State wide Parents’ Evaluation of Developmental Status (PEDS) and Ages and Stages Questionnaires – (ASQ³) Implementation and Training

Project Report

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State wide Parents’ Evaluation of Developmental Status (PEDS) and Ages and Stages Questionnaires – (ASQ^3) Implementation and Training: Project Report
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Focus of this Report

This report will identify the achievements made against the deliverables in relation to the Parents’ Evaluation of Developmental Status (PEDS) and Ages and Stages Questionnaires 3rd edition (ASQ³). The report will also identify other areas of work that became evident during the course of the project. The initial plan for the project will be clearly identified followed by further information relevant to the project.

Initial Project Statement

To implement the Parents’ Evaluation of Developmental Status (PEDS) and secondary screening tool Ages and Stages Questionnaires 3rd edition (ASQ³) to support optimal developmental screening practices in Queensland.

Background to Project

Work undertaken by the Child Development Sub Network (CDSN) in conjunction with the Child Health Sub Network (CHSN) identified a lack of a standardised approach to developmental screening in Queensland. This also identified inconsistent evidence around the updating of health professionals’ knowledge and skills around developmental screening.

Following recommendations from the CDSN, PEDS and ASQ³ were identified as the screening tools of choice for child health services across Queensland.

The key purpose of the project was to ensure the provision of accessible training to child health staff and health workers across Queensland on the use of PEDS and ASQ³. Implementation of these tools would ensure that there would be a standardised approach to screening and assessment practices in relation to child development in (Department of Health provided) primary health care services in Queensland. PEDS was also to be included into the Personal Health Record (PHR).

Child development specialists have recommended that ongoing developmental surveillance offers opportunities to positively impact upon the growth and development of children through health and developmental promotion as well as early identification and intervention. Developmental surveillance and health monitoring are fundamental components of the universal child and family health service.

Child health services work in partnership with Child developmental services across Queensland and provide both universal and targeted clinical services (and where appropriate) referral to tertiary services. Child health staff use a Family Partnership Model to work with parents recognising that parents are in a unique position to best understand the needs of their child/children. PEDS was identified as the screening tool of choice as it is a valuable parent engagement tool which ensures collaboration between the parent and the provider and emphasises a focus on families that is consistent with promoting parents as true participants in their child’s care and
education. ASQ\textsuperscript{3} is also a parent-led screening tool that encourages more thorough screening to assist in decision making and referral of specific issues for further investigation.

**Introduction/Overview of Project**

The PEDS and ASQ\textsuperscript{3} project (the project) commenced in November 2014 under the auspices of the Queensland Child and Youth Clinical Network (QCYCN) with support from the CHSN and the CDSN to provide consistent developmental screening across Queensland. The project was funded from date of commencement until completion by the Children’s Health Queensland Hospital and Health Service (CHQ HHS).

The outcomes and benefits of the project were:

- a standardised approach to screening in Queensland
- child health staff trained in the use of PEDS and ASQ\textsuperscript{3}
- parents involved in their child’s wellbeing and development
- development/assessment of current policies, procedures and referral pathways for each HHS to adopt the use of the tools, the training required and referral processes/options available
- improved developmental outcomes for Queensland indigenous children against the Aboriginal and Torres Strait Islander Investment Strategy and key performance indicators in Closing the Gap

Assumptions made in relation to the project were:

- endorsement of the project plan from the QCYCN
- ongoing support for the implementation of the project through CHQ HHS project governance committee including financial commitment until the end of June 2015 (extended until end of December 2016)
- commitment and involvement of each HHS in the project at the Executive and clinical level including support for change management processes that may be required and to deliver the products of the project in community based child health services across Queensland
- HHS’ having capacity to provide universal child and family health services, in partnership with families, other government and non-government agencies and a range of health professionals through the use of existing networks and/or service redesign using existing resources
- the training sourced by the project will provide HHS’ with the necessary tools/knowledge/skills to return to their workplace and train child health and health workers in the use of PEDS (and where required the use of ASQ\textsuperscript{3})
- that the HHS will release staff to receive and deliver training and provide ongoing resources and access to appropriate ongoing training on the use of PEDS and ASQ\textsuperscript{3}
HHS Strategic Plans that assist the HHS’ to measure performance indicators and improve health outcomes for children in alignment with the National and Queensland Frameworks for Universal and Child Health Service

licencing agreements will be appropriate for state wide or HHS purchasing agreements

The outcomes of the assumptions, outcomes and benefits of the project will be discussed later in the report.

The project commenced with two project officers. One project officer commencing late November 2014 with the other joining the project in January 2015. One project officer left in late April 2015, leaving one project officer continuing to lead the project until its completion. During this stage of the project it became evident that the scope and objectives of the project had expanded. A brief was developed to request an extension, consequently the project was extended until the 18th December 2015 (with the one remaining project officer).

Due to external influences the project was placed “on hold” for December 2015 and January 2016 and recommenced in February 2016.

Governance of the project was managed through an overarching steering committee. The steering committee had state wide representation. The project had an identified project sponsor and a project manager both from CHQ HHS. Governance was aimed at ensuring delivery of the project in an effective, efficient and cost effective way ensuring that key deliverables, cost management strategies (including project extension), time management, human resource and risk management and licencing requirements were met.

Aims of the Project

(1) Investigate the licencing for PEDS and ASQ3 to be used throughout all HHS’ in Queensland (including the inclusion of the PEDS response forms in the PHR)

(2) Investigate education and ongoing training of health professionals in relation to the two screening tools (PEDS and ASQ3) to ensure a standardised approach to screening state wide

(3) Investigate the feasibility of training all HHS child health staff and health workers across all HHS’

Objectives of the Project (as per project plans)

Initially -

- Investigate the licencing of the two recommended tools and implications for related funding/purchasing arrangement – (the) project funded the initial purchase with the CHQ HHS responsible for ongoing licence costs of PEDS
- Fund the initial purchase of the PEDS Score and Interpretation forms
- Fund the initial purchase of the secondary screening tool (ASQ3) and kits
• Fund the initial training (with no backfill) of all child health staff (including child health nurses and health workers) across the state on the use of the PEDS

• Fund the initial training (with no backfill) of all child health staff (including child health nurses) across the state on the use of the secondary screening tool - ASQ³

• Support the creation of policies and procedures for the use, referral and ongoing training requirements for each screening tool for each HHS

• Investigate and make recommendations regarding on-line training tools to be available for HHS’ to use for ongoing training purposes

Each HHS is responsible for:

Initially

• The release of staff to attend the “train the trainer” and specific tool based training

• Support the implementation of the use of PEDS and ASQ³ across services working with parents/infants/children within their HHS

• The release of staff to deliver training to other colleagues in their HHS

• Any community information or awareness campaigns required for parental health literacy

Reccurrently

• Funding the recurrent costs for the associated scoring guides for both the PEDS and ASQ³

• Support the annual education/professional development of trained staff in relation to their use of the recommended developmental screening tools

• Maintaining policies and procedures and quality measures for the use and training associated with the tools

• Maintain updated and relevant referral pathways for families who are found to have concerns identified in the ASQ³

Scope of the Project Objectives

The project objectives were divided into three main areas

• training

• licencing

• communication

These will be discussed in relation to the scope of the project identifying whether the item was in scope, out of scope and also if it was delivered as intended.
Delivering the project objectives was dependant on external and internal factors such as available budget, staffing and resource availability and motivation/commitment from staff. (*Use of italics indicates progress against each objective*).

**Training**

**In scope:**

- Development of a communication plan and other project documentation to assist with the state wide education and training of both the PEDS and ASQ³ for child health nurses and PEDS training for health workers.

  **Delivered:**
  
  - project plan developed and approved by Governance committee
  - communication plan developed and approved by Governance committee
  - risk register maintained

- Development of a state wide PEDS ‘train the trainer’ group to support the implementation of training and education of PEDS and ASQ³ to child health nurses and PEDS training to health workers.

  **Delivered:**
  
  - the ‘train the trainers’ became the key group of champions that assisted with implementation of training and communication to their staff, and they also gathered general feedback and frequently asked questions (FAQ’s) during the training phase of the project
  - a training plan/schedule was developed from each HHS trainer and sent to the project officers before training was commenced
  - the project officers developed a PEDS/ASQ³ presentation that was distributed to each HHS trainer to ensure consistency of information delivered state wide
  - an evaluation form to be completed by each training participant was developed and distributed to all HHS trainers

- Investigate availability and cost of initial and ongoing training requirements for child health staff and health workers for PEDS and ASQ³ across the state.

  **Delivered:**
  
  - the costs of the initial ‘train the trainer’ training (flights and accommodation for the presenters – PEDS and ASQ³ and some participants) were supported and funded by CHQ HHS
  - the resources for the ‘train the trainer’ sessions were funded through CHQ HHS
  - the facilitator for PEDS training was flexible with planning the ‘train the trainer’ sessions by making herself available to fly to Brisbane for training and then two weeks later flying to Townsville to conduct further
training. This enabled the project to have at least one ‘train the trainer’ in each HHS

- ongoing ASQ³ training does not rely on an external or line training program therefore each HHS is responsible for ensuring this occurs after completion of the project (although on-line training will be available through RCH Melbourne in early 2016)

- Project officer and HHS contacts to be trained as trainers for the use of PEDS and ASQ³ developmental screening.

Delivered:

- training of the ‘trainers’ occurred early on in the project which ensured that the training schedules were met in each HHS
- the project officers and representatives from each HHS were trained as ‘trainers’ as per project plan
- ongoing training (2016 and beyond) will be either conducted by the ‘trainers’ at a local level (funding through their respective HHS) or through the availability of the PEDS on-line program (available in 2016)

- Trainers to develop training plans for their work area and gain approval by their HHS to deliver the training

Delivered:

- trainers were able to develop individual training plans/schedules to meet their own HHS requirements with HHS approval
- these training schedules were sent to the project officers in a timely manner

- Trainers to commence training sessions for child health nurses and health workers on the use of PEDS (and where appropriate the use of ASQ³) by the end of 2015.

Delivered:

- all ‘trainers’ throughout Queensland were able to deliver their PEDS and ASQ³ training programs before the end of 2015
- at time of writing the report over 90% of child health staff and health workers were trained in 12 of the 14 HHS’. Two HHS’ were below these numbers due to geographical distance( for example) and eight HHS’ trained 100% of their staff

In consultation with members of the governance committee:

- it was agreed upon that a child health nurse from the Royal Flying Doctors’ Service – Queensland (RFDS) and a child health nurse from the Apunima Cape York Health Council would attend the “train the trainer” programs initially
- it was agreed upon that the project officer would train child health nurses/staff from the Queensland Aboriginal and Islander Health Council (QAIHC) in Brisbane on the use of PEDS and ASQ³
Out of scope

- Ongoing training of child health nurses and health workers after the initial (one-off) training has occurred
- Cost of any on-line training or ongoing training that might be available (outside of the initial CHQ provided training)
- Funding of ongoing resources of PEDS and ASQ³ developmental screening tools
- Training of general practitioners and non-government health professionals throughout Queensland

Licencing

In scope

- Obtain licences for the use of PEDS and ASQ³ tools and resources for state wide use

Delivered:

- licences for PEDS was acquired and signed off by CHQ Executive
- licences for ASQ³ were able to be purchased individually for each trainer in each HHS
- CHQ also obtained extra licences for each of their child health ‘teams’ (10)

- Investigate the length of time that the licences are available and renewal/purchasing options

Delivered:

- the PEDS licence was secured for a period of five years (with a review at three years) for insertion into the PHR and also intranet access for the Interpretation and Score forms
- the ASQ³ licences were able to be purchased individually for each trainer in each HHS and are licenced until the next edition/review

Out of scope

- Purchasing of extra ASQ³ licences and resources for HHS’ outside of CHQ after project completion
- PEDS licencing of Response, Score and Interpretation forms for partners/agencies outside of Queensland Health (ie: Apunima, RFDS, QAIHC, GP’s, non-government organisations)

Communication

In scope

- Send to all HHS’ a memorandum detailing project deliverables, potential funding/costs, requirements and the benefits and outcomes to the HHS’
Delivered:

- memorandums were sent to all HHS’ Executives in January and February 2015 detailing the embedding of PEDS in the PHR and also the training and resource expectations for each HHS

- Gain commitment from HHS’ to support child health and health workers to attend education and training sessions on the use of PEDS and ASQ³ (where required)

Delivered:

- the project officers received 100% commitment and support from each HHS for their staff to attend training sessions and acquire relevant resources to enable the implementation of the tools
- work closely with the project officer – CDSN to ascertain the most effective and efficient methods of embedding PEDS & ASQ³ into state wide practice
- initial meetings were held with the project officer for CDSN to assist with the planning of PEDS and ASQ³ roll-out across Queensland
- the CDSN project officer was also a member on the PEDS/ASQ³ Governance Committee

- Project officer to gather and collate data from evaluations provided at/after training sessions and feedback to key contacts

Delivered:

- ongoing support with the collation of data from evaluations for each of the HHS’
- all trainers conducted their own data collection
- if there were any concerns with data collected the trainer would contact the project officer to discuss these issues

Out of scope

- Provision of ongoing clinical practice support in relation to the use of PEDS and ASQ³ after the completion of the project
- Assistance with development of referral pathways between child health, child development and tertiary and allied health teams
Outcomes/achievements against the objectives identified in the scope of the Project

State wide education and training of child health and indigenous health staff on the use of PEDS and ASQ³.

What was delivered

- A project plan was developed and ratified by the PEDS/ASQ³ Governance Committee and approved on the 10th February 2015 (initial) and 6th May 2015 (extension).
- A Communication Action Plan was developed for the state wide education and training of PEDS and ASQ³ for child health and indigenous health staff on the use of the PEDS.
- A training plan and calendar for 2015 was developed and updated by the project officers.

Overview of the background to the state wide developmental screening training program

PEDS:

- PEDS has a specially designed ‘train the trainer’ program available (at a cost) from the Royal Children’s Hospital (RCH) Melbourne the Centre of Child and Community Health, Melbourne and Murdoch University. A facilitator from RCH Melbourne conducted this ‘train the trainer’ training through funding provided by CHQ.

  Fifty-two staff from across the state were trained across two locations (Brisbane and Townsville) on the use of the two screening tools (PEDS and ASQ³).

ASQ³

- ASQ³ does not provide a training program on the use of their screening tool. Therefore the project officers were able source a child health nurse from South Australia who had previously conducted ASQ training throughout South Australia to conduct a one day training session to the Brisbane participants.
  CHQ funded the cost associated with this training. The project officers were then able to replicate this training in Townsville for the 22 staff that were participating there.

Achieved

The project officers developed a “training package” for all ‘train the trainers’ and distributed the package across the state to ensure consistency of information. The training package included:

  o PEDS and ASQ³ power point presentation
  o Session plan
PEDS case studies
ASQ\textsuperscript{3} case studies
Current research articles
PEDS Response, Score and Interpretation forms
ASQ\textsuperscript{3} ‘Starter Kit\textsuperscript{a}’ - inclusive of ASQ\textsuperscript{3} licence
Developmental screening kits - including cleaning and purchasing information
Evaluation of presentation templates
Certificate templates for presentation

Resources provided for the state wide training program

PEDS
A ‘train the trainer’ workbook was provided by the facilitator to assist with training as well as a USB with relevant articles and information on PEDS. The PEDS Brief Administration and Scoring Guide was provided to all staff as a requirement for the using PEDS. The forms used in training (Response, Score and Interpretation) were provided initially as copies until the licencing agreement was signed and then staff were able to access these forms through the intranet (QHEPS).

ASQ\textsuperscript{3}
The project officers purchased 60 licences (ASQ\textsuperscript{3} Starter Kits) so that all trainers had an initial licence to commence their training.

After the ASQ\textsuperscript{3} training sessions it was evident that to assist with a consistent approach to developmental screening across the state, each of the trainers should be provided with the same developmental screening kits. After investigating the cost for the ASQ\textsuperscript{3} developmental screening kits (Brookes Publishers costed these kits at $295.00 each) the project officers sought items similar to those in the (licence) ASQ\textsuperscript{3} kit with an average cost of $60 - $70 per kit. These developmental screening kits were then provided to each of the trainers throughout the state.

In June 2015 CHQ requested that the project officer make available these ASQ\textsuperscript{3} developmental screening kits for each team in CYCHS. Seventy more kits were put together at a similar cost.

At time of report writing the project officer is in the final stages of copyright approval with Brookes publishing to have a set of activity sheets available for child health staff and consumers state wide.

Licencing agreements
The project included investigating licencing requirements for both screening tools to ensure staff across Queensland Health would have equitable access to all components of the licence (resources, forms etc). The licencing for PEDS was different to that of
ASQ³ and this was considered when developing a strategy for the implementation of these tools in the Queensland Health environment. Consideration was given to: geographical isolation, internet access and lack of internet facilities, families without the new PHR, vulnerabilities of families and cultural considerations, for example.

**What was delivered**

*Acquisition of a sub-licence agreement - Parents’ Evaluation of Developmental Status, The Royal Children’s Hospital (Melbourne) and Children’s Health Queensland Hospital and Health Service (May 2015)*

**Achieved**

**EDS**

The licencing agreement for PEDS was developed in collaboration with the Royal Children’s Hospital Melbourne, CHQ HHS, the project officer and the project Governance committee.

The licence is known as the:

CHQ 531/2015 Sub-Licence Agreement Parents Evaluation of Developmental Status
The Royal Children’s Hospital Children’s Health Queensland Hospital and Health Service (CHQ HHS). This sub-licence includes Schedule 1 and Schedule 2 (relating to Contract Variables such as the PEDS Response Forms’ inclusion in the PHR and the PEDS Response, Score and Interpretation form in an electronic, fillable file in pdf format).

- By doing this we discovered??
  - CHQ HHS will hold the sub-licence for PEDS across Queensland and will be responsible for renewing the licence as per licencing agreement (for a period 5 years - to be reviewed in 3 years)
  - Each HHS will have their own licencing responsibility as per the Queensland Health Child Developmental Screening (PEDS and ASQ³) – Implementation Guide
  - The use of PEDS and ASQ³ will commence from the 1st January 2016 for CHQ (some HHS’ commenced the use of PEDS and ASQ³ prior to this date)
  - The publishing of the PEDS forms (Response, Score and Interpretation) on the intranet site (QHEPS) to enable child health and indigenous health staff state wide access to these forms prior to the implementation/roll-out of PEDS and ASQ³

**ASQ³**

The project purchased ASQ³ (Starter Kits) for all trainers across Queensland and for all Child Health “teams” throughout Children’s Health Services. *NB: the ‘stater kits’ are the licence for the ASQ³ questionnaires and resources.*

It was identified early that for staff to have access to the ASQ³ questionnaires they would need to have copies of the “ASQ³ starter kits” therefore CHQ funded the...
purchasing of these kits. These kits enable the trainer to have access to all questionnaires for developmental screening.

**Communication**

**What was delivered**

**PEDS and ASQ³ Project Communication Plan (April 2015)**

**Communication Plan - Inclusion of Parents’ Evaluation of Developmental Status (PEDS) in the Personal Health Record (June/July 2015)**

**Achieved**

- distribution of regular emails/correspondence to trainers
- updates on presentation information
- updates on licensing agreements
- feedback on development of an Implementation Guide (as requested by trainers across the state)
- development of frequently asked questions (FAQ’s) information
- development of a General Practitioner Communiqué

**Not achieved**

- timely media release regarding the embedding of PEDS into the PHR
- timely development of a Facebook page for PEDS in the PHR
- timely development and distribution of the PEDS factsheets for health professionals and consumers and flyers for child health clinics and hospitals across the state

**Implementation Guide**

**What was delivered**


**Achieved**

The initial Project Plan did not mention the development of an Implementation Plan for PEDs and ASQ³ as it was not recognised in the early stage of the project that this was necessary. After the two ‘train the trainer’ sessions in Brisbane and Townsville the trainers became quite concerned about the potential for a lack of consistency and need for ongoing engagement of staff around the use of the tools. Some of these areas
were; lack of consistent documentation, referral pathways, developmental screening processes, for example.

As noted in the Project Plan Extension there was allowance for the development of a document to support the ongoing implementation of the screening tools and support the processes that would assist each HHS in setting up business processes and to support staff in general.

The Implementation Plan known as ‘The Guide’ was developed in collaboration with the trainers across the state and then emailed out to each trainer once signed off (July 2015).

‘The Guide’

- was developed to enable each HHS to support leaders and service managers to implement recommended developmental screening practices across child health services using two developmental screening tools
- provides an overview of the background to the state wide implementation of the recommended screening tools (PEDS and ASQ³)
- clearly articulates the responsibility of CHQ HHS and the responsibilities of the remaining HHS’ in relation to the licencing agreements, ongoing financial responsibilities and staff training requirements to ensure the sustainability of the use of the screening tools
- provides suggestions for HHS’ to consider during the implementation of the state wide screening tools including review of developmental pathways for children with an identified need
- *(The intent was for The Guide to be published soon after development onto the intranet but this did not occur until February 2016)*

Results of the assumptions, outcomes, benefits and barriers to the Project

Assumptions

Overall the assumptions were met:

- the project was endorsed by the QCYCN
- the project governance committee supported the project with regards to resources, financial communication processes etc
- each HHS and Executive supported the project training and licencing requirements
- the training provided to the trainers equipped them with the necessary tools/knowledge/skills to return to their workplace and train child health and health workers in the use of both screening tools
each HHS released staff to receive and deliver training and provided resources in 2015 to access appropriate ongoing training

licencing agreements for both screening tools provided support for each HHS and their staff after completion of the project (ie: for up to 5 years for PEDS and until the next edition is published for ASQ³)

Outcomes and benefits

At the completion of the project it is evident from feedback from each HHS that a large majority of staff (average of over 90% in most areas) were trained in PEDS and ASQ³ in 2015. This will enable a more standardised approach to developmental screening in Queensland and in turn improved developmental outcomes for Queensland children. There is still debate around the effectiveness of these screening tools in Indigenous rural communities as research has been mainly focused in indigenous urban populations.

The long term outcome (which cannot be measured within this project is that of parents becoming more involved through a partnership with child health services and promoting parents as true participants in their child’s care.

Barriers

The barriers to meeting specific goals/objectives were mainly around media and communications with regards to the timing of media releases, webpage development and Facebook access on the PEDS (into the PHR) to health professionals and consumers. Also the late distribution of the factsheets and posters that were required to be distributed to health professionals and consumers across the state was an issue. These publications were intended to be distributed at the same time as the introduction of PEDS into the PHR to ensure a smooth process of communication for all relevant stakeholders.

Another barrier to the effectiveness of the project is that ‘The Guide’ was not published on the intranet (QHEPS) until February 2016 which was a month after all HHS’ commenced using the tools.

Risks were mitigated through increased communication with the HHS trainers and information provided to staff during the training sessions so that they could discuss with parents the embedding of PEDS into the new PHR’s. Also support from the Governance Committee to assist with circumnavigating the process of communication to Queensland Health staff, general practitioners and non-government organisations, for example minimised any long term impact on the project.

Overview of Key Deliverables

Most of the key deliverables that were noted in the project plan and project extension plan were met within the specified time frame

- PEDS and ASQ³ ‘train the trainer’ training sourced and booked – by February 2015
acquisition of the licence and/or resources for PEDS and ASQ\(^3\) for state wide use - *PEDS by September 2015 and ASQ\(^3\) by March/April 2015*

- training of project officers and HHS contacts as trainers for PEDS and ASQ\(^3\) tools - *by February/March 2015*

- training packages and plans to be developed for use by trainers to train other child health nurses and health workers/practitioners as required in each HHS - *by April 2015*

- supported training sessions for child health and health workers - *by April/May 2015*

- development of ‘The Guide’ - *developed and distributed via email by July 2015 (available on the intranet early 2016)*

- HHS procedures developed – *by each HHS, as per own local requirements*

- CHQ training completed - *December 2015*

- State wide paperwork review - *by each HHS, as per own local requirements*

- Final project completion report – *by 28\(^{th}\) February 2016*

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**New information at time of report**

PEDS has developed a series of on line training courses that will be available in early 2016.

- Foundation Course - for all staff not previously trained on the use of PEDS (approximately $50)

- Advanced Practice Course - For staff already using PEDS (no cost determined as yet)

- Facilitator Training Course - for staff already trained as trainers so that they can train “trainers” within their work area/HHS (no cost determined as yet)

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**Recommendations**

The project recommends that continued communication occurs between CHQ and the other HHS providers over the next 6 to 12 months to ensure the implementation of both screening tools occurs as efficiently as possible. This may be supported through the CHSN monthly meetings where an individual takes on the lead role.

Also to ensure that goals and objectives were met there will need to be an evaluation of the project encompassing the training and licencing and ongoing implementation of both screening tools.
Appendix 1

Project Plan – Parental Evaluation of Developmental Status (PEDS) & Ages and Stages Questionnaires (ASQ\(^3\)) State wide Implementation and Training Project

Project Plan

Parental Evaluation and Development Status (PEDS) & Ages and Stages Questionnaire (ASQ) State-wide Implementation and Training Project

Children’s Health Queensland Hospital and Health Service

V 1.0

4\(^{th}\) February 2015
Document Purpose

The Project Plan is used to guide the project implementation and the process for project control. It defines:

- Project approach and strategy;
- Responsibilities and accountabilities for project strategies/ tasks;
- Project schedule, including key milestone points and the delivery of identified outputs;
- Dependencies within the project and with other projects;
- Resources required (financial, human and material), and financial management processes;
- Risk management strategies;
- Communication management strategy; and
- Human resource management strategies.

The project plan is also used to facilitate communication among the stakeholders.
**DOCUMENT CONTROL**

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<th>Version</th>
<th>Date</th>
<th>Prepared by</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.1</td>
<td>December 2014</td>
<td>Desiree Croft Project Officer-PEDS</td>
<td>initiation</td>
</tr>
<tr>
<td>0.2</td>
<td>January 2015</td>
<td>Katie Barker Project Officer-PEDS &amp; ASQ</td>
<td>General edit, insert Gantt, budget</td>
</tr>
<tr>
<td>0.3</td>
<td>January 2015</td>
<td>Katie Barker</td>
<td>Addition of ASQ information, reporting, updated budget, new training plan.</td>
</tr>
<tr>
<td>0.4</td>
<td>23rd Jan 2015</td>
<td>Katie Barker</td>
<td>ASQ training information added plus updates from PHR project</td>
</tr>
<tr>
<td>0.5</td>
<td>28th Jan 2015</td>
<td>Katie Barker</td>
<td>Updated budget estimate</td>
</tr>
<tr>
<td>1.0</td>
<td>4th Feb 2015</td>
<td>Katie Barker</td>
<td>Update R&amp;R, budget, approvals. Final Version</td>
</tr>
</tbody>
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*Drafts should use format vX.1 (e.g. start at v0.1). Final versions should use format vX.0 (e.g. v1.0).*

**Distribution**

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<thead>
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<th>Name</th>
<th>Title</th>
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<tr>
<td>Karen Berry</td>
<td>Project Manager</td>
<td>Review</td>
</tr>
<tr>
<td>Jennifer Crimmins</td>
<td>Project Sponsor</td>
<td>Approve</td>
</tr>
<tr>
<td>Julie McEniery</td>
<td>QCYCN Chair</td>
<td>Approve</td>
</tr>
</tbody>
</table>

*Functions include: Approve, Review, Feedback

**Document Storage and Archive**

During conduct of the project, documentation will be stored electronically on the G drive: G:\Ellen-Barron\EBFC\Support\Staff Work Groups\Statewide Project Officer\PEDS & ASQ3 Project\1 Project Documentation\Project Plan. A standard directory structure and file naming convention will be developed for use by the project manager.
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Project Description

Background

In July 2011, The National Framework for Universal Child and Family Health Services (the National Framework) (Schmeid, Kruske.S., Barclay, & Fowler, 2011) was endorsed by the Australian Health Ministers Advisory Council. It outlines a vision for child and family health services for all Australian children aged zero to eight. Universal child and family health services are uniquely placed to support families, enhance parenting and monitor health and developmental progress during critical periods in a child’s life.

Key health bodies across the world, including the World Health Organisation, identify early child development as being a key social determinant of health and wellbeing across the lifespan (WHO 2012) as described in Child Development in Queensland Hospital and Health Services: Act now for a better tomorrow 2013 to 2020 (Child Development, 2013). There is widespread acknowledgement that Aboriginal and Torres Strait Islander children are overrepresented in terms of development impairment compared to their non-indigenous peers. Understanding the context for vulnerable Aboriginal and Torres Strait Islander children is important to support appropriate service planning and development, and to improve access to services for this group of children.

Child Health Services provide clinical services that are appropriate and accessible for the general population and additional services for families in greater need. Services include universal and targeted assessments and interventions, and are provided to individuals and groups within the population in response to identified need. This care is provided in partnership with families using the Family Partnership Model (Child and Youth Community Health Service, 2014) to identify with the family their priorities, capacities and needs, with emphasis on building supportive relationships within families. Parents are in a unique position to best understand the needs of their child/children and the ability for staff working in Child Health Services to have a relationship with them is imperative. Research suggests that parents are very accurate observers of their child’s strengths and weaknesses. Parental engagement “upfront” allows for important social and cultural influences to be understood. Also the likelihood of recommendations being acted on is increased.

Ongoing developmental surveillance offers opportunities to positively impact upon the growth and development of children through health and developmental promotion as well as early identification and intervention. Developmental surveillance and health monitoring are fundamental components of the universal child and family health service. Surveillance whilst initiated by health professionals is conducted in partnership with parents and families.

It is important that support is accessible for all children and their families throughout a child’s development including across key transitions. This is particularly true for
vulnerable families. Transition periods such as becoming a parent, early infancy, the toddler years and starting preschool or school represent critical developmental stages for children and families.

Core contact times are based on a series of principles including critical periods of child development – recognising development is rapid during the early years, particularly the first 12 months, and therefore early interventions during this period are more economical and effective. The National Framework for Universal Child and Family Health Services (Schmeid et al., 2011)

Surveillance of child development allows for early identification of children with developmental delay, and provision of early intervention services. There is strong evidence that early intervention for these children can significantly improve developmental outcomes. In order to optimise outcomes for individuals and for communities as a whole, targeted support for children who have developmental disabilities might be provided by a range of government and/or non-government providers. Children who have single discipline and/or non-complex developmental concerns may access generalist paediatric allied health and medical services within their local hospital or community health centre. Children with complex and co-morbid developmental needs and their families require access to an integrated multidisciplinary service that provides care according to a chronic disease framework, that can support significant others in that child’s life to optimise the child’s developmental potential and mitigate likely secondary consequences (Child Development, 2013).

**Strategic alignment**

- Objective 1: Leading the provision of quality health care for children and young people
- Objective 2: Building strong partnerships and engagement for improved health outcomes

**Operational alignment**

- Optimise quality health care and health outcomes
- Enhance knowledge and confidence through paediatric training and education

**Business Need**

Developmental monitoring and assessment should comprise a combination of techniques – practitioners are expected to be able to recognise the full range of normal development, but the use of tools to guide clinical judgement is also recommended for universal application.

The use of a primary screening tool that provides universal access and participation and that is validated (sensitivity – 74% to 80% and specificity: 72% to 80%) and based
on evidence will provide an expected ‘service consistency and common language” around developmental vulnerability and disability. The Child Development Sub Network has recommended that the Parents Evaluation of Developmental Status (PEDS) be the tool based on research data. Comprehensive coverage of all domains of development promotes a family centred approach to practice and most importantly is brief, simple to use and actively involves parents. PEDS can be used in virtually any setting and has been used in childcare centres, preschools, child health centres, general practitioners offices and schools in Australia.

A second level screening tool (by a qualified health practitioner) needs to then be used if issues are raised on the basis of PEDS to decrease the chance of referring children unnecessarily (improving the specificity). Ages & Stages (ASQ3) and Ages & Stages Social/Emotional (ASQ: SE) is the screening tool recommended by the Child Development Sub Network to be used with children from (0 – 5 years). If developmental concerns are confirmed then discussion with/referral to a more specialist Child Development resource is advised.

To ensure universal access to PEDS by all parents and in keeping with other states and territories CHQ has decided that PEDS will be embedded into the Personal Health Record book (PHR). A separate project was initiated for this. The PHR is provided to all parents in Queensland after giving birth and provides information on an infant’s first twelve months including development, breastfeeding, introducing solids, safe sleeping, injury prevention and oral health. Each year the State wide Child and Youth Health work group reviews the content of the PHR and the aim is for PEDS to be included in the next edition of the PHR in 2015. The PEDS screening tool will be included at each of the “Health Checks “in the 2015 edition from 0-4 weeks through to 2 ½ to 3 ½ years.

The Introduction of Parent-Completed Child Development Screening Tools Project Implementation Evaluation January 2011 (Child and Adolescent Community Health Policy (Statewide), 2011) found that the “embedding of the PEDS questionnaire into the Personal Health Record had been a large contributing factor in assisting with the implementation. Parental opinions regarding the PEDS questionnaire were generally positive, with 97% of parents indicating that they found the PEDS questionnaire easy to complete and 81% of parents putting forward that they found the PEDS questionnaire to be a useful way of raising concerns about their child’s development with the nurse.

Child Health Services conduct developmental screening as per the PHR but use various screening tools to assess developmental delays. There appears to be a lack of a standardised approach to developmental screening in Queensland and inconsistent evidence around the updating of knowledge and skills around developmental screening. Some Child Health and Indigenous Health staff have limited access to Child Development Teams so it is important that health professionals determine the safest/effective method so follow up so as not to delay/restrict access to Child Development health professionals. In order to standardise the state approach to these tools it is essential to have comprehensive and supportive training provided to staff within each of the HHS’. One of the recommendations from the WA report (Child and Adolescent Community Health Policy (Statewide), 2011) was to ‘organise and conduct training updates regularly to sustain skills and reinforce the benefits of the tools’.
Purpose / Objective

The key purpose of the project is to ensure appropriate training for standardisation of screening and assessment practices in relation to child development in Department of Health provided primary health care services in Queensland. The Peds is a valuable parent engagement tool as it ensures collaboration between the parent and the provider and emphasises a focus on families that is consistent with promoting parents as true participants in their child’s care and education. The ASQ is a more thorough screening tool to assist in decision making and referral of specific issues for further investigation.

The objective of the project is to:

 Initially:

• Investigate licensing of the 2 recommended tools and implications for related funding/purchasing arrangements (project may fund initial purchase with HHS’ responsible for ongoing licence costs unless a state-wide licence can be held by CHQ HSS)
• fund the initial purchase of the Peds scoring sheets
• fund the initial purchase of the secondary screening tool (ASQ3) and kits
• fund the initial training (with no backfill) of all child health staff (including child health nurses, indigenous health workers/practitioners) across the state in the use of the Peds.
• fund the initial training (with no backfill) of all child health staff (including child health nurses) across the state in the use of the secondary screening tool- ASQ3.
• Support the creation of policies and procedures for the use, referral and ongoing training requirements for each screening tool for each HHS
• Investigate and make recommendations regarding on line training tools to be available for HHS’ to use for ongoing training purposes.

The project has a limited timeframe therefore achievement of the above objectives will be subject to the project running to schedule. The project may need to be phased to achieve all stated objectives.

The project is also reliant on HHS’ agreeing to, supporting and delivering some key objectives and for CHQ HHS to recurrently hold the licence for Peds in the PHR.

HHS’ will be responsible for:

 Initially:

• The release of staff to attend, ‘train the trainer’ and specific tool based training
• Support the implementation of the use of Peds and ASQ3 across services working with parents/ infants/children within their HHS
• The release of staff to deliver training to other colleagues in their HHS
• Any community information or awareness campaigns required for parental health literacy

Recurrently:

• Funding the recurrent costs for the associated scoring guides for both the PEDS and the ASQ3 screening tools (ordering or printing)
• Support the annual education/professional development of trained staff in relation to the use of the recommended developmental screening tools
• Support training for new trainers with attrition of previously qualified trainers and new staff.
• Maintaining policies and procedures and quality measures for the use and training associated with the tools
• Maintain updated and relevant referral pathways for families who are found to have concerns identified in the ASQ3.

Outcome / Benefits

As a result of this project the following outcomes and benefits will be:

• Parents are involved through a partnership with child health services and recognised as the experts in their own child’s wellbeing and development.
• There is standardised, evidence based screening tools in use in primary child health settings across Queensland.
• Child health staff (child health nurses and indigenous health workers/practitioners) are properly trained in the use of the PEDS developmental screening tool.
• Child health staff (child health nurses) are properly trained in the use of the secondary screening tool – ASQ3.
• There are policies, procedures and referral pathway for each HHS to adopt on the use of the tools, the training required and referral processes/options.
• Improved development outcomes for Queensland Indigenous children against the Aboriginal and Torres Strait Islander Investment Strategy and key performance indicators in Closing the Gap.

Assumptions

The following assumptions have been made in relation to this project:
Endorsement of the project plan from the Statewide Child and Youth Clinical Network (QCYCN).

Ongoing support for the implementation of the project through CHQ HHS project governance committee including financial commitment until the end of June 2015.

Initial and ongoing support from the PHR work group and project officer.

Commitment and involvement of each HHS in the project at the Executive and clinical level including support for change management processes that may be required and to deliver the products of the project in community based child health services across Queensland.

HHS’ having capacity to provide universal child and family health services, in partnership with families, other government and non-government agencies and a range of health professionals through use of existing networks and/or service redesign using existing resources.

The training sourced by the project will provide HHS staff with the necessary tools/knowledge/skills to return to their workplace and train child health and indigenous health workers/practitioners in the use of PEDS (and where required the use of ASQ3)

That the HHS’s will release staff to receive and deliver training and provide ongoing resources and access to appropriate ongoing training on the use of PEDS and ASQ3

HHS Strategic Plans that assist the HHS’ to measure performance indicators and improve health outcomes for children in alignment with the National and Queensland Frameworks for Universal and Child Health Services.

Licensing agreements will be appropriate for state-wide or HHS purchasing arrangements

**Constraints**

The following constraints could potentially impact this project:

- Identified finite budget for the project.
- Short time frame for project completion from 24th November 2014 to 30th June 2015
- Identification of distance/remoteness of areas – working across communities and cultural considerations
- Current capacity (skill mix) of clinicians to implement the screening tools
- Current capacity (skill mix) of clinicians to be released for training and to provide further training in their HHS in the context of their normal workload
- Difficulty sourcing training sources for each tool, no Queensland based trainers.
- Each HHS is not mandated to accept and deliver the proposed screening tools.

## Dependencies

The table below identifies the project dependencies:

<table>
<thead>
<tr>
<th>Dependency</th>
<th>Project / Area / Activity</th>
<th>Specific Deliverable</th>
<th>When</th>
<th>Impact</th>
<th>Contingency / Work Around</th>
</tr>
</thead>
<tbody>
<tr>
<td>State-wide Child and Youth Health</td>
<td>Personal Health Record review and addition of PEDS tool (project)</td>
<td>PEDS inserted into the PHR</td>
<td>concurren t</td>
<td>This is the premise for this project.</td>
<td>Work collaboratively in relation to other child health related programs, training and projects (ie: Child Development Sub Network, PHR work group)</td>
</tr>
<tr>
<td>Family Partnership Training</td>
<td></td>
<td>5 days training</td>
<td>concurren t</td>
<td>Increased demand on training requirements from core specialised staff taking them form providing direct clinical work and adding to required training needs.</td>
<td></td>
</tr>
<tr>
<td>Triple P Training</td>
<td></td>
<td>4 days training</td>
<td>concurren t</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Circle of Security training</td>
<td></td>
<td>4 days of training</td>
<td>February</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children’s Health Queensland</td>
<td>Model of Care Review Project</td>
<td>New model of Care with state-wide implications.</td>
<td>concurren t</td>
<td>Will provide the project with evidence based developmental assessment information and education</td>
<td>Nil required. Developmental screening tools are discussed in the model.</td>
</tr>
</tbody>
</table>

## Project Scope

### In-Scope

Project scope will be identified in phases in relation to clinical, education and training priorities and identified need
<table>
<thead>
<tr>
<th>Item</th>
<th>Description (not in order of importance)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phase 1</strong></td>
<td>Recruitment and selection of the first Project Officer (PEDS) position to commence from 24th December 2014 to 30th June 2015 and second Project Officer (PEDS) position from 5th January 2015 to 30th June 2015.</td>
</tr>
<tr>
<td></td>
<td>Development of a communication plan and other project documentation for the state-wide education and training of both the PEDS and ASQ3 for child health nurses and training for indigenous health workers/practitioners in the use of the PEDS.</td>
</tr>
<tr>
<td></td>
<td>Development of a Governance Committee to support the implementation of training and education of PEDS and ASQ3 to child health nurses and PEDS training to indigenous health workers.</td>
</tr>
<tr>
<td></td>
<td>Development of a state-wide PEDS work group to support the implementation of training and education of PEDS and ASQ3 to child health nurses and PEDS training to indigenous health workers/practitioners.</td>
</tr>
<tr>
<td></td>
<td>Investigate availability and cost of initial and ongoing training requirements for child health staff and indigenous health workers/practitioners for PEDS and ASQ3 across the state</td>
</tr>
<tr>
<td></td>
<td>Obtain license of the PEDS and ASQ3 development screening tools and resources for state-wide use. Investigate the length of time that the license is available for and renewal/purchasing options</td>
</tr>
<tr>
<td></td>
<td>Send to all HHS’ a memorandum detailing project deliverables, potential funding/costs, requirements from and the benefits and outcomes to the HHS’.</td>
</tr>
<tr>
<td></td>
<td>Work closely with the Principal Policy Officer – Statewide Child and Youth Health as they embed the PEDS tools into the PHR</td>
</tr>
<tr>
<td></td>
<td>Work closely with the Project Officer – Child Development Sub Network to ascertain the most effective and efficient methods of embedding PEDS &amp; ASQ into state-wide practice.</td>
</tr>
<tr>
<td></td>
<td>Gain commitment from HHS’ to support child health and indigenous health workers/practitioners to attend education and training sessions on the use of PEDS and ASQ3 (where required).</td>
</tr>
<tr>
<td></td>
<td>Project Officers (with support of work group and HHS contacts) to develop evaluation tools to determine the success of the training provided to child health and</td>
</tr>
<tr>
<td>Item</td>
<td>Description (not in order of importance)</td>
</tr>
<tr>
<td>------</td>
<td>-----------------------------------------</td>
</tr>
<tr>
<td></td>
<td>indigenous health workers/practitioners (ie: surveys and focus group feedback)</td>
</tr>
</tbody>
</table>

**Phase 2**

| Project Officers and HHS contacts to be trained as trainers for the use of PEDS and ASQ3 developmental screening tools (so that they can provide training to child health nurses and indigenous workers in their respective HHS and the project officers can provide training to south east corner and support other HHS champions and trainers). |
| Project officers to develop templates for policies and procedures in the use of and further training in the screening tools for the HHS contacts to adapt (supported by work group and HHS trainers). |
| Trainers to develop a training plan for their area and gain approval by their HHS to deliver |

**Phase 3**

| Trainers to commence training sessions for child health nurses and indigenous workers in the use of PEDS (and where appropriate the use of ASQ3). |
| Project Officers to gather and collate data from evaluations provided at/after training sessions and feedback to key contacts. |
| Project Officers to finalise project completion report and submit with other project documentation and recommendations to project manager, project sponsor, project governance committee and work group |

**Out of Scope**

The table below identifies all key items and components **out of scope** for this project:

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ongoing training of child health nurses and indigenous workers after the initial (one-off) training has occurred.</td>
</tr>
<tr>
<td>2</td>
<td>Community and consumer education and advertising campaigns and resources through partnership with CHQ media team (may provide an information poster template for branding by each HHS).</td>
</tr>
<tr>
<td>3</td>
<td>One on one training for all child health and indigenous health workers/practitioners in Queensland.</td>
</tr>
<tr>
<td>4</td>
<td>Cost of any on-line training or ongoing training that might be available (outside of training detailed in this plan)</td>
</tr>
<tr>
<td>5</td>
<td>Funding of ongoing resources of PEDS and ASQ3 developmental screening tools.</td>
</tr>
<tr>
<td>Item</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
</tr>
<tr>
<td>6</td>
<td>Provision of ongoing clinical practice support in relation to the use of PEDS and ASQ3 after the completion of the project (June 2015)</td>
</tr>
<tr>
<td>7</td>
<td>Referral pathways between child health and child development and tertiary and allied health support for referrals. NB: the implementation of these tools will be essential to gauge the need/demand for child development services and also the referral pathways need to be monitored and tailored by each HHS as to the services available to them.</td>
</tr>
<tr>
<td>8</td>
<td>Training of general practitioners and non-government health professionals throughout Queensland</td>
</tr>
</tbody>
</table>

**Scope Changes**

Scope changes will be managed under the Project Change Control system by escalating a change or issue request via the project manager/project sponsor or governance committee as required.

**Project Planning**

**Project Overview**

**Related Projects and Activities**

- Children’s Health Queensland – Personal Health Record (PHR) project
- Children’s Health Queensland – Child Health Service Model of Care review project

**Summary**

Initially CHQ through the PEDS & ASQ3 project team will be able to assist with comprehensive training for HHS trainers, support for these trainers in their own HHS and follow up recommendations for sustainability of the training and tools. It will be up to each HHS to maintain skills and trainers as well as to train new staff. The project will assist to develop policies and procedures around the use of the tools and referral however it will be up to each HHS to tweak these to the needs and services in their area. Securing initial licencing will also be the remit of the project and recommendations will be made for further licencing requirements.

To ensure consistency of information across all HHS’ the project team will engage support from facilitators from the Centre of Community Child Health in Melbourne (Murdoch Children’s Research Institute, Melbourne) for PEDS and from Women’s & Children’s Health Network in South Australia for ASQ3 so that all staff receives the same initial training information. The Murdoch Institute will also provide a ‘train the trainer’ day as well as specific PEDS training to ensure the staff leave with the skills and confidence required to deliver the training in their own HHS as well as the specialist knowledge around the two tools. This leaves Queensland with a number of trainers across the state for both tools. The Centre for Child Health (Melbourne) also is currently developing an ‘on-line training package’ that is aimed at providing trained staff...
with updates and ongoing reflection on their knowledge and skills to ensure staff practice at a high level over time and can be completed annually. Work will be done with the Network in South Australia and the educators in Queensland to leave a similar legacy for Queensland staff around ASQ3.

The Project Officers responsibility is to maintain close communication with the trainers (champions) to assist with motivation and engagement of these staff once they are back into their work environment and ongoing work responsibilities. There will also be a need for initial conversations with key stakeholders regarding the need for support from their Line Managers for resources (ie: time, financial). A memorandum has been sent to the CEs of each HHS’ highlighting the project and recommendations for it to be sustainable in the long term and asking for their support and nomination of a staff contact. The project will also support and encourage training plans and procedures for trainers.

Proposed Training Schedule and expectations:

PEDS

(1) PEDS User Training and PEDS Train the Trainer (approximately 1 ½ days) in March - April 2015 :

- 30-60 participants from all HHS’ in Queensland (including the Project Officers-PEDS & ASQ3 and the Project Officer for the Child Development Sub Network).

- Inclusive of accommodation and travel for 1/2 facilitators

- Inclusive of accommodation and travel for participants from HHS’ outside the metro area.

(2) PEDS training delivered by Trainers in their own HHS

(3) Project Officers to support the trainers by videoconference or travelling to HHS’ state-wide locations to assist with one-off training session to local staff if extra support required.

(4) Ongoing support through emails, video or teleconferencing by the Project Officers until the completion of the project in June 2015.

(5) Trainer network (informal) developed and implemented for continued support for staff.

(6) Instruction and/or access to ongoing online PD for skill maintenance in PEDS.

ASQ3

(1) ASQ3 1 day user training March – April 2015:
- 30-60 participants from all HHS’ in Queensland (including the Project Officers-PEDS & ASQ3 and the Project Officer for the Child Development Sub Network).

- Inclusive of accommodation and travel for 1/2 facilitators

- Inclusive of accommodation and travel for participants from HHS’ outside the metro area.

(2) ASQ3 training delivered by Trainers in their own HHS.

(3) Project Officers to support the trainers by videoconference or travelling to HHS’ state-wide locations to assist with one-off training session to local staff if extra support required.

(4) Ongoing support through emails, video or teleconferencing by the Project Officers until the completion of the project in June 2015.

(5) Trainer network (informal) developed and implemented for continued support for staff.

(6) Ongoing plan for skill maintenance/PD requirements for trained staff.

**Key Deliverables**

The table below details the key milestones / products / activities to be delivered by the project:

<table>
<thead>
<tr>
<th>Key Milestone / Product / Task / Activity</th>
<th>Responsible Officer</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEDS and ASQ3 ‘train the trainer’ training sourced and booked</td>
<td>Project Officers</td>
<td>Jan 30th 2015</td>
</tr>
<tr>
<td>Acquisition of the license and/or resources for PEDS and ASQ3 for state-wide use</td>
<td>Project Sponsor – supported by project officers</td>
<td>Feb 27th 2015</td>
</tr>
<tr>
<td>Training of Project Officers and HHS contacts as trainers for PEDS and ASQ3 tool training</td>
<td>Project Officers</td>
<td>Feb and March 2015</td>
</tr>
<tr>
<td>Training packages/plans to be developed for use by Trainers to train other child health nurses and indigenous health workers/practitioners as required in each HHS</td>
<td>Project Officers and HHS contacts</td>
<td>April 10th 2015</td>
</tr>
<tr>
<td>Supported training sessions for child health and indigenous health workers/practitioners</td>
<td>Project Officers and HHS trainers</td>
<td>April-May 29th 2015</td>
</tr>
</tbody>
</table>
### Cost Management

#### Budget

#### Direct Labour

The table below details all project direct labour costs:

<table>
<thead>
<tr>
<th>Position</th>
<th>Stream/Level</th>
<th>FTEs</th>
<th>Salary</th>
<th>Total Cost</th>
<th>Funding Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Officers</td>
<td>Nursing Grade 7</td>
<td>1.8 (6 months)</td>
<td>$108 082</td>
<td>$138 100 (including on costs)</td>
<td>Project</td>
</tr>
</tbody>
</table>

#### Associated Labour

The table below details all associated labour costs including consultant and contractor costs:

<table>
<thead>
<tr>
<th>Additional Requirement</th>
<th>Comments</th>
<th>Rate</th>
<th>Total Cost</th>
<th>Funding Source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Non Labour (estimate)

The table below details all project non labour costs including any contingency costing, accommodation, travel, etc:

<table>
<thead>
<tr>
<th>Additional Requirement</th>
<th>Comments</th>
<th>Rate</th>
<th>Total Cost</th>
<th>Funding Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHS contact travel</td>
<td>Variable due to size of state – subject to change</td>
<td></td>
<td>~$15 000*</td>
<td>Project</td>
</tr>
<tr>
<td>HHS contact Accommodation</td>
<td>Variable – subject to change</td>
<td>Approx. $150/night for up to 45</td>
<td>~$8, 437*</td>
<td>Project</td>
</tr>
<tr>
<td><strong>Project Officers</strong> &lt;br&gt;Travel and accommodation</td>
<td>To provide supported services for training deliver or directly deliver training need not yet identified</td>
<td>$8 000*</td>
<td>Project</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td><strong>Information technology</strong></td>
<td>Provided by CHQ, Ellen Barron Centre</td>
<td>2,500</td>
<td>n/a</td>
<td>CHQ HHS</td>
</tr>
<tr>
<td><strong>Training rooms and IT requirements</strong></td>
<td>Provided by CHQ, Ellen Barron Centre</td>
<td>4,800</td>
<td>n/a</td>
<td>CHQ HHS</td>
</tr>
<tr>
<td><strong>Licencing and resources</strong></td>
<td>Licensing Costs for PEDS every 3 to 5 years  Initial resource costs</td>
<td>No of records x number of forms x participation rate x 5c</td>
<td>$12 000 approx</td>
<td>Need to assess if licence is state-wide (covered by project initially, need to assess recurrent funding source) or if can be delineated to each HHS. Resources to be paid for by each HHS</td>
</tr>
<tr>
<td></td>
<td>Licensing costs for ASQ3  Initial resource costs</td>
<td>540 Included and printable there after</td>
<td>$18 900</td>
<td></td>
</tr>
<tr>
<td><strong>Training facilitation and travel costs</strong></td>
<td>PEDS  ASQ3</td>
<td>$18 320  $15 000</td>
<td>Project</td>
<td></td>
</tr>
<tr>
<td><strong>Consumer information</strong></td>
<td>Information poster template</td>
<td>Provided by CHQ</td>
<td>n/a</td>
<td>CHQ</td>
</tr>
</tbody>
</table>

* additional costs may be incurred if second or third sessions need to be run and if project officers need to travel to support HHS initial sessions.

Total labour $ 138 100  Total non labour $ 80 000

**Total estimate $ 216 000**
Responsibilities
The table below details of each cost management/monitoring activity and who is responsible:

<table>
<thead>
<tr>
<th>Cost Management Activity</th>
<th>Responsible Officer</th>
<th>When and How</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project cost centre</td>
<td>Project Manager (Karen Berry)</td>
<td>Via regular traffic light reports</td>
</tr>
<tr>
<td>Initial cost approvals and tolerances</td>
<td>Project Manager (Jennifer Crimmins)</td>
<td>Upon approval of project plan</td>
</tr>
<tr>
<td>Exception/change approvals</td>
<td>Project Manager (Jennifer Crimmins)</td>
<td>As raised in exception reports via project manager</td>
</tr>
</tbody>
</table>

Time Management

Schedule
The Project Schedule is shown as a high level Gantt chart at Appendix A.

Schedule Changes
Changes will be managed by raising an exception to the project plan or by raising an issue report through the project management team as per Section 2.7 below.

Human Resource Management

Resource Plan
The table below contains a list of the human resources required for the project. The human resources will be utilised as per the Gantt chart at Appendix A.

<table>
<thead>
<tr>
<th>Role</th>
<th>FTE</th>
<th>Employee/Contractor</th>
<th>Name/s (if known)</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Sponsor – decision making</td>
<td>n/a</td>
<td>Employee CHQ</td>
<td>Jennifer Crimmins</td>
<td>24th November 2014</td>
<td>30th June 2015</td>
</tr>
<tr>
<td>Project Manager – operational governance and cost centre management</td>
<td>n/a</td>
<td>Employee CHQ</td>
<td>Karen Berry</td>
<td>24th November 2014</td>
<td>30th June 2015</td>
</tr>
<tr>
<td>Governance Committee – advice and project governance</td>
<td>n/a</td>
<td>n/a</td>
<td>Jennifer Crimmins, Karen Berry, Pamela Hueber, Kerri-Lyn Webb, Bethany Hooke, Veronica Hooke, Veronica Epstein</td>
<td>13th January 2015</td>
<td>30th June 2015</td>
</tr>
<tr>
<td>PEDS Work Group – user level advice</td>
<td>n/a</td>
<td>n/a</td>
<td>Margaret Dawson, Nicola Sutton, Robyn Wyatt, Roslyn Wyatt, Roslyn McCallum</td>
<td>21st January 2015</td>
<td>30th June 2015</td>
</tr>
<tr>
<td>Role</td>
<td>FTE</td>
<td>Employee/ Contractor</td>
<td>Name/s (if known)</td>
<td>From</td>
<td>To</td>
</tr>
<tr>
<td>-----------------------------------------------------------</td>
<td>-----</td>
<td>----------------------</td>
<td>--------------------------------------------</td>
<td>---------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Project Officers</td>
<td>0.8</td>
<td>Employee CHQ</td>
<td>Kathy North Jan Finlayson Helen Cook-Bland</td>
<td>24th November 2014</td>
<td>30th June 2015</td>
</tr>
<tr>
<td></td>
<td>1.0</td>
<td>Employee CHQ</td>
<td>Desiree Croft</td>
<td>5th January 2015</td>
<td>30th June 2015</td>
</tr>
<tr>
<td>QCYCN, Child Health and Child Development Sub Network members – project initiators and clinical governance</td>
<td>n/a</td>
<td>n/a</td>
<td>State wide membership</td>
<td>21st January 2015</td>
<td>30th June 2015</td>
</tr>
<tr>
<td>HHS trainers</td>
<td>n/a</td>
<td>Employees</td>
<td>– request for nomination sent 18/12/14</td>
<td>23rd January 2015</td>
<td>30th June 2015 (and beyond life of project)</td>
</tr>
<tr>
<td>PEDS Trainer(s)</td>
<td>n/a</td>
<td>Contractor</td>
<td>Di Halloran</td>
<td>Feb 2015</td>
<td>March 2015</td>
</tr>
<tr>
<td>ASQ3 Trainer(s)</td>
<td>n/a</td>
<td>Contractor</td>
<td>Rosie Ranford</td>
<td>March 2015</td>
<td>March 2015</td>
</tr>
</tbody>
</table>

**Risk Management**

**Risk Management Strategy**

A risk management strategy will be developed and maintained as a part of the project documentation. It will be approved by the Project Governance Committee.

G:\Ellen-Barron\EBFC\Support\Staff Work Groups\Statewide Project Officer\PEDS & ASQ3 Project\1 Project Documentation\Risk\PEDS & ASQ3 Risk Management Strategy CHQ.doc

**Risk Register**

A Risk Register will be maintained using an Excel Document. The Risk Register will be used to track the identified risks, their severity, and manage their treatment.

G:\Ellen-Barron\EBFC\Support\Staff Work Groups\Statewide Project Officer\PEDS & ASQ3 Project\1 Project Documentation\Risk\PEDS & ASQ3 Risk Register CHQ.xlsx

**Initial Assessment of Project Risks**

Significant key risks to the project are listed below and will be entered and maintained/managed from the risk register.
<table>
<thead>
<tr>
<th>Risk Event &amp; Impact*</th>
<th>Rating</th>
<th>Treatment</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project Time line (Project Officer - 1)</strong></td>
<td>Low</td>
<td>- Reduced time to form key partnerships with key stakeholders</td>
<td>Project Officer and Manager</td>
</tr>
<tr>
<td><strong>Project Time line (Project Officer – 2)</strong></td>
<td>Low</td>
<td>- Reduced time to form key partnerships with key stakeholders</td>
<td>Project Officer and Manager</td>
</tr>
</tbody>
</table>
| **Project Officer not continuing project to completion date** | High | - Revise the training schedule  
- Revise the train the trainer sessions  
- Project documentation and configuration records maintained | Project Officer and Manager |
| **Timing of the integration of PEDS into the PHR and the publication and distribution state-wide is later than anticipated** | Medium | - Update PHR during PHR working party processes  
- Utilise existing working party to inform PEDS insertion  
- Communicate to staff the need to revise the training schedule | Project Officer and Manager |
| **Timing of the training of Project Officers on the use of PEDS and ASQ3 is later than anticipated** | High | - Cost for travel and accommodation to Melbourne for face to face training for PEDS.  
- On-line training for PEDS if unable to go to Melbourne.  
- Availability for ASQ3 training. | Project Officer and Manager |
| **Delays to the development of training package/s for use with child health nurses and indigenous health workers/practitioners** | Medium | - Commence training without training packages and distribute resources when available.  
- Offer support through teleconference or videoconference mediums when packages are available.  
- Delay the training until the packages are completed. | Project Officer and Manager |
| **Delays or the inability to provide training sessions for child health nurses and indigenous health workers/practitioners in the** | High | - Provide training when mitigating circumstances make the sessions available  
- May need to put the project “on | Project Officer and Manager |
<table>
<thead>
<tr>
<th>Risk Event &amp; Impact*</th>
<th>Rating</th>
<th>Treatment</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>use of PEDS (and where appropriate the use of ASQ3).</td>
<td></td>
<td>hold* until the training can occur</td>
<td></td>
</tr>
<tr>
<td>Provision of an inadequate budget for the project or lack of funding</td>
<td>High</td>
<td>• Cease the project until the funds are available or until a plan in place to continue with a different scope for the project.</td>
<td>Project Officer and Manager</td>
</tr>
<tr>
<td>Lack of commitment of the HHS' to support the release of child health and indigenous health workers/practitioners for initial “train the trainer” training</td>
<td>High</td>
<td>• Potential for the project to cease or to continue with a different plan for training of child health and indigenous health workers/practitioners</td>
<td>Project Officer and Manager</td>
</tr>
<tr>
<td>Lack of commitment of the HHS' to implement ongoing training and support to staff using the PEDS and ASQ3</td>
<td>High</td>
<td>• HHS Executive commitment to continue funding for the training and supporting child health nurses and indigenous workers on the use of PEDS and ASQ3 (where appropriate).</td>
<td>Project Officer and Manager</td>
</tr>
</tbody>
</table>

*Risk severity will be determined using the standard risk matrix (as per CHQHHS Risk Management Process)

**Project Governance and Control**

The following project level governance and controls will be implemented to manage the project and provide mechanisms to feedback information to the Project Sponsor, CHQ executive, Child & Youth Clinical Network members, relevant sub committees and other key stakeholders.

**Project Organisation**

The diagram below identifies the Project Organisation and the reporting relationships of the Project Team:
Roles and Responsibilities
Refer to Appendix B for details of the responsibilities of the project positions.

Reporting
The table below outlines the project reporting to be completed:

<table>
<thead>
<tr>
<th>Report</th>
<th>Communication</th>
<th>Audience</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status Report</td>
<td>Prepared by the Project Officers to provide a summary of progress, achievements, issues and risks</td>
<td>Project Manager, Project Sponsor, Project Governance Committee, Via Manager/Sponsor to: QCYCN, Child Health Sub Network, Child Development Sub Network</td>
<td>Monthly [G:\Ellen-Barron\EBFC\Support\Staff Work Groups\Statewide Project Officer\PEDS &amp; ASQ3 Project\1 Project Documentation\reports]</td>
</tr>
<tr>
<td>Project Issue and Change Request (exception)</td>
<td>Prepared by the Project Officers when exception or recommendations</td>
<td>Project Manager (recommendations)</td>
<td>As required [G:\Ellen-]</td>
</tr>
</tbody>
</table>
other action is determined | Project Sponsor/governance (approvals) | Barron\EBFC\Support\Staff Work Groups\Statewide Project Officer\PEDS & ASQ3 Project\1 Project Documentation\Issues and change requests

Project Completion Report (including follow on actions, lessons report, and recommendations) | Prepared by the Project Officers | Project Manager
Project Sponsor
Project Steering Committee
Via Manager/Sponsor to:
QCYCN
Child Health Sub Network
Child Development Sub Network
End of Project
G:\Ellen-Barron\EBFC\Support\Staff Work Groups\Statewide Project Officer\PEDS & ASQ3 Project\1 Project Documentation\reports

**Tolerance**
The project officers are to raise exceptions immediately to Project Manager who will advise and report exceptions to the Project Sponsor and Steering Committee if at any time:

a) The forecast project milestone dates will not be met, or

b) The financial expenditure target is likely to vary by +/- 5%.

The following indicates the tolerances for this project as approved by the Project Sponsor:

<table>
<thead>
<tr>
<th></th>
<th>Tolerances</th>
<th>Project Sponsor</th>
<th>Project Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit</td>
<td>More than 90% of benefits targets are achievable</td>
<td>More than 80% of benefits targets are achievable</td>
<td></td>
</tr>
<tr>
<td>Risk</td>
<td>One risk moves from High to Extreme</td>
<td>One risk moves from Low/Medium to High</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>+ or – one week to project end</td>
<td>+ or – one week to milestone</td>
<td></td>
</tr>
<tr>
<td>Cost</td>
<td>+ or – 10% + change in $</td>
<td>+ or – 5-10% change in $</td>
<td></td>
</tr>
<tr>
<td>Quality</td>
<td>More than 90% acceptance criteria met</td>
<td>More than 80% acceptance criteria met</td>
<td></td>
</tr>
<tr>
<td>Customer Expectations</td>
<td>More than 90% acceptance criteria met</td>
<td>More than 90% acceptance criteria met</td>
<td></td>
</tr>
</tbody>
</table>
Communication Management

Communication Management Strategy

A communication management strategy will be developed and maintained as a part of the project documentation. It will identify all stakeholders, key messages, communication mediums and timeframes. It will be approved by the Project Governance Committee.

G:\Ellen-Barron\EBFC\Support\Staff Work Groups\Statewide Project Officer\PEDS & ASQ3 Project\3 Communication\Plan\PEDS & ASQ3 Communication Plan CHQ.doc

Contact List

A contact database will be kept updated throughout the project and saved in the G drive for utilisation post project as a network list.

G:\Ellen-Barron\EBFC\Support\Staff Work Groups\Statewide Project Officer\PEDS & ASQ3 Project\3 Communication\Project contacts.xls

Quality Management

Quality Management Strategy

A quality management strategy will be developed and maintained as a part of the project documentation. It will be approved by the Project Governance Committee.

G:\Ellen-Barron\EBFC\Support\Staff Work Groups\Statewide Project Officer\PEDS & ASQ3 Project\1 Project Documentation\Quality\PEDS & ASQ3 Quality Management Strategy CHQ.doc

Quality Register

A Quality Register will be maintained using an Excel Document. The Quality Register will be used to track the identified quality actions/activities required, the timeline and the outcome.

G:\Ellen-Barron\EBFC\Support\Staff Work Groups\Statewide Project Officer\PEDS & ASQ3 Project\1 Project Documentation\Quality

Quality Criteria

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>The ability to meet business expectations in a timely manner.</td>
</tr>
<tr>
<td>Cost</td>
<td>The ability to meet financial expectations by not exceeding agreed tolerances.</td>
</tr>
</tbody>
</table>
**Scope**
Defining what is and what is not in the realm of the project and managing this by monitoring and evaluating issues register items, change requests, risk register items and tolerance breaches.

**Benefit**
Ensuring the outcomes have a positive impact on the end users.

**Quality**
Assurance that products are fit for purpose.

**Risk**
Are identified and managed appropriately without having a negative impact on any other of the quality criteria.

---

**Applicable Standards**
Standards which apply to deliverables produced by this project, or management of the project, are detailed in the table below.

<table>
<thead>
<tr>
<th>Project Element</th>
<th>Applicable Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Management</td>
<td>Children’s Health Queensland Methodology</td>
</tr>
<tr>
<td>Risk Management</td>
<td>Children’s Health Queensland Risk Management Framework</td>
</tr>
<tr>
<td>Procurement</td>
<td>QLD Government’s State Purchasing Policy</td>
</tr>
</tbody>
</table>

---

**Project Evaluation**

**Project Evaluation Methodology (Process and Impact Evaluation)**

Assessment of achievement against:
- Deliverables
- Anticipated and unanticipated developments
- Quality Criteria

**Post Implementation Review (Outcome Evaluation)**

- Out of scope of the Project.
- Considered by each HHS as the tools are implemented by them
### Recommendations

#### Project Manager

<table>
<thead>
<tr>
<th>Next Step</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Progress to Project Sponsor</td>
<td></td>
</tr>
<tr>
<td>□ Implement recommendations</td>
<td></td>
</tr>
</tbody>
</table>

**Recommendations:**

<table>
<thead>
<tr>
<th>Recommendation(s) By</th>
<th>Name*: Karen Berry</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Title*: Project Manager</td>
</tr>
<tr>
<td></td>
<td>Work Unit/Site*: Ellen Barron Family Centre</td>
</tr>
<tr>
<td></td>
<td>Phone Number*: 07 3139 6562</td>
</tr>
<tr>
<td></td>
<td>Email*: <a href="mailto:KarenJ.Berry@health.qld.gov.au">KarenJ.Berry@health.qld.gov.au</a></td>
</tr>
</tbody>
</table>

### Approvals

#### Project Sponsor

<table>
<thead>
<tr>
<th>Final Step</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Revise Project Plan*</td>
<td></td>
</tr>
<tr>
<td>□ Progress to Implementation*</td>
<td></td>
</tr>
<tr>
<td>□ Cease</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

<table>
<thead>
<tr>
<th>Cleared By</th>
<th>Name*: Jennifer Crimmins</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title*: Project Sponsor &amp; Governance Committee Chair</td>
<td></td>
</tr>
<tr>
<td>Work Unit/Site*: Child &amp; Youth Community Health Service, CHQ HHS</td>
<td></td>
</tr>
<tr>
<td>Phone: 07 32508535</td>
<td></td>
</tr>
<tr>
<td>Final Step</td>
<td>Comments:</td>
</tr>
<tr>
<td>------------</td>
<td>-----------</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name*:</th>
<th>Julie McEniery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title*:</td>
<td>QCYCN Network Chair</td>
</tr>
</tbody>
</table>

| Signed*: | |
| Date*: | |
## APPENDIX A: PROJECT GANTT CHART

**Statewide Implementation of PEDS screening tool**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
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<tr>
<td></td>
<td>17</td>
<td>18</td>
<td>19</td>
<td>20</td>
<td>21</td>
<td>22</td>
<td>23</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>25</td>
<td>26</td>
<td>27</td>
<td>28</td>
<td>29</td>
<td>30</td>
<td>31</td>
<td></td>
</tr>
</tbody>
</table>

**PHASE 1:**
- Commencement of the first Project Officer (PEDS & AOIS) position (Christine Grade)
- Development of a project plan for the implementation of PEDS and AOIS for child health nurses and Indigenous health workers/practitioners
- Development of a governance committee to support the project
- Development of a PEDS work group to support the Project Officer
- Develop the schedule detailing project deliverables, potential funding costs and the benefits and outcomes to the HHS and send to all HHS
- Commencement of the second Project Officer (PEDS & AOIS) position (Kate Bartier)

**Enable project plan**
- Develop and finalise project documentation for communication, risk, quality, schedule control
- Develop project logs for risk, quality, issues and lessons
- Investigate the length of time the licence is available for the use of PEDS
- Investigate availability of cost of training for child health nurses and Indigenous health workers/practitioners for the use of PEDS
- Seek commitment from HHS to support the implementation of the introduction of PEDS training and AOIS training

**Project Officers**
- Develop an evaluation plan to determine the success of the project
- Obtain licence for the PEDS and AOIS tools and resources for statewide use
- Work closely with the Project Officer - Chief Development Sub-Net to ascertain the most effective and efficient method of embedding PEDS and AOIS
- Work closely with the Principal Policy Officer - Standards Child and Youth Health regarding the progress of embedding PEDS questionnaires into the plan

**PHASE 2:**
- Develop training plan for the delivery of PEDS and AOIS to child health and Indigenous health
- Project Officers to develop evaluation tools on the success of the training package/delivery etc.,
- Work with training providers to develop policies, procedures and referral tools for the implementation of the screening tools for each HHS to have a template

**PHASE 3:**
- Commence statewide training sessions for child health nurses and Indigenous health workers/practitioners on use of PEDS and AOIS
- Project Officers to gather data from the evaluations provided at the training sessions and communicate
- Project Officers to evaluate the overall success of the project and complete project and lessons learned
- Project Officers to communicate project outcomes, follow up and recommendations and close project
# APPENDIX B: PROJECT ROLES AND RESPONSIBILITIES

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities and Accountabilities</th>
</tr>
</thead>
</table>
| **Project Sponsor: Jennifer Crimmins**         | • Ultimately responsible and accountable for the delivery of project outcomes  
• Endorse the selection of a project manager with skills and experience commensurate with the project’s strategic significance, cost, complexity and risk  
• Negotiate membership of and Chair the project Steering Committee to ensure that its composition adequately reflects the interests of key stakeholders  
• Ensure the project is appropriately and effectively governed  
• Receive status reports concerning the progress of the project and assist the project accordingly by resolving escalated issues                                                                                                                                                                                                                     |
| **Queensland Child & Youth Clinical Network (QCYCN): Julie McEniery (chair)** | • Project Trigger  
• Approve Project Plan  
• Receive Project updates from the Project Sponsor or Project manager,                                                                                                                                                                                                                                                                 |
| **Project Manager: Karen Berry (proxy is Pamela Hueber if required)** | • Ensure the purpose of the project is clearly articulated to all stakeholders and aligns with the strategic direction of the organisation/s  
• Ensure the project’s deliverables appropriately reflect the interests of stakeholders  
• Receive status reports concerning the progress of the project and assist the project accordingly by resolving escalated issues; and  
• Advocate for the project to ensure the appropriate level of internal and external support and access to resources required to successfully complete it                                                                                                                                                                                                                   |
| **Governance Committee**                       | The Governance Committee monitors the conduct of the project and provides advice and guidance to the project team and the Project Sponsor. The general responsibilities of the Steering Committee include:  
• reviewing progress of project to plan and major project deliverables;  
• reviewing financial status of project (actual to budget) and monitoring the continued applicability of project benefits;  
• reviewing issues raised and agreeing action plans for their resolution;  
• understanding and advising the risks of the project raised with the Committee;  
• understanding and providing advice for the management of the |
<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities and Accountabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>dependencies of this project with other projects; Specific responsibilities of the Governance Committee are to:</td>
</tr>
<tr>
<td></td>
<td>• Review key deliverables of the Working Group and Reference Group.</td>
</tr>
<tr>
<td></td>
<td>• Inform decision making regarding changes to the project and provide oversight to the change control process (e.g. system changes, schedule alterations, budget).</td>
</tr>
<tr>
<td></td>
<td>• Provide expert advice to the Project Sponsor on the communication plan, training strategy and implementation timetable.</td>
</tr>
<tr>
<td></td>
<td>• Facilitate communication to a wide variety of stakeholders in relation to the development and implementation of the Clinical Consumables service model.</td>
</tr>
<tr>
<td></td>
<td>• Provide advice and facilitate consumer engagement</td>
</tr>
<tr>
<td></td>
<td>• Provide expert advice to the Project Sponsor on the scope and planning for the development and implementation project.</td>
</tr>
<tr>
<td></td>
<td>• Support the Project Manager to meet her/his responsibilities by providing consulting advice in the areas of each members’ specific expertise.</td>
</tr>
<tr>
<td></td>
<td>• Set an example of high functioning team behaviours and a culture of performance through the effective conduct and management of committee functions and member interactions.</td>
</tr>
<tr>
<td></td>
<td>---------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Chief Executive CHQHHS</td>
<td>The Chief Executive’s role is:</td>
</tr>
<tr>
<td></td>
<td>• Receive regular information about the project from the project sponsor</td>
</tr>
<tr>
<td></td>
<td>• Be a point of escalation for issues and risks that have broad implications for CHQ HHS and cannot be resolved by the Project Sponsor.</td>
</tr>
<tr>
<td></td>
<td>---------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Working Group: PEDS &amp; ASQ3 Work Group</td>
<td>The purpose of the Working Group (WG) is to:</td>
</tr>
<tr>
<td></td>
<td>• Support the Project Officers to meet their responsibilities by undertaking specific project activities to inform, develop and implement the plan.</td>
</tr>
<tr>
<td></td>
<td>• Set an example of high functioning team behaviours and a culture of performance through the effective conduct and management of committee functions and member interactions.</td>
</tr>
<tr>
<td></td>
<td>The function of the WG is:</td>
</tr>
<tr>
<td></td>
<td>• Provide specific consultation advice, guidance, and subject matter expertise to the Project officers;</td>
</tr>
<tr>
<td></td>
<td>• Raise issues requiring resolution with the Project Officers as soon as possible.</td>
</tr>
<tr>
<td>Role</td>
<td>Responsibilities and Accountabilities</td>
</tr>
<tr>
<td>------</td>
<td>--------------------------------------</td>
</tr>
</tbody>
</table>
|      | as they arise and assist in their resolution;  
|      | • Raise new risks as they arise with the Project Officer and assist in their mitigations;  
|      | • Ensure individual members of the working group are tracking the progress of their assigned deliverables and raise any slippage encountered with the Project Officers as soon as identified;  
|      | • Work co-operatively with all project team members. |
| Project Officers: Desiree Croft and Katie Barker | • Manage project tasks, resources, risks/issues and services for the successful delivery of the project objectives and outcomes.  
|      | • Manage the implementation of the project using contemporary change management principles and practices.  
|      | • Consult, collaborate with and work proactively with staff, community, Family Advisory Council and other key stakeholders  
|      | • Complete or contribute to project deliverables and project reports  
|      | • Secretariat and organiser for Steering Committee and Reference Group |
| PEDS & ASQ3 State-wide trainers network | The purpose of the PEDS & ASQ3 trainers network (the Network) is to:  
|      | • Support the Project Team to meet the expectations of the project by undertaking and delivering training in PEDS and ASQ3 and communicating key messages from the project within their HHS.  
|      | • Set an example of high functioning team behaviours and a culture of performance through the effective conduct and management of training functions and member interactions.  
|      | • Act as, and recruit champions within your own HHS to assist with, the role out, understanding and successful utilisation of the screening tools.  
|      | • Act as change champions and assist in change management within their HHS.  
|      | The function of the Network is:  
|      | • Receive and distribute information about the project and screening tools;  
|      | • Attend training in PEDS and/or ASQ3;  
|      | • Develop a comprehensive training plan for the roll out of training within their own HHS to be presented by the project to their CEs;  
|      | • Conduct and evaluate training in their own HHS;  
|      | • Provide collegial support to other trainers across the State in training and developing policies, procedures and protocols to embed the tools into practice (may be beyond the life of the project). |
References


Child and Youth Community Health Service, Children’s Health Queensland. (2014). *Child Health Service Model of Care*


Appendix 2

Project Plan – Extension of Parental Evaluation of Developmental Status (PEDS) & Ages and Stages Questionnaires (ASQ³) State wide Project

Project Plan

Extension of Parental Evaluation and Development Status (PEDS) & Ages and Stages Questionnaire (ASQ) State-wide Project

Children’s Health Queensland Hospital and Health Service

V 2.0

4th May 2015
The Project Plan is used to guide the project implementation and the process for project control. It defines:

- Project approach and strategy;
- Responsibilities and accountabilities for project strategies/ tasks;
- Project schedule, including key milestone points and the delivery of identified outputs;
- Dependencies within the project and with other projects;
- Resources required (financial, human and material), and financial management processes;
- Risk management strategies;
- Communication management strategy; and
- Human resource management strategies.

The project plan is also used to facilitate communication among the stakeholders.
2 DOCUMENT CONTROL

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Prepared by</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.1</td>
<td>April 2015</td>
<td>Desiree Croft &amp; Katie Barker Project Officers – PEDS &amp; ASQ</td>
<td>initiation</td>
</tr>
<tr>
<td>0.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Drafts should use format vX.1 (e.g. start at v0.1). Final versions should use format vX.0 (e.g. v1.0).

Distribution

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Function*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karen Berry</td>
<td>Project Manager</td>
<td>Review</td>
</tr>
<tr>
<td>Jennifer Crimmins</td>
<td>Project Sponsor</td>
<td>Approve</td>
</tr>
<tr>
<td>Julie McEniery</td>
<td>QCYCN Chair</td>
<td>Approve</td>
</tr>
</tbody>
</table>

*Functions include: Approve, Review, Feedback

Document Storage and Archive

During conduct of the project, documentation will be stored electronically on the G drive. A standard directory structure and file naming convention will be developed for use by the project manager.
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Project Description

Background

In 2009, the Queensland Child and Youth Clinical Network (QCYCN) was established to drive service improvements in the area of children's and young people's health. There are a number of sub networks that support the strategic direction of the QCYCN. One of these sub networks is the Child Health Sub Network which is focused on the improvement of children's and young people's health services in communities across the state and is committed to a number of initiatives to drive this service improvement.

In July 2011, The National Framework for Universal Child and Family Health Services (Schmeid, Kruske.S., Barclay, & Fowler, 2011) was endorsed by the Australian Health Ministers Advisory Council. It outlines a vision for child and family health services for all Australian children aged zero to eight. Universal child and family health services are uniquely placed to support families, enhance parenting and monitor health and developmental progress during critical periods in a child's life. Key health bodies across the world, including the World Health Organisation, identify early child development as being a key social determinant of health and wellbeing across the lifespan (Child Development, 2013). The QCYCN indicated that to meet the National framework a primary and secondary development screening tool should be implemented across the state and a Queensland Framework be developed with an associated implementation plan.

As a result in 2012 an information paper was presented by the Child Development Sub Network recommending the Parents Evaluation of Development Status (PEDS) be implemented as the initial surveillance tool and any one of several evidence based secondary screening tools. A decision was made by the Child Health Sub Network and funding was sought.

It is important that the tools were accessible for all children and their families throughout a child's development including across key transitions. This is particularly true for vulnerable families. Transition periods such as becoming a parent, early infancy, the toddler years and starting preschool or school represent critical developmental stages for children and families. Core contact times are based on a series of principles including critical periods of child development, recognising development is rapid during the early years, particularly the first 12 months, and therefore early interventions during this period are more economical and effective (Schmeid, et al., 2011).

Surveillance of child development allows for early identification of children with developmental delay, and provision of early intervention services. There is strong evidence that early intervention for these children can significantly improve developmental outcomes. Child Health Services provide clinical services that are appropriate and accessible for the general population and additional services for families in greater need. Services include universal and targeted assessments and interventions, and are provided to individuals and groups within the population in response to identified need. This care is provided in partnership with families using the Family Partnership Model (Child and Youth Community Health Service, 2014) to identify with the family their priorities, capacities and needs, with emphasis on building supportive relationships within families. Parents are in a unique position to best understand the needs of their child/children and
the ability for staff working in Child Health Services to have a relationship with them is imperative. Research suggests that parents are very accurate observers of their child's strengths and weaknesses. Parental engagement “upfront” allows for important social and cultural influences to be understood. Also the likelihood of recommendations being acted on is increased.

Ongoing developmental surveillance offers opportunities to positively impact upon the growth and development of children through health and developmental promotion as well as early identification and intervention. Developmental surveillance and health monitoring are fundamental components of the universal child and family health service. Surveillance whilst initiated by health professionals is conducted in partnership with parents and families and is parent led.

In late 2014 CHQ in partnership with the Queensland Child and Youth Clinical network funded a project to train staff across the state in the use of two different tools for the monitoring and surveillance of child development in universal care services. From each of the Hospital and Health Services (HHS’s) a total of 52 staff were trained in the use of the tools, and also to be trainers for ongoing education with their own staff. During the rollout of the training a number of concerns arose regarding the implementation phase of the tools and how to ensure it was embedded and sustainable given it was out of scope of the training project. To ensure universal access to PEDS by all parents and in keeping with other states and territories CHQ has decided that PEDS will be embedded into the Personal Health Record book (PHR). This will occur from 2015 for selected targeted visits and the Ages and Stages Questionnaire (ASQ) (which was the secondary tool of choice) will be implemented into practice for any concerns raised in the PEDS.

**Business Need**

For the tools to be embedded as a successful, ongoing programme and standard part of universal care in a uniform manner across the State trainers and services will benefit from assistance in assessing ongoing business processes, managing implementation of the tools into practice, dealing with and preventing risks and issues as they arise. A new project to support implementation, building a sense of ownership and self-management among the trainers and the HHS’ will protect the investment of CHQ, ensure uniformity, increase chances of success and produce better outcomes for families who receive a consistent, well informed service from a supported workforce.

**Strategic alignment**

- Objective 1: Leading the provision of quality health care for children and young people
- Objective 2: Building strong partnerships and engagement for improved health outcomes

**Operational alignment**

- Optimise quality health care and health outcomes
- Enhance knowledge and confidence through paediatric training and education
Purpose / Objective

The key purpose of the project is to support the implementation and embedding of PEDS and ASQ3 into practice in services across the State.

The objectives of the project are to:

- That staff are supported in maintaining the energy and momentum developed during the initial project.
- That staff are maintaining their skill and understanding of the tools during the lag between training and implementation and supported to start when the tools are available/training is complete.
- Ongoing support for and communication of the implementation plan.
- Leading work around the integration of the tools into work practice i.e. length of clinic visits, booking procedures, use of administration officers in managing workload etc.
- Lead & coordinate trainers and teams in managing changes that need to occur around the use of the current development screening tools used across Qld.
- Be a point of reference to quickly deal with/refer/problem solve concerns and issues raised by the HHS’ and trainers during implementation.
- Be able to share these learnings in action with the network of trainers and governance group.
- Embed a culture of a self-managed network for trainers to utilise each other for problem solving, skill maintenance and supervision related to the tools into the life of the programmes.
- Ensure handover to the HHS’ of all responsibilities and close out the project.

Outcome / Benefits

As a result of this project the following outcomes and benefits will be:

- There is standardised, evidence based screening tools in use in primary child health settings across Queensland.
- There is an implementation guide and an understanding of how the tools work in practice.
- There is a standardised approach to the implementation and use of the tools across the state.
- There are policies/procedures in each HHS on the use of the tools and the training required.
- Staff in CHQ are all trained and an ongoing training plan is finalised for new staff and professional development to maintain the workforce.
Assumptions

The following assumptions have been made in relation to this project:

- Funding will be approved.
- Endorsement of the project plan from the State-wide Child and Youth Clinical Network (QCYCN).
- Ongoing support for the implementation of the project through the governance committee.
- Ongoing commitment and involvement of each HHS in the project at the Executive and clinical level including support for change management processes that may be required and to deliver the products of the project in community based child health services across Queensland.
- HHS’ having capacity to provide universal child and family health services, in partnership with families, other government and non-government agencies and a range of health professionals through use of existing networks and/or service redesign using existing resources.
- That the HHS’s will release staff to deliver training.
- That HHS’ will provide ongoing resources and access to appropriate ongoing training on the use of PEDS and ASQ3.
- HHS Strategic Plans are in alignment with the National and Queensland Frameworks for Universal and Child Health Services.

Constraints

The following constraints could potentially impact this project:

- Budget not available.
- Identification of distance/remoteness of areas – working across communities and cultural considerations.
- Current capacity of clinicians to be released to provide further training in their HHS in the context of their normal workload.
- Each HHS is not mandated to accept and deliver the proposed screening tools.

Dependencies

The table below identifies the project dependencies:
<table>
<thead>
<tr>
<th>Dependency</th>
<th>Project / Area / Activity</th>
<th>Specific Deliverable</th>
<th>When</th>
<th>Impact</th>
<th>Contingency / Work Around</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Development Model of Care</td>
<td>New Model of Care</td>
<td>New referral guidelines</td>
<td>May 2015</td>
<td>May reduce access for children under 2.5yo to speech services.</td>
<td>Maintain contact with project officer. Bolster speech learning activities. Communicate changes through networks.</td>
</tr>
<tr>
<td>High demand for other child health training</td>
<td>Family Partnership Training</td>
<td>5 days training</td>
<td>concurrent</td>
<td>Increased demand on training requirements from core specialised staff taking them form providing direct clinical work and adding to required training needs.</td>
<td>Work collaboratively in relation to other child health related programs, training and projects</td>
</tr>
<tr>
<td></td>
<td>Triple P Training</td>
<td>4 days training</td>
<td>concurrent</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Circle of Security training</td>
<td>4 days of training</td>
<td>February</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Project Scope**

**In-Scope**
Project scope will be identified in phases in relation to clinical, education and training priorities and identified need

<table>
<thead>
<tr>
<th>Item</th>
<th>Description (not in order of importance)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1</td>
<td>Extension of project officer until December 2015.</td>
</tr>
<tr>
<td></td>
<td>Update existing project documentation to include expanded scope and needs.</td>
</tr>
<tr>
<td></td>
<td>Define continued Governance structure.</td>
</tr>
<tr>
<td></td>
<td>Trainers to develop training plans for their area, gain approval by their HHS to deliver and submit to project.</td>
</tr>
<tr>
<td></td>
<td>Set up regular meetings for the trainers' network.</td>
</tr>
<tr>
<td></td>
<td>Publish (electronic) and distribute implementation guide</td>
</tr>
<tr>
<td></td>
<td>Lead work around clinical management of implementation (appointment times/structures, forms)</td>
</tr>
<tr>
<td></td>
<td>Determine evaluation framework for expanded project.</td>
</tr>
<tr>
<td></td>
<td>Project Officer to finalise &amp; submit project completion report and recommendations.</td>
</tr>
</tbody>
</table>
Out of Scope
The table below identifies all key items and components out of scope for this project:

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ongoing training of child health nurses and indigenous workers. Community and consumer education. Cost of any on-line training or ongoing training. Funding or provision of ongoing resources of PEDS and ASQ3 developmental screening tools. Provision of ongoing clinical practice support in relation to the use of PEDS and ASQ3 after the completion of the project. Referral pathways between child health and child development and tertiary and allied health support for referrals. NB: the implementation of these tools will be essential to gauge the need/demand for child development services and also the referral pathways need to be monitored and tailored by each HHS as to the services available to them.</td>
</tr>
</tbody>
</table>

Scope Changes
Scope changes will be managed under the Project Change Control system by escalating a change or issue request via the project manager/project sponsor or governance committee as required.

Project Planning

Project Overview

Related Projects and Activities
Child Development Model of Care

Summary
To ensure consistency of information across all HHS’ the project team will continue to be a point of reference for a limited time through implementation of local training, use of the tools and development of clinical, professional development and procedural guidelines. They will ensure the project is matured, embedded and all responsibilities handed off to HHS’ before closing off.

Key Deliverables
The table below details the key milestones / products / activities to be delivered by the project:

<table>
<thead>
<tr>
<th>Key Milestone / Product / Task / Activity</th>
<th>Responsible Officer</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation Guide</td>
<td>Project Officer</td>
<td>July 2015</td>
</tr>
</tbody>
</table>
Cost Management

Budget – Extension from 29th June 2015 to 20 December 2015

Labour

<table>
<thead>
<tr>
<th>Position</th>
<th>Stream/Level</th>
<th>FTEs</th>
<th>Salary</th>
<th>Total Cost</th>
<th>Funding Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Officer</td>
<td>Nursing Grade 7</td>
<td>0.84</td>
<td>$48,497.80 (Gross)</td>
<td>$48,497.80</td>
<td>TBA</td>
</tr>
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Associated Labour - Nil

Non Labour

<table>
<thead>
<tr>
<th>Additional Requirement</th>
<th>Comments</th>
<th>Rate</th>
<th>Total Cost</th>
<th>Funding Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office equipment and stationary</td>
<td>Currently largely supported by Ellen Barron</td>
<td>0</td>
<td>0</td>
<td>EBC</td>
</tr>
<tr>
<td>Training resources</td>
<td>Largely Stationary</td>
<td>0</td>
<td>$1,500.00</td>
<td>TBA</td>
</tr>
<tr>
<td>ITC costs</td>
<td>Supported by Ellen Barron</td>
<td>0</td>
<td>0</td>
<td>EBFC</td>
</tr>
</tbody>
</table>

Total labour $ 96,000  Total non labour $ 1,500

Total estimate $ $49,997.80

Responsibilities
The table below details of each cost management/monitoring activity and who is responsible:
<table>
<thead>
<tr>
<th>Cost Management Activity</th>
<th>Responsible Officer</th>
<th>When and How</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project cost centre</td>
<td>Project Manager (Karen Berry)</td>
<td>Via regular traffic light reports</td>
</tr>
<tr>
<td>Initial cost approvals and tolerances</td>
<td>Project Manager (Jennifer Crimmins)</td>
<td>Upon approval of project plan</td>
</tr>
<tr>
<td>Exception/change approvals</td>
<td>Project Manager (Jennifer Crimmins)</td>
<td>As raised in exception reports via project manager</td>
</tr>
</tbody>
</table>

**Time Management**

**Schedule**
The Project Schedule is shown as a high level Gantt chart at Appendix A.

**Schedule Changes**
Changes will be managed by raising an exception to the project plan or by raising an issue report through the project management team as per Section 2.7 below.

**Human Resource Management**

**Resource Plan**
The table below contains a list of the human resources required for the project. The human resources will be utilised as per the Gantt chart at Appendix A.

<table>
<thead>
<tr>
<th>Role</th>
<th>FTE</th>
<th>Employee/Contractor</th>
<th>Name/s (if known)</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Sponsor – decision making</td>
<td>n/a</td>
<td>Employee CHQ</td>
<td>Jennifer Crimmins</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Manager – operational governance and cost centre management</td>
<td>n/a</td>
<td>Employee CHQ</td>
<td>Karen Berry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Governance Committee – advice and project governance</td>
<td>n/a</td>
<td>n/a</td>
<td>Jennifer Crimmins Karen Berry Pamela Hueber Kerri-Lyn Webb Bethany Hooke Veronica Epstein</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trainers network – user level advice</td>
<td>n/a</td>
<td>n/a</td>
<td>Membership list kept by the Project Officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Officer</td>
<td>0.8</td>
<td>Employee CHQ</td>
<td>Desiree Croft</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QCYCN, Child Health and Child Development Sub Network members – project initiators and clinical governance</td>
<td>n/a</td>
<td>n/a</td>
<td>State wide membership</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Risk Management**

**Risk Management Strategy**
A risk management strategy will be developed and maintained as a part of the project documentation. It will be approved by the Project Governance Committee.
**Risk Register**

A Risk Register will be maintained using an Excel Document. The Risk Register will be used to track the identified risks, their severity, and manage their treatment.

**Initial Assessment of Project Risks**

Significant key risks to the project are listed below and will be entered and maintained/managed from the risk register.

<table>
<thead>
<tr>
<th>Risk Event &amp; Impact*</th>
<th>Rating</th>
<th>Treatment</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHS not purchasing resources</td>
<td>Medium</td>
<td>• Trainers to maintain contact with project to troubleshoot barriers</td>
<td>Project Officer</td>
</tr>
<tr>
<td>Trainers not being released</td>
<td>Medium</td>
<td>• Trainers to maintain contact with project to troubleshoot barriers. Project officer may need to assist.</td>
<td>Project Officer</td>
</tr>
<tr>
<td>Project Officer not continuing project to completion date</td>
<td>High</td>
<td>• Maintain project documentation up to date. Utilise task lists and generic emails.</td>
<td>Project Officer and Manager</td>
</tr>
<tr>
<td>Delays or the inability to provide training sessions for child health nurses and indigenous health workers/practitioners in the use of PEDS (and where appropriate the use of ASQ3).</td>
<td>High</td>
<td>• Provide training when mitigating circumstances make the sessions available</td>
<td>Project Officer and Manager</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• May need to put the project “on hold” until the training can occur</td>
<td></td>
</tr>
<tr>
<td>Lack of commitment of the HHS’ to implement ongoing training and support to staff using the PEDS and ASQ3</td>
<td>High</td>
<td>• HHS Executive commitment to continue funding for the training and supporting child health nurses and indigenous workers on the use of PEDS and ASQ3 (where appropriate).</td>
<td>Project Officer and Manager</td>
</tr>
</tbody>
</table>

*Risk severity will be determined using the standard risk matrix (as per CHQHHS Risk Management Process)

**Project Governance and Control**

The following project level governance and controls will be implemented to manage the project and provide mechanisms to feedback information to the Project Sponsor, CHQ executive, Child & Youth Clinical Network members, relevant sub committees and other key stakeholders.

**Project Organisation**

The diagram below identifies the Project Organisation and the reporting relationships of the Project Team:
Roles and Responsibilities
Refer to Appendix B for details of the responsibilities of the project positions.

Reporting
The table below outlines the project reporting to be completed:

<table>
<thead>
<tr>
<th>Report</th>
<th>Communication</th>
<th>Audience</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status Report</td>
<td>Prepared by the Project Officer to provide a summary of progress, achievements, issues and risks</td>
<td>Project Manager, Project Sponsor, Project Governance Committee, Via Manager/Sponsor to: QCYCN, Child Health Sub Network, Child Development Sub Network</td>
<td>Monthly</td>
</tr>
<tr>
<td>Project Issue and Change Request (exception)</td>
<td>Prepared by the Project officers when exception or recommendations</td>
<td>Project Manager (recommendations)</td>
<td>As required</td>
</tr>
</tbody>
</table>
Tolerance
The project officers are to raise exceptions immediately to Project Manager who will advise and report exceptions to the Project Sponsor and Steering Committee if at any time:

c) The forecast project milestone dates will not be met, or
d) The financial expenditure target is likely to vary by +/- 5%.

The following indicates the tolerances for this project as approved by the Project Sponsor:

<table>
<thead>
<tr>
<th>• Tolerances</th>
<th>• Project Sponsor</th>
<th>• Project Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit</td>
<td>More than 90% of benefits targets are achievable</td>
<td>More than 80% of benefits targets are achievable</td>
</tr>
<tr>
<td>Risk</td>
<td>One risk moves from High to Extreme</td>
<td>One risk moves from Low/Medium to High</td>
</tr>
<tr>
<td>Time</td>
<td>+ or – one week to project end</td>
<td>+ or – one week to milestone</td>
</tr>
<tr>
<td>Cost</td>
<td>+ or – 10% change in $</td>
<td>+ or – 5-10% change in $</td>
</tr>
<tr>
<td>Quality</td>
<td>More than 90% acceptance criteria met</td>
<td>More than 80% acceptance criteria met</td>
</tr>
<tr>
<td>Customer Expectations</td>
<td>More than 90% acceptance criteria met</td>
<td>More than 90% acceptance criteria met</td>
</tr>
</tbody>
</table>

Communication Management

Communication Management Strategy

A communication management strategy will be developed and maintained as a part of the project documentation. It will identify all stakeholders, key messages, communication mediums and timeframes. It will be approved by the Project Governance Committee.

Contact List
A contact database will be kept updated throughout the project and saved in the G drive for utilisation post project as a network list.

**Quality Management**

**Quality Management Strategy**
A quality management strategy will be developed and maintained as a part of the project documentation. It will be approved by the Project Governance Committee.

**Quality Register**
A Quality Register will be maintained using an Excel Document. The Quality Register will be used to track the identified quality actions/activities required, the timeline and the outcome.

**Quality Criteria**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>The ability to meet business expectations in a timely manner.</td>
</tr>
<tr>
<td>Cost</td>
<td>The ability to meet financial expectations by not exceeding agreed tolerances.</td>
</tr>
<tr>
<td>Scope</td>
<td>Defining what is and what is not in the realm of the project and managing this by monitoring and evaluating issues register items, change requests, risk register items and tolerance breaches.</td>
</tr>
<tr>
<td>Benefit</td>
<td>Ensuring the outcomes have a positive impact on the end users</td>
</tr>
<tr>
<td>Quality</td>
<td>Assurance that products are fit for purpose.</td>
</tr>
<tr>
<td>Risk</td>
<td>Are identified and managed appropriately without having a negative impact on any other of the quality criteria.</td>
</tr>
</tbody>
</table>

**Applicable Standards**
Standards which apply to deliverables produced by this project, or management of the project, are detailed in the table below.

<table>
<thead>
<tr>
<th>Project Element</th>
<th>Applicable Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Management</td>
<td>Children’s Health Queensland Methodology</td>
</tr>
<tr>
<td>Risk Management</td>
<td>Children’s Health Queensland Risk Management Framework</td>
</tr>
<tr>
<td>Procurement</td>
<td>QLD Government’s State Purchasing Policy</td>
</tr>
</tbody>
</table>
Project Evaluation

**Project Evaluation Methodology (Process and Impact Evaluation)**
Assessment of achievement against:
- Deliverables
- Anticipated and unanticipated developments
- Quality Criteria

**Post Implementation Review (Outcome Evaluation)**
Out of scope of the Project.
Considered by each HHS as the tools are implemented by them.

**Recommendations**

**Project Manager**

<table>
<thead>
<tr>
<th>Next Step</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Progress to Project Sponsor</td>
<td>☐ Implement recommendations</td>
</tr>
</tbody>
</table>

Recommendation(s) By

<table>
<thead>
<tr>
<th>Recommendation(s)</th>
<th>Name*: Karen Berry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name*:</td>
<td>Karen Berry</td>
</tr>
<tr>
<td>Title*:</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Work Unit/Site*:</td>
<td>Ellen Barron Family Centre</td>
</tr>
<tr>
<td>Phone Number*:</td>
<td>07 3139 6562</td>
</tr>
<tr>
<td>Email*:</td>
<td><a href="mailto:Karen.J.Berry@health.qld.gov.au">Karen.J.Berry@health.qld.gov.au</a></td>
</tr>
<tr>
<td>Signed*:</td>
<td></td>
</tr>
<tr>
<td>Date*:</td>
<td></td>
</tr>
</tbody>
</table>
## Approvals

### Project Sponsor

<table>
<thead>
<tr>
<th>Final Step</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Revise Project Plan*</td>
<td></td>
</tr>
<tr>
<td>☐ Progress to Implementation*</td>
<td></td>
</tr>
<tr>
<td>☐ Cease</td>
<td></td>
</tr>
</tbody>
</table>

Cleared By

<table>
<thead>
<tr>
<th>Name*:</th>
<th>Jennifer Crimmins</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title*:</td>
<td>Project Sponsor &amp; Governance Committee Chair</td>
</tr>
<tr>
<td>Work Unit/Site*:</td>
<td>Child &amp; Youth Community Health Service, CHQ HHS</td>
</tr>
<tr>
<td>Phone Number*:</td>
<td>07 32508535</td>
</tr>
<tr>
<td>Email*:</td>
<td><a href="mailto:Jennifer.Crimmins@health.qld.gov.au">Jennifer.Crimmins@health.qld.gov.au</a></td>
</tr>
<tr>
<td>Signed*:</td>
<td></td>
</tr>
<tr>
<td>Date*:</td>
<td></td>
</tr>
</tbody>
</table>

### Queensland Child & Youth Clinical Network

<table>
<thead>
<tr>
<th>Final Step</th>
<th>Comments:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name*:</th>
<th>Julie McEniery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title*:</td>
<td>QCYCN Network Chair</td>
</tr>
<tr>
<td>Signed*:</td>
<td></td>
</tr>
<tr>
<td>Date*:</td>
<td></td>
</tr>
</tbody>
</table>
## APPENDIX B: PROJECT ROLES AND RESPONSIBILITIES

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities and Accountabilities</th>
</tr>
</thead>
</table>
| **Project Sponsor:** Jennifer Crimmins                       | • Ultimately responsible and accountable for the delivery of project outcomes  
• Endorse the selection of a project manager with skills and experience commensurate with the project’s strategic significance, cost, complexity and risk  
• Negotiate membership of and Chair the project Steering Committee to ensure that its composition adequately reflects the interests of key stakeholders  
• Ensure the project is appropriately and effectively governed  
• Receive status reports concerning the progress of the project and assist the project accordingly by resolving escalated issues                                                                                                                                                                                                                                                                                                      |
| **Queensland Child & Youth Clinical Network (QCYCN):**       | • Project Trigger  
• Approve Project Plan  
• Receive Project updates from the Project Sponsor or Project Manager,                                                                                                                                                                                                                                                                                         |
| Julie McEniery (chair)                                       |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| **Project Manager:**                                        | • Ensure the purpose of the project is clearly articulated to all stakeholders and aligns with the strategic direction of the organisation/s  
• Ensure the project’s deliverables appropriately reflect the interests of stakeholders  
• Receive status reports concerning the progress of the project and assist the project accordingly by resolving escalated issues; and  
• Advocate for the project to ensure the appropriate level of internal and external support and access to resources required to successfully complete it                                                                                                                                                                                                                                                                               |
| Karen Berry (proxy is Pamela Hueber if required)             |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| **Governance Committee**                                    | The Governance Committee monitors the conduct of the project and provides advice and guidance to the project team and the Project Sponsor. The general responsibilities of the Steering Committee include:  
• reviewing progress of project to plan and major project deliverables;  
• reviewing financial status of project (actual to budget) and monitoring the continued applicability of project benefits;  
• reviewing issues raised and agreeing action plans for their resolution;  
• understanding and advising the risks of the project raised with the Committee;  
• understanding and providing advice for the management of the project                                                                                                                                                                                                                                                                                                             |
<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities and Accountabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>dependencies of this project with other projects;</td>
</tr>
<tr>
<td></td>
<td>Specific responsibilities of the Governance Committee are to:</td>
</tr>
<tr>
<td></td>
<td>- Review key deliverables of the Working Group and Reference Group.</td>
</tr>
<tr>
<td></td>
<td>- Inform decision making regarding changes to the project and provide oversight to the change control process (e.g. system changes, schedule alterations, budget).</td>
</tr>
<tr>
<td></td>
<td>- Provide expert advice to the Project Sponsor on the communication plan, training strategy and implementation timetable.</td>
</tr>
<tr>
<td></td>
<td>- Facilitate communication to a wide variety of stakeholders in relation to the development and implementation of the Clinical Consumables service model.</td>
</tr>
<tr>
<td></td>
<td>- Provide advice and facilitate consumer engagement</td>
</tr>
<tr>
<td></td>
<td>- Provide expert advice to the Project Sponsor on the scope and planning for the development and implementation project.</td>
</tr>
<tr>
<td></td>
<td>- Support the Project Manager to meet her/his responsibilities by providing consulting advice in the areas of each members’ specific expertise.</td>
</tr>
<tr>
<td></td>
<td>- Set an example of high functioning team behaviours and a culture of performance through the effective conduct and management of committee functions and member interactions.</td>
</tr>
<tr>
<td>Chief Executive CHQHHS</td>
<td>The Chief Executive’s role is:</td>
</tr>
<tr>
<td></td>
<td>- Receive regular information about the project from the project sponsor</td>
</tr>
<tr>
<td></td>
<td>- Be a point of escalation for issues and risks that have broad implications for CHQ HHS and cannot be resolved by the Project Sponsor.</td>
</tr>
<tr>
<td>Project Officer: Desiree Croft</td>
<td>Manage project tasks, resources, risks/issues and services for the successful delivery of the project objectives and outcomes.</td>
</tr>
<tr>
<td></td>
<td>Manage the implementation of the project using contemporary change management principles and practices.</td>
</tr>
<tr>
<td></td>
<td>Consult, collaborate with and work proactively with staff, community, Family Advisory Council and other key stakeholders</td>
</tr>
<tr>
<td></td>
<td>Complete or contribute to project deliverables and project reports</td>
</tr>
<tr>
<td></td>
<td>Secretariat and organiser for Steering Committee and initiation of trainers’ network.</td>
</tr>
<tr>
<td>PEDS &amp; ASQ3 State-wide trainers network</td>
<td>The purpose of the PEDS &amp; ASQ3 trainers network (the Network) is to:</td>
</tr>
<tr>
<td></td>
<td>- Support the Project Team to meet the expectations of the project</td>
</tr>
<tr>
<td>Role</td>
<td>Responsibilities and Accountabilities</td>
</tr>
<tr>
<td>------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td></td>
<td>by undertaking and delivering training in PEDS and ASQ3 and communicating key messages from the project within their HHS.</td>
</tr>
<tr>
<td></td>
<td>- Set an example of high functioning team behaviours and a culture of performance through the effective conduct and management of training functions and member interactions.</td>
</tr>
<tr>
<td></td>
<td>- Act as, and recruit champions within your own HHS to assist with, the role out, understanding and successful utilisation of the screening tools.</td>
</tr>
<tr>
<td></td>
<td>- Act as change champions and assist in change management within their HHS.</td>
</tr>
<tr>
<td></td>
<td>The function of the Network is:</td>
</tr>
<tr>
<td></td>
<td>- Receive and distribute information about the project and screening tools;</td>
</tr>
<tr>
<td></td>
<td>- Attend training in PEDS and/or ASQ3;</td>
</tr>
<tr>
<td></td>
<td>- Develop a comprehensive training plan for the roll out of training within their own HHS to be presented by the project to their CEs;</td>
</tr>
<tr>
<td></td>
<td>- Conduct and evaluate training in their own HHS;</td>
</tr>
<tr>
<td></td>
<td>- Provide collegial support to other trainers across the State in training and developing policies, procedures and protocols to embed the tools into practice (may be beyond the life of the project).</td>
</tr>
</tbody>
</table>

**References**

Child and Youth Community Health Service, C. s. H. Q. (2014). *Child Health Service Model of Care*

Appendix 3

Queensland Health Child Developmental Status (PEDS) Ages and Stages Questionnaires (ASQ\textsuperscript{3}) Implementation Guide

### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEDS</td>
<td>Parents’ Evaluation of Developmental Status</td>
</tr>
<tr>
<td>ASQ³</td>
<td>Ages and Stages Questionnaire (3rd edition)</td>
</tr>
<tr>
<td>QCYCN</td>
<td>Queensland Child and Youth Clinical Network</td>
</tr>
<tr>
<td>HHS</td>
<td>Hospital and Health Service</td>
</tr>
<tr>
<td>RFDS</td>
<td>Royal Flying Doctor Service</td>
</tr>
<tr>
<td>PHR</td>
<td>Personal Health Record</td>
</tr>
<tr>
<td>CDSN</td>
<td>Child Development Sub Network</td>
</tr>
<tr>
<td>CHSN</td>
<td>Child Health Sub Network</td>
</tr>
<tr>
<td>CHQ</td>
<td>Children’s Health Queensland</td>
</tr>
</tbody>
</table>
Glossary

Developmental surveillance  
“a process of eliciting and attending to parenting concerns, making accurate and informative longitudinal observations of children, obtaining relevant developmental history and promoting development” (NHMRC 2002).

Screening  
“the presumptive identification of unrecognised disease or defect by the application of tests, examinations or other procedures which can be applied rapidly. A screening test is not intended to be diagnostic” (US Commission on Chronic Illness 1957, in NHMRC 2002).
References

(US Commission on Chronic Illness 1957, in NHMRC 2002)