25	E
Sex	25	C
Health Assessment		
Head circumference cm %	25	E
Body Mass Index	25	A
Iron Testing gms/litre	13	AA
Deworming (medication, dose)	13	AA
Head Shape	13	E
Tonsil size/sleep disorder breathing	0	N/A
Flouride varnish	13	AA
Hearing Screen Completed	0	N/A
Ears Right/Left	25	A

Low (<30% Use)

Health Checks 2Yrs	Nat % Use	W/S Outcome
Abdomen/Umbilicus	13	E
Hip Test for dislocation	13	E
Testes full descended R /L	25	E
Blood pressure if at risk	0	N/A
Development	25	A
Musculo skeletal	25	E
Skin	25	A
Health Protective factors		
Parent questions completed	25	E
Haemoglobin (if at risk)	0	N/A
Blood lead if at risk	0	N/A
Are there any risk factors?	25	E
Hearing	25	E
Vision	25	E
Hip	0	N/A
Oral Health	25	E
Outcome	25	E
Appropriate health information discussed	25	E
Action Taken	25	E
Designation & Printed Surname	13	E
Venue	25	E
ASQ3 Completed	0	N/A
ASQSE Completed	0	N/A
Findings & Actions	0	N/A
Follow-up Required	0	N/A

National Children's Digital Health COLLABORATIVE

Legend

A	Agreed (Include)	AA	Agreed for ATSI
T	To be Agreed	C	Core Data
O	Out of Scope	E	Exclude

Child health assessment 3yrs

The following diagram illustrates the Health Check analysis, separated into the levels of data consistency (inclusion of the information) across all child health records (baby books). Participation 50% - NSW, ACT, NT, QLD & SA (excludes WA, UK & Canada; VIC &TAS have a health check but no assessment)

High (≥50% Use)

Health Checks 3Yrs	Nat % Use	W/S Outcome
Health Assessment		
Weight kg %	63	A
Length/Height cm %	63	A
Eyes Right/Left	50	A
Oral Health	50	A
Health Protective Factors		A
Age Appropriate Immunisation completed as per schedule	31	A
Comments	50	A
Date of Check (and time)	63	A

Medium (30-49% Use)

Health Checks 3Yrs	Nat % Use	W/S Outcome
Child's Age	38	C
Health Assessment		
Head circumference cm %	38	A
Body Mass Index	38	A
Health Protective factors		
Name of Dr/Nurse	38	E
Signature	38	E

Low (<30% Use)

Health Checks 3Yrs	Nat % Use	W/S Outcome
Completed by a child and family health nurse, GP or Paediatrician	25	E
Name	25	C
Date of Birth	25	C
Sex M/F	25	C
Health Assessment		
Iron Testing gms/litre	13	AA
Deworming (medication, dose)	13	AA
Fluoride varnish	13	AA
Evaluate gait	25	E

Low (<30% Use)

Health Checks 3Yrs	Nat % Use	W/S Outcome
Health Assessment		
Hearing Screen Completed	13	E
Ears Right/Left	13	A
Speech	13	E
Cardiovascular (Dr only)	13	E
Testes fully descended Right / Left	13	E
Genitalia	13	E
Development	25	A
Other	13	E
Health Protective factors		
Parent questions completed	25	E
Are there any risk factors?	25	E
Hearing	25	E
Vision	25	E
Oral Health	25	E
Outcome	25	E
Appropriate health info discussed	25	E
Action Taken	25	E
Designation & Printed Surname	25	E
Venue	25	E

National Children's Digital Health COLLABORATIVE

Legend

A	Agreed (Include)	AA	Agreed for ATSI
T	To be Agreed	C	Core Data
O	Out of Scope	E	Exclude

Child health assessment 4yrs

The following diagram illustrates the Health Check analysis, separated into the levels of data consistency (inclusion of the information) across all child health records (baby books). Participation 90% - NSW, QLD, SA, ACT, TAS, NT WA, UK & Canada (VIC has a health check but no assessment)

High (≥50% Use)

Health Checks 4Yrs	Nat % Use	W/S Outcome
Child's Age	63	C
Health Assessment		
Weight kg %	88	A
Length/Height cm %	88	A
Oral Health	63	A
Testes fully descended Right/Left	50	A
Development	50	A
Health Protective factors		A
Age Appropriate Immunisation completed as per schedule	69	A
Comments/results	63	A
Name of Dr/Nurse	50	A
Signature	50	A
Date of Check (and time)	88	A

Workshop Identified	Nat % Use	W/S Outcome
Vision Screen		A
Hearing Screen		A

Medium (30-49% Use)

Health Checks 4Yrs	Nat % Use	W/S Outcome
Name	38	C
Date of Birth	38	C
Health Assessment		
Body Mass Index	38	A
Eyes Right/Left	38	A
Eyes (vision tested monocularly) Right/Left	38	A
Results Vision Chart * 6 M Right Eye 6/ Left eye 6/	38	A
Evaluate gait	38	E
Hearing Screen Completed	38	A

Low (<30% Use)

Health Checks 4Yrs	Nat % Use	W/S Outcome
Completed by a child and family health nurse, GP or Paediatrician	25	E
Sex	25	C
Health Assessment		
Head Circumference cm %	25	E
Iron Testing gms/litre	13	AA
Deworming (medication, dose)	13	AA
Head Shape	13	E
Blood pressure (if at risk)	0	N/A

Low (<30% Use)

Health Checks 4Yrs	Nat % Use	W/S Outcome
Outcome	25	E
Results Vision Chart * 3 M Right Eye 3/ Left eye 3/	25	E
Tonsil size, sleep disorder breathing	0	N/A
Ears Right / Left	25	AA
Speech & Language	13	E
Abdomen/Umbilicus	13	E
Hip Test for dislocation	13	E
Musculoskeletal	25	E
Skin	25	AA
Social & emotional	13	E
Health Protective factors		
Parent questions completed	25	E
Haemoglobin, if at risk	0	N/A
Blood lead, if at risk	0	N/A
Are there any risk factors?	25	E
Hearing	25	E
Vision	25	E
Oral Health	25	E
Appropriate health info discussed	25	E
Action Taken	25	E
Designation & Printed Surname	25	E
Venue	25	E
Child accompanied by	25	E
Follow-up Required List/Reason	0	N/A

National Children's Digital Health COLLABORATIVE

Legend

A	Agreed (Include)	AA	Agreed for ATSI
T	To be Agreed	C	Core Data
O	Out of Scope	E	Exclude

Family history & risk factors analys

Workshop Note/Outcome:
The CDHR system should include a drop down box to explain each of the family history and risk factors being suggested.

The following diagram illustrates the Family history and risk factors analysis, separated into the levels of data consistency (inclusion of the information) across all child health records (baby books). Participation 60% - NSW, QLD, SA, ACT, TAS, UK (excludes VIC, NT, WA & Canada)

High (≥50%)

Family History & Risk Factors	Nat % Use	W/S Outcome
Hearing/Deafness/Hearing Problems	63	A
Vision/Sight/Blindness/Eye Problems	50	A

Medium (30-49% Use)

Family History & Risk Factors	Nat % Use	W/S Outcome
Pregnancy Illnesses	38	E
Need Oxygen >=48hrs	38	A

Low (<30% Use)

Family History & Risk Factors	Nat % Use	W/S Outcome
Birth Weight <1500gms	25	A
Intensive care >24hrs	25	A
Born with any Physical Problems	25	E
Dysplasia of the Hips/Hip Problems	25	A
Breech Birth	25	E
Dental	13	E
Allergies/Adverse Reactions	25	E
Asthma	25	E
Fits in Childhood	0	N/A
Reading & Spelling Difficulties	0	N/A
Tuberculosis (TB)	0	N/A
Heart Conditions	0	N/A
Other	0	N/A
Breathing problems (asphyxia) or convulsions when born	13	E
Baby: Meningitis	13	E
Cleft palate or other problem with face or head	13	E
Syndrome diagnosis (eg Down Syndrome)	13	E
Jaundice	13	E
Born before 37 weeks	13	E
Mother Diabetic condition in pregnancy	13	E

Legend

A	Agreed (Include)	AA	Agreed for ATSI
T	To be Agreed	C	Core Data
O	Out of Scope	E	Exclude

Consolidated child health assessment data

Workshop Note/Outcome:
This slide has been updated with the harmonised content

Child Health Check Assessments									
Type	**Newborn Exam**	**HC 0-4Wks**	**HC 6-8Wks**	**HC 4-9Mths**	**HC 12Mths**	**HC 18Mths**	**HC 2Yrs**	**HC 3Yrs**	**HC 4Yrs**
Identifying Info	Given Name	Given Name	Given Name	Given Name	Given Name	Given Name	Given Name	Given Name	Given Name
	Family Name	Family Name	Family Name	Family Name	Family Name	Family Name	Family Name	Family Name	Family Name
	Date of Birth	Date of Birth	Date of Birth	Date of Birth	Date of Birth	Date of Birth	Date of Birth	Date of Birth	Date of Birth
	Baby's Age	Baby's Age	Baby's Age	Baby's Age	Baby's Age	Baby's Age	Baby's Age	Baby's Age	Baby's Age
Measurements		Weight kg %	Weight kg %	Weight kg %	Weight kg %	Weight kg %	Weight kg %	Weight kg %	Weight kg %
		Length/Height cm %	Length/Height cm %	Length/Height cm %	Length/Height cm %	Length/Height cm %	Length/Height cm %	Length/Height cm %	Length/Height cm %
		Head circumference cm %	Head circumference cm %	Head circumference cm%	Head circumference cm %	Head circumference cm %		Head circumference cm %	
							Body Mass Index	Body Mass Index	Body Mass Index
Assessment	Head and Fontanelles	Fontanelles, sutures	Fontanelles, sutures						
	Eyes Right/Left	Eyes Right/Left	Eyes Right/Left	Eyes Right/Left	Eyes Right/Left	Eyes Right/Left	Eyes Right/Left	Eyes Right/Left	Eyes Right/Left
	Ears Right/Left	Ears Right/Left	Ears Right/Left	Ears Right/Left	Ears Right/Left	Ears Right/Left	Ears Right/Left	Ears Right/Left	Ears Right / Left
	Mouth & Palate	Mouth & Palate	Mouth & Palate						
	Cardiovascular/heart	Cardiovascular (Dr only)	Cardiovascular (Dr only)						
	Femoral pulses R/L	Femoral pulses	Femoral pulses						
	Respiratory Rate								
	Abdomen & Umbilicus	Abdomen/Umbilicus	Abdomen/Umbilicus						
	Anus	Anal region							
	Genitalia	Genitalia	Genitalia						
	Testes fully descended	Testes fully descended	Testes fully descended	Testes fully descended	Testes fully descended				Testes fully descended
	Musculo-skeletal								
	Hips/Gait	Hips/Gait	Hips/Gait	Hips/Gait	Hips/Gait	Hips/Gait			
	Skin	Skin	Skin	Skin	Skin		Skin		Skin
	Reflexes	Reflexes							
			Head Shape	Head Shape	Head Shape				
				Oral Health	Oral Health	Oral Health	Oral Health	Oral Health	Oral Health
		Development	Development	Development	Development	Development	Development	Development	Development
									Vision Screen
									Hearing Screen
ATSI				Iron Testing gms/ltr	Iron Testing gms/ltr	Iron Testing gms/litre	Iron Testing gms/litre	Iron Testing gms/litre	Iron Testing gms/litre
ATSI				Deworming	Deworming	Deworming	Deworming	Deworming	Deworming
ATSI						Fluoride varnish	Fluoride varnish	Fluoride varnish	
Examiner Details	Examiner	Examiner	Examiner	Examiner	Examiner	Examiner	Examiner	Examiner	Examiner
	Designation	Designation	Designation	Designation	Designation	Designation	Designation	Designation	Designation
	Date	Date	Date	Date	Date	Date	Date	Date	Date
	Venue	Venue	Venue	Venue	Venue	Venue	Venue	Venue	Venue

This slide shows the existing commonality across all health assessments

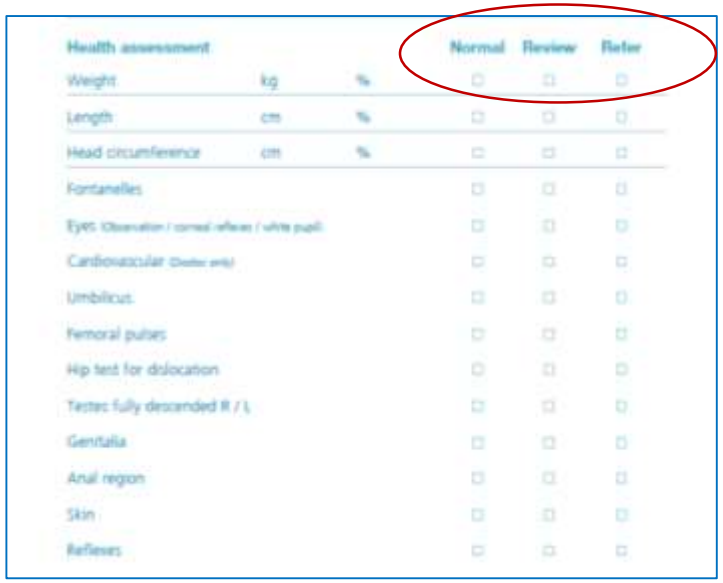
Observational results

Results recording

Workshop Note/Outcome:
Observational results will be recorded as follows:
- Normal
- Review
- Refer
- Comment

The CDHR system should provide the ability to tick more than 1 box eg review and refer.

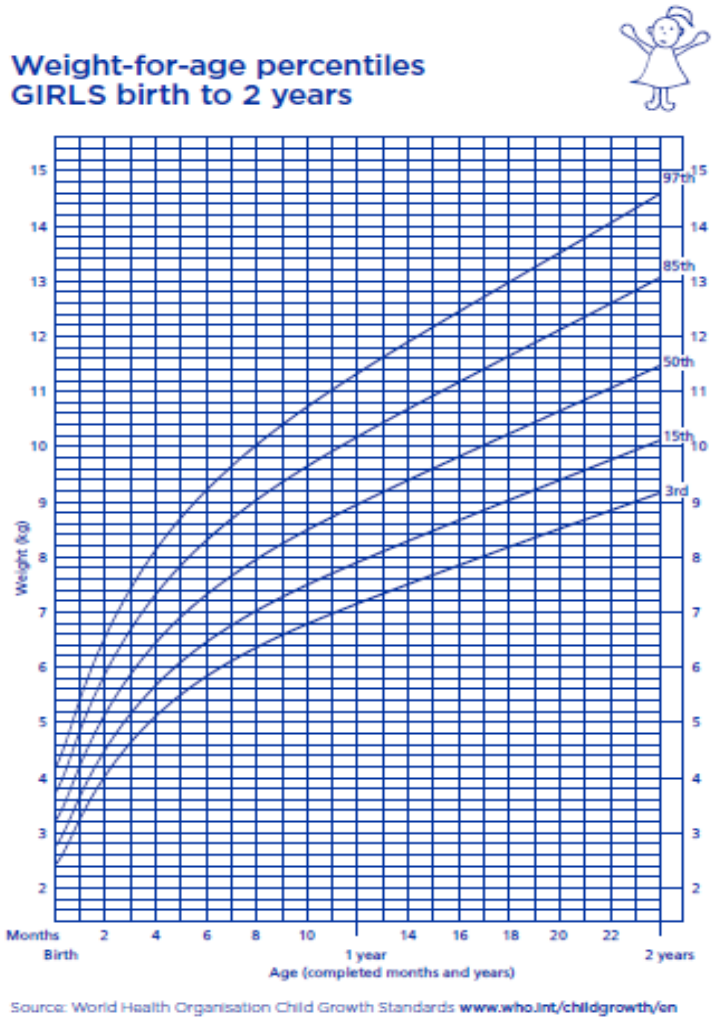
What should the options be when recording the results/actions from each observation in the health check assessment? There are variances throughout the books but Normal, Review & Refer appear to be the most common.



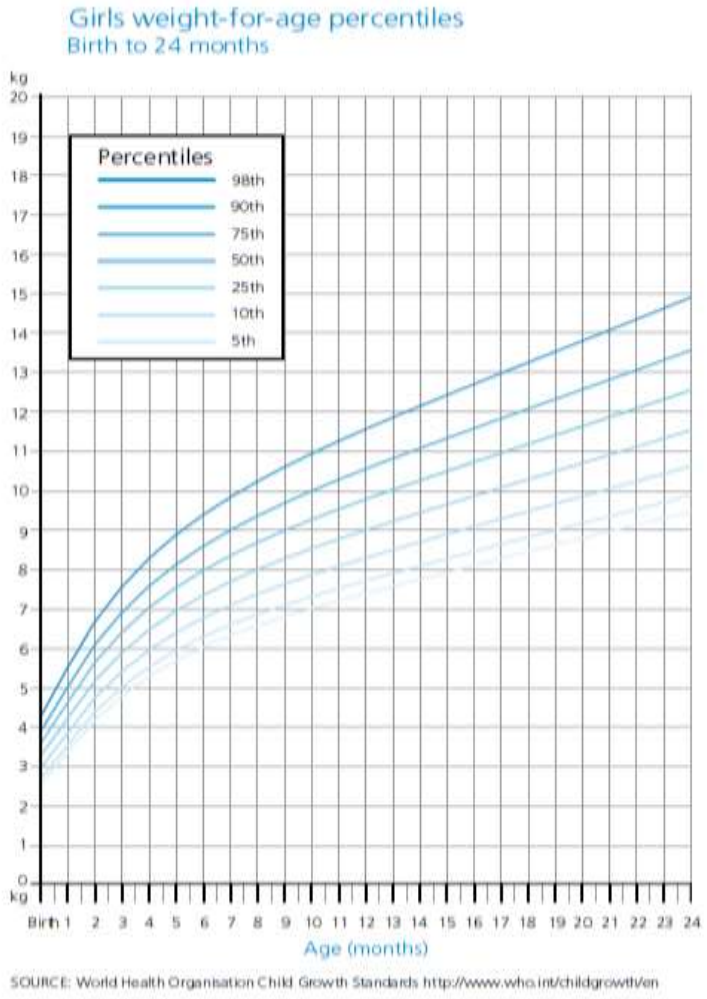
Health Check Assessment	Normal	Review	Refer
Eyes Right/Left	✓		
Hips		✓	
Testes fully descended	✓		
Femoral pulses	✓		
Ears Right/Left		✓	✓

Growth & Development

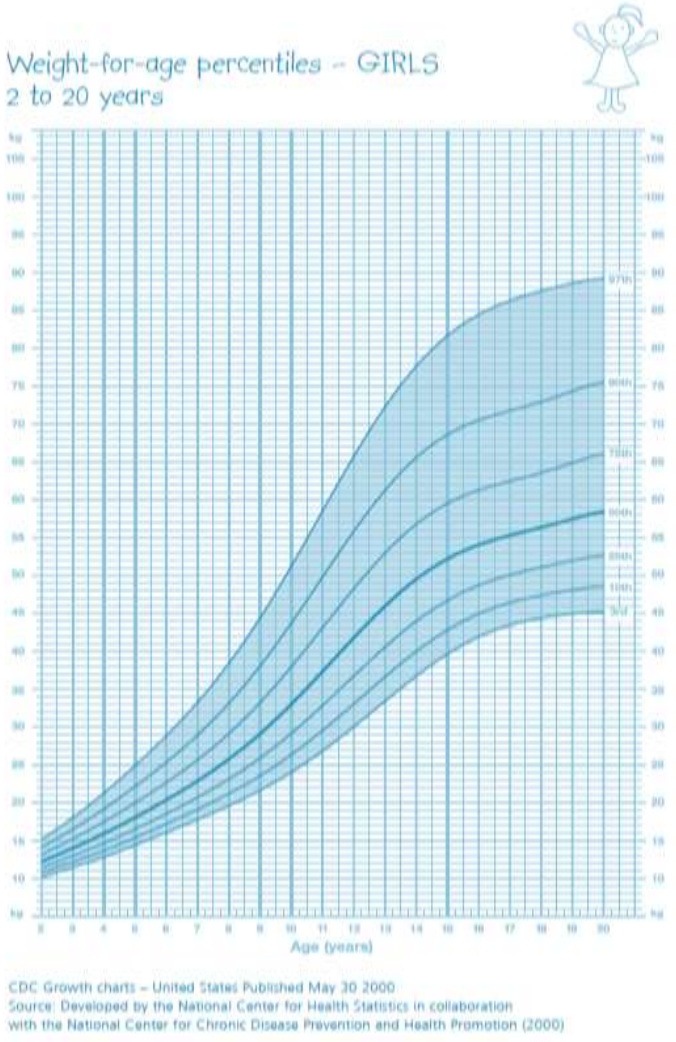
Growth charts Birth–20yrs



Source: World Health Organisation Child Growth Standards **www.who.int/childgrowth/en**



SOURCE: World Health Organisation Child Growth Standards http://www.who.int/childgrowth/en



CDC Growth charts – United States Published May 30 2000
Source: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000)

Growth charts standard (birth–20yrs)

Workshop Note/Outcome:
In principle (if achievable by NT & WA) it was agreed:
- CDC from 2-20 years
- BMI should be CDC for 2-20yrs

The following table lists the standards being used by each Jurisdiction to record developmental growth.

Growth Charts Standard	Birth-2Yrs		2-20Yrs	
	WHO	CDC	WHO	CDC
Victoria	✓	✗	✗	✓
Tasmania	✓	✗	✗	✓
Western Australia	✓	✗	✓*	✗
Australian Capital Territory	✓	✗	✗	✓
New South Wales	✓	✗	✗	✓
Queensland	✓	✗	✗	✓
Northern Territory	✓	✗	✓*	✗
South Australia	✓	✗	✗	✓
United Kingdom	✓	✗	✗	✗
Canada	✓	✗	✗	✗

Legend
✓* WA & NT stop recording in baby book at 5yrs and use WHO not CDC for 2-5yrs

- What are the recommended Graphs?
- Differences
  - Standard used
  - Age range

Developmental tracking birth-5yrs
(Milestone standards)

Workshop Note/Outcome:
The Raising Children's Network will be investigated for guidance on developmental milestones.
We need a different table to draw out screening and assessment tools
How to identify serious illness

The following table needs to be completed with the information/tools used to track and assess child and family.

Jurisdiction	Developmental Milestone Standard/Guideline/Reference	Screening & Assessment Tools Used	Parent Led Tools (baby book)
Victoria	https://www.aihw.gov.au/reports/children-youth/childrens-headline-indicators/contents/dynamic-data-displays	Key Ages and Stages Check EPDF Vision (MIST) Safe Sleeping Check List Brigance (secondary screen)	Parent Evaluation Development Status (PEDS)
Tasmania			
Western Australia			
Australian Capital Territory			
New South Wales			
Queensland			
Northern Territory			
South Australia			

Sample only: needs to be completed/confirmed by Victoria

Developmental milestones birth-5yrs
(Milestone themes by category & age)

Workshop Note/Outcome:
This information will be validated against the Raising Children's Network and then incorporated as the Developmental Milestones.
Also consider Key Milestone Alerts

Category

			Cognitive/ Learning/ Problem Solving		Social &Emotional		
Age	**Movement**	**Language/Comms**	**Environmental Awareness**	**Cognitive**	**Social**	**Emotional**	**Emotional**
0-4Wks	Grasp your fingers when placed in hand	Crying/Screaming	Starting to focus on faces	Being startled by loud noises			
6-8Wks	Can hold head up & begins to push up when lying on tummy	Coos, makes gurgling Sounds	Pays attention to faces, follows things with eyes	Turns head towards sounds	Begins to smile at people	Tries to look at parent	Calm self briefly
4-9Mths	Rolls over in both directions	Strings vowels together when babbling	Looks around at things nearby	Responds to own name	Likes to play with others, especially parents	Responds to other people's emotions and often seems happy	Knows familiar faces and if someone is a stranger
12Mths	Pulls up to stand	Says Mamma & Dadda (uh-oh)	Finds hidden things easily	Responds to simple spoken requests	Has favourite things and people	Cries when mum or dad leaves	Shy or nervous with strangers
18Mths	Walks alone	Says several single words	Knows what ordinary things are (eg telephone, spoon)	Can follow one step verbal commands (sit down)	Likes to hand things to others as play	Shows affection to familiar people	May have temper tantrums
2Yrs	Begins to run	Says sentences with 2-4 words	Finds things even when hidden under 2-3 covers	Follows simple instructions	Copies others, especially adults and older children	Gets excited when with other children	Shows defiant behaviour (doing what he/she has been told not to do)
3Yrs	Runs easily	Talks well enough for strangers to understand most of the time	Does puzzles with 3 or 4 pieces	Follows instructions with 2 or 3 steps	Takes turns in games	Shows affection for friends without prompting	Shows a wide range of emotions
4Yrs	Hops & stands on one foot	Sings a song or says a poem from memory such as "Itsy Bitsy Spider"	Names some colours and numbers	Understands the idea of counting	Would rather play with other children than by self	Co-operates with other children	Talks about what he/she likes and what he/she is interested in

Age

Parent Information

Parent discussion topics 0-4 wks

Workshop Note/Outcome:
Create a table that points to the Raising Children's Network content (ie specific URL)
Create a table of National Phone Numbers (eg poisons info etc, refer to back of books for headings)

The following diagram illustrates the Discussion Topics analysis, separated into the levels of data consistency (inclusion of the information) across all child health records (baby books). Participation 100% - NSW, QLD, VIC, SA, ACT, TAS, NT WA, UK & Canada

High (≥50%)

Discussion Topics	Nat % Use	W/S Outcome
Health & Safety		
Feeding/Nutrition	100	A
Sleeping/SUDI/SIDS	100	A
Immunisations	63	A
General Safety	88	A
How to be sun smart	50	E
Development		
Comforting/Bonding	63	A
Play/stimulation	75	A
Family		
Parents emotional health	50	A
Parent groups/support network/online resources	50	A
Smoking/drug use/alcohol	75	A

Workshop Identified	Nat % Use	W/S Outcome
Father topics		A

Medium (30-49% Use)

Discussion Topics	Nat % Use	W/S Outcome
Health & Safety		
Baby's & health & wellbeing	38	
Bowel motion changes	38	
Development		
Communication/Language	38	
Family		
Personal Health Record	38	
Health care professionals	38	
Mother's general health	38	
Positive parenting & relationship dev	38	

Low (<30% Use)

Discussion Topics	Nat % Use	W/S Outcome
Health & Safety		
Growth	25	
Dental	13	
Genital care & Hygiene	13	
Development		
Crying	25	
Family		
Work/childcare	25	
Family health & wellbeing	13	
Contraception	25	
Birth Registration	13	
Tummy time	25	
No Screen Time	13	

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Legend

A	Agreed (Include)	AA	Agreed for ATSI
T	To be Agreed	C	Core Data
O	Out of Scope	E	Exclude

Information for Parents
(General, child safety & immunisation)

Workshop Note/Outcome:
Create a table that points to the Raising Children's Network content (ie specific URL)
Create a table of National Phone Numbers (eg poisons info etc, refer to back of books for headings)

The following table lists the websites agreed as a national source of information for parents including: general, child safety and immunisation resources.

Note: Please populate with your examples

Subject	Content	National Website
General Information	Health; Weight;	Raising Children's Network
Child Safety	Safe Sleeping, SIDS;	Red Nose
Immunisation		Australian Immunisation Register (AIR)
Breastfeeding		Australian Breastfeeding Association
Development Milestones		Raising Children's Network
Birth Registration		Births Deaths & Marriages
Child Protection		
Safe Sleeping		

Important National Phone Numbers

Workshop Note/Outcome:
Create a table that points to the Raising Children's Network content (ie specific URL)
Create a table of National Phone Numbers (eg poisons info etc, refer to back of books for headings)

The following table lists the phone numbers for …….

Immunisation

Immunisation schedule – birth to 5yrs
(Schedule analysis)

Workshop Note/Outcome:
Agreed the National Immunisation Schedule will be used. CDHR system needs the ability to record unscheduled/ad hoc immunisations (eg for at risk children)

The following table lists the Immunisation schedule from birth to 5 years and is evaluated against the National Schedule.

Age	Vaccine Code	Disease	NAT	NSW	QLD	VIC	TAS	NT	SA	WA	ACT	Nat % Use
Birth	hepB	Hepatitis B	Y	1	1	1	1	1	1	1	1	100
2Mths	hepB-DTPa-Hib-IPV	Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), Haemophilus influenzae type b, inactivated poliomyelitis (polio)	Y	1	1	1	1	1	1	1	1	100
	13vPCV	Pneumococcal conjugate	Y	1	1	1	1	1	1	1	1	100
	Rotavirus	Rotavirus	Y	1	1	1	1	1	1	1	1	100
4Mths	hepB-DTPa-Hib-IPV	Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), Haemophilus influenzae type b, inactivated poliomyelitis (polio)	Y	1	1	1	1	1	1	1	1	100
	13vPCV	Pneumococcal conjugate	Y	1	1	1	1	1	1	1	1	100
	Rotavirus	Rotavirus	Y	1	1	1	1	1	1	1	1	100
6Mths	hepB-DTPa-Hib-IPV	Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), Haemophilus influenzae type b, inactivated poliomyelitis (polio)	Y	1	1	1	1	1	1	1	1	100
	13vPCV	Pneumococcal conjugate	Y	1	1	1	1	1	1	1	1	100
	Rotavirusb	Rotavirus	Y	0	0	1	0	0	1	1	0	38
12Mths	Hib-MenC	Haemophilus influenzae type b and meningococcal C	Y	1	1	1	1	1	1	1	1	100
	MMR	Measles, mumps and rubella	Y	1	1	1	1	1	1	1	1	100
18Mths	DTPa	Diphtheria, tetanus, pertussis (whooping cough)	Y	1	1	1	1	1	0	1	0	75
	MMRV	Measles, mumps, rubella and varicella (chickenpox)	Y	1	1	1	1	1	1	1	1	100
4Yrs	DTPa-IPV	Diphtheria, tetanus, acellular pertussis (whooping cough) & inactivated poliomyelitis (polio)	Y	1	1	1	1	1	1	1	1	100
	MMR	Measles, mumps and rubella	N	0	0	0	0	0	0	0	1	13

Immunisation schedule – at risk groups (children)
(Schedule analysis)

The following table lists the Immunisation schedule from birth to 5 years and is evaluated against the National Schedule.

For information only

Age	Vaccine Code	Disease	NAT	NSW	QLD	VIC	TAS	NT	SA	WA	ACT	Nat % Use
12-18Mths	13vPCV	Pneumococcal conjugate	Y	0	1	0	1	1	1	1	0	63
12-24Mths	Hepatitis A	Hepatitis A	Y	0	1	0	0	1	1	1	0	50
12Mths	Hepatitis B	Hepatitis B	N	0	0	0	1	0	0	1	0	25
6Mths to < 5Yrs	flu	Influenza	Y	1	0	0	0	1	0	0	0	25
6Mths & Over	flu	Influenza	Y	0	0	1	0	0	0	0	0	13
12Mths	13vPCV	Pneumococcal conjugate	Y	0	0	0	0	0	0	0	0	0
4Yrs	23vPPV	Pneumococcal polysaccharide	Y	0	1	0	1	0	0	1	0	38

Immunisation record

Workshop Note/Outcome:
This slide was not discussed at the meeting.
The CDHR system will assume the inclusion of the demographic and vaccination data and we anticipate the system will be able to notify the parent of the due date of the next vaccination.

The following table lists the information to be recorded in the child health record as a result of each immunisation.

High (≥50%)		
Immunisation Record	**Nat % Use**	**W/S Outcome**
Age	88	
Child's Name	63	
Date of Birth	63	
Vaccine /Immunisation/ Disease/Antigen	100	
Date of Vaccination	88	
Next Due	38	
Batch Number	88	
Signature/ Stamp	63	

Medium (30-49% Use)		
Immunisation Record	**Nat % Use**	**W/S Outcome**
Next Due	38	

Low (<30% Use)		
Immunisation Record	**Nat % Use**	**W/S Outcome**
Medicare Number	13	
Dose Number	25	
Brand	0	N/A
Site/Route	0	N/A
Provider Name	13	
Informed Consent (client Initials)	13	
Aboriginal/Torres Strait Islander	13	
Organisation	13	

Workshop Identified	Nat % Use	W/S Outcome

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Legend			
A	Agreed (Include)	AA	Agreed for ATSI
T	To be Agreed	C	Core Data
O	Out of Scope	E	Exclude

Post Workshop

Workshop Note/Outcome:
Create a slide to describe the core data (demographic etc)

Core Data

The following information is considered core data for the CDHR:

- Name
- Address
- Date of Birth
- Age
- Sex
- Blood Group
- Demographic/Banner info????

- Ensure strong representation on pregnancy record of this group
- Blood group should be included in core info eg Immunisations, blood group, (not in newborn exam)
- Autopopulate names from clinical systems. Make names consistent with data rules. Make consistent across all these slides
- DOB should autopopulate with age
- Sex should be aligned to data rules/govt rules. prepopulated

Breastfeeding

Workshop Note/Outcome:
This slide will be replaced with information from the new breastfeeding framework currently being reviewed.

The following table is the breastfeeding information found in the new Breastfeeding Framework.

Health Events - Parent Recorded
(Illnesses, Injuries, Allergies, Surgeries)

Workshop Note/Outcome:
Provide the ability in the CDHR system for parents to record unscheduled health events.
The information to be recorded has not been agreed.

Ability to record the following information:

- Date
- Age
- Type of Event
- Name of Health Care Professional
- Type of Health Care professional
- Venue
- Comments

- Look at UK record –