



# Well Baby/Child Care in a WRHA Primary Care setting

A system to provide consistent, evidence based and  
comprehensive well baby/child care within a  
collaborative, team-based environment

May 2018






# Goals

- Provide safe and evidence-based care for well baby/child up to and including 5 years of age
- optimize collaborative practice for well baby/child care
- all professionals will have the opportunity to practice to their full scope of practice
- maximize RN role in the care of well baby/child
- facilitate effective communication to avoid duplication and/or missed interventions/assessments
- expand on certain topics within the Rourke record and address other topics that may not be identified in the Rourke but identified in the literature as important keys to well child care

# Why and How We Created This Method of Practice

- Recognized that there was potential to further maximize the RN scope of practice within the multi-disciplinary environment
- Consulted nurse practitioners and registered nurses in primary care; along with public health nurses, physicians, support staff, clinic management, primary care program specialist and patients in developing and refining the process

*\*\*The method is intended to assist care  
but does not replace clinical judgment\*\**



# Clinic Preparation: Is Your Clinic Ready?

- Successful implementation of the approach requires engagement of all team members and strong leadership:
  - Be ready to embrace change
  - Be ready to actively practice interdisciplinary collaborative care
  - All staff are essential players
- Successful integration requires 1-2 people to act as clinical lead at each site

# Professional Preparation

- It is strongly recommended that each professional familiarize themselves with the provision document and review reference documents prior to embarking on collaborative well baby/child care
- It is the responsibility of each professional to ensure s/he is prepared and accountable for the care s/he provides.
- It is the responsibility of each professional to understand and practice within the limits of their professional college's Code of Ethics, Standards of Practice, Competencies and the Registered Health Professions Act.
- Optimal practice within the clinic should include active participation by one RN on the WRHA Baby Friendly Initiative committee.

# Professional Preparation: Reference Documents

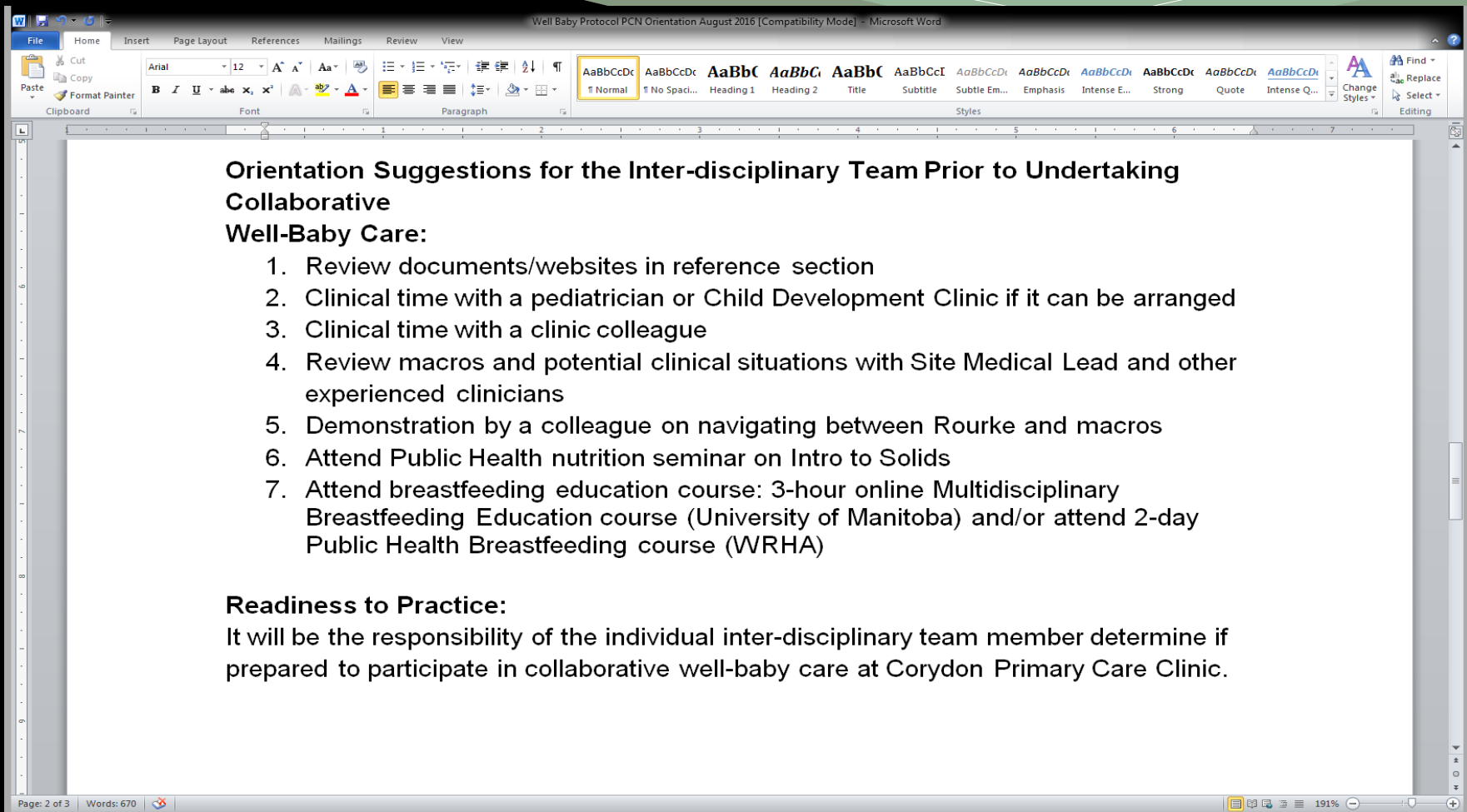
Well Baby Protocol PCN Orientation August 2016 [Compatibility Mode] - Microsoft Word

Reference Suggestions for Safe Evidence Based Well-Baby Care:

1. Rourke Baby Record, Health Professional section:  
<http://www.rourkebabyrecord.ca/default.asp>  
These sections in particular:
  - a. Interactive RBR
  - b. Indepth Info
  - c. Parents Resources
2. WRHA Ages & Stages Questionnaires and Activity Sheets: <http://home.wrha.mb.ca/prog/pph/hpecd/asq.php>
3. WRHA Breastfeeding Practice Guidelines for the Healthy Term Infant (April 2013 revision):  
[http://www.wrha.mb.ca/healthinfo/prohealth/files/BF\\_Guidelines.pdf](http://www.wrha.mb.ca/healthinfo/prohealth/files/BF_Guidelines.pdf)
  - a. Pay particular attention to Appendix E: LATCH-R (page 71)
4. WRHA Introduction to Solids: <http://www.wrha.mb.ca/prog/nutrition/stages-toddlers.php>
5. Whooley Depression Screen
6. American Academy of Pediatrics (2008). Red reflex examination in neonates, infants and children. Pediatrics, 122(6), 1401-1404.
7. Baby Friendly Initiative Strategy Ontario. Tip sheet for infant feeding informed decision making.
8. King, T.L., Brucker, M.C., Kriebs, J.M., Fahey, J.O., Geger, C.L., and Varney, H. (eds) (2015). Varney's Midwifery (5th ed.). Chapter 36 (Breastfeeding and the Mother-Newborn Dyad), Chapter 37 (Anatomy and Physiology of the Newborn), Chapter 38 (Examination of the Newborn) and Chapter 39 (Neonatal Care).
9. Blackwell, D., and Blackwell, J. (2015). Advanced Assessment: Interpreting Findings and Formulating Differential Diagnoses (Goolsby, M.J and Grubbs, L. eds). F.A. Davis Company: Philadelphia. Chapter 18 (Pediatric Patients)

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# Professional Preparation: Orientation & Readiness to Practice



**Orientation Suggestions for the Inter-disciplinary Team Prior to Undertaking Collaborative Well-Baby Care:**

1. Review documents/websites in reference section
2. Clinical time with a pediatrician or Child Development Clinic if it can be arranged
3. Clinical time with a clinic colleague
4. Review macros and potential clinical situations with Site Medical Lead and other experienced clinicians
5. Demonstration by a colleague on navigating between Rourke and macros
6. Attend Public Health nutrition seminar on Intro to Solids
7. Attend breastfeeding education course: 3-hour online Multidisciplinary Breastfeeding Education course (University of Manitoba) and/or attend 2-day Public Health Breastfeeding course (WRHA)

**Readiness to Practice:**

It will be the responsibility of the individual inter-disciplinary team member determine if prepared to participate in collaborative well-baby care at Corydon Primary Care Clinic.

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# Necessary Documents

The following documents are critical to the success of this collaborative approach:

- Booking guide and macro for PCAs
- Charting macros (vary for age)
- Health Professional tips document
- Resource lists for accordion (paper handouts)
- Resource lists to be emailed to parents
- Interdisciplinary care info (collaborative transition)





# Example of Macro Use

- It is recommended that 3 documents be opened simultaneously for easy transition between the documents during a well baby/child visit
- While initially cumbersome, familiarity using this approach ensures all aspects of the visit are covered
- We will walk you through a typical visit and the documents used in the next series of slides

# Example: 4-5 year old well child: appointment booking

*Well-Baby Provision (updated August 2016)* Page 3 of 4

**Appointment Booking Guide for Primary Care Assistants:**

1. 45 minute appointment with PCN, followed by 15 minute appointment with NP/MD
2. 2m, 4m, 6m, 12m and 18m appointments should be booked for AFTER the infant has turned that age, not earlier (for accuracy with immunizations)
3. Infants/children up to and including age 5 will be booked in the above manner
4. Baby scale, height measurement instrument and resource accordion should be placed in clinic room

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# Example of Macro Use (3 documents in use simultaneously)

Accuro EMR 2015.03 - WRHA Community Health Services EMR

1 Patient Test Patient 12 Doc 1066 (40 Yr female) 338541600 (222) 222 2222 ext NIS WCR# 7346287461049576Tachy Pharmacy 400 Tachy (204) 222 2460

The Rourke Baby Record - Windows Internet Explorer

Parent Resources: web links to reliable resources on this item.

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Revised February 20, 2014  
www.rourkebabyrecord.ca

Canadian Paediatric Society Société canadienne de pédiatrie THE COLLEGE OF FAMILY PHYSICIANS OF CANADA LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Past problems/Risk factors: Family history: Rourke Baby Record: Evidence-Based Infant/Child Health Maintenance

NAME: Birth Day (dm/yy):  
Gestational Age: Birth Length: cm Birth Wt: g Birth

DATE OF VISIT	2 months	4 months	6 months
GROWTH* use 2010 growth charts. Correct age until 24-36 months if < 37 weeks gestation	Length Weight Head circ.	Length Weight Head Circ.	Length Weight Head Circ.
PARENT/CAREGIVER CONCERNS			

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Encounter Note - Test, Patient

File Edit Options Tools

Verdana 12 b / u A

[null] open: <http://www.rourkebabyrecord.ca/walk2.asp> for evidence links and information

[null] open new Rourke

[null] check for email address

2 MONTH OLD WELL BABY VISIT:

S: Parental concerns: [none voiced](list:)]

NUTRITION:

[null] Breastfeeding:]

[null] Latch:]

(link to LATCH tool, WRHA Breastfeeding Guidelines, page 71: [http://www.wrha.mb.ca/healthinfo/prohealth/files/BF\\_Guidelines.pdf](http://www.wrha.mb.ca/healthinfo/prohealth/files/BF_Guidelines.pdf))

NOTE: If baby wants to feed, encourage this during the visit to assess latch)

Title Encounter Note Type Clinical Note

DOS 23-Aug-2016\* Provider Marshall, Jennie

Diagnosis --None--

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None Recorded Surgical/Medical History

None Recorded Immunization Schedule

18 to 26 years BCG

None Recorded Immunization Summary

None Recorded Family History

None Recorded Primary Care Quality Indicators

Prevention (3)

None Recorded Alternative Therapies

None Recorded Client Services

None Recorded HHT Service Status History

None Recorded Medication Sheets

None Recorded

Tracking

For 23 Aug 2016

# Example: 4-5 year old well child: subjective section

Encounter Note - Test, Patient

File Edit Options Tools

Verdana 18 b i u A

[null]open: <http://www.rourkebabyrecord.ca/walk4.asp> for evidence links and information  
[null]open previously used Rourke record and change DOS  
[null]check for email address

4-5 YEAR OLD WELL CHILD VISIT:

S: Parental concerns: [none voiced]([list:])

See Rourke record for NUTRITION review

Review vitamin D supplementation (See Health Care Professional Tips document)

EDUCATION & ADVICE (in addition to Rourke):  
Dental care discussed: Brush your baby's teeth twice a day as soon as the first tooth appears, especially before bed [Yes]No]  
[http://wrha.mb.ca/healthinfo/preventill/files/ECTD\\_Newborn-6\\_E.pdf](http://wrha.mb.ca/healthinfo/preventill/files/ECTD_Newborn-6_E.pdf)

Do you have difficulty making ends meet at the end of each month?  
[Yes]No]  
<http://www.gov.mb.ca/health/primarycare/providers/docs/childpoverty.pdf>

Title Encounter Note Type Clinical Note DOS 23-Aug-2016\* Provider Marshall, Jennie Diagnosis --None--

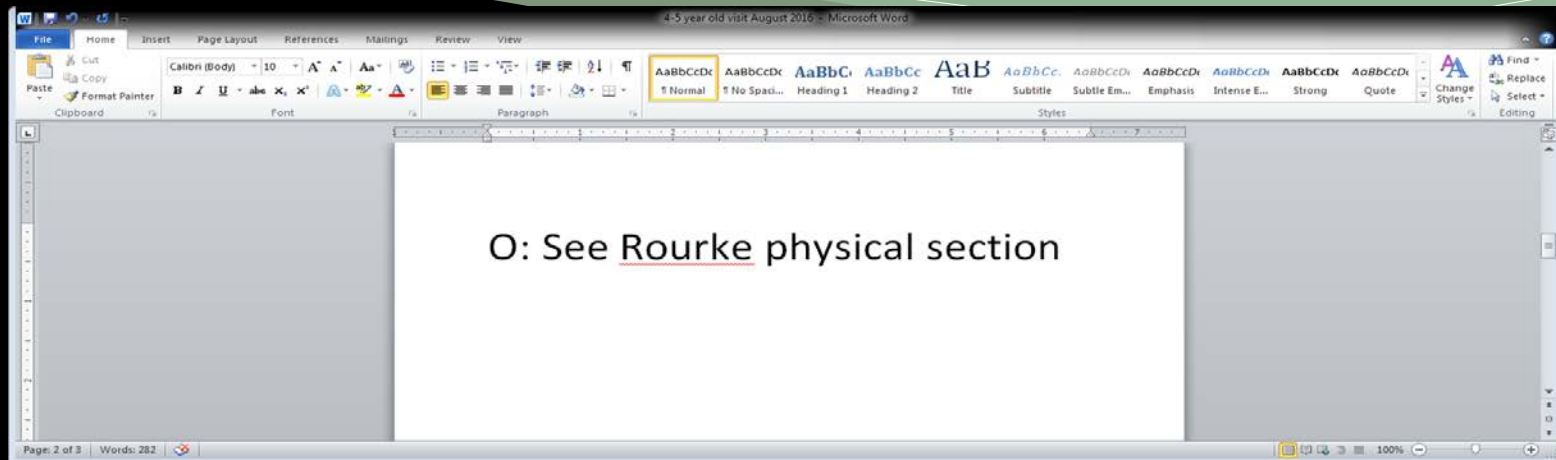
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For 23-Aug-2016

History of Problems Edit... New...  
None Recorded

Labs: New... Edit... By Results By Tests

# Example: 4-5 year old well child: objective section



Rourke Baby Record 18 Month - 5 Year - Test, Patient

Title: Rourke Baby Record 18 | Not Reviewed

Description: DOS: --None-- Provider: MacDonald, Jane

<b>PHYSICAL EXAMINATION</b> An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.	<input type="checkbox"/> Anterior fontanelle closed <sup>1</sup> <input type="checkbox"/> Eyes (red reflex) <sup>2</sup> <input type="checkbox"/> Corneal light reflex/Cover-uncover test & inquiry <sup>3</sup> <input type="checkbox"/> Hearing inquiry <sup>4</sup> <input type="checkbox"/> Tonsil size/sleep-disordered breathing <sup>5</sup> <input type="checkbox"/> Teeth <sup>6</sup>	<input type="checkbox"/> Blood pressure <sup>7</sup> <input type="checkbox"/> Eyes (red reflex)/Visual acuity <sup>8</sup> <input type="checkbox"/> Corneal light reflex/Cover-uncover test & inquiry <sup>3</sup> <input type="checkbox"/> Hearing inquiry <sup>4</sup> <input type="checkbox"/> Tonsil size/sleep-disordered breathing <sup>5</sup> <input type="checkbox"/> Teeth <sup>6</sup>	<input type="checkbox"/> Blood pressure <sup>7</sup> <input type="checkbox"/> Eyes (red reflex)/Visual acuity <sup>8</sup> <input type="checkbox"/> Corneal light reflex/Cover-uncover test & inquiry <sup>3</sup> <input type="checkbox"/> Hearing inquiry <sup>4</sup> <input type="checkbox"/> Tonsil size/sleep-disordered breathing <sup>5</sup> <input type="checkbox"/> Teeth <sup>6</sup>
<b>PROBLEMS AND PLANS</b>			
<b>INVESTIGATIONS/IMMUNIZATION</b> Discuss immunization pain reduction strategies <sup>9</sup>	<input type="checkbox"/> Record Vaccines on Guide V	<input type="checkbox"/> Record Vaccines on Guide V	<input type="checkbox"/> Record Vaccines on Guide V
Signature			

Strength of recommendation is based on literature review using the classification: Good (bold type), fair (italic type), Inconclusive evidence/Consensus (plain type). See literature review table at [www.rourkebabyrecord.ca](http://www.rourkebabyrecord.ca).  
<sup>1</sup>See Rourke Baby Record Resources 1: General. <sup>2</sup>See Rourke Baby Record Resources 2: Healthy Child Development. <sup>3</sup>See Rourke Baby Record Resources 3: Immunization/Infectious Diseases.  
Disclaimer: Given the constantly evolving nature of evidence and changing recommendations, the Rourke Baby Record is meant to be used as a guide only.  
Financial support has been provided by the Government of Ontario. For fair use authorization, see [www.ontario.ca/health](http://www.ontario.ca/health).

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**b***i*u**A**

A & P: 4-5 year old well child : growth curves and development on track

1) Any identified concerns? [no|yes, comments and plan:]

2) Any growth concerns? [no|yes, comments and plan:]

3) Any developmental concerns? [no|yes, comments and plan:]

4) Recommended Vitamin D 1000 IU daily supplement as per WRHA Best Practice Guideline [yes|no, comments]

5) Provided parent with "Feeding Your Child: 2 to 5 years old" and purple plate handouts

6) Immunizations: administered 4-5 year old immunizations (see medical bands)  
- discussed and administered flushot if applicable

7) Development: Given age appropriate activity list handout from Ages & Stages: 60-66m Activity Sheet  
<http://home.wrha.mb.ca/prog/pph/hpecd/asq.php>

8) Given Rourke Baby Record Well Baby Information sheets: [http://www.rourkebabyrecord.ca/pdf/4-5\\_year.pdf](http://www.rourkebabyrecord.ca/pdf/4-5_year.pdf)

9) Provided with Canadian Physical Activity guideline - for the early years 5-11 years (print off EMR)

10) Discussed Triple P Parenting program: [www.manitobatriplep.ca](http://www.manitobatriplep.ca)

11) Link diagnosis v202: done] (routine infant or child health check)

12) Can parent access online resources? If yes, send task sent to PCAs (Kristina Luft) to email list of on-line resources to parents in addition to the ones provided above.

13) Return to clinic every 1-2 years for CPX

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Title Encounter Note

Type

Clinical Note

DOS

23-Aug-2016\*

Provider

Marshall, Jennie

Diagnosis

--None--

Gen. Letter

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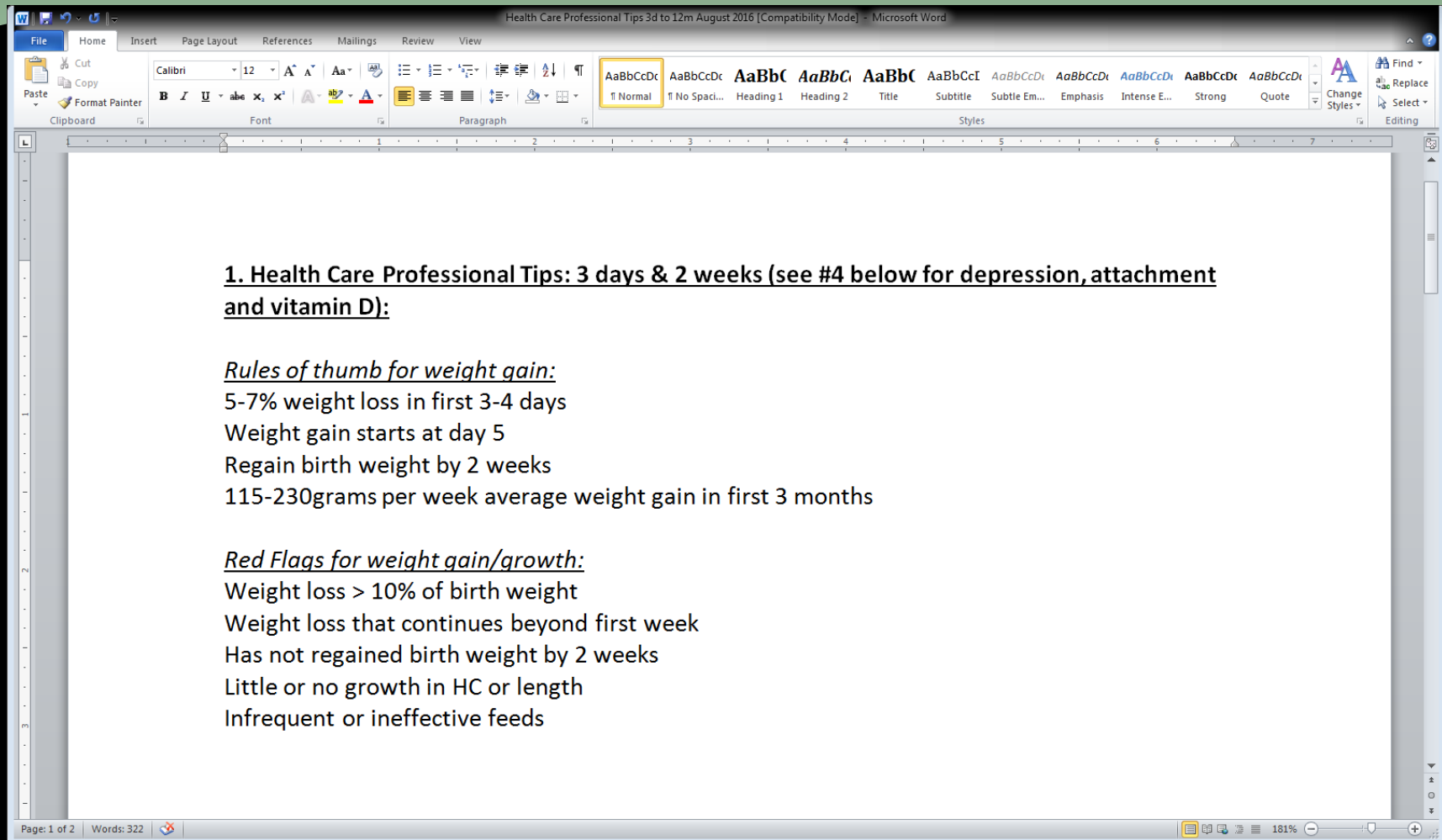
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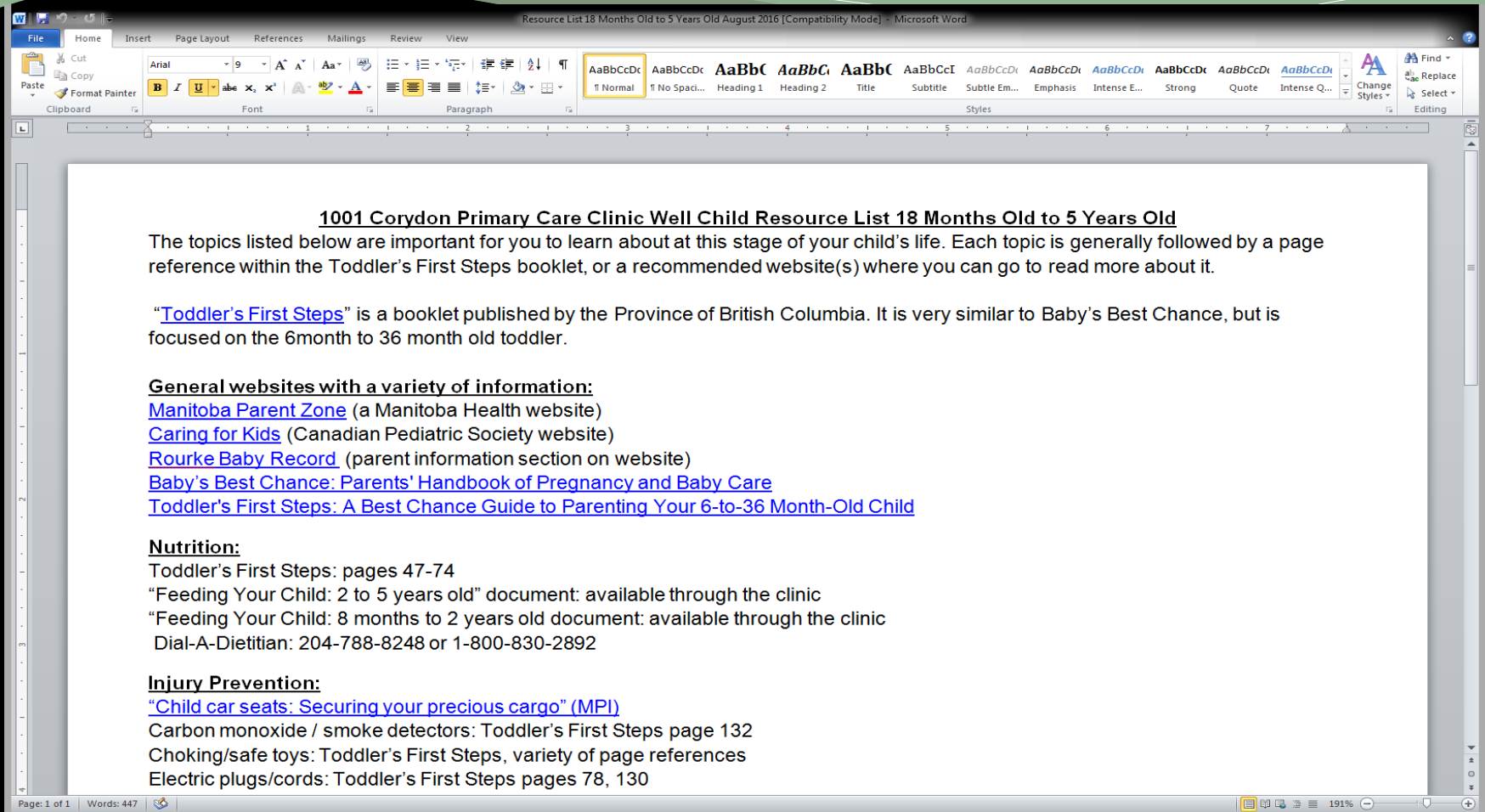
None Recorded

Labs: New... Edit... By Results By Tests

# Example of portion of health care professional tips document



# Example of a portion of a Parental Resource List







# Hand off Between PCN/MD/NP

After PCN has seen patient and before NP/MD has seen patient.

- Essential for continuity of care
- Essential for successful use of care provision method
- Critical for building professional competency and trust between providers and patient
- Summary handoff should include: any red flags seen, any concerns raised, nursing opinion of how infant is doing

# Looking to the Future

- It took 1001 Corydon 18 months to create, adopt and evaluate this method
- Currently patient is seen first by PCN then NP/MD
- Option in future: alternate appointments between PCN and NP/MD
- Integration of documents/method into EMR...
- Regular evaluation/updates coordinated by Primary Care Specialist, including all WRHA primary care clinics ?
- Consideration of creating a similar system of care for the older well child
- Please provide feedback to Jo-Anne Kilgour at [jkilgour@wrha.mb.ca](mailto:jkilgour@wrha.mb.ca)