

## **Abstract: Youth health care like a spider in his web – performance indicators for care coordination in the youth health care**

In the Dutch society there is growing attention for child abuse. There are unfortunately examples where it has gone wrong because of a lack of communication between several institutions. You speak of care coordination if multiple institutions are assisting in a case regarding one family and/or child. This results keeps in that there is one party that is responsible for coordinating the case, the so-called care coordinator. Its task is to adjust care and is the central point where information flows and risk estimations come together.

The youth health care (JGZ) Kennemerland is a healthcare institution which regularly sees children from 0 up to 4 years out of region Kennemerland. Since 2007, the JGZ Kennemerland in itself actively has taken the task of care coordination. It coordinates the care when more than 2 care workers of different institutions are involved in a single case. The district nurses and youth doctors of JGZ Kennemerland are actually performing the care coordination by means of the electronic child file, that makes the care coordination more transparent. The activities and reports concerning care coordination are stored en registered in the file of the child by the professionals. At this moment the requirements with regard to the quality of care coordination are not entirely clear.

Care coordination is a complex activity. It exists from several elements which together make care coordination possible. It concerns standards, communication, justification, information flows, norms, methods, knowledge, appointments, working method and coordinating care. In this research is examined how and which performance indicators could be developed for use within the JGZ Kennemerland and complying to the national framework of requirements for care coordination.

The qualitative research is exists out of three parts: theory, practice and policy of care coordination. The research has been done by performing a comparison of documents on high level policy, participating observations and focus groups of the district nurses and youth doctors, performing an interview with the inspection of the health care and one with the parent and child welfare centre in Rotterdam.

There is quite some development on national level with regard to the policies around care coordination. Currently, seven tasks of care coordination have been defined. Besides these seven tasks, information exchange and communication are considered very important. Next to that, in practice the district nurses emphasise on the justification, the role of the parent, conditions creating matter, structural and systematic plan of treatment and clear report. The youth doctors demand that there is clarity on the transfers of information and that the justification must be both in- and external. The Parent and child welfare centre in Rotterdam has walked another way to give interpretation of care coordination: they use task differentiation. Firstly good appointments must be made with all the chain partners, if they want to perform care coordination.

More insight in the elements of care coordination has been obtained. These elements have been processed in a conceptual model of care coordination JGZ 0-4 years. The research has resulted in 8 process and structure indicators. It was not possible develop performance indicators. At this moment the process and structure of care coordination are not entirely clear. There is still no sufficient information to be able to develop performance indicators. The established process and structure indicators still must be tested in practice

and possibly they can be used as basis for the development of performance indicators in the future.