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## POSITION STATEMENT CHILD HEALTH INFORMATION SYSTEMS

### **The Paediatric Society of New Zealand believes:**

1. The direction set by the Child Health Information Strategy is correct
2. Children in New Zealand have the right under the United Nations Convention on the Rights of the Child Article 24 to the “highest attainable standard of health” and that “no child shall be deprived of his/her right of access to such health care services”.
3. All children have the right to have information about their health status stored in a system that allows ready retrieval by those offering care.
4. Enrolment with a single primary care provider is an effective way of delivering scheduled health events (e.g. Well Child and Immunisation) as well as providing episodic and continuing care for individual children in the context of their family, Whānau and community.
5. The effectiveness of such a system is dependent on enrolment with a primary provider at birth and that provider accepting responsibility for monitoring access to services and hand over to a new primary provider when required.
6. All well child events generate information that should be stored for retrieval in ways that will improve individual and population health status.
7. Well Child Care (WCC) events including immunisation should be considered together with regard to information system requirements.
8. Local information systems developed through collaborative networks, taking into account local customs and local technology, are appropriate. Systems must however be linked nationally with common data dictionary and data variables, and comply with national standards.
9. New Zealand should move to linking emergency events, secondary and tertiary health events with the immunisation and well child events so as to integrate care for the child and family as well as provide a complete information source to improve individual and population health status.
10. The storage, use and dissemination of child health information, whether it is held on electronic or written media, should conform to standards which meet cultural and ethical requirements, in addition to legislative requirements.
11. The development and implementation of effective Child Health Information Systems requires strong local and national Governance.

### **The Paediatric Society of New Zealand notes:**

1. Use of information for health gain is one the six future directions of the New Zealand Child Health Strategy.
2. Coverage rates for WCC including immunisation and delivery of the Tamariki Ora scheduled health checks are not clearly known but are often poor.

3. The lack of readily available information about current health status means children and families are not supported in accessing their full entitlements to all components of WCC.
4. Multiple providers of well child services can be seeking an individual child resulting in missed opportunities and wasted effort.
5. The current Primary Health Care strategy advocates primary care enrolment only on a voluntary basis.
6. The Ministry of Health has developed a Child Health Information Strategy (CHIS). The only step towards CHIS implementation currently funded is the development of a National Immunisation Register (NIR).
7. The NIR has many components that will be identical to those needed by a full well child information system eg. consent mechanisms, data sharing and personal demographics. Additional resources will be needed to ensure schedules to record the remainder of well child events are developed and implemented nationally.
8. Individual DHB's are likely to develop well child information systems on an ad hoc basis, which may be inconsistent, incompatible and lead to unnecessary duplication of effort and cost.
9. The planned national meningococcal vaccination campaign provides a key opportunity support the delivery of all facets of WCC for all of New Zealand's children.

**The Paediatric Society of New Zealand will encourage its members to:-**

1. Work with providers of primary health care services to ensure children receiving care in hospitals, whether inpatients or outpatients, have a General Practitioner and are receiving their full entitlement to WCC.
2. Work with DHB's to ensure they are aware of the potential for health gain that exists through the development of child health information systems.
3. Support the CHIS and commit to work to support it's implementation.

**The Paediatric Society of New Zealand recommends that the Minister of Health:-**

1. Urgently seek funding from Treasury to ensure that well child components in addition to immunisation can be added to the NIR.
2. Requires that developments in electronic Child Health Information Systems conform to standards that will allow effective communication between currently available systems.
3. Requires the Child Health Information Strategy to develop an effective governance structure, which will have roles including ensuring development of appropriate cultural and ethical guidelines.
4. Reviews the issue of enrolment in Primary Care.

**The Paediatric Society of New Zealand Recommends:**

1. The Ministry of Health, Public Health and Child and Family Directorates work together with DHB's to ensure the NIR is implemented in a manner that will allow the phased implementation of schedules to record and report back on WCC events eg. newborn care, vision and hearing testing, dental services, health protection and family whanau support.
2. Development of a single entity within the Ministry of Health to provide national leadership to guide the development of child health information systems.