

Enhancing child health systems in the Northern Territory to improve anaemia outcomes

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Background/relevance: Anaemia is highly prevalent in young children in remote Northern Territory and has remained a persistent problem despite children having very frequent contact with health services.

Clinician's adherence to anaemia treatment is documented to be poor with only 30% of children identified with anaemia receiving full treatment according to current protocols.

Aim: To improve effectiveness of identification and treatment of anaemia in children under two years of age according to current protocols, by developing a systematic approach to identification and treatment.

Method: The Healthy Under 5 Kids (HU5K) Program provided the platform and reach for targeting children under two years in remote clinics in NT and ensuring a standardised approach to identification, treatment and monitoring of anaemia. The HU5K program is a schedule of visits at key age milestones that was developed to provide a universal and consistent platform of care, support and information for parents, to address key determinants of child health.

Tools were developed to facilitate a standardised approach to management of child anaemia as outlined in current protocols utilised by general nurses, Aboriginal Health Practitioners and/or specialist child health nurses. Timely feedback to staff is provided as monthly reports highlighting the number of children aged 0-2 years who are:

- tested for anaemia when due using a haemoglobinometer
- identified with anaemia (Haemoglobin less than specified cut-offs according to current protocol)
- had correct treatment initiated (Anaemia Care Plan)
- completed treatment.

Results: The program has been commenced in four health centres in remote NT since January 2014. The monthly reports are proving valuable in identifying children with anaemia and providing a useful list for clinical staff of children who need follow-up. Child health staff in an additional thirty-one communities have voluntarily begun participation in the program, in total representing two-thirds of the government health centres in the NT. Where the program has been implemented well, there has been a reduction in anaemia.

Conclusion: Consistent implementation of this systematic approach indicates a trend to reducing anaemia in young children. The tools have been effective in assisting staff to identify and treat children with anaemia, and ensure appropriate follow-up. Recording and reporting has ensured that children with anaemia are visible and systematically followed according to current protocols. Work continues to integrate the monitoring and reporting process into usual care practices.