Notice of the Final Oral Examination
for the Degree of Master of Science

of

CORI THOMPSON

BSc (University of Victoria, 2005)
BA (University of Victoria, 1995)

“Health Information Needs for Initial Assessments of Children-in-care”

School of Health Information Science

Tuesday, February 7, 2017
1:00PM
Human and Social Development Building
Room A202

Supervisory Committee:
Dr. Francis Lau, School of Health Information Science, University of Victoria (Supervisor)
Mr. Jeremy Berland, School of Child and Youth Care, UVic (Non-unit Member)

External Examiner:
Dr. Christoph Lehmann, Biomedical Informatics & Pediatrics, Vanderbilt University

Chair of Oral Examination:
Dr. Gweneth Doane, School of Nursing, UVic

Dr. David Capson, Dean, Faculty of Graduate Studies
Abstract

Children and youth in statutory care (children-in-care) are at a higher risk of not having their health needs met than the general pediatric population. Further, there appears to be a paucity of evidence on the health information needed for initial assessments of children-in-care in health record information systems in Canada. This qualitative research reviewed six forms with social workers, foster parents and medical care providers to understand their health information needs for initial assessments when a child first enters care. One researcher conducted 31 interviews with 37 participants in urban and rural communities relying on a 19-question non validated interview tool. NVivo-10 was used to inductively encode participants' interviews relying on Pava’s nine step nonlinear sociotechnical systems approach to make sense of the interviews. An informal review was done of relevant organization documents. Findings from these two analyses were triangulated with the literature review findings. The six forms were found to be good if available and complete for typical children-in-care, with additional forms used for children-in-care with complex health needs. Key health information included: relevant parents’ health and social information, pregnancy and birth, child’s medical and social history, immunizations, adverse childhood events, and any triggers for the child. Complexity is added as a child may transition in and out of care, parents may be unavailable, and social workers, foster parents and medical care providers may each change while the child is in care. To overcome information sharing challenges and barriers participants' recommendations included: funding changes, an information sharing framework, and electronic options such as a centralized record with secure email capability. Drawing on other jurisdictions, a senior medical advisor role and medical assessment model might help address process challenges when health information is missing during the initial medical assessment, rounding out MCFD’s existing conceptual child-in-care healthcare framework. Together these changes may support social workers, foster parents and medical care providers to provide care to and plan for children-in-care.