


Guideline

Nurse Led Clinic in General Paediatric Service QCH

Document ID	CHQ-GDL-02234	<div><div>Standard 5 Comprehensive Care</div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>	
Version No.	1.0		
Risk Rating	Medium		
Primary Document	N/A		
Custodian	Clinical Nurse Consultant – General Paediatrics	Approval date	16/05/2025
Accountable Officer	Executive Director Nursing Services	Effective date	05/06/2025
Applicable to	Registered Nurses – General Paediatrics	Review date	16/05/2027

HUMAN RIGHTS

This governance document has been human rights compatibility assessed. No limitations were identified indicating reasonable confidence that, when adhered to, there are no implications arising under the *Human Rights Act 2019*.

PURPOSE

Patients are referred to the general paediatric service Queensland Children's Hospital (QCH) outpatient department for a variety of medical/developmental concerns (acute, chronic and some complex). The General Paediatric Service at QCH is expanding to address growing service demands and will now include nurse-led and enhanced clinics as part of its service delivery. Some of the referrals may benefit from a complimentary pathway of care as a first point of contact for clinical assessment and/or management of the reason for referrals. A nursing led clinic in the general paediatric service at QCH is a complementary pathway of care to help with referral management and may lead to better patient outcomes with some timely intervention by linkage with appropriate community providers and support services. The nurse led clinic can provide referral to appropriate service and mitigate risk through timely assessment.

The purpose of this role is to provide a complimentary pathway of care via nurse led clinics for assessment of identified cohorts of patients from the general paediatric wait list, provide clinical readiness reviews to help in better patient outcomes and addressing long wait list for the general paediatric team.



Queensland
Government

These clinics are designed to provide a timely complimentary and an alternative pathway of care by offering nurse-led assessments for specific patient groups on the general paediatric waitlist. The General Paediatric CNCs and Clinical Nurse work at top of licence to ensure prompt reviews, improve patient outcomes, and help manage the wait times for the general paediatric team.

SCOPE

This guideline applies to Registered Nurses working in the General Paediatric Service at Queensland Children's Hospital as part of the General paediatric team at QCH.

GUIDELINE

QUEENSLAND CHILDREN'S HOSPITAL (QCH)

The Queensland Children's Hospital (QCH) is the single specialist children's hospital for the state, providing children's clinical, educational and support services at Clinical Services Capability Framework (CSCF) Level 6 for children and young people from birth to 16 years of age (and up to 18 years for established paediatric patients).

The QCH provides:

- Specialist paediatric inpatient and outpatient services
- Continued support for children and families as close to their home as possible through collaborative outreach and telehealth services
- Coordination of care for children where their condition exceeds children's health service capability at their local facility.
- Coordination of medical transfers and retrievals to QCH
- Support to regional hospitals through collaborative telemedicine and outreach services
- Support for northern New South Wales, and Pacific Rim countries and Queensland wide.

The QCH provides children's health services at lower CSCF levels to the local metropolitan area, in conjunction with The Prince Charles, Caboolture, Ipswich, Logan, Redcliffe and Redland Hospitals, and the Health Precincts at Caboolture, Browns Plains and North Lakes.

1. AIM

AIM OF CLINICAL NURSE CONSULTANT/CLINICAL NURSE (CNC/CN) ROLES IN GENERAL PAEDIATRICS

Developing service capacity to meet growing demands.

- Working as part of the general paediatric team to address long wait list and provide better patient outcomes and support to the paediatric team with some clinical work and shared care as referred by the paediatric team.
- Provision of care to families with promotion of primary care providers, linkage with appropriate services and risk assessment with appropriate follow up.

Autonomous nurse-led clinics in outpatient space – general paediatrics

- supports a collaborative model between patients, their general paediatrician, the G.P. and other health providers.
- has own patient case load and assessment/referral and delivery of treatment within their scope of practice.
- Liaise with general paediatric team on care outcomes and decision making and risk assessment.
- CNC will work to advance practice expertise and autonomous clinics and will supervise the CN clinic with peer support and supervision on a regular basis

2. GOVERNANCE:

2.1 PERFORMANCE

Provision of nurse led clinics will help core business and ensure timely provision of the service delivery in general paediatrics at QCH for patients on long wait list. Review of wait list will allow for better patient outcomes by delivering more timely intervention and risk assessment for long wait listed patients. Improved resource allocation with use of a multi-disciplinary approach to care to improve efficiency and overall performance of the service.

- The provision of nurse led clinics in general paediatrics will meet the needs of the internal (General paediatric team) and external stakeholders (children, young people, and their families) with improved services for those on long wait list at CHQ.

2.2 ACCOUNTABILITY:

Workforce will clearly understand and be equipped for their roles and responsibilities on caring for children (see scope of practice), follow safety policy and statement of commitment to [child safety](#), work to the [code of conduct](#) of the organisation and follow the relevant policy, guidelines, systems, and processes relevant to the area of work.

Work to the rules of outpatient systems [Enterprise Scheduling Management System implementation guide / Business Rules](#).

- Use of planned care activity data base or recording of services, accurate documentation in the leMR and documentation and reporting of risk and audit of service will inform on accountability of service.

2.3 REPORTING:

- Nursing weekly review of general paediatric wait list with triage of patients/audits and allocation to nurse clinic as appropriate
- Weekly multidisciplinary case review to ensure team input to care planning and information gathering post clinical intake (long wait activity)
- Monthly reporting of activity of OOS and NOOS to team leads.
- Reporting: The Clinical Nurse Consultant and Clinical Nurse will report operationally to the Nursing Director of Medicine with close alignment to the medical director of medical services.
- The Clinical Nurse Consultant and Clinical Nurse will report professionally to the Nursing Director of General Paediatrics.

3. INCLUSION CRITERIA FOR OPD GENERAL PAEDIATRIC NURSE LED CLINICS

- Children identified from the general paediatric wait list category 2/3 at the point of triage by paediatrician, request for nurse appointment indicated. Cat one at discretion of paediatrician.
 - Growth delays, Failure to thrive, Physical findings of concern (e.g. Head circumference concerns), developmental delays under 6 yrs of age, Enuresis not currently referred to physiotherapy continence clinic
- Children identified from the general paediatric wait list category 2/3 during nurse wait list audit
- Education post discharge for families not linked to other services but needing support on naso-gastric feeding, skin care or other relevant challenges pending triage of CNC.
- Children referred by the allied health psychology or speech team for clinical intake interview and assessment.

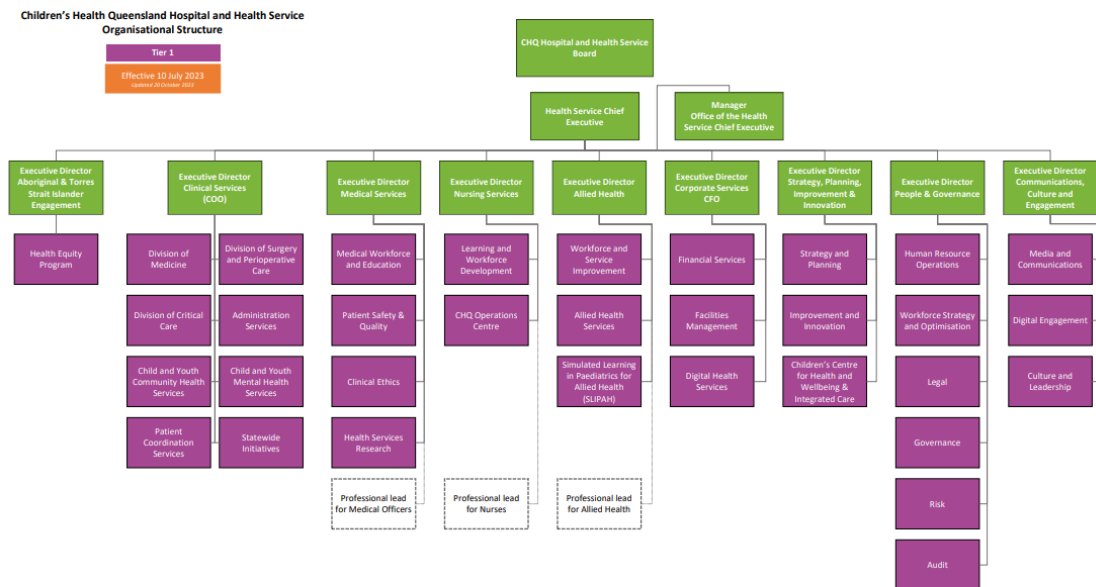
ALLIED HEALTH REFERRAL CRITERIA FOR GEN PAEDIATRIC PLANNED CARE AH ASSESSMENT

- Child 9 or above
- Patient referred for neurodevelopmental, learning, or behavioural concerns.
- Diagnostic dilemma or level of complexity beyond the scope of a general paediatric clinic setting where allied health support will aid in formulating a diagnosis.
- Have not had a CDS assessment in the previous 2 years (i.e.. not for second opinions when a comprehensive MDT assessment has already taken place)

4. EXCLUSION CRITERIA FOR OPD GENERAL PAEDIATRIC NURSE LED CLINICS

- Referrals eligible for care coordination/navigation from other services
- Referrals where a service is already available (Stoma service, encopresis, obesity etc)
- Work that is currently completed by the OPD nursing division in general paediatrics

The Clinical Nurse Consultant and Clinical Nurse will report professionally to the Nursing Director of General Paediatrics.



5. SCOPE OF PRACTICE

While the foundational education of RNs, ENs and NPs in Australia captures the full breadth of the scope of the profession at the graduate entry level, the scope of practice of individual practitioners is influenced by the settings in which they practise. This includes the health needs of people, the level of competence and confidence of the nurse and the policy requirements of the service provider. As the nurse gains new skills and knowledge, their individual scope of practice changes.

For the CNC and CN role general paediatrics the nurses will have a registration with '[Register of practitioners](#)'. When a nurse's name appears on the list, you know that they are registered and whether they have any restrictions or conditions associated with their registration. The nurses identified for this area should not have any restrictions on their practice for RN.

The CNC will practice in accordance with the [Advance Nursing Practice guidelines](#) for the Australian context. The CN will practice to top of licence work to the advance nursing practice guidelines. The CNC will provide supervision and appropriate oversight of the CN clinical work and provision of education to help in development in the nursing role.

The model of care aims to reflect the standards set out in the National Safety and Quality Health Service Standards User Guide for Acute and Community Health Service Organisation that Provide Care for Children.

- RNs are accountable for the management of people in their care. They conduct comprehensive assessments, develop care plans, and coordinate other health workers and resources to provide nursing care.
- RNs apply critical thinking and analyse nursing practice, providing safe, appropriate and responsive quality nursing practice.
- RNs provide information and education to enable people to make decisions and act in relation to their health and well-being RNs supervise, and when appropriate, delegate care to ENs, student nurses and other healthcare workers.

The Clinical Nurse (CN) role provides advanced clinical and problem-solving skills, expert planning, and coordination skills in clinical care of General Paediatric patients supported by the General Paediatric Service, ensuring quality standards are met. This role works within the General Paediatric Multi-Disciplinary Healthcare Team, and is pivotal in the planning, managing, and delivering of general paediatric nursing care. The CN provides clinical leadership for professional and clinical practice, education, and research. The role supports in management activities including portfolio responsibilities.

The Clinical Nurse Consultant (CNC) provides direct and indirect care as required and works in collaboration with the General Paediatric Multi-Disciplinary Team (Medical, Nursing and Allied Health) to support the clinical unit in provision of safe quality healthcare through exemplary clinical nursing standards of practice for the specialty of General Paediatrics. The purpose of this role is to provide clinical expertise and consultancy through advanced clinical leadership relevant to the specialty of General Paediatric Medicine.

4.1 THE CNC ROLE IN GENERAL PAEDIATRICS OPD SETTING AT CHQ WILL WORK TO BUT NOT LIMITED TO:

- responsible for review of the general paediatric wait list, audits on wait list, working in partnership with the general paediatric team to identified referrals that can benefit from a nursing assessment initially..
- Triage and allocation of referrals to the relevant nurse clinic
- responsibility for the provision of culturally competent healthcare, assessment, planning, and delivery of care to children who have acute and/or chronic physical, behavioural, learning, or mental health issues as identified in collaboration with the general paediatric team at Queensland Children's Hospital (QCH) and primary care providers. Use of [Health pathways](#) to guide clinical assessment and standardised clinical intake format to help guide care.
- developing, reviewing, and maintaining nursing care plans and other health records
- the ongoing monitoring and evaluation of the nursing care provided and identification where care may need to be escalated or altered due to the changing health of the child/family needs (back onto paediatric wait list)
- commencing administering and monitoring medication (as charted by the medical team).
- interpreting diagnostic test results and reports – CNC to alert the general paediatric team to any important updates of findings
- educating the child /family/carers about treatment plans, their follow up care, and any referrals to specialist services that have been made.

- providing emotional and psychological support to patients and their families, linkage to local primary care services and other community services as appropriate.
 - Provide relevant supervision and support to the CN and other nurses in the division.
 - working with a nursing focus with other healthcare providers.
 - Working to the business rules of the SOSIS, development and updating of relevant policy/Guidelines/work instructions and BPF activity.
- Keeping excellent data on services delivery with monthly reporting on service activity aligned with the long wait list reporting.

Clinical supervision:

The Nurse led clinics will have oversight by the general medical team with each case discussed with a paediatrician. The CNC and CN will undertake weekly supervision with the appointment general paediatricians from the QCH general paediatric service as identified by the medical director

The CN roles in General Paediatrics at CHQ will work to but not limited to:

- Provision of clinics to provide culturally competent healthcare, assessment, planning, and delivery of care to children who have acute and/or chronic physical, behavioural, learning, or mental health issues as identified in collaboration with the general paediatric team at Queensland Children's Hospital (QCH) and primary care providers. Use of [Health pathways](#) to guide clinical assessment and standardised clinical intake format to help guide care.
- developing, reviewing, and maintaining nursing care plans and other health records
- the ongoing monitoring and evaluation of the nursing care provided and identification where care may need to be escalated to the CNC/Medical team.
- the CN will provide provision of support to the current general paediatric team to assist as appropriate with clinical follow up needs such as NDIS support, linkage with services and referrals as appropriate for community services.
- Provision of some inpatient activity to keep up to date with practice and assist CNC with inpatient loads as appropriate (with a priority to the OPD work in the first instance)
- commencing administering and monitoring medication - (as charted by the medical team).
- Working to the business rules of the SOSIS
- Keep excellent documentation and follow processes to provide data collection to inform on all activity related to the long wait list work at QCH

4.2 FOLLOWING THE SOSIS GUIDELINES: THE SERVICE SUGGESTED IS A COMPLIMENTARY PATHWAY OF CARE BUT WILL BE GUIDED BY THE SOSIS GUIDELINES.

- The alternate pathway of care provider must be notified of the referral.
- Following acceptance by the alternate pathway of care provider, the referral is removed from the corporately endorsed waiting list management system with the most appropriate referral removal reason and comment to identify the provider/alternate pathways. Not ready for care (NRFC) periods are not to be applied.
- If the patient commences on alternate pathway of care, and subsequently required a further medical specialist consultation, the original referral is re-instated to the original waiting list and / or specialty clinics. Additionally, if the alternate pathway of care was commenced following an initial specialist

consultation appointment and the referral validity period has expired a new referral is required to be obtained from the patient's referring practitioner or nominated General Practitioner. The patient referral is reinstated applying Not Ready for Care (NRFC) – Staged.

- If the patient is accepted for an alternate pathway of care, but subsequently does not commence the alternate pathway of care and is reinstated to the original specialty waiting list, the NRFC – clinical status should be applied such that the NRFC end date is the date the patient was reinstated.
- Patients who are on an alternate pathway of care waiting list that exceed the clinically recommended period (365 days) are to be returned to the original specialty waiting list and must be appropriately booked for the next available specialist appointment or arrangements made for treatment at another public or private facility.

4.3 REPORTING:

- Weekly review of nursing wait list to ensure activity to ensure minimal wait times and triage of paediatric wait list long wait activity
- Weekly multidisciplinary case review to ensure team input to care planning and information gathering post clinical intake (long wait activity)
- Monthly reporting of activity of OOS and NOOS to team leads to indicate meeting KPI's
- Reporting: The Clinical Nurse Consultant and Clinical Nurse will report operationally to the Nursing Director of Medicine with close alignment to the medical director of Medical Services.
- The Clinical Nurse Consultant and Clinical Nurse will report professionally to the Nursing Director of General Paediatrics.

ALERT



During any phone call or clinic attendance where a patient presents as acutely unwell the family are to seek immediate care with their GP in the community be directed to emergency department. Or call 000 as required for immediate or urgent medical events

SUPPORTING DOCUMENTS

LEGISLATION AND OTHER AUTHORITY:

- [Child Protection Forensic Medical Service \(CPFMS\)](#)
- [Regulating Australian nurses and midwives](#)

STANDARDS:

- [National Safety and Quality Health Service \(NSQHS\) Standards](#)
- [Specialist Outpatient Services Implementation Standard](#)

SUPPORTING DOCUMENTS:

- [GP Health pathways Health pathways](#)

CONSULTATION

Key stakeholders who reviewed this version:

- Clinical Project Office – General Paediatrics
- Principal project Office – Innovation Change and Redesign Excellence
- Director of Nursing – Division of Medicine
- Director of Medical Service – General Paediatrics
- Nurse Unit Manager Outpatients
- Clinic Nurse – General paediatrics

DEFINITIONS

Term	Definition
Clinical Nurse Consultant	The Clinical <u>Nurse Consultant</u> role in Australia is an <u>Advanced Practice Registered Nurse</u> Role (APRN). This role has been conceptualized from the discrete pillars of research, education, practice, system support and leadership, articulated in the Strong Model of Advanced Practice.
Clinical Nurse	A clinical nurse is a registered nurse who has advanced skills and knowledge in a specific area of nursing. They work in a variety of settings and can specialize in treating a range of health conditions.
General Paediatrics	in Australia refers to a medical specialty focused on providing comprehensive diagnosis, treatment, and care for infants, children, and young people across a wide range of common acute and chronic health conditions, encompassing everything from routine checkups to managing complex illnesses, all delivered by a doctor specifically trained in child health, known as a general paediatrician; essentially, it's the broad field of paediatric medicine where a doctor handles most common child health concerns
HealthPathways	<u>HealthPathways</u> is a free online health information portal for healthcare professionals intended to be used during patient consultations (it is not for use by patients or the community). It provides information on how to assess and manage medical conditions, and how to request timely input from specialist services.
Nurse Led Clinic	Nurse-led clinics are a model of care indicated where there are service gaps due to high demand and/or workforce shortages. Nurse-led clinics are expanding because they are an innovative use of the nursing workforce that can facilitates timely access to specialist services
Shared Care Model	Shared Care

REFERENCES

No.	Reference
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2	Fowler, T., Garr, D., Mager, N.D.P. <i>et al.</i> Enhancing primary care and preventive services through Interprofessional practice and education. <i>Isr J Health Policy Res</i> 9, 12 (2020). https://doi.org/10.1186/s13584-020-00371-8
3	Kusnanto, Hari ¹ ; Agustian, Dwi ² ; Hilmanto, Dany ³ . Biopsychosocial model of illnesses in primary care: A hermeneutic literature review. <i>Journal of Family Medicine and Primary Care</i> 7(3): p 497-500, May–Jun 2018. DOI: 10.4103/jfmpc.jfmpc_145_17
4	Terry, D., Hills, D., Bradley, C., & Govan, L. (2024). Nurse-led clinics in primary health care: A scoping review of contemporary definitions, implementation enablers and barriers and their health impact. <i>Journal of Clinical Nursing</i> , 33(5), 1724-1738.

ASSURANCE STRATEGY

Strategy	<p>Action to evaluate the number of outpatient referrals accepted to the Nurse Led Clinics from General Paediatric wait list.</p> <p>Action to review the long wait list category 2/3 to review seen on time.</p> <p>Action to review clinical timeframes for New appointments, FTA rates, etc.</p>
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Audit/review tools	Audit/review tools frequency	Key performance indicator
N/A	Six monthly	<p>Review of clinic numbers and use of the Nurse Led Service.</p> <p>Seen on time Cat 2/3 from paediatric wait list.</p> <p>Low FTA rate due to family centred care approach.</p>

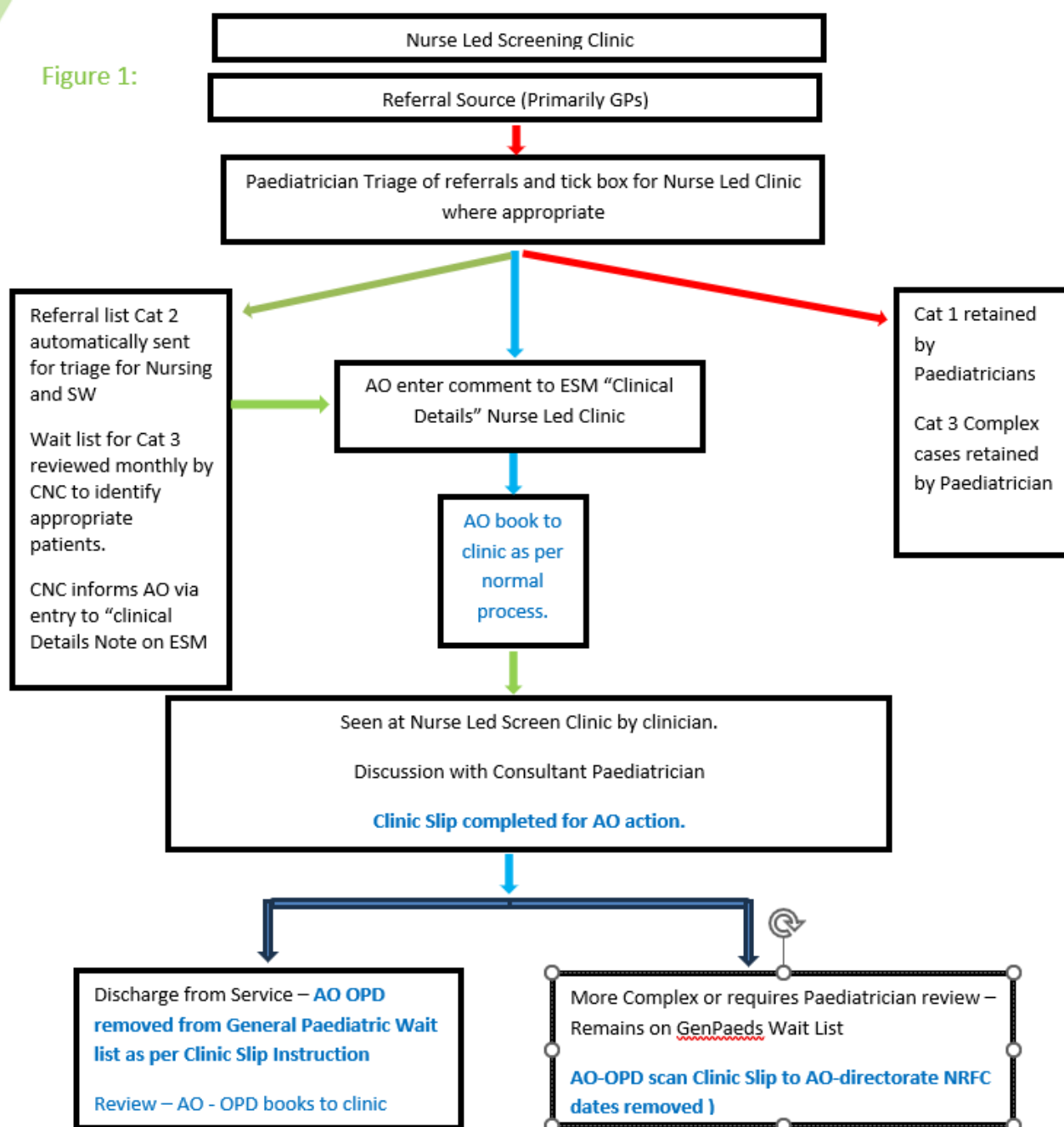
GUIDELINE REVISION AND APPROVAL HISTORY

Version No.	Modified by	Amendments authorised by	Approved by / DATE	Comments
1.0 16/05/2025	CNC General Paediatrics	Nursing Director, Medicine	Executive Director Nursing Services	

Key words	General Paediatrics, outpatients, shared care process, 02234, nurse led
Accreditation references	<p>The National Safety and Quality Health Service (NSQHS) Standards (1-8):</p> <ul style="list-style-type: none"> • Standard 1: Clinical Governance <ul style="list-style-type: none"> ○ Action 1.16b Healthcare records ○ Action 1.23c Credentialing and scope of clinical practice ○ Action 1.27 Evidence-based care • Standard 5: Comprehensive Care <ul style="list-style-type: none"> ○ Action 5.01 Integrating clinical governance ○ Action 5.02 Applying quality improvement systems ○ Action 5.03b Partnering with consumers ○ Action 5.04 Designing systems to deliver comprehensive care ○ Action 5.05 Collaboration and teamwork ○ Action 5.13 Developing the comprehensive care plan ○ Action 5.14 Using the comprehensive care plan

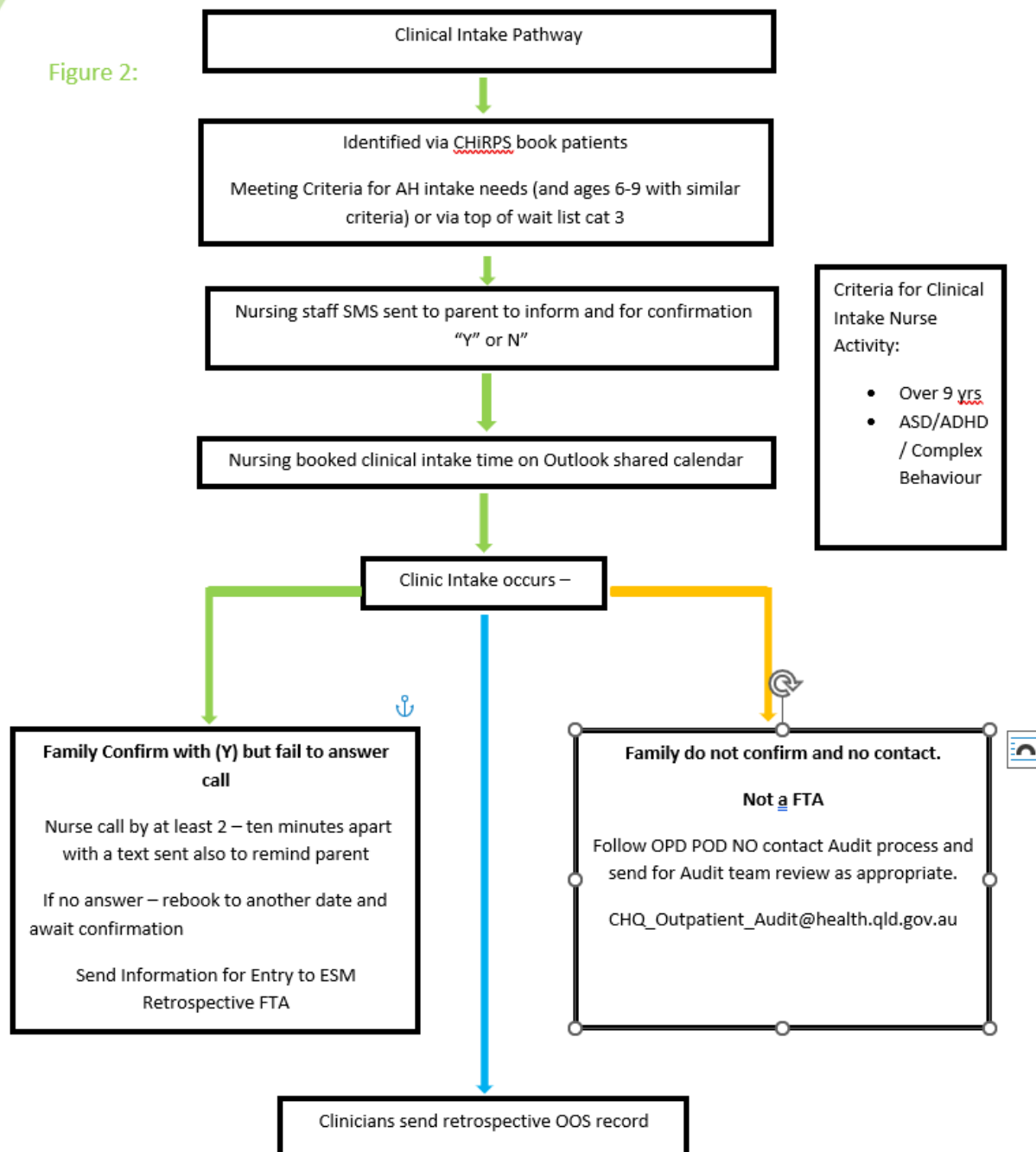
APPENDIX 1: NURSE LED SCREENING CLINIC PROCESS

Figure 1:



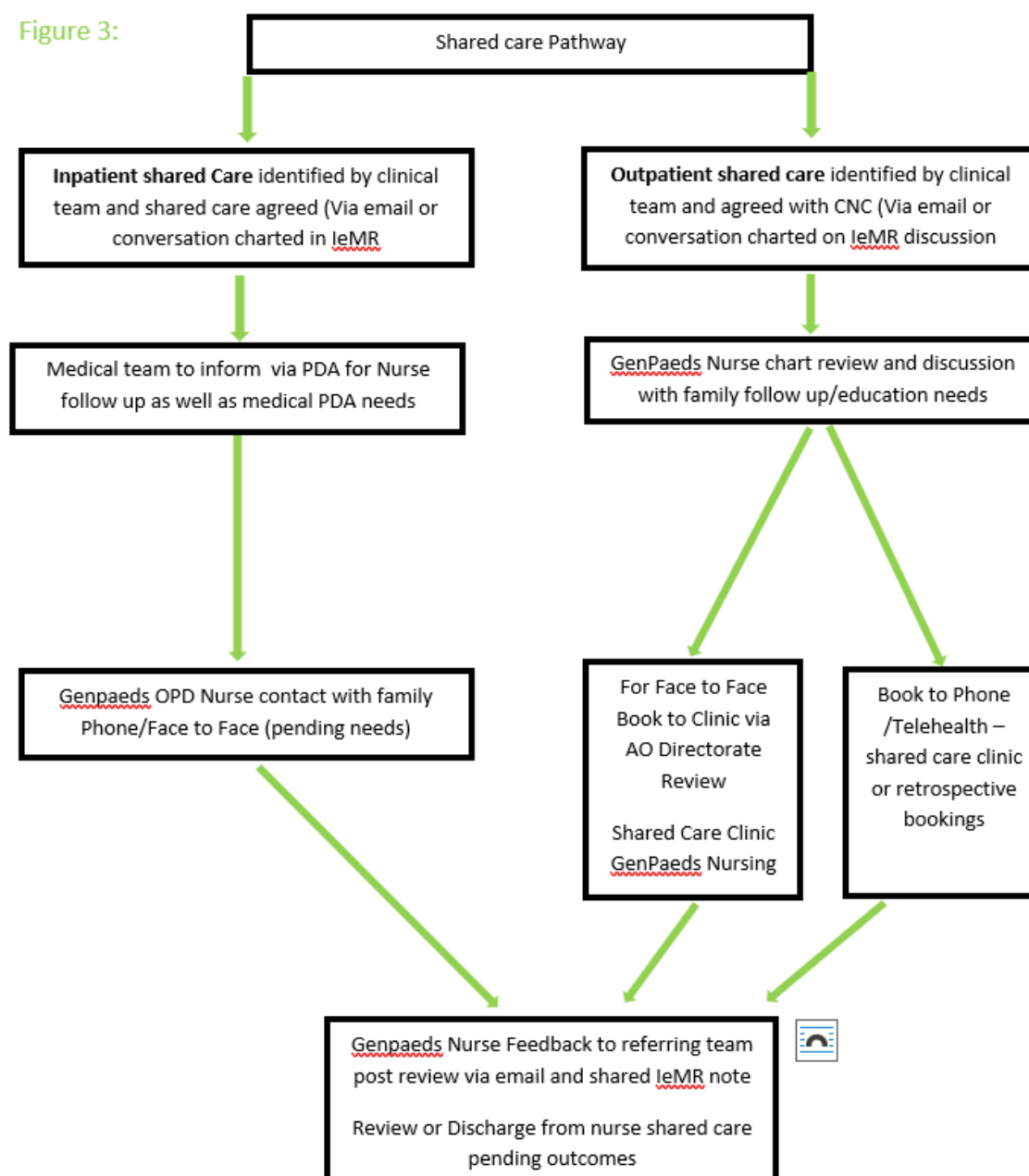
APPENDIX 2: CLINICAL INTAKE/READINESS PATHWAY

Figure 2:

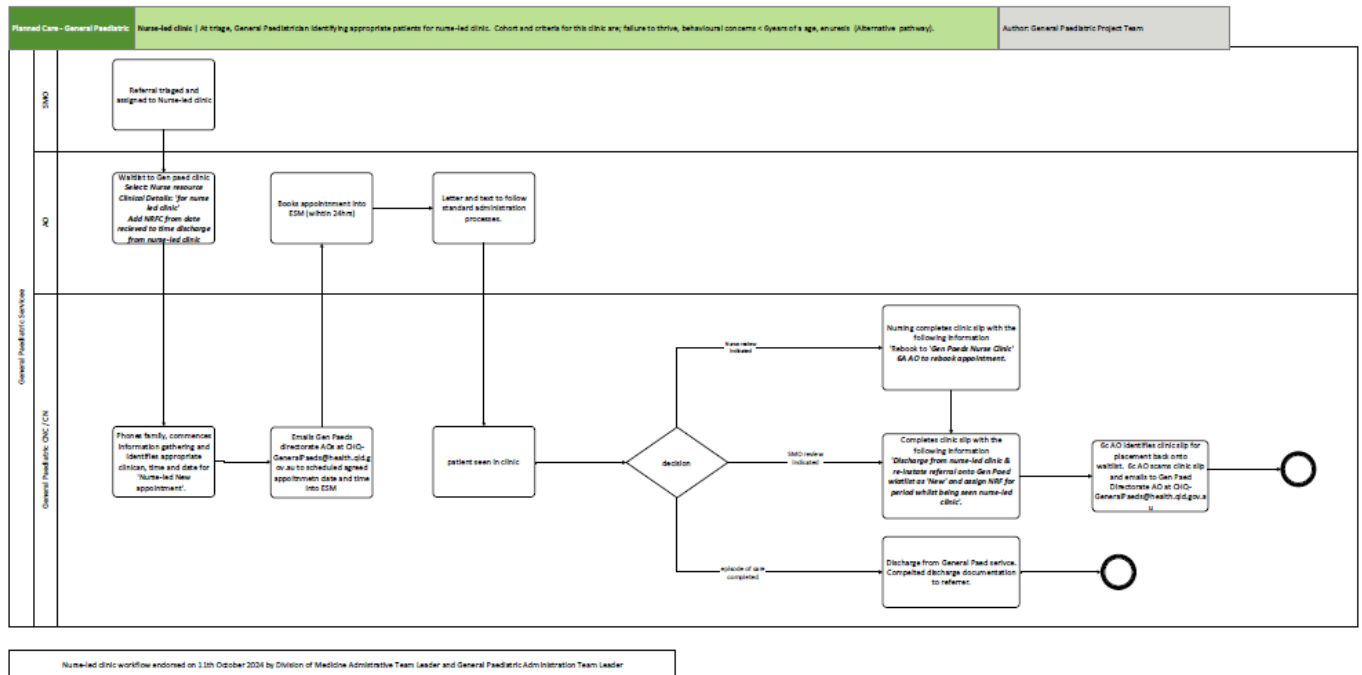


APPENDIX 3: SHARED CARE PATHWAY

Figure 3:



APPENDIX 4: NURSE LED CLINIC GENERAL PAEDIATRIC ADMINISTRATION FLOW



APPENDIX 5:

