

SIP

Italian Society of Paediatrics

FIMP

Italian Federation of Paediatricians

GSAQ

Study Group for Accreditation and  
Quality

Quality Central Office

GPCP

Group of Primary Care Paediatrics

HANDBOOK  
of  
Quality  
for Family Paediatrics

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# **Handbook of Quality for Family Paediatrics**

## **Summary**

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## ***Glossary of terms***

**Criterion:** Theme, main topic to consider in order of evaluating or keeping a decision

**Standard:** "A standard is a specific expectation of staff, described in terms of an activity or an outcome against which their actions can be measured..." (Øvretveit J., 1992, p. 100)

"Different types of standard can be set. - The minimal acceptable standard below which no service should fall without urgent remedial action being taken - The optimal standard: the best level of service that can be achieved.. - The achievable standard: the level of performance achieved by the top quartile of services.." (Muir Gray,1997, p. 141)

### **Italian – English terms**

Criterio = Criterion

Indicatore = Indicator

Miglioramento Continuo di Qualità = Continuous Quality Improvement

MCQ = CQI

Requisito = Standard

RM (Requisito Minimo) = MAS (Minimal Acceptable Standard)

RE (Requisito di Eccellenza) = OS (Optimal Standard)

RA (Requisito Auspicabile) = DS (Desirable Standard)

### **References**

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## ***Presentation***

For a long time now, Handbooks of Quality are considered, both in the literature and in the international practice, important tools to direct behaviours towards Continuous Quality Improvement (CQI). The diffusion of this kind of tools in the health organizations of our country began at the end of the 1900s and has been quickly increasing since. Almost at the same time Scientific Societies and Professional Communities started to get interested in this tool.

Two are the connotations of a Handbook that are usually shared by those who propose it and those who utilise it. The first can be defined as *prescriptive* and considers the handbook as an action guidebook to be followed to the letter, as can be seen in some booklets full of criteria and requisites listed with such meticulousness as to become pedantic. The second can be defined as *indicative* and aims to highlight its value as a tool promoting participation and stimulating reflection and confrontation between its users as well as encouraging changes motivated by conviction and interest.

There is also a third connotation by and large unknown and not taken into consideration: the Handbook as an *identity facilitator*. The effort of defining quality criteria and standards in any professional practice in relation to its “mission” and the “problems” it has to deal with, leads to a twofold outcome: a) a critical review of its essential procedures and workings and the gradual removal of the less efficient and efficacious of them; b) a better identity demarcation between that profession and other professions that are similar to or interacting with it.

The praiseworthy effort made by the group of family paediatricians that have produced the first draft of this Handbook has been directed to seeking a balance between these three connotations, avoiding antagonism between the first two and strongly supporting the third. At the same time, the intention was to give this tool an experimental character, notwithstanding wide and long discussion.

On the basis of contributions from colleagues all over the country, this type of framework will allow modifications and additions to be made in the next few months and the handbook will then become representative of a conception of Quality shared by the thousands of professionals making up the Community of Practices of family paediatrics in our country.

SergioTonelli

## Introduction

Family Paediatrics is a relatively young reality. It does not have the century-old history of the Hospital organisation and nevertheless it has grown and expanded thanks to the daily work of specialists devoted to this profession, who, day after day in less than twenty years have contributed to create a new efficacious way of practising paediatrics, appreciated by users.

The canvas around which the profession of Family Paediatrics has been developed is based on the National Collective Agreements (NCA) that have been running since 1978. The NCA have supplied the general basic model on which thousands of specialists have freely drawn, everyone interpreting and suiting the norms of their work contract in their own reality, in their own Region, in their own territory, and in their own office. The result is the creation of a profession that, more than others, relies on the personality of its professionals and is sensitive to the difference of culture, habits and customs of the people in the different territories where it is practised.

From the need to connect this huge wealth of experiences and create a useful cultural exchange, based on Continuous Quality Improvement, in 1998 the idea of a Handbook was born.

The actual opportunity to begin to work at this project was provided by a similar experience undertaken by the Hospital Paediatricians of the Lombardy Region, coordinated by Prof. Riccardo Longhi of Como.

A group of Lombardy Paediatricians, stimulated by Prof. Longhi (at that time Regional Secretary of the SIP-Lombardy) and coordinated by Dr. Leo Venturelli, started to examine their profession by trying to analyse the many aspects of it and single out those that, according to them, should characterize its best possible quality.

In 2000 the working group expanded thanks to the active and enthusiastic interest of the colleagues Guido Brusoni, Milena Lo Giudice and Stefano del Torso, who brought along a number of ideas and enriching experiences. The group finally assumed national characteristics thanks to the confluence of colleagues from almost all the Italian regions. Thanks to Dr. Sergio Tonelli's contribution, September 2000 saw a methodological turning point in the drafting of this Handbook, which has made it more streamlined, enjoyable and comprehensible.

A further enrichment was derived by the experience of "Excellence Accreditation of General Practitioners and Family Paediatricians", wanted by the Bergamo Health Department in 2002, that saw the involvement of Leo Venturelli and myself in the "project group" and that helped to improve the methodology of the visit of verification (Visitation).

So much constant work, with moments of frantic activity intermingled by pauses for reflection, has produced the drafting of this "Handbook of Quality" that concerns exclusively the profession of the "Family Paediatrician" (otherwise known as *Paediatrician of Free Choice* or *General Paediatrician*, definitions that seem restrictive to the Colleagues that have worked to this Handbook). As a profession, Family Paediatrics is regulated by special NCA, it is integrated by regional and business agreements and has specific regional classifications for admittance to its category.

In the initial part of the Handbook the mission of the family paediatrician is enunciated, giving a definition of the profession and focusing on fundamental issues, objectives and scientific, cultural and ethical grounds.

There follows a list of the health problems that the Family Paediatrician (FP) has to face and the list of the main services supplied by the professional paediatrician.

The core of the Handbook is represented by the chapters about the Quality Standards (Structural, Organizational and Technical-professional) that should characterize the activity of the family paediatrician.

Every chapter includes a certain number of specific Criteria (altogether 43 of them have been established), weighed from 1 to 3 according to increasing importance.

Every criterion is divided into standards (altogether they are 220). The standards are classified according to a wide professional agreement, as for example Minimal Acceptable Standard (MAS), Desirable Standard (DS), or Optimal Standard (OS).

The lack of even a single Minimal Acceptable Standard makes the relative Criterion not satisfied and its classification therefore goes down to zero.

The presence of all the MAS assures every single Criterion the classification defined by the Handbook and is considered Threshold Level of Acceptability for that Criterion (TLA). The global TLA is given by the sum of all the TLA of the 43 Criteria (110 points).

In case of surplus of standards exceeding the Threshold Level of Acceptability (Desirable Standard and Optimal Standard) the formulation of a global judgement, expressed as a percentage of the respective possible maximum, was preferred to a detailed, but meaningless classification reported for every criterion.

The global evaluation of Quality of a single Professional Study can be expressed through three values: percentage of TLA , percentage of DS, percentage of OS.

This system of classification seemed to satisfy two important requirements of this Handbook: first, to spread as much as possible, especially among Colleagues that believe they are not so close to excellence of performance, the desire to work for Continuous Quality Improvement and secondly to gratify those who already offer good quality performances. The former will not feel excessively discouraged by punitive systems of evaluation, and the latter will see the qualitative level of their performances represented in the achievement of percentages of DS and OS.

It seems to us that we have succeeded in developing a product of easy understanding and use, which, thanks to a simple classification system, expresses a criterion weight gradation and, within those criteria, the necessary standards to guarantee an acceptable level of professional quality.

All those that have worked at this project are perfectly aware that only a starting point has been reached. Now the real work has to be done.

Many phases will be necessary: distributing the Handbook, organising training courses, coordinating Visitations, which are moments of verification, comparison and fundamental cultural growth.

Thanks to this work we expect to achieve among Italian family paediatricians greater awareness of their own professionalism, the possibility to channel everybody's energies towards the search for the best possible quality according to available resources, the possibility to exchange opinions and experiences by speaking a common language.

We think that the Handbook can also be a useful tool for other employees in this area and not only for family paediatricians in order to reach a better knowledge of this profession. We would be pleased to see it on the desks of Ministerial or Regional Officials or in Health Offices to help them learn or discover elements of knowledge for some of their initiatives in health policies.

We would like to see it in the Children's Departments of our Hospitals and in Universities as an aid in the training of future family paediatricians.

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## Mission of the Family Paediatrician

Thanks to professional knowledge and available technologies and within the resources of the setting in which he/she works, through the relationship with children, their parents and the community, **the family Paediatrician:**

- carries out specialist medical care (*diagnosis, therapy and rehabilitation*) on children and adolescents with particular regard to integration and coordination of treatments for acute and chronic pathologies;
- guarantees activities of prevention, health education and health promotion, paying particular attention to the physical, psychological, relational and cognitive stage of child and teenager growth in relation to the environmental and social context in which the individual lives;
- takes part in the activity of *Child Advocacy*
- plans and participates in *activity of research on the Territory*
- promotes and supports projects of *professional training*
- carries out didactic activity for health staff, physicians and in-training specialists
- plans and realizes projects for continuous quality improvement

In the practice of his/her professional activity the family paediatrician has to resolve or prevent health problems by giving services. Some of the main health problems and some common services that mostly apply in the professional practice are listed in the chapters that follow.

## Main Health problems

They are acute or chronic modifications of child psycho-physical balance. They often lead to the request of a medical consultation or examination in an outpatient clinic or at home. They can be a symptom or a sign of an illness, a border line situation or a pathological event.

- § fever
- § pain
- § cough, dyspnoea and other respiratory problems
- § vomit - diarrhoea
- § constipation
- § asthenia
- § pallor
- § infant cry
- § sleep disorder
- § growth disorder
- § language disorder
- § cutaneous rash
- § urinary dysfunction
- § tumefaction, tumour
- § symptoms and ocular signs
- § hearing problems
- § neurological symptoms
- § traumas
- § poisoning
- § symptoms correlated with allergic pathologies
- § malformations
- § family problems
- § school problems
- § behavioural problems
- § problems correlated with the management of anxiety in the family
- § feeding problems
- § problems correlated with sports activity
- § handicap and disability
- § acute and chronic pathologies with defined diagnosis

## **Main Services**

- § Medical visit and correlated actions
- § Health Assessment Visits and individual health education
- § Health Education for groups or the community
- § Telephone advice-triage
- § Instrumental diagnosis
- § Diagnostic tests
- § Urgent therapeutic service
- § Vaccinations
- § Training courses, tutoring, teaching
- § Continuing Medical Education and Professional Development
- § Research and verifications
- § Prescriptions, certificates and reports
- § Consultation with other specialists
- § Participation in national, regional, and local projects
- § Relations with medical/health Institutions
- § Relations with other professional figures
- § Coordination of other professional figures (physicians, nurses, administration)

# Structural and Technological Standards

The FP office is to all intents and purposes a health structure. In most cases it's a private structure which offers a service of public utility. Only if we consider it as a centre of health services we could plan a pathway to render it:

- Accessible to all the people independently from their autonomy,
- Safe for patients, relatives and professionals that work in it,
- Comfortable for people staying there and waiting for services.

## 1.1 Accessibilities (technical)

**Criterion: The office of the FP is accessible to the patients and to the family (children, adults, disabled, elderly)..... P. 3**

### Standards:

1. The paediatric office is easily accessible to the patients in paediatric age and to their relatives (there are not particularly obstacles like staircases or narrow doors that could prevent the passage with baby carriage and strollers, the elevators are sufficiently spacious). (MAS)
2. The paediatric office is easily accessible to disabled patients or relatives (there are not architectural barriers and the passageways are in accordance with the law). (DS)
3. The paediatric office is situated near a parking area. (DS)
4. The paediatric office is situated in proximity to public transports stations or bus stops. (DS)

## 1.2 Comfort

**Criterion: The FP office is organized and structured in such way to result comfortable for people that enter..... P. 2**

### Standards

1. The paediatric office is equipped with a spacious waiting room. (MAS)
2. The seats in the waiting room are in suitable number. (MAS)
3. The waiting room is equipped with toys or other material in order to make the waiting period more pleasant. (DS)
4. The waiting room is equipped with magazines and newspapers or other material in order to make more pleasant the waiting of the family. (DS)
5. The paediatric office is equipped with hygienic services (toilet) for the patients. (MAS)
6. The paediatric office is equipped with hygienic services (toilet) for the disabled persons. (DS)
7. The paediatric office is equipped with an area that can be used as a nursery
8. The paediatric office is equipped with a restricted area for potentially infectious patients.(DS)
9. The paediatric office is equipped with heating system. (MAS)
- 10.The paediatric office is equipped with air conditioning.(DS)
- 11.The paediatric office is equipped with air cleaning (OS)

## 1.3 Safety of the working environment

**Criterion: The study of the FP is safe..... P. 3**

**Standards:**

1. The paediatric office is structured in order to be safe for patients, relatives and staff (electric system in conformity with regulations, fire-fighting devices and evacuation plan) (MAS)
2. In the paediatric office a risk's plan has been implemented (DS)
3. The evacuation plan is posted on the walls of the office and it is well visible. (DS)

## **Organizational and Managerial Standards**

The basic purposes of this group of Criteria and Standards is to guarantee to the patient an assistance suiting all his health needs, according to the kind of FP facility and to the role that the Paediatrician has inside the health system.

### **2.1 Access: Bookings of the visits**

**Criterion: There is a telephone booking system that is based on procedures and established schedules that have been clearly communicated to the patient..... P. 3**

**Standards:**

1. The Paediatrician has elaborated for the services a booking procedure that points out the criterions of priority in relation with the conditions of the patient (telephone Triage). (DS)
2. The patients are informed about procedures and schedules devoted to services given on appointment (MAS)
3. The patients can book their visits during proper time intervals so as not to disturb the medical visits taking place (MAS)
4. The patients can book the visits through the secretary during the opening hours of the office. (DS)
5. During the hours when the emergency medical service is not operative there is the possibility to contact the structure of the Paediatrician, preferably by telephone (OS)

### **2.2 Opening times of the office**

**Criterion: There is an opening time availability that favours the access of the patients and the possibility to receive services regularly and carefully, according to the demands of the families..... P. 3**

**Standards:**

1. In the working days the paediatric office is opened for a suitable number of hours (more than 1 hour and a half for 100 patients per week), at least 2 afternoons a week. (MAS)
2. The timetable of the office is planned considering the family demands (school-working hours) (DS)

3. The patients are informed about the opening hours of the office through special notices or with advices in the waiting room or by answering machine. (MAS)
4. The organization of the activity is arranged in order to allow unexpected and unplanned accesses. (DS)
5. There is the possibility of a diversified access for teenagers, as previously agreed with the family (OS)
6. It is possible to collect the prescriptions also when the Paediatrician is not in the office (DS)
7. The presence of the staff of the office is assured at least for 20 hours per week (DS)
8. The office has to assure an availability of opening hours, both in the morning and in the afternoon, for a minimum of 5 hours a day for 5 days a week. (OS)
9. For urgent problems the access to another associated office of Family Paediatrics is guaranteed. (DS)
10. The pharmaceutical representatives can enter the office only in prearranged hours and according to specified procedures, not to interfere with the normal activities of health education, diagnosis and care. (OS)

### **2.3 Telephone consultation**

**Criterion: There is a system of telephone answering that allows the patient to get advices for any problems ,on demand, quickly and without going to the office, ..... P. 3**

**Standards:**

1. The patients are informed on the procedures and access hours for telephone consultations (MAS)
2. Specific protocols are applied to the advices given by telephone (DS)
3. The significant phone calls are systematically filed. (DS)
4. There is a register of the incalls, temporally sequential, where the main reasons of the call are recorded as well as the result of the answer. (OS)
5. The deputed staff proves to answer correctly to the patients phone requests (MAS).

### **2.4 Visits for pathology and/or problems**

**Criterion: The medical visits are performed with times and ways according to the age, the problem and the needs of the patient..... P. 3**

**Standards:**

1. The visits are performed during the consulting hours, appropriately timed not to create uneasiness to the patients, in the respect of the relationship Paediatrician - family-patient (MAS).
2. The duration of different kind of visits is monitored to determine correctly the necessary average lenght for everyone of them. (DS)
3. The teen-ager can require to be visited alone, as previously agreed with the parents (OS)

4. During the consultations the Paediatrician seeks the forehand involvement of the patient, if this one is of appropriate age and able to understand him (3 years on). (DS).
5. The appropriate time is given to the visit, particularly for the psychomotor evaluation, for the behavioural abilities and for the first signals of disorder. (MAS)
6. There are formalities that protect from the potentially spreading of an infection in case of visits in the office of an infectious patients. Those formalities are known by the staff, and when necessary, explained to the patients. (MAS)
7. There is the possibility, for a specific clinical case, of an immediate consultation with a Colleague present in the office. (DS).

## 2.5 Urgencies

**Criterion: During the time of activity of the Paediatrician the priority is given to the patient with urgent problems..... P. 3**

### Standards:

1. There is a procedure that guarantees, during the hours of activity, the priority assistance for the patients with urgent problems. (MAS)
2. The Paediatrician has procedures or systems that guarantee his availability in case of urgency. (DS)
3. The patient knows the procedure to require urgent services. (MAS)

## 2.6 Home visits

**Criterion: The patient who, cause of his state of health, cannot be moved is visited at home, according to fixed and already known procedures. The home visits could be also part of a pre-arranged procedure related to the control of the family situation of the patient..... P. 3**

### Standards:

1. The Paediatrician guarantees assistance to the patients that cannot be moved through a system of home visits. (MAS)
2. The patients are informed about the schedules and the procedures for the home visits activation. (MAS)
3. There is a protocol that determines the cases in which the home visit is necessary. (DS)
4. The Paediatrician activates, for the cases that need it, a system of domiciliary visits; if necessary these controls will be integrated by other professional figures, coordinated by the District. (DS)
5. When a newborn is taken in charge the Paediatrician programs a home visit or he sends a delegate(for example, nurse). (OS)
6. The Paediatrician, within the limits of his own functions, programs the home visits in the cases of documented family problems. (OS)

## **2.7 Specialised assistance in outpatient clinic**

**Criterion: Specialised services are assured to the patient if they cannot be given in the office. The FP informs the patient and addresses him to other Specialists..... P. 1**

### **Standards:**

1. When needed the Paediatrician addresses the patient to the competent specialist. (MAS)
2. The patient is sent to a competent specialist, accompanied by a precise diagnostic question and by all the informations on his clinical conditions. (MAS)
3. The Paediatrician keeps in touch with the specialists as to assure continuity of care to the patient. (DS)
4. The FP uses diagnostic-therapeutic protocols to send his own patients to the specialists. These procedures are locally decided with the different professional figures. (OS)

## **2.8 Structural specialised assistance**

**Criterion: The patient who needs it, is addressed by the FP to admitting structures with which he establishes and keeps a contact ..... P. 2**

### **Standards:**

1. In case of need the Paediatrician addresses the patient to admitting structures (MAS)
2. The Paediatrician establishes the contacts with specialists in the admitting structures through suitable documentation and/or communication (MAS)
3. The Paediatrician keeps in touch with the specialists working in in these structures in order to assure continuity of care to the patient. (DS)
4. There are some diagnostic-therapeutic protocols, locally arranged with the admitting structures, to which the FP relates in order to admit his own patients. (OS)

## **2.9 Periodic check-up of healthy patients:**

**Criterion: The periodic and constant control of children is necessary to monitor the development and the growth and to individualize possible premonitory signs of illness. Repeated controls are performed in conformity with defined programs.... P. 3**

### **Standards:**

1. The Paediatrician performs periodic controls on healthy children following a pre-arranged schedule known by the patient, conforming to the regional agreements (health assessments ) or to the indications of the Scientific Societies (MAS)
2. Health assessments need a visit sufficiently long, as well as the interview with parents, health education, execution of diagnostic tests. These times are exposed in the internal protocols, at the time of booking, in the Services Charter and are respected. (OS)
3. The health assessments visits are generally performed by the FP, except during his long absence.(MAS)
4. The first visit of a healthy newborn is assured within 8 days after the request (DS)
5. Educational interventions diversified by the ages of the child are planned for the parents (during the different health assessment visits) (DS)

## **2.10 Periodical controls of Children with particular pathologies or chronic conditions in conformity with defined programs (health's supervision for chronic patients).**

**Criterion: The periodic control of children with chronic diseases is done to monitor the course of the pathology, the result obtained with the therapy, the level of compliance of the patient and its relatives, the early finding of possible sequelae, the evaluation, the elimination or the control of possible risk factors. Periodic controls are performed in conformity to defined programs..... P.3**

### **Standards:**

1. There is a file, divided in pathologies, of the patients with chronic diseases managed by the Paediatrician (MAS)
2. The Paediatrician handles the execution of periodic controls on the patient with chronic diseases. (MAS)
3. The controls are performed on the base of programs defined by the Paediatrician in the application of guidelines or protocols approved by associations of category or by regional, national or international health institutions and organizations. (MAS)
4. The Paediatrician has got a list of the main centers for the principal chronic diseases (DS)
5. The Paediatrician has prepared a list of associations for patient with chronic diseases and he favours the aggregation of patients suffering from the same pathology. (OS)
6. Educational Meetings have been organized for groups of patients with the same problems, for the last 3 years. (OS)

## **2.11: Vaccinations**

**Criterion: The vaccinations are performed according to the programs defined from the national and regional health departments or on individual request of the parents.....  
...P. 3**

### **Standards**

1. The vaccinations, proposed with reference to national health departments are performed in accord with those programs (MAS)
2. The patients are correctly and constantly informed on the usefulness of the vaccinations proposed with reference to the national and regional health departments, to the health organizations and the scientific societies. (MAS)
3. The Paediatrician performs vaccinations to the patients that have requested them(DS)
4. The Paediatrician actively promotes and also performs the vaccinations not included in the National and regional schedules, when their usefulness is proved by the available literature and by the referring Scientific Institutions. (DS)

## **2.12 Individual early diagnosis intervention**

**Criterion: The screening program or the early diagnosis intervention are followed and developed inside the activity of the office on the base of programs defined by the referring Institutional Health Organisms or by the Scientific Societies..... P. 2**

**Standards**

- 1. The screening programs or the early diagnosis interventions are proposed and developed during the health assessment visits to the healthy child and they are based on programs defined by the related National and Regional Health Department or by the Health Organizations and by the Scientific Societies (MAS)
- 2. The patients are correctly and constantly informed about the usefulness of screening and of the early diagnosis intervention proposed by the National and Regional Health Department and by the Health Organizations and by the Scientific Societies. (DS)

**2.13 Substitutions**

**Criterion: The patient needs are met also when his Paediatrician is absent ..... P. 3**

**Standards**

- 1. The responsible Paediatrician has to designate his substitute in case of absence, but for possible unexpected urgencies. (MAS)
- 2. The substitutions in case of absence are mainly assured by the same physicians or Paediatricians. (DS)
- 3. The substitutions has to keep for the most part the same timetable of the FP (DS)
- 4. The patients are informed in advance about the absences of their Paediatrician as well as about the name of the substitute, except for possible urgencies. (DS)
- 5. The substitute generally doesn't perform health assessment visits, except his proven experience and only after having been informed about the specific procedures and the fulfillments of law (MAS)
- 6. There is a procedure to share informations concerning patients with specific problems, chronic or in progress between the Family Paediatrician and the substitute (DS)
- 7. The substitute doctor fills in the health record for each patient (OS)

**2.14 Continuity in case the relation ends**

**Criterion: Each patient who changes the FP can obtain, with his own consent, the issue of a special and exhaustive written report that helps the new caregiver to know and understand the clinical condition of the patient.....P. 2**

**Standards**

- 1. The FP issues on patient request in case of termination of care, a report on his clinical conditions, to be delivered to the new caregiver. (MAS)
- 2. The new FP, previously authorized by the patient and if this one hasn't got it yet, obtains from the former FP the report concerning the clinical conditions of the patient himself. (MAS)
- 3. The meaningful data of the report are annotated in the health record of the patient (MAS)
- 4. The FP gives, on request of the patient, a complete copy of the health record in case of end of the relation. (DS)

## **2.15 Human resources**

**Criterion: In the office there is a staff that helps the FP in the running of the activity..... P. 3**

### **Standards:**

1. In the paediatric office there is a staff that carries out administrative activities (MAS)
2. In the paediatric office there is a staff supporting medical activities. (DS)
3. The staff activities are submitted to assignment records (MAS)
4. Regular meetings are planned for the continual training of the staff (DS)
5. There is a staff devoted to the activities of cleaning the office, storage and disposal of the rubbish for a suitable number of hours a week,

## **2.16 Storage of medicines/vaccinations/dietetics**

**Criterion: The medicines/vaccinations/dietetics are stored in proper and safe place..... P. 3**

### **Standards**

1. The medicines are stored in a proper and safe place. (MAS)
2. The vaccinations are stored in a proper and safe place. (MAS)
3. The dietetics supplies are stored in a proper and safe place. (DS)
4. The medicines for emergencies are stored in a proper and safe place. (MAS)
5. The temperature of the refrigerator (for the preservation of medicines, vaccinations, etc.) is constantly monitored, and the controls are daily annotated. (MAS)

## **2.17 Expirations and disposal**

**Criterion: The expiration of medicines, vaccinations and dietetics is regularly checked and recorded. The disposal is done in a safe way.....P. 3**

### **Standards**

1. The expiration of the medicines, of the vaccinations and of the dietetics is periodically checked and the controls are appropriately recorded. (MAS)
2. The timing and the procedures of the controls are established to assure the impossibility of expirations in the period of time between the controls themselves(MAS)
3. The organization has an efficient and documented procedure for the disposal of medicines, vaccinations and dietetics. (DS)

## **2.18 Procedures of prescription of medicine**

**Criterion: The prescription of the medicines and the vaccinations is done in a correct and timely way.....P. 3**

### **Standards**

1. The prescription with the indications of the dosage and taking is always registered in the health record of the patient. (MAS)

2. Every prescription is given considering the medicines that the patient is already taking and their possible interactions, as well as the previous vaccinations and their possible interactions, thanks to specific software applications. (DS)

### **2.19 Giving procedures**

**Criterion: In the office the possible drugs/vaccinations administration is carried out in correct and safe way..... P. 3**

#### **Standards**

1. The Paediatrician gives drugs directly or through the trained staff of the office. (MAS)
2. Drugs administration, with the indication of dosage, the date and person performing it, is always registered in the health record of the patient. (MAS)
3. The delivery of drug samples for home therapy is always recorded. (OS)
4. The paediatric office is properly equipped (tools, and emergency drugs) to be ready for possible immediate adverse reactions, resulting from the drugs' or vaccinations' giving. (MAS)
5. The health staff is able to perform emergency procedures, according to their competence, to face the possible immediate adverse reactions, due to drugs' or vaccinations' administration. (MAS)
6. The staff of the office have been attending to PBLS (Paediatric Basic Life Support) courses during the last 3 years. (DS)

### **2.20 Effects of the giving of Medicines/vaccinations**

**Criterion: The monitoring during the period straight afterwards the administration of a medicine or a vaccination is assured ..... P. 3**

#### **Standards**

1. The effects of drug administration are checked through observation of the child after the giving for at least 15 minutes. (MAS)
2. The adverse reactions and the side effects of medicines or vaccinations are registered on the health record of the patient and on the health book (document hold by the patient). (MAS)
3. The adverse reactions and the side effects are sent out to the Surveillance Organisms in charge through specific forms. (DS)

### **2.21 Safety in the waste disposal.**

**Criterion: The safety in the waste disposal is assured..... P. 1**

#### **Standards:**

1. There is a plan for the waste disposal of dangerous garbage, known by the staff. (MAS)

## **2.22 Disinfection and Sterilization**

**Criterion: The disinfection and the sterilization ,when necessary, are assured in order to prevent the diffusion of infective illnesses.....P. 3**

### **Standards**

1. There is a list of sanitary activities for which procedures of disinfection and sterilization are required. (DS)
2. The procedures of disinfection and sterilization are defined. (DS)
3. The staff involved know these procedures. (MAS)
4. The procedures are correctly applied. (MAS)

## **2.23 Control of the infections**

**Criterion: The activity, inside the office, is done according to procedures that guarantee a constant and effective control of the infections..... P. 3**

### **Standards:**

1. The Paediatrician has codified the activities with the highest risk of infection. (DS)
2. For each “risky” activity some specific operational procedures have been defined.(DS)
3. Those procedures are correctly performed (MAS)

## **2.24 Management of dangerous material**

**Criterion: There is a systematic approach for all the dangerous materials, in case of contact or leakage and disposal..... P. 1**

### **Standards**

1. There is an inventory of all the dangerous materials used in office. (MAS)
2. There are written procedures for the correct storage, use, expirations control and disposal of the dangerous materials. (MAS)
3. There are written procedures, known by the staff, for the correct and timely intervention in case of contact or leakage of the dangerous materials. (DS)

## **2.25 Management of the medical equipment**

**Criterion: There is a procedure for the acquisition of the medical equipment..... P. 1**

### **Standards:**

1. For each typology of medical equipment there are procedures of quality. control (OS)
2. The expirations of the medical equipment are regularly checked. (MAS)
3. The supplying of medical equipment is carried out in such a way so as to guarantee the constant provision of the services of the FP office (stock management). (DS)

4. Whereas necessary, the disinfection and/or the sterilization of the medical equipment is always assured (MAS)
5. The storage of the medical equipment guarantees safety. (DS)

## **2.26 Management of the apparatuses**

**Criterion: There is a procedure for apparatuses management**

**Standards:**

1. In the paediatric office there is an inventory of the existing apparatuses (DS)
2. There is a plan for the technological replacement of the apparatuses. (OS)
3. The apparatuses are periodically tested and subjected to procedures of Quality control. (DS)
4. The disinfection and/or the sterilization of the apparatuses is always assured (MAS)

## **2.27 Health record**

**Criterion: The Paediatrician prepares a health record for each patient, constantly up-to-date and filed in a safe place..... P. 3**

**Standards**

1. Each patient has a registered health record, marked with a personal code that allows an easy identification and prevents from the duplication. (MAS)
2. The filing of the health records guarantees the appropriate protection and safety of the data. (MAS)
3. The filing of the health records guarantees a rapid consultation of the information by the Paediatrician and by the authorized staff. (MAS)
4. The filing helps to identify the health records of the current patients in comparison with the former ones. (DS)
5. When the first contact coincides with the first health assessment visit, all the available data related to the neonatal, family, physiological, vaccination history up to that moment are annotated. (MAS)
6. The Paediatrician updates the health record of the patient after every visit. (DS)
7. The informations contained in the record are easily understandable for the substitutes of the FP or other authorized operators too (DS)
8. The Paediatrician gives, after every consultation, a written report of the consultation (OS)
9. The informations in the health record allow the identification of possible risk factors. (MAS)
10. The informations in the health record help the definition of the diagnosis, of the prognosis, of the medical treatments, of the diagnostic investigations, of the psycho-social problems and of the follow up (MAS)
11. The informations in the health record include the home visits. (DS)
12. The informations in the health record include the telephone contacts and any other kind of meaningful contact with the patient, different from the visit in the office or at home (OS)
13. The informations in the health record include the hospital admissions (MAS)
14. The informations in the health record include the provided health education. (DS)
15. There is a due register system to recall the defaulters or to contact them. (OS)
16. The filing system allows the data processing for statistical, epidemiological and consultation purposes. (DS)

## **2.28 Monitoring**

**Criterion: There are some procedures of verification and monitoring of the services provided by the paediatric office..... P. 3**

### **Standards**

1. There is a monitoring of the services provided by the Paediatrician or by the staff of the office.(MAS)
2. The epidemiological data about the visits and the other services are periodically collected for statistical purposes (DS)
3. The waiting time before the examinations is periodically checked (waiting time in the waiting room, delay between scheduled time and the real time of the visit) (DS)
4. The length of the waiting time and the quality of the telephone answer are periodically checked.(OS)
5. The satisfaction of the patients is periodically verified through surveys (OS)

## **2.29 Procedures and internal Protocols updating**

**Criterion: The updating of the protocols and of the procedures used in the office is done regularly ..... P. 3**

### **Standards**

1. There is a system of verification and revision of the operational and internal protocols (MAS)
2. There is a system of verification and revision of the diagnostic and therapeutic protocols and of the Health Assessment visits. (MAS)
3. There is an annual revision of the informative and educational material for the families according to efficient directions (OS)
4. There is a periodical updating of the register of sociofamiliar-problems (OS)
5. There is a control of the adequacy of the visits in order to find out possible correctives. (DS)

## **2.30: Documentation**

**Criterion: In the office of the Paediatrician normative documentation, scientific papers and experimental experiences records are available ..... P. 1**

### **Standards**

1. Guide lines or protocols approved by the Scientific Societies or the National and International Health organizations are available in the office (MAS)
2. In the office, the rules related to the professional behaviour, to the organization and the child advocacy are available or quickly consultable in internet,. (DS)
3. There is in the office documentation about the innovative professional experiences of other Colleagues. (OS)

### **2.31: Service Charter**

**Criterion: The paediatric office is equipped with a Service Charter describing the services available in the office .....P. 3**

#### **Standards**

1. The Paediatrician has prepared a Service Charter containing all the useful informations about the services offered (consulting hours, procedures for the home visit, associations, booking, telephone contact) (MAS)
2. The Service Charter is given to all the patients at the first contact. (MAS)
- 3., In the Service Charter, there is, for informative purpose ,a short curriculum both of the Paediatrician and the staff of the office as well as the indication of the roles and the duty of each of them.(DS)
4. The Service Charter contains the mission of the FP and/or of the office. (MAS)
5. The Service Charter contains some informations related to the activities free of charge and the fee-paying activities of the office. (MAS)
6. The Service Charter contains the list of the health treatments for which is necessary the informed consent of the patient. (MAS)
7. The Service Charter contains the necessary informations for the privacy protection of the patient. (MAS)
8. The Service Charter ratifies the right of the patient to get, on demand (for example: in case of change to other Physician or Paediatrician), a copy of his own health card or an exhaustive report on his personal clinical situation. (MAS)
9. The Service Charter contains indications about the substitutive services during the absence of the Paediatrician, as well as the procedures of replacement (MAS)
- 10.The Service Charter contains indications about the procedures in case of emergency. (MAS)
- 11.The Service Charter contains the target of quality that the FP (or the office ) intends to achieve. (DS)

### **2.32 Premises, activity and documentation for the privacy and the respect of the person**

**Criterion: The privacy of the patient and the respect of the person are always guaranteed in the premises where the activity of the Paediatrician takes place.....P. 1**

#### **Standards**

1. The structural organization of the office guarantees the privacy of the conversation between Paediatrician and patient. (MAS)
2. The structural organization of the office guarantees the respect of the privacy during the execution of health treatments. (MAS)
3. The privacy of the telephone consultation with the parents is assured (MAS)
4. The information about the patient are protected from improper use and loss. (MAS)

### **2.33 Informed consent**

**Criterion: The patient and/or his relatives are informed about the health treatments and the activities performed by the Paediatrician..... P. 2**

### **Standards**

1. The Paediatrician informs the patient, when it is possible, and the family about the health activities concerning themselves. (MAS)
2. The informed consent is received before every health treatment that requires it. (MAS)
3. The approval of the minor is asked and annotated for every procedure that requires it. (OS)
4. The Paediatrician has in the office the list of all health treatments which require a formal expression of assent by the patient or of consent by the parents. (MAS)

### **2.34 Participation to projects, activities and initiatives**

**Criterion: The FP takes part in projects, activities and initiatives promoted by the Region, the Health Authority, and Associations of professionals..... P. 3**

### **Standards**

1. The Paediatrician has been taking part in activities and projects promoted by the Regional Agency, by the Health Authority and by the Associations of Professionals for the last 3 years. (MAS)
2. The Paediatrician has been taking part in the conceiving of projects promoted by the Regional Agency, by the Health Authority and by the Associations of Professionals for the last 3 years. (OS)

### **2.35 Professional relations with the Institutions and other professional figures**

**Criterion: The Paediatrician has a systematic relation with the Structures, the Institutions of the Health Service and with the professional figures with whom he collaborates..... 3**

### **Standards:**

1. There is a formalized protocol of agreement between the FP and the operators of the neonatal pathology Department and of the Paediatrics Department of the local hospital in order to share informations about hospitalized children and the discharge of patients with severe pathology. (DS)
2. The addresses of some Social and Welfare services are known and there are defined methods for communication and collaboration concerning subjects at risk (OS)
3. There is a procedure that allows the colleagues and other health operators to reach the Paediatrician if they noticed any acute problems in one of his patient.(MAS)
4. The Paediatrician undertakes to access, if necessary, the Hospital or other specialised structures in case of admitted patient. (MAS)

## Technical and Professional Standards

The activity of the FP is marked by the absolute variability and multidisciplinary aspects of his approach with the patient.

The management of a high number of patients as well as the approach to very different pathologies have to press the Paediatrician toward a professional model in which the Continuing Education and the qualification are considered the essential elements of his activity.

It is possible to guarantee a high standard of services to the patient only through training and professional processes that are well defined.

The Criteria and the Standards contained in this chapter, refer to that part of the profession that more directly is involved in the control of health and of illness.

The health education is one of the main fields of the FP activity. It has to be intended as information and diffusion of health topics of general interest, as promotion of correct life styles, as education to the correct use of the therapeutic drugs and as suggestions for both ill and healthy children.

The control of acute and chronic illness completes the picture of the activity of the FP.

The Standards here specified have to be completed with the procedures contained in the Appendix.

### 3.1 Study qualifications- curriculum

**Criterion: The FP have additional qualifications besides those required by the National Regulations P. 3**

#### Standards

1. The FP possess additional specializations besides those necessary for the activity, that they usually practice and for which they have attended specific Continuing Medical Education activities for the last 3 years. (OS)
2. The FP possesses additional qualifications necessary to become promoter, tutor, professor, teacher or other institutional figure. These possible activities have been performed for the last 3 years. (MAS)

### 3.2 Continuing Medical Education and Professional Development

**Criterion: The FP constantly increases his professional and operational training , and he takes part to didactic and research activities..... P. 3**

#### Standards

1. The FP, in the last 3 years, has obtained the CME credits by attending courses and congresses.(MAS)
2. The FP is able to prove his participation to training courses about professional topics.(health and relational. (MAS)
3. The FP can prove his participation to training courses about operational topics. (DS)

4. The Paediatrician is able prove his subscription to paediatric Scientific Magazines and other ones of health sector. (DS)
5. The FP can prove his participation to mailing lists of discussion about scientific subjects or to attend CME courses by internet. (DS)
6. The FP is able to prove his participation for the last 3 years to projects of scientific research, to medical conferences, and the publication of scientific articles. (OS )
7. The FP is able to show his participation to the planning and management of training programs. for the last 3 years (OS)
8. The FP participates to tutoring activities for students, training and specializing physicians. (OS)

### **3.3 Health education**

**Criterion: The educational messages are presented in an easy and comprehensible language for the patients and for their relatives, who are educated on the pathology, on the risk factors, on the correct life styles and on the healthy diet..... P. 3**

#### **Standards**

1. The patients are informed about the main campaign for public well-being organized by the Institutions or by Scientific Societies. (MAS)
2. The Paediatrician has got and distributes informative material about the prevention of the widespread pathologies as well as about specific educational interventions subdivided by age (risk of smoke, use of the TV, sleeping patterns, accidents prevention, use of the helmet, abuse of drugs...).(OS)
3. To parents are given suitable questionnaires in order to identify the different stages of development of the child (movement control, language...) (DS)
4. The information are communicated to the patient in a comprehensible way even considering the possibility that he speaks foreign languages. (DS)
5. The Paediatrician promotes periodic meetings with the teen-agers focused on the prevention of risky behaviors. (OS)
6. The Paediatrician actively promotes with his patients a healthy lifestyle and the more suitable physical activity. (MAS)
7. The Paediatrician gives indications for a correct and healthy diet (MAS)
8. The Paediatrician follows a specific program for the education of chronic patients for the control of their pathology, according to their health conditions and family background. (MAS)
9. The patients are informed about pharmacological therapies as well as the most frequent side effects. (MAS)
- 10.The patients are informed about the correct and safe use of the medical-surgical aids used during the treatment. (MAS)
- 11.The patients are informed about prices of the medicines and treatments prescribed.(DS)
- 12.The Paediatrician regularly checks the status of the educational program carried out by the patient, the correct use of the medical aids and the compliance with the prescribed therapies. (OS)

### **3.4 Health information**

**Criterion: The patient and/or the relatives are properly informed about the illness, the possible treatments, the pharmacological therapies, and about the following up services ..... P. 3**

### **Standards**

1. The patients are informed about their disease and its complications. (MAS)
2. The patients are informed about the best treatments and the possible alternatives, about the benefits, about the possible side effects, about the costs and the availability of medical-surgical aids used during the care . (MAS)
3. The patients are informed about their right to refuse the health treatments as well as of the consequences of their refusal. (OS)
4. Informations are communicated to the patient in the most comprehensible way. (MAS)
5. The Paediatrician establishes relations with specialists and hospitals, considering possible necessities (DS)
6. The patients are informed about the cost of the services connected to the structure, to the pathology and the times of execution. (OS)
7. The patients are informed about absence of the Paediatrician as well as the procedures to reach the substitutive services. (MAS)

### **3.5 Customer satisfaction**

**Criterion: The Paediatrician looks after the relations with patients and their satisfaction  
..... P. 3**

### **Standards**

1. There is a procedure that allows the patient to formulate suggestions or to express judgments on the services offered by the Paediatrician (MAS)
2. The Paediatrician promotes or takes part in investigations about the Customer Satisfaction Care (DS)
3. The Paediatrician makes changes according to the result of the Customer Satisfaction Care test. (DS)

# Evaluation

Evaluation is a basic part of all Continuous Quality Improvement programs. It must be considered as a chance of services examination, an occasion of comparison among other professionals and a cultural growth of all the subjects involved.

## **The first step of evaluation is self-evaluation**

In the CD Rom furnished with the handbook there is a table for self-evaluation that allows all those who wish it to measure, in the reassuring environment of their own office, the level of their services against the Criteria and Standards described above. It is the easiest step to be completed, because it can be done at any time and it does not require any particular organization.

The advantage of the self-evaluation table is that it is of easy completion and appraisal of performance will automatically appear on the final line of the table itself.

The final evaluation result will be expressed by:

1. a mathematical value, that is the sum of the scores on each single criterion whose minimum standards have all been satisfied (Max 110 points).
2. three percentages, made up of MAS ( Minimal Acceptable Standard), DS (Desirable Standard), and OS (Optimal Standard).

A useful exercise proposed to those doing the self-evaluation is to point out, in the special column on the right of the calculation sheet, the reasons, paper or computer documents that have supported the opinion of having or not satisfied that standard. It is an important exercise because it stimulates a deep analysis of one's own professional behaviour and because it prepares the ground for the following step.

## **The second step is the evaluation by external Controllers (Visitation).**

This will be developed in collaboration with three trained Controllers and it will take two days.

The schedule will include time for discussion of the self-evaluation card, for examination of the documentation, for evaluation of the structure, for "on-the-field observation" of everyday normal care activity in the FP's office, for a standard verification on the field, for interviews with the patients in the waiting room and for discussion of final outcome.

It is a really detailed and stimulating experience that we have experienced many times during the drafting and re-drafting of this Handbook. The declared purpose is to allow a two-way exchange of experiences between who is evaluated and who carries out the evaluation during the visit and especially during the discussion of final outcome.

The most difficult aspect for the professional being evaluated is to learn to show objectively whether they have or not satisfied the standard. Such difficulty will be easily overcome if the self-evaluation has been done in a correct way.

We are sure that not one of the involved professionals will pass through this experience without making some changes. Everybody will benefit from other colleagues' experiences.

In this first phase the Quality Central Office of the FIMP will be the connection link for all the initiatives and projects related to the Handbook. To obtain self-evaluation tables, to apply for Visitations and for any further information required, please contact us at:

FIMP – Ufficio Centrale di Qualità  
Via Martiri di Cefalonia, 6 – 24121 Bergamo  
e-mail: [qualità@fimp.org](mailto:qualità@fimp.org)

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# APPENDIX

The pages that follow present operational cards and diagnostic and guidelines collected by Family Paediatricians ( not present in this English Version ).

The authors of each card and guidelines are listed and we thank them for the courtesy of using their work as integral part of this Handbook.

We know that there are numerous other operational cards and educational and therapeutic patterns produced by other active groups of Family Paediatricians. We know that this Handbook does not represent a complete collection.

The cards and the protocols in the Appendix will not be analysed during the evaluation visits; however, they can represent a useful tool for the realization of the Criteria and Standards of this Handbook.

## **Health assessments**

(The material that follows is the result of a regional updating course of Tuscany FP and of the training sessions realized in Prato. We thank Dr Luciana Biancalani for allowing us to enclose them in this Handbook)

Health assessments (HA) were experimentally introduced in the National Collective Agreement (NCA) in 1996; they were subsequently confirmed and extended in the ACN of 2000, and then inserted in the " Infant Health Project ". The latter is a basic plan that includes at least six health assessments, planned for age groups that are suitable for educational health interventions and prophylaxis of infectious diseases in line with the health objectives of the National Health Plan and with the new calendar of vaccinations established by the National Vaccination Plan of 2000. The single Regions have implemented such a plan in a variety of ways, both applying the two levels of implementation (that also include interventions of health and vaccination education) and increasing the number of the health assessment visits at specific ages.

It is important for parents to understand the peculiarity of the health assessment, whose finalities are different and more complex than normal controls. An idea could be to call the visits in different ways: health assessment (HA) for the visits codified by the agreements, and growth checks for the other evaluations that the infant undergoes in addition to the health assessment. Health assessments should be programmed with different schedules than the visits that actually check for pathologies. They should be done only by appointment and never by chance, for instance during a visit for an acute problem. To perform a health assessment does not mean simply to weigh and measure the child, but to take global care of the young patient and his/her family. This presupposes a systematic approach and the necessary amount of time available.

## **How to perform a health assessment.**

The introduction of HA marks therefore the transition from medicine "on demand" to medicine "on active offer". Physicians actively propose some services, explain beforehand to the patients (in our case the parents) the reason of certain interventions, illustrate their frequency from first contact on and give the details of the next appointment.

### **The three phases of the process**

Schematically the process can be divided in three phases:

1. singling out the patients potentially in need of assessment and if necessary summon them to the clinic.
2. carrying out the assessment
3. verifying the results and communicate them to the competent NHS office

A fundamental pre-requisite of the first phase is to have a complete up-to-date patient record. In addition to the record, which is compulsory for conventional norm, it would be appropriate to have a computer database, which makes updating of and search for single patients fast and easy. Each month, the children involved should be listed and then invited to the surgery. During the visit itself, it is useful to book the next visit, to explain clearly how much must be done and the aims of it, and to give an appointment card with the date and time of the next visit on it.

It would be timely to devote 1 or 2 sessions in the office to prevention activities, to be done only by appointment. A comfortable duration of the visit must be planned (at least 20 minutes) and, should there medical assistants, some parts of the work can be left to them. The administrative staff can ask the patients in the waiting room to fill out specific questionnaires, or can hand out informative material. Nurses can carry out some precocious diagnosis (for example hearing and sight screening) in addition to possible vaccinations.

Results have to be transmitted to the NHS using the required forms.

Some electronic medical records, which are always easily available, can help make the management of activities connected with the BS faster and more efficient.

With this program it is possible to select the patients, print the reports on the cards supplied by the Region, print the list of the assessment carried out and the list of any additional service for the NHS.